

INFORMATION SEEKING BEHAVIOR FOR WOMEN WITH GYNAECOLOGY CONDITIONS IN PORT HARCOURT, NIGERIA

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Abstract

The study investigated the information seeking behavior for women with gynaecology conditions in Port Harcourt, Nigeria. The objectives were to determine the information need of women with gynaecology conditions in Port Harcourt, Nigeria; find out how women with gynaecology conditions, seek for information about their condition; identify the trusted sources of information for women with gynaecology conditions in Port Harcourt, Nigeria using Health Belief Model in understanding how women with sexually transmitted diseases perceive and engage in information sharing. Qualitative research methodology and Phenomenological research design was adopted. Population was population of this study consisted of 2,525,690 women in Port Harcourt. Sample size for this study was ten (10) participants selected using purposive sampling technique. Unstructured interview guide as instrument for data collection. The researchers personally interviewed the women; interactions held with the participants were recorded. Thematic analysis was adopted for data analysis. Findings revealed that experiences of women with gynaecology conditions in Port Harcourt, Nigeria are excessive bleeding; severe abdominal pains, vaginal infection, infertility and excessive weight gain. Information need of women are information for managing my health, information on sexually transmitted diseases (STDs), information on use of prescribed drugs; and information on alternative treatment. Seeking for information were through medical doctors, over-the-counter, fellow women with same health conditions and traditional medical vendors. Trusted sources of information are medical practitioners, social media, herbal medicines and friends. Main barriers to information seeking are stigmatization and social norms. Influence of Health Belief Model on information seeking behavior is; excessive bleeding, seeking for help, financial gratification cannot help my health condition, fear appeal, self –efficacy and societal beliefs. It is concluded that access to relevant information significantly influences women’s decision making processes regarding their gynaecology condition. Study recommends among others that the medical practitioners should create adequate awareness about the symptoms of gynaecology conditions and the management to ease the lived experiences of women with the condition.

Keywords: Gynaecology condition, Healthcare delivery, Information Behaviour, Information Needs, Information seeking, Port Harcourt

Introduction

Information behaviour encompasses how individuals seek, use, and share information; it plays a crucial role in managing diseases. Information behavior is a broader concept that includes all human behaviors related to the generation, acquisition, management, use, and communication of information. It encompasses information seeking behavior but also covers other activities such as information seeking, information needs, use and sources. Information behavior research aims to understand how people interact with information in different contexts, and it informs the design of information systems, services, and technologies to better meet users' needs. Possession of a clearly defined information behaviour especially by people managing a health condition like women with gynecology disorder empowers the ability to make viable decision. Knowledgeable patients are more likely to engage actively in their care, adhere to treatment plans, and adopt healthier behaviors, which can lead to better health outcomes (Zin, Ishak and Manoharan, 2019). Information seeking behaviour is a sub-set of information behaviour.

Information seeking behaviour refers to the process and actions that individuals undertake when they have a need to acquire information to satisfy their goals or fulfill their curiosity. It encompasses the strategies, methods, and patterns people use to find, evaluate, and use information from various sources. This behavior can be influenced by factors such as personal preferences, past experiences, cultural norms, and the availability of technology and resources. Information seeking behaviour involves a set of actions that takes by individuals or groups to show their information need, seek information, check and select the information to fulfill their requirement or information needs. Information seeking behavior is the purposive seeking for information as a consequence of a need to complete some goal. Information seeking behavior is a process where people search information and utilize the same to complete their assigned task. Women living with secondary infertility need information to enable self-care and seeking for medical care through trained health professionals. Understanding information seeking behavior is crucial in fields such as information science, psychology, and communication studies. Effective information-seeking behaviour can lead to the early detection of symptoms and potential health issues, enabling prompt intervention and preventive measures. Understanding how patients seek and process information can enhance communication between patients and healthcare providers, leading to better understanding and adherence to medical advice (Rouse, 2018). Established Information behaviour has been shown to be a more effective way to manage to manage chronic diseases like gynecological disorders. Information is the foundation for health care provision and decision making. Therefore this study explored the information sharing among women with gynecology conditions specifically those with reproductive system infections and sexually transmitted infections (STIs).

Information is paramount to addressing and managing health related situations. Information is vital for decision making and sense making of health information. Individuals seek and search for information when there is the need to solve a pressing problem. Information is life; this is due to the fact that information is very critical to life saving problem especially when it concerns first time pregnant mothers to be. According to the Merriam Webster, information is knowledge obtained from investigation, study or instruction. Information is important for health-related decision making. When making health care decisions, patients and

consumers use data (Dohan, Garrett, Rendle & Halley, 2016). Access to information enhances the participation of patients in their healthcare. The “Informative” approach to decision-making provides the patient more comprehensive information including pros and cons, and the risk of complications, but still does not consider the patient’s values or preferences (Toliman, 2020).

Information contributes towards the development of a nation and it provides the core for the development of knowledge, the basis for innovations, and the resource for informed citizenry, and as a result, becomes a key commodity which is germane or crucial for the progress of a society (Okoli & Azubuikwe, 2021). Women with gynaecology conditions need information enhance coping with complications associated with the condition. To effectively copy with all the associated symptoms with gynaecology conditions such virginal discharge, abdominal pains among others, there is the need to seek for information to cope with everyday life.

Information seeking is the way individual seek for and use information to address pressing problem. The manner or ways which individual search for information constitute the behaviour of individual. Information seeking behaviour is the act of actively seeking information in order to answer specific query. Information seeking is contextual. People seek for information depending on the prevailing circumstances. Information seeking behavior is a broad term, it involves a set of actions that takes by individuals or groups to show their information need, seek information, check and select the information to fulfill their requirement or information needs. Information seeking behavior is the purposive seeking for information as a consequence of a need to complete some goal. Information seeking behavior is a process where people search information and utilize the same to complete their assigned task. Information is basically structured or processed data. Women especially those living with secondary infertility need information to enable self-care and seeking for medical care through trained health professionals.

Statement of the Problem

Information seeking is consequential for effective health care delivery. Information forms the foundation for care usually provided by the health care workers. Information seeking behaviour is an important issue for integrated teams to get the right. Information is the key to understanding what is happening in regard to current threats especially when it has to be with management of health conditions such as gynecological health conditions. Information is useful for all types of incidents and threats. Whether there is a threat of something actually occurring or an incident has actually occurred, both threats and incidents have indicators to help determine what has occurred(in the case of an incident) or what may occur (in the case of a threat). Seeking of information about gynecology state of health is very critical to leaving of quality life. Women have gynecological conditions in Port Harcourt Metropolis and find difficult to seek and share with other party or even to those who are supposed to provide the necessary health care to manage the situation. Studies have been conducted that information seeking behavior is the bedrock for quality care provision. For instance, Shah, Wilson, Booth... Muztagh (2019) observed that data is essential for delivering direct care, service planning and improvement, and research ethically, lawfully, safely and efficiently. It is observed by the researchers that women live with gynecology condition and keep it to themselves. The condition is left till it deteriorates before help is sought through the health care providers. Hulsen (2020) stated that in recent years,

more and more health data are being generated. These data come not only from professional health systems, but also from wearable devices. All these ‘big data’ put together can be utilized to optimize treatments for each unique patient (‘precision medicine’). For this to be possible, it is necessary that hospitals, academia and industry work together to bridge the ‘valley of death’ of translational medicine. Therefore, the researchers investigated the factors that militates health information seeking behavior among women in Port Harcourt, Rivers State, Nigeria.

Research Objectives

The objectives of this study were;

1. Determine the information need of women with gynaecology conditions in Port Harcourt, Nigeria.
2. Find out how women with gynaecology conditions in Port Harcourt, Nigeria seek for information about their condition.
3. Identify the trusted sources of information for women with gynaecology conditions in Port Harcourt, Nigeria.
4. Explore the role of the Health Belief Model in understanding how women with sexually transmitted diseases perceive and engage in information sharing.

Literature Review

Studies have been conducted that explored the experiences of women with gynaecology conditions such as sexually transmitted diseases. For instance, Alizade, Farshbaf-Khalili, Malakouti and Mirghafourvand (2021) observed that worldwide, AIDS is an acute problem. Health Belief Model (HBM) is a model for prevention and control of diseases. The study examined the predictors of preventive behaviors of HIV/AIDS based on HBM constructs in participants. The study was a cross-sectional performed on 200 women who were referred to vulnerable women's centers across Tabriz city between November and December 2018. Participants were selected by census sampling. Inclusion criteria were having a health record, multiple sexual partners, reading and writing skills, and willingness to participate in the study. To collect data, questionnaires of socio demographic characteristics, HIV knowledge, self-efficacy for negotiating safe sex, perceived sensitivity, perceived severity, perceived benefits, perceived barriers, and behavioral prevention (BP) were used. The collected data were analyzed using SPSS version 19 through Pearson's correlation coefficient, one-way ANOVA, and multiple linear regression analyses. The significant level was set at $\alpha = 0.05$. Pearson's correlation test showed a statistically significant correlation between BP and perceived sensitivity ($r = 0.25$), perceived benefits ($r = 0.32$), self-efficacy ($r = 0.33$), and HIV knowledge ($r = 0.25$) constructs ($P < 0.001$). According to the multiple linear regression, perceived sensitivity ($P = 0.020$), perceived benefits ($P = 0.036$), and some of the socio demographic characteristics were found to be predictors of preventive behaviors that explained in total 50% of variance of BP ($P < 0.05$ and $R^2 = 0.504$). It concluded that it seems that the HBM is useful to predict HIV preventive behaviors among this vulnerable group. Training programs should be aimed on improving the health belief of HIV preventive behaviors.

Nigussie and Yosef (2020) observed that sexually transmitted infections (STIs) are infections that are transmitted from one person to another through sexual contact, and most of

them are easily preventable and treatable. Global trends in STIs have increased. Sub-Saharan Africa carries a high burden of STIs, including HIV. Knowledge about STIs is very significant for preventing the adverse outcomes of young adult reproductive health. Therefore, this study aimed to assess the knowledge of sexually transmitted diseases and its associated factors among polytechnic college students in Southwest Ethiopia. A cross-sectional study was conducted among 453 randomly selected students at Mizan-Aman polytechnic college in Southwest Ethiopia from April 1st to 30th, 2018. The data were collected through self-administered structured and pre-tested questionnaire. The collected data were entered using EPI-DATA version 4.2.0.0, and analyzed using SPSS version 20 statistical software. Findings revealed that of the 453 participants, 177 (39.1%) had good knowledge about STIs. The study also found that being male (AOR = 1.72, 95% CI [1.12-2.86], P = 0.025), increased year of study (AOR = 3.65, 95% CI [1.69-8.43], P = 0.002), having one or no sexual partner (AOR = 1.53, 95% CI [1.35-3.56], P = 0.005), and source of information from mass media (Television/Radio) (AOR = 2.76, 95% CI [1.78-4.56], 0.013) were factors that associated with an increased level of knowledge about STIs. It concluded that the proportion of good knowledge about sexually transmitted infections was substantially low. It recommended that strengthening information, education, and communication (IEC) on the issue using health clubs and mass media (Television/Radio) is highly suggested. In addition, inculcating the sexual and reproductive health course in the educational curriculum plays a paramount importance.

Zin, Ishak and Manoharan (2019) indicated that previous studies showed that there is a changing trend of sexual and reproductive behaviour among youth and this requires more attention and awareness especially on sexually transmitted diseases (STD). This study evaluated the knowledge, attitude and practice of sexually transmitted diseases among selected inmates of women shelter homes. A cross-sectional study was carried out by involving 60 participants whom aged is between 13 to 25 years old. The questionnaires were developed in 'Bahasa Melayu' and it has been anonymous guided questionnaires. The result showed that the mean age of the participants was 17.9 years old and most of the participants have completed secondary school (91.7%). Overall, the level of knowledge of participants on STDs were classified into three groups; 'high knowledge' (33.3%), 'medium knowledge' (35.0%) and 'low knowledge' (31.7%). The majority has heard of HIV/AIDS (95%) but with respect to other STDs was less well known. The mean score for attitude was 23.1 out total 25. Their knowledge level was not influenced by their age ($p=0.61$) and socio-economic status ($p=0.85$). However, their attitude was influenced by their age ($p<0.05$). It concluded that knowledge on non-HIV STDs is still lacking and risky behaviours have been practiced. Although there were high level of knowledge and attitude among them but their practice on sexuality contradicts it especially on contraceptive use and pre-marital sex.

Methodology

Qualitative research methodology and Phenomenological research design was adopted. Population was population of this study consisted of 2,525,690 women in Port Harcourt. Sample size for this study was ten (10) participants selected using purposive sampling technique. Ten was used upon saturation of data. Researchers used unstructured observation method as the instrument for data collection. Unstructured observation in qualitative research refers to a

method where the researcher observes and records data without a predetermined set of categories or specific focus. The researcher personally observed the women closely. In the process, notes were taken and interactions were held with the women. Thematic analysis was adopted for data analysis.

Results and Discussion

Twenty recorded observation sessions through recordings with the women were transcribed verbatim. Voice recordings were listened to repeatedly; to ensure participant's opinions are captured in line with the interpretive paradigm. This is necessary for complying with inductive approach that requires paying attention to all details in a conversation (Burnard et al, 2008). Using the inductive reasoning approach, the researcher utilized colour coding for phrases, words and concepts that address the research questions directly.

Altogether, a total of 90 narratives capturing the lived experiences of women with gynaecology conditions were tabulated. A total of 90 open codes were generated altogether from all the research questions. 10 narratives were generated from research question one; two, three and four respectively; while 60 narratives were generated from research question six. An iterative process as described by Stockey (2015) utilized multifarious steps in coding narratives employing colour coding to distinguish narratives based on the responses that addressed the research questions either directly or indirectly. Employing these steps, the researcher scrutinized the data in search of similarities and dissimilarities in narratives.

Information need of women with gynaecology conditions in Port Harcourt, Nigeria

This objective sought to investigate the information needs of women with gynaecology conditions in Port Harcourt from May, 2022- August 21, 2023. Four themes emerged through data analysis and this is presented in table 1.

Table 1: Information need of women with gynaecology conditions in Port Harcourt, Nigeria

Research Objective	Theme	Sub-themes	Frequency	Percentage
Can you please share with the information you need to manage this illness	information for managing your health	1.1 Seeking for my help	7	70%
	Information on sexually transmitted Diseases (STDs)	2.1 Symptoms of sexually transmitted diseases	5	50%
	Information on use of prescribed	3.1 Drug regimen	10	100%

drugs

Information on 4.1Herbal 4 40%
alternative medicine
treatment

Source- Observation/ Interview Analysis, 2023

Emergent themes and sub-themes from the analysis of the information needs of the participants are discussed as follows starting with the information for managing my health.

Theme One- information for managing my health (7/10, 70%): This theme contains of information needs of women with gynaecology conditions in Port Harcourt, Nigeria. It became clearer to the researcher that the participants in this study settings desire for information which would assist in the management of health conditions. Participants expressed that it is difficult for them know and get information necessary for coping and managing their condition. This theme has one sub-theme- seeking for help.

Seeking for help: This sub-theme consists of the narratives of the participants which expressed that they find it difficult knowing the right time to seek for help since necessary information for managing their health condition is not readily available for their use. The researcher discovered through interactions with the participants that getting information for managing their health assists the women in taking the decision of when to actually set out to seek for professional help. Narratives from the participants in relation to this sub-theme are stated as expressed as follows;

“I was bleeding having for sometimes and I do not know what do because my appointment date was still far. Had it be I have information that I can use to manage my health that will assist me on when to seek for medical help instead of waiting for too long; I wouldn’t have landed in the situation I find myself. Due to the fact that I do not have information which should assist me in managing my condition, I got transfused with three pints of blood” (P3).

“I need information about my health that will enhance me in the self-management of health condition. This will come in handy in case I have any complication before my appointment date with my doctor” (P10).

Theme Two- Information on sexually transmitted Diseases (STDs): This theme contains of information needs of women with gynaecology conditions in Port Harcourt, Nigeria on sexually transmitted diseases. Sexually transmitted diseases also referred to as sexually transmitted infections (STIs) are group of infections that are transmitted through sexual activity including vaginal, oral or anal sex. These infections can be caused by bacteria, viruses or parasites and can be spread through contact with bodily fluids, such as semen, blood or vaginal fluids. The researcher found that the participants are scared of sexually transmitted diseases based on personal experience and expressed they need for information about that. One sub-theme is associated with this theme; Symptoms of sexually transmitted diseases.

Symptoms of sexually transmitted diseases: this sub- theme describes the information need of the participants on the need to actually know how to identify when they contact sexually transmitted diseases. This became known to the researcher through interactions held with the participants that most of the women had contacted SDIs at one point or the other without having the knowledge of what is wrong with them. Narratives of the participants are reflected as expressed in the following sentences;

“Sometimes back if I pass urine, I have a very burning sensation to the extent that I dread going to use the convenience. I never knew what the problem is and I was shy expressing my problem to anyone. It was when it became unbearable that I opened up to a nurse who resides in my neighbourhood; she the one who told me the problem. Since then, I have the passion to have information about the symptoms of sexually transmitted diseases/ infections” (P4).

“My menstrual flow used to be excessively very heavy. In fact I cannot go out in the first three days of the cycle. It was when I went to the hospital that I was made to understand that I have pelvic inflammatory disease. I asked how I contacted it and I was made to understand that it is my husband. I was asked to bring him to the hospital for treatment but he refused following me. Since then, I refused having unprotected sex with him. It was as a result of this that I need information on symptoms of sexually transmitted diseases” (P10).

“I have seen people who were diagnosed with STDs; and I do not like the conditions in which they cope in every day. This is the reason why I need information on how I can avoid contacting sexually transmitted diseases” (P2).

Seeking for information by women with gynaecology condition in Port Harcourt, Nigeria

This objective explored how women with gynaecology conditions in Port Harcourt seek for information to manage their health conditions from May, 2022- August 21, 2023. Four themes emerged through interview analysis and the themes are presented in table 2.

Table 2 Seeking for information by women with gynaecology condition in Port Harcourt, Nigeria

Research Objective	Themes	Sub- themes	Frequency	Percentage
Can you please share me the various means you undertake to get information to cope and manage the illness	1.medical doctors	1.1 Doctors	10	100%
		2.1 Chemist	6	60%
	2.Over-the-counter			
	3.Fellow women with same health conditions	3.1 Fellow patients	8	80%

4.	Traditional medical vendors	4.1	Local herbs sellers	5	50%
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Source- Observation/ Interview Analysis, 2023

Themes and sub-themes that emerged through interview analysis are presented as follows starting with medical doctors as means through which the participants seek for information for managing the gynaecology conditions.

Theme One – Medical Doctors (10, 100%): This theme contains narratives of women with gynaecology conditions in Port Harcourt, Nigeria on how they seek for information towards the effective management of their health conditions. The researcher found that the participants in this study setting seek for information through the doctors mainly for the fact they believed that the doctors are professionally trained and stand the best chance to provide valid and authentic information. All the participants specified that information is sought through the medical doctors. This theme has one sub-theme- doctors.

Doctors: This sub-theme consists of the narratives of the women on the use of the doctor as the means through which the women seek for information for the management of their health condition. The researcher found that they participants in this study setting relied on the doctors due to the fact they reliable and trusted information can only emanated through the source in that they possess the ability and knowledge based on their to guide people through illness management. Narratives of the participants in relations to this sub-theme are presented as follows;

“I only depend on doctors for information about my health conditions” (P1).

“Information that I usually used is the ones I get through the doctors. This is because I have used information I received through my neighbours last year, the consequences was terrible. I vowed since to only stick with the information I seek through my doctor” (P5).

“I seek for information from doctors only” (P2, 4, 6, 7, 9).

“Trusted information about health related issues can only be gotten through the doctors. It is based on this assertion that I usually seek for information through the doctors only. Living a quality requires information from the source that will promote that” (P10).

Theme Two- Over-the-counter (6/10, 60%): This theme depicts the narratives of the participants in this study setting in relation expressed how they seek for information through the use of over-the-counter source. This involves the purchase of non-prescribed medications using the pharmacy shops. The use of over-the counter for seeking information is a common phenomenon in the study setting. The researcher found that most of the participants seek for information through this means on a regular basis. This theme consist of one sub-theme- chemist.

Chemist: This sub-theme consists of the narratives of the women who expressed that information is sought through using the chemist. Most of the participants stated that they often use the chemist for getting information for addressing their health challenges. Narratives about this sub-theme are presented as follows in the words of the participants;

“I frequent the chemist often when I need any medication for my health. It is always very stressful going to the hospital. In order to reduce the trouble of waiting long queues to see the doctor, I rather get my medication over the counter” (P2).

“The chemist is used for any information I want instead of waiting for the appointment date before I get to see the doctor for consultation”(P3, 5, 6, 9, 10).

Theme Three- Fellow women with same health conditions (8/10, 80%): This theme describes the narratives of the participants on the seeking of information through fellow with the same health conditions for getting relevant information. The researcher found out that this possible through interactions the women get involved it with another. Te sub –theme attached with this theme is fellow patients.

Fellow patients: This sub-theme consists of the revelations of the women who expressed that they seek information for managing their health. They indicated that whenever they visit the hospital on their appointment dates; the women get involved in various discussions before the arrival of the medical doctors. During this time, they stated relevant information is shared among the women while awaiting the arrival of their care givers. Examples of the expressions in relation to this sub-theme are as follows;

“I seek for information from other women whenever we meet any the hospital for my routine appointments” (P 4, 7, 8 & 10).

“I usually look forward to my appointment date to see my doctor. This is because there is a particular woman that I meet with at the clinic who gives me valid information. She is that type of a person who is well read. I can say categorically that I seek information through fellow patients” (P1).

Theme Four - Traditional medical vendors (5/10, 50%): This theme consists of the narratives of the participants who expressed that they seek information through the traditional medical vendors for the getting relevant information for addressing their health condition. The participants revealed to the researcher that alternative approach to health issues in presently been propagated and used by many people in the society managing different types of ailments. They indicated that they (participants) can list many who usually use the herbal medical vendors as source for seeking for health information. This theme has one sub- theme is traditional herbal sellers.

Local herbs sellers: This sub-theme consists of the narratives of the women in this study setting who revealed that local herbs sellers in another channel through which they seek for information. The women indicated that different herb sellers usually visit their areas on weekly basis; and many throng to seek for one type of information or the other from them. As they see that many people get herbs from them, they started using the sellers for seeking for information. Narratives of the participants are as follows;

“I am one of those who seek for information and buy herbs through the local herbs sellers”(P3)

“I patronize the local herbs sellers to get information about herbs tat can used for treating gynaecology conditions”(P 4, 5, 6, 9).

Table 3- Trusted sources of information used for seeking for information by women with gynaecology condition in Port Harcourt, Nigeria

Research Objective	Themes	Sub-themes	Frequency	Percentage
Please share with	1.Medical	1.1	Medical 10	100%

the sources of practitioners information you rely on for getting information to manage this health condition	doctors			
		1.2 Nurses	10	100%
	2.Social media	2.1 Facebook	8	80%
		2.2 Google	2	20%
	3.Herbal medicines	3.1 Traditional herbal sellers	5	50%
	4.Friends	-	3	30%

Source- Observation/Interview Analysis, 2023

Emergent themes and sub-themes form the trusted sources used for getting information by the participations in this study is explained as follows starting with medical practitioners.

Theme One – medical Practitioners: (10/10, 100%): This sub- theme consists of the perception of the participants on the use of the medical practitioner as source of information. The participants revealed that outcome they get when they use the information gotten through the medical practitioners makes them to believe and accept the source as trustworthy. This theme has two sub-themes- medical doctors and nurses (10/10, 100%).

Medical doctors: This sub-theme depicts the narratives of the women who indicate that medical doctors are the trusted source of information through which they always explored when in search for information for managing their health conditions. All the participants affirmed that this is trusted source for getting any health related information. This is evident from the narratives of some of the participants;

“Which other source should be more trusted than the medical doctors? I rely on this source even if I fail to use it now when the situation is still very manageable; the doctors are always the end road for getting health attention. That is the main reason why it is my main trusted information source for my health” (P4).

“Medical doctors are by virtue of their training are the only source that should be relied on for health information” (P7)

“It is only the medical doctors that possess the capability to provide candid and reliable information” (P1,2 3 & 9).

Nurses: This sub-theme contain the revelations of the participants on also trusting the nurses as a trusted source of information. It is believed by the women who partook in this study setting that the nurses are also trained in the medical line and have the understanding of the information to be applied for treating some ailment. The researcher discovered through engagement with the participants that nurses also provide the participants with required health information. This is evident from the narratives presented as follows;

“I get information from the nurses and it has assisted me in my health condition” (P1).

“I rely on information through the nurse because they are also trained medically. Since I am not knowledgeable medically, I depend on those who are nurses inclusive” (P5).

Theme Two- Social media (10/10, 100%): This theme consists of the narratives of the participants as viewing the social media as a trusted source of information for the getting of relevant information for addressing their health condition. The researcher understood the emanating of this theme in the sense that most individuals presently rely on the social media for getting information that is required for the everyday life survival. It is believed that update information about currents is provided on the various social media platforms. Two sub-themes are associated with the theme. These are Facebook (8/10, 80%) and Google (2/10,20%).

Facebook: This sub-theme consists of the narratives of the participants who expressed that the Facebook is another trusted source of information for the management of their health conditions. The women who partook in this study indicated that check online through Facebook in search for information most especially through the various health pages. This they indicated has been assisting them in coping with the conditions being managed by them. The narratives of the participants are reflected as follows;

“I consult the health blogs on Facebook for information. These sites usually post information about health related issues and I find information from these sources very informative and educative” (P4 & 6)”.

“I use the Facebook often for getting information about my health” (P8).

“I search for information on Facebook from time to time; even health related information” (P5).

Google: This sub-theme contains the narratives of the women who indicated that search for health information using the Google platform. The researcher found out through the two participants who stated that they trust information sourced using Google because it is their belief that information on Google is verified before being posted. The participants equally revealed that they have the knowledge of how to formulate queries online that will enhance the retrieval of desired response rate. Revelations on this sub-theme as expressed by the two participants are stated as follows;

“I am very conversant with surfing online and can formulate my query with the exact keys directed towards the precise information I desire. Once I used the right keywords, I get the information about my health. And I equally search for empirical scholarly articles that addresses gynaecology conditions” (P5).

“I use the Google platform to search for information often. I do that from time to and also on the watch out for research reports through researches using the various online databases” (P6).

Theme Three – Herbal Medicine (5/10, 50%): This theme consists of the narratives of the participants on the use of herbal medicine as a trusted source of information for the getting relevant information for addressing their health condition. The participants revealed to the researcher that alternative approach to health issues in presently been propagated in the society. They indicated that they(participants) had heard success story on the use of herbal medicine for the management of various health conditions. This theme has one sub- theme- traditional herbal sellers.

Traditional herbal sellers: This sub –theme consist of the narratives of the women with gynaecology conditions who partook in the study about the use of traditional herbal medicine to manage their

health issues. They (participants) signified that they had seen women who use the herbal medicine and it worked for them. Thus they said it had prompted them to equally source for information about their health using the traditional herbal sellers. Narratives in relation to this sub-category are presented as expressed in the following sentences;

“I usually get information from traditional herbs sellers. There is a particular seller who comes around on weekly basis. I watch out for him and get some herbs from him and have been taking them for some time now. I have some form of relief from my condition” (P1).

“Using the herbal sellers for getting information is common in my area. Most women who reside there comments about it and I decided to give a trial and honestly, it assisted me. Since then, I have been getting information through that source” (P2).

“I get information from the herbal sellers. I believe in herbal medicines” (P8).

Theme Four –Friends (3/10,100%): This theme depicts the revelations of the participants who specified that their friends are a trusted source of information for managing their health situation. They confined in the researcher that do cannot open up to tell people about the health condition being managed. But participants indicated they can discuss with their health situation with their friends and information got through that source is taken as trusted and dependable. The narratives relating to this theme is as follows;

“I depend on my friends for information. She is a well-educated lady who researches a lot about current information. Anytime, I have any issue bothering me in relation to my health situation; I inform her and we sit together to search for relevant information. Thus I trust any information I receive through her.(P6).

“I trust the information I receive through my friends about my health issues. They are equally concerned about my condition and whenever they encounter relevant information, it shared with me” (P4).

Influence of Health Belief Model on the information sharing behavior among women with sexually transmitted diseases

This objective explored the influence of Health belief model on the information sharing behaviour among women with sexually transmitted diseases in Port Harcourt from May, 2022- August 21, 2023. The health belief is a model used for the management of health condition. This model consists of six premises; these are perceived severity, perceived susceptibility, perceived benefits, cue to action, self-efficacy and perceived barriers. These premises were utilized for data collection and six themes emerged through interview analysis and themes are presented in table 4.6.

Table 4.6-Influence of Health Belief Model on the information sharing behavior among women

Research Objective	Themes	Sub-themes	Frequency	Percentage
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Influence of Health Belief Model (HBM) on the information sharing behavior among women with sexually transmitted diseases	1.Excessive bleeding	1.1 Weakness of the body	4	40%
	2.Seeking for help	2.1 Secondary infertility	2	20%
	3.financial gratification cannot help my health condition	3.1 I would not share information for financial reward	5	50%
	4.Fear appeal	4.1 Evacuation of uterus and fallopian tubes	2	20%
	5.Self –efficacy	5.1 Self- ability	2	20%
	6.Societal beliefs	6.1Cultural beliefs	3	30%

Source – Observation/Interview Analysis, 2023

Themes and sub-themes that emerged are discussed as follows commencing with excessive bleeding.

Theme One – Excessive bleeding (4/10, 40%): This theme consists of the use of the premise of perceived severity of HBM by the women in this study to influence the information behaviour about sexually transmitted diseases. The researcher was informed during the interaction with the women that excessive bleeding in line alignment with the premise of perceived severity which refers to the subjective assessment of the severity of a health problem and its potential consequences. There is one theme attached with this theme- weakness of the body.

Weakness of the body: This sub-theme describes the narratives of the women narratives about how weakness of the body has influenced them to have a change in the information sharing behaviour. The researcher found out that when the women discovered they are often feel very weak due to the excessive bleeding. It prompted them to change the information hoarding about their health condition. Their narrations about this sub-theme are as follows;

“I almost fell down in the toilet one day as a result of loss of blood from continuous bleeding. It was that experience that made to quickly tell someone about how I was feeling and I was advised to go to the hospital quickly” (P3).

“There was a day I sat and I started feeling dizzy. It was then I knew that I have to go to see a doctor. When I got to the hospital that was perplexed and asked me who drove me to the hospital. And I told them that I drove myself. They told me I was lucky that I did not blackout while driving. I was hospitalized for three days and I transfused with three pints of blood (P5)”

Theme Two- Seeking for help (2/10, 20%): This theme consists of the use of the premise of perceived susceptibility of HBM by the women in this study to influence the information behaviour about sexually transmitted diseases. The researcher was informed during the interaction with the participants explain the premise of perceived susceptibility which refers to subjective assessment of risk of developing a health problem. Sub-theme attached with this theme is secondary infertility. Secondary infertility: This sub-theme contains the narratives of the women in this study setting how the risk of developing a problem having secondary infertility has made to them to decide to see for help through their healthcare provide. This according to the participants made them to start attending routine gynaecology clinic in a specialist hospital. Narratives of the participants who are alignment with this sub-theme go thus;

“I have waited for a very long period to get pregnant without success. I did not; and yet my monthly menstrual has cease coming at all. So as not to develop another health problem, I went to the gynaecology clinic to see the specialist in the area to seek for help” (p7).

“I started attending gynaecology clinic to get help in managing the secondary fertility I am experiencing” (P9).

Theme Three – Financial gratification cannot help my health condition (5/10,50%):This theme consists of the use of the premise of perceived benefits of HBM by the women in this study to influence the information behaviour about sexually transmitted diseases. Health-related behaviors are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual’s assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease. The researcher found out that participants expressed that under no condition are they ready to relate their health condition for financial gratification. The sub-theme associated with this theme is I would not share information for financial reward.

I would not share information for financial reward: This sub-theme captures the narratives of the women who expressed that financial reward will never make them reveal their health condition. It is their belief that cajoling with financial rewards will never be enticed to divulge their health information. Narratives about this are presented as follows;

“I will never shall my health information with anyone one aside the medial doctors even if I am offered a huge sum of money” (P3).

“Incentives cannot get me a clean bill of health. So why should I share my health information in exchange for money? I will never descend so low. My information is my privacy and I will guide it jealously” (P4).

Theme Four- Fear appeal (2/10, 20%): This theme consists of the use of the premise of cue to action of HBM by the women in this study to influence the information behaviour about sexually transmitted diseases. The health belief model posits that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviors. Cues to action can be internal or external. Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. The participations expressed that seeing what happened to other women with similar problem has created so much fear in them and made them to have a rethink about not sharing their health information in time. The sub-theme attached to this theme is evacuation of uterus and fallopian tubes

Evacuation of uterus and fallopian tubes: This sub-theme consists of the narratives of the women who expressed that have seen women who had hysterectomy. This is a situation whereby their reproductive organs were removed. The participants claimed that it created serious fear in them and it made them to have a change of behaviour towards sharing information about their health towards the bid of receiving intervention for managing their condition. Narratives of the participants in relation to this sub-theme are as follows;

“I knew on lady who had the problem of excessive bleeding for over some period. I noticed I wasn’t seeing again and I made inquiry from some of our neighbours about her and I was informed that she travelled to get treatment for her health condition. When she came back, she informed me that she had hysterectomy; she said her doctors advised her that it is better for her to remove it so that it will develop in severe and life threatening condition. Since I heard a story, I immediately had a rethink about information sharing about my health status” (P7).

“I fear anything that has to do with surgery procedures. The possibility of losing my complete organs associated being a woman created fear in me. I decided to seek for health intervention through sharing the necessary information with the right authorities” (P2).

Theme Five- Self-efficacy (2/10,20%):This theme consists of the use of the premise of self-efficacy of HBM by the women in this study to influence the information behaviour about sexually transmitted diseases. Self-efficacy refers to an individual’s perception of his or her competence to successfully perform a particular behaviour. The researcher found that some of the participants who are enlightened have the self-belief in their ability to manage their health condition. The associated sub-theme is self-ability.

Self-ability: This sub-theme consists of narratives of the participants in this study setting who expressed that have the ability to manage their health condition. The women further revealed that they can understand any health information; and that the use of health information for the management of any illness is reliant on the understanding and sense making of such information. Following narratives further buttress the assertion of the participants;

“I can understand what is required for me to manage my situation. I believe in my capability to get information and use for health intervention” (P3).

“I possess self-efficacy required for understanding health information” (P6).

“Management of condition is never a problem for me because I have the ability to break the information into units for easy comprehension” (P8).

Theme Six – Social beliefs (3/10, 30%):This theme consists of the use of the premise of perceived barriers of HBM by the women in this study setting to influence the information behaviour about sexually transmitted diseases. Perceived barriers refer to an individual’s assessment of the obstacles to behavior change. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior. In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur. This theme has only one sub-theme- cultural beliefs.

Cultural Beliefs: This sub-theme consists of te narratives of the women in this study who expressed that cultural beliefs is a serious barrier to information sharing about sexually transmitted diseases. According to the women, they stated that when information about sexually transmitted diseases is shared; such women a labeled to be promiscuous. It is a norm in the study setting that a married women with STDs is a wayward individual. Thus most women with such infections would rather

prefer to keep quiet and suffer in silence than to speak out in order to seek for help. Narratives from the participants are as follows;

“The culture belief about women with gynaecology conditions discourages me from sharing information about my health” (P3).

“I can never share any information about my health status. I do not want to be segregated” (P 1,4 & 5)

Discussion of Findings

This section comprises of the discussion of findings which emanated through data analysis for the raised research objectives. This is presented as follows commencing with the experiences of women with gynaecology conditions in Port Harcourt, Nigeria.

Information need of women with gynaecology conditions in Port Harcourt, Nigeria

To actualize this research objective, the researcher investigated the information needs of the women who partook in this study setting.

Findings from the research objective revealed that information needs of the women are four types of information. These are Information for managing my health, Information on sexually transmitted Diseases (STDs), Information on use of prescribed drugs; and information on alternative treatment.

Women with gynaecology conditions often seek information on their diagnosis and how it affects their health. The women who partook in the study stated that are interested in having information on the various treatment options available for managing their condition. Similarly, they want to know the benefits and risks associated with each in order to be able to make informed choices about their treatment. Women equally want information on how to prevent gynaecology conditions from developing such as good hygiene and regular checkups with their health care provider. Management of gynaecology involves making lifestyle modifications to improve one's health and further reduce risk.

It is not rather out of way to not out way to seek for alternative health options to management of one's health condition. This is because the practice of alternative /traditional means of health management is presently trending globally especially the use of herbal medicine. Information on how information emotional support is also very essential for women with gynaecology conditions in that some of the participants identified that often passes through depression. Thus providing information on how to get support and support services will be coming in handy for the women; and also peer support groups will the women to cope with the emotional and psychological impacts from their conditions. Women with gynaecology conditions may experience sexual difficulties or pain during intercourse. They need information on how to manage these issues and maintain a quality sexual health. In general, women with gynaecology conditions need clear, accurate, and timely information to help them manage their condition and improve overall health and wellbeing.

Studies (Hajesmaeel-Gohari, Shafiei, Ghasemi & Bahaadinbeigy (2021) have affirmed that information need of women with gynaecology is ever constant, to help women manage this

event, it is important to identify their health information needs. Fathalla (1997) reported that women have specific health needs related to the sexual and reproductive function. Second, women have an elaborate reproductive system that is vulnerable to dysfunction or disease, even before it is put to function or after it has been put out of function. Women are disproportionately affected by sexually transmitted infections (STIs) throughout life. In addition to their high prevalence in women, STIs have debilitating effects on female reproductive health due to female urogenital anatomy, socio-cultural and economic factors (Van Gerwen, Muzny & Marrazzo, 2022).

This finding implies that there will constantly be the need for information in as much as there is pressing problems to solve especially health related issues.

Seeking for information to manage their condition by women with gynaecology conditions in Port Harcourt, Nigeria

Emergent themes from research question three are; medical doctors, over-the-counter, fellow women with same health conditions and traditional medical vendors.

Seeking health information through medical doctors for managing illnesses has several significant impacts, both positive and potentially negative, on individuals and their healthcare outcomes. Medical doctors are highly trained and possess specialized knowledge about diseases, treatments, and medical procedures. Seeking information from them ensures access to accurate and reliable medical advice. Doctors can provide personalized health information based on a patient's specific medical history, symptoms, and condition. This tailored advice is essential for effective disease management. Medical doctors can discuss various treatment options, including medications, surgeries, lifestyle changes, and therapies, explaining the potential benefits and risks associated with each choice. Doctors can prescribe and monitor medication regimens, adjusting doses or changing medications as necessary to optimize treatment effectiveness and minimize side effects. It facilitates coordination of Care as doctors play a key role in coordinating care among different healthcare providers, ensuring that patients receive comprehensive and well-coordinated treatment. Similarly, doctors can educate patients about their illnesses, explaining the underlying causes, progression, and strategies for managing symptoms and preventing complications.

In essence, seeking health information through medical doctors is a fundamental aspect of healthcare management. Doctors play a crucial role in diagnosing, treating, and guiding patients through their illnesses. However, it's essential for individuals to actively engage in their healthcare, seek second opinions when necessary, and explore reliable sources of health information to make informed decisions about their well-being. Collaborative partnerships between patients and healthcare providers can lead to better health outcomes and a deeper understanding of one's health. Seeking health information through over-the-counter (OTC) sources, such as non-prescription medications, self-help books, online resources, and advice from pharmacists or friends, can have various impacts on individuals' health and healthcare management. OTC sources of health information are readily available and accessible to the general public without the need for a prescription or healthcare provider consultation. This accessibility allows individuals to quickly access information and products for common health concerns. OTC remedies and information sources are often convenient, allowing individuals to address minor ailments without the need for a doctor's appointment or waiting for healthcare advice. Seeking health information from OTC sources empowers individuals to take an active role in managing their health. It encourages self-care

and self-awareness of minor health issues and symptoms. On the other hand, one of the significant risks of relying solely on OTC sources for health information is the potential for misdiagnosis and self-medication. Misinterpreting symptoms or using the wrong treatment can lead to ineffective or even harmful outcomes. Seeking for health information through OTC can cause delay in seeking professional help. While OTC resources can be useful for minor health issues, they can also lead to delays in seeking professional medical advice when more serious or complex health concerns arise. Delayed treatment can worsen conditions.

Studies have affirmed that source through which health information is sought is consequential to the achievement of desired health outcome. This implies that women with gynaecology conditions should be well informed about the means through which they seek for health. As any means used for seeking for information has both its merits and demerits.

Trusted sources of information for women with gynaecology conditions in Port Harcourt, Nigeria

Themes that emerged from research question four are; medical practitioners, social media, herbal medicines and friends.

Sources of information on the management of health conditions are crucial for individuals, patients, caregivers, and healthcare professionals alike. These sources provide valuable guidance, knowledge, and support for effectively managing health conditions. Information sources offer educational materials that help individuals understand their health conditions. This knowledge raises awareness about the nature of the condition, its symptoms, causes, and risk factors. Access to accurate and reliable information empowers individuals to take an active role in managing their health. Informed patients are better equipped to make decisions about treatment options, lifestyle changes, and self-care strategies. Information sources explain the proper use of medications, including dosages, administration instructions, and potential interactions. This knowledge ensures that individuals take medications safely and effectively.

Medical practitioners, including doctors, nurses, and other healthcare professionals, play a crucial role as sources of information for managing health conditions. Their impact on patients' health and well-being is significant and multifaceted. Medical practitioners are highly trained and possess specialized knowledge about various health conditions. Medical practitioners play a crucial role as a source of information for managing diseases. Patients rely on them to provide accurate, evidence-based information about their conditions, treatments, and prognosis. Medical practitioners are well – informed about latest treatments, medications and therapies for various diseases. They can explain the available options, their benefits, potentials side effects, and help patients make informed about their treatment plans. Medical practitioners by virtue of their professional training can educate preventive measures, lifestyle changes among others. This proactive approach is essential for managing conditions and for preventive purposes. Medical practitioners serve as a trusted source of information and guidance for managing diseases. Their impact extends beyond medical knowledge to encompass emotional support, patient education, and advocacy for individuals and public health. Patients should actively engage with healthcare providers to make informed decisions about their health and well-being.

Social media plays a significant role in disseminating information about managing diseases. It possesses the interface for rapid information sharing. Also, provide real-time access to information, enabling immediate dissemination of news, updates, and health, recommendations related to diseases. This source of information has a vast and diverse user base worldwide. Information shared on these platforms can reach a broad audience, transcending geographical boundaries. The global reach is particularly valuable for spreading diseases and allow for engagement and interaction through allowing a two –way communication. Use of social media creates access to expert opinions and timely updates to information. It enhances the provision for community support, share personal experiences and provide practical tips to disease management.

Herbal medicine have been used for centuries as a source of information treatment for managing various diseases and health conditions. Herbal medicines are key component of complementary and alternative medicine. Many people seek alternative approaches to managing diseases, and herbal remedies provide them with a different perspective and set of options for treatment. It often takes a holistic approach to health, considering not only the physical symptoms but also te emotional, mental, and spiritual aspects of well-being. This holistic perspective can beneficial for managing chronic diseases and promoting overall health. Herbal medicine is some culture is deeply intertwined with practices and beliefs. Understanding and respecting these traditions can be essential for effective healthcare delivery, especially in multicultural and diverse societies.

While herbal medicine offers many benefits, it is essential to approach the use of the source with caution. The efficacy and safety of herbal remedies can vary widely, and not all claims are supported by scientific evidence. Integrating traditional knowledge with modern medical research and regulation is crucial to ensure the safe and effective use of herbal medicine in managing diseases and maintaining health.

Friends can play a significant role as a source of information and support when it comes to managing diseases. Friends who have experienced similar health conditions can provide firsthand insights into what to expect, including symptoms, treatment options and coping strategies. Their personal stories can be both informative and comforting. Managing a disease can be emotionally challenging; thus friends can offer a strong support systems, providing of a safe place to share feelings, frustrations and fears. This emotional support is instrumental to achieving desired health outcome. Friends might be aware of helpful resources, support groups and community organizations dedicated to specific diseases. Friends can point you in the right directions of these resources which can be valuable for information and emotional support.

Studies have been conducted that reported that trusted sources of information; they consider online searching a quick and practical option to gather information. During the course of the disease, personal contact partners, especially self-help associations and specialized doctors, become more important. It is reported that internet is the most important and widespread information source, especially for early information. Although patients have difficulty dealing with information obtained online, they consider online searching a quick and practical option to gather

information. During the course of the disease, personal contact partners, especially self-help associations and specialized doctors, become more important (Litzendorf, Frank, Babac, Rosenfeldt von der Schulenburg (2020).

This finding is not surprising as it have previously reported by Hajesmaeel-Gohari, Shafiei, Ghasemi & Bahaadinbeigy (2021) who reported that sources of information by women with gynaecology conditions were audiovisual media, obstetricians, friends, family and the Internet.

Influence of Health Belief Model on information sharing behavior among women with sexually transmitted diseases

Six themes emerged from research question six; excessive bleeding, seeking for help, financial gratification cannot help my health condition, fear appeal, self –efficacy and societal beliefs.

Women who are aware of their condition and expressed excessive bleeding due to gynecological conditions may have varying levels of awareness about their condition. Perceived severity comes into play when the women assess the seriousness of this symptom. The perceived consequences of excessive bleeding can vary. Factors that influence this perception can include te frequency and severity of bleeding episodes, te impact on daily life, and the woman’s knowledge about gynaecology condition. Excessive bleeding can have emotional and psychological effects. Women who perceive the condition as highly severe may experience more anxiety, stress, or fear, which could motivate tem seek medical attention. Perceived susceptibility refers to an individual’s belief in their susceptibility or vulnerability to developing a specific health issues. Women vary in their understanding and awareness of gynaecology conditions. Those who perceive themselves as susceptible to such conditions may be more vigilant about their gynaecology conditions. If a woman believes that she is at risk for conditions like endometriosis, fibroid or cervical cancer, the probability to seek for medical help will be high.

Perceived benefits and financial gratification is useful for explaining information sharing by individuals to manage their health condition. Some women may believe that financial rewards or resources can help them access better healthcare, afford medical treatments or alleviate financial burdens associated with their gynaecology conditions. In BM, cues to actions are factors that activate an individual’s readiness to take action. These cues can from sources, including healthcare professionals, media campaigns, personal experiences, or social interactions. Fear appeal is a type of cue to action that aims to provoke fear or anxiety about a specific health threat. Fear appeal can be used in the context of gynaecology to convey the severity and consequences of certain conditions or behaviours. For instance, a public health campaigns might use fear inducing messages to communicate the risks of untreated gynaecology conditions like cervical cancer or sexually transmitted diseases. Self - efficacy refers to an individual’s belief in their ability to take specific actions to achieve desired health outcomes. In the context of gynaecology conditions, self-efficacy can explain how women’s confidence in their abilities influences their health-related decisions and actions. Women with gynaecology conditions often receive treatment plans from healthcare providers. Self-efficacy can explain whether a woman believes she can adhere to the prescribed treatment regimen. For example, a woman with endometriosis may need to manage her symptoms

through medication and lifestyle changes. If she has high self-efficacy, she believes in her ability to follow the treatment plan consistently.

Societal beliefs and attitudes can contribute to a fear of judgment or discrimination among women with gynecology conditions. Women may perceive that sharing their experiences or seeking information about their conditions can lead to negative social consequences, such as being labeled or ostracized. This fear can act as a significant barrier to seeking information or support. This finding implies that the Health Belief Model can be used effectively for the management of chronic health conditions.

Conclusion and Recommendations

Based on the findings of this study, it is concluded that women with gynaecology conditions have diverse information needs; understanding these needs will enhance the development of a workable health intervention. Access to relevant information significantly influences women's decision-making processes regarding their gynaecology conditions. Informed decisions are pivotal in achieving better health outcomes. Information empowers women to take an active role in managing their gynaecology conditions and can positively impact their psychological well-being.

It is recommended that medical practitioners should create adequate awareness about the symptoms of gynaecology conditions and the management to ease the lived experiences of women with the condition. Medical officers should organize seminars to educate women about credible sources of health information. Health facilities should create awareness to sensitize communities of the effect of stigmatization on the management of illness. Support for people with illness should be highly propagated. Health authorities should promote awareness about the use of HBM in the management of illness; also educate to reduce stigma and increase empathy and understanding.

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