

INFORMATION SEEKING BEHAVIOUR OF PREGNANT WOMEN IN SELECTED HOSPITALS OF IBADAN METROPOLIS

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Abstract

This study sought to ascertain the information seeking behaviour of pregnant women in selected hospitals of Ibadan Metropolis. The study adopted the survey design. The study's population encompassed of 1900 pregnant women in selected hospitals. Proportional random sampling technique was used to draw samples from each hospital. A questionnaire was used for data collection. Data was analyzed using the frequency distribution and percentage counts. Findings revealed that information on environmental cleanliness and immunization were mostly needed by the respondents. Doctors and nurses were also identified as the most available and utilized sources of health information. Libraries were, however, found to be the least available and utilized source of health information. Challenges facing information seeking were attributed mainly to libraries, lack of income and time. The study concludes by noting that the availability, access to, and utilization of health information would translate to a safe delivery thereby reducing maternal mortality and recommends that government provides libraries and free medical care to encourage women to seek health information, among others.

Keywords: Health information; Information seeking behaviour; Maternal mortality; Pregnancy; Pregnant women.

Introduction

Pregnancy is not only a period of physical changes but also a period in a woman's life when health related behaviours are most vital as decisions taken in pregnancy could affect the life of a mother and her unborn fetus. For pregnant women to adequately live a healthy life and ensure the safe delivery of their babies, they need to search and acquire information necessary for healthy living. The search for information, however, starts with the identification of a gap in

knowledge, for which the individual makes an effort to bridge. As noted by Allen (1996) information need occurs whenever an individual's knowledge fails. Dervin (1992) also points out that information need results from the effort of making sense which thus results in bridging of gap in an individual's knowledge.

The twenty-first century has witnessed a remarkable evolution as evident in considerable large increase of technology ranging from bibliographic to full text database. Wilson (2000) notes that in the course of seeking information, an individual may interact with manual information in the form of newspaper or a library or with computer-based systems such as the web. Information can, therefore, be derived from a variety of sources, including books, journals, the Internet, friends/relatives, persons at the workplace or professional advisors. Despite the abundance of information sources, the well being of pregnant women remains a major concern in the world. It is, therefore, not surprising that 147 heads of states met in September 2001 and collectively endorsed Millennium Development Goals (MDGs), part of which is to reduce child mortality rate by 2/3 and maternal mortality ratio by 3/4 between 1990 and 2015 (UNICEF, n.d.).

The concern for maternal well being is justified as UNICEF (2009) observed that in the poorest parts of the world, the risk of a woman dying as a result of pregnancy or childbirth during her lifetime is about one in six compared to about one in 30,000 in Northern Europe. India, being a developing country, contributes 26% of the global burden of maternal deaths with nearly 136,000 women dying annually due to causes related to pregnancy and childbirth. According to Udofia & Okonofua (2008) available evidence indicates that Africa accounts for the highest burden of mortality among women and children in the world. UN World Population Prospects & the Institute for Health Metric Reports (2010) as cited in Oyedele (2012)) affirms that Nigeria ranks high among the list of countries with high maternal and infant mortality rates with a ratio of 545 per 100,000 live births

on the maternal mortality index and 75 per 1000 live births on the infant mortality index. Such revelation, therefore, makes it necessary to study the information seeking behaviour of pregnant women as this would no doubt create more awareness of the seriousness of maternal health care issues. Also, it is important to identify the real ways of meeting the information needs of pregnant women which was the main focus of this study.

Information has been recognized over the world as an important tool for making decisions and reducing uncertainty. However, despite the abundance of information resources in a variety of sources, literature still reveals that mortality rate among pregnant women is still high especially in Nigeria and other developing countries. Where such situation continues to exist, more women would likely die from preventable pregnancy related causes. It is the light of this that the study investigated the information seeking behaviour of pregnant women in selected hospitals of Ibadan Metropolis. Ibadan is the capital city of Oyo State, located in the forest zone of southwestern Nigeria. Ibadan city lies on the longitude 3°5' East of Greenwich meridian and latitude 7°23' North of the Equator. Besides being the largest indigenous city in Africa, south of Sahara, the city is an important trade and educational centre. It also houses one of the largest and foremost teaching hospitals in Africa. However, the city is characterized by low level of environmental sanitation, poor housing, and lack of potable water and improper management of wastes especially in the indigenous core areas characterized by high density and low income populations (Okonko & Udeze, 2011).

Objectives of the study

The general objective of this study is to ascertain the information seeking behaviour of pregnant women. The specific objectives are to identify the:

- i. information needs of pregnant women;
- ii. sources of health information available to pregnant women;
- iii. extent of use associated with health information sources;
- iv. challenges facing pregnant women when seeking information.

Literature review

Pregnancy, particularly first pregnancy, is a major transition in every woman's life (Hofberg & Ward, 2003; Schneider, 2002). This is particularly so as a pregnant woman finds herself in a unique and relatively new context, in which she undergoes major physical, psychological, and social transformations. Aarts & Dijksterhuis (2000) state that although pregnancy is exciting, a woman may also experience doubts and uncertainties about her new identity as a potential mother and her life style, which may in turn trigger her to rethink and reconsider a lot of her behavior, including her nutrition. And since high quality nutrition is of extra importance during this period, it becomes one of the few logical moments in a woman's life when it is necessary to rethink nutrition habits (Anderson, 1996).

The findings of a study by Sz wajcer; Hiddink; Mese; Koelen & VanWoerkum (2008) further affirm that women are more interested in nutrition information during pregnancy than before conception.

Giugliani; Caiaffe; Vogelhut; Witter & Perman (1998) on the other hand, identified information relating to baby feeding as an information need of pregnant women. This is particularly so as women often express concern over breast feeding and formula feeding. In a related study Saleh & Lasisi (2011) identified ante-natal and post-natal care, immunizations especially on the six childhood killer diseases, prevention and management of Vascular Virginal Fistula (VVF), and delivery options as the paramount health information required by rural women.

Bernhardt & Felter (2004), affirm that there are countless books, magazines, videos, television programs, classes, and other resources on childbirth, parenting, and pediatrics from which mothers and mothers-to-be can choose. This was corroborated by Hsieri & Brennan (2005) who conducted open-ended question that asked participants about the information resources they used prior to their clinic visit. The responses from this exercise included books, pamphlets and the Internet.

In a research conducted by Aaronson, Mural & Pfoutz (1988), it was revealed that major sources of information were health care providers and books. Providers topped the list with 1845 points, followed by books (1608 points), friends (925 points), print media (910 points), family (753 points), self (598 points), and audiovisual media (380 points). They finally concluded that multiple channels of acquiring information were used by pregnant women. Shieh, McDaniel and Ke (2009) in a study of low income pregnant women affirmed that health care providers were the highest source of information. In a similar study on women's health information needs and information sources, Nwagu and Ajama (2011) identified family and friends, local herb hawkers, local drug sellers (hawkers) and traditional healers as the most utilized information sources.

Burnett, Jaeger, and Thompson (2008) opine that access has three components: physical, intellectual, and social. Physical access according to them includes the physical structures that contain information, the electronic structures that contain information, and the paths that are traveled to get to information and suggest that geography and technology can affect physical access. Intellectual access, on the other hand refers to understanding information in a document and traits such as physical or cognitive (dis)abilities, language competence, and technological literacy can limit access to information. Social access suggests that elements of one's social world, including social norms and worldviews, influence which information one accesses, and how and why particular information is

sought. This view is corroborated by McKenzie (2002) who affirms that information seekers are faced with three kinds of barriers which may originate with either the information provider or the seeker, or both the provider and the seeker. In a study, Glenton (2002) found out that barriers to accessing information includes the use of medical terminology by the information source or provider which may not be understood by the information seeker and lack of communication skills by the information seeker. van Ryn (2002) affirm that health information professionals can exhibit biases based on race, culture, and socio-economic status when sharing information. Parker; Ratzan & Lurie (2003) also affirm that lower levels of literacy and the understanding of medical information constitute barrier to health information seeking. Gazali; Muktar & Gana (2012), on the other hand, identified low self-esteem and socio-demographic factors among the problems facing women when seeking for information.

Methods

This study adopted the survey design method. The study's population encompassed of 1900 pregnant women in selected hospitals of Ibadan Metropolis, Oyo State, Nigeria. Proportional random sampling technique was used to draw samples from each hospital. This study was restricted to pregnant women registered for antenatal care during the period of the study in selected hospitals of Ibadan Metropolis. The selected hospitals were limited to a primary health care center, a private hospital, a state hospital and a federal hospital. These hospitals were selected because they represent the four sectors of hospitals and health care clinics in the city A questionnaire was used for data collection. Data was analyzed using the frequency distribution and percentage counts.

Findings and discussion

Table 1: shows the various hospitals and the corresponding number of respondents selected from each hospital.

Table 1: Selected hospitals and the corresponding numbers of respondents

HOSPITALS	POPULATION	25% FOR SAMPLE
Oluyole Health Center	190	47
Ibadan Central Hospital	158	40
Adeoyo Hospital	552	138
University College Hospital	1000	250
TOTAL	1900	475

Information Needs of Pregnant Women

Respondents were asked to indicate their information needs and the results are displayed in Table 2.

Table 2: Information needs of pregnant women

S/N	INFORMATION NEEDS OF PREGNANT WOMEN	Very Often F (%)	Often F (%)	Sometimes F (%)	Rarely F (%)	Never F (%)
1.	Environment Cleanliness	287(69.7)	63(15.3)	15(3.6)	9(2.2)	38(9.2)
2.	Immunization	271(65.8)	56(13.6)	24(5.8)	13(3.2)	48(11.7)
3.	Disease Prevention and Control	257(62.4)	73(17.7)	14(3.4)	14(3.4)	54(13.1)
4.	Personal-care	248(60.2)	68(16.5)	20(4.9)	19(4.6)	57(13.8)
5.	Baby-care	263(63.8)	59(14.3)	19(4.6)	18(4.4)	53(12.9)
7.	Nutritional/Dietary	199(48.3)	72(17.5)	41(10.0)	50(12.1)	50(12.1)
6.	Emotional Support	179(43.4)	89(21.6)	74(18.0)	21(5.1)	49(12.0)
8.	Family Planning	115(27.9)	59(14.3)	44(10.7)	34(8.3)	160(38.8)

Table 2 reveals that considerably high number of the respondents 287 (69.7%) require information on environmental cleanliness. This was followed by information on immunization 271 (65.8%), disease prevention and control 257

(62.4%), personal-care 248 (60.2%), baby-care 263 (63.8%), information on family planning was found to be the least needed.

Availability of health information sources

The sources of health information available to the respondents are shown in table 3.

Table 3: Availability of health information sources

Sources of Health Information Available to Pregnant Women	Yes	No
Doctors	385 (93.4%)	27(6.6%)
Nurses	359 (87.1%)	33 (8.0%)
Pre-Natal health education classes	337 (81.8%)	75 (18.2)
Television	321 (77.9%)	91 (22.1%)
Friends	297 (72.1%)	115 (27.9%)
Radio	293 (71.1%)	119 (28.8)
Family Members	293 (71.1%)	119 (28.9%)
Books	283 (68.7%)	129 (31.3%)
Other Pregnant Women	268 (65.0%)	144 (34.9%)
Newspaper or Magazines	248 (60.2%)	164 (39.8%)
Pamphlets	247 (60.0%)	165 (40.0%)
Film/Slide Projection	239 (58.0%)	173 (42.0%)
Internet	234 (56.8%)	178 (43.2%)
Bulletins/Newsletter	206 (50.0%)	205 (50.0%)
Library	125 (30.3%)	287 (69.7%)

Majority of the respondents 385 (93.4%) stated that doctors are the most available source of information, followed closely by the nurses with 359 (87.1%). Libraries were, however, found to be the least source of health information available to respondents with 125 (30.3%).

Types of Health Information sources Utilized by Pregnant women

In order to determine the level of use associated with health information sources, respondents were asked to indicate the extent of utilization. Findings are shown in Table 4.

Table 4: Utilization of information sources

TYPES OF INFORMATION SOURCES UTILIZED	Very Heavily Utilized F (%)	Highly Utilized F (%)	Moderately Utilized F (%)	Rarely Utilized F (%)	Never Utilized F (%)
Doctors	299(72.6%)	52(12.6%)	28(6.8%)	9(2.2%)	24(5.8%)
Nurses	234(56.8%)	78(18.9%)	38(9.2%)	11(2.7%)	51(12.4%)
Pre-Natal health education classes	224(54.4%)	65(15.8%)	25(6.1%)	19(4.6%)	79(19.1%)
Family Members	205(49.8%)	75(18.2%)	66(16.0%)	36(8.7%)	30(7.3%)
Television	184(44.7%)	49(11.9%)	58(14.1%)	38(9.2%)	83(20.1%)
Other Pregnant Women	176(42.7%)	70(17.0%)	75(18.2%)	43(10.4%)	48(11.7%)
Radio	166(40.3%)	62(15.0%)	60(14.6%)	41(10.0%)	83(20.1%)
Friends	165(40.0%)	70(17.0%)	78(18.9%)	41(10.0%)	58(14.1%)
Newspaper or Magazines	165(40.0%)	63(15.3%)	61(14.8%)	42(10.2%)	81(19.7%)
Pamphlets	158(38.3%)	36(8.7%)	63(15.3%)	60(14.6%)	95(23.0%)
Internet	155(37.6%)	49(11.9%)	36(8.7%)	37(9.0%)	135(32.8%)
Books	134(32.5%)	66(16.0%)	55(13.3%)	38(9.2%)	119(28.8%)
Bulletins/Newsletter	97(23.5%)	43(10.4%)	62(15.0%)	55(13.3%)	155(37.6%)
Library	88(21.4%)	45(10.9%)	41(10.0%)	43(10.4%)	195(47.3%)
Film/Slide Projection	82(19.9%)	45(10.9%)	62(15.0%)	49(11.9%)	174(42.2%)

Findings from table 4 reveals that respondents highly utilize the following source of health information: Doctors 299 (72.6%), Nurses 234 (56.8%), pre-natal health education classes 224 (54.4%). On the other hand, Film/Slide Projection 82 (19.9%) and library 88 (21.4%) were the least utilized sources of information.

Challenges faced by pregnant women when seeking information

Respondents were asked to identify challenges facing them when seeking health information and the result is displayed in table 5

Table 5: Challenges in seeking health information

Challenges of seeking health information	Very Challenging	Challenging	Not Challenging
	F (%)	F (%)	F (%)
Lack of Library or Information Centre	163(39.6%)	101(24.5%)	148(35.9%)
Lack of Income	107(26.0%)	98(23.8%)	168(40.8%)
Lack of Time	100(24.3%)	109(26.5%)	203(49.3%)
High Cost of Information	99(24.0%)	69(16.7%)	244(59.3%)
Lack of Qualified Health Professional	94(22.8%)	73(17.7%)	245(59.5%)
Lack of Awareness on the existence of information	93(22.6%)	113(27.4%)	206(50.0%)
Lack of Mobile Phones	85(20.6%)	64(15.5%)	263(63.8%)
Lack of television	82(19.9%)	47(11.4%)	283(68.7%)
Level of Education	78(18.9%)	57(13.8%)	277(67.2%)
Material Age	74(18.0%)	73(17.7%)	265(64.3%)
Geographical Location	72(17.5%)	102(24.8%)	238(57.8%)
Distance to the Source of Information	69(16.7%)	100(24.3%)	243(59.0%)
Lack of Radio	69(16.7%)	80(19.4%)	263(63.8%)

From table 5, challenges faced in seeking health related information had a good spread with the highest challenge being lack of Library or Information centers 163 (39.6%), followed closely by lack of income 107 (26.0%) and time 100 (24.3%).

Discussion

Information needs of pregnant women are linked closely to disease control as findings indicate that their information needs are more on: environmental cleanliness, immunization, disease control and personal-care or personal hygiene. The finding is consistent with those of Aarts & Dijksterhuis (2000), Saleh & Lasisi (2011), who identified environmental cleanliness, change of life-style (personal-care), ante-natal and post-natal care that involves immunization, childhood care orientation, prevention and control of diseases as information needs of pregnant women. The finding is not surprising, considering the sanitary

condition of most cities in developing countries where dirt litters the environment and a large number of children are still affected by infant diseases. Information sources available to respondents were found to be mostly medical personnel such as doctors and nurses. The finding is consistent with findings of Aaronson, Mural & Pfoutz (1988), Shieh, McDaniel & Ke (2009), whose studies revealed that health care providers are major sources of information for pregnant women. Apart from the personal attention rendered to pregnant women by doctors and nurses, some hospitals also run pre-natal health education classes to further educate women. What is surprising in the study, however, is the fact that some respondents, though few in number, actually affirmed that they do not have access to doctors and nurses. Considering the fact that the study respondents are duly registered for anti-natal care in hospitals, it is expected that medical personnel would be available to them. The implication is that though registered for anti-natal care, some women may still not have access to medical personnel.

Majority of the respondents also affirmed that health practitioners were the most utilized source of information. This is actually expected taking into consideration that they are the most available source of information. The findings, however, disagree with the finding of Nwagu & Ajama (2011) who identified family and friends, local herb hawkers, local drug sellers (hawkers) and traditional healers as the most utilized information sources. The disparity in the findings may not be unrelated to the fact, that Nwagu & Ajama's study was restricted to women in a rural area. It was, however, worrisome to note that the library is among the least utilized sources of information despite the fact that some of the respondents affirmed using print materials such as books and pamphlets. The implication here is that the study respondents' are willing to read books but in situations where libraries are not available to them, there is no way they can utilize them.

A host of challenges were found to face pregnant women in the search for information. Among the challenges faced by the respondents are: lack of library/information center, lack of income and lack of time. This, no doubt, explains the low rating given to the library in terms of availability and use. Where libraries do not exist, there is no way they can be utilized. Lack of income as a major challenge also offers possible explanation for why some respondents though registered in hospitals claim not to have access to doctors and nurses. This is in agreement with the assertion of van Ryn (2002) who affirms that health information professionals can exhibit biases based on race, culture, and socio-economic status when sharing information. It is, therefore, possible that doctors and nurses pay little attention to those with little income.

Conclusion

This paper has captured so many issues as it relates to information seeking behaviour of pregnant women in Ibadan Metropolis. Information is considered as a major ingredient in enhancing the well being of an individual and as such needed in time of pregnancy. The availability, access to and utilization of health information would, no doubt, translate to a safe delivery and healthy life style for a woman during pregnancy thereby reducing maternal mortality. The essence of any research activity is to enhance practice and overall progress by generating new information that will either improve the already existing practices or introduce entirely new ways of doing things. Based on the findings, it is recommended that the government and other concerned health agencies or bodies:

- a. provide necessary infrastructure (like the library) that will serve as a source of health information
- b. provide free medical care to reduce the financial constraints associated with hospital visits as this would encourage more women to seek health information from health care providers

- c. establish more primary health care centers since this will reduce the distance and time spent in seeking health related information.
- d. find avenues of promoting health information using posters displayed in hospitals, or even going beyond the hospital premises to places such as markets and schools, and having health practitioners address issues of health in pregnancy.

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