

AVAILABILITY OF HIV/AIDS INFORMATION TO WOMEN IN IKOM LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

Felicia U. Iwara CLN

Faculty of Veterinary Medicine Library, University of Ibadan, Nigeria.

ABSTRACT: *The study was carried out to determine how HIV/AIDS information was made available to women in Ikom Local Government Area. Survey method was used through the administration of questionnaire. 300 copies of the questionnaire were distributed. The return was 90%. It was revealed that, due to poverty and the low level of education, the women found it very difficult to have access to available HIV/AIDS information whenever it was made available. It is therefore, recommended that adult schools should be established in all Local Government Areas of Cross River State especially Ikom Local Government Area to educate the women and sensitize them about the dangers of this deadly disease and how to prevent it especially from mother-child. By educating the women, it will enable them access available HIV/AIDS information at the appropriate time. Women should be empowered so that, they do not rely entirely on men financially.*

KEYWORDS: Availability, HIV/AIDS, Information, Women, Ikom Local Government, Cross River State

INTRODUCTION

All over the world HIV/AIDS is causing devastation by its destructive effects on families and economy of the nation. At the end of 2003, a report was issued by the Joint United Nations Program on HIV/AIDS and the World Health Organization (WHO) on the status of HIV/AIDS in the world (UNAIDS/WHO, 2004). The report showed that about 37million adults (aged 15-49) and 2.5million children (aged 0-14) were living with the HIV virus in different parts of the world. In Africa, the proportion was even more worrisome as about 73 percent of this global burden was on Africa. Out of this, 67percent were young women and 33 percent were young men (UNICEF, 2003). sub-Saharan Africa is the region that has the highest number of people, 26.6 million infected with HIV/AIDS in the world (O' Sullivan, 2000). In 2003, there were about 3.2 million new infections in sub-Saharan Africa. The first case of HIV/AIDS was officially reported in Nigeria in 1984 and identified in 1986, in a young sexually active girl who was involved in commercial sex (Okafor, 1996; Shokunbi etal, 2006). The prevalence rate in Nigeria rose steadily to a peak of 5.8 percent by 2002. The prevalence rate reduced in 2003, putting the country at 5.0 percent as reported in the Nigerian National Sentinel prevalence rate Uneze (2005). HIV/AIDS National Prevalence rate of 2010 was 4.1 percent Obi (2011). HIV/AIDS prevalence rate in Cross River State as at the last sentinel survey (2003) was 12.5 percent the highest in the country. The prevalence rate in Cross River State was pegged at 5.8 percent of the state population Sunday (2003). In 2006, the prevalence rate dropped from 12.5 percent report, in the Daily Independent, 2008, the wife of the Cross River State Governor Mrs Obioma Liyel Imoke lamented the increasing cases of HIV/AIDS infections which she said has resulted in the rise of divorce cases in the state. The rate of spread was devastating and this calls for investigation. Cross River State

was reported to have the 11th highest (4.4%) HIV/AIDS prevalence rate in Nigeria according to the National Action Committee on HIV/AIDS report (NACA, 2012).

HIV/AIDS situation in Nigeria

HIV/AIDS was officially confirmed in a young girl who was involved in commercial sex (Okafor, 1996; Shokunbi et al 2006). The prevalence rate rose to 5.8 percent by 2002 and reduced in 2003, putting the country at 5.0 percent as reported in the Nigerian National Sentinel prevalence rate study of 2003 by Uneze (2005). Nigeria is the most populous country in Africa with a population of about 180 million. Nigeria is also one of the countries where the existence of HIV/AIDS has been reported and where fears of further spread of the deadly disease has been expressed (Asagba, 1992; Ozoemene, 1992; Abiodu, 1993; Okafor 1997). Nigeria is the third country in the world after South Africa and India with the highest number of people living with HIV/AIDS (Peter-Omale and Taiwo, 2006). According to Obayuwana (2007), the prevalence rate of HIV/AIDS dropped in Nigeria as the global fund support started its fifth round. The prevalence rate started dropping from 5.8 percent in 2001 to 5.0 percent in 2003 and now 4.4 percent as recorded in 2005. Although there is a slight decline in the prevalence rate of 5.0 percent in 2003 and a critical rate of 5.0 percent in 2004 and 4.5 percent in 2005 (Skogseth, 2006), this data showed that there was a decline in HIV infection rate, nonetheless the high rate of infection is still of great concern. Nigeria has the highest number of HIV/AIDS infected adults in West Africa (UN, 2004). Nigeria is the second country in sub-Saharan Africa with the highest burden in HIV infection (NASCP, 2005). It has been projected by USAIDS (2002) that by 2010 there will be 10-15 million HIV cases in Nigeria. Research data in Nigeria show that, HIV/AIDS is evident in rural as well as urban areas of the country. The new figures put the number of people infected with the disease at 3.1 million thereby placing Nigeria as the second highest in sub-Saharan Africa and the highest in the West African sub-region. The new HIV/AIDS National Prevalence Rate of 2010 is put at 4.1 percent Obi (2011). Therefore, education and prevention efforts should not be concentrated only in the urban centers but also extended to the rural areas (Okafor, 1997), because there are some states within the country that, their prevalence rates are higher than the present national prevalence rate. Despite the concerted effort employed by the government and other corporate organizations to avert HIV, the number of people living with the virus and HIV related stigma continue to increase in some states of the federation. According to UNAIDS (2014), Nigeria HIV prevalence was 3.2 percent as compared to 4.1 percent as at 2012. The National Agency for the Control of AIDS (NACA) has pledged the readiness of the Federal Government to adopt stringent measures in order to check the spread of HIV/AIDS in every part of the country.

The present Director-General, National Agency for the Control of AIDS (NACA) Dr Sani Aliyu, said that the Nigerian government only funded the treatment of five percent of about 1.6 million Nigerian AIDS patients, while others were treated courtesy of global funding agencies (Akinselure, 2017). According to Aliyu, a large number of HIV carriers remained untreated due to inadequate funding for the control of AIDS by state governments compared to what global funding agencies committed.

Studies in other cultures, especially in the developing countries, indicate that two out of every three persons below poverty line are women who also have the highest rate of illiteracy, lowest educational levels and may not even have access to radio and television (Panos Institute, 1990). This makes it difficult for women to receive information about AIDS/STDs.

Hernandez (1993), stated that women have difficulty having access to information. This perhaps has been one of the major reasons for the rapid spread of HIV/AIDS in Nigeria and other African countries. Women in the lower economic strata lack information and so may be ignorant of HIV/AIDS. Even when women are aware of HIV risk, they lack the power to change the sexual behavior of their partners on whom they depend economically. The women are usually afraid of being abandoned or of physical violence should they attempt to increase their bargaining power in heterosexual relationships (Shayne and Kaplan, 1991). It implies that women have very little control over their partners which actually contribute to women's susceptibility to AIDS/STDs. The United State Consulate General, Mr John Bray said in Lagos that United State disbursed \$3.4 billion to fight HIV/AIDS in Nigeria. The scourge is still on in many states of Nigeria.

In the year 2000, the Federal Government of Nigeria (FGN) established the National Action Committee on AIDS (NACA) to disseminate HIV/AIDS information to the populace. NACA with the 36 states various Action Committee on AIDS (SACA) and the Local Action Committee on AIDS (LACA) organized workshops and seminars to educate and sensitize the people about the modes of acquisition, process of prevention and care of the people living with HIV/AIDS. Some Non-Governmental Organizations (NGOs) and individual bodies have also joined to stem the spread of HIV/AIDS and other Sexually Transmitted Diseases (STDs). They educate people on how the disease is contacted, the symptoms and methods of spread. The women were also informed to go to the nearest HIV/AIDS Voluntary Counselling and Testing (VCT) center or health facility for counselling (Uneze, 2005).

HIV/AIDS in Cross River State

The first case of HIV/AIDS in Cross River State was identified in 1991 (NTA, Network), on a commercial sex worker. Since then, the prevalence rate in Cross River State has been increasing and as at the last sentinel survey in (2003), 12.5 percent was the highest in the country. The prevalence rate in Cross River State was pegged at 5.8 percent of the state population (Sunday, 2003). The rate of spread was devastating and this calls for investigation. At varying times, Cross River State prevalence rate has been put at 1991/92 (0.0%); 1993/94 (4.1%). It dropped and rose again in 1999 (5.8%); 2001 (8.0%) and 2004 (12.5%), (Technical Report, 2004). In 2006, the prevalence rate dropped from 12.5% to 6% in Cross River State, (Akpan, 2006). According to a report, in the Daily Independent, 2008, the wife of the Cross River State Governor, Mrs Liyel Imoke lamented the increasing cases of HIV/AIDS infections which she said has resulted in the rise of divorce cases in the state.

Study area

The study area is Ikom Local Government Area of Cross River State. Ikom is located in the Central Senatorial District of Cross River State in the South-South Geo-Political Zone. Ikom has a large size of 1,861. 926 square kilometers. There are eleven Council Wards that made up Ikom Local Government Area namely; Abanyum, Adiginkpor, Akparabong, Yala-Nkum, Ikom Urban, Nta-Nselle, Nde, Nnam, Ofutop 1, Ofutop 11, and Olulumo. It has an estimated population of 162,383 (National Population Commission, Calabar, 2006), for males and females. The population of women was 79,374. Ikom has a common boundary on the East with the Cameroons; West, Ebonyi State; North , Ogoja LGA and South Obubra LGA. The major languages of the people include Ofutop Bakor, Yala, Mbembe and Ejagam. The indigenes are predominantly cocoa, bananas and plantain farmers. Cocoa is the main stay of

the economy. Ikom has a total planted area of 1,917 hectares of cocoa (Cross River State, Ministry of Agriculture). Agbokim Water Falls in Ikom is considered a Tourist Resort.

Objective of the study

The main objective of this study was to find out the various sources of HIV/AIDS information available to women in Ikom Local Government Area of Cross River State.

Scope

This study focused on the availability of HIV/AIDS information available to women 18 years and above resident in Ikom Local Government Area of Cross River State.

Significance of the study

The study would provide empirical data on HIV/AIDS information made available to women in Ikom Local Government Area. It will also provide information about the various sources of information dissemination offered to women in Ikom. It would create awareness of the disease among women especially of the reproductive group on HIV/AIDS, STDs related issues and the adverse effect on their health.

HIV/AIDS IN IKOM LOCAL GOVERNMENT AREA

The prevalence rate of HIV/AIDS in Ikom, was 9.4 percent (HSS, 2010). The Director-General of NACA Prof John Idoko represented by Dr Priscilla Ibekwe, the Acting Director of the Program Coordinator Department of National Agency for the Control of HIV/AIDS (NACA) at a four – day free HIV/AIDS Medical Outreach at Ikom, Cross River State. He said that the exercise was to provide opportunity for people to know their HIV status and that, there are 12 states including the Federal Capital Territory (Abuja) that have been identified by NACA as endemic areas of the country and accounts for 70 percent of HIV burden in Nigeria. “And that includes Cross River State. The other states, Idoko said include Lagos, Oyo, Akwa Ibom, Benue, Kano, Kaduna, Imo, Sokoto, Edo, Plateau and Rivers States (Emmanuel, 2014).

The Cross River State Government says it plans to institutionalize a policy that will sustain the fight against HIV/AIDS in the state. Mr Roy Ndoma – Egba, Special Adviser, Department of International Donor (DIDC) in the state, disclosed this to the News Agency of Nigeria (NAN) in Ikom. He said that the measure became necessary because of the anticipated withdrawal of funding on HIV/AIDS prevention in the country by International donor partners. Mr Ndoma-Egba said “ We anticipated that at one point, there will be donor fatigue and what we, as a state will institutionalize our process so as to sustain the war against the scourge “ Already, there is a donor policy that has reached its last stage and in the next few weeks, we will forward our proposal to the State Executive Council (SEC).” We also have the state counterpart fund law which is an institutional arrangement that will guarantee counterpart funding for all our programs.” “ So with those two very significant steps, I think we are very close to achieving that.” He also said that the state was committed to the fight against the disease by establishing the State Agency for the Control of AIDS (SACA) and Local Action Committee on AIDS (LACA) (NAN, 2014). The Adviser said that the state government had ensured adequate funding of the state (LACA). The integrated program

involved blood pressure check, blood glucose, sugar, malaria and other common disease conditions. This is in line with Mr President's Comprehensive Response Plan for HIV, which was launched in 2013 to ensure that more than 80 million Nigerians know their status in order to wipe out HIV and to achieve one of the Millennium Development Goals. The Cross River State Government was doing everything possible to mitigate the impact of HIV/AIDS infection in the state. Ndoma-Egba said that, the prevalence rate of HIV/AIDS in the state was 7.1 percent and blamed the situation on the state's proximity to other states with high prevalence rates like Akwa Ibom, 10 percent, Bayelsa, 8.5 percent and Rivers States (HSS 2010; Emmanuel, 2014; NAN, 2014).

According to (Obi, 2016), the prevalence rate of HIV/AIDS in Cross River State has dropped by 0.5%, a Director of National Agency for the Control of AIDS (NACA), Dr Mariam Ezekwe said at the Presbyterian Primary School, Ikom, during the commencement of a four-day medical and HIV testing and counseling outreach held simultaneously in Ikom and Edor towns both of Ikom Local Government Area in the Central Senatorial District of Cross River State. The Chairman of Ikom Local Government Area, Pastor Ayimba Ayimba appreciated the Federal Government for the choice of Ikom for the programme. He assured of maximum cooperation for the expansion of the free medical outreach around the entire Local Government Area. The Paramount Ruler of Ikom, His Royal Majesty Ntol Dr Emang Peter Eku noted with delight the renewed zeal directed by the Federal Government to combat the spread of HIV/AIDS and other health issues and also promised to mobilize other traditional chiefs to join the campaign (Kalu, 2016).

According to Ezekwe, the state recorded a skyrocketed prevalent rate of 7.1% in 2010, but later recorded a nose dive from 7.1 to 6.6% in 2014, an indication that Cross River was doing its bid in the fight against the HIV/AIDS scourge in the state. Ezekwe further attributed the reduction of the disease in the state "to the high level of awareness and the desire by people to now come out publicly and receive treatment without fear of stigmatization and discrimination as more people are now more open and forthcoming to checking for the disease". The law "Cross River State Stigma and Discrimination of Persons Living with HIV/AIDS was passed on the 10th day of November, 2010 which she confirmed during the outreach.

LITERATURE REVIEW

There are different sources of information available. The sources of information on HIV/AIDS are mostly from the media, both print and electronic, through regular reports on the social, economic and medical aspects of the scourge. It has been observed that information could be obtained through various sources like interpersonal means, mass media, print formats and non-print formats (Ononogbo, 1985; Bii and Otiike, 2003). Exhibitions convey important messages to the people and allow for the understanding of government and non-governmental programs such as child abuse, violence against women and HIV/AIDS.

Availability of information according to Uhegbu (2001), entails the provision and supply of information at the right quantity and time. Accurate, credible and accessibility of information in whatever medium and quantity will be meaningless if it does not meet the need of the audience in terms of economic, social, political, cultural, scientific and technological information. He affirms that, the principle of use of information is based on four broad

premises namely; goal, availability, process and user satisfactions. He also said that, without available good information, communication accessibility will be difficult and its utilization impaired. Information must be available at the appropriate time and in the language the women will understand on HIV and AIDS. It is only when information is made available, accessible and meaningful that it can be effectively utilized. Accessibility also implies removal of socioeconomic and environmental impediments to information (Nkiko, 2000). He also mention some attributes of accessibility of information to include proximity, prior experience, ease of use and workstation availability (where information can be accessed). In this environment, men and women do not have the same opportunities and as such women have difficulties in gaining access to social networks. Due to poverty and low level of education women are bound to have difficulty accessing HIV/AIDS information. This is likely to affect women's access to HIV/AIDS information. Ocheng (2000), puts the problem squarely on the premises of language barrier, high illiteracy rate and inappropriate infrastructure are some of the factors which impede information utilization.

The Director – General, National Agency for Control of HIV/AIDS (NACA,2012) Prof John Idoko has said adolescents particularly girls are more vulnerable to HIV/AIDS infection. He spoke at the public presentation of the “African Journal of Reproductive Health”. Adolescents were more predisposed to infections as they were more likely to be sexually active without any guidance or available HIV/AIDS information. Moving into a stage when they become sexually active and our culture settings make it difficult for us to educate them on safe practices. Girls mainly at risk because they are more likely to have sexual relationship with older people (Sugar daddies) are more at risk of contacting HIV (Adebayo, 2012). (Idoko, 2012), suggested that sex education/reproductive education should be incorporated into the curriculum of universities and secondary schools that that would ensure that youths were armed with information that could help them make the right decisions. Poverty and poor sexual reproductive health facilities had also increased the number of adolescents and women living with the virus. Okonofua said, “A woman with economic challenges is more likely to yield to being a commercial sex worker or engage in sex with multiple partners but with information, she could change her behavior if she knows she could contact HIV/AIDS through such practices”. Idoko, in an interview with News Agency of Nigeria (NAN), disclosed that the aim of NACA was to prevent HIV and other related diseases, adding that vulnerable women and young people were mostly at risk to the scourge. According to Idoko, the agency would work with relevant stake holders to expand socio-economic empowerment programs to ensure that more targets were reached. He also said that NACA would expand the training and run it concurrently with other health components.

According to Dr Aliyu Director – General, National Agency for the Control of AIDS many AIDS patients remained untreated due to lack of funds (Akinselure, 2017). For Nigeria to meet up with 2030 AIDS , funds must be made available by the state and federal government.

Information according to Opeke (2002) can be conceptualized as the gateway to other resources, be it social, economic, technological or educational. Bii and Otike (2003) studied the provision and accessibility of health information. The study pointed to the fact that health information sources made available and accessible were non-library resources. There are different sources of information available. However, Uhegbu (2001), suggests that, because information is power, it confers unequal opportunities to people (and in this case, women) in the sense that, those who have it achieve things faster and more easily than those who do not. Husbands, because they would normally develop or have a wider network of external sources

of information are more likely to be more knowledgeable than their wives on HIV/AIDS. When this is coupled with the known unequal power relationship between them, the tendency is that, men would tend to dominate decision making on HIV/AIDS and other social issues.

Information is an essential resource to which individuals in every society should have easy access to solve their health problems. However, Uhegbu (2001), suggests that, because information is power, it confers unequal opportunities to people (and in this case, women) in the sense that, those who have it achieve things faster and more easily than those who do not. Husbands, because they would normally develop or have a wider network of external sources of information are more likely to be more knowledgeable than their wives on HIV/AIDS. When this is coupled with the known unequal power relationship between them, the tendency is that, the men would tend to dominate decision making on HIV/AIDS and other social issues. Women are determined to seek HIV information for family protection and especially for the unborn baby. Some women, will want to know how to leave with infected people. For HIV/AIDS information to be relevant, it must be tailored to meeting the needs of the women in mind and not for the convenience of the information provider.

Information dissemination through the internet, television, radio and other sources of information depend on the location of the women, the language used for the dissemination of information and the level of education of the women. The medium of radio seems cheaper and nearer to the women than any available information on HIV/AIDS that can be made accessible to the women from the source. Unfortunately women may be prevented from listening to radio programs on HIV/AIDS which can be beneficial to them if their spouses are interested in tuning to another station.

Women especially in the rural areas have limited access to HIV/AIDS information because of their low level of education. Mehajeb (2007) found out that respondents with lower level of education had a weak association with knowledge of HIV/AIDS. According to a study carried out by Winarti (2010) on the influence of socio-economic, demographic factors on knowledge, attitude and behavior related to HIV/AIDS in Indonesia, he noted that women with secondary level had a better knowledge of HIV/AIDS unlike women with low level of education. The fundamental problem with the women especially, the rural women is not illiteracy but unavailability and none utilization of information to enable them improve on their various activities. Women can only participate in the development of society, exercise rights and benefit from protection if they are aware of what exists. Information can be used to assist women in various ways, economically, socially and legally by giving them new ideas especially in the prevention of HIV/AIDS. Fayose and Kolade (1997), also found out that, rural women have diverse information needs which include agricultural business, health and social information needs.

Research design

Survey research design was used for the study through the administration of questionnaire.

Population of study

Ikom Local Government Area, has an estimated population of 162,383 (National Population Commission 2006), Women, the population in the context of this study have an estimated population of 79,374. A sample size of 300 was considered adequate for generalization based

on Krejcie and Morgan formula. The sample size of 300 was therefore considered more than adequate for the target population. This comprised of females of 18 years and above who were civil servants, artisans and other self employed women resident in Ikom Local Government Area.

Table 1 Population of 11 Council Wards of Ikom Local Government Area.

S/N	Local Government Council Wards	Population (Women)
1	Abanyum	5,000
2	Adiginkpor	8,000
3	Akparabong	17,000
4	Ikom Urban	22,500
5	Nde	374
6	Nnam	500
7	Ofutop I	1,000
8	OfutopII	1,500
9	Nta-Nselle	4,000
10	Oluluwo	500
11	Yala Nkum	19,000
12	Total	79,374

Finding

The respondents who participated in the study were between the ages of 18 and 45 years, with most of them coming from the age group 25-38 years. These are the productive years of women when they should have relevant, timely and accurate information for healthy conception and delivery as well as information which would guide their attitude and activities in HIV issues.

Availability of HIV/AIDS information by ages and education

The study shows that majority of the women fall within the productive age of which they need relevant, timely and accurate information about health issues. Some of the women had some formal education. This will enable the women access information on HIV/AIDS if made available at the appropriate time.

The study revealed that over half of the respondents were involved in one profession or the other in their communities. That would enable them if need be, to purchase relevant literatures on HIV/AIDS with the little money, attend local seminars and discussions in their meetings as an avenue of educating the women on HIV/AIDS and STDs.

The women were educationally backwards, therefore there was no way of accessibility if HIV/AIDS information was provided. It showed that HIV/AIDS was not readily available to women especially in the rural areas where they have limited access to education. This had implication of their level of HIV/AIDS awareness. According to Winarti (2010), educated women in Indonesia had a better knowledge of HIV/AIDS and other related diseases.

Table 2: Means of HIV/AIDS Information		
Sources of Information	Frequency	Percent
Textbook/Journals	8	2.7
Newspapers/Magazine	20	6.7
Posters	10	3.4
Handbills	5	1.7
Radio	40	14
NGOs	24	8
Cultural Sources	10	1.7
Television	73	24.3
Friends/Relatives	101	33.6
Internet	9	3
Total	300	99.1

Sources of HIV/AIDS Information

Table 2 gave a very important information on the various sources of HIV/AIDS information available to women in Ikom Local Government Area. It showed that, Ikom women prefer television, radio and relatives/friends to other sources of HIV/AIDS information because they could easily walk across to listen to the radio and watch television in the evenings.

CONCLUSION

The Cross River State Government is working very hard to combat the disease by the establishment of State Action Committee on AIDS (SACA) and Local Action Committee on AIDS (LACA) to enable the agencies reach the people at the grass root level.

Stigmatization and Discrimination of Persons Living with HIV/AIDS Prohibition Law was enacted on the 10th November 2010 which hopefully will stem the spread of the disease in Cross River State and Ikom Local Government Area in particular.

RECOMMENDATIONS

Men should be advised to allow women have access to their radio and television sets for HIV/AIDS information because that is the cheapest means of communication.

Adult education should be encouraged in all the council wards in the local government area by establishing Adult Schools for women. Women should be empowered so that, they do not depend entirely on men financially.

A similar study should be conducted among men.

REFERENCES

- Adebayo, B. (2012). Increasing HIV Infection among girls worries Idoko. *The Punch*, July 4, 2012 p 57.
- Adekanye, T.O. (2004) “African Women in Agriculture” Center for Gender, Governance and Development, Ibadan – Nigeria.
- Akinselure, W. (2017). 200,000 living with HIV in Oyo, 50 contract virus Daily-NACA. *Nigerian Tribune* p. 34
- Akpan, A. (2006). HIV/AIDS Rate drops to six percent in Cross River State *The Guardian*, April 22, p. 3.
- Bii, H. K. and J. Otike (2003). Provision and Accessibility of health Information to the rural communities in Kenya: A case study of Bomet District. *African Journal of Library, Archival & Information Science* 13 (2).
- Cross River State (2010). The law “ Stigma and Discrimination of Persons of Persons Living with HIV/AIDS”.
- HIV Sentinel Survey (2010). Cross River State Prevalence rate 7.1 percent. HIV/AIDS report (NACA, 2012).
- Kalu, N. (2016). NACA ready to check further spread of HIV/AIDS. thenationonline.net
- Krejcie, R. and D. W. Morgan (1970). Determining Sample size for Research Activities” *Educational Psychological Measurement*, 30, 607 – 610.
- Mchajeb, A. M. A. (2007). HIV/AIDS Knowledge, Attitude and Practices among Persons with Sensory Disabilities in Addis Ababa: The case ENAB and ENAD. M. Sc. Thesis. Addis University.
- National AIDS/STDs Control Programme (NASCP) (2005). National HIV sero-prevalence sentinel survey.
- National Population Census Commission (2006), Calabar, Cross River State. News Agency of Nigeria (2015).
- Nigerian Tribune (2015). NACA, DG advocates women, youth empowerment to end HIV/AIDS.
- Nigerian Tribune (2016). US disbursed \$3.4 bn to fight HIV/AIDS in Nigeria. News p8.
- Obayuwana, O. (2007). HIV/AIDS rate drops to 4.4 percent in Nigeria. *The Guardian*, June 8, p.
- Obi, P. (2011). New HIV/AIDS National Prevalence Rate... Any Change? *THISDAY*, April 7, p. 24.
- Ochieng, R. O. (2000). Global Information flow. *Library Management*, 21 (4) 214 -220
- Okonofua, F. (2012). Women’s Health and Action Research Centre (ed).
- Rosenbery, M.J. and Gollub, E. I. (1992). Commentary: Methods women can use that may prevent sexually transmitted disease, including HIV. In *American Journal of Public Health*, November 82 (11)
- Shokunbi, W. A., Ajuwon A. J. and Omole, G. T. (2006). Questions Young Persons in Nigeria Frequently Asked about HIV/AIDS.
- Skogseth, G. (2006). Fact – finding trip to Nigeria (Abuja, Lagos and Benin City). 12-26 March, 2006.
- Sunday, E. A. (2003). Red Cross Alerts on HIV Prevalence in Cross River State. *The Guardian*, November 2, p. 5.
- Technical Report (2004). National HIV Sero-prevalence Sentinel Survey 2003.
- Uhegbu, A. N. (2001). The Information User Issues and Themes. John Jacob’s Classis. Enugu.

- Uneze, A. (2005). Battling HIV/AIDS in Cross River State. THISDAY June 8, p. 20.
- UNAIDS (2014). Report.
- UNICEF (2003). N.Y.S.C. Reproductive Health & HIV/AIDS Prevention Project. Published by United Nations Children Education Fund (UNICEF). Abuja, Nigeria in collaboration with Association for Reproductive and Family Health (ARFH) Ikolaba-Ibadan.
- United Nations (2004). Epidemiological facts sheet on HIV/AIDS and Sexually transmitted infections.
- USAIDS (2002). The AIDS epidemic update: Joint United Nations Programme on HIV/AIDS
- Ward, J. (1986). Who need to know? Identifying Information Needs in the Community: The Nationwide Provision and use of Information Proceedings of ASLIB/115/LA Joint conference 15 – 19.
- Wiklund, G. (1998). Information as social and intellectual capital in the Research career: a gender perspective. Information Research, Vol. F4, No. 2 October, p. 1 – 7.
- Winarte, S. (2010). The Influence of Socio-economic and Demographic Factors on Knowledge, Attitude and Behaviour Related to HIV/AIDS in Indonesia: An Analysis of three Provinces, Papua, Bali and DKI Jakarta. Published M. Sc Thesis. Flinders University of South Australia.
- Wilson, T.D. (1997). Information Behaviour: An Interdisciplinary Perspective. Information processing and Management 33 (4) 551-572
- World Health Organization. (1999). World Health Report