**Health Information Seeking Behaviour of Rural Women in Ekiti State, Nigeria: Implications for Librarians**

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**Abstract**

*The health information seeking behaviour of individuals inevitably contributes to how they prevent illnesses or cope with disease burden. This study examined the health information seeking behaviour (HISB) of rural women in Ekiti State, Nigeria. A cross sectional survey design was adopted and the population is 817,843 rural women in Ekiti State, Nigeria. Multistage sampling technique was used to select 402 respondents. Questionnaire was used for data collection and descriptive statistics was used for data analysis. Findings revealed that rural women needed information relating to various illnesses and diseases, and also to take care of their family. These women sourced the needed health information mostly from friends, radio and traditional healers. The library was ranked among the lowest source of health information. Also, the women used the health information sought for various preventive and curative purposes. Findings from this study imply that the few existing libraries in the rural areas are not being fully utilised by the women. It is recommended that librarians in the public libraries should design information services to meet the health information needs of rural women in the community.*

**Keywords*:*** Health Information Need, Health Information Seeking, Health Information Behaviour, Rural Women, Public Library

**Introduction**

Women exercise important role in the community and they are engaged in the development of every areas of life: nation building, family, religion and social groups. Also, they play important roles in governance, child bearing, family care and maintaining peace in the home. Indeed, women are the managers of the home. However, observation has shown that women generally face a number of challenges, especially balancing work and family life. These challenges: unemployment, low income, low level of education, unhealthy nutrition and poor health are common among rural women.

On a regular basis, women across the world die because of complications during pregnancy and childbirth. Studies have shown that most rural women give birth indiscriminately without putting into consideration necessary precautions (Say, Chou, Gemmmil, Tuncalp, Moller & Daniels, 2014). High mortality, especially of rural women has been stated by researchers to be caused by a combination of individual level factors, rather than seeking health information from a formal institution such as health centres, rural women prefer to consult church, traditional birth attendants, family members and village heads. (Igberase & Ebeigbe, 2007). These challenges suggest that rural women perhaps do not have access to adequate information sources, or they do not utilise the available information.Hence, information plays a significant role in the lives of people.

Information is an input, which causes or leads to reduction in precariousness in any decision process. It could be posited that when rural women are exposed to the right health information, they are likely to make informed health decisions. Health information seeking behaviour (HISB) can be described as how people acquire, assess, categorize and use relevant health-related information to perform desired health behaviours (Ek & Heinstro, 2011). It is a major coping strategy to deal with reasonably stressful illness-related events such as the stupor of diagnosis, the encumbrance of treatment-related decisions, frightening side effects, and the state of being unsure about the cure. Active information seeking is associated with a high level of assurance or certainty and control over a condition. When considering the health information needs of individuals living in rural settings, information sources including peers and lay experts are necessary, especially in the absence of easy access to formal health-care providers (Miller & Bell 2012).

Making efforts to seek and utilize health information is said shown to be associated with stronger health-oriented beliefs and healthier behaviours in general (Duta-Bergman, 2004a). This means that, the superiority and authority of thehealth-related information must synchronizewith the individual’s expectations, preferencesand needs under given circumstances. In the study of Yusuf (2012), it was observed that the women artisan in Offa metropolis always seek for information from these sources; radio and television. It was also noted that they mostly seek information from friends and relatives.Women are active information seekers, particularly in the context of managing health for themselves and their families. Living in rural areas may give some challenges and opportunities for women in their health information seeking (Ezema, 2016).

Librarians are professionals who are trained in library science and also engage in library services. As such, they are expected to provide health information to rural women through various means. Librarians could establish relationship with NGO’s and potential health information providers to reach out adequately to the health information needs of rural women. They could make rural women aware of health related information, this could further assist them in making informed decision. Librarians could also bring rural women in collaborative dialogue to explore social conditions that could be the major influences of health and illnesses; generates deeper collective awareness and community driven action. They could sensitize rural women at intervals on their health information seeking behaviour, to promote a better understanding and acknowledgement of the specific needs of the community (Ghosh, 2013).

Research Questions

1. What are the health information needs of rural women in Ekiti State, Nigeria?
2. What are the sources of health information used by rural women in Ekiti State, Nigeria?
3. What is the purpose of health information seeking amongst rural women in Ekiti State, Nigeria?

**Review of Literature**

Health information need refers to an individual’s desire to locate and obtain health information to satisfy a conscious or unconscious need. In order to satisfy this need, health information seeking takes place, which entails a purposive search for health information, the medium and manner the information is being sought for. Nwagwu and Ajama (2011) examined the health information needs, sources and information seeking behaviour of women living in rural Nigeria. Data collected through focus group discussion and questionnaire revealed that more than 90% of women reported that they needed the listed health information and also motivated to seek health information on malaria, pre and post natal care and on immunization facilities for their children and themselves. Similarly, Ezema (2016) carried out a study on information needs of rural dwellers in Nigeria. He identified that women particularly needed information on pre and post natal care and current immunization facilities for their children and themselves.. According to the findings of Yusuf (2012), it was revealed that women need information on raw materials, financial matters, political issues and health information.

Rural women seem to have developed a silence culture and an acceptance of despair, they prefer to use any information they get from any available source. Uganneya and Umaru (2008) observed that women farmers in Benue State, Nigeria own various types of information resources, essentially radio (53.0%) and television (37.0%). Most of the respondents’ access to information resources was not encouraging; this could be linked to expensive media aspect of information resources and illiteracy. In a Survey that was carried out by Wafula and Ocholla (2007) in South Africa on sources of health information used amongst rural women, results showed that family 53.2% serve as the main source of health information, followed by friends at 43.3% and neighbours 38.0% form the bulk of alternative sources of information amongst the respondents. Library is also been mentioned as a vital source of health information us. Librarians play an important role in repackaging health information to address essential needs of rural women. In the findings of Hossain and Islam (2012) it was observed that rural women use media for entertainment as well as important sources of information. The findings of Nwagwu and Ajama (2011) revealed that over 70% of respondents [women] reported the availability and use of public health centres and general hospitals. Print source of newspaper, magazines, posters and handbill were the least reportedly available.

Health information seeking behaviour can be described as how people acquire, assess, categorize and use relevant health-related information to perform desired health behaviours (Ek & Heinstro, 2011). Making efforts to seek and obtain health-related information has been shown to be associated with stronger health-oriented beliefs and healthier behaviours in general (Duta-Bergman, 2004a). This could be further expressed that, the quality and authority of the health-related information must suit and synchronize with the individual’s expectations, preferences and needs under given circumstances. Elderly people are thus generally seen as consumers with high health consciousness. Seeking information on nutrition has, for example, been shown to be especially relevant as people grow older, thereby promoting an improved sense of empowerment and control over one important aspect of the individual health status and overall well-being (Manafo & Wong, 2012). In the study of Yusuf (2012) it was noted that the women artisan in Offa metropolis always seek for information from radio and television. It was further revealed that they mostly seek health information from their friends and relatives. Bakar (2011) carried out a study on information seeking behaviour of rural women in Malaysia. In this study, it was observed that rural women depend mostly on mass media. Women also consulted other sources such as family and friends. In the study carried out by Gavgani, Qeisari and Asghari (2013) on health information seeking behaviour (HISB): A Study of a Developing Country. It was revealed that, almost everyone needs health information, but unfortunately many individuals seek information accidentally from radio and television. The findings of Nwagwu and Ajama (2011) revealed that 74.5% of the women seek health information from interpersonal channels: friends / family members and chemist shop respectively, radio 66.4%, herb hawkers 53.3%, drug hawkers 52.6% and health centres 51.8%.

It could therefore be said that, when a rural woman seeks information appropriately, there is tendency for such individual to be able to seek health information correctly.

**Methodology**

A cross sectional survey design was adopted for the study.The total population of this study was 817,843 rural women from 12 local government areas (LGAs) out of the 16 local government areas in Ekiti State, categorized as rural (LGAs) by the Ekiti State Ministry of Agriculture and Rural Development. A multi stage sampling technique was adopted. First, a stratified random sampling technique was used to select 50% source of the LGAs in each senatorial district. Thereafter, 30% source of the LGAs was randomly selected by balloting thereby, resulting in three LGAs that was used for the study. The three LGAs were Ikere, Ido Osi and Efon Alaaye. Adopting Israel’s (1992) table of sample size determination, a sample size of 204 is sufficient for a population above 100,000 at 7% precision and 95% confidence level. However, in order to compensate for expected non response and ensure at least 70% response rate, 0.2% of the three LGAs was randomly selected as the sample size. The sample size for this study was 402 rural women in Ekiti State.Data was collected from the respondents using a researcher’s developed instrument. A total number of 402copies of questionnaire were administered to rural women in the selected Local Government areas in Ekiti State, Nigeria. The administration process involved the full participation of the researcher and two research assistants. Out of the 402 copies of a questionnaire administered, 359 were returned and usable. The return rate of the questionnaire was 89%.Data was analysed using descriptive statistics. Research questions were answered using descriptive statistics such as frequency count, percentages, mean and standard deviation.

**Results**

**Analysis of Demographic Characteristics of the Respondents**

**Table 1.1 Distributions of Respondents Demographic Characteristics**

|  |  |
| --- | --- |
| **Demographic characteristics** | **Population of respondents** |
| **Characteristics**  | **Information**  | **Frequency** | **Percentage** |
| **Age** | 21-30 | 18 | 5.2 |
|  | 31-40 | 130 | 35.9 |
|  | 41-50 | 113 | 31.5 |
|  | 51-60 | 70 | 19.5 |
|  | 61 and above | 28 | 7.9 |
|  |  |  |  |
| **Marital Status** | Single | 9 | 2.5 |
|  | Married | 280 | 78.0 |
|  | Widowed | 46 | 12.8 |
|  | Divorced | 24 | 6.7 |

The study also indicates that rural women between the age ranges of 31-40 had the highest percentage of 35.9%, next is 41-50 with 31.5% and the least was 61 and above with 7.9%. This implies that majority of the respondents are relatively young. They could be seen as active enough to seek health information appropriately. In respect of the marital status, 78% were married, 12.8% widowed, 6.7% divorced and 2.5% were single. This implies that more married women participated in the study.

**Analysis of Research Questions**

**Research Question One: What are the health information needs of rural women in Ekiti State?**

**Table 1.2: Health Information Needs of Rural Women in Ekiti State**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **I need health information on ....** | **Yes** | **No** |
| 1 | Malaria  | 333 | 26 |
| 2 | Body pain | 185 | 174 |
| 3 | Cough and cold | 166 | 193 |
| 4 | Typhoid fever | 229 | 130 |
| 5 | Blood pressure | 201 | 158 |
| 6 | Cholera | 267 | 92 |
| 7 | Cancer | 269 | 90 |
| 8 | Diabetes | 101 | 258 |
| 9 | Diarrhoea | 276 | 83 |
| 10 | Tooth ache | 256 | 103 |
| 11 | Rheumatism | 243 | 116 |
|  | Diseases |  |  |
| 12 | Chicken pox | 265 | 94 |
| 13 | Sexually transmitted disease | 260 | 99 |
| 14 | Small pox | 240 | 119 |
| 15 | Ring worm | 242 | 117 |
|  | Others |  |  |
| 16 | Family planning | 281 | 78 |
| 17 | Family health | 280 | 79 |
| 18 | Maternity issues | 270 | 69 |
| 19 | Child or children's health | 273 | 86 |
| 20 | Maintenance of a healthy lifestyle | 266 | 93 |
| 21 | Immunization | 272 | 87 |
| 22 | Menopause | 268 | 91 |
| 23 | Food and nutrition | 266 | 93 |

Table 1.2 reveals respondents’ opinion on their health information needs according to the categorization of health information needs in this study in terms of illnesses, diseases and others. This study revealed in this order that rural women need health information on illnesses, other issues bordering on their family, followed by information on diseases. Some of the examples include malaria, family planning and chicken pox. Malaria has been termed one of the most killer diseases in Nigeria, it is therefore, not surprising that they needed more information on malaria. This result should give librarians and health care providers concern. If a high number of rural women’s health information needs are being met, this could help eradicate diseases in the community because they would have known the preventive measures.

**Research Question Two: What are the sources of health information used by rural women in Ekiti State?**

**Table 1.3: Sources of Health Information used by Rural Women in Ekiti State**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Health Information Sources** | **Very Often** | **Often** | **Not Often** | **Never** | **Mean** | **SD** |
|  |  | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |  |  |
|  | **Personal Sources** |  |
| 1 | Friends | 228 | 63.5 | 91 | 25.3 | 36 | 10.0 | 4 | 1.1 | 3.51 | .720 |
| 2 | Traditional healers | 214 | 59.6 | 92 | 25.6 | 48 | 13.4 | 5 | 1.4 | 3.43 | .774 |
| 3 | Local herb hawkers | 189 | 52.6 | 82 | 22.8 | 72 | 20.11 | 16 | 4.5 | 3.24 | .923 |
| 4 | Health Centre’s | 133 | 37.0 | 149 | 41.5 | 67 | 18.7 | 10 | 2.8 | 3.13 | .809 |
| 5 | Chemist shop | 127 | 35.4 | 132 | 36.8 | 81 | 22.6 | 19 | 5.3 | 3.02 | .890 |
| 6 | Relatives | 98 | 27.3 | 170 | 47.4 | 84 | 23.4 | 7 | 1.9 | 3.00 | .766 |
| 7 | Village heads | 109 | 30.4 | 155 | 43.2 | 80 | 22.3 | 15 | 4.2 | 3.00 | .834 |
| 8 | Religious groups | 116 | 32.3 | 141 | 39.3 | 86 | 24.0 | 16 | 4.5 | 2.99 | .862 |
| 9 | Private clinic doctor | 104 | 29.0 | 155 | 43.2 | 82 | 22.8 | 18 | 5.0 | 2.96 | .848 |
| 10 | Personal files/notes/diaries | 101 | 28.1 | 159 | 44.3 | 79 | 22.0 | 20 | 5.8 | 2.95 | .851 |
|  **Grand Mean** | **3.12** | **0.83** |
|  | **Media Sources (Printed)** |  |
| 11 | Handbills | 126 | 35.1 | 144 | 40.1 | 70 | 19.5 | 19 | 5.3 | 3.05 | .870 |
| 12 | Bulletin | 109 | 30.4 | 166 | 46.2 | 63 | 17.5 | 21 | 5.8 | 3.01 | .846 |
| 13 | Poster | 110 | 30.6 | 163 | 45.4 | 62 | 17.3 | 24 | 6.7 | 3.00 | .865 |
| 14 | Newspaper | 107 | 29.8 | 152 | 42.3 | 76 | 21.2 | 24 | 6.7 | 2.95 | .882 |
| 15 | Health magazine | 92 | 25.6 | 168 | 46.8 | 71 | 19.8 | 28 | 7.8 | 2.90 | .871 |
| 16 | Pamphlets | 94 | 26.2 | 156 | 43.5 | 81 | 22.6 | 28 | 7.8 | 2.88 | .887 |
| 17 | Printed books | 98 | 27.3 | 145 | 40.4 | 90 | 25.1  | 26 | 7.2 | 2.88 | .895 |
| 18 | Food leaflet | 99 | 27.6 | 140 | 39.0 | 89 | 24.8 | 31 | 8.6 | 2.86 | .922 |
| 19 | Drug insert | 79 | 22.0 | 166 | 46.2 | 87 | 24.2 | 27 | 7.5 | 2.83 | .858 |
|  **Grand Mean** | **2.93** | **0.88** |
|  | **Media Sources (Electronic)** |  |
| 20 | Radio | 229 | 63.8 | 73 | 20.3 | 43 | 12.0 | 14 | 3.9 | 3.44 | .850 |
| 21 | Television | 131 | 36.5 | 142 | 39.6 | 65 | 18.1 | 21 | 5.8 | 3.07 | .882 |
| 22 | Internet | 110 | 30.6 | 160 | 44.6 | 68 | 18.9 | 21 | 5.8 | 3.00 | .855 |
|  **Grand Mean** | **3.17** | **0.86** |
|  | **Other Sources** |  |  |  |  |  |  |
| 23 | Women organization | 114 | 31.8 | 156 | 43.5 | 74 | 20.6 | 15 | 4.2 | 3.03 | .832 |
| 24 | Library | 104 | 29.0 | 149 | 41.5 | 81 | 22.6 | 25 | 7.0 | 2.92 | .889 |
| 25 | NGO Conferences  | 110 | 30.6 | 136 | 37.9 | 88 | 24.5 | 25 | 7.0 | 2.92 | .909 |
|  **Grand Mean** | **2.96** | **0.88** |

Table 1.3 presents health information sources used by rural women in Ekiti State, Nigeria as categorized under personal sources, printed media sources, electronic media sources and other sources. The study revealed health information sources used as electronic media sources as the highest ranked (mean= 3.17, SD= 0.86), next was personal sources (mean= 3.12, SD= 0.83), followed by other sources (mean= 2.96, SD= 0.88) and the least was printed media sources (mean= 2.93, SD= 0.88). This implies that an average rural woman has a radio or television in her house that is used as a source of health information. However, a look at health information sources when taken individually reveals friends, radio and traditional healers as the top three mostly used health information sources.

**Research Question Three: What is the purpose of health information seeking amongst rural women in Ekiti State?**

**Table 1.4: Purpose of health information seeking behaviour amongst rural women in Ekiti State**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **I seek health information …** | **Very Often** | **Often** | **Not Often** | **Never** | **Mean** | **SD** |
| 1 | … due to fear of the unknown | 25069.6% | 7119.8% | 277.5% | 113.1% | 3.56 | .763 |
| 2 | … to take good care of my children | 23766.0% | 9125.3% | 226.1% | 92.5% | 3.55 | .723 |
| 3 | … during pregnancy | 22061.3% | 9426.2% | 3810.6% | 71.9% | 3.47 | .761 |
| 4 | … when I am afflicted with a disease | 21860.7% | 9325.9% | 3810.6% | 102.8% | 3.45 | .792 |
| 5 | … to improve my health conditions | 16044.6% | 14039.0% | 4813.4% | 113.1% | 3.25 | .801 |
| 6 | … to have general awareness purpose | 14740.9% | 13938.7% | 6016.7% | 133.6% | 3.17 | .833 |
| 7 | … to take good care of my family | 13136.5% | 16546.0% | 5314.8% | 102.8% | 3.16 | .774 |
| 8 | … on nutrition | 13437.3% | 15643.5% | 4913.6% | 205.6% | 3.13 | .848 |
| 9 | … to prevent re-occurrence of sickness | 13738.2% | 14239.6% | 6718.7% | 133.6% | 3.12 | .837 |
| 10 | … to know first aid treatment | 13136.5% | 15643.5% | 5715.9% | 154.2% | 3.12 | .823 |
| 11 | … specifically for my children’s health being | 13236.8% | 15142.1% | 6117.0% | 154.2% | 3.11 | .833 |
| 12 | … to share the results with relatives | 11832.9% | 17147.6% | 5816.2% | 123.3% | 3.10 | .785 |
| 13 | … to prevent re-occurrence of disease | 12133.7% | 16646.2% | 5615.6% | 164.5% | 3.09 | .815 |
| 14 | … in order to promote healthy life for my family | 12534.8% | 15543.2% | 6217.3% | 174.7% | 3.08 | .840 |
| 15 | … from health specialist | 13537.6% | 15138.7% | 6118.1% | 155.6% | 3.08 | .880 |
| 16 | … when my family’s health is in danger | 12234.0% | 16044.6% | 6217.3% | 154.2% | 3.08 | .821 |
| 17 | … to improve knowledge for future use | 11933.1% | 16044.6% | 6718.7% | 133.6% | 3.07 | .812 |
| 18 | … when I am worried | 11331.5% | 16345.4% | 6718.7% | 164.5% | 3.04 | .825 |
| 19 | … on preventive measures | 12234.0% | 14239.6% | 7320.3% | 226.1% | 3.01 | .889 |
| 20 | … to get well soon | 11231.2% | 15643.5% | 6919.2% | 226.1% | 3.00 | .867 |
|  **Grand mean** | **3.18** | **0.82** |

Table 1.4 shows the result of respondents rating of purpose of health information seeking. This study revealed that rural women seek health information ranging from various reasons and patterns. The study revealed that rural women seek health information due to fear of the unknown (mean= 3.56, SD= .763), to take good care of their children (mean= 3.55, SD= .723), during pregnancy (mean= 3.47, SD= .761) and when they are afflicted with a disease (mean= 3.45, SD= .792) as the four (4) highest purpose of health information seeking.

**Discussion of Findings**

Findings from this study revealed that the following are the health information needs of rural women in Ekiti State: malaria, body pain, chicken pox, sexually transmitted disease and family planning. The following studies support this finding: Ezema (2016) observed in his study that a higher percentage of women’s health information need was on their children’s health and ensuring they are in perfect conditionas a family. Nwagwu and Ajama (2011) examined the health information needs, sources and information seeking behaviour of women living in rural Nigeria. Data collected through focus group discussion and questionnaire revealed that more than 90% of women reported that they needed the listed health information and also motivated to seek health information on malaria, pre and post natal care and on immunization facilities for their children and themselves. Similarly, Namadiand Aondover (2020)carried out a study on information needs of rural dwellers in Kano metropolis of Nigeria. They identified that women particularly needed information on pre and post natal care and current immunization facilities for their children and themselves. In a study by Hsieh and Brennan (2005) participants indicated that they searched for information related to their prenatal genetic counseling need. Mooko’s (2005) studies of information needs and information-seeking behavior of women in three rural villages in Botswana revealed that most of the information needs of these women are health-related. They seek information regarding particular diseases, how they are contracted, and how to treat them. Chalak and Riahi (2017) revealed the primary concern of women in Uganda was for information on reproductive health and family planning in their study. According to the findings of Yusuf (2012), it was revealed that women need information on raw materials, financial matters, political issues and health information.

The findings revealed that a relatively low number of rural women in South West, Nigeria do not confidently visit the library for health information. This could be as a result of no or inadequate libraries in the rural communities. It could also be that librarians do not educate rural women as expected by creating awareness on the benefit of seeking health information from the library.From the research carried out, it was generally observed that rural women in South West, Nigeria utilize electronic media sources of health information more, such as radio and television. It was also observed in the study that rural women in South West, Nigeria utilize health information from personal sources such as friends, traditional healers and local herb hawkers. The study also showed that the respondents’ use health information from other health information sources like women organizations and printed media sources like bulletin.This finding agrees with that ofUganneya and Umaru (2008) who revealed that women farmers in Benue State, Nigeria use various types of information and communication media, particularly radio set 53.0% and television sets 37.0%.The study of Edda and Neema (2013) also supports the findings of this study. The study was on parent and caregivers' health information seeking behaviours which looked into communication channels utilized for an information search such as physician, searching the Internet for health information and friends. In a study that was carried out by Wafula and Ocholla (2007) on sources of health information amongst rural women, it revealed that 53.2% of the participants utilize family as the main source of health information, next was friends at 43.3% and neighbours 38.0% consisting of the larger alternative sources of information amongst the respondents. This was closely followed by community leaders 38.6%, books 30.9%, exhibitions/trade fairs 20.8%, area leaders 15.8%, educators 10.8% and social/extension workers. Other sources such as traditional healers 7.8%, information centres 4.9%, newspapers 2.4%, magazines 2.4%, farmer’s cooperatives 1.5% and nurses/midwives 1.5% were less used as sources of information.

However, Hossain and Islam (2016) observed in his study that informal sources, such as friends, family and relatives are the ones women turn to when they need health information. The findings of this study also agree with the study of Yusuf, (2012) which shows that women artisan in Offa Metropolis in Kwara State, Nigeria did not seek for information from the library, but use radio and television as their to source of information. The major source of information of women artisans in Offa metropolis is through friends and relatives; they also seek information from their occupational association and from churches/mosques. In the findings of Hossain and Islam (2012) radio and television were found available in almost all houses in the rural areas of Bangladesh. Above 83% of the respondents used Television as a source of information, while about 17% used radio to meet their information needs. It was further revealed in this study that rural women seek health information due to fear of the unknown, to take good care of their children, during pregnancy, when afflicted with a disease, on nutrition and to have a general awareness purpose. This finding agrees with that of Manafo and Wong, (2012) which revealed that elderly individuals are mostly seen as consumers with high health consciousness. Seeking information on nutrition has been seen as important even as individuals grow older. Women who are between the ages of 45-55 seek health information on menopause (Phillips, 2012). This may be because these illnesses are being considered severe, as the effects of dehydration are immediate and detectable. In the study carried out by Gavgani, Qeisari and Asghari (2013) on health information seeking behaviour (HISB): A Study of a Developing Country.It was revealed that, more than half of women say that they always seek health information for preventing diseases.

**Conclusion and Recommendations**

In this information age, librarians and health care providers should encourage, orientate and sensitize rural women on the need for seeking and using timely information from authentic sources like library and the hospital to improve their health status. This could enhance smooth provision of necessary information by librarians for rural women. If the above is in place, the implication on librarians could be in form of encouragement on their part, satisfaction and ease of work load.

1. Librarians should endeavour to reach out to the rural women on how they can successfully seek health information through the appropriate information resources.
2. Stakeholders in the health sector of the country should formulate policies that would benefit the rural dwellers.
3. Librarians should make rural women aware of health related information, this could further assist them in making informed decision.
4. They could bring rural women in collaborative dialogue to explore social conditions that could be the major influences of health and illnesses; generates deeper collective awareness and community driven action.

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