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**Information Needs and Seeking Behaviour of Pregnant Women in Selected Hospitals in
Ile-Ife Metropolis, Osun State. Nigeria**

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Abstract

Descriptive survey design was adopted for the study. The random sampling technique was adopted to sample 120 respondents, representing 100% of the population target for the study. The gathered information was analyzed using frequency table, simple percentage, pie chart, and bar chart. The result was given along with the data which aid clarity of the result and made it easy for the drawing of the conclusion of the information gathered. Findings showed inter alia that information needs of pregnant women in Ile-Ife needs include: breastfeeding, disease prevention and control, environment cleanliness, after delivery, sickness during pregnancy, and immunization. The study concludes that pregnant women in Ile-Ife seek their information through asking doctor, Health workers or paramedical staff, alternative medicine, the internet, pamphlets etc Even though the pregnant woman in Ile-Ife metropolis frequent the hospital on a weekly basis they experience several challenges in their bid to meet their information needs ranging from limited finance, household needs to take care of, having no one to accompany them to the clinic, having no one to discuss pregnancy-related issues with, having to wait a lot to see the doctor or healthcare professional and health staff attitude is not good. The study recommends that Government should ensure adequate distribution of primary health care (PHC) centers especially across the grassroots to ensure pregnant women received information about their pregnancy at the right source, at the right time and an affordable cost.

Keywords: *Information needs of pregnant women, Information seeking behavior of Pregnant, pregnant women, Child and Mother mortality, Ile-ife metropolis-Osun State-Nigeria.*

Introduction

Marriage is the coming together of a man and a woman in holy matrimony, in African one of the primary reasons for marriage is procreation, and the only way through which this can happen is pregnancy. However, the reproductive years of a woman's life start well ahead of marriage; it starts when she starts having her menstrual period until the time they stop. This is the time her reproductive organs work the hardest, are the busiest and are the most subject to disease. The excitement, joy, opportunities, and challenges of this period of life can be exhilarating. The disappointment, heartache, and pain can at times, be overwhelming. It is often in this period a woman goes from one extreme to another. Her body blossoms and then matures. Having sex may go from being uppermost in their mind to be the least of concern. (McIlhaney, 2001)

The decision she makes at this time of her life have dire and lasting implications for her reproductive life when she is now married and ready for reproduction. This is the time her reproductive information needs actually start. As the decisions made during this period is fatal and may have lasting consequences' and may rob her of the privilege to get pregnant, have safe delivery and children of her own. However, this is not the crux of this research but the research gap we discovered a way into this research and which to recommend for further research.

This research focuses on Information needs and seeking behavior of pregnant women in selected hospitals in Ile Ife metropolis. Pregnancy is a critical phase in the marital life of two people. It is the Period of carrying a fetus within the female body. This state can be validated by affirmative results by a simple urine test, a blood test, ultrasound, detection of a fetal heartbeat, or an X-ray. Pregnancy may last for nine months, measured from the date of the woman's last menstrual period (LMP). It is divided into three trimesters, each about three months long. (Shiel, 2020). Jega (2019) opined that the major problem confronting pregnant

women in the sub-Saharan African environment is the issue of maternal mortality, he stressed that “Globally, maternal mortality is a proxy for the level of development of a country. It is not an accident that the most developed societies have low maternal mortality rates”. Baiye (2019) avers that the 2018 National Demographic and Health Survey data reports that in Nigeria, the national maternal mortality ratio is 512 to every 100,000 live births

Ojewole and Oludipe (2017) in their assertion stated that pregnancy is a period of physical change in a woman’s life when health-related behaviours are most vital because of the life of the mother and the fetus, hence the pregnant woman requires a continuous flow of maternal information. Mulauzi and Daka (2018) opined that maternal health information is a fundamental building block of women’s health during pregnancy, childbirth, and the postpartum period. It can help to identify existing health risks in pregnant women and to foil potential health troubles for women and their children. Maternal health information refers to information women require during pregnancy, childbirth and the postpartum period. (Salali and Owino, 2016).

During the nine months or thereabout, a woman requires a lot of information particularly, if such a person is getting pregnant for the first time to meet her physical and psychological needs. Information is generally regarded as power and its role cannot be underestimated in this given situation. Pregnancy outcomes could be improved if pregnant women are provided with pregnancy-related information necessary to empower them to overcome pregnancy challenges.(Ojewole and Oludipe, 2017). Uloma and Adedotu (2013) aver that availability, access to, and utilization of health information would translate to a safe delivery thereby reducing maternal mortality. It is clear that maternal health information has a significant influence on the health of the mother and the newborn child. The prevention, detection, and management of medical complications of maternal health care and should continue to be, key components of maternal health. (Mulauzi and Daka,2018).It is against this backdrop that the study will investigate the information needs and seeking behaviour of pregnant women in selected Hospitals in Ile-Ife, Osun State.

Objectives of the study

- i. To determine the information needs of pregnant women in Ile-Ife
- ii. To investigate the sources of information used by pregnant women in Ile-Ife
- iii. To identify sources of information available to pregnant women
- iv. To determine the frequency of information sources used by pregnant women in Ile-Ife
- v. To identify information-seeking behaviour of pregnant women in Ile-Ife

- vi. To investigate the challenges faced by pregnant women when seeking information

Research questions

- i. What are the information needs of pregnant women in Ile-Ife?
- ii. What are the sources of information used by pregnant women in Ile-Ife?
- iii. How available are the sources of information to pregnant women in Ile-Ife?
- iv. What is the frequency of information sources used by pregnant women in Ile-Ife?
- v. What are the information-seeking behaviour of pregnant women in Ile-Ife?
- vi. What are the challenges faced by pregnant women in a bid to meet their information needs?

Significance of the study

This study becomes relevant since life is precious and any carelessness due to wrong or lack of information can lead to maternal mortality. Pregnancy is a crucial period in the lifetime of any married couple. It is a period of physical changes in a woman's body system because two or more lives could be involved; the mother and fetus.

It is hoped that the findings of this study will provide new insights regarding the information-seeking behavior of women attending an antenatal clinic and this would enable them to be more informed therefore seeking the information that is needed. Furthermore, the findings of this study will be used to make available efficient information delivery programs to women attending antenatal clinics which will enable them to have easy access to maternal information relating to their information needs.

Literature Review

Information Needs and Sources maternal information used by Pregnant Women

Olorunda, (2004) opined that women's information needs are diverse and adequately meeting these needs are an important factor in determining their quality of life and general output. Uloma and Adedotu (2013) aver that pregnant women need information on environmental cleanliness and immunization. They stressed that Doctors and nurses are the most accessible and used sources of health information, while Libraries were reported least used. In the same vein, Molania, Mousavi, and Ghorbani, (2016) stated that access to

adequate information can help to reduce the problem of lack of knowledge and fear of unknowns in pregnancy usually rooted in inadequate maternal health information

Mulauzi and Daka (2018) opined that it is imperative to make sure that women's maternal information needs is adequately met during pregnancy, childbirth, and postpartum periods. During pregnancy, the study also revealed that women need information on the importance of regular checkups, place of delivery, birth preparedness, pregnancy period, nutrition, miscarriage, and pregnancy complications/danger signs, sexual and family relations, fetus development, expected child, TB, HIV and malaria in pregnancy, medicines in pregnancy, family planning, and exercise. While at childbirth, women require information on infant care, child immunization, infant feeding, maternal recovery, hygiene, premature birth, low birth weight, infections, umbilical cord care, and diarrhea. Information on self-care (hygiene, nutrition, weight loss); sexual relationship; daily care of infant, house, and family; emotional support, physical rest, and sleep were listed as important during the postpartum period. To Criss, Baidal, and Goldman (2015) adequate information is highly important for the health of the mother and can bring about mental relaxation for the pregnant woman. While, Nwangwu and Ajama (2011) reported from their study that in Northern Nigerian rural communities, health information constituted 20 percent of the information needs of rural women, and the major information required are: ante-natal and post-natal ; immunizations particularly on the six childhood killer diseases; how to avert and control Vascular Virginal Fistula and how to ensure safe delivery for a pregnant woman. While, Mumba, 2015 stated that, pregnant women had an information need for food in pregnancy, rest in pregnancy, an exercise in pregnancy, the importance of antenatal care, antenatal visits, the importance of blood examination and immunization in pregnancy among other things.

United Nations Development Programme, 2003 reported that though several information systems are available to give information to pregnant woman but they are not demand-driven, ignore local knowledge, misconstrue the role of intermediaries, and do not supervise usage. While, Kasote (2015) avers that most complications during pregnancy and after delivery are the product of lack of adequate information and knowledge (Champ, 2017). Owusu-Addo, Owusu-Addo, and Morhe, (2016) opined that in Zambia, only 47% of births are attended by skilled health personnel at a healthcare establishment. Greater parts of pregnant women go to antenatal belatedly and some do so once reducing the quality of care they get. Pregnant

women seek health information to make decisions during pregnancy; the most appropriate way of seeking information was using informal sources of information from friends, oral talks from health workers, and so on. Information seeking or needs of people determine the behaviour in which the information will be sought. Usually, pregnant women seek various information ranging from nutritional information, sexual and familial relationships, and pregnancy complications (Acharya, Bell, and Simkhada 2010). Slomian et al's (2017) reported from their study that women do not feel adequately informed during pregnancy and do not feel amply supported, especially from a psychological point of view. They stressed that less-educated women will certainly use less antenatal care. Ezeama and Ezeamah, (2015) reported from their study that in the third world countries, data confirmed that the number of ANC attendance had a positive effect on birth weight. Similarly, In Israel, more deaths arise amongst infants whom mothers had not received antenatal care. In Nigeria 46 of 49 maternal deaths, which happen amongst women during labour and delivery had not received antenatal care. Mullaay, 2013 opined that in Guatemala, that failure to attend formal ANC is considerably linked to both anti-natal and neonatal deaths. While, Mumba, 2015 opined that printed materials are the common sources of health information for pregnant women. Such as books and journals, leaflets, women's magazines, and newspapers.

Challenges women face to access maternal information

Uloma and Adedotu (2013) opined that challenges hindering pregnant woman from accessing their information needs include their inability to access the libraries, lack of income and time. However, According to (Glenton, 2002), use of medical terminology by the information sources, which are usually not understood by the information seeker is a major barrier to utilization of health information by a pregnant woman. Also Ajayi and Osaknle (2013) cited unprofessional practices, attitudes and behaviours of Health personnel as barriers to the use and access of health-related information by pregnant woman Mulauzi and Daka (2018) listed several challenges that women face in their bid to access the required information. These challenges include illiteracy, poverty, distance, language barrier, inadequate services, lack of information, inadequate human resources, poor attitudes of health workers towards women, and cultural practices

Research Methodology

The study adopted a descriptive survey as a research design for the study. The study was carried out in three selected different Hospitals in Ile-Ife, Osun State, namely; Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Seventh-Day Adventist Hospital, Ile-Ife, and General Hospital Ile-Ife which provides antenatal services to pregnant women. However, the populations of the study consisted of consenting pregnant women, age 18 years and above, attending the antenatal clinic. From the health records, the hospitals see an average of over two hundred pregnant women per week. 120 pregnant women prepared to partake in the research were given the opportunity.

SELECTED HOSPITALS

Table 1: List of Selected Hospital

S/N	HOSPITAL	NO OF PREGNANT WOMEN
1	Obafemi Awolowo University Teaching Hospital, Ile-Ife	50
2	Seventh-Day Adventist Hospital, Ile-Ife	30
3	General Hospital, Ile-Ife	40
	Total	120

The random sampling technique was adopted to sample 120 respondents, representing 100% of the population target for the study. The questionnaires were distributed systematically among pregnant women attending antenatal in the selected hospitals. Completed questionnaires were received back immediately. Gathered information was analyzed using a frequency table, simple percentage, pie chart, and bar chart. The result was given along with

the data which aid clarity of the result and made it easy for the drawing of the conclusion of the information gathered.

This simple percentage ratio formula is stated below:

$$\frac{\text{No of respondent's}}{\text{Total number of questionnaire}} \times \frac{100}{1}$$

Analysis And Discussion Of Findings

Response

The study sought to establish the rate of response, Age, academic qualifications, and number of delivery of the respondents, and so on.

Questionnaire Administration and Response

Table 2: Age Distribution of Respondents

Variable	OAUTH		SDAH		GH		Total	
	F	%	F	%	F	%	F	%
17 – 25	16	17	8	8.3	10	10	34	35.3
26 – 35	14	15	9	9.3	12	13	35	37.3
36 – 45	9	9	5	5	5	5	19	19
46 & Above	3	3	2	2	3	3	8	8.3
Total	42	44	24	25	30	31	96	100

Source: Fieldwork 2019.

Interpretation

Table 2 above shows that 35% of the respondents were between 17 – 25 years of age while 37% were between the 26 – 35 years. Also, respondents between ages of 36 – 45 years were 19% while 8% of them were 40 years and above.

Table 3: Academic Qualification Distribution of Respondents

Variable	OAUTH		SDAH		GH		Total	
	F	%	F	%	F	%	F	%
PhD	1	1	-	0	-	0	-	1
MSc	3	3.1	3	3.1	2	2	8	8.3
BSc/HND	9	9	11	12	7	7	27	28
SSCE	27	28.1	9	9.4	21	21.8	57	59.3
Below SSCE	2	2.1	1	1	-	0	3	3.1

Total	42	44	24	25	30	31	96	100
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Source: Fieldwork 2019.

Interpretation

It was shown in table 3 above that only 1% of the respondents were a PhD holder while 8% were Msc holders. Also, 28% have Bsc/HND, 59% were SSCE holders which represent the higher number of a respondents where 3% of the respondents are below SSCE.

Table 4 : Distribution of Respondents Number of Delivery

Variable	OAUTH		SDAH		GH		Total	
	F	%	F	%	F	%	F	%
1st Delivery	13	14	8	8	8	8	29	30
2nd – 5th Delivery	23	24	11	11	17	18	51	53
Above 5th Delivery	6	6.2	5	5.2	5	5.2	16	16.6
Total	42	44	24	25	30	31	96	100

Source: Fieldwork 2019.

Interpretation

Table 4 above shows that 30% of the respondents were pregnant women who are expecting first delivery, while 53% are expecting 2nd – 5th delivery and 17% of the respondents were women expecting above 5th delivery.

Table 5: Information needs of pregnant women in Ile-Ife

Variable		OAUTH		SDAH		GH		Total	
		F	%	F	%	F	%	F	%
Breast Feeding	Yes	42	44	24	25	30	31	96	100
	No	0	0	0	0	0	0	0	0
Disease Prevention and Control Information	Yes	42	44	20	21	27	28	89	93
	No	0	0	4	4	3	3	7	7
Environment Cleanliness	Yes	40	42	19	20	26	27	85	89
	No	2	2	5	5	4	4	11	11
Information after delivery	Yes	42	44	24	25	30	31	96	100
	No	0	0	0	0	0	0	0	0
Information on family planning	Yes	38	40	18	19	28	29	84	88
	No	4	4	6	6	2	2	12	12
Information on how much work is to be done during pregnancy	Yes	10	11	5	5	11	11	26	7
	No	32	33	19	20	19	20	70	73

Information on Immunization	Yes	37	39	18	19	22	23	77	80
	No	5	5	6	6	8	8	19	20
Information on labor and related issues	Yes	38	40	16	17	23	24	77	80
	No	4	4	8	8	7	7	19	20
Information on maternity	Yes	39	41	21	22	28	29	88	92
	No	3	3	3	3	2	2	8	8
Information on medications during pregnancy	Yes	38	40	20	21	24	25	82	86
	No	4	4	4	4	6	6	14	14
Information on miscarriage	Yes	30	31	22	23	23	24	75	78
	No	12	13	2	2	7	7	21	22
Information on normal delivery during pregnancy	Yes	39	41	21	22	28	29	88	92
	No	3	3	3	3	2	2	8	8
Information on nutrition/diet during pregnancy	Yes	28	29	16	17	20	21	64	67
	No	14	15	8	8	10	10	32	33
Information on sexual relationships during pregnancy	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
Information on sickness during pregnancy	Yes	40	42	17	18	22	23	79	82
	No	2	2	7	7	8	8	17	18

Source: Field work 2019.

Interpretation

Table 5 above shows that all respondents 100% agreed that pregnant women need information on child breastfeeding and information after delivery. The Majority of respondents 93% also agreed that pregnant women need information on disease prevention and control while 7% of respondents disagree that pregnant women need information on disease prevention and control. 89% of respondents agreed that pregnant women need information on environment cleanliness while 11% of respondents disagreed that pregnant women need information on environmental cleanliness. Also, majority believed that pregnant women needed information on family planning, information on immunization, information on labour-related issues, information on maternity, information on medication during pregnancy, information on miscarriage, information on normal delivery, information on nutrition/diet during pregnancy, information on sexual relationships during pregnancy and information on sickness during pregnancy with 88%, 80%, 92% 86% 78% 67%, 70%, and 82% respectively. While only 7% of the respondents agreed that pregnant women need information on how much work is to be done during pregnancy and most of them responded 93% disagreed that pregnant women need information on how much work is to be done during pregnancy. These findings aligns

with the earlier findings of and Nwangwu and Ajama (2011)Mulauzi and Daka (2018) which reported that women need information on the importance of regular checkups, place of delivery, birth preparedness, pregnancy period, nutrition, miscarriage, pregnancy complications/danger signs, sexual and family relations, fetus development, expected child, TB, HIV and malaria in pregnancy, medicines in pregnancy, family planning, and exercise. While at childbirth, women require information on infant care, child immunization, infant feeding, maternal recovery, hygiene, premature birth, low birth

Table 6: Availability of Information Sources for pregnant women in Ile-Ife

Variable		OAUTH		SDAH		GH		Total	
		F	%	F	%	F	%	F	%
Book	Yes	12	13	11	11	8	8	30	31
	No	30	31	13	14	22	23	66	69
Bulletins/Newsletter	Yes	6	6	6	6	7	7	19	20
	No	36	38	18	19	23	24	77	80
Doctor	Yes	12	13	11	11	13	13	36	38
	No	30	31	13	14	17	18	60	62
Film/Slide Projection	Yes	3	3	0	0	0	0	3	3
	No	39	41	24	25	30	31	93	97
Family Members	Yes	25	26	16	17	19	20	60	62
	No	19	18	8	8	11	11	36	38
Friends	Yes	15	16	11	11	17	18	43	45
	No	27	28	13	14	13	13	53	55
Library	Yes	3	3	0	0	0	0	3	3
	No	39	41	24	25	30	31	93	97
Internet	Yes	0	0	0	0	2	2	2	2
	No	42	44	24	25	28	29	94	98
Newspaper/ Magazine	Yes	0	0	2	2	0	0	2	2
	No	42	44	22	23	30	31	94	98
Nurses	Yes	42	44	24	25	28	29	94	98
	No	0	0	0	0	2	2	2	2
Other Pregnant Women	Yes	22	23	19	20	14	15	55	57
	No	20	21	5	5	16	16	41	43
Pamphlets	Yes	12	13	6	6	6	6	24	25
	No	30	31	18	19	24	25	72	75
Pre-Natal Health Education Classes	Yes	28	29	20	21	22	23	70	73
	No	14	15	4	4	8	8	26	27
Radio	Yes	12	13	7	7	10	10	29	30
	No	30	31	17	18	20	21	67	70
Television	Yes	12	13	8	8	9	9	29	30
	No	30	31	16	17	21	22	67	70

Source: Field work 2019.

Interpretation

Table 6 above shows that 31% of respondents agreed book is available as a source of information for pregnant women while 69% disagree that book is available for pregnant women as a source of information. Also few respondents 20% thought that bulletins/Newsletter are available sources of information for pregnant women while the majority of respondents 80% disagreed that bulletins/Newsletters are available sources of information for pregnant women. Few respondents 38% agreed that doctors are readily available to pregnant women as a source of information but most respondent 62% disagree that doctor is available sources of information to pregnant women. Also almost all the respondents 98% were in support that nurses are an available source of information for pregnant women with just a few 2% disagreed that nurses were available sources of information to pregnant women. Form the table as well it was indicated that the majority of respondent agree that family members, prenatal health education classes and other pregnant women were available sources of information to pregnant women with 62%, 73% and 57% while 38%, 27% and 43% of them disagreed respectively. Also 45% respondents agreed that friends are available sources of information to pregnant women; while the majority of respondents disagree that friends are the available sources of information for pregnant women. Also very few percentages of respondent agree that film/slide projection, internet, library and newspaper/magazine are sources of information available to pregnant women with 3%,2%, 3% & 2% respectively while the majority of the respondents disagree with 97%, 98%, 97%, and 98% respectively. This finding is supported by the findings from Uloma and Adedotu (2013) which reported that Doctors and nurses are the most accessible and used sources of health information, while Libraries were reported least used and Mumba,(2015) who opined that printed materials are the common sources of health information for a pregnant woman. Such as books and journals, leaflets, women’s magazines, and newspapers.

Table 7: Frequency of information sources used by pregnant women in Ile-Ife

Variable		OAUTH		SDAH		GH		Total	
		F	%	F	%	F	%	F	%
Daily	Yes	12	13	6	6	8	8	26	27
	No	30	31	18	19	22	23	70	73
Fortnightly	Yes	14	15	8	8	8	8	30	31
	No	28	19	16	17	22	23	66	69
Monthly	Yes	22	23	14	15	11	11	47	49
	No	20	21	10	10	19	20	49	51
Quarterly	Yes	27	28	13	14	12	13	52	54
	No	15	16	11	11	18	18	44	46

Weekly	Yes	30	31	18	19	19	20	67	70
	No	12	13	6	6	11	11	29	30

Source: Field work 2019.

Interpretation

Table 7 above, revealed that the majority of respondents 67 (70%) agree that the frequency of information used by pregnant women in Ile-Ife is on weekly basis. These findings were in line with the views of O’Keefe et al (1998)

Table 8: Information seeking behaviour of pregnant women in Ile-Ife

Variable		OAUTH		SDAH		GH		Total	
		F	%	F	%	F	%	F	%
Ask your family member/relative	Yes	17	18	15	16	19	20	51	53
	No	25	26	9	9	11	11	45	47
Through Friend	Yes	22	23	14	15	11	11	47	49
	No	20	21	10	10	19	20	49	51
Asking doctor, Health workers or paramedical staff	Yes	40	42	20	21	24	25	84	88
	No	2	2	4	4	6	6	12	12
Internet / social media	Yes	15	16	8	8	9	9	32	33
	No	27	28	16	17	21	22	64	67
alternative medicine	Yes	4	4	3	3	5	5	12	12
	No	38	40	21	22	25	26	84	88
Medical journal and pamphlet	Yes	4	4	3	3	6	6	13	14
	No	38	40	21	22	24	25	83	86

Source: Fieldwork 2019.

Interpretation

From the table above, it was revealed that 53% of respondents agree that information-seeking behaviour of pregnant women in Ile-Ife is through family member/relative, while 49% say is through friends, while majority of respondents 88% seek for information through a doctor, health workers or paramedical. These findings is supported by Acharya, Bell, and Simkhada (2010) which postulated that Pregnant women seek health information to make decisions during pregnancy from friends, oral talks from health workers, and so on. As well as Uloma and Adedotu (2013) which reported that Doctors and nurses are the most accessible and used sources of health information, while Libraries were reported least used

Table 9: Challenges faced by pregnant women in a bid to meet their information needs

Variable		OAUTH		SDAH		GH		Total	
		F	%	F	%	F	%	F	%
Erratic power supply	Yes	12	13	11	11	8	8	30	31
	No	30	31	13	14	22	23	66	69
feeling shy asking information	Yes	6	6	6	6	7	7	19	20
	No	36	38	18	19	23	24	77	80
Finance Problem	Yes	28	29	16	17	20	21	64	67
	No	14	15	8	8	10	10	32	33
I have childcare needs to take care of	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
I have family/household needs to take care of	Yes	40	42	17	18	22	23	79	82
	No	2	2	7	7	8	8	17	18
I have no one to accompany me to the clinic	Yes	28	29	16	17	20	21	64	67
	No	14	15	8	8	10	10	32	33
I have no one to discuss my pregnancy with	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
I have to wait a lot to see the doctor or healthcare professional	Yes	40	42	17	18	22	23	79	82
	No	2	2	7	7	8	8	17	18
Ignorance	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
Inadequate functional PHC centre	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
It is too far to get to clinic	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
Language barrier	Yes	30	31	19	20	18	19	67	70
	No	12	13	5	5	12	12	29	30
My elders think their advice is enough	Yes	6	6	6	6	7	7	19	20
	No	36	38	18	19	23	24	77	80
My partner is not involved	Yes	6	6	6	6	7	7	19	20
	No	36	38	18	19	23	24	77	80
Scarring of asking for information	Yes	6	6	6	6	7	7	19	20
	No	36	38	18	19	23	24	77	80
The health staff attitude is not good	Yes	22	23	14	15	11	11	47	49
	No	20	21	10	10	19	20	49	51
There is a lack of proper discussion by health professional	Yes	22	23	19	20	14	15	55	57
	No	20	21	5	5	16	16	41	43

Source: Fieldwork 2019.

Interpretation

Table 9 above shows the challenges faced by pregnant women in a bid to meet their information needs. Many respondents 67% thought that finance problem is the challenges faced by pregnant women in a bid to meet their information needs, 70% says that having childcare needs to take care of is the challenges faced by pregnant women in a bid to meet their information needs, while 82% of respondents agree that having family/household needs to take care of is the challenges faced by pregnant women in a bid to meet their information needs. Also 82% of respondents' beliefs that wait a

lot to see a doctor or healthcare professional is the challenge faced by pregnant women in a bid to meet their information needs. These findings correlate with earlier findings of Mulauzi and Daka (2018) which listed several challenges women face in their bid to access the required information to include: illiteracy, poverty, distance, language barrier, inadequate services, lack of information, inadequate human resources, poor attitudes of health workers towards women and cultural practices and the findings of Ajayi and Osaknle (2013) which enumerated unprofessional practices, attitudes and behaviours of Health personnel as barriers to the use and access of health-related information by a pregnant woman

Conclusion

The information need of pregnant women in Ile-Ife was the major focus of this study. The majority of the respondents (pregnant women) used for the study were between the ages of 26 – 35 years of age, while 53% are expecting 2nd – 5th delivery and 59% were SSCE holders even one respondent had PhD.

Based on the findings from the study, we can safely conclude that the information needs of pregnant women in Ile-Ife include: breastfeeding, disease prevention and control, environment cleanliness, after delivery, sickness during pregnancy, and immunization. They, however seek this information through asking doctor, Health workers or paramedical staff, alternative medicine , internet, pamphlets, etc. Even though the pregnant woman in Ile-Ife metropolis frequent the hospital on a weekly basis they experience several challenges in their bid to meet their information needs ranging from limited finance, household needs to take care of, having no one to accompany me to the clinic, having no one to discuss my pregnancy with, having to wait a lot to see the doctor or healthcare professional and health staff attitude is not good.

Recommendations

The following are recommendations given based on the research work.

1. The Government should ensure adequate distribution of primary health care (PHC) centers, especially across the grassroots to ensure pregnant women received information about their pregnancy at the right source in the right time and an affordable cost.
2. Health workers should exhibit a good attitude towards the pregnant women seeking information and discharged their duties diligently to encourage pregnant women to seek information need at appropriate source
3. Effective education and counseling of women on the importance of antenatal care
4. The Government should ensure that antenatal care services are affordable, especially at the grassroots.
5. Media houses, such as Radio and Television Broadcasting Corporation should improve their effort on the dissemination of information that will aid the way pregnant women in seeking the information need.

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November 28, 2019

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