Reproductive Health Information Seeking Behaviour among Undergraduates of Federal University Oye Ekiti, Nigeria

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Abstract

University students are at the stage of active sexual life, and need to be provided access to accurate and up to date information to be able to take informed decision on sexual matters and lessen behaviours that could have undesirable outcomes. This study thus investigates the reproductive health information (RHI) seeking behaviour among undergraduates in a Nigerian university. The stratified random sampling technique was employed to select 750 participants from the undergraduate population at Federal University Oye-Ekiti (FUOYE), Ekiti State, Nigeria. A questionnaire survey was used to gather required information from the students. Descriptive statistical tools of frequency counts, percentage and mean scores were employed for the data analysis. The findings showed that students' major RHI needs were on prevention of sexually transmitted infections including HIV (44.8%), pregnancy prevention/contraception (40.9%), sexual hygiene (30.5%) and safe sexual relationships (24.9%). Respondents' most frequent sources of RHI were internet/social network sites, friends, television, literature/storybooks/booklets, pharmacy/patient medicine sellers and parents. The RHI was used by respondents for updating knowledge (52.7%); for a specific reproductive health problem/disease (38.7%) and to prevent sexually transmitted infections such as HIV (29.9%). The constraints faced in seeking RHI were knowing the reliability/trustworthiness of information, fear of embarrassment and lack of time to search for RHI. The results of this study would inform university authorities, health information developers and other relevant stakeholders on the planning, review and development of information materials to enhance the reproductive health of university students. It also demonstrated the need for academic libraries to play active role in dissemination of RHI so as to expand students' access to credible RHI.

Keywords: Information seeking behaviour, Reproductive health information (RHI), information needs, undergraduates, Federal University Oye Ekiti, Nigeria

Introduction

Nations, worldwide devote a substantial proportion of their budget to health, because healthy living is a key ingredient of development. There are over 1.8 billion young people (10-24 years) globally, with approximately 90% of them residing in low- and middle-income countries (UNFPA, 2012, 2013). The International Conference on Population and Development (ICPD) has as one of its goal that every individual should have access to sexual and reproductive health services by the year 2015, particularly for women and adolescents (Dabo, 1999). However, many developing nations especially in Africa are still far from realizing this target in 2022. The Nigerian government have not given health care delivery including reproductive health services the priority attention it deserves. The young people in Nigeria are exposed to several sexual and reproductive health challenges. The HIV infection disproportionately affect young people and the Nigerian National Agency for Control of AIDS estimated the HIV prevalence rate at 4.2% for adolescents and young adults as against the overall national prevalence rate of 1.8%, and that 40% of all HIV/AIDS cases occur in young people of age 15-24 years.

University students are the future leaders, and are at a critical developmental stage when decisions taken on their reproductive health could have long life implications. Adinma and Adinma (2011) opined that the socio-economic development of a nation is closely tied to her reproductive health. Studies have established among university students in Nigeria high risk sexual behaviours, multiple sexual partners, transactional sex, low rate and inconsistent condom use (Keller *et al*., 2008; Ajayi and Somefun, 2019). Risky sexual behaviours among young people in Nigeria has incontrovertibly been linked to teenage pregnancy, sexually transmissible infections including HIV, abortion and other associated complications such as disability and even deaths (Mba *et al*., 2007; Bankole and Onasote, 2017). Though university students may not have difficulty comprehending reproductive health information (RHI), but neglecting them in such intervention would imply denying them the benefit of getting help in the course of making reproductive health decisions. More so, the American Institute for Research (2006) stated that those with high level of education may not necessarily possess high health literacy skills.

The provision of relevant and timely RHI to young people has been proven to be an effective strategy for curbing the rates of sexually transmitted infections and unwanted pregnancies. Buckley *et al*. (2008) submitted that the target of campaigns on reproductive health to women of

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reproductive age should be to increase their accessible information sources and also to improve the quality of information at their disposal. The provision of relevant and timely information has the potential of would reduce the occurrence of HIV and other sexually transmitted infections, complications from abortion, and other reproductive problems among young people Mba *et al*., 2007). Obasola and Agunbiade (2018) submitted that availing young people access to RHI makes them to become more conscious of the consequences of their actions and inactions. Ibekwe and Obuna (2010) indicated that lack of information on sex-related matters is one of the key drivers of unwanted pregnancies and unsafe abortions in Nigeria.

There are several information sources and channels: media (television, radio, magazines and newspapers), informal networks (parents, friends, siblings, relatives, and neighbours), bill boards/posters, health practitioners, and the internet from which individuals could access RHI. Parents have been cited as a fundamental source of RHI among young people (Nwalo and Anasi, 2012). However, many parents are not comfortable discussing reproductive health with their children because they did not receive such information from their own parent and are thus not well informed, and for the fear that it could promote promiscuity. Young people often find friends and peers as their sources of RHI, but such information could sometimes be incorrect, misleading and potentially harmful. The mass media (radio, television) have played important roles in informing the public about their health and a pivotal role in the battle against HIV/AIDS. The internet is now increasingly being used to obtain health information and young people that could not comfortably discuss sexual matters with their parents or other adults revert to the internet to obtain answers pertaining to sexuality.

Statement of the problem

University students are young people at a critical stage of development, and the decisions they make on their reproductive health would have long life consequences. It is important to equip them with accessible and usable RHI to make informed reproductive health decisions and embrace safe reproductive health behaviours. By their status of education, university students may not be considered to be among those that are underserved with information, and the expectation is that they should not have any problem understanding RHI. However, studies have identified lack of accurate information and myths on reproductive health among Nigerian university students

(Bankole and Onasote, 2017). Furthermore, the students had received little education about sexual and reproductive health at secondary schools because of teachers' inadequate knowledge of the subject and the fear that it could inspire them to initiate sexual activity at an early age (Bankole and Mabekoje, 2006). Students therefore enter universities without a good foundation of education on sexual and reproductive health matters. Inadequate /erroneous belief/misunderstandings/misinformation among university students has been linked to low adoption of preventive strategies and uptake of contraceptives among Nigerian university students (Bankole and Onasote, 2017). Considering the positive influence of RHI on the promotion of healthy reproductive life, it is insightful to continue to study it with a view to gaining more understanding of practices and identifying emerging needs and trends among university students.

The objectives of the study are:

-To find out the RHI needs of the students.

- To determine the sources through which the students obtain RHI.

- To determine the students purpose(s) for use of RHI

-to identify the barriers encountered by the students in seeking RHI.

Research Questions

What are the RHI needs of the students?

Which sources do the students consult for RHI?

For what purpose(s) do the students use RHI?

What are the barriers to seeking RHI by students?

Research Methods

Established in 2011, the Federal University Oye-Ekiti, Ekiti State, Nigeria (FUOYE) was one of nine federal universities established by the administration of former President Goodluck Jonathan. The students' enrolment was less than 500 undergraduates at inception, but as of 2018/2019 session when the study was carried out, the total population of undergraduates was about 15,000. The University had courses in seven faculties namely: Agriculture, Education, Humanities, Engineering, Science, Social Sciences and Management Sciences at the time of the study. There

are two campuses with faculties of Agriculture and Engineering located at Ikole campus, while the other five faculties are in the main campus at Oye Ekiti.

The descriptive survey research design was applied and the target population was undergraduates of FUOYE for 2018/2019 academic session. The stratified random sampling technique was used to recruit five percent of students from seven faculties as participants with a final sample size of 750 undergraduates.

The data collection instrument was a self-designed questionnaire titled ''Reproductive Health Information Seeking of Students of FUOYE''. It was developed from review of literature with relevant content and the content validity was ascertained through a critical review by two health educators and one librarian for clarity, structure, and ambiguities. The appropriateness of the instruments was established through a pilot study carried out with a sample of 30 students of Ekiti State University, Ado Ekiti, Ekiti State.

The questionnaires were distributed to participants by the researchers and two trained research assistants and collected back immediately after completion.. Prior to this, the students were informed that their participation was voluntary and that their responses would be anonymous and confidential. Descriptive statistics in the form of frequency and percentages were used for data analysis.

Data Analysis

Demographic Information

Out of the 750 questionnaires distributed to students, 717 responses were received, and 38 responses were rejected due to incomplete entries. At the end, 679 responses were used, giving a response rate of 90.5%. Table 1 presents the summary of the personal data of the undergraduates of FUOYE that constituted the respondents. The proportion of male was 40% and females 60%. The average age was 21.5 years with the overwhelming majority (307 respondents, 84.3%) in the age group of 15 to 24 years. The singles comprised 92% while only 8% was married. The respondents in 100 level were 22.0%, 27.2% were in 200 level, 22.8% were 300 level students, 18.7% were in 400 level, while 9.3% were in 500 level.

Table 1. Distribution of respondents by selected demographic characteristics

Variable	Frequency	Percentage
Gender		
Male	277	40.4
Female	402	59.6
Age		
15-19	237	37.1
20-24	309	47.3
25-29	104	12.1
30 and above	29	3.6
Marital Status		
Single	624	91.9
Married	55	8.1
Faculty		
Agriculture	71	10.5
Education	95	14.0
Art	92	13.5
Engineering	63	9.3
Social Science	104	15.3
Management Science	121	17.8
Science	133	19.6
Year of Study		
100	169	24.9
200	177	26.1
300	155	22.8
400	121	17.8
500	57	8.4

Reproductive Health information needs

The reproductive health concerns may vary between individuals, thus their needed RHI could be different. Table 2 shows that a total of 304 respondents (44.8%) needed information on prevention of sexually transmitted infections including HIV. There were 40.9% that needed information on prevention of pregnancy/contraception, 30.5% needed information on sexual hygiene, while 24.9% required information on safe sexual relationships. The other notable areas of need were on menstrual problems (23.3%), body changes associated with sexual and reproductive health (22.4%), abstinence (21.1%), abortion (14.6%), and breast self-examination (13.8%).

Table 2. Ranked reproductive health topics on which students want or needed information (n=679)

Rank	Topics	Frequency	Percentage
1.	Prevention of STI including HIV	304	44.8
2.	Prevention of pregnancy/contraception	278	40.9
3.	Sexual hygiene	207	30.5
4.	Safe sexual relationships	169	24.9
5.	Menstrual problems	158	23.3
6.	Body changes associated with sexual and reproductive health	152	22.4
7.	Abstinence	143	21.1
8.	Abortion	99	14.6
9.	Breast self-examination	94	13.8
10.	Sexual violence	61	9.0
11.	Unwanted pregnancy	46	6.8
12.	Antenatal and postnatal care	33	4.9
13.	Sexual and reproductive health right	32	4.7
14.	Testicular self-examination	21	3.1
15.	Female Genital mutilation	18	2.7

Sources of information on reproductive health

Participants were asked to rate how frequently they have obtained information related to reproductive health from different sources on the scales that ranged from 1= 'never' to 5= 'Always.' Table 3 shows that the internet/social network sites were the most frequently used for obtaining RHI, with a mean ranking of 4.13, followed by friends ((mean=3.89), television (mean=3.83) Literature/Storybooks/booklets (mean=3.61) and pharmacy shops/patent medicine sellers (mean=3.59). Parents ranked sixth (mean=3.22), while bill boards/posters were in the seventh position, newspapers/magazines was in the eight place, and radio (mean=2.63) occupied the ninth position. The respondents mentioned Hospitals/health centers (mean=2.54), university lectures (mean=2.26), Physicians/health workers (mean=2.17), Library and Information centers (mean=1.96) and Religious organizations (mean=1.67) as the least consulted sources for RHI

Table 3. Ranked frequency of getting information on reproductive health from various sources among FUOYE students (n=679)

Rank	Source	Mean	Median	S.D
1.	Internet/social network sites	4.13	4	0.353
2.	Friends	3.89	4	0.453
3.	Television	3.83	4	0.628
4.	Literature/Storybooks/booklets	3.61	4	1.117
5.	Pharmacy shops/patent medicine shops	3.59	3	0.716
6.	Parents	3.22	3	1.064
7.	Bill boards/posters	2.82	3	1.359
8.	Magazines/newspapers	2.79	3	1.132
9.	Radio	2.63	2	1.286
10.	Hospitals/University Health centers	2.54	2	1.437
11.	University lectures	2.26	2	0.912
12.	Physicians/health workers	2.17	2	1.125
13.	Library and Information centers	1.96	2	1.036

14. Religious organizations	1.67	2	1.118

Scale for scoring frequency of getting RHI: 5=Always; 4=Often; 3=Sometimes; 2= rarely; 1=Never

Purposes for use of information on reproductive health

RHI could be used for different reasons. Thus, the respondents were asked to select the various purposes for which they have used RHI. The findings in Table 4 shows that 52.7% of respondents had used RHI for self-education/updating of knowledge, making this the most common reason for use, 38.7% of respondents had used information for a certain reproductive health problem/disease, 29.9% used it to prevent sexually transmitted infection including HIV and 27.7% used it for correct and safe use of contraception methods. The other important uses of RHI was to gain more understanding after visiting hospitals(24.2%), educate/inform friends and family members (21.9%) and prevent unwanted pregnancy (18.4%)').

Table 4. Purpose for the use of Reproductive Health Information (n=679)

Purpose	Frequency	Percentage
For self-education/ knowledge update	358	52.7
For a certain reproductive health problem/disease	263	38.7
To prevent STIs including HIV	203	29.9
How to correctly and safely use contraceptives	188	27.7
To gain more understanding after visiting hospital	164	24.2
To educate/inform friends and family members	149	21.9
To prevent unwanted pregnancy	125	18.4
To self-diagnose/administer treatment	116	17.1
To decide on the need for medications	93	13.7
To decide on the need to see a doctor	78	11.5

Satisfaction with information obtained on reproductive health

Table 5 shows that only 42 respondents (6.2%) were 'fully satisfied' with the RHI they got, while nearly one quarter (24.9%) were satisfied', and 32.3% felt ''somewhat satisfied. Those that were

dissatisfied constituted 27.0% and 6.2% were 'very dissatisfied' with RHI they received. If the number of those that were fully satisfied, satisfied and somewhat satisfied are pooled together, then 430 (63.3%) could be said to be satisfied, though at varying degrees with the RHI obtained.

Table 5. Level of satisfaction with information received on reproductive health

Level of satisfaction	Frequency	Percentage
Very satisfied	42	6.2
Satisfied	169	24.9
Somewhat satisfied	219	32.3
Dissatisfied	183	27.0
Very dissatisfied	42	6.2
No response	24	3.5
Total	679	100

Access to RHI within the university

The results in Table 6 indicates that slightly more than half of the respondents (55.5%) believed that

RHI information was not accessible within the university, distantly followed by about one fifth of respondents (20.6%) that agreed that such information was occasionally accessible. Ninety four respondents (13.8%) said that RHI was moderately accessible in FUOYE and only 5.3% opined that such information was easily accessible. The deduction from the findings is that majority of the students considered themselves not having access to RHI within the university campuses.

Table 6. Accessibility of reproductive health information within university campuses

Level of accessibility	Frequency	Percentage
Easily accessible	36	5.3
Moderately accessible	94	13.8
Occasionally accessible	140	20.6
Not Accessible	377	55.5
No response	32	4.7
Total	679	100

Problems faced when seeking information on reproductive health

Table 7 shows that knowing the reliability/trustworthiness of information was the foremost barrier in seeking RHI, cited by 31.4%, followed by fear of embarrassment (23.7%) and lack of awareness of where to get RHI (20.3%). The other notable constraints cited by above 10% of respondents were lack of time to search for RHI (16.8%), technicality of format of presentation (15.6%) and lack of confidentiality (12.4%).

Table 7. Problems faced when seeking information on reproductive health by FUOYE students (n=679)

Problems	Frequency	Percentage
Knowing the reliability/trustworthiness of information	213	31.4
Fear of embarrassment discussing RHI	161	23.7
Lack of awareness of where to get RHI	138	20.3
Lack of time to search for RHI	114	16.8
Technicality of formats of presentation of RHI	106	15.6
Lack of confidentiality	84	12.4
Unfriendliness of reproductive health care providers	57	8.4
High cost of getting RHI	51	7.5

Discussion of findings

The knowledge of reproductive health information could motivate its timely and effective use. Deficient/defective understanding of health issues that deal with reproductive health predispose young people to the risk of sexually transmitted infections, unwanted pregnancy, unsafe abortion and other related negative outcomes. It has been proven that the provision of appropriate and timely RHI would drastically reduce the incidence of sexually transmitted diseases, abortion complication and other reproductive health problems among young people.

The major reproductive health needs of the students were on prevention of sexually transmitted infections including HIV, maintaining sexual hygiene and safe sexual relationships.

The finding agrees with the report of Mba *et al*. (2007) that the most asked questions on reproductive health by adolescents from a rural part of Nigeria was on sexually transmitted infections.. It also supports the finding of Ibegbulam *et al*. (2018) which found that the major reproductive health topics sought by adolescent secondary school girls in Enugu was on sexual hygiene, signs of STIs signs and prevention of STIs**.**

The finding that RHI was mainly used for specific reproductive health problems buttressed the report that most adult Americans sought health information to address a specific disease or problem (Pew Research Centre, 2000). That RHI was also highly used for self-education/ knowledge update is in agreement with that of Nwalo and Anasi (2012) that in school adolescents in Lagos State, Nigeria mainly used RHI for current awareness. That RHI was used for prevention is in line with the findings of Adetoro and Iyoro (2004), which showed that undergraduates used PHI mainly for prevention. It also supports the report of Somba *et al*. (2014) that university students in Ethiopia used RHI on contraception to protect themselves from becoming infected with HIV.

The findings showed that the majority of participants obtained RHI through the Internet in consonance with the findings of Rathfisch *et al*. (2012) that the internet was the main source of sexuality education among sampled university students from Istanbul, Turkey... This is also in line with the finding of Arifah *et al*. (2019) which found that 80.4% of students of health faculty at Muhammadiyah University of Surakarta, accessed RHI from the internet. Kachota and Kassim (2021) also found that up to 76% of undergraduates at Mzumbe University, Morogoro, Tanzania consulted internet and social media for their RHI.

That internet/social networking sites were the most used sources of RHI is a reflection of high usage of information technology by Nigerians university students. Of the estimated 195 million people in Nigeria, 52% are internet users and 17 million people were Facebook subscribers (Internet Users Statistics for Africa, 2018). The Internet is more popular because of the convenience finding information, access to different types of information, and the active involvement of students in information seeking process. Issues dealing with sexual health are considered in African culture highly sensitive, and this could inspire young people to prefer using online sources which is confidential in nature. This assertion is buttressed by the finding of Buhi *et al*. (2009) that young people preferred internet for finding sexual health information because it avails them a sense of privacy. The internet provides varied opinions as against an authored book

that offer single perspective. Previous study has shown that the students of the surveyed university regularly used internet regularly with 83.2% of them making diverse use of it every day (Bankole and Adio, 2018). The students also possess cheap smart phone subscription packages which they use to browse for information at their convenient time.

Friends ranked as the second most used sources of RHI by the students in this study. This is agreement with the finding of Oguntona *et al*. (2013) that friends were the most used source of RHI by undergraduates in Abeokuta, Ogun State, Nigeria. Bankole et al. (2007) also identified friends as a foremost source of sexual and RHI among young people in Malawi and Uganda. However, RHI obtained from friends could at times be insufficient and or misleading. The study of Mosavi *et al.* (2014) found that most teenagers held the view that sexuality information they got from their friends was not always accurate.

That television was the third leading source of RHI is supported by the finding of Oguntona *et al*. (2013) that the electronic media ranked next to peer group as the leading sources of information on contraception among undergraduates in Lagos, Nigeria. Manda (2008) found that students in Tanzania made most use of RHI from radio, television and friends, though they have access to other diverse sources.

Health professionals are believed to be the most reliable to turn to for advice on health matters because they are well equipped with relevant information. However, the findings showed that Hospitals/Health centers ranked ninth while physicians /health workers were in the 11th position as sources of information on reproductive health. This agrees with the finding of Bastien *et al*. (2010) that young Tanzanians less frequently discussed health matters relating to sexual and reproductive health with doctors. Bankole *et al*. (2007) also found that health care professionals were not one of the top sources through which young people obtained information on sex related matters in Ghana and Uganda.

The parents which is another powerful avenue to improve reproductive health outcomes for young people was placed in the sixth position in this study. It has been found that most parents are not comfortable discussing sexual matters with their children due to deficit knowledge because they were not taught by their own parents and the belief that such discussion could promote promiscuity (Oonyu, 2019).

The library was one of the least consulted sources for RHI in this study. This is in agreement with the report of Nwalo and Anasi (2012) and Bankole and Onasote (2017) which showed that libraries were among the least utilized sources for RHI by in school adolescents in Lagos State and students of Federal University of Agriculture, Abeokuta, Ogun State, respectively. Interestingly, internet and literature/story books which are parts of library stocks ranked as the foremost and fourth leading sources of RHI, respectively to respondents. That library was one of the least consulted sources of RHI could be due to libraries not having relevant and current information on the subject. This view is reinforced by the findings of Ajayi and Omotayo (2010) which found that undergraduates at Babcock University, Ilishan Remo, Nigeria rated the library resources on HIV/AIDS low in terms of their usefulness because their university library did not have adequate materials on the subject. It could also be that books and other relevant literature on the subject that the library have in its possession have not been packaged and organized in a way that will make users to recognize them. The third reason could be that respondents have other sources perceived by them to be more accessible, reliable and correct, and did not consider library as the appropriate avenue for RHI.

The provision of access to sexual and reproductive health services by educational institutions helps in equipping students with needed information to make informed reproductive health choices (Kachota and Kassim, 2021). Regrettably, the majority of students expressed dissatisfaction with access to RHI within their university campuses implying that relevant RHI resources are lacking in the studied university.

Lastly, this study reported the barriers faced in seeking RHI, so that counterstrategies could be put instituted, for students to have easy and unrestricted access to information. That getting reliable/trustworthy information constituted the major setback to seeking RHI is in consonance with the report of Stanley et al. (2019) which identified completeness and credibility of information as key to the usefulness of student health center websites. That fear of embarrassment was the second major constraint is in line with the findings of Kitabu (2013) which found that the stigma associated with seeking sexuality information by some societies constrain young people from having unrestricted access to RHI. He further stated that African tradition and cultures forbids open discussion of sex related matters because of the belief that such talk promote promiscuity.

Oonyu (2019) found being unable to get the right information and the fear and embarrassment due to their cultural and religious upbringing were the major constraints to RHI seeking by students of Makerere University, Uganda. That lack of time to search for reproductive health information is a barrier buttressed the report of Kitto (1998) that young people are saddled with too much domestic work to the extent that they hardly have leave any spare time for them to seek personal crucial information such as on their reproductive health. The curriculum of university students in Nigeria is so much loaded that they may not have time or interest looking for information on what is not directly relevant to their academic pursuit. Another notable barrier respondents was the technicality of format of presentation of RHI. Ezema (2016) found that not being familiar with formats of information was a major challenge to RHI access among rural women in Nsukka, Nigeria.

Conclusion

University students should have access to reliable and up to date information to be able to take the right decision which could have long life implications on their reproductive health. As this study has shown, the students of Federal University Oye Ekiti needed RHI on prevention of sexually transmitted infections including HIV, pregnancy prevention/contraception, sexual hygiene and safe sexual relationships. The major sources through which the students obtained RHI were internet/social networks, friends, television and literature/Storybooks/booklets; while hospitals and health practitioners ranked low and the library was among the two least used sources of RHI. Those satisfied at varying degrees with RHI information they got was 63.3%, but majority of respondents (55.5%) indicated that they do not have access to RHI within the FUOYE campuses. The respondents' major constraints when seeking RHI were knowing the reliability/trustworthiness of information, fear of embarrassment, lack of time to seek RHI and technicality of formats of presentation of information.

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Recommendations

From the study findings, the following recommendations have been proposed to improve the rates, methods and quality of information disseminated to university students in Nigeria with regards to RHI.

That the respondents considered the Internet/social network sites as the most used source of RHI calls for concerted effort by the policy makers and information professionals to take measures that will guarantee the accuracy and relevance of information from these sources. The Ministries of Education and Health as well as other relevant stakeholders should collaborate to create websites about health matters including reproductive health which would be continuously updated for university students as well as others in tertiary institutions in Nigeria.

The students ranked health professionals low in terms of where they get RHI, and this calls for measures to be put in place to increase students access to RHI through these sources. The university could periodically organize talks/lectures, symposia, seminars and workshops for students on reproductive health matters where resource persons that are health practitioners could be involved.

The students ranked university lectures low as source of RHI. It is important for the university under study to mainstream reproductive health matters in the course curricula of students, irrespective of their discipline. For instance the Nigerian premier university, the University of Ibadan teaches reproductive health matters especially on HIV/AIDS as part of their general studies program, and this could be replicated in other universities in Nigeria where it is not presently being done as in the university under study. The bulletins and magazines of universities could also contain information on reproductive health prepared by experts to improve students understanding of the subject.

The services rendered by academic libraries should not solely focus on students' academic pursuit, but should be expanded to include services needed for students' recreational activities and promotion of their well-being. The librarians as knowledge repositories should deliberately make effort to make health information particularly on reproductive health matters easily accessible to their clients, as this could even avail the librarians to gain more visibility and relevance.

Libraries particularly the university libraries could engage in collection of RHI, repackage it in easily understandable formats and make them accessible to users. The libraries could dedicate a section for prints (books, newspapers, magazines) and electronic resources on health matters inclusive of reproductive health, and guides provided to direct clients to such information.

The information obtained from internet which was the foremost sources of RHI has to be evaluated for quality and reliability. The students cited credibility/trustworthiness of RHI as the major difficulty faced in seeking RHI. The librarians could be engaged in imparting the skills

needed by the students to seek, evaluate and sieve out quality information from the deluge of information on the internet.

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