A Study of Health Information Needs and Utilization of Secondary School Teachers in Ile-Ife Central Local Government Area, Osun State, Nigeria

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Abstract

The study identified the health information needs of secondary school teachers in Ile-Ife Central Local Government Area. It highlighted the most available and utilized sources of health information. In addition, it identified the major barriers to health information access and analyzed the relationship between availability and utilization of health information sources of secondary school teachers in Ile-Ife Central Local Government Area. The study employed both primary and secondary data sources. The primary data were derived from a sample population of 197 respondents who filled and returned their questionnaires. Data were analyzed through the use percentages, mean, standard deviation and Pearson Product Moment Correlation Analyses. The secondary sources of data included text books and journal articles. The results of the study revealed that secondary school teachers need information mostly on safety in their homes, diet/food, food/nutrition and diseases. The findings showed that the most frequently available health information sources were the radio, television and parents. The most frequently utilised health information sources were the radio, television, doctors, churches and nurses, while the least utilized sources of health information were seminars/symposia, governmental/ international agencies, community meetings and traditional healers. In conclusion, the results revealed that there was a significant positive relationship between availability and utilization of health information sources of secondary school teachers in Ile –Ife Central Local Government Area.

Keywords: Health information, Teachers, Utilization, Secondary schools, Ile- Ife, Nigeria

1.0 Introduction

Teachers as other professionals need health information so that they can live and maintain a healthy and productive lifestyle.

Health can be defined as not merely the absence of diseases, but also protection from factors which predispose to diseases (Mogli 2001). Similarly, the World Health

Organization (WHO) 1946 defined health as the status of complete physical, mental, social well being and not merely the absence of disease or infirmity. Health is a very important ingredient of a person's well being. People who are healthy are not only assets to any human organization but also to the society in general. This is because their healthy status allows them to contribute to growth and development of all facets of the society. Teachers are change agents in the society. Hence, they need to be very healthy for them to carry out their duties of teaching and learning in schools at different levels. Secondary school teachers are employed to impact knowledge to students in their respective schools. This duty can be effectively carried out by teachers who are healthy. For teachers to remain healthy, they need to have access and use health information. Rolinson (1998) defined health information as information on a continuum between health education and health promotion. He stated further that access to health information may contribute to health education and promote healthy lifestyle choices. Similarly, Mabawonku (1998) defined health information as including those facts, materials or news communicated to people, which help in the attainment of complete physical , mental and social well-being.

Literature has shown that studies on health information have been conducted among different groups of professional such as nurses and doctors. However, there is a dearth of research on the use of health information among teachers in secondary schools in Nigeria. Hence the need to conduct this study is paramount importance.

1.2 Statement of the problem

Preliminary investigation on the teachers' welfare reveals that most of the teachers do not have the capacity to maintain a healthy lifestyle. This is probably because they do not have access to adequate information relating to health issues. Since little attention has been paid to studying the use of health information sources among teachers in secondary schools in Nigeria, this present study is conducted to fill this gap.

1.3 Objectives of the study

The objectives of the study are to:
1. identify the health information needs of secondary school teachers in Ile-Ife Central Local Government Area
2. find out the most frequently available health information sources of secondary school teachers in Ile-Ife Central Local Government Area
3. ascertain the most frequently utilized health information sources of secondary school teachers in Ile-Ife Central Local Government Area
4. identify the major barriers facing teachers in accessing health information
5. analyze the relationship between availability and utilization of health information sources of secondary school teachers in Ile-Ife Central Local Government Area

1.3 Research Questions

The research questions for the study are
1. What are the health information needs of secondary school teachers in Ile-Ife Central Local Government Area
2. What sources of health information are most frequently available to secondary school teachers in Ile-Ife Central Local Government Area
3. What are the most frequently utilized sources of health information among secondary school teachers in Ile-Ife Central Local Government Area
4. What are the major barriers facing secondary school teachers in Ile- Ife Central Local Government Area in accessing health information?

1.4 Research Hypothesis

The research hypothesis of this study is:

There is no significant relationship between availability and utilization of health information sources of secondary school teachers in Ile-Ife Central Local Government Area

2.0 Review of Related Literature

Dee (1993) conducted a study into the information needs and information seeking behaviour of rural physicians. Data were collected from 12 rural physicians in central Florida through face to face interviews and observation. Patient care questions were determined through a review of 144 patient charts. 48 charts (33.4%) each produced one unique factual patient care questions; 75% of the 48 questions concerned treatment, 14.7% on diagnosis, 8.3% on etymology and 2.1% on the psychological aspects of disease. Rural physicians needed information for patient care. The study revealed that the leading sources of information for rural physicians were in order of frequency; colleagues medical meetings, journals, books and libraries. The study also revealed that rural physicians lack the time due to heavy workloads to retrieve information for patient care. The study revealed that rural physicians need immediate easily accessible, concise, organized and high quality information. Also the doctors were inclined towards the use of the computer for information search. The study found that medical library had little impact on the information seeking behaviour of rural physicians.

Mabawonku (1998) examined the health information needs of adults living in semi-urban areas of Oyo state. The population sample was 179 respondents. The instruments for data collection was the questionnaire. The results of the study revealed that most desired information were those on food and nutrition. Followed by information on personal hygiene, treatment and curative. However,

information on housing was the least desired.

Rolinson (1998) conducted a study of health information needs of adolescents in some secondary schools in United kingdom. The study population was a sample of 635 students. The instrument for data collection was the questionnaire. The results of the study revealed that health information needed most by students were information relating to sports/exercise, diet and sexual issues (body image and sexuality). The study also revealed that majority of the adolescents preferred obtaining health information from health professional orally- that is face to face interaction.

Rutten, Arora and Bakos (2005) reviewed 112 articles published from 1980 to 2003 and developed a typology summarizing cancer patients' information needs and sources from they receive information. Majority of the articles focused on information needs and sources during the diagnosis and treatment phase. The study revealed that the most frequent information need was treatment related (38.1%). The most frequent information source was health professionals (27.3%). The study also found that information needs about the stage of diseases, treatment option and side-effects of treatment were prominent. In addition, the study revealed that during the post-treatment period, patient continued to need information about available treatment and information about recovery.

Lappa (2005) investigated decision making habits of emergency clinicians with respect to their need for information, the full details of their information dilemma and their perceived need of information. The results of the study showed that for 100% of clinicians in daily practice, the main information needs arose while treating patients and the information would help in making patient care decision. The study also showed that clinicians made little use of hospital libraries because they were usually under tremendous

time pressure. The study demonstrated that there was need for clinical librarians to serve as information provider.

Burkell, Wolfe, Potter and Jutai (2006) studied the information needs and information seeking practices of individual living with spiral cord injury. A sample of 207 respondents were surveyed. The results revealed that respondents have unmet information needs despite the fact that they typically access information through a variety of channels. The study also revealed that spinal cord injury specialist were the most commonly used source. Followed by general physicians and other health care professionals (58%) and others with spinal cord injury (57%). This indicates that those living with spinal cord injury in the community use interpersonal information sources particularly health care professional when they are seeking health- related information, although they are viewed as relatively inaccessible. The study demonstrated that Internet was viewed as comparatively accessible in spite of concerns about the quality of information found there.

Lorence and Pack (2007) examined the influence of gender on computer access, Internet use and online health information seeking. The results of the study revealed that there was a significant difference in the use of Internet between male and female respondents. That males were more likely to be Internet users than females. However, the study also demonstrated that female respondents were more likely to explore online health information than males. The results of the study show that there was a significant difference in the access to computer between female and male respondents.

Nwagwu (2009) investigated the information needs and seeking behaviour of nurses at the University College Hospital, Ibadan. The sample population was 240 nurses. The instrument for data collection was the questionnaire. The results of the study indicated that the major information needs of nurses included new discovery in nursing, outbreak of diseases and happenings around the world. The study also showed that majority of the nurses were aware of the presence of information sources such as the library, information centres and the Internet in the hospital environment. In addition, the results of the study revealed that lectures, nursing journals, seminaries, conferences and workshops, other medical journals, books, case note and libraries were considered to be the most relevant information sources that should be used by majority of the nurses.

3.0 Research Methodology

The research design for the study was the ex-post-facto type because no attempt was made to manipulate the independent variable. The independent variable in this study is availability of health information sources, while the dependent variable is the utilization of health information sources. The study population comprises 400 teachers in 14 secondary schools randomly selected from 26 secondary schools in Ile-Ife Central Local Government Area, Osun state, Nigeria. The research instrument used for this study is a self developed questionnaire entitled "Health Information availability and utilization questionnaire". The questionnaire was divided into 5 sections: Section A: Demographic characteristics of respondents; Section B: Health information needs scale; Section C: Availability of health information sources scale; Section D: Utilization of health information sources scale; Section E: Deals with problems confronting respondents in the seeking health information. The questionnaire was pre-tested using 30 teachers from one of the secondary schools in Ile-Ife that was not part of the sample population. Using the Cronbach Alpha method, the reliability of each of the scale was found to be 0.78 for Health information needs scale, 0.80 for

availability of health information sources scale and utilization of health information sources scale respectively. This represents a response rate of 49.25 percent. See Table 1. Using the total enumeration technique, copies of questionnaire were administered to all the 400 teachers in the 14 selected secondary schools by the researcher and trained research assistants. Of these 197 copies of the questionnaire were returned and analyzed. The data collected were analyzed using descriptive and inferential statistics. Research hypothesis was tested by using inferential statistics that is the Pearson product moment correlation analysis. Research hypothesis was tested at the 0.05 level of significance. The statistical package for the social sciences (SPSS) was used to analyze the data.

Table 1: Administration and Collection of Questionnaires

S/N	Name of Secondary Schools	Population	Questionnaires Administered	Questionnaires returned
1	Adventist secondary school, Ile-Ife	37	37	20
2	Oduduwa college Ile-Ife	67	67	11
3	Christ way high school, Ile – Ife	10	10	7
4	Ibikunle Lawal College, Ile – Ife	12	12	9
5	Adepetu Comprehensive college, Ile-Ife	15	15	10
6	Ambasador's College, Ile –Ife	35	35	28
7	Seventh Day Adventist Gram. Sch, Ile -Ife	44	44	16
8	St. Mulumba Catholic college, Ile – Ife	20	20	15
9	Ebenezer Baptist High School, Ile - Ife	20	20	11
10	Vickayor Comprehensive college, Ile - Ife	18	18	10
11	Urban Day Gram. School, Ile – Ife	26	26	17
12	Moremi High School, Ile – Ife	46	46	21
13	The Dawn International College, Ile - Ife	10	10	7
14	Oluorogbo High School, Ile – Ife	40	40	16
	Total	400	400	197

4.0 Data Presentation and Analysis
4.1 Demographic Characteristics of Respondents

The 197 respondents who participated in the study comprised 98 (49.7%) male and 99 (50.3%) female. 56(28.8%). of the respondents 56(28.4%) were single while 139 (70.6%) of the respondents were married. Only 2(1.0%) of the respondents were widowed. As regards their ages, 130 (65.99%) of the respondents fell between the ages of 20 and 40 years age group. While 67(34.06%) of the respondents were above 40 years. Their mean age was 38.27 years with a standard deviation of 9.38 years. With respect to their educational qualifications, a breakdown indicates that 2 (1.0%) possessed the OND, 9(4.6%) had HND while 21(16.7%) possessed the National Certificate of Education (NCE). In addition, 122 (61.9%) were holders of the Bachelors degree while 43(21.82) had postgraduate qualifications.

As regards their years of service, 135 (68.53%) of the respondents have spent between 1 and 10 years, 39 (19.79%) have spent between 11 and 20 years while only 23(11.68%) have spent above 20 years in service. The mean years of service of respondents was 9.99 years with a standard deviation of 9.31 years.

Table 2: Percentage, Mean and Standard Deviation Scores of Health Information needs of Respondents

	Types of Health Information	Very small extent	Small extent	Large extent	Very large extent	$\bar{X}$	SD
1	Safety in the home	16 (8.1%)	38 (19.3%)	60 (30.5%)	83 (42.1%)	3.07	.969
2	Diet/food	17 (8.6%)	40 (20.3%)	55 (27.9%)	85 (43.1%)	3.06	.991
3	Food/Nutrition	21 (10.7%)	33 (16.8%)	61 (31.0%)	82 (41.6%)	3.04	1.007
4	Diseases	27 (13.7%)	31 (15.7%)	52 (26.4%)	87 (44.2%)	3.01	1.074
5	Eye care	21 (10.7%)	30 (15.2%)	82 (41.6%)	64 (32.5%)	2.96	.952
6	Skin cares	23 (11.7%)	35 (17.8%)	70 (35.5%)	69 (35.0%)	2.94	.994
7	Personal hygiene	22 (11.2%)	36 (18.3%)	72 (36.5%)	67 (34.0%)	2.93	.985
8	HIV/AIDS	31 (15.7%)	34 (17.3%)	52 (26.4%)	80 (40.6%)	2.92	1.099
9	Environmental care	23 (11.7%)	31 (15.7%)	82 (41.6%)	61 (31.0%)	2.92	.965
10	Preventive medicine	26 (13.2%)	40 (20.3%)	55 (27.9%)	76 (38.6%)	2.92	1.056
11	Mental health	29 (14.7%)	31 (15.7%)	63 (32.0%)	74 (37.6%)	2.92	1.059
12	Child/maternal health	26 (13.2%)	37 (18.8%)	62 (31.5%)	72 (36.5%)	2.91	1.039
13	Drug use	26 (13.2%)	41 (20.8%)	57 (28.9%)	73 (37.1%)	2.90	1.050
14	Treatment/ Curative	27 (13.7%)	37 (18.8%)	80 (40.6%)	53 (26.9%)	2.81	.986
15	Dental care	23 (11.7%)	47 (23.9%)	75 (38.1%)	52 (26.4%)	2.79	.965
16	Sport/exercise	31 (15.7%)	42 (21.3%)	66 (33.5%)	58 (29.4%)	2.77	1.043
17	Sexual issues	30 (15.2%)	43 (21.8%)	67 (34.0%)	57 (28.9%)	2.77	1.033
18	Ear care	32 (16.2%)	44 (22.3%)	67 (34.0%)	54 (27.4%)	2.73	1.038
19	Family planning	42 (21.3%)	40 (20.3%)	62 (31.5%)	53 (26.9%)	2.64	1.096
20	Alcohol	65 (33.0%)	50 (25.4%)	36 (18.3%)	46 (23.4%)	2.32	1.162
21	Smoking	75	39	41	42	2.25	1.177

The data in Table 2 shows that the major health information needs of respondents were information on safety in the home ($\overline{X}$ = 3.07, SD =.965), Diet/food ($\overline{X}$ = 3.06, SD = .991), food/nutrition ($\overline{X}$ =3.04, SD =1.007). The least type of health information required were those on family planning ($\overline{X}$ = 2.64, SD =1.096) alcohol ($\overline{X}$ =2.32, SD = 1.162) and smoking ($\overline{X}$ = 2.25, SD = 1.177) .

4.3 Availability of Health Information Sources to Respondents

To ascertain the availability of health information sources, respondents were requested to   rate the extent to which each of the twenty four listed sources of health information were available to them measured on a 4   - point Likert scale: Very readily available = 4, Readily available =3, Occasionally available = 2 and not available = 1. The p ercentage, mean and standard deviation scores for each of information sources were then calculated. The results are presented in Table 3

Table 3: Percentage, Mean and Standard Deviation Scores of Availability of Health Information Sources

	Health Information Sources	Not Available	Occasionally Available	Readily Available	Very Readily Available	$\overline{X}$	SD
1	Radio	6 (3.0%)	31(15.7%)	58 (29.4%)	102 (51.8%)	3.30	.843
2	Television	8(4.1%)	35(17.8%)	47(23.9%)	107(54.3%)	3.28	.898
3	Parents	20(10.2%)	39(19.8%)	74(37.6%)	64(32.5%)	2.92	.963
4	Churches	26(13.2%)	36(18.3%)	64(32.5%)	71(36.0%)	2.91	1.034
5	Textbooks	14(7.1%)	45(22.8%)	83(42.1%)	55(27.9%)	2.91	1.034
6	Friends / colleagues	12(6.1%)	49(24.9%)	91(46.2%)	45(22.8%)	2.86	.839
7	Religious leaders	28(14.2%)	44(22.3%)	63(32.0%)	62(31.5%)	2.81	1.037
8	Nurses	20(10.2%)	54(27.4%)	75(38.1%)	48(24.4%)	2.77	.935
9	Doctors	14 (7.1%)	67(34.0%)	68(34.5%)	48(24.4%)	2.76	.903
10	Relatives	21(10.7%)	56(28.4%)	69(35.0%)	51(25.9%)	2.76	.958
11	Newspapers	18(9.1%)	66(33.5%)	60(30.5%)	53(26.9%)	2.75	.955
12	Hospitals / Health centres	27 (13.7%)	51(25.9%)	69(35.0%)	40(20.3%)	2.72	.994
13	Pharmacist	21(10.7%)	67(34.0%)	69(35.0%)	40(20.3%)	2.65	.923
14	Internet	32(16.2%)	53(26.9%)	68(34.5%)	44(22.3%)	2.63	1.005
15	Magazine	24(12.2%)	91(46.2%)	36(18.3%)	46(23.4%)	2.53	.982
16	Pamphlet / Posters	20(10.2%)	89(45.2%)	57(28.9%)	31(15.7%)	2.50	.878
17	Journals	27(13.7%)	86(43.7%)	50(25.4%)	34(17.3%)	2.46	.934
18	Government Publications	29(14.7%)	93(47.2%)	48(24.4%)	27(13.7%)	2.37	.898
19	Government /International Agencies	29(14.7%)	93(47.2%)	48(24.4%)	27(13.7%)	2.31	.980
20	Bulletins /Newsletters	44(22.3%)	75(38.1%)	58(29.4%)	20(10.2%)	2.27	.924
21	Seminars /Symposia	28(14.2%)	114(57.9%)	33(16.8%)	22(11.2%)	2.25	.835
22	Mosques	76(38.6%)	38(19.3%)	48(24.4%)	35(17.8%)	2.21	1.141
23	Community meetings	67(34.0%)	78(39.6%)	35(17.8%)	17(8.6%)	2.01	.931
24	Traditional healers	84(42.6%)	51(25.9%)	45(22.8%)	17(8.6%)	1.97	1.002

The data in Table 3 indicates that the sources of health information that were most frequently available to the respondents were the radio ($\overline{X}$ = 3.30, SD = .843), television ($\overline{X}$ = 3.28, SD = .898) and p arents ($\overline{X}$ = 2.92, SD = .963). The sources of health information that were least available to the respondents were seminars/symposia ($\overline{X}$ = 2.25, SD = .835), mosques ($\overline{X}$ = 2.21,SD = 1.141), communit y meetings ($\overline{X}$ =2.01,SD = .931) and traditional healers ($\overline{X}$ =1.97, SD =1.002)

4.4 Utilization of Health Information Sources of Respondents

To determine the most frequently utilized sources of health inform ation, the respondents were asked to score their use of each of the twenty four listed items using a 4- point Likert scale namely: Daily used = 4, Used weekly =3, Used Occasionally =2 and Not used =1. The percentage, mean and standard deviation scores for each of the sources were then calculated. The results are presented in Table 4.

Table 4: Percentage, Mean and Standard Deviation Scores of Utilisation of Health Information Sources by Respondents

	Health Information Sources	Not used	Occasionally used	Used weekly	Used Daily	$\overline{X}$	SD
1	Radio	22 (11.2%)	46 (23.4%)	69 (35.0%)	60 (30.5%)	2.85	.983
2	Television	22 (11.2%)	51(25.9%)	62 (31.5%)	62 (31.5%)	2.83	.999
3	Doctors	16 (8.1%)	61(31.0%)	67(34.0%)	53(26.4%)	2.80	.931
4	Nurses	20 (10.2%)	51 (25.9%)	74 (37.6%)	52 (26.4%)	2.80	.946
5	Churches	29 (14.7%)	55 (27.9%)	55 (27.9%)	58 (29.4%)	2.72	1.044
6	Textbooks	19 (9.6%)	66 (33.4%)	73 (37.1%)	39 (19.8%)	2.67	.902
7	Parents	28 (14.2%)	61 (31.0%)	56 (28.4%)	52 (26.4%)	2.67	1.019
8	Pharmacists	26 (13.2%)	64 (32.5%)	62 (31.5%)	45 (22.8%)	2.64	.978
9	Hospitals/Health Centres	22 (11.2%)	75 (38.1%)	53 (26.9%)	47 (23.9%)	2.63	.968
10	Friends /colleagues	19 (9.6%)	75 (38.1%)	66 (33.5%)	37 (18.8%)	2.61	.900
11	Newspapers	26 (13.2%)	81 (41.1%)	54 (27.4%)	36 (18.3%)	2.51	.940
12	Relatives	21 (10.7%)	56 (28.4%)	69 (35.0%)	51 (25.9%)	2.44	.981
13	Magazines	31 (15.7%)	89 (45.2%)	44 (22.3%)	33 (16.8%)	2.40	.946
14	Pamphlets /Posters	29 (14.7%)	93 (47.2%)	45 (22.8%)	30 (15.2%)	2.39	.917
15	Religious leaders	53 (26.9%)	65 (33.0%)	44 (22.3%)	35 (17.8%)	2.31	1.055
16	Internet	48 (24.4%)	68 (34.5%)	54 (27.4%)	27 (13.7%)	2.30	.989
17	Journals	42 (21.3%)	93 (47.2%)	37 (18.8%)	25 (12.7%)	2.23	.928
18	Government Publications	41 (20.8%)	95 (48.2%)	41(20.8%)	20 (10.2%)	2.20	.886
19	Bulletins /Newsletters	49 (24.9%)	89 (45.2%)	48 (42.4%)	11 (5.6%)	2.11	.841
20	Seminars /symposia	45 (22.8%)	109 (55.3%)	23 (11.7%)	20 (10.2%)	2.09	.864
21	Government /International Agencies	63 (32.0%)	74 (37.4%)	44 (22.3%)	16 (8.1%)	2.07	.932
22	Mosques	105 (53.3%)	34 (17.4%)	35 (17.8%)	23(11.7%)	1.88	1.081
23	Community meetings	88 (44.7%)	69(35.0%)	21(10.7%)	19 (9.6%)	1.85	.960
24	Traditional healers	121 (61.4%)	40 (20.3%)	22(11.2%)	14 (7.1%)	1.64	.941

N= 197

The data in Table 4 shows the sources of health information that were most frequently utilised by respondents were the radio ($\overline{X}$ =2.8, SD = .983), television ($\overline{X}$ = 2.83, SD = .999), doctors ($\overline{X}$ = 2.80, SD =.931), churches ($\overline{X}$ =2.72, SD = 1.044) and nurses ($\overline{X}$ = 2.60, SD = .946) . The least used sources of health information include seminars/symposia ($\overline{X}$ = 2.09, SD = .864), government / international agencies ($\overline{X}$ =2.07, SD = .932), community meetings ($\overline{X}$ = 1.85, SD = .960) and traditional healers ($\overline{X}$ =1.64, SD = .941).

4.5 Major Barriers To Seeking Access to Health Information.

The data in Table 5 shows that the major problems facing teachers when seeking health information include; lack of awareness of sources of health information ($\overline{X}$ = 1.73, SD = .445), lack of knowledge on how to get relevant health information ($\overline{X}$ = 1.65,SD =.477), most relevant health information are too lengthy ($\overline{X}$ = 1.62, SD = .487) and not being computer literate ($\overline{X}$ = 1.59, SD = .493) and lack of access to electronic information services   ($\overline{X}$ = 1.52, SD = .501). However, factors like availability of obsolete health inf ormation sources ($\overline{X}$ = 1.43, SD = .497), information poor retrieval skills ($\overline{X}$ = 1.41, SD = .492), lack of adequate time to search for health information ($\overline{X}$ = 1.41, SD = .492), inadequate access to Internet ($\overline{X}$ = 1.40, SD = .490), difficulty in accessing foreign journals and materials on health issues, ($\overline{X}$ = 1.33, SD = .471) and financial difficulty in accessing health information sources were not hindrances to   their seeking health information.

Table 5: Mean and Standard Deviation Scores of Major Barriers to Access to Health Information

		Disagreed	Agreed	$\overline{X}$	SD
1	Lack of awareness about sources of health information	53 (26.9%)	144 (73.1%)	1.73	.445
2	Lack of knowledge of how to get relevant health information	68 (34.5%)	129 (65.5%)	1.65	.447
3	Most relevant health information are too lengthy	75 (38.1%)	122 (61.9%)	1.62	.487
4	Not being computer literate	81 (41.1%)	116 (58.8%)	1.59	.493
5	Lack of access to electronic information services	95 (48.2%)	102 (51.8%)	1.52	.501
6	Available health information materials in school libraries are obsolete	112 (56.9%)	85 (43.1%)	1.43	.497
7	Poor information retrieval skills	117 (59.4%)	80 (40.6%)	1.41	.492
8	Lack of adequate time to search for health information	117(59.4%)	80 (40.6%)	1.41	.492
9	Inadequate access to Internet	119 (60.4%)	78 (39.6%)	1.40	.490
10	Difficulty in accessing foreign journals and mater ials on health issues.	132 (67.0%)	65 (33.0%)	1.33	.471
11	Financial difficulty in accessing	161(81.7%)	36 (18.3%)	1.18	.387

4.5 Research Hypothesis

This hypothesis states that there is no significant relationship betw een availability and utilization of health information sources of secondary school teachers in Ile -Ife central Local government area. To test this hypothesis data collected on availability and utilization health information sources were subjected to Pears on Product Moment Correlation Analysis. The results are presented in Table 6.

Table 6: Correlation Between Availability and Utilization of Health Information sources of Secondary School Teachers

	N	Mean	Std. D	R	P
Availability of Health information sources	197	62.93	12.752	.724	.000
Utilization of Health information sources	197	57.64	13.372		

Correlation is significant at $p < 0.05$

From Table 6, the correlation between availability and utilization of health information sources is 0.724 which is significant at 0.05 level (r =0.724, p < 0.05). This indicates that there is a significant relationship between availability and utilization of health information sources of teachers in secondary schools in Ile-Ife. Therefore the stated hypothesis 1 is rejected.

5.0 Discussion of Findings

The study indicated that the type of health information needed by most teachers were on safety in the home, diet/food, food/nutrition and diseases. This suggests teachers are much interested in living and maintaining a healthy lifestyle. However, information on family planning, smoking and alcohol were least needed.

The results of the study also showed that the most frequently available sources of health information were the radio, television, and parents. The least available sources of health information were seminars/symposia, mosques, community meetings and traditional healers.

The study demonstrated that teachers use health information from different sources. The most frequently utilized sources of health information were the radio, television, doctors, nurses, and churches. This suggests that teachers relied more on electronic media for health information rather than the print media. It also suggests that teachers consulted health personnel like doctors and nurses for health information instead of reading medical journals and attend seminars/ symposia. However, it is surprising that teachers could rely on churches instead of hospitals/ health centres for health information knowing fully well that most of the pastors and elders in these churches do not have formal medical training. The least used sources of health information were seminars/symposia, government /inter-governmental agencies, mosques, community meetings, and traditional healers.

Furthermore, the study revealed that the major problems facing teachers when seeking access to health information include; lack of awareness of sources of health information, lack of awareness of how to get relevant health information, most relevant health information are too lengthy, not being computer literate and lack of access to electronic information services.

In addition, the study found that there was a significant positive relationship between availability and utilization of health information sources of the respondents. This implies that an increase in the availability of health information sources, will also lead to an increase in the utilization of health information sources and verse versa.

Conclusion

In conclusion, the results of the study have demonstrated that teachers' health information needs are mainly on safety in the home, diet/food, food/nutrition and diseases. It has also shown that teachers relied mostly on radio, television, doctors, nurses and churches to satisfy their health information needs. The study indicated a significant relationship between availability and utilization of health information sources of secondary school teachers in Ile – Ife Central local government area.

Recommendations

Based on the finding of this research study, it is recommended that:

1. School libraries should be equipped with recent books and journals on health issues.
2. Periodic seminars on how to maintain safety in the home should be organized for teachers
3. Seminars and workshop on diet, nutrition, food, diseases and eye care should be organised for the teachers so as to keep them informed on how to live and maintain a healthy lifestyle.
4. Government should sponsor more health-talk programmes on the radio and television so that teachers will have more access to health information.
5. The government should grant loans to teacher for the purchase computers and modems. This will enable them to have access to on-line health information.
6. Government should provide computer and Internet services in school libraries.
7. Teachers should be trained on to use the computer to surf for health information on the Internet

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