SOCIO-DEMOGRAPHIC VARIABLES AS PREDICTORS OF ACCESSIBILITY, UTILIZATION, AND PREFERENCE FOR REPRODUCTIVE HEALTH INFORMATION SOURCES AMONG UNDERGRADUATE STUDENTS IN NIGERIAN UNIVERSITIES

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Abstract

This study examined socio-demographic variables as predictors of accessibility, utilization and preference for reproductive health information sources among undergraduate students in Nigerian universities. The study adopted a survey research design. A sample of 2615 undergraduate students was drawn from six conventional federal universities in the six geo-political zones in Nigeria. Data were collected using the questionnaire. Of the 2615 copies of questionnaire distributed, 1615 usable copies of the questionnaire were returned, giving 62% return rate. Result of Regression analysis revealed that the seven independent variables jointly predicted accessibility to reproductive health information sources, utilization of reproductive health information sources, preference for reproductive health information sources and knowledge of reproductive health among undergraduate students. The study concluded that strategies aimed at the provision of access to reproductive health information to young people may be more effective if their socio-demographic characteristics are factored into such interventions.

Keywords: Reproductive Health Information, Information Access, Information Use, Information Sources

Introduction

The development and future of every nation is predicated on healthy and productive young adults. Their sexual and reproductive health is also recognized as key to the demographic, cultural, political and socio-economic development of nations (Shaw, 2009). A study in Nigeria affirmed the linkage between reproductive health and socio-economic development of any nation (Adinma and Adinma, 2011).

The reproductive health of young people has been studied in various disciplines, including medicine, nursing, psychology, information science and education, findings of these studies indicate that young people are the most vulnerable to a range of reproductive health problems, including unplanned

pregnancy, unsafe abortion, sexually transmitted infections, Human Immunodeficiency Virus (HIV) and so on (Ingwersen, 2001). According to the Centers for Disease Control (2016) almost half of the 19 million new cases of sexually transmitted infections per year occur among young people aged 15–24 years. Research has shown that in sub-Saharan Africa the highest group found to be infected with the virus is the age group15 to 24 (UNICEF, 2002). Among the young adult population in United States the rates of unintended pregnancies and sexually transmitted infections (STIs) are disproportionately higher than any other sexually active age group (Finer and Zolna, 2011, Frost, Lindberg and Finer, 2012). Several studies also reported high prevalence of premarital and unprotected sex among young adults (Jejeebhoy, 1998; Fawole, Asuzu and Oduntan, 1999; Cohall, Cohall, Dye, Dini, Vaughan and Coots, 2007; Fatusi and Hindin, 2010).

Literature also revealed that young adulthood is a period characterized by high risk of exposure to inaccurate information about reproductive health issues. To address the vulnerability of young people to risky sexual activities and misinformation the United Nations (1989) Convention on the Rights of the Child (CRC) and United Nations Population Fund (1994) at the International Conference on Population and Development (ICPD) emphasized the provision of reproductive health services and accurate information from a diversity of national and international sources especially those aimed at the promotion of their well-being and health. Undoubtedly, access to information on contraceptive methods, prevention and treatment of STDs and skills on how to manage sexual relationships is crucial to mitigating reproductive health problems among young adults. Yet, research consistently suggest that young people in developing countries have limited access to reproductive health information due to barriers such as social and cultural barriers such as taboos, traditional and gender norms; structural and administrative barriers such as inappropriate structure of the health system, inconvenient locations and operating hours of health facilities; political barriers such as lack of an adopted strategy by the government and non-use of religious potential (Barker and Rich,1992; Mane and McCauley, 2000; Shariati, Babazadeh, Mousavi and Najmabadi, 2014).

Similarly, studies indicated that socio demographic variables can influence knowledge, attitude, behavior, access to and use of reproductive health information sources among young adults. In eastern India, Ray, Mishra and Das (2012) examined the socio-demographic correlates of sexual and reproductive health awareness and behaviours among adolescent boys. The study found that place of residence and exposure to media were found to be significant predictors of sexual activity among the adolescents. Another study by Buckley, Barret and Adkins (2008) explored the disparities in access to channels of reproductive health information among young women in Kazakhstan. The result revealed that ethnicity, age, level of education and urban residence predicted access to family planning information channels.

Mitchell, Ybarra, Korchmaros and Kosciw (2014) examined influence of sexual orientations on access to and use of online sexual health information among the youth. The study found that searching of online sexual health information varied significantly by sexual orientation ($F=6.50$, $P<0.001$). Age and place of residence were also noted as factors that influence significantly online searching for sexual health information. Furthermore, almost half of all youth did nothing with the sexual health information they found online but differences in use of the sexual health information received were not based on sexual orientation. In South-West, Nigeria, Falaye and Adeleke (2012) investigated the socio-demographic variables as predictors of knowledge, attitude and behaviour of undergraduates in reproductive health and prevention. The study found that six demographic variables (course of study, level, marital status, age, religion and gender) jointly predicted undergraduates' knowledge of reproductive health and HIV and AIDS issues.

However, another study by Lim, Vella, Sacks-Davis and Hellard, (2014) using multivariable logistic regression found that comfort with accessing sexual health information via social media was not associated with age, gender, or any other characteristic, other than previous sexual experience In Ethiopia, a study on the effect of socio-demographic characteristics and sources of sex information on romantic love levels among Jimma university students reveals that gender, religion, ethnicity, place of origin and level of education did not have a statistically significant effect on the romantic love level of the respondents (Ambaw,2009). In Tanzania another study examined the state of access to and use of sexual reproductive health (SRH) information services in four universities

in the context of gender dynamics and relations. The study revealed that gender does not influence SRH information access and use. The baseline conditions of SRH information and service provision in the four universities revealed that SRH information services were available but not adequate; students could access a wide range of sources of SRH information but the actual use was concentrated and limited to only three major sources which were radio, television and friends but specialized information sources such as health workers and brochures/leaflets were rarely used (Manda, 2008). A careful consideration of these studies will reveal that very little has been done in Africa and Nigeria in particular in terms of documenting the influence of socio-demographic variables on accessibility, utilisation and preference for reproductive health information sources among undergraduate students. This study therefore examines socio-demographic variables as predictors of accessibility, utilization, and preference for reproductive health information sources among undergraduate students in Nigerian universities.

Hypotheses

The study tested the following null hypotheses at 0.05 level of significance

Ho_1: There is no significant relative contribution of socio-demographic variables on accessibility to reproductive health information sources among undergraduate students in Nigerian Universities.

H_{02}: There is no significant relative contribution of socio-demographic variables on the utilisation of reproductive health information sources among undergraduate students in Nigerian Universities.

H_{03}: There is no significant relative contribution of socio-demographic variables on the preferences to reproductive health information sources among undergraduate students in Nigerian Universities.

H_{04}: There is no significant relative contribution of socio-demographic variables on undergraduates' reproductive health knowledge.

Methods

The study adopted a survey research type using the predictive approach. A sample of 2615 undergraduate students was involved in the study. The sample was drawn from six conventional federal universities in Nigeria. Using simple random sampling technique one federal university was selected from each of the six geo-political zones in Nigeria. The institutions selected were University of Maiduguri, Maiduguri (North-East), University of Port Harcourt, Port Harcourt (South-South), University of Abuja, Abuja (North-central), Bayero University, Kano (North-West), University of Lagos, Lagos, (South-west) and Nnamdi Azikiwe University, Awka (South-East). A questionnaire was used for data collection. University of Lagos Central Research Committee approval was taken prior to the commencement of the study. The students were informed that the data will be used strictly for research purposes, and information provided will be kept confidential. Six research assistants assisted with data collection. Students were served with copies of the questionnaire in their lecture halls and hostels. Participation was voluntary. The questionnaires were returned immediately after completion. Of the 2615 copies of questionnaire distributed, 1615 usable copies of the questionnaire were returned, giving 62% return rate. Data collected were analysed using percentages, and Regression.

Results

The result of the demographic variables of the respondents is presented in Table 1.

Table1: Demographic Distribution of the Respondents

Variables	Options	Frequency	Percentage
Marital Status	Single	1026	63.5
	Married	456	28.2
	Separated	133	8.2
Gender	Male	1024	63.4
	Female	591	36.6
Age	1617	79	4.9
	1819	457	28.3
	2024	621	38.5
	25 and above	458	28.4
Level of study	100	173	10.7
	200	364	22.6
	300	725	45.0
	400	188	11.6
	500	165	10.1
Religion	Islam	564	34.9
	Christianity	970	60.1
	Others	81	5.0
Ethnic Group	Hausa	537	33.3
	Igbo	647	40.1
	Yoruba	188	11.6
	Others	243	15.0

N=1615

Table 1 reveals that majority of the respondents 1026(63.5%) were single. Almost two-third 1024 (63.4) are males while 621(38.5%) were aged 20-24. As regards level of study majority (725 (45%) were in 300 level, 970(60.1%) were Christians and 647(40.1%) of the respondents were Igbos.

Joint and Relative Contributions of Socio-Demographic Variables to Undergraduates Access to Reproductive Health Information Sources

Table 2a: Regression Summary and estimates of the Joint and relative contributions of socio- demographic variables to undergraduates access to reproductive health information sources

R = .365					
R square = .133					
Adjusted R square = .129					
Std. Error of Estimate = 7.46234					
Source of variation	Sum of Squares	Df	Mean Square	*F*-Ratio	Sig. of P
Regression	13720.962	7	1960.137	35.200	.000
Residual	89488.212	1607			
Total	103209.174	1614	55.687		

Table 2b: Regression estimates of contributions of socio-demographic variables to the prediction of undergraduate access to reproductive health information sources

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	61.443	1.287		47.727	.000
Course of Study	-.048	.091	-.014	-.532	.595
Level	-2.506	.226	-.310	-11.097	.000
Marital Status	-1.296	.327	-.104	-3.967	.000
Gender	1.343	.424	.081	3.170	.002
Age:	-3.467	.249	-.376	-13.934	.000
Religion:	.393	.341	.034	1.153	.249
Ethnic Group:	-.348	.189	-.055	-1.844	.065

Predictors: (Constant), Ethnic group, Age, Gender, Course of Study, Marital status, Level of Study, Religion

a. Dependent Variable: Accessibility to RHIS

The result in Table 2a shows the joint contribution of the independent variables (course of study, students' level, marital status, sex, age, religion and ethnic group) to predict the undergraduates' access to reproductive health information sources. With a multiple correlation (R= 0.365, R square= .133 and adjusted R2 of 0.129; F (7.1607) ratio equals 35.200; P< 0.05 it implies that socio-demographic variables jointly accounted for 12.9% of the total variance in the prediction of undergraduates' access to reproductive health information sources. The joint contribution to the prediction is significant at 0.05 level of significance, the null hypothesis one was therefore rejected. This means that there is significant relative contribution of socio-demographic variables on the undergraduates' access to reproductive health information sources.

The parameter estimates of the relative contribution of the seven socio-demographic variables to predict the undergraduates' access to reproductive health information sources shows that there is significant relative contribution of level of study (β=-.310; t=-11.097; $P < 0.05$), marital status (β = -.104; t = -3.967; $P < 0.05$), gender (β = 0.81; t = 3.170; $P < 0.05$), age (β = -.376; t = -13.934; $P < 0.05$) while on other hand, there is no significant contribution of course of study, religion and ethnic group on access to reproductive health information sources (Table 2b).

Table 3a: Regression Summary and estimates of Joint and relative contributions of socio- demographic variables to undergraduates utilization of reproductive health information sources

R = .357					
R square = .127					
Adjusted R square = .124					
Std. Error of Estimate = 15.99952					
Source of variation	Sum of Squares	df	Mean Square	*F*-Ratio	Sig. of P
Regression	60024.973	7	8574.996	33.498	.000
Residual	411367.362	1607	255.985		
Total	471392.334	1614			

Table 3b: Regression estimates of contributions of socio-demographic variables to the prediction of undergraduate utilization of reproductive health information sources

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	73.801	2.760		26.737	.000
Course of Study	.166	.195	.022	.854	.393
Level	-2.452	.484	-.142	-5.063	.000
Marital Status	3.899	.700	.146	5.566	.000
Gender	-1.426	.909	-.040	-1.569	.117
Age:	-4.168	.533	-.212	-7.813	.000
Religion:	2.724	.730	.111	3.729	.000
Ethnic Group:	-3.464	.404	-.256	-8.564	.000

Predictors: (Constant), Ethnic group, Age, Gender, Course of Study, Marital status, Level of Study, Religion
a. Dependent Variable: Utilization of RHIS

The composite contribution of the independent variables to predict the students utilisation of reproductive health information sources as indicated in Table 3a revealed that the variables jointly accounted for 12.4% of the total variance in the prediction of the undergraduates'utilization of reproductive health information sources (R= 0.357, R square =.127 and adjusted R2 = 0.124; F (7.1607) ratio equals 33.498; P< 0.05). The joint contribution to the prediction is significant at 0.05 level of significance; the null hypothesis two was therefore rejected. This means that there is significant relative contribution of socio-demographic variables on the undergraduates' utilization of reproductive health information sources (Table 3a).

For the individual contributions in Table 3b, level of study (β = -0.142; t = -5.063; P < 0.05); marital status (β = 0.146; t = 5.566; P < 0.05), age (β = - 0.212; t = - 7.813; P < 0.05), religion (β = 0.111; t = 3.729; P < 0.05) and ethnic group (β = -0.256; t = - 8.564; P < 0.05) made significant relative contribution to the prediction of the undergraduates' utilisation of reproductive health information sources while on other hand, there is no significant contribution of course of study, and gender on utilization of reproductive health information sources (Table 3b).

Table 4a: Regression Summary and estimates of Joint and relative contributions of socio- demographic variables to undergraduates' preference for reproductive health information sources

R = .415					
R square = .173					
Adjusted R square = .169					
Std. Error of Estimate = 5.45622					
Source of variation	Sum of Squares	df	Mean Square	*F*-Ratio	Sig. of P
Regression	9976.745	7	1425.249	47.875	.000
Residual	47841.005	1607	29.770		
Total	57817.750	1614			

Table 4b: Regression Summary of contributions of socio-demographic variables to the prediction of undergraduate preference for reproductive health information sources

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	43.879	.941		46.615	.000
Course of Study	.432	.066	.165	6.502	.000
Level	-2.294	.165	-.380	-13.889	.000
Marital Status	-1.330	.239	-.143	-5.567	.000
Gender	.414	.310	.033	1.336	.182
Age	-1.728	.182	-.251	-9.502	.000
Religion:	1.772	.249	.207	7.116	.000
Ethnic Group	-1.715	.138	-.362	-12.430	.000

Predictors: (Constant), Ethnic group, Age, Gender, Course of Study, Marital status, Level of Study, Religion
a. Dependent Variable: Preference for RHIS

The regression analysis yielded coefficient of multiple regression R of 0.415, R square of 0.173 and adjusted R^2 of 0.169; $F_{(7.1607)}$ ratio equals 47.875; P< 0.05). The results indicated that the seven socio-demographic variables taken together accounted for 16.9% of the total variance in the prediction of the undergraduates' preference for reproductive health information sources (Table 4a).

Table 4b also show the parameter estimates of the relative contribution of the seven socio-demographic variables to predict the undergraduates' preferences for reproductive health information sources show that there is significant relative contribution of course of study (β = 0.165; t = 6.502; P < 0.05), level of study (β = - 0.380; t = -13.889; P < 0.05),marital status (β = -

0.143; t = -5.567; P < 0.05); age (β = -0.251; t = -9.502; P < 0.05); religion(β = 0.207; t = 7.116; P < 0.05) and ethnic group (β = -0.362; t = -12.430; P < 0.05) while on other hand, there is no significant contribution of gender on undergraduates preference for reproductive health information sources.

Table 5a: Regression Summary and estimates of Joint and relative contributions of socio- demographic variables to undergraduates' knowledge of reproductive health

R = .231 R square = .053 Adjusted R square = .049 Std. Error of Estimate = 5.64246					
Source of variation	Sum of Squares	df	Mean Square	*F*-Ratio	Sig. of P
Regression	2872.886	7	410.412	12.891	.000
Residual	51162.650	1607	31.837		
Total	54035.536	1614			

Table 5b: Regression estimates of the relative contributions of socio-demographic variables to the prediction of undergraduate knowledge of reproductive health

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	22.025	.973		22.626	.000
Course of Study	-.121	.069	-.048	-1.767	.077
Level	-.179	.171	-.031	-1.046	.296
Marital Status	1.700	.247	.189	6.881	.000
Gender	-1.014	.320	-.084	-3.164	.002
Age:	.498	.188	.075	2.647	.008
Religion	-.568	.258	-.069	-2.205	.028
Ethnic Group:	.855	.143	.187	5.995	.000

Predictors: (Constant), Ethnic group, Age, Gender, Course of Study,
Marital status, Level of Study, Religion
a. Dependent Variable: Knowledge of RH.

Table 5a shows that the use of seven socio-demographic variables to predict undergraduates knowledge of reproductive health issues yielded a multiple correlation (R) of .231, R square of .053; Adjusted R = .049; $F_{(7,1607)}$ ratio equals 12.891; P< 0.05). The results show that the independent variables taken together predict students' reproductive health knowledge. The variables jointly accounted for 4.9% of the total variance in students' knowledge of reproductive health.

The parameter estimates of the relative contribution of the seven socio-demographic variables to predict the undergraduates' reproductive health knowledge shows that there is significant relative contribution of marital status (β = .189; t = 6.881; P < 0.05); gender (β = - 0.084; t = -3.164; P < 0.05), and age (β = 0.075; t = 2.647; P < 0.05); religion (β = -0.069; t = -2.205; P < 0.05) and ethnic group (β = 0.187; t = 5.995; P < 0.05); on knowledge of reproductive health while on other hand, there is no significant contribution of course of study and level of study on knowledge of reproductive health (Table 5b).

Discussion

Findings from this study reveal that the seven independent variables jointly predicted accessibility to reproductive health information sources, utilization of reproductive health information sources, preference for reproductive health information sources and knowledge of reproductive health among undergraduate students.

The socio-demographic variables, taken together, contributed most to the prediction of preference for reproductive health information sources out of the four dependent variables. This means that preferred source of reproductive health information is very fundamental. This finding implies that health information providers need to weigh young adults' preferences with those of their own when delivering information to them.

The beta weights in Tables 2b, 3b, 4b and 5b reveal the relative contributions of the socio-demographic variables considered in this study to the prediction of undergraduates'accessibility to reproductive health information sources, utilization of reproductive health information sources, preference for reproductive health information sources and knowledge of reproductive health.

The most potent predictors of the accessibility to reproductive health information sources among undergraduates are their gender (β =0 .081) and marital status (β = -0 .104), while the least contributor

is age (β = -0.376). Similarly, marital status (β=0.146), religion (β=0.111), level of study (β = -0.142), age (β = -0.212) and ethnic group (β = - 0.256) in descending order predicted the students' utilization of reproductive health information sources.

For preference to reproductive health information sources religion (β = 0.207) was the most potent predictor, followed by course of study (β = 0.165). With respect to undergraduates' knowledge of reproductive health, marital status (β =0.189) is the most powerful predictor, followed by ethnic group (β =-0.187). These findings confirm the widely held perception that socio-demographic variables such as gender, marital status, age are central to access to reproductive health information.

Surprisingly, course of study and level of study made no significant contribution to undergraduates' knowledge of reproductive health. This finding is not in agreement with the result of the study which found course of study as the most potent predictor of undergraduates' knowledge of reproductive health (Falaye and Adeleke, 2012).

Conclusion

Socio-demographic characteristics generate divergent needs, desires, and receptivity to reproductive health information therefore this study recommends the segmentation of information programmes geared towards enriching the reproductive health knowledge of young adults in order to shape their behaviour. Since the results have shown that preference for reproductive health information sources is more significant than other dependent variables there is the need for information providers and librarians to consider young adults preferred sources of reproductive health information in their programmes in order to promote greater use of reproductive information sources and increase in knowledge as a way of mitigating their reproductive health problems. Strategies aimed at the provision of access to reproductive health information to young people are likely to be more effective if their socio-demographic characteristics are factored into such interventions.

Acknowledgement

This study was approved and sponsored by the Tertiary Education Trust Fund (TETFund).

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JOURNAL OF HEALTH INFORMATION AND LIBRARIANSHIP

The Official Journal of the Medical Library Association of Nigeria (MLA-NG).

VOLUME 3 NUMBER 1
JUNE 2016

ISSN:2408-6614