

# THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

## Health Information Needs and It's Sources among Rural Dwellers in Egbedore Local Government Areas of State of Osun, Nigeria

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### **Abstract:**

*The study investigated the health information needs and its sources among rural dwellers in Egbedore local government areas of the state of Osun. The study employed a survey and observation methods to collect information from rural dwellers, findings from the data analyzed revealed the health information needs such as immunization, family planning, pre-natal, personal hygiene, malaria, clean water supply and post-natal. Sources of health information to includes; radio, town crier, health officers, church, mosque, posters, ministry of health information van, conversation, television and newspapers. The result of the research indicated that radio, town crier, health officers and ministry of health van were their most preferred sources of information. It was indicated that library performed no roles in information dissemination in rural areas of Egbedore as a result of non-availability of library and its facilities in the area. Recommendation was made on how the library can assist in provision of health information to rural dwellers.*

**Keywords:** Health information, information needs, information sources, rural dwellers

### **1. Introduction**

Information is considered to be an important resource in the day to day life of human being. Information plays an important role in decision making. Thus, making it the life blood of any society and vital for successful developmental activities, also information is very important for empowering communities. The type of information needed may vary from a person to another. The type of information needed relate much to the day to day activities a person is involved in, the geographical location of the information seeker level of education, age, sex, field of study, profession career stage and size or business operation an individual has. Individual information needs determine the types of information services to be provided and the sources to be consulted. Mtega & Roland (2013).

The rural areas of Nigeria are inhabited by the bulk of the nation's population, which serves as base for the production of food and fiber. They are also the major sources of capital formation for the country and a principal market for domestic manufactures in general terms, the rural areas engage in primary activities that form the foundation for any economic development. Despite the importance attractive to live in their absence of infrastructure, which improves the quality of life usually, there is absence of portable water, electricity and good feeder roads. The rural people have low purchasing power and standard of living (Olayiwola & Adeleye, 2005) in particular, the rural woman according to (Zaid, 2010) are still notable to cater adequately for the basic needs of food, cloths shelter obligations, lack of gainful employment and skill. They have limited access to social and economic, health, portable water, sanitation and consequently, limited chance of advancing in their quality of life.

In Nigeria, highly illiterate, petty traders as well as substance famers characterize the rural environment. Other characteristics includes low population, primary production and few basic infrastructures (Yusuf 2010) since the development of rural dwellers serve as a positive indicator for national development, according to (Nwafor, 1986) their involvement in developmental process and state of their wellbeing becomes imperative.

As define by World Health Organization (WHO). Health is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health is a dynamic condition resulting from a body's constant

adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis.

Members state of the World Health Organization (WHO). Have accepted the Primary Health Care (PHC) concept as the logical strategy for achieving the social goal of health for all. The Countries are thus committed to ensuring that the mass of their people become aware of and use better means of preventing diseases and healthier ways of growing up. This brings into sharp focus the importance of public health education.

The link between PHC and communication thus becomes obvious. Hence rural dwellers health information needs includes-personal hygiene family planning, vaccination services, clean water supplies, improved nutrition, pre-natal and post-natal, treatment of common ailments and injuries etc. has to be communicated to the entire citizenry.

As earlier wrote, the majority of Nigeria peoples resided in rural areas and the purpose of this study is to find out about the information sources that rural dwellers who are expected to be major beneficiaries. As earlier wrote, the majority of Nigeria peoples resided in rural areas. The purpose of this study is to find out about the information sources those rural dwellers who are expected to be the major beneficiaries of the PHC system use to obtain information about health issues. For health purpose, rural communities need effective information sources. Information sources are multi-determiner and serve as a binding thread among different groups of rural dwellers. (Harande, Y.I. 2009). Information sources empower people as they provide knowledge needed for solving practical problems being faced. This project is interested in how rural dwellers obtained information about personal hygiene, immunization family planning clean water Health information can be defined as an information seeking activities which makes individuals to know, to motivate and supplies improved nutrition pre-natal and post-natal, cholera, to maintain healthful practices and make informed decisions about their own health – (Redmond et al, 2010). Most people living in the developing countries were found to be made quarterly informed about health matters and lack of health information is one of several factors implicated in the poor health status of people (Wei, 2013). As a result of this, most people were found to be unable to make informed decisions on their health.

The value of health information can be explained in numerous ways, so as to prevent diseases and promote health, people must often search out new information about their health. Health information can help individuals to cope with their health problems and make treatment decisions. It has also been found that well-informed people are better suited in coping with diseases, treatment, and survivorship and with their overall quality of life issues.

People engaged in seeking health information for different reasons, depending on individual needs and circumstances (Anker et.al 2011). Mostly individuals are looking for health information in reasons related to a range of health topics including healthy living, illness, treatment and medicine. However, having adequate information is a major contributor, plays a pivotal role to adopting new health practices, and would be more effective if it is supplemented with other ingredients including the provision of services.

Health information materials are being produced by the national and local media, by the federal and regional ministry of health and other local and international Non-Government Organizations and diffused through various communication channels including broadcast, print and other interpersonal communication mediums.

In addition, the researchers considered the effectiveness of the following information sources in meeting the information needs of the respondents. Such as, Radio, Television, Newspapers, Library, Health Officers, Conversation, The town crier, church and Vans of the Ministry of information.

### *1.1. Brief History of Egbedore Local Government Area of Osun State, Nigeria*

Egbedore Local Government of Osun State was one of the eighteen Local Government Areas created by the Federal Government of Nigeria under the military president of Ibrahim Babangida. It was used to be part of Ede Local Government of the old.

The Local Government comprises many historically important and notable towns and villages such as Ido-Osun, Ara, Iragberi, Ago-Iwoye, Ojo, Aro, Ikotun, Okinni, Ofatedo, Idoo, Abudo, Olorunsogo, Igbokiti and many other.

Egbedore local Government covers an area of about 102 squarekilometers. Edo north local government bound it to the south, Ejigbo local Government area to the west, Irepodun, Olorunda local Government area to the north and Osogbo local Government area to the East. Awo, the seat of Government is about five kilometers to Osogbo- the state capital while other town such as Ido-Osun, Okinni, Ofatedo and Olorunsogo communities are nearer to Osogbo. One significant feature of boundary demarcation between Egbedore local Government and her neighbors is the natural provision of streams and river.

### *1.2. Occupation of the People*

With the background Knowledge that Egbedore Local Area is located in the tropical rain forest that is rich and fertile, the people are predominantly farmers engaging in large production of food and cash crops such as Cocoa, Kola nuts, Palm products, Orange, Banana, Maize, Yam tuber, Cassava, Coco-yam etc.

Although, peasant farming is mostly prevalent in the area, a sizeable percentage of the farmers engage in other forms of agriculture such as poultry keeping, animal husbandry and bee-keeping which produces fledging include black soap-making, palm oil and palm kernel processing, garri-making, goat and cattle rearing. Two very promising agro-based industries in Egbedore Local Government Area are fishery and snailery. While the former has its potentials in the number of streams and brooks in virtually every town and village, some parts Egbedore Local Government Area have been identified as processinghumid climatic environment which breeds snails of various species.

Hunting is another aspect of the traditional life which has been perfected by the people of Egbedore Local Government. As a manifestation of this fact, every town and village has organized set of hunters under Oluode. In addition, black-smiths and traditional medical practitioners are also organized-offering various services to their immediate and larger society.

### 1.3. Objectives of the Study

To identify the health information needs of rural dwellers.

- To identify their sources of information.
- To identify their most preferred information sources and
- To also identify their most trusted information resources.

## 2. Methodology

This study was interested in how information about personal hygiene, family planning, vaccination, clean water supply etc. and looked at information sources that includes Conversation, Church, Radio, Newspapers, Health officers, Town crier, Market place, Meeting etc. This study was carried out in eight selected villages in Egbedore Local Government Area of State of Osun. The names of these villages are Iwoye, Ekuro, Ilawe, Ojo, Egbedi, Abogunde, Alaasan and Igbokiti. These villages can only boast of primary school and few dispensaries that were not too far to each other. None can boast of pipe borne water, while few has none functioning deep well provided by government. The data collection instrument uses for this study are questionnaire and oral interview. Two hundred questionnaires were distributed among the villages, while only one hundred and sixty-two was retrieved.

## 3. Literature Review

From the time immemorial, man has been saddled with being successful in eliciting information, acquiring or giving one type of information or the other in order to achieve a purposeful aim in life. Information is therefore essential to man if there must be any dissemination indeed, utilized for the achievement of personal or corporate goals. Aboyade, 2017, regarded "information as data processed for useful purpose" it could also be described as values in decision making and problem solving. Information is what is obtained by assembling items of data into a meaningful form. Information is a potentially powerful instrument in all spheres of human life, very essential for current information, teaching, learning and research. It is the availability of relevant information that enables an individual or group to make concrete, meaningful and right decision. Information reduces uncertainty in the mind of decision maker. For information to be useful, it must be accurate, complete timely accessible relevant, avoidable, verifiable and reliable. All these forms the characteristics of a good piece of information.

There are different types of information. Such as educational information, geographical information. Tourism, security etc. but the focus of this paper is on health information. According to Ajala and Joseph (2001) adequate and proper information is power, the reason being that, when adequate information is at hand, one is not likely going to make mistake. Also, proper information is vital to effective planning and proper action.

What is Health?

Jennie Naidoo and Jane Wills (2008) defined health as both an objective and a subjective phenomenon in objective term, health is normal functioning of biological entities normal functioning is accessed via the measurement of physical bodies organs and or system e.g. body mass index (BM) measurements and blood pressure rate. In addition, World Health organization's (WHO 2013) defined it Health is a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.

According to the New Encyclopedia Britannica (2010) Health is the extent of an individual's continuing physical, emotional, mental and social ability to cope with his environment. In addition, health could be defined theoretically interms of certain measured values; e.g. a person having normal body temperature, pulse and breathing rates blood pressure, height weight cavity of vision sensitivity of hearing and other normal measurable characteristics might be termed to be health.

Rural community is a generic term that refers to a population living in an area of low density and of small settlement. They are predominantly producer of food, fiber, ores and other raw materials it is defer from urban societies in the kind of relationships found among their members, the settlement pattern and the close-knit structure, their characteristics includes high level or no modern technology and low level of development of communication media. Rural communities are custodian of natural resources that fetch Nigeria her foreign currency. The survival of the urban sector is dependent upon the production of the rural dwellers. Despites all the importance of the rural communities' government pays little or no attention to rural community in all forms be it. Educational, social, economic, transportation etc. The rural community is characterized by poor health services, hospitals are few or nonexistent in many cases, what exist are dispensaries that can serve as good as first aid. It is pertinent to mention here that medical doctors find it difficult to live in the rural area. Those who work come from nearby cities and return to the cities after the day's workings a result of no basic infrastructures.

Also rampant in the rural community is the problem of nutritional deficiency. It is a common phenomenon among the children and adults. This is believed to produce physically smaller individual of lower intelligence and reduce resistance to disease. In some areas, these are more deplorable in the rural communities; there is high rate of epidemics and low degree of prevention of diseases and general health promotion. As a result of all these, rural dwellers need adequate information to solve their health problems.

According to Arman Hossain and Sharifful Islam (2012) an important cause of poverty in rural community is that they have limited access to information and are victims of misinformation. Appropriate information empowers people towards actions that can transform lives, and allows for a greater sense of independence.

The information needs of rural dwellers should be of concern to the most because rural dwellers are the foundation of any society. The information needs of people depend on various factors such as education, profession, age, gender, region socio-economic condition, religion etc. (Olorunda 2004) (Mooko 2005) stated that rural dwellers do not need information like doctors and engineers, rather on farming activities, health, employment of their wards, family violence and basic needs for the family.

Uhegbu, A.N. (2007) sees health information as those pieces of information that will make the udders have physical and emotional stability. It contains such information as sanitation rules and regulations (environmental cleanliness), family planning disease control, PTF drugs, immunization, location of good hospitals and clinics, laboratory centre's etc. Health information may also include news about international bodies and agencies responsible for global health activities such the (W.H.O) World Health Organization, United Nations Fund for Population Activities (UNFPA) etc. The result of the research conducted by Anuobi, V.C Ogbonna, A.U. and Osuchukwu N.D (2014) revealed that rural dwellers sources of information are predominantly oral, and their information needs are relative to the occupation. The research indicated that the rural dwellers source information from their professional colleagues/ trade masters/ churches promotion by motor advertisers, television/ radio and ceremonies.

According to (Johnson and Meischke, 1991) communication scholars generally classify health related information into two main groups; interpersonal and mass media sources. The interpersonal sources related with health includes; doctors, nurses, family and friends, health groups, voluntary organization and other professionals allied to medicine. These kinds of sources of information channels that are face to face, in nature are preferred to transit information and teaching complex skills that needs two-way communications between individuals.

The mass media information sources include; television, radio, posters, books, magazines and newspapers, videos and internet. Media related sources generally provide broad coverage for communication of messages to reach a large number of the target audience quickly and frequently (Mills and Sullivan, 2000 Parrott, 2004)

	No Distributed	% Distributed	No Returned	% Returned
Iwoye	25	12.5%	20 3	12.35 %
Ekuro	25	12.5%	21 5	12.96 %
Ilawe	25	12.5%	20 3	12.35%
Ojo	25	12.5%	20 4	13.58 %
Egbedi	25	12.5%	22 5	12.96 %
Abogunde	25	12.5%	21 5	11.11 %
Alaasan	25	12.5%	18 3	12.35%
Igbokiti	25	12.5%	20 7	100%
Total	200	100%	162	100%

Table 1: Distribution According to Respondent

The total numbers of questionnaire distributed to eight (8) villages were 200 copies out of which one hundred and sixty-two were retrieved. Questions structured were related to Needed Health Information, Information Sources Available, and Respondents Preference for Information Sources. Table 1 showed that the distribution of respondents cut across selected eight villages of Egbedore L.G.A of state of Osun with Egbedi (13.58%), Ekuro and Abogunde (12.96%) each; Iwoye (12.35%), Ilawe (12.35%), Ojo (12.35%), Igbokiti (12.35%) and Alaasan (11.11%) with the least.

Male	40	24.69
Female	122	75.31

Table 2: Gender

Table 2 represent the distribution of respondents according to their gender. The total number of forty respondents in the study represents males: 40 (24.69%), while the total number of female respondents was 122 which represent (75.31%).

		Iwoye	Ekuro	Ilawe	Ojo	Egbedi	Abogunde	Alaasan	Igbokiti		
1	Immunization	6	10	8	16	5	16	6	10	77	10.44%
2	Family planning	12	10	17	14	12	16	15	18	114	15.46%
3	Pre-Natal	7	4	8	10	16	10	10	5	70	9.49%
4	Personal Hygiene	20	8	10	20	19	20	18	18	143	19.40%
5	Malaria	20	15	10	18	15	21	18	20	137	18.58%
6	Clean Water Supply	17	19	20	20	22	21	18	20	157	21.30%
7	Post-Natal	5	6	1	10	5	10	5	7	49	6.65%
	Total	87	72	74	108	94	114	90	98	737	100%

Table 3: Needed Health Information

Table 3 shows the distribution of Respondents according to their needed health information. 21.30% of the respondents across the villages needed information about Clean Water Supply, 18.58% needed information on malaria and its eradication in their villages, 19.40% of the total respondents needed health information about their personal hygiene, while 15.40% needs information on family planning 10.6% indicated their preference on the immunization information. 9.49% needed information on Pre-Natal and 6.65% of the total respondents needed information on Post-Natal.

Information Sources Available	Respondents	Percentage
Radio	35	21.60%
Health officers	22	13.52%
Town Crier	30	18.52%
Poster	10	6.17%
Church	15	9.26%
Mosque	10	6.17%
Conversation	15	9.26%
Television	7	4.32%
Newspapers	6	3.70%
Ministry of health information van	12	7.40%
Total	162	100.00%

Table 4: Information Sources Available

Table 4 indicates the available health information resources available to the respondents in all the villages selected for the research. The available resources includes Radio, Health Officers, Town Crier, Posters, Churches, Mosques, Conversation among the villagers, Television, Newspapers and Ministry of Health Information Van, out of all these resources Radio has the highest percentage (21.60%) of the resources, almost all the villagers have radio either big or small some of them also used their handset radio to get information.

This followed by the town crier as a result of the collaborations between the Health Officers and the village heads. Churches and Mosques were also sources of information to the villagers, as a result of availability of these two religious bodies in all the villages, Television and the Newspapers were the most less useful sources of information for rural due to absence of electricity in the villages only 4% of the respondents have generating plants to power their television sets.

Information Sources	Well Trusted		Trusted		Not Trusted	
	FREQ	%	FREQ	%	FREQ	%
Radio	80	49.4%	50	80.9%	32	19.8%
Health officers	70	43.21%	80	92.6%	12	7.44%
Town Crier	75	46.3%	72	90.7%	15	9.3%
Poster	52	32.1%	70	75.3%	40	24.7%
Church	90	55.6%	70	95.77%	12	7.4%
Mosque	80	49.4%	50	80.2%	32	11.8%
Conversation	60	37.04%	55	71%	47	29.01%
Television	10	6.17%	21	19.13%	131	80.86%
Newspapers	5	3.09%	13	11.11%	146	90.12%
Ministry of Health Information Van	90	55.6%	50	86.4%	22	13.6%

Table 5: Respondents Trust for Information Sources

Table 5 indicates the trusted information resources by the respondents. The result of the research shows that all available information resources were well trusted except, television, newspapers. This was as a result of non-availability of these resources in their environments and rural communities. Some social amenities such as power supply i.e. electricity to make the television work and some rural dwellers are not educated to the level of buying and reading newspapers.

Information Sources	Preferred		Not Preferred	
	FREQ	%	FREQ	%
Radio	160	98.8%	2	1.2%
Health officers	138	85%	24	14.8%
Town Crier	156	96%	6	3.7%
Poster	30	19%	132	81.5%
Church	92	57%	70	43%
Mosque	34	21%	128	79%
Conversation	13	8%	149	92%
Television	17	11%	145	89.5%
Newspapers	9	6%	153	94%
Ministry of Health Information Van	142	88%	20	12%

Table 6: Respondent's Preference for Information Sources

Table 6 shows the respondents preference for the available information resources. The most preferred source was radio with 98%, this is because almost all the inhabitant have one or two radios most especially they have mobile phones with which they can hear news on any matter, followed by the town crier with 96% and ministry of health information van with 88% then followed by health officers with 85%, church 57% while mosque is 21%, posters 19%, television 11%, conversion 8% and newspapers 6%.

## 4. Discussion of Findings

### 4.1. Radio

Findings revealed that majority of the people do have access to radio and listen to it. Radio can be powered through cell battery and in most cases, villagers possessed mobile phone that has radio facilities. Radio being a mass medium that can reach masses irrespective of their location. Whenever any health programs is to take place local radio used to broadcast and educate the masses be it on the outbreak of diseases, immunization of any nature, health talk etc. the widely use of radio may be as a result of the fact that it is very cheap and portable and not necessarily requires the use of electricity. Introduction of mobile phone in Nigeria has also increase the use of radio because some mobile phones comes with the radio feature thereby making it possible for the rural dwellers to listen to news and any other programmes using radio on their mobile phones, also the cost of accessing information on radio is not expensive.

### 4.2. Town Crier

Town crier may be referred to as village public relations officer. The town crier usually disseminates information to members of the community any time of the day especially early in the morning before people set out for farm or market or at night when everyone is back from day's duty. Town crier performs his duty through the authority of the village head. In some cases, the town crier moves round the community with his news either during the day or in the night. He does his work with the aid of an iron or wooden gong, usually he beats the gong to draw villagers' attention before making the announcement. Most villagers preferred this because they believed in their community leaders.

The research also revealed that the sensitization of the villagers through the ministry of Health information van by health officials also contributed a lot to the villager's awareness about health information, through this van the ministry of health officers mount public address system where information is disseminated to the populace by the health officials. The villagers preferred this source also because it came from the health professionals.

### 4.3. Television

Television is a mass medium of information dissemination own to the fact that it delivers information in a dramatic audio and visual manner to an extensive and various audiences. Television over the years is known for educating and informative roles and is majorly been applied to disseminate different types of information ranging from health, agriculture, political etc.

Despite the advantages and usefulness of television in information dissemination, rural dwellers in Egbedore local government area of Osun do not prefer television as a source of information as a result of non-availability of electricity to power it. Just little households that possess television in their house use generating plant which consume their income through the acquisition of fuel to power the generator.

In addition, churches and mosques also served as a source of information to these people in that most of health information are passed to the leader of the church or mosque for onward transmit to the congregations at times the health officer themselves came in person to inform the congregations about the ongoing health programme .e.g. immunization. In most cases also, they ask their friends or neighbors. There are no libraries or information centers in these villages, so

people are not used to going to library and seek information. Therefore, library contributed nothing to the provision of information in rural areas of Egbedore.

## 5. Conclusion

The study investigated the health information needs and its sources among rural dwellers in Egbedore Local Government areas of Osun State Nigeria. Findings shows that there are several health information needs of these villagers such as immunization, family planning, personal hygiene, pre and post-natal, malaria, clean water supply etc. and also several information sources used in these areas which the most preferred ones are radio, town crier, health officers, ministry of health information van. The research revealed that most of the inhabitants have one or more radio which they all listen to for information most especially the radio on their mobile phone. It was also revealed that majority of the inhabitants are illiterate and the village lacks any social amenities therefore the use of computers and other social network is absence.

It was observed that the library that was termed to be an information manager performed no roles in the acquisition and dissemination of essential information in these villages which is an aberration to the professional ethics of a librarian.

## 6. Recommendations

To complement the existing resources in the rural areas of Egbedore. There should be provision of effective public library system or resources centre to be equipped and funded by state and local authority. There should also be a provision of mobile libraries. This is necessary to complement the efforts of public libraries resource or media centers such that the nooks and crannies of the communities are provided with library facilities as it operates in public libraries.

Furthermore, special services by the librarian is also require for effective information dissemination in the rural areas such as repackaging of information to the understanding of the rural populace, organizing of adult literacy class etc. Provision of social amenities is also requiring for adequate information dissemination.

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