

Awareness and Accessibility to Antenatal Health Care Information by Women in Katsina Metropolis

By

Rabiatu Abdulkadir Mashi

University Library,

Umaru Musa Yar'adua University Katsina, Nigeria

Email: rabiatu.abdulkadir@umyu.edu.ng

Survey research method was adopted to carry out the study. The population of the study was 350 pregnant women attending antenatal care in General hospital Katsina and Turai Umaru Musa Yar'adua Maternal and Child Hospital Katsina. The sample size of the study was the total population because it manageable. Descriptive statistics was used to analyse the data collected. The findings revealed that general health information on pregnancy was the major Antenatal health care information available to women in Katsina metropolis. The study also revealed that women in Katsina metropolis were least aware of information on food hygiene, nutrition and diet and not aware at all about information on medication. The study found that pregnant women in Katsina metropolis access information on antenatal healthcare monthly usually when they visit hospital. Social status and literacy were factors significantly influencing awareness of ANC information while staff delays in attending to patients, long queues and several hours stay at the hospital impede accessibility. The study concluded that pregnant women in Katsina metropolis were not provided with enough Antenatal health care information except for general health education information on pregnancy which was highly available and aware among pregnant women in Katsina metropolis. The study recommended that Katsina state government and other stakeholders should organize trainings, workshops and enlightenment campaigns to create more awareness on the existence of all aspect of ANC information and the importance of utilizing them on regular basis.

Keywords: Awareness, Accessibility, Antenatal healthcare information

Introduction

Information is an important resource for the growth and survival of individuals, organizations and society. The progress of modern societies as well as individuals depend greatly upon the provision of the right kind of information in the right form and at the right time. Therefore, for pregnant women to have sustainable health and successful delivery, they need to have access to adequate information. Health information is a valuable resource that is useful at personal, group, community and national levels. Antenatal healthcare Information is therefore an essential commodity to which individuals in every society gain access. Uluaocha (2004) opined that access to information is vital if an individual is to function effectively in the present day information age.

Furthermore, access to information is recognized as a “fundamental human right”. Nobody within a society should therefore be cut off from the possibility of getting desirable information. In Nigeria, about 50% women are at risk to life as a result of complications that are associated with pregnancy, child birth and postpartum period. Women of reproductive age have been classified as those between 15 – 49 years according to WHO (2003) and these constitute more than one fifth of the world’s population and are repeatedly exposed to the risk of pregnancy and child bearing which includes maternal mortality and morbidity among others. Information access and utilization for Antenatal healthcare is important for early detection of mothers who are at high risk of illness and mortality during pregnancy and it helps them make choices about their healthcare, reducing health inequalities and ensuring that every child has the best start in life and ready to succeed.

The Concept of Antenatal health care

Antenatal healthcare which is a prime component of primary healthcare is according to WHO/UNICEF (2003) the care that a woman receives during pregnancy, which helps to ensure healthy outcomes for women and new born. Antenatal care (ANC) is therefore an umbrella term used to describe all the medical procedures and care that are carried out on women during pregnancy and childbirth. Titaley et-al (2010) posits that the objective of ANC is to ensure that every pregnancy results in the delivery of a healthy baby without impairing the mother’s health. The medical procedures and care provided to women and their newborn babies includes provision of broad range of health promotion and preventive health services, nutritional support, the prevention and treatment of anemia, detection and treatment of malaria, tuberculosis, sexually transmitted infections (STIS/HIV AIDS), provision of iron/folic acid supplement and tetanus toxic immunization (TT). ANC is also an opportunity to promote the

benefits of skilled attendance of birth and to encourage women to seek post-partum care for themselves and their newborns. It is also an ideal time to counsel women about the benefit of child spacing.

Ekabua and Njoku (2011) disclose that the major goals of ANC are to:

1. Promote and maintain the physical, mental and social health of mother and baby by providing education on nutrition, personal hygiene and birthing process;
2. Detect and manage complications during pregnancy, whether medical, surgical or obstetrical;
3. Develop birth preparedness and completion readiness plan;
4. Help to prepare mothers to breastfeed successfully, experience normal puerperium and take good care of the children physically.

In order to achieve one of the goals of ANC which has to do with provision of education, information and counseling to women, ANC education are conducted in every primary healthcare centre to educate and inform mothers about the range of different fields related to pregnancy, birth preparedness and caring for a new born baby. Therefore, information access and utilization on antenatal healthcare is important for early detection of mothers who are at high risk of illness and mortality during pregnancy. Sally cited in Mohammed (2012). States that antenatal and postnatal care services are among the major interventions aimed at reducing maternal and newborn death worldwide.

Antenatal healthcare information

Antenatal healthcare information is a strategy that is provided to women in order to reduce maternal mortality and morbidity through the provision of information on how to detect and treat pregnancy related illness. According to United Nation Children's Education Trust Fund UNICEF (2006) ANC Information is the healthcare education provided to women during pregnancy in order to identify high risk factors or conditions that causes complications during pregnancy. A great amount of information exist on antenatal healthcare in research findings, individuals, organizations, and ministries of health which if made available and accessible to pregnant women will improve their standard and well being. Antenatal health care information is one of the vital tools that help in achieving effective ANC services that is provided to pregnant women which eventually protects the life of both mother and fetus from mortality and mobility. The information is received directly from doctors, nurses, midwives and traditional birth attendants (TBA). The information passes to pregnant women enables them to know how to take care of themselves during pregnancy, child birth and postpartum period. Advice and

physical care are all part of the antenatal information that women receive from their midwife and doctors during their pregnancy whether they plan to give birth at home, in a birth center or in hospital. Sharma (2002) assert that one of the most important components of ANC information is to give advice to women about pregnancy related complications and possible curative measures for the early detection and management of complications. In this regard, Shiffman (2000) suggested that health personnel should provide women with information about nutrition and hygiene and about signs that may suggest problems requiring medical care. Also Titaley et-al (2010) posit that antenatal healthcare information services help pregnant women in identifying complications associated with the pregnancy, through antenatal visits, women benefits from various interventions including counseling about healthy lifestyles.

The relevance of information on Antenatal healthcare is aimed at ensuring good maternal health and reduction of mortality rate which is increasing as Adewoye et-al (2013) pointed out that maternal mortality ratio in Nigeria is 1,100 per 100,000 live birth and is higher than the western regional average this death rate would have been reduced if information on Antenatal healthcare services is properly utilized. Since the major objectives of ANC is to ensure optimal health outcomes for the mother and baby, The Nigerian demographic and health survey NDHS (2008) discloses that ANC information provided by a skilled health worker enables;

1. Early detection of complication and prompt treatment (eg detection and treatment of STIs)
2. Birth preparedness and complication readiness
3. Health promotion and disease prevention through health messages and counselling of Pregnant women.
4. Health promotion and disease prevention through health messages and counselling of pregnant women.

According to Jibril (2013) there are variety of information needed by pregnant women which will assist and guide them towards ensuring safe pregnancy, safe delivery and qualitative breast feeding for healthy child which includes the following.

1. General health education information on pregnancy
2. Trimester Information
3. Second trimester information
4. Third trimester information
5. Nutritional Information
6. Medicational information
7. Information on hygiene

8. Information on minor Complaints in pregnancy
9. Information on sign and symptoms of labor
10. Information on child delivery
11. Information on exclusive breast feeding,

National Institute for Health and Clinical Excellence NIHCE (2008) suggested that the following types of ANC information should be given to women at the first contact with a healthcare professional.

1. Information on how to take iron/folic acid supplement
2. Information on food hygiene including how to reduce the risk of food acquired infection
3. Information on life style advice, including smoking cessation and the implications of recreational drug use and alcohol consumption in pregnancy
4. Information on all ANC screening, including screening for anomaly scan and screening for down's syndrome, as well as risks and benefits of the screening tests.
5. Information on how the baby develops during pregnancy
6. Information on nutrition and diet, including vitamin D supplementation for women at risk of vitamin D deficiency
7. Information on exercise, including pelvic floor exercises
8. Information on pregnancy care pathway
9. Information on breastfeeding should be provided including technique and good management practices that would help a woman succeed
10. Information on preparation for labor and birth including information about coping with pain in labor and the birth plan
11. Information on how to take care of the new baby
12. Information about postnatal self-care

ANC information also includes information on public health issues such as diet, exercise, smoking, alcohol and drug intake, health information on prevention/treatment of malaria and other types of common ailments.

Access to Antenatal Healthcare Information

Accessibility is the ability to reach a healthcare service, women need timely access to information and skilled care during pregnancy, child birth and post-partum/newborn period. Too often, however, their access to information is impeded by delays; these delays have many causes including logistical and financial concerns, unsupportive policies and gaps in communication as well as inadequate community and family awareness and knowledge about

maternal and newborn health .Accessibility to antenatal healthcare information is determined by a variety of factors these include the availability of healthcare services within a certain distance, affordability, perceptions of quality, peoples level of education and attitudes regarding gender. According to Federal Ministry of Health (2011) approximately 71% of Nigerians have access to primary healthcare facility located within a 5km radius of their homes. However, many of these primary healthcare centers are not functional owing to stocks frequently running out lack of equipment, essential supplies and qualified staff.

Information on perceived problems in accessing antenatal healthcare information is particularly important to understanding and addressing the barriers some women face in seeking care during pregnancy and at the time of delivery. According to Federal Ministry of Health Reproductive Health Survey (2011) it discovered that poor transport, negative attitudes among health workers, the high cost of drugs and services, frequent shortage of drugs supplies, staff and delays in attending to patients contributed to poor access and utilization of antenatal healthcare information. Pallikadavath et- al (2004) stated that Lack of access to antenatal healthcare services is a crucial factor that contributes to high maternal mortality, as part of efforts in attaining the Fifth Millennium Development goal which calls for improving maternal mortality ratio by three – quarters, between 1990 and 2015 there is the need for all pregnant women to have access to antenatal healthcare information during pregnancy. In developing countries like Nigeria, there are a lot of impediments preventing most women from accessing available information on antenatal care. Some of these impediments include financial constraints, poor road network and lack of transport facilities, shortage of midwives, public health nurses, doctors and obstetricians, leading to long queues and several hours stay at the facility. Others include old traditional practices and taboos, which have prevented the women from seeking antenatal care when pregnant. . Access to basic Antenatal health care information is an essential need to all pregnant women because it improves child health monitoring and overall community awareness of basic health issues, Regular health education, routine vaccinations and early detection of health issues.

Statement of the Problem

In Katsina State, the State Ministry of Health gives much attention to ANC services since its main objective is to ensure that every expectant mother maintains good health, learns the art of child care, has normal delivery and bear healthy children. The government provides excellent and free healthcare delivery services by providing and establishing health care centres

most especially maternal child care centre that provides free antenatal services to women, for example there is Turai Umaru Musa Yar'adua Maternity and Child Hospital in Katsina metropolis in which all pregnant women and children from 0-5 years receives free medical care, but there is still high rate of Maternal Mortality and Morbidity as observed by the researcher. A lot of women die during pregnancy, due to the fact that most of them do not utilize the ANC information services provided to them. In Katsina State and Nigeria at large, the maternal and infant mortality and morbidity rates are still high. This can be attributed to poor accessibility and utilization of information on Antenatal healthcare. It is against this problem that the researcher will examine the awareness and accessibility of information on antenatal healthcare among pregnant women in Katsina Metropolis.

Objectives of the Study

The objectives of the study were:-

1. To determine the types and sources of information on Antenatal Care (ANC) that are available to pregnant women in Katsina Metropolis.
2. To determine how information on Antenatal Care is provided to women in Katsina Metropolis.
3. To determine the extent to which pregnant women in Katsina Metropolis are aware of information on Antenatal Care.
4. To determine how pregnant women in Katsina Metropolis have access to information on Antenatal Care.
5. To determine the extent to which pregnant women in Katsina Metropolis utilize information on Antenatal Care.

Review of Related Literature

According to Longman Dictionary of Contemporary English (1995) Awareness is referred to as "Knowledge or perception of a situation or fact". This implies that knowledge is gained through one's own perceptions or by means of information. Availability of information for every aspect of life helps create awareness and makes life worthwhile. Awareness and utilization of information by people according to Hornby (1995) differ and are influenced by age, occupation, literacy, location, religion, poverty, gender and social status. Bloom, Lippeveld and Wypij (1999) stated that routine antenatal visits may raise information awareness about the need for care at delivery or give women and their families a familiarity with health facilities that enables them to seek help more efficiently during pregnancy crisis.

Uhegbu (2006) studied National information awareness and utilization among rural women in Imo state and revealed that for people to be aware of information, such information should:

- Be communicated to the people at the right time
- Be properly packaged and accurately targeted
- Be disseminated through the right media
- Be accurate, reliable and avoid of ambiguity
- Be disseminated to the people in the language of their understanding and,
- Be in right quantity and quality

Similarly, retrospective studies in India, Ethiopia and Nigeria found that lack of awareness on antenatal healthcare information was an important risk factor for maternal death and many empirical studies have been carried out on awareness of antenatal healthcare information. For instance, Vanishre, Rani and Shriraam (2013) carried out a study on the Awareness of Gestational Diabetes Mellitus (GDM) among antenatal women in a primary centre in south India. The study shows that although greater proportion of the women were aware of the conditions of GDM, only a small proportion of them (17.5%) had good knowledge about GDM. In a similar study carried out on the knowledge and perception of Prevention of Mother to Child Transmission (PMTCT) services amongst pregnant women accessing antenatal clinic in a Primary Health Care centre in Oyo state, Nigeria by Eme, Adedoyin and Olusimbo (2012), it was revealed that 2,306 (76%) respondents knew that HIV infection could be transmitted from the mother to the child. The study further revealed that knowledge of MTCT was quite high, with most of the pregnant women being aware of how HIV could be transmitted from a mother to a child and that the transmission could be prevented through the use of Antiretroviral Therapy.

Karia (2008) defines accessibility as the ability to reach a service, or thing. Accessing information on health issues by persons is something that comes up naturally from within. Neelamegham (1981) identified accessibility as one of the prerequisites of information use. Culmen (1993) defines information accessibility as the amount of effort needed to locate an information source and then get the needed information from that source.

However, as pointed out by Kuhlthau (2006) the action of information seeking depends on the needs, the perceived accessibility, sources, and information seeking habits. Access to ANC information is important in helping to modify women's risk behaviours and promote positive health practices for adolescents of risk of future unplanned pregnancies and Sexually

Transmitted Infections (STI). This is why Kluge (2006) posits that Antenatal care services should be accessible to all pregnant women irrespective of social status, age, race or level of education and HIV status, and should provide an environment of trust and confidentiality. Supporting this view, WHO (2003) posits most maternal deaths are preventable if women have access to basic medical care and information during pregnancy and delivery.⁸

Aguolu and Aguolu (2002) revealed that efforts are being made worldwide to promote access to information in all formats. They lament the attendant features of underdevelopment such as power failure, Machine breakdowns and lack of spare parts and technicians, which intermittently stall the performance of the modern gadgets of information storage and transfer in developing countries. Okutu (2010) notes that in developing countries, there are a lot of impediments preventing most women from accessing available information on antenatal care. Some of these impediments include financial constraints, poor road network, and lack of transport facilities, shortage of midwives, public health nurses, doctors and obstetricians, leading to long queues and several hours stay at the facility. Others include old traditional practices and taboos, which have prevented the women from seeking antenatal care when pregnant. In this regard, Bloom, Lippeveld and Wypij (1999) assert that since an estimated 90% of maternal deaths can be prevented with timely medical intervention, ensuring quick access to appropriate ANC information services when obstetric emergencies arise is one of the most important aspects of safe motherhood in developing countries. Umar (2014) maintains that there are several sources women can access information on antenatal care; this includes neighbors, relatives, friends, electronic media, maternal and health handbooks, health institution etc. while Aina (1995) argues that patients can access ANC information through health indexes and abstracts, CD-ROM databases in health which are available only in few libraries and documentation centers. The access to antenatal healthcare information varies by location. Women from urban areas have higher chances of having access to antenatal healthcare information than women from the rural areas. Supporting this view, Hossain and Islam (2012) aver that those women who live in villages lack access to information and information resources and ability to access ICT. Okutu (2010) in his study “Access to and utilization of Antenatal care services in Uganda” discloses that in developing countries including Uganda, several factors impede accessibility to information on ANC which includes cost of services, distance to health services, lack of available transportation, high transportation costs, poor road condition and uneven distribution of health care facilities and lack of independence by women to make decision on matters that directly affect their health. Anasi (2012) further revealed that In fact, it has been universally acknowledged that access to health information is the foundation

of public health and the key to the achievement of Millennium Development Goals (MDGs) of reducing maternal and child mortality by 2015, halting and reversing the spread of HIV/AIDS among the most vulnerable by 2010. Godlee et al. stressed that global access to health information is a prerequisite for meeting the Millennium Development Goals (MDGs) and achieving Health for All. It is, therefore, imperative that reliable, relevant, and timely health information is accessible to everyone, especially countries in Nigeria where many are wallowing in ignorance, superstition, fear, poverty, and diseases.

Means of Access to Antenatal Health Care Information

The channel through which information is generated and accessible are the means or source. An information source is anything that might inform a person about something or provide knowledge about it. There are several sources women can access information on antenatal care, this includes neighbors, relatives, friends, electronic media, maternal and health handbooks, health institutions, etc. the importance of these various sources of information in leading to the utilization of antenatal care information cannot be overemphasized. Mason cited in Jibril (2013) notes that information source is any material generated within an organization such as reports, correspondences, memos, bulletins, notice papers etc. and from external environments such as books, journals, pamphlets, magazine newspapers, manuscripts, monographic, conferences and seminar papers, projects, indexes. Others include general or special bibliographies, abstracts, exhibitions, display, notices, encyclopedias, dictionaries, general reference tools, telecommunication, computers etc. Information sources could also be speeches, websites, documents, pictures and electronic resources.

The major sources of information for Antenatal patients according to Mohammed (2012) are the hospital staff e.g. the nurses, midwives and the doctors, these set of health professionals are trained specially to provide information and health care services to the antenatal patients for effective healthcare delivery, while the major resources they consult are posters, television and video in-house lectures, physical tools i.e puppet babies, female reproductive birth canal hip bone (mainly for demonstration).

Benefits of ANC Information to Women

Information is an essential commodity in all spheres of human life and development, so access to it in all ramifications is therefore a basic human right whether the user is literate or not. The provision of free access of information to women and families on antenatal care,

childbirth and postpartum period increase contraceptive's prevalence through promotion of health education, access to quality of family planning services, enlightenment on other reproductive health issues, preventive and treatment of reproductive tract infection will eventually uplift the conditions of women living an ignorance-darkened, disease-prone, poverty-hit and tough (Jibril, 2013). In developing countries like Nigeria, the improvement of the quality of pregnant women's life through the provision of health information from Varied and multiple information sources will help them in making decisions and educate them on how to deal with their healthy conditions during pregnancy and possible treatments. Porum bean and Madge (2009) maintained that through information provision and access, women can make better informed decisions about their diseases, their treatment, and health care generally. Supporting this view, Thawami and Gharpure(1997) emphasized that the information would make them understand their own problems, know solutions available through various options, and consider associated risks and the anticipated results through the chosen intervention. Generally, such information assists the patient and the family to anticipate and understand how the illness may affect the person's health and life. No doubt, access to health information According to Anasi (2012) will help the patient immensely to

1. Exercise the choice of treatment they would like to take, e.g., modern
2. Medicine or alternative medicine;
3. Decide the intervention where choice is made available to them, e.g.,
4. Medical or surgical treatment;
5. Select a particular drug treatment after knowledge about possible adverse effects, addiction liability, cost-effectiveness, benefit, risk consideration, and overall effect on their quality of life;
6. Exercise their right to reject symptomatic treatment in the absence of
7. Provisional diagnosis;
8. Volunteer, if they so wish, to be part of research studies, drug to accept to be an exhibit or case to be discussed with medical students/
9. faculty where their confidentiality is at stake; and
10. Give informed consent not only for anesthesia, surgery, and invasive investigations
 - a. But also for administration of drugs with known adverse effects.

Specifically, access to Antenatal healthcare information is useful for improving knowledge, reduction of anxiety about health issues, reducing complications in pregnancy and taking positive action to address health care concerns.

Methodology

Survey research method was employed in the conduct of this study. The population of the study comprised of 350 pregnant women attending antenatal healthcare in General hospital and Turai Umar Musa Yar'adua Maternal and child Hospital in Katsina metropolis. The instrument used for data collection was the questionnaire, the questionnaire was administered to the respondents by the researcher with the help of research assistants. 350 copies of questionnaire were distributed to the respondents, and a total of 285 (81.43%) were returned duly completed and found usable for this study. The data collected for the study was presented and analyzed using descriptive statistics such as frequency distribution tables, chart and simple percentages.

Data Analysis and discussion

Table 1: Types of information on Antenatal Healthcare available to women in Katsina Metropolis

S/No	Types of Information Available	Hospitals				Total	
		General Hospital Katsina		Turai Umaru Yar’adua Hospital Katsina			
		F	%	F	%	F	%
1.	General health education information on pregnancy	40	17.09	32	25.6	72	20.06
2.	Information on detection and treatment of malaria and other types of common ailments.	25	10.68	11	8.8	36	10.02
3.	Information on how to take iron/folic acid supplements	25	10.68	10	8	35	9.74
4.	Information on Medication	0	0.00	0	0.00	0	0.00
5.	Information on how the baby develops during pregnancy	15	6.41	15	12	30	8.35
6.	Information on rest and exercise	10	4.27	9	7.2	19	5.29
7.	Information on signs and symptoms of labor	19	8.11	3	2.4	22	6.12
8.	Information on coping with pain in pregnancy	5	2.13	1	0.8	6	1.67
9.	Information on food hygiene ,Nutrition and diet	15	6.41	5	4	20	5.57
10.	Information on child delivery	20	8.54	5	4	25	6.100
11.	Breast feeding information	40	17.09	20	16	60	16.71
12.	Information on family planning and child’s spacing	20	8.54	14	11.2	34	9.47
	Total	234	100:00	125	100:00	359	100:00

It can clearly be seen from the table that for both the hospitals studied, general health education information on pregnancy was the major ANC information available to women in Katsina metropolis with the highest frequency of 72 (20.06%). This was closely followed by information on breast feeding with 60 (16.71%). The table also revealed that there is lack of information on medication, while information on coping with pain in pregnancy recorded the lowest of 6 (1.67%).

From the findings, it is evident that women in Katsina metropolis are not availed to enough information on all aspect of ANC. Saleh and Lasisi's (2011) study has also confirmed that the most paramount health information required by women during pregnancy

is on general health education information concerning pregnancy. The implication of this finding lies in the fact that the goals of ANC may not be achieved since other types of information are not fully available to women in Katsina metropolis.

Table2: Extent of Awareness of Antenatal Healthcare Information by Women in Katsina Metropolis

S/ N o	Awareness Antenatal Healthcare Information	of	Hospitals																				Total	
			General Hospital Katsina										Turai Umaru Yar’adua Hospital Katsina											
			VMA		VA		NA		NAA		UD		VMA		VA		NA		NAA		UD			
			F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%		
1.	General health education information on pregnancy	130	26.4 2	25	10.0 8	5	1.51	5	1.58	-	-	87	24.8 5	20	10.9 2	10	3.92	3	1,26	-	-	285	11.1 1	
2.	Information on detection and treatment of malaria and other types of common ailments	105	21.3 4	35	14.1 1	15	4.54	10	3.17	-		80	22.8 5	25	13.6 6	10	3.92	5	2.10		-	285	11.1 1	
3.	Information on how to take iron/folic acid supplements	45	9.14	65	26.2 0	30	9.09	20	6.34	5	5	35	10	55	30.0 5	15	5.88	15	6.30	-	-	285	11.1 1	
4.	Information on child delivery	20	4.06	15	6.04	30	9.09	100	31.7 4	-	-	10	2.85	15	8.19	30	11.7 6	65	27.3 1	-		285	11.1 1	
5.	Information on food hygiene, Nutrition and diet	-	-	15	6.04	50	15.1 5	100	31.7 4	-	-	5	1.42	10	5.46	15	5.88	90	37.8 1	-	-	285	11.1 1	
6.	Information on family planning and child’s spacing	10	2.03	20	8.06	11 0	33.3 3	15	4.76	10	10	10	2.85	15	8.19	80	31.3 7	10	4.20	5	9.25	285	11.1 1	

7.	Information on coping with pain in pregnancy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.	Information on signs and symptoms of labor	35	7.11	30	12.09	40	12.12	30	9.52	30	30	16	4.57	15	8.19	50	19.60	20	8.40	19	35.18	285	11.11
9.	Information on how the baby develops during pregnancy	27	5.49	13	5.24	40	12.12	30	9.52	55	55	12	3.42	13	7.10	40	15.69	25	10.50	30	55.55	285	11.11
10	Medicational Information	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	Breastfeeding information	120	24.39	30	12.09	10	3.03	5	1.58	-	-	95	27.14	15	8.19	5	1.96	5	2.05	-	-	285	11.11
12	Information on rest and exercise	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	492	100:00	248	100:00	330	10:00	315	100:00	100	100:00	350	100	183	100:00	255	100:00	238	100:00	54	100:00	2565	100%

Table 2 revealed that pregnant women in Katsina metropolis were most aware of general health education information on pregnancy. This recorded the highest response rate of 262 (72.27%) This indicates that ANC information is provided in hospitals in Katsina metropolis. This was followed by information on breastfeeding with 260 (71.81%) and Information on detection and treatment of malaria and other types of common ailments with 245 (71.96%) response rates.

On the other hand, Information on Food hygiene, nutrition and diet are the information that women in Katsina metropolis were least aware of with this recording 30 (12.92%) responses. However, it is sad to note that none of them is aware of Information on medication, rest and exercise and on coping with pain in pregnancy. This is a clear indication that pregnant women are not aware and availed with enough ANC information in Katsina metropolis. This is unlike the findings of Adamu (2013) in his study, Awareness, Access and Utilization of information on maternal healthcare in Kaduna state which revealed that majority of the pregnant women in Kaduna State, 168(83.2%) indicated that they were aware of information on maternal health care delivery in their locality. The

implication of this finding is that it will be difficult for women in Katsina metropolis to have very good antenatal healthcare since they are not aware of very important components of the health system.

A follow up question was also raised to determine the factors influencing awareness of ANC information. This was done through the provision of a list for the respondents to tick. Table 4.3 captured their responses accordingly.

Table 3: Factors Influencing Awareness of ANC information in Katsina Metropolis.

S/No	Factors Influencing Awareness of ANC Information	Hospitals												Total	
		General Hospital Katsina						Turai Umaru Yar’adua Hospital Katsina							
		High		Moderate		None		High		Moderate		None			
		F	%	F	%	F	%	F	%	F	%	F	%	F	%
1.	Age	95	13.97	50	29.94	20	6.49	70	14.58	30	20.83	20	9.25	285	14.28
2.	Occupation	10	1.47	20	11.97	135	43.83	20	4.16	20	13.88	80	37.03	285	14.28
3.	Literacy Level	145	21.32	15	8.98	5	1.62	95	19.79	20	13.88	5	2.31	285	14.28
4.	Location	130	19.11	32	19.16	3	0.97	80	16.66	30	20.83	10	4.62	285	14.28
5.	Access to Media	150	22.05	10	5.98	5	1.62	100	20.83	15	10.41	5	2.31	285	14.28
6.	Social status	140	20.58	25	14.97	-	-	105	21.87	15	10.41	-	-	285	14.28
7.	Religion	10	1.47	15	8.98	140	45.45	10	2.08	14	9.72	96	44.44.	285	14.28
	Total	680	100:	167	100:	308	100:	480	100:	144	100:	216	100:	1995	100:00

From table 3, it can clearly be seen that, accessibility to Media recorded the highest response rate of 250 (42.88%) as factor influencing awareness of ANC information in Katsina metropolis. This response recorded by media is not surprising especially considering the assertion made by Evans and Ulasevich (2005) that the media has been recognized as powerful mechanisms to

promote the awareness and education of public issues and can probably influence decisions of government and policy makers on health policies and medical care. Therefore, the mass media plays a central role in informing the public about health and medical issues. Social status (245:42.45%) and Literacy (240:41.11%) are also significantly influencing awareness of ANC information in Katsina metropolis, while Religion (20:3.55%) is hardly a factor influencing ANC information among pregnant women in Katsina metropolis.

This finding suggests that enlightenment on ANC should be highly promoted by pointing out the importance of attending ANC on time in order to detect and treat high risk factors associated with pregnancy and child birth.

A question was also raised to find out how women in Katsina Metropolis access information on antenatal healthcare. To do this, respondents were asked to indicate how often they access information. Table 4 captured their responses accordingly.

Table 4: Accessibility to information on Antenatal healthcare by the Pregnant Women in Katsina Metropolis

S/No	Accessibility to ANC information	Hospitals				Total	
		General Hospital Katsina		Turai Umaru Yar’adua Hospital Katsina			
		F	%	F	%	F	%
1.	When the need arises	65	39.39	10	8.33	75	26.31
2.	Weekly	25	15.15	20	16.66	45	15.78
3.	Monthly	75	45.45	90	75	165	57.89
	Total	165	100:00	120	100:00	285	100:00

Table 4 reveals that majority of the pregnant women with the highest frequency of 165 (57.89%) access information on ANC monthly usually when they attend clinic. However, other women (75:26.31%) access information on ANC when the need arises. This might be attributed to the fact that pregnant women usually attend ANC when they experience any change associated with their status. The implication of this finding may lead to poor and irregular utilization of ANC information.

A question was also raised to identify how pregnant women have access to ANC information in Katsina Metropolis. In order to achieve this, a list of antenatal healthcare means of accessing information was outlined for the respondents to tick as many as possible they used.

Table 5 presented their responses.

Table 5: Access to Information on Antenatal Healthcare in Katsina Metropolis

S/No	Access to Information on Antenatal Healthcare	Hospitals				Total	
		Responses					
		General Hospital Katsina		Turai Umaru Yar’adua Hospital Katsina			
		F	%	F	%	F	%
1.	By visiting hospital	95	31.14	60	33.33	155	31.95
2.	Attending in-house lecture	25	8.19	20	11.11	45	9.27
3.	Visiting libraries and information centres	0	0.00	0	0.00	0	0.00
4.	Asking friends	30	9.83	15	8.33	45	9.27
5.	Asking relatives	0	0.00	0	0.00	0	0.00
6.	Watching television programme on antenatal care	42	13.77	25	13.88	67	13.81
7.	Listening to radio programmes on antenatal care	60	19.67	45	25	105	21.64
8.	Reading newspaper articles on antenatal care	30	9.83	15	8.33	45	9.27
9.	Seeking advice from parents	23	7.54	0	0.00	23	4.74
10.	Others specify	0	0.00	0	0.00	0	0.00
	Total	305	100:00	180	100:00	485	100:00

Table 5 shows that 155 (31.95%) of the respondents with the highest frequency have access to ANC information by visiting hospital. This is attributed to the fact that ANC information is available and provided to pregnant women in hospitals in Katsina metropolis. This is followed by 105 (21.64%) who access ANC information through listening to radio programmes on ANC and watching television programmes on ANC. This is in agreement with the findings of Anasi (2012) who aforementioned radio and television as the most reliable tool used by women to have access to ANC information. However, seeking advice from parents (23:4.74%) was found to be the least means of having access to ANC information among pregnant women in Katsina Metropolis which is surprising and one wonders of all these that none of the respondents got access to ANC information through visiting library and information centres and by asking relatives.

A follow up question was also raised to determine the factors impeding accessibility to antenatal healthcare information in Katsina Metropolis. This was carried out through the provision of lists of factors that impede the accessibility of antenatal healthcare for the respondents to tick appropriately. Table 6 captured their responses accordingly.

Table 6: Factors Impeding the Accessibility to Antenatal Healthcare Information in Katsina Metropolis.

S/No	Factors Impede the Accessibility to Antenatal Healthcare Information	Hospitals				Total	
		General Hospital Katsina		Turai Umaru Yar’adua Hospital Katsina			
		F	%	F	%	F	%
1.	Distance	10	6.06	7	5.83	17	5.96
2.	Financial constraints	30	18.18	15	12.5	45	15.78
3.	Availability of drugs	20	12.12	21	17.5	41	14.38
4.	Lack of support from husband	10	6.06	3	2.5	13	4.56
5.	Staff delays in attending to patients	55	33.33	48	40	103	36.14
6.	Long queues and several hours stay at the hospital	40	24.24	26	21.66	66	23.15
7.	Old traditional practices and taboos	0	0.00	0	0.00	0	0.00
	Total	165	100:00	120	100:00	285	100:00

Table 6 revealed that staff delay in attending to patients was the major factor that impedes access to ANC information in the two hospitals. This recorded the highest frequency (103:36.14%). Another factor that impedes access to ANC information is long queues and several hours stay at hospital (66:23.25%) which discourage patients to attend hospital and to seek for information. From these findings, it shows that the two hospital managements need to put more effort at planning and organization in order to avoid delays and long queues.

Summary of Major Findings.

Based on the data collected and analyzed for this study, the following are major findings:

1. The study revealed that general health education information on pregnancy was the major ANC information available to women in Katsina metropolis.
2. The study revealed that, majority 262 (72.27%) of pregnant women in Katsina metropolis are very much aware of general health education information on pregnancy and not aware at all about other types of ANC information such as information on medication, rest and exercise
3. The study found that pregnant women in Katsina metropolis access information on antenatal healthcare when they visit hospital. Social status and literacy were factors significantly influencing awareness of ANC information while staff delays in attending to patients, long queues and several hours stay at the hospital impede accessibility.

Conclusion

In conclusion, information plays a very key role in strengthening and improving the quality of life and economic growth of an individual. Therefore, the role of information on antenatal healthcare service delivery cannot be overestimated because it supports and increase the life span of antenatal patients which subsequently decrease the mortality rate in the society. Access to and utilization of Antenatal healthcare information should be promoted through regular Workshops, Seminars, Symposiums, Lectures and Health talks for Women in Nigeria.

Recommendations

Base on the findings of this study, the following recommendations were made:

1. The management of general hospital Katsina and Turai Umar Musa Yar'adua Maternal and child hospital Katsina should provide all aspect of ANC information to the pregnant women attending ANC in the two hospitals and provide other sources of ANC information such as Internet, Notices, display/exhibition, Magazines/ Newspapers, Hospital library etc. to pregnant women in Katsina metropolis and sponsor their medical staff to attend workshops, seminars and conferences to enable them learn new skills and knowledge on antenatal healthcare services in line with global best practices to reduce the maternal mortality rate in the society toward building vibrant future for women and children.
2. Katsina state Ministry of Health in collaboration with other stakeholders and NGO's should organize enlightenment campaigns and Training workshops to create more awareness on the existence and importance of all aspect of antenatal healthcare information to the women for better awareness, access and the utilization of antenatal healthcare information. In addition, the state government should sponsor a popular radio and television programmes on antenatal healthcare that will attract more listeners towards better healthcare services in the society. Furthermore, the medical library and information centres should be revive and equip for service excellent in this direction.
3. The State Government as a matter of necessity should employ other means of accessing healthcare information on antenatal services such as internet, libraries, and other printed sources of accessing information based on the intellectual competencies of the pregnant women, a curriculum should be develop and encourage in primary and secondary and tertiary schools on antenatal healthcare and also enough ,qualified and competent staff should be employed in order to avoid long queues and several hours stay at the hospital which eventually prevent most women from visiting the hospital.

References

- Abubakar, M.K. (2010). Information Generation and Sharing among Women of Non-Governmental Organizations in Katsina Stat, Unpublished MLS Thesis, Kano: Department of Library and Information Science, BUK.

- Adewoye, K.R. et al (2013). Knowledge and Utilization of ANC Services by Women of Child Bearing Age in Ilorin-East LGA, North Central Nigeria. *International Journal of Science and Technology*, 3(3).
- Aina, L.O. (2004). *Library and Information Science Text for Africa*. Ibadan: Sam Adex.
- Anasi, S.N.I (2012), Access to and Dissemination of Health Information in Africa: the Patient and the Public, *Journal of Hospital librarianship*, 12(2) 120-134. Retrieved 10/9/2014 from <http://www.tanfonline.com/loi/>
- Ekabua, J, Ekabua, K, and Charles, N. (2011), Proposed Framework for Making Antenatal Care Service Accessible: A Review of the Nigerian Setting. Retrieved 30/1/2013 from <http://www.hindawi.com/isrn/obgyn/2011/253964>
- Federal Ministry of Health (2011). Saving Newborn in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn and Child Health Strategy. Abuja: Yalim press.
- Jibril, A. (2013). Awareness Access and Utilization of Information on Maternal Health Care Service Delivery in Kaduna State. Unpublished MLS Thesis, Zaria: Department of Library and Information Science, A.B.U.
- Klibbe, J.O. (2003). Confronting the Extreme Rights in French Republic Libraries. *International Journal of Library and Information Science*, 3(3), 227.
- Mohammed, M. (2012). Information Needs of and Service Provision to Antenatal Patients, for Health Care Delivery in Kano State. Unpublished MLS Thesis, Kano: Department of Library and Information Science, BUK
- National Institute for Health and Clinical Excellence NIHCE (2008) Antenatal Care, Center for Clinical Practice.
- National Population Commission NPC [Nigeria] and ICF Macro. (2009). Nigeria Demographic and Health Survey NDHS 2008. Abuja, Nigeria.
- Ogundipe, P.O. (2005). *Librarianship of Developing Countries*. Lagos: Ikopa Press Limited..
- Ojedokun, A.A. (2007). *Information Literacy for Tertiary Education Students in Africa*. Ibadan: Third World Information Services Ltd.
- Paliikadavath, S., Foss M. And Stones, R.W. (2004). Antenatal Care Provision and Inequality in Rural North India. *Journal of Social Science*. 56 (6).
- Porumbean, J and Madge, B.(2009), Introducing the Concept of Consumer Health Information to Romania. A Paper Presented at 75th IFLA General Conference and Council.

Sharma, B.R. (2002), Factors Affecting Utilization of Antenatal Care Services in Nepal. M.QA

Shiftman, J. (2000), Can Poor Countries Surmount High Material Mortality? Studies in Family planning 31(4) 274-289.

Thawani, V and Gharpure, K (1997) Empowering Patients, Region Health Forum. 251-255

Thesis, Nepal: Faculty of Graduate Studies, Mahidol University

Titaley, C.R. *et al* (2010). Why Don't Some Women Attend Antenatal and Post-Natal Care Services?: A Qualitative Study of Community Members Perspectives in Garut, Suka

Burmi and Gamis Districts of West Java Province, Indonesia. Retrieved 30/1/2013 from [http:// www.biomedcentral.com/14712393/10/61](http://www.biomedcentral.com/14712393/10/61)

Ugboma, M.U.B. (2010). Provision and Use of Legal Information among Civil Rights Groups in the Oil Producing

UNICEF (2006) Revised Estimates of Material Mortality a New Approach by WHO and UNICEF. WHO/FRH/MSM/96.11, WHO Geneva

WHO (2003). What is the Efficacy/Effectiveness of Antenatal Care and the Financial and Organizational Implications <http://www.euro.who.int/data> retrieved 22/7/2013.

WHO/UNICEF (2003). Maternal Mortality in 2000. Estimates Developed by WHO/UNICEF Geneva.