



doi:10.5281/zenodo.19139569

# Health Information Needs Of Antenatal Women In Public Hospitals In Makurdi Local Government Area, Benue State

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## ABSTRACT

This research work examined Health Information Needs of Antenatal Women in Public Hospitals in Makurdi Local Government, Benue State- Nigeria. The study had three specific objectives with three corresponding research questions. A descriptive survey research design was adopted for the study. The population of the study comprised of 7,764 registered antenatal women. The sample size of 380 was determined using Taro Yamane formula. Simple random sampling technique was adopted for the study. The study was anchored on two theories. A self-structured questionnaire titled: Health Information Needs of Antenatal Women Questionnaire (HINAWQ) was used for data collection. The trial test of the instrument was carried out using thirty (30) antenatal women in General Hospital Gboko and it yielded the alpha coefficient of 0.80. The descriptive statistics of frequency counts, simple percentages, mean and standard deviation were used for data analysis. The findings of the study revealed that coping with labour, knowing the sex of the foetus, care of the new-born baby, nutrition/diet during pregnancy were health information needs of antenatal women. Also antenatal women source their health information from doctors and nurses, experienced mothers, friends and family members, television and radio among others. The study exposed the purposes of using health information to include understanding the growth and development of the foetus, knowing which medication to take during pregnancy among others. The study recommended that information service providers as well as health care providers should ensure that health information needs of antenatal women are met, doctors and nurses as well as antenatal classes as sources for health information should be made more closely accessible to antenatal women among others. The study concluded that information needs of antenatal women have to be granted and met in order to record good health outcomes as well as safe delivery leading to safe motherhood. Libraries too, especially medical libraries should make frantic effort to make available all health information resources that are related to antenatal women both print and non-print so that they can at all times satisfy their health information needs.

**Keywords:** Antenatal Women, Health Information Needs, Public Hospitals

## INTRODUCTION

The health of individuals is their value and this can be guaranteed when all the information they need are made available. The implication is that they cannot pursue anything meaningful if their health is questionable. This explains or underscores how indispensable health is to an individual. Considering the

vitality of health, everyone –including antenatal women need information that relate to it. As a result, they consult various sources where they can derive their needed information to cope with this highly demanding period i.e. pregnancy. Information for a pregnant woman is critical. It is a major resource that is needed in every sphere of life. In the same vein, pregnant women undergoing antenatal require a wide range of information to stay healthy all through their pregnancy stage to the final delivery of their babies.

Health information is needed for health information needs to be met. The search for health information, however, starts with the identification of a gap in knowledge for which the pregnant women make an effort to bridge. Allen in Namadi and Msughter (2020) opined that health information need occurs whenever an individual's knowledge fails. Saleh (2011) stated that the most paramount health information needs of pregnant women are antenatal and post-natal care, how to safely deliver pregnancy and immunizations especially on the six (6) killer diseases which are polio, whooping cough, tetanus, diphtheria, measles and tuberculosis. Saleh further noted that antenatal women need information on diet nutrition, breastfeeding and family planning to a large extent. Moreso, pregnant women need information on the progress of the pregnancy, importance of attending antenatal classes, physical and psychological complications after delivery, medical test during pregnancy and treatment during pregnancy. Others include information on the growth of their unborn baby, healthy nutrition for expectant mothers, labour and delivery process, how to prevent and manage Visco (Vascular) Vaginal Fistula (VVF) as well as information on challenges along their transition to parenthood or safe motherhood, to put simple (Saleh & Lasis (2011). When all these health information needs are met, antenatal women benefit as thus: helps in saving their lives and the unborn babies, helps in the delivery of quality medical care thereby reducing the morbidity and mortality rates of antenatal women, enhances the wellbeing of an individual during pregnancy, and translates to safe delivery and healthy lifestyle for a woman during pregnancy (Ojewole & Oludipe, 2017). Most of this health information is delivered during antenatal visits to enable pregnant women meet their information needs. The strategies used by information seekers such like antenatal or pregnant women to satisfy their health information needs is known as information seeking behaviour. As information needs of pregnant women universally are same, those attending public hospitals in Makurdi Local Government have very similar health information needs and demonstrate very same behavior with others elsewhere in having such needs met. Visiting hospitals, clinics and health facilities for health information, consulting and seeking counseling from doctors and nurses, reading of health literature and bulletins, use of mass media, keying into strongly held traditional beliefs among others are the various sources that antenatal women in Makurdi Local Government look up to for health information (Ojewole & Oludipe, 2017).

Health information can, therefore be derived from a variety of sources including books, journals, the internet, friends and relatives, persons at workplace or professional advisors. Others include mass media, midwives and nurses, social media, blogs, websites and expert judgment. The situation of antenatal women in Makurdi Local Government is not an exception. Due to the diversity of their health information needs, there are also different responses. As some prefer this source of information as being appropriate for them, others may prefer sources other than that. Again, as others need information on coping with dizziness, vomiting, spitting and mood change/swing, some may need information on sex of foetus, labour, safe delivery, family planning and immunization. Because there are different information needs prompting antenatal women at different times, they have different preferred sources of information (Onoha & Amuda, 2015).

Antenatal women seek health information for different purposes. Information exchanged during antenatal is a tool that facilitates women's decision-making process regarding prenatal and postnatal care as well as care of their newborn infants. This health information also helps antenatal patients to better manage their pregnancy (Mander in Das, 2013). Health information received by antenatal women from healthcare professionals is mainly to reduce death rate, educate women on postnatal care and immunization date, knowledge of proper diet during pregnancy, positive lifestyle, and breast feeding. This information can enable pregnant women to understand their health and the well-being of their unborn child (Goke, 2012). Also antenatal women can use health information they receive from antenatal appointments to understand their well-being and health status of their unborn child, recognition and management of pregnancy-related

complications, recognition and treatment of underlying illnesses, understand and know their test results of the various medical test like anemia, sexually transmitted infections (example: Syphilis), HIV infection, mental health problems, and or symptoms of stress or domestic violence and develop healthy home behaviours and birth emergency preparedness (Lincetto et'al, 2018). Moreso, antenatal care at the early stage of the pregnancy avails pregnant women the opportunity for early diagnosis and treatment of infections, prevent low birth weight and other conditions in the unborn (UNICEF, 2020). Again, information on antenatal appointments would enable the pregnant women to understand her health and to also know much about pregnant women's health which makes it very easy for the woman to put to birth easily during labour (UNICEF, 2020).

Lastly, Derwin (2015) observed that health information that pregnant women receive during antenatal would enable them to understand their weight and blood pressure, the growth and development of their unborn body (feeling of abdomen, listening for a foetal heartbeat, measuring of the belly), nutrition and right supplements, the right exercises to engage in, best sleeping positions, things to avoid during pregnancy (for example,. alcohol, drugs, among others), as well as other healthy pregnancy habits throughout the nine (9) months period.

Having explored the various health information needs of antenatal women and the behaviour they take to express their information needs, seek and select information from different sources and finally use the information to satisfy their needs, much is still left to be done. The ability of pregnant women in Nigeria and particularly Benue State to have their health information needs met seems grossly impeded by a number of challenges earlier identified thereby causing the problem of not acquiring health information needed. This is because information on possible complications and pregnancy-related risks that if accessed in good time and promptly acted upon to forestall casualty seems neglected and out-rightly not sought. It is in the light of these challenges that this study seeks to determine the health information needs and the information seeking behaviour of antenatal women in public hospitals in Makurdi Local Government of Benue State, Nigeria.

### **Statement of the Problem**

Every pregnant woman is expectant and looks forward to normal and safe delivery devoid of complications of any kind. Women count their joy very full as they transit to safe motherhood and parenthood. Achieving this, is dependent on their accessing and using adequate and balanced health information covering all facets and ramifications of antenatal stage of a woman. Information on this is critical and serves as indispensable tool towards achieving safe delivery with no case of mother and infant mortality. All these health information are important component of antenatal care as its provides opportunity for interface between antenatal women and health care providers about health behavior during pregnancy and about recognizing complications that may arise during pregnancy. When all these are taken care of, the society heaves a sigh of relief as cost on medical bills is cut and the issue of infant and maternal mortality and morbidity is forestalled.

However, satisfying all these information needs of pregnant or antenatal women is faced with a number of challenges such as ignorance of pregnant women, inability to meet the cost of accessing information, mood swings in pregnancy or depression, negative attitude of some doctors and nurses, fear of appearing foolish in asking certain questions about pregnancy, dissatisfaction with the healthcare system among others as they express their behaviour to seek health information from different sources. Studies have shown that Africa and other developing nations of the world (India inclusive) have their fair share on this critical health concern bothering on the antenatal women. In ignorance, they have very firm grip and grasp on traditional, primitive and mystical beliefs on pregnancy issues and information related to it. This pathetic situation leaves pregnant women in these parts of the world information-sick. In Nigeria too, pregnant women in the hinterland are not left out in this messy situation.

The researcher observed from the study area that antenatal women have health information needs which are rarely unmet. It is against this backdrop that this study is undertaken to determine health information needs of antenatal women in public hospitals of Makurdi Local Government, Benue State, Nigeria.

### **Objectives of the Study**

The general objective of the study was to determine the health information needs of antenatal women in public hospitals in Makurdi Local Government, Benue State, Nigeria. The specific objectives were to:

- (i) identify the health-information needs of antenatal women in public hospitals in Makurdi Local Government.
- (ii) identify the health information sources used by antenatal women in public hospitals in Makurdi Local Government.
- (iii) examine the purpose for which antenatal women seek information in public hospitals in Makurdi Local Government.

### **Research Questions**

The study addressed the following research questions:

- i. What are the health information needs of antenatal women in public hospitals in Makurdi Local Government?
- ii. What are the sources of health information used by antenatal women in public hospitals in Makurdi Local Government?
- iii. Of what purpose do antenatal women seek for health information in public hospitals in Makurdi Local Government?

### **Hypotheses**

The following null hypotheses were formulated and were to be tested at 0.5 level of significance.

Ho1: There are no significant health information needed by antenatal women in public hospitals in Makurdi LGA.

Ho2: There are no significant health information sources used by antenatal women in public hospitals in Mahurdi LGA.

Ho3: There are no significant factors that inform the information seeking behavior of antenatal women in public hospitals in Makurdi LGA.

### **METHODOLOGY**

The design of this study was descriptive survey research design. The population of the study was 7,764 antenatal women registered with public hospitals in Makurdi Local Government. The sample size for the study was 380 which was arrived at using purposive sampling technique. The instrument used for data collection was a structured questionnaire titled Health Information Needs of Antenatal Women in Public Hospitals Questionnaire (HINAWPHQ). The instrument was validated by three experts in order to determine its content and construct validity. The instrument was trial-tested in General Hospital Gboko, Benue State on thirty antenatal women. The data collected was analyzed using Cronbach Alpha Correlated Coefficient and it yielded 0.80 overall coefficient. This means the instrument was adjudged high, consistent and reliable. The researcher and three research assistants were involved the administration and collection of questionnaire. Data collected for the study was analyzed using mean and standard deviation while chi-square was used to test hypotheses at 0.05 level of significance.

**RESULTS**

**Research Question One:** *What are the health information needs of antenatal women in public hospitals in Makurdi Local Government?*

**Table 1: Mean and Standard Deviation Score of Health Information Needs of Antenatal Women in Public Hospitals in Makurdi Local Government**

s/no	Item Description (N = 363)	SA	A	D	SD	$\bar{x}$	S.D	Decision
1	Coping with Dizziness	135	62	102	64	2.74	1.14	Agreed
2	Coping with vomiting	90	89	121	63	2.57	1.05	Agreed
3	Coping with spitting	157	66	3	137	2.67	1.36	Agreed
4	Coping with mood change	141	104	30	88	2.28	1.12	Disagreed
5	How to calm down with regards to a pregnancy problem	82	77	66	138	2.28	1.19	Disagreed
6	Labour	140	145	48	30	2.95	1.01	Agreed
7	Sex of foetus	157	74	58	74	2.87	1.18	Agreed
8	Safe delivery	168	98	44	53	3.05	1.08	Agreed
9	Family planning	75	110	95	83	2.49	1.06	Agreed
10	Immunization	168	85	85	25	3.09	.98	Agreed
11	New-born care	135	52	113	63	2.71	1.14	Agreed
12	Nutrition/diet	90	173	37	63	2.62	1.04	Agreed
13	Breast feeding	112	66	48	137	2.52	1.27	Agreed
14	How to control and manage VVF	104	152	77	30	2.62	1.08	Agreed
15	Sex during pregnancy	110	138	82	33	2.56	1.16	Agreed
16	Vaccination in pregnancy	107	178	30	48	2.86	1.04	Agreed
17	Lifestyle during pregnancy	157	107	58	41	2.68	1.29	Agreed
18	Symptoms of pregnancy	135	98	44	86	2.78	1.18	Agreed
19	Pregnancy complications	109	110	69	75	2.82	1.12	Agreed
20	Foetal development	123	85	85	70	2.72	1.13	Agreed
21	Exercise in pregnancy	135	63	80	85	2.68	1.20	Agreed
22	Birth preparedness	90	89	99	85	2.51	1.10	Agreed
23	TB, HIV and malaria in pregnancy	157	66	44	96	2.78	1.25	Agreed
24	Treating of diseases	77	182	30	74	2.60	1.02	Agreed
25	Test and scanning during pregnancy	171	82	55	55	2.73	1.23	Agreed
	<b>Cluster</b>					<b>2.69</b>	<b>1.14</b>	<b>Agreed</b>

**Mean cut-off mark:** 2:50 and above is recorded as agreed while 2.49- below was disagreed

Table 1 reveals mean and standard deviation score of health information needs of antenatal women in public hospitals in Makurdi Local Government. Table 1 further presents the results of assessing antenatal women's health information needs in Makurdi Local Government hospitals. The data indicates a general need for information across various aspects of pregnancy, with items like coping with pregnancy symptoms (dizziness, vomiting, spitting), labor, and safe delivery demonstrating significant agreement (mean scores above 2.5). While the standard deviations vary as most are relatively low, indicating consistency in responses, some (like item 3, coping with spitting) show greater variability. This suggests that while the majority agree on the importance of the topic, there might be a segment of the population with differing opinions. However, information on managing mood changes and pregnancy anxieties (items 4 & 5) shows less agreement, suggesting a potential gap in addressing emotional and psychological needs during antenatal care. The desire for knowledge about the sex of the fetus also appears high. This result implies that antenatal women in Makurdi hospitals have a strong need for information related to physical symptoms, labor, and fetal health, indicating these areas should be prioritized in antenatal education. However, there is a notable gap in addressing emotional well-being, highlighting the importance of integrating psychological support into antenatal services. The result also indicated that adherent to these identified needs can improve maternal knowledge, reduce anxiety, and promote healthier pregnancy outcomes.

**4.1.2 Research Question Two: What are the sources of health information used by antenatal women in public hospitals in Makurdi Local Government?**

**Table 2: Mean and Standard Deviation Score of Sources of Health Information Used by Antenatal Women in Public Hospitals in Makurdi Local Government**

s/no	Item Description (N = 363)	SA	A	D	SD	$\bar{x}$	S.D	Decision
26	Health textbooks	96	189	30	48	2.83	1.05	Agreed
27	Physicians/Doctors	157	64	47	95	2.78	1.25	Agreed
28	Articles in Magazines	168	76	44	75	2.93	1.19	Agreed
29	Nurses/Midwives	75	116	95	77	2.51	1.13	Agreed
30	Previous Pregnancy experience	168	52	85	58	2.91	1.15	Agreed
31	Mobile Apps on Pregnancy	135	41	80	107	2.56	1.26	Agreed
32	Experienced Mothers/Friends	90	95	89	89	2.68	1.13	Agreed
33	Family Members	157	66	55	85	2.81	1.22	Agreed
34	Audio-Visual Sources	88	171	30	74	2.56	1.06	Agreed
35	Articles	82	138	88	55	2.72	1.18	Agreed
36	Health Programmes on Television	140	165	48	10	1.84	0.99	Agreed
37	Health Programmes on Radio	157	54	58	94	2.75	1.25	Agreed
<b>Cluster</b>						<b>2.66</b>	<b>1.16</b>	<b>Agreed</b>

Table 2 shows mean and standard deviation score of sources of health information used by antenatal women in public hospitals in Makurdi Local Government. The analysis reveals that antenatal women in Makurdi public hospitals primarily rely on a variety of sources for health information, with all items scoring above the mean cut-off of 2.50, indicating general agreement on their use. Specifically, sources such as magazines (mean = 2.93, SD = 1.19), previous pregnancy experience (mean = 2.91, SD = 1.15), and family members (mean = 2.81, SD = 1.22) are prominent, reflecting their significant role in information acquisition. Other sources like health textbooks (mean = 2.83, SD = 1.05), physicians/doctors (mean = 2.78, SD = 1.25), and radio health programs (mean = 2.75, SD = 1.25) are also valued. The relatively high standard deviations across items indicate variability in the reliance on each source among women. Overall, the findings suggest that antenatal women in Makurdi utilize a diverse range of informal and formal sources for health information, with a slight preference for personal experiences and media. The result implies that, sources of health information used by antenatal women in public hospitals cut across multiple channels, including healthcare providers, media, and community networks, into health education strategies to effectively reach and inform expectant mothers.

**Research Question Three: Of what purpose do antenatal women seek for health information in public hospitals in Makurdi Local Government?**

To answer this research question, data on the purpose for which antenatal women seek for health information were collected and analyzed as presented on Table 4.

**Table 3: Mean and Standard Deviation Score of the Purpose Antenatal Women seek for Health Information in Public Hospitals in Makurdi Local Government**

s/no	Item Description (N = 363)	SA	A	D	SD	$\bar{x}$	S.D	Decision
38	To understand the development and growth of the foetus	122	63	95	83	2.62	1.17	Agreed
39	To avoid poor health outcomes	114	111	66	72	2.56	1.08	Agreed
40	To achieve maternity-related goals	128	60	-	175	2.79	1.38	Agreed
41	To improve the level of coping with pregnancy	139	98	37	89	2.61	1.19	Agreed
42	To determine if particular types of pregnancy symptoms or the level which they happen are dangerous	145	68	86	64	2.59	1.14	Agreed
43	To know which medication can be taken during pregnancy	96	151	68	48	2.69	.97	Agreed
44	To alleviate concern around taking medication for chronic health issues such as high blood pressure, anxiety and depression	113	53	85	112	2.54	1.22	Agreed
45	To prevent transmission of inheritable conditions to the foetus	120	113	40	90	2.72	1.17	Agreed
<b>Cluster</b>						<b>2.64</b>	<b>1.17</b>	<b>Agreed</b>

Table 3 shows mean and standard deviation score of the purpose antenatal women seek for health information in public hospitals in Makurdi Local Government. The results indicate that antenatal women in Makurdi Public hospitals seek health information primarily to achieve several pregnancy-related goals, with all items scoring above the mean cutoff of 2.50, signifying their importance. Notably, women aim to understand fetal development and growth (mean = 2.62, SD = 1.17), prevent poor health outcomes (mean = 2.56, SD = 1.08), and know which medications are safe during pregnancy (mean = 2.69, SD = 0.97). Other reasons include improving coping mechanisms during pregnancy (mean = 2.61, SD = 1.19), determining the danger level of pregnancy symptoms (mean = 2.59, SD = 1.14), preventing transmission of inheritable conditions (mean = 2.72, SD = 1.17), and alleviating concerns about medication use for chronic conditions (mean = 2.54, SD = 1.22). The relatively high standard deviations across these items suggest varied levels of emphasis placed on each purpose among the women. Respondents reiterated that, antenatal women seek health information mainly to safeguard their health and their babies' well-being, indicating a proactive approach to pregnancy management. This result implies that, this underscores the importance of providing comprehensive, accessible health education to address these key concerns and support informed decision-making throughout pregnancy.

**Test of Hypotheses**

This section deals with testing of hypotheses formulated using chi-square ( $\chi^2$ ) at 0.05 level of significant.

**Hypothesis 1:** There are no significant health information needed by antenatal women in public hospitals in Makurdi LGA.

**Table 4: Chi-Square Analysis of the Significant Health Information Needed by Antenatal Women in Public Hospitals in Makurdi LGA**

Responses	Observed Frequency	Expected Frequency	df	$\chi^2$ Cal.	p-value	Remark
SA	104	90.8	3	70.510	0.000	Sign.
A	141	90.8				
D	30	90.8				
SD	88	90.8				
<b>Total</b>	<b>363</b>					

**Source:** Researcher's Field Work, 2025

Table 4 reveals that there is a significant difference between the observed and expected frequencies of responses regarding the health information needed by antenatal women with a chi-square value of 70.510 and a p-value of 0.000, indicating that the hypothesis which stated that there are no significant health information needs of antenatal women is rejected. This implies that antenatal women in Makurdi indeed have specific and significant health information needs.

**Hypothesis 2:** There are no significant health information sources used by antenatal women in seeking for health information in public hospitals in Makurdi LGA.

**Table 5: Chi-Square Analysis of the Significant Health Information Sources Used by Antenatal Women in Public Hospitals in Makurdi LGA**

Responses	Observed Frequency	Expected Frequency	df	$\chi^2$ Cal.	p-value	Remark
SA	157	90.8	3	77.540	0.000	Sign.
A	64	90.8				
D	47	90.8				
SD	95	90.8				
<b>Total</b>	<b>363</b>					

**Source:** Researcher's Field Work, 2025

In Table 5, the chi-square value of 77.540 with a p-value of 0.000 shows a significant difference between observed and expected frequencies in the sources of health information used. Therefore, the null hypothesis that stated that there are no significant sources of health information used by antenatal women in public hospitals is rejected. This implies that certain sources of health information are more prominently used by the women.

**Hypothesis 3:** There are no significant factors that inform the information seeking behaviour of antenatal women in seeking health information in public hospitals in Makurdi LGA.

**Table 6: Chi-Square Analysis of the Significant Factors that Inform Information Seeking Behaviour of Antenatal Women in Public Hospitals in Makurdi LGA**

Responses	Observed Frequency	Expected Frequency	df	x <sup>2</sup> Cal.	p-value	Remark
SA	135	90.8	3	53.033	0.000	Sign.
A	107	90.8				
D	80	90.8				
SD	41	90.8				
<b>Total</b>	<b>363</b>					

**Source:** Researcher's Field Work, 2025

Table 6 reveals a chi-square value of 53.033 with a p-value of 0.000, indicating that significant factors inform the information-seeking behavior of antenatal women in seeking for health information. Therefore, the null hypothesis which stated that there are no significant factors that inform information seeking behavior of antenatal women in public hospitals in Makurdi LGA is rejected.

## DISCUSSION OF FINDINGS

The following findings were discussed based on the analysis of the research questions.

The first finding of the study revealed that health information needs of antenatal women are numerous such as coping with spitting, labour, sex of the foetus, safe delivery, family planning, immunization, care of the newborn baby, nutrition/diet, breastfeeding, how to control and manage VVF, sex during pregnancy, symptoms of pregnancy, vaccination during pregnancy, pregnancy complications, foetal development, exercise in pregnancy, treatment of diseases as well as test and scanning during pregnancy. Others are birth preparedness, how to handle TB, HIV and malaria during pregnancy as well as sleeping position. The finding of the study collaborates that of Ebijuwa, Ogunmodede and Oyetola (2013) which observed that information needs of pregnant women include information on maternity, information on delivery and information on breastfeeding among others. Also, these findings agree with the finding of Murugathas, Sritharan and Santharooban (2020) which observed that pregnant women need information on pregnancy complications, delivery complications, child delivery, special tests during pregnancy.

The second finding of the study revealed that health information sources used by pregnant women when seeking for health information include physicians/doctors, nurses/midwives, health articles in magazines, previous pregnancy experience, experienced pregnant mothers/friends, family members, health programmes on television and radio, audio-visual sources among others. This finding agrees with the finding of Namadi and Msughter (2020) which observed that antenatal women get their information from attending antenatal sessions, from the mass media as well as from doctors and nurses. Also, these findings collaborate that of Ebijuwa, Ogunmodede and Oyetola (2013) which submitted that sources of health information for the pregnant women include maternity health centre, local chemists, primary health centres, posters among others.

The third finding of the study revealed that the purpose for which pregnant women seek for health information is to understand the development and growth of the foetus, avoidance of poor health outcomes, achieve maternity related goals, improve the level of coping with pregnancy, to know which medication to take during pregnancy among others. This finding agrees with that of Omoanomo and Eruvwe (2017) which submitted that antenatal women seek for health information for the purpose of knowing the growth and development of the foetus, to avoid poor health outcomes, to achieve maternity related goals, as well as to know what medication to take during pregnancy.

## CONCLUSION

Based on the findings of the study, the researcher drew conclusion that the information needs of antenatal or pregnant women have to be granted or met in order to record good health outcomes as well as safe delivery leading to safe motherhood. The altitude of some nurses and midwives in dealing with pregnant women should be improved upon bearing in mind that, at this critical time in the phase of their life, these antenatal women need health information from them for sustainability and survival. Since information is power, medical libraries too should make available all health information both print and non print needed for the consumption of antenatal women in order to meet their information needs.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. That since health information needs of antenatal or pregnant women are diverse and are applicable to all aspects of the life of the pregnant woman, meeting these needs should be a priority by information service providers and health care givers.
2. That since antenatal women source their health information basically from doctors/physicians, nurses/midwives, antenatal sessions or classes, these sources should be more closely accessible to these women without any hindrance as they offer to them reliable, dependable and timely information. Also, other informal sources of information such as experienced mothers, family members, relatives and friends used by the antenatal women should always verify and authenticate the health information they make available to the antenatal women for consumption. Information service providers on social media platform, libraries and mass media outfits should at all times authenticate the quality of their information before releasing it out for the consumption of antenatal women.
3. That since health information is used for purposes that are genuine, sustainable and have direct bearing towards ensuring safe motherhood and reducing infant mortality, it should always be verified and proven to be authentic, accurate, dependable, timely and not misleading. Information service providers and health care givers should always verify their information carefully before releasing into the public domain for use by the antenatal women.

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