A SURVEY OF INFORMATION REQUIREMENTS OF PEOPLE LIVING WITH HIV/AIDS IN KENYA

BY

JOSHUA M. GICHIRI

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE OF MASTER OF EDUCATION (LIBRARY AND INFORMATION SCIENCE) KENYATTA UNIVERSITY.

APRIL 2002.
DECLARATION

This research project is my original work and has not been presented for a degree award in any other University.

JOSHUA M. GICHIRI

This work has been submitted with my approval as the University supervisor.

EDWARD W. MUYA. M.A. B.Ed. D.L.I.S

SENIOR LECTURER

LIBRARY AND INFORMATION STUDIES DEPARTMENT
KENYATTA UNIVERSITY
2002.
DEDICATION

This work is dedicated to my loving Father, Mr. Stephen N. K. Gichiri for his great love and support of my education.
ACKNOWLEDGEMENT

First, I would wish to acknowledge it is by God's Grace that this far I have come. To Him may be the Glory and Honour.

The successful completion of this work was not without the efforts and contribution of many individuals that deserve special mention.

I am greatly indebted to my father, Stephen N. K. Gichiri for his continued moral and financial support throughout my studies. Special thanks go to my supervisor, Mr. Edward W. Muya for his patience, guidance and constructive critique throughout the research period. His tireless efforts made this work a dream come true.

My unreserved gratitude goes to the entire members of staff in the Library Studies Department, including; Mr. P. G. Mwathi, Mr. M. K. Mukuvi, Mr. J. R. Njuguna, Miss M. N. Mathu, Mr. J. K. Thuku and Dr. S. Kaane. Their contribution during my coursework and entire period of study was outstanding.

My appreciation also goes to my colleagues, Monicah Ngovi, Beatrice Macharia, Carol Ngacaku and Henry Morara, whom we worked closely as classmates and who were always a source of encouragement and support.
Many thanks goes to all my respondents who patiently filled my questionnaires, key informants and the various HIV/AIDS support organizations based in Nairobi who proved very helpful during my data collection.

Last but not least, I sincerely wish to thank all my family members and of special mention Mr. John. G. Macharia, and family who have been a constant source of encouragement and inspiration.

May the Lord bless you all!
ABSTRACT

As Human Immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) pandemic continues to spread the information-produced chronicling the epidemic continues to grow. Since this far no cure for HIV/AIDS has been found, the importance of this information cannot be underestimated as it forms the basis of education and strategy for survival for both the affected and infected.

The purpose of this study was to carry out an investigation of information requirements of people living with HIV/AIDS (PLWHAS) in Kenya. The main objectives, were: to assess the quality (accuracy, adequacy and relevance) of the available information on HIV/AIDS, to discuss the inhibiting factors to it’s accessibility, to assess the convenience of using this information and to establish the existing gaps in the current HIV/AIDS information service.

This study established that indeed quality was lacking in the available information on HIV/AIDS, this was mainly due to lack of adequate information to address varied needs, irrelevance and inaccuracy was prevalent in the available sources. A number of inhibiting factors to accessibility of this information were also identified including: language barriers cost of information, and attitude of information providers among others.

Convenience of using the available information was also lacking according to this study, this was mainly due to unfriendly information formats and also the language of presentation. This study also established that the current information service on HIV/AIDS does not address all the requirements of individuals living with HIV/AIDS and therefore there exist information gaps in the current HIV/AIDS information service in Kenya.

Some of the recommendations made include: the need to have an ongoing process of assessing and evaluating the information requirements of PLWHAS, development of an information policy on HIV/AIDS, repackaging of information into more user friendly formats and availing this information into a variety of local languages.
# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immuno-deficiency syndrome</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immuno-deficiency virus</td>
</tr>
<tr>
<td>KANCO</td>
<td>Kenya AIDS NGOS consortium</td>
</tr>
<tr>
<td>KNACC</td>
<td>Kenya National AIDS Control Council</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NGOS</td>
<td>Non-governmental organizations</td>
</tr>
<tr>
<td>PLWHAS</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical package for the Social Sciences.</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing.</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Declaration</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>vi</td>
</tr>
<tr>
<td>List of Abbreviations</td>
<td>vii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>viii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xi</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xii</td>
</tr>
</tbody>
</table>

## CHAPTER ONE

1.0 Introduction 1
1.1 Background to the Study 1
1.2 Statement of the problem 3
1.3 The purpose of the study 6
1.4 Significance of the study 7
1.5 Research Questions 7
1.6 Research assumptions 7
1.7 Scope and limitations of the Study 8
1.8 Definition of operational terms 8

## CHAPTER TWO

2.0 Literature Review 10
2.1 Introduction 10
2.2 The concept of Information needs/Requirements 11
2.3 The value of information 13
2.4 HIV/AIDS and Information needs/Requirements 15
2.5 HIV/AIDS Information Needs and Gaps 17
2.6 Sources of Information on HIV/AIDS 18
   2.6.1 HIV/AIDS Information and the media 19
   2.6.2 HIV/AIDS Information and Counseling 20
   2.6.3 Libraries and Information Centers 21
3.0 Methodology 23
3.1 Introduction 23
3.2 Research design 23
3.3 Population Sample 23
3.4 Sampling Method 24
3.5 Research Instruments 24
3.6 Data Analysis 24

## CHAPTER FOUR

4.0 Data Analysis, Presentation and Findings 25
4.1 Introduction 25
   4.1.1 Analysis, Presentation and Findings of the data collected from PLWHAS 25
   4.1.2 Questionnaire response data 25
4.2.0 Assessment of information requirements for PLWHAS 26
4.2.2 Other Information types considered necessary by PLWHAS 27
4.2.3 Identification of information needs by PLWHAS 28
IX

4.3.0 Quality of information available to PLWHAS .................................................. 29
4.3.1 Adequacy of information on HIV/AIDS ...................................................... 29
4.3.2 Accuracy of available information on HIV/AIDS ........................................... 30
4.3.3 Relevance of Information .............................................................................. 31
4.3.4 Sources of information .................................................................................. 31
4.4.0 Accessibility of Information on HIV/AIDS .................................................... 32
4.4.1 Proportion of Access to Information .............................................................. 32
4.4.2 Barriers of access to HIV/AIDS information ................................................ 33
4.4.3 Methods of accessing HIV/AIDS information by PLWHAS ......................... 34
4.4.4 Improving accessibility of information .......................................................... 35
4.5 Convenience of using HIV/AIDS information .................................................. 35
4.5.1 Convenience of using HIV/AIDS information by PLWHAS ......................... 35
4.5.2 Inconveniencing factors to information access by PLWHAS ......................... 36
4.5.3 Preferred information formats by PLWHAS .................................................. 37
4.5.4 Distance covered in search for information by PLWHAS ............................... 39
4.5.5 Cost of information service ........................................................................... 40
4.6 Information gaps as perceived by PLWHAS ...................................................... 40
4.6.1 Areas of information gaps perceived by PLWHAS ....................................... 40
4.6.2 Effects of information gaps on PLWHAS .................................................... 41
4.6.3 Sharing of information requirements by PLWHAS ...................................... 42
4.7 Analysis and presentation of data collected from HIV/AIDS counsellors .......... 43
4.7.1 Questionnaire response rate ......................................................................... 43
4.8 Quality of information on HIV/AIDS ............................................................... 47
4.8.1 Rating the accuracy of existing information service ..................................... 47
4.8.2 Ensuring accuracy in HIV/AIDS information service .................................. 48
4.8.3 Problems faced by counsellors in ensuring quality information .................... 48
4.9 Accessibility of Information ............................................................................. 49
4.9.1 Ease of accessibility ....................................................................................... 50
4.9.2 Barriers of access to information on HIV/AIDS .......................................... 50
4.9.3 Methods of accessing information by the counsellors ................................ 51
4.9.4 Effects of lack of access to information to the clients ................................... 53
4.10 Convenience of using HIV/AIDS information ................................................ 54
4.10.1 Problems associated with convenient use of information ............................ 54
4.10.2 Ensuring information given is user friendly ............................................... 55
4.10.3 Convenience of Information formats ranking .............................................. 56
4.10.4 Measures taken to ensure convenient information service .......................... 57
4.11 Information gaps ............................................................................................ 58
4.11.1 Areas of information gaps ........................................................................... 58
4.11.2 Survey to establish information requirements ............................................. 59
4.11.3 The role of government ............................................................................... 60
4.11.4 The role of HIV/AIDS Counsellors ............................................................ 61
4.11.5 Suggestions from Counsellors ................................................................... 62
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>Summary of Findings, Conclusions and Recommendations</td>
<td>62</td>
</tr>
<tr>
<td>5.1</td>
<td>Introduction</td>
<td>62</td>
</tr>
<tr>
<td>5.1.1</td>
<td>Summary of findings, conclusions and recommendations of data collected from PLWHAS and the counsellors</td>
<td>63</td>
</tr>
<tr>
<td>5.2</td>
<td>Assessment of information types</td>
<td>63</td>
</tr>
<tr>
<td>5.3</td>
<td>Quality of available information on HIV/AIDS</td>
<td>64</td>
</tr>
<tr>
<td>5.4</td>
<td>Accessibility of information on HIV/AIDS</td>
<td>65</td>
</tr>
<tr>
<td>5.4.1</td>
<td>Lack of Knowledge on the available information</td>
<td>66</td>
</tr>
<tr>
<td>5.4.2</td>
<td>The Language Barrier</td>
<td>66</td>
</tr>
<tr>
<td>5.4.3</td>
<td>Culture and Traditions Barrier</td>
<td>67</td>
</tr>
<tr>
<td>5.4.4</td>
<td>Personal Attitude of the information providers</td>
<td>67</td>
</tr>
<tr>
<td>5.5</td>
<td>Convenience of using information on HIV/AIDS</td>
<td>67</td>
</tr>
<tr>
<td>5.5.1</td>
<td>Technicality of available information</td>
<td>67</td>
</tr>
<tr>
<td>5.5.2</td>
<td>Cost of information</td>
<td>68</td>
</tr>
<tr>
<td>5.5.3</td>
<td>Format of Presentation</td>
<td>68</td>
</tr>
<tr>
<td>5.5.4</td>
<td>Attitude of information providers</td>
<td>68</td>
</tr>
<tr>
<td>5.6</td>
<td>Recommendations</td>
<td>69</td>
</tr>
<tr>
<td>5.6.1</td>
<td>Assessing information requirements of PLWHAS</td>
<td>69</td>
</tr>
<tr>
<td>5.6.2</td>
<td>Improving quality of information</td>
<td>69</td>
</tr>
<tr>
<td>5.6.3</td>
<td>Improving accessibility to information on HIV/AIDS</td>
<td>70</td>
</tr>
<tr>
<td>5.6.4</td>
<td>Improving Convenience of information use</td>
<td>70</td>
</tr>
<tr>
<td>5.6.5</td>
<td>Information gaps</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIBLIOGRAPHY</td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>Appendix I</td>
<td></td>
<td>76</td>
</tr>
<tr>
<td>Appendix II</td>
<td></td>
<td>84</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Questionnaire Response Rates for PLWHAs ................................................................. 26
Table 2: Ranking of Information Types by PLWHAs ................................................................. 26
Table 3: Other Information Types by PLWHAs .......................................................................... 27
Table 4: Methods of Identifying Information needs by PLWHAs ............................................... 28
Table 5: Reasons for Inadequacy of Available Information ...................................................... 29
Table 6: Sources of Information for PLWHAs ........................................................................... 32
Table 7: Barriers to Access of Information by PLWHAs ........................................................... 33
Table 8: Methods of Access to Information by PLWHAs .......................................................... 34
Table 9: Inconvenience Factors to Information use by PLWHAs ............................................... 37
Table 10: Ranking of Information Formats by PLWHAs ............................................................ 38
Table 11: Payment for Information Services by PLWHAs .......................................................... 40
Table 12: Areas of Information Gaps Perceived by PLWHAs .................................................... 41
Table 13: Effects of Lack of Information by PLWHAs ............................................................... 42
Table 14: People With Whom Information is Shared by PLWHAs .............................................. 42
Table 15: Questionnaire Response Rates by for the Counsellors ............................................. 43
Table 16: Summary of Information Types and Their Ranking by Counsellors .............................. 44
Table 17: Other Information Types Considered Necessary by the Counsellors ......................... 45
Table 18: Ways of Assessing Information Requirements by the Counsellors ............................. 46
Table 19: Accuracy of Existing HIV/AIDS Information Services as Perceived by Counsellors ................................................................. 47
Table 20: Methods Used by Counsellors to Ensure Accuracy .................................................... 48
Table 21: Challenges Faced by Counsellors in Maintaining Accurate Information Service ........ 49
Table 22: Rating Ease of Access to Information by Counsellors ............................................... 50
Table 23: Barriers to Effective Access of HIV/AIDS Information ............................................ 51
Table 24: Methods used by Counsellors in Accessing Information .......................................... 52
Table 25: Effects of Lack of Accessibility to HIV/AIDS Information ....................................... 53
Table 26: Rating of Convenient use of HIV/AIDS Information by Counsellors ....................... 54
Table 27: Percentage Response on Problems of Use of Information ........................................ 54
Table 28: Factors Inhibiting Convenient use of Information .................................................... 55
Table 29: Measures Taken in Making Information User Friendly ............................................ 56
Table 30: Ranking of Information Types by Counsellors ........................................... 56
Table 31: Measures of Ensuring Convenience Use by Counsellors ............................... 57
Table 32: Areas of Information Gaps as Perceived by Counsellors ................................. 58
Table 33: Information Requirement Survey by Counsellors ........................................... 59
Table 34: Role of Government in Ensuring Adequate Information Service ....................... 60
Table 35: Measures taken by Counsellors in Narrowing Information Gaps ....................... 61
Table 36: Suggestions for Improving HIV/AIDS information Service ............................ 62

LIST OF FIGURES

Figure 1: Rating of Information Accuracy by PLWHAs ........................................... 30
Figure 2: Proportion of Convenient Information use by PLWHAs ................................. 36
Figure 3: Number of Kilometers Travelled in Search for Information by PLWHAs .......... 39
Figure 4: Frequency of Surveys by Counsellors ....................................................... 59
1.0 INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The Human Immunodeficiency virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) form the foundation of what has been termed the greatest public health concern of this generation. By the year 2000, the current projections of World Health Organization (WHO) are that there will be a cumulative total of 30-40 million HIV infections in men, women, and children. The cumulative of Adult AIDS cases is now close to 10 million.

Kenya like most other countries reported its first case of AIDS in mid 1980s. Since then, the epidemic has undergone different phases. During the onset of HIV/AIDS, (first phase) the first response was to treat the disease as a medical problem and so it was left to the Ministry of Health. As the disease progressed, the government and International Organizations began to realize that a medical approach to HIV prevention and care was insufficient.

The second phase saw a somewhat more realistic appraisal of HIV/AIDS as a potentially harmful health issue, but there was still a widespread belief that AIDS was no more serious than other diseases. Responsibility for managing the response remained with the ministry of health, which became increasingly assertive in raising awareness about the consequences of the disease in Kenya.

In the 3rd phase of the epidemic (the late 1990s) the number of AIDS deaths began to rise.

The government working with the National AIDS Control Program (NASCOP) report over 500 deaths occurred daily due to AIDS related illnesses. It became apparent that the scourge was not only a public health problem of unprecedented scale, but also a development problem. Stakeholders began to stress the broad social and economic impact of AIDS thus spurring multi-sectoral response. The role of the private sector, NGOs and communities took on greater importance.

Initially Kenya lacked strong political commitment in acknowledging the prevalence of HIV/AIDS in the 1980s apparently fearful that accurate treatment in the nation’s press would
discourage tourists. Since the public had little access to information about HIV/AIDS in the media, the epidemic continued to spread. (Rogers: 2000).

Fifteen years after the first case of AIDS was reported the president of Kenya, Daniel Arap Moi finally declared AIDS a national disaster when he said, "AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence." (KNACC: 2000).

Most people now know something about HIV/AIDS and have some information of how the virus is or not spread. Education on HIV/AIDS information is now the domain of many people and recent years have seen an increase in number of new posts of HIV/AIDS information specialists, counsellors, as well as specific voluntary organizations.

Aggletton et al. (1994), observes that the potential for anyone prompting HIV and AIDS education lies in identifying those situations where people with common concern choose to interact and which therefore provide opportunities for work with them. Once these have been identified, it is possible to employ principles of participation and empowerment in assessing requirements, and in planning and implementing appropriate interventions that provide what people are looking for.

During the last decade or so HIV and AIDS education often by trial and error, has highlighted a number of key principles, which underlie good health promotion activities, such as providing information services on HIV/AIDS. However, it is almost impossible to devise good and quality information services without establishing what the real information requirements are.

Preliminary requirement survey, which involves representatives from all who are to benefit from a program or intervention strategy, is vital in determining its success. This serves a number of purposes, first it is common sense to find out what is important to people by discussing their requirements with them and ascertaining what will help them address these requirements.
Secondly, once a way of working has been established, an ongoing requirement assessment creates a dynamic situation where activities can be modified over time in accordance with changing needs. Finally, a requirement survey can establish criteria for further evaluation, and can be used to generate funding for further program development.

1.2 Statement of the problem

The magnitude and impact of HIV/AIDS in Kenya is not just a major public health problem and development challenge, but is increasingly creating severe negative socio-economic impact. (KNACC: 2000).

Mann (1992:14)

“For many information was thought to be the key to behaviour change. Therefore, prevention programs usually focused on Increasing awareness about mode of HIV transmission and Information on how to avoid becoming infected.”

Experiences over the years have shown that not all the information available on HIV/AIDS has proved useful in the face of this pandemic. Sepulveda (1992:18) confirms this:

“Adequate information about HIV/AIDS is a necessary but not sufficient condition for the individual to adopt preventive measures or change behaviour.”

The spread of HIV/AIDS and the way in which society reacts to it depends largely on the information they receive about the pandemic. Of importance is the information available to individuals living with HIV/AIDS and what they do with this information.

The early confused and alarming information about HIV/AIDS and the continued discrepancy in the provision of quality, accessible and convenient to use information has negatively affected the lives of individuals living with HIV/AIDS. There are also glaring information gaps in the current information service on HIV/AIDS.
This study therefore sought to address the problem of lack of quality information, accessibility of this information, convenience of using this information and the existing information gaps.

a) Quality of information
This refers to the goodness of an information service. It is something felt by the users of a service. Accuracy, adequacy, relevance and timeliness characterize quality of information. The problem of lack of quality information on HIV/AIDS can been attributed to the following causes:

Primary causes
- Inaccurate information sources
- Irrelevance of the available information in regard to specific needs.
- Inadequate information to fulfill varied needs

Secondary causes
- Lack of an evaluation program of HIV/AIDS information service.
- Ignorance amongst information providers.
- Unreliable sources of information on HIV/AIDS.

b) Accessibility of information
This refers to easily, obtainable information and at the right time to meet certain needs or requirements. The problem of inaccessibility can been attributed to the following causes:

Primary causes
- Cost of information.
- Unreliable communication channels.
- Culture and traditional barriers.

Secondary causes
- Lack of local information services on HIV/AIDS.
- Bureaucracies and secrecy associated with this information.
- Prejudiced notions amongst individuals.
c) **Convenience use of information**

This refers to the suitability and comfort in utilizing an information service to fulfill some requirements. The problem of inconvenience use of the available information on HIV/AIDS, can be attributed to the following:

**Primary factors**
- Language and format of presentation.
- Source and location of information services.
- Lack of knowledge on available information.

**Secondary causes**
- Communication barriers such as distance.
- Lack of equipment and skills.
- Attitudes of information providers.

---

d) **Information gaps**

This refers to an unmet needs or requirements which create a gap or an impediment that keeps one from making progress or choosing the best out of the alternatives given. This can be attributed to the following causes:

**Primary causes**
- Lack of an information policy on HIV/AIDS
- Poor bibliographic control.
- Inadequate research in the area of HIV/AIDS

**Secondary causes**
- Duplication of efforts and research.
- Lack of specialized information service on HIV/AIDS.
- Uncoordinated service on HIV/AIDS information.
The overall effects of lack of quality, accessible, and convenient to use information not forgetting the glaring information gaps is devastating to individuals living with HIV/AIDS and the society at large, these may include:

**Primary effects**
- Increased spending on the health budget of a nation.
- Rising number of HIV/AIDS orphans.
- Eventual loss of labour and skills manpower through death.

**Secondary effects**
- Fear, mistrust and anxiety among the affected
- Discrimination against PLWHAS
- Hopelessness and increased dependency
- Deteriorating health condition of individuals.

1.3 **The purpose of the study**

The potential of promoting HIV/AIDS awareness campaign which will lead to behaviour change, and contribute to positive living among the affected and infected by the pandemic lies in providing good and quality information. This information should be is easily accessible, convenient to use and one, which seek to fill the existing information gaps in the lives of PLWHAS.

The following specific objectives guided this study:

(i) To assess quality (accuracy, adequacy and relevance) of HIV/AIDS information available to PLWHAS.
(ii) To discuss the factors inhibiting accessibility to HIV/AIDS information.
(iii) To establish the existing information gaps in the current HIV/AIDS information service.
(iv) To assess the convenience of using the available information on HIV/AIDS in the different formats.
1.4 Significance of the study

As information professionals, we worry about the myths and misinformation, which people receive about HIV/AIDS. We are concerned about the quality, accessibility and convenience of using this information, not to mention the glaring information gaps in the existing information service on HIV/AIDS.

This study was an effort to increase the likelihood that those affected and infected by HIV/AIDS pandemic will have the information they need to meet their information requirements hence contributing to more positive living. And since this far no cure has been found the importance of this information cannot be underestimated as it forms a basis for their survival.

The study will be of much significance to individuals living with HIV/AIDS, those taking care of these individuals, and also to the information professionals in developing a deeper understanding on information requirements of their clients which PLWHAS form part of.

1.5 Research Questions

Q1. Does lack of quality (accurate, relevant and adequate) information on HIV/AIDS have any effects on PLWHAS?

Q2. What are the problems associated with access to information on HIV/AIDS by both the affected and infected?

Q3. Is the available information on HIV/AIDS convenient to use and in user-friendly formats?

Q4. What are the existing information gaps in the current HIV/AIDS information service?

1.6 Research assumptions

A1. That lack of accurate, relevant and adequate information has negative effects on individuals living with HIV/AIDS.

A2. That there are problems associated with convenient use of available information formats on HIV/AIDS.
3. That there are barriers associated with accessibility of HIV/AIDS information by both the affected and infected.

4. That there are existing information gaps in the current HIV/AIDS information service in Kenya.

1.7 Scope and limitations of the Study

The information needs/requirements concept, which the researcher set out to investigate is an elusive one. And as Crawford (1978:61) has observed:

"Though identification of information requirements is essential for designing information systems in general and for providing effective information services in particular, it has been found to be a difficult task as it is almost an investigative or detective work."

With such a background of the subject of study, the researcher set to carry out a general survey of information requirements of people living with HIV/AIDS, which would form a basis upon which future and more representative survey could be carried out.

Emphasis was laid on the quality of the available information service, focusing on the accessibility, convenience of using this information and establishment of the existing information gaps.

A number of factors limited the extent of coverage of this study including:

- Time available considering at the time of this study the research was undertaking some coursework.
- Financial constraints since the study were self-sponsored.
- The nature of the subject of study, which relied much on volunteers in data collection

1.8 Definition of operational terms

Accessibility: Easily obtainable and usable in the right time and format to meet certain needs or requirements.

Accuracy: Error free and in exact conformity to given facts.

Adequacy: Sufficiency to meet certain needs or requirements.
AIDS: Acronym for Acquired Immunodeficiency Syndrome a fatal condition that one’s immune system is so weakened that it falls prey to opportunistic infections.

Epidemic: A communicable disease affecting or tending to affect many persons within a community, area or region at one time.

Gay Men: Males who are sexually aroused by and interested in forming romantic relationships with other males.

HIV: Acronym for Human Immunodeficiency virus, responsible for causing AIDS.

Homosexuality: The sexual orientation characterized by sexual response to, and interest in forming romantic relationships with people of one’s own gender.

Information: Knowledge communicated by others or obtained from investigation, study or instruction.

Information - requirements: Some knowledge needed or wanted to meet a necessary condition.

Misinformation: Incorrect, untrue or misleading information.

Opportunistic infections: Those diseases that will not stand much of a chance of developing in people whose immune system were intact.

Pandemic: Occurring over a wide geographical area and affecting an exceptionally high proportion of the population.

Quality: Something that serves to identify a subject of perception or thought in the respect in which it is considered.

Survey: The action of ascertaining facts regarding condition(s) of something to provide exact information especially to interested persons.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This review looks at the information requirements of people living with HIV/AIDS in Kenya with a critical analysis of the quality of the available information, accessibility of this information, convenience of use and the existing gaps in the provision of HIV/AIDS information service.

The central position of information in the fight against AIDS and a strategy for survival for those already infected has been ably documented. Kurton (1993:26) comments:

"Our only hope and protection until we develop a vaccine, is information, people must be informed about AIDS, how it is and not spread."

This is even truer for those that are already infected and whose survival and future lies in the information they receive, and what they do with this information. However, over the years, people have started to question the nature of information being used in the fight against HIV/AIDS and creating awareness among the infected and affected.

For many information was thought to be the key to behaviour change. But experience have shown that by itself information is a not sufficient to change behaviour. Mann (1992:14)

"Adequate information about AIDS is a necessary but not sufficient condition for the individuals to adopt preventive measures or change behaviour."

Our success in the use of information demand we go a step further and inquire into the information requirements of our clients, focusing on the quality of this information, how useful it is to them and establish what problems may arise in using this information. We should strive to identify the existing gaps in the information available and seek to fill these gaps.
2.2 The concept of Information needs/Requirements

Information needs is an elusive concept, yet it is as the foundation of much theory, research and practice in library and information science. Librarians and information providers tacitly assume that people ask questions to satisfy information needs and hope that the answers and information they provide meet those needs. (Walter: 1996).

Most scholars who study information needs have a more elaborate model, seeing information need as the product of a complex interrelationship between an individual's cognitive and emotional state and the context in which the person is situated. In this perspective, people need information in order to make sense out of particular situations and solve specific problems. (Dervin and Nilan: 1986).

If we define information broadly as ".... all knowledge facts, ideas, data and imaginative works of the mind which are communicated formally and/or informally in any format." (Chen and Herman, 1982, p.5) then we can see that information need occurs wherever people are in situations that require information for resolution or progress of any kind.

Dervin (1989) with her sense-making model of information seeking, takes an information need as a kind of impediment that keeps a person from moving forward in cognitive space and time. The person faces a gap that must be bridged by asking questions, creating ideas and/or obtaining resources to fill this gap. If the information need is not met, the person is blocked and is unable to make progress in that particular situation.

Many information needs are left unmet or partially met, and yet people go on with their lives. They move around the gap or impediment, make the best choices they can under the circumstances or retreat from the situation. (Walter: 1996).

It is probable that some or most information needs actually go unnoticed or unarticulated by the people who have them. In our day-to-day life, lack of self-
sufficiency constitutes information needs. These information needs represent gaps in the current knowledge of the client.

Apart from the expressed or articulated needs, there are unexpressed needs which the client is aware of but does not like to express. Another category of need is the dormant need, which the client is unaware of, but the information service provider may be able to bring to light these needs (Devadason: 1996).

According to Crawford, information requirements depend on such factors as:

- Availability of facilities.
- Motivation factors.
- Need to take a decision.
- Need to validate some facts.
- Condition of the individual.

Information requirements are also affected by a variety of factors such as:

- The range of information services available
- The uses to which information will be put.
- The background, motivation and other individual characteristics of the client.
- The social, political, economic and legal system surrounding the client.
- The consequences of information use.

Though identification of information needs is essential for designing information systems in general and for providing effective information services in particular it has been found to be a difficult task as it is almost an investigative or detective work.

Some of the factors that make this task complex include:

- Different clients perceive some information differently and their information needs.
- Different people put information to different uses.
- Need is satisfied by having access to the identified information in a particular package and form, and at a suitable time.
• The flow of information and channels of communication are complex and add to this complexity.
• Individual preferences and behavioral aspects add a further dimension.

Apart from these complexities mentioned above, there are problems due to individual behavior too. According to Crawford these may include.
• A client may not like to reveal his/her needs in attempt to show he/she is above any requirements.
• To divert or mislead a client may give Pseudo information needs or just because another client is getting he/she may take his/her needs to receive the same information.
• Lack of knowledge on available information sources or ignorance among clients.

2.3 The value of information

Information is essential for planning societal or institutional change and meeting the consequences of change. The importance of information in all aspects of our daily life has been ably documented and emphasized.

Availability and access to the right information at the right time is crucial to individuals or society's development.

Muchombu (1992:26):

"Information confers power to societies and individuals that posses it. Power to make decisions, to manage, to acquire knowledge and to build societies where quality of life is the key to human right and development."

Therefore the value of information is directly linked to how it helps individuals make decision on issues affecting their lives and those of their surrounding environment. French (1996) identifies the following characteristics for valuable information:
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I) <strong>Accurate</strong></td>
<td>Accurate information is error free. In most cases inaccurate information is generated because inaccurate data/facts were gathered.</td>
</tr>
<tr>
<td>ii) <strong>Complete:</strong></td>
<td>Complete information contains all the important and necessary facts.</td>
</tr>
<tr>
<td>iii) <strong>Economical:</strong></td>
<td>Information should also be relatively economical to produce and acquire.</td>
</tr>
<tr>
<td>iv) <strong>Flexible:</strong></td>
<td>Flexible information can be used for a variety of purposes e.g. informing, educating etc.</td>
</tr>
<tr>
<td>v) <strong>Reliable:</strong></td>
<td>Reliable information can be dependent on. In many cases the reliability of the information depend on the reliability of the data collection method or source of information.</td>
</tr>
<tr>
<td>vi) <strong>Relevant:</strong></td>
<td>Relevant information is important to the Decision-maker.</td>
</tr>
<tr>
<td>vii) <strong>Simple:</strong></td>
<td>Information should also be simple not overly complex. Too much information brings confusion to users who are unable to determine what is really important.</td>
</tr>
<tr>
<td>viii) <strong>Timely:</strong></td>
<td>Timely information is delivered when it is needed.</td>
</tr>
<tr>
<td>ix) <strong>Verifiable:</strong></td>
<td>Information should be verifiable; this means it can be checked with other sources of same Information.</td>
</tr>
<tr>
<td>x) <strong>Accessible:</strong></td>
<td>Information should be easily accessible by authorized users to be obtained in the right format at the right time to meet their needs.</td>
</tr>
</tbody>
</table>
Mbua (1995) also gives the following as the necessary attributes to quality information,

a) Should have a clear purpose, for without purpose there is only ‘data’ not information
b) Should be accurate enough for the purpose at hand.
c) Must not only be comprehensive but relevant.
d) Information must be sent to the proper person who is responsible for decision at hand.
e) Information should be timely
f) Information must be clear to the user.

2.4 HIV/AIDS and Information needs/Requirements

Information needs just like other human needs are wide and varied. Lack of information creates a gap in an individual's life that prevents him/her make progress. Information needs may indicate urgency and so when we care for our fellow human beings we are simply sensitive to their needs. The urgency of information on HIV/AIDS can be well expressed by the following statements:

"When I was first diagnosed, I needed information and fast- there just wasn't anything available. I was stranded."

"When I was diagnosed, I was completely ignorant and I thought I would be dead within weeks. Nobody told me otherwise."

"On diagnosis I had a great yearning for knowledge. Apart from depressing medically oriented literature there was nothing available."

"The diagnosis came as a shock, but it was a relief to know what the cause of my long-term illness was."
“When I first discovered that I was HIV-positive I felt shock and disorientation. I woke up in the morning shaking, had problems sleeping, and lost my appetite. I wrote a will drank heavily and seriously considered suicide. I thought like others that I was bound to develop AIDS.”

“I just couldn’t believe it.”

All the above statements as quoted by Miller (1987:24), are from people with AIDS and people who are HIV-positive. They all mention that on hearing the news of their condition this was a cause of considerable shock, and most mention that their greatest need at this time was for information.

WHO (1993) acknowledges that information is the first step to every choice. Improvements in our health, and positive living depend on people taking control over and responsibility for health as an important component of their everyday life. This active participation requires full and continuing access to information.

In whatever angle we look at information it will always have a role to play in the fight against HIV/AIDS. It is even increasingly more relevant when it comes to assisting those already living with HIV/AIDS. Ideally, when we help others make the best out of their lives we are sensitive to their needs and since needs are always associated to human suffering information needs of PLWHAS are as important as any other need. Information is liberating, it helps us to ask the right questions even where immediate answers are lacking. Information also improves accountability, not only as individuals but also in our responses as a community to health and societal challenge of the HIV/AIDS pandemic. (Huber: 1992:36)

As this pandemic expands and intensifies, efforts against it will revolve around creating awareness, educating, counseling and communication. All these are dependent on the
availability of quality, accessible, and accurate information that will seek to fulfill the needs of PLWHAS and all those individuals working with these people.

2.5 HIV/AIDS Information Needs and Gaps

There are many factors that contribute to the existence of information gaps in the lives of people living with HIV/AIDS. Information may be provided in an inappropriate manner, format or may be incomplete or misleading and all this contribute to widen these gaps.

Lack of comprehensive and reliable sources of information has been cited as a major handicap in Kenya. Murrah and Kiarie (2001:ii) in their book on HIV and AIDS in Kenya express this concern:

"The seeds of this book were sown in our minds through realization of how scanty the information available to most people on HIV/AIDS was... We could not find a single book a lay person could walk into a bookshop and buy on HIV/AIDS – the single biggest problem facing our country and continent."

These are many environmental or situational variables that can present barriers to people living with HIV/AIDS in meeting essential information needs. (Walter: 1996). Many people in Kenya literally have no information providers in their lives, at least not when the subject is AIDS. If there lacks informed and approachable persons in these peoples lives, they will have to seek information sources on their own and mostly from unproductive and unreliable sources.

An article by KANCO on information package identifies a number of information gaps for people living with HIV/AIDS in Kenya, including:

- Lack of knowledge about care and treatment options for HIV and opportunistic infections.
- Basic health measures, diet and nutrition.
- Safe sex knowledge among others.
The barriers to meeting these information gaps sometimes are more pronounced due to other contributing factors such as tradition, cultural beliefs and social-economic factors in the country.

2.6 Sources of Information on HIV/AIDS

Most of the materials published concerning HIV/AIDS in Kenya are highly inadequate. The first published sources include posters, pamphlets and booklets from NGO’s such as the NASCOP, NACC, KANCO etc. Over the years many publications have come into scene from both the government and non-governmental organizations.

The variety of sources available to the public lack comprehensiveness, since these were produced without much consultation with the intended audience. Indeed as Murrah and Kiarie (2001) who published a book on HIV/AIDS in Kenya express their concern for lack of a single book on HIV/AIDS that one could easily access or buy.

Their conclusion as the say was that people were interested in learning about HIV, had the capacity to comprehend the subject to a greater depth than they had been given credit for. Individuals and organizations working with PLWHAS have not been spared either, by this pathetic situation of lack of information sources that are adequate to meet varied needs.

And as Walter (1996) observes, it is erroneous to think that because titles have been published on the subject they are necessarily available to the readers and intended audience. This is truer in our country where despite the lack of published sources, there are other factors that mitigate against availability and access of the available sources of information on HIV/AIDS including the cultural, social and economic.

Given to the oral tradition of Kenyan culture, Kenyans have been described as a non-reading culture, those designing information sources for HIV/AIDS awareness should therefore take into consideration the various factors such as the appeal of the media used, availability and accessibility of these sources.
2.6.1 HIV/AIDS Information and the media

The media offers primary means by which people are informed about HIV/AIDS and there is need for regular, accurate and sensitive information to be made available to magazine, newspaper, radio and Television, journalists and editors. What people read about HIV/AIDS in a newspaper or magazine or hear on radio or see on television is important as any other HIV/AIDS education aimed at the public.

As Aggleton (1994) comments; most health educators now agree those large-scale media campaigns, videos and leaflets are not sufficient. At best and in isolation, they are ineffectual but harmless, at worst when coupled with misinformation, myths and prejudiced notions perpetuated by tabloid press, they can reinforce confusion, fear and prejudice.

There is enough panic, misinformation and over-reaction in the minds of the public, without sensational stories and scare tactics. It is of utmost importance that stories in the media about HIV/AIDS be balanced and accurate. (Alyson: 1988)

Accurate information reporting on HIV/AIDS forms a vital part of the worldwide effort to slow the spread of the epidemic. Many people depend on the media as their primary source of information about HIV/AIDS, and their response to the epidemic will be based on what they learn from the media. It is therefore important that reporting on AIDS should be accurate, responsible, balanced and non-judgmental.

Gikaru (1995) observes that the media has a leading role in informing the public that HIV/AIDS is a threat to our health and that it will have far reaching effects on the welfare of our country. Media has the power to make real change in attitudes, which can save lives and reduce the misery created by prejudice, ignorance and misinformation.
The role of the media as a major tool for informing and creating awareness on HIV/AIDS cannot be ignored. That’s why it’s so important that the media do everything possible to educate the public in a calm and responsible ways.

2.6.2 HIV/AIDS Information and Counseling

Counseling is defined as a confidential dialogue between a client/patient and a care provider, it aims at enabling the client to cope with stress and take personal decisions, such as those related to HIV/AIDS

NACC identifies counselling main aim as that of reducing psychological stress and to provide the client with the information and support necessary to make decisions. Apart from its care aspect counselling also plays a preventive role by allowing people to take informed action in preventing further spread of HIV.

Today voluntary counselling and testing (VCT) has become popular in the fight against HIV/AIDS. Voluntary counselling and Testing (VCT) as the term suggests, is the uncoerced accessing of counselling and HIV testing services by people who want to know their HIV status. (Murrah and Kiarie: 2001).

Of equal importance today is the post-test counselling which is aimed at helping those who test positive. As Ng’wesheni (1997) comments, post-test and follow-up counselling eases the provision of care and facilities, disclosure of one’s fears and concerns which can be effectively tackled with provision of the necessary information.

HIV voluntary counselling and testing has been shown to have a role both in preventing HIV infection and, for those already infected as an entry point to care. It gives people an opportunity to learn and accept their HIV status in a confidential environment with counselling and referral for ongoing emotional support and medical care. (WHO: 2000)

Counselling enables a client to open up and share his/her emotions, fears, guilt and anxiety as well as more practical issues with regard to the future, survival and coping
with the HIV/AIDS pandemic. The role of information in a sound counselling process cannot be overlooked. If counsellors are not armed with the necessary information, on all aspects of HIV/AIDS then the counselling process may be a failure.

This information should empower individuals in making decisions concerning their health and their lives in general. PLWHAS need care throughout the course of illness, early counselling as soon as people receive a diagnosis of HIV can help them cope with the news. It will also advise them on behavioral changes that will reduce future health problems and limit transmission of the disease.

2.6.3 Libraries and Information Centers

Libraries and information centers are but one of a vast range of institutions that supply today’s society with some sought of service. The particular kind of service they offer is access to large and organized stores of knowledge. (Whittaker: 1993).

The scope of services provided by libraries and information centers has been gradually developed over many years, and still growing. And in this age of information society, the services libraries offer are undeniably important in all aspects of human development.

Traditionally, library based user services have revolved around the mental activity of reading, and have been concerned with the provision of book. However, the services offered today include the supply of materials that are viewed and/or listen to as opposed to read. They also include to machine-readable material, not just items that can be read by human eye.

As Bakewell (1987) comments, libraries and information centers serve many purposes but essentially exists because people and organizations require information materials and other sources which are to be found in those libraries. The particular value of libraries is that they contain many items of stock and so much information certainly when compared to what most individual people and organizations have.
Libraries and information centers start to reach out every citizen and in almost every activity. They have a basic role to play in disseminating information programmes and development and understanding of those plans. (Ng’ang’a: 1998).

One of the major roles libraries and information centers play is to support education both formal and informal. Libraries supplement education by providing reading materials. Other areas in development where libraries play a key role include the provision of health information and data that is used by health workers, community centers, and communities themselves to improve on their health needs. This include provision of information on family planning methods, HIV/AIDS, nutrition among others.

Aggleton (1992:17)

"Librarians and information professionals as advocates for clients right to information have the skills and opportunity to ensure that accurate and up to date materials on HIV/AIDS are available to their clients."

To face the great challenge of HIV/AIDS pandemic much has to be done in educating communities about the pandemic, a mission that can be made successful through the efforts of many individuals and organizations including libraries and information centers. Information is essential tools that will enable people understand different options available to them before making decisions. Likewise, myths surrounding transmission and cure of HIV/AIDS can only be dispelled through dissemination of the right information.
CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction
The purpose of this study was to carry out a survey on information requirements of people living with HIV/AIDS in Kenya. The research was based in a few selected HIV/AIDS support organizations in Nairobi. The study focused on a number of key issues pertaining to the quality, accessibility and convenience of using information available on HIV/AIDS by PLWHAS. The study also sought to establish the existing information gaps in the current information service on HIV/AIDS.

3.2 Research design
Research design can be categorized in several ways. A common method is to distinguish between qualitative and quantitative research methods. Quantitative researchers assimilate facts and study the association between one set of gathered facts with another while qualitative researchers are more interested in understanding individual or group perception of the environment. (Mugenda: 1999)

This study was interested in finding out what are the information requirement of PLWHAS, their perception on quality of this information, accessibility and convenience of using available information on HIV/AIDS. The study was also interested on the areas of perceived information gaps. It was therefore apparent that qualitative approach was more beneficial in carrying out this research.

3.3 Population Sample
The population sample comprised two groups that is individuals living with HIV/AIDS and the counsellors of these people, each group comprised a population of 20 respondents drawn from the few selected HIV/AIDS support organizations, which offered information and counseling services.
3.4 Sampling Method
The research used snowball sampling method, this is a sampling method whereby initial subjects with desired characteristics are identified. The few identified subjects name others or assist in getting others whom they know and have required characteristics until the research gets the number he or she wants. (Mugenda: 1999).

The researcher identified a number of individuals working with PLWHAS and key informants who included the counsellors or individuals living positively with HIV/AIDS and who assisted in getting other respondents who were considered to have the required characteristics.

3.5 Research Instruments
The questionnaires were the main instruments used in the study, others being interviews with key informants and observations. The questionnaires were of two types, one for the counsellors and the other for PLWHAS. Each questionnaire had both closed and open-ended questions and the dummy tables and subdivided into different sections for easier comprehension.

The nature of the study was explained to the respondents, guidance was given where necessary by the researcher or the key informants to individuals who had problems filling the questionnaires. Once the respondents filled the questionnaire, the researcher collected them immediately.

3.6 Data Analysis
The data was analyzed by the use of Statistical Package for the Social Sciences (S.P.S.S). This data was first manually coded and then keyed in the computer for analysis. The S.P.S.S. proved helpful program in this data analysis especially when dealing with multiple responses.

This study was based on qualitative method since it sought to establish the perceptions of those affected and infected by HIV/AIDS as regards to their information requirements.
CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND FINDINGS

4.1 INTRODUCTION

This chapter deals with the presentation and analysis of data collected from both people living with HIV/AIDS (PLWHAS) and information counsellors of PLWHAS. This data was collected through questionnaires, personal interviews with the key informants and observations.

The data has been represented by the use of frequency tables, or by descriptive analysis of the various issues, the study set out to investigate. Percentages, pie charts and bar graphs have also been used where appropriate for more clarity and easier understanding of the data presented.

This study set out to carry a survey of information requirements of PLWHAS in Kenya. Some of the issues addressed in the study include;

a) Types of information requirements of people living with HIV/AIDS.

b) The quality (accuracy, relevance, timeliness and coverage) of the existing information on HIV/AIDS.

c) The accessibility of available information on HIV/AIDS.

d) Convenience of using the available information on HIV/AIDS.

e) The existing information gaps in the current HIV/AIDS information service.

4.1.1 Analysis, Presentation and Findings of the data collected from PLWHAS

4.1.2 Questionnaire response data

The response rate was good. The target sample population was 20 PLWHAS, out of these 16 filled, and returned the questionnaire. This represents 80% response rate as shown in the table below:

<table>
<thead>
<tr>
<th>Rank</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank 1</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Rank 2</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Rank 3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Rank 4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Rank 5</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 1: Questionnaire Response Rates for PLWHAS

<table>
<thead>
<tr>
<th>No. of Questionnaires distributed</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>Response received</td>
<td>16</td>
<td>80</td>
</tr>
</tbody>
</table>

4.2.0 Assessment of information requirements for PLWHAS

This section of the questionnaire sought to carry out an assessment of the variety of information requirements of PLWHAS. A number of issues were addressed here, including: information types, identifying requirements, sources of information and unmet needs.

4.2.1 Information types required by PLWHAS.

Information requirements are of various types, these could range from the expressed to the unexpressed. This study sought to establish the various information types considered necessary by people living with HIV/AIDS. Respondents were expected to rank these information types from number 1 (highest rank) to number 5 (lowest rank) according to how they valued it. The results were as summarized in the table below:

Table 2: Ranking of Information Types by PLWHAS

<table>
<thead>
<tr>
<th>Information type</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
<th>Rank 4</th>
<th>Rank 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Self understanding &amp; improvement</td>
<td>8</td>
<td>50.0</td>
<td>5</td>
<td>31.3</td>
<td>1</td>
</tr>
<tr>
<td>Health care information</td>
<td>6</td>
<td>37.5</td>
<td>8</td>
<td>50.0</td>
<td>1</td>
</tr>
<tr>
<td>Safe sex and reproductive health</td>
<td>2</td>
<td>12.5</td>
<td>8</td>
<td>50.0</td>
<td>3</td>
</tr>
<tr>
<td>Opportunistic infections</td>
<td>1</td>
<td>6.3</td>
<td>1</td>
<td>6.3</td>
<td>8</td>
</tr>
<tr>
<td>Food and nutrition</td>
<td>1</td>
<td>6.3</td>
<td>6</td>
<td>37.5</td>
<td>3</td>
</tr>
<tr>
<td>Total responses</td>
<td>16</td>
<td>100.1</td>
<td>16</td>
<td>100.1</td>
<td>16</td>
</tr>
</tbody>
</table>

Individuals living with HIV/AIDS ranked different information types differently. This is an indication that though individuals valued all these information types there were priorities on what mattered most.
Self-understanding and improvement ranked first, followed by health care information which was ranked second. Safe sex and reproductive health ranked third, opportunistic infections ranked fourth and finally food and nutrition which was ranked fifth.

From these findings, we can conclude that self-understanding and improvement is the first information PLWHAS need to have, once they accept and understand their condition they are now in a position to cater for other needs such as their health, sex life and nutrition. Individuals and organizations working with PLWHAS should therefore work towards helping these people understand, accept and improve on their condition.

4.2.2 Other Information types considered necessary by PLWHAS.

This question sought to establish what other information types, were considered necessary by PLWHAS apart from the ones ranked above, (see Table 2). The respondents were expected to choose from alternatives given, those information types they considered necessary too.

The results were as summarized in the table below:

<table>
<thead>
<tr>
<th>Information type</th>
<th>No. Of responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research on HIV/AIDS drugs</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>Social acceptance</td>
<td>15</td>
<td>19.5</td>
</tr>
<tr>
<td>Physical fitness</td>
<td>16</td>
<td>20.8</td>
</tr>
<tr>
<td>Counseling services</td>
<td>16</td>
<td>20.8</td>
</tr>
<tr>
<td>Others living with HIV/AIDS</td>
<td>16</td>
<td>20.8</td>
</tr>
<tr>
<td><strong>Total responses</strong></td>
<td><strong>77</strong></td>
<td><strong>100.1</strong></td>
</tr>
</tbody>
</table>

From the above findings, PLWHAS showed concern to all the other information types. These findings can be explained by the fact that AIDS as a condition exposes one a lot of vulnerability, the ever changing face of HIV/AIDS with new findings on modes of transmission, prevention and managing of AIDS has generated a lot of information over time.
The results of these findings can be explained by the fact that there is a lot of uncertainty in the ongoing research on HIV/AIDS. PLWHAS require information on HIV/AIDS drugs, they are concerned about their social welfare and how others affected by this pandemic are coping.

The society is also yet to come to terms with HIV/AIDS and this has caused fear, anxiety and at worst discrimination for those PLWHAS. It is therefore out of the societal pressures; new findings and developments that have forced PLWHAS to look for any available information on anticipation it will meet one of their many requirements.

4.2.3 Identification of information needs by PLWHAS

The study also sought to establish how people living with HIV/AIDS identified their information needs. Respondents were expected to select from given alternatives the method used in identifying their needs. The results were as summarized in the table below:

<table>
<thead>
<tr>
<th>Method</th>
<th>No. of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal reading</td>
<td>10</td>
<td>16.1</td>
</tr>
<tr>
<td>Interaction with friends &amp; colleagues</td>
<td>11</td>
<td>17.7</td>
</tr>
<tr>
<td>My health condition</td>
<td>12</td>
<td>19.4</td>
</tr>
<tr>
<td>Awareness campaigns</td>
<td>14</td>
<td>22.6</td>
</tr>
<tr>
<td>Counseling sessions</td>
<td>15</td>
<td>24.4</td>
</tr>
<tr>
<td><strong>Total responses</strong></td>
<td><strong>62</strong></td>
<td><strong>100.2</strong></td>
</tr>
</tbody>
</table>

Information need identification is a complex process, considering there are those needs that are dormant and even others that clients do not want to express. This study sought to establish how PLWHAS identified their information needs as this had a bearing on how these needs were finally met.

From these findings, it is clear that PLWHAS had different methods of identifying their needs. 22.6% relied on awareness campaigns, 24.4% used counselling sessions, 19.4% used their health condition, and 17.7% was through interaction with their friends and colleagues while the rest 16.1% was through personal reading.
It can be concluded that different methods were useful in the identification of needs, though this differed with individuals there was an indications that all these methods were relevant and therefore should be strengthened as ways through which needs will be finally met.

4.3.0 Quality of information available to PLWHAS.

Though there is a lot of information on HIV/AIDS in Kenya today, the behaviour change of individuals and the ever-rising number of HIV Infections raise concern on the quality of information being used to create awareness on HIV/AIDS.

This study sought to look at the various issues as pertaining to the quality of information available on HIV/AIDS to PLWHAS. These include: adequacy, accuracy, and relevance of this information.

4.3.1 Adequacy of information on HIV/AIDS

This question sought to establish from those living with HIV/AIDS whether the information available to them at the time was adequate to meet their requirements. Those who responded to ‘No’ were further asked to give reasons for this inadequacy. 18% felt the information was inadequate while the rest 82% felt it was adequate.

Reasons given for the inadequacy are as summarized in the table below:

Table 5: Reasons for Inadequacy of Available Information

<table>
<thead>
<tr>
<th>Reasons</th>
<th>No. of responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information not in time</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Always out of date</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Does not address needs</td>
<td>2</td>
<td>22.2</td>
</tr>
<tr>
<td>Too general</td>
<td>3</td>
<td>33.2</td>
</tr>
<tr>
<td><strong>Total responses</strong></td>
<td><strong>9</strong></td>
<td><strong>98.8</strong></td>
</tr>
</tbody>
</table>

From the findings, though only 18% of the respondents felt the information available to them was inadequate, these individuals had varied reasons for this including: untimely
information, out of date ness, too general, and failure of this information to address their specific needs.

There are possibilities that those respondents who felt that the information available to them was adequate had not criteria for judging this adequacy. It is therefore important for the information providers to develop an evaluative criteria for judging adequacy for the information service.

4.3.2 Accuracy of available information on HIV/AIDS

The accuracy of a given information source determines how best it fulfills given requirements. It is therefore the study sought to establish how PLWHAS rated the accuracy of information available to them. The respondents were expected to rate this information as follows: always accurate, sometimes accurate or never accurate. The results were as summarized in the pie chart below;

**Figure 1: Rating of Information Accuracy by PLWHAs**