

ANTENATAL INTERACTIONS: IMPERATIVES OF CLEAR INFORMATION EXCHANGE BETWEEN CAREGIVERS AND EXPECTANT MOTHERS

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ABSTRACT

This study investigated Antenatal Interactions: Imperatives of Clear Information Exchange between Caregivers and Expectant Mothers. There were two sets of population in this study. The first population comprised the Public Primary Health Centers (PHCs) in the five states of South-East Nigeria which was (2,110) and the second population comprised the total number of women in the five states of the South-East who are between the ages of 18 and 45 (7,159,548). The sample size for the first population was 32 which represented 30% of the total number PHCs in the five L.G.A's sampled from the five states in the South-East Nigeria and the second sample size for the second population was 384 calculated with online sample size calculator at survey system.com. The study adopted survey research design with questionnaire as instrument for data collection. Finally, the data were descriptively analysed and thematically explained. The results from the study revealed that healthcare givers clearly exchanged information to expectant mothers in South-East Nigeria during antenatal interactions. It was therefore concluded that adequate, appropriate and timely information exchange during antenatal interactions guaranteed satisfaction of expectant mothers.

Expectant mothers are easily irritated. Therefore, it is recommended that healthcare givers must always ensure that politeness and caring are their watchword during antenatal and other healthcare delivery interactions. This attitude would ensure that every healthcare seeker would not engage in self-care for the fear of engaging in infuriating information exchanges during healthcare interactions.

Keywords: Information, antenatal, antenatal information, expectant mothers, healthcare givers.

1.0 INTRODUCTION

Information is very vital to human development and is needed in all aspects of life. We need information on health, politics, religion, business, economy, education, governance, and so on. Information is a strategic resource for virtually any person and can confer political and economic powers (Erimieleagbon & Okonoko, 2009). Information is a vital ingredient for the survival of professionals in diverse fields, as lawyers require information to handle cases properly, judges require information to pass unbiased judgment, doctors require information to treat their patient, architects require information to design cutting edge building plans, teachers require information to prepare lesson notes, teach their students and prepare them for a future career ahead of them (Edewor, Ijiekhuamhen, & Emeka-Ukwu, 2016). 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.

Antenatal Care (ANC) is the care given to women during pregnancy. It is one of the pillars of safe motherhood initiative, provides an opportunity for health care providers to inform expectant women on nutrition and diet, birth preparedness and complication readiness which includes, cognising danger signs of pregnancy and how all these could meliorate the health of the mother and child (Glenton, 2022). Although obstetric ramification cannot be forecast through antenatal screening, but women can be educated to recognise danger signs and take actions that are likely aimed at solving severe problems. It is imperative that all health professionals should be aware of the need for effective information, education, and communication, and incorporate it into antenatal care.

Tommy's Pregnancy Hub (2020) affirms that antenatal care ensures pregnant women and her unborn baby are as well as possible throughout the pregnancy circle. Women undergoing antenatal are active information seekers due to the vast variety of information needs they wish to satisfy. Information needs are gaps that prompt women undergoing antenatal to engage in information-seeking activities to fill the knowledge gap and make informed health decisions. Information needs may vary from one person to another as what constitutes an information need to one person may be known adequately by the next person. However, Mohamed and Elsadiq (2011) asserted that an antenatal patient who seeks information about her health has a better chance of detecting at an early stage any developing risk factor, correct them promptly, and prevent them from deteriorating. According to Nwaru, Wu and Hemminki (2010), antenatal appointments are a woman's opportunity to get the right information about her pregnancy. Information-seeking behaviour mainly deals with the psychological behaviour of the seeker, which could involve searching, locating, retrieving, using, and averting challenges that militate against the access and use of information (Karunaratna, 2008). The information seeking behaviour of antenatal patients will cover a lot of key areas in their information seeking life cycle, this could involve the information needs that prompt them to seek information, their preferred information sources, their methods of demanding information, the purpose of using information, and the challenges that militate against their accessibility and use of information, among others.

The information needs of expectant mothers are numerous and vary from one pregnant woman to another. Kelly, Albers, and Baker (2010) in their study on family health and medical guide opined that every antenatal patient needs information on diet/nutrition, breastfeeding, and family planning to a large extent. According to Mohamed and Elsadiq (2011), antenatal patients

need information on breastfeeding, family planning, infant immunisation, the progress of the pregnancy, and the importance of attending antenatal classes.

Pregnant women during antenatal appointments gain access to a wide range of information that could enhance their well-being as well as the well-being of their unborn child. According to Goke (2012), the information received by antenatal patients from health care professionals is mainly to reduce the death rate, educate women on postnatal care and immunization date, knowledge of proper diet during pregnancy, positive lifestyle, and breastfeeding. Lincetto, Mothebesoane-Anoh, Gomez, and Munjanja (2018) affirm that antenatal patients can use the information they receive from antenatal appointments to understand their wellbeing and health status of their unborn child, recognition, and management of pregnancy-related complication, recognition, and treatment of underlying illness, understand and know their test results of the various medical test (like anaemia, STIs (particularly syphilis), HIV infection, mental health problems, and/or symptoms of stress or domestic violence) and develop healthy home behaviours and birth emergency preparedness.

1.1 Statement of the Problem

The importance of antenatal interactions between care-givers and expectant mothers cannot be overemphasized. This is so because it is through antenatal interactions that expectant mothers get adequate information on how to live their lives and cater for their unborn baby throughout the pregnancy journey and even after child birth. Inadequate information exchange between care-givers and expectant mothers can result to negative outcomes. For instance, a study showed that rudeness, unfriendly and abusive behavior by care providers discouraged pregnant women from accessing maternal services at a healthy facility and this is one of the contributors of maternal mortality and pregnancy complications.

Studies have been conducted on communication pattern of care-givers with expectant mothers in south-east Nigeria, however, studies have not been conducted on how the care-givers clearly exchange information with expectant during antenatal interactions in South-east Nigeria. It is on this basis that this study was conducted.

1.2 Objectives of the Study

The major objective is to ascertain the extent to which healthcare givers convey information clearly to expectant mothers in South-East Nigeria during antenatal interactions. Therefore the specific objectives are:

- i. To determine the extent to which caregivers convey understandable information to expectant mothers during antenatal interactions in South-East Nigeria.
- ii. To determine the extent to which healthcare information from care providers are appropriate for solving antenatal problems in antenatal interaction in South-East Nigeria.
- iii. To ascertain the extent expectant mothers are satisfied with information from healthcare providers during antenatal interactions in South-East Nigeria.
- iv. To ascertain the extent to which expectant mothers apply shared information while taking decisions about antenatal procedures in South-East Nigeria.

1.3 Research Questions

The following research question were posed to guide the conduct of this study. The answer to the research question determined the extent to which the objective of the study was achieved.

- i. To what extent do caregivers convey understandable information to expectant mothers during antenatal interactions in South-East Nigeria?
- ii. To what extent were healthcare information from care providers appropriate for solving antenatal problems in antenatal interaction in South-East Nigeria?
- iii. To what extent were expectant mothers satisfied with information from healthcare providers during antenatal interactions in South-East Nigeria?
- iv. To what extent do expectant mothers apply shared information while taking decisions about antenatal procedures in South-East Nigeria?

2.0 LITERATURE REVIEW

2.1 Information Needs of Expectant Mothers

The information needs of expectant mothers are numerous and vary from one pregnant woman to another. Kelly, Albers, and Baker (2010) in their study on family health and medical guide opined that every antenatal patient needs information on diet/nutrition, breastfeeding, and family planning to a large extent. According to Mohamed and Elsadiq (2011), antenatal patients need information on breastfeeding, family planning, infant immunisation, the progress of the pregnancy, and the importance of attending antenatal classes. Kamali, Ahmadian, Khajouei, and Bahaadinbeigy (2017) submit that the majority of pregnant women need more information on physical and psychological complications after delivery, growth, and development of the foetus, suitable nutrition during pregnancy, and special tests during pregnancy. Oladapo, Iyaniwura, and Sule-Odu (2008) state that antenatal patients require information on personal health care, medical test during pregnancy, treatment during pregnancy, growth of their unborn baby, healthy nutrition for expectant moms, labour and delivery process, breastfeeding, and family planning.

UNICEF (2020) confirms that going for antenatal care at the early stage of pregnancy would avail the pregnant woman the opportunity for early diagnosis and treatment of infections, prevent low birth weight and other conditions in the unborn. The antenatal appointments would enable the pregnant woman to understand their health, it would also enable the health professional to handle the antenatal classes to understand much about the pregnant women's health which makes it very easy for the woman to put to birth easily during labour (UNICEF, 2020). Ben-Joseph (2020) states that the information pregnant women receive during antenatal would enable them to understand their weight/ blood pressure, the growth and development of their unborn baby (feeling your abdomen, listening for a foetal heartbeat, measuring of the belly), medical test (blood, urine, cervical test, and ultrasound), nutrition and right supplements, the right exercises to engage in, best sleeping positions, things to avoid during pregnancy (alcohol, drugs, etc.), as well as other healthy pregnancy habits throughout the nine months period.

Olorunda, (2022) opines that women's information needs are diverse and adequately meeting these needs are an important factor in determining their quality of life and general output.

Uloma and Adedotu (2013) aver that pregnant women need information on environmental cleanliness and immunisation. They stress that doctors and nurses are the most accessible and used sources of health information, while libraries were reported least used. In the same vein, Molania, Mousavi and Ghorbani, (2016) state that access to adequate information can help to reduce the problem of lack of knowledge and fear of unknowns in pregnancy usually rooted in inadequate maternal health information Mulauzi and Daka (2018) opine that it is imperative to make sure that women's maternal information needs are adequately met during:

- pregnancy,
- childbirth, and
- postpartum periods.

During pregnancy, women need information on the importance of regular check-ups, place of delivery, birth preparedness, pregnancy period, nutrition, miscarriage, and pregnancy complications/danger signs, sexual and family relations, foetus development, expected child, TB, HIV and malaria in pregnancy, medicines in pregnancy, family planning, and exercise.

While at childbirth, women require information on infant care, child immunisation, infant feeding, maternal recovery, hygiene, premature birth, low birth weight, infections, umbilical cord care, and diarrhoea. Information on self-care (hygiene, nutrition, weight loss); sexual relationship; daily care of infant, house, and family; emotional support, physical rest, and sleep were listed as important during the postpartum period. To Criss, Baidal, and Goldman (2015) adequate information is highly important for the health of the mother and can bring about mental relaxation for the pregnant woman. Corroborating, Nwangwu and Ajama (2021) report that in Northern Nigerian rural communities, health information constituted percent of the information needs of rural women, and the major information required are: ante-natal and post-natal; immunisations particularly on the six childhood killer diseases; how to avert and control Vascular Virginal Fistula and how to ensure safe delivery for a pregnant woman. Also, Mumba, 2015 states that pregnant women had an information need for food in pregnancy, rest in pregnancy, an exercise in pregnancy, the importance of antenatal care, antenatal visits, the importance of blood examination and immunisation in pregnancy among other things.

2.2 Information Sources for Expectant Mothers

Information can come from virtually anywhere; personals experiences, social media, newspapers, expert judgment, journals, books, blogs, and websites, etc. depending on the source at the disposal of the seeker as at the time the information is required (Triton College Library, 2020). Otaiby, Jradi, and Bawazir (2013) submit that physician was the preferred information source of the pregnant women undergoing antenatal. This is followed by health educators, nurse, scientific materials, and internet among others. Grimes, Foster, and Newton (2014) submit that chatting with a midwife was the preferred source as indicated by most of the pregnant women, followed by the internet, while group information sessions were the least preferred information source.

Kamali, Ahmadian, Khajouei, and Bahaadinbeigy's (2017) study on the health information needs of pregnant women revealed that the preferred information sources as indicated by most of the pregnant women are physician, family/friends/colleagues, internet, mass media, printed

sources, midwives/nurses, Prior knowledge or experience, among others. Nwaru, Wu, and Hemminki (2010) opine that antenatal appointments are a woman's opportunity to ask questions about her pregnancy; and she can receive information from such appointments at the hospital where she is due to give birth, from community midwives at a health center, and in her own home where the midwife visits her. Mumba (2015) submits that printed materials, such as books and journals, leaflets, women's magazines, and newspapers, are the common sources of health information for pregnant women.

Antenatal patients can seek information at hospitals antenatal clinics, community health centres, and pharmacies (Sullivan, 2005). Agus and Horiuchi (2013) assert that antenatal classes and health centre/maternity are the major places antenatal patients seek for information. Antenatal patients seek information from listening to the radio or watching television programmes, where there may be no information-seeking intended, but where information acquisition may take place nevertheless (Choo, Detlor & Turnbull, 2000).

3.0 THEORETICAL FRAMEWORK

This research was conducted under theoretical framework of the theory of Planned Behavior.

3.1 Theory of Planned Behaviour

Icek Ajzen proposed the Theory of Planned Behavior (TPB) in 1991 wherein the individual's behaviour is best predicted by one's intentions; intentions are, in turn, predicted by attitudes about the behaviour, the subjective norms (a person's perception of important others' beliefs that he or she should or should not perform the behavior) encasing the execution of the behaviour, and the individual's perception of their control over the behaviour. Ajzen's TPB has been used to predict many different behaviours ranging from gambling behaviours to the use of hormone replacement therapy (Bentler & Speckart, 1979).

The theory was intended to explain all behaviours over which people could exert self-control. The key component to this model is behavioural intent; behavioural intentions are influenced by the attitude about the likelihood that the behaviour will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome (Ajzen, 1991).

The TPB has been used successfully to predict and explain a wide range of health behaviours and intentions including smoking, drinking, health services utilisation, breastfeeding, and substance use, among others (Hoie, Moan & Rise, 2010). The theory could also be applied to the focus of the current study – information exchange which could mold health behaviours in antenatal care. The TPB states that behavioural achievement depends on both motivation (intention) and ability (behavioural control) (Quine & Rubin, 1997).

Thus, desired adherence to antenatal instructions (behavioural achievement) is dependent upon quality information exchange between caregivers and pregnant women which would guarantee satisfaction of the expectant mothers (intention) within enabling factors such as favourable attitudes, conducive environmental factors ((behavioural control).

4.0 METHODOLOGY

The survey research method was adopted in this study. There were two sets of population in this study. The first population comprised the Public Primary Health Centers (PHCs) in the five states of South-East Nigeria which was (2,110) They were distributed as follows: Abia, 481; Anambra, 392; Ebonyi, 383; Enugu, 438; and Imo, 416 (www.procurement monitor.org).

The second population was 7,159,548 which comprised the total number of women in the five states of the South-East who are between the ages of 18 and 45. According to National Bureau of Statistics (2022), the population was distributed as follows: Abia: 1,231,002; Anambra: 1,811,178; Ebonyi: 1,082,141; Enugu: 1,300,0254; and Imo: 1,735,203. The sample size for the first population was 32 which represented 30% of the total number PHCs in the five L.G.A's sampled from the five states in the South-East Nigeria and the second sample size for the second population was 384 calculated with online sample size calculator at survey system.com under 95% confidence level and confidence interval of 5.0.

However, the researcher adopted the multi-stage cluster sampling technique to group the population into states and into the LGAs in each state. Thereafter, the simple random sampling technique was used to select one LGA from each state. Thus, the LGAs and the total number of PHCs were distributed in Table 1 as follows:

Table 1: Sampled LGAs and Total Number of PHCs

S/N	State	LGA	Number of Public PHCs
1	Abia	Isialangwa North	22
2	Anambra	Awka North	25
3	Ebonyi	Afikpo North	15
4	Enugu	Enugu North	21
5	Imo	Okigwe	23
Total	5	5	106

Therefore, to select 32 PHCs, the simple random method was used in line with the proportionate population in each sampled LGA. The distribution of the sampled PHCs is presented in Table 2 below:

Table 2: Proportionate Distribution of Sampled PHCs

S/N	State	LGA	Number of Public PHCs	Proportion (%)	No. of Sampled PHCs
1	Abia	Isialangwa North	22	21	7
2	Anambra	Awka North	25	23	8
3	Ebonyi	Afikpo North	15	14	4
4	Enugu	Enugu North	21	20	6

5	Imo	Okigwe	23	22	7
Total	5	5	106	100	32

The sample size for the second population was proportionately allocated according to the population of expectant mothers in the LGAs under study. The proportionate distribution of the sample units is presented in Table 3 below:

Table 3: Proportionate Distribution of Sample Units (Expectant Mothers)

S/N	State	LGA	Population	Proportion (%)	Proportionate Sample Units
1	Abia	Isialangwa North	4,236	19	72
2	Anambra	Awka North	5,366	24	91
3	Ebonyi	Afikpo North	3,412	16	60
4	Enugu	Enugu North	4,304	20	76
5	Imo	Okigwe	4,711	21	79
Total	5	5	22,029	100	378

To access the sample units, the cluster sampling technique enabled the researcher to locate expectant mothers at sampled PHCs. Thus, the women that visited the PHCs either for antenatal or postnatal and who had facilities been in contact with the healthcare providers in the health under study at least within the last five years. Finally, the simple random sampling technique was used to pick the women.

The instrument for data collection in this study was the questionnaire. The questionnaire was constructed to include 5-point Likert Scale where '5' is the highest score and '1' is the lowest. The question items were presented in statement formats to which respondents were expected to indicate the degree of agreement or disagreement on the scale of 5 to each statement.

5.0 DATA PRESENTATION AND ANALYSIS

Out of the 384 copies of questionnaire administered, 372 were found valid and were used for the analysis of the study. This made up 97% of the total sample size hence was representative enough to be used for documentation.

RQ1: To what extent do healthcare givers convey information clearly to expectant mothers in South-East Nigeria during antenatal interactions?

The research question investigated healthcare providers' level of conveying information clearly to expectant mothers. The data distribution for the indices of measurement are as presented in Table 4 below.

Table 4: Healthcare providers' level of conveying understandable information during antenatal interactions

Indices	Rating	SA	A	FA/FD	D	SD	Total	<i>Xi</i>
Caregivers ensure I understand everything they expect me to do.	<i>x</i>	5	4	3	2	1		3.71 > 3.0 Accepted 74%
	<i>f</i>	104	149	59	30	30	372	
	<i>fx</i>	520	596	177	60	30	1383	
	%	28	40	16	8	8	100	
	<i>Fx</i>	445	656	177	30	45	1353	
	%	24	44	16	4	12	100	

From Table 4, the index, which sought to ascertain the level at which caregivers ensured that respondents understand everything they are expected to understand. To the statement, the respondents acknowledged that they do with a mean score, $x_i = 3.71 > 3.0$ (sig.@74%). The result was accepted because it significantly showed that 74% of the respondents concurred that the healthcare providers ensured that they understand everything they were expected to, about their antenatal.

Table 5: Healthcare providers' information are appropriate to solve antenatal problems during antenatal interactions in South-East Nigeria.

Indices	Rating	SA	A	FA/FD	D	SD	Total	<i>Xi</i>
Healthcare information from healthcare providers is appropriate for solving antenatal problems.	<i>f</i>	71	188	195	4	4	372	3.85 > 3,0 Accepted 77%
	<i>Fx</i>	335	725	315	8	4	1434	
	%	19	51	38	1	1	100	
	<i>Fx</i>	445	656	177	30	45	1353	
	%	24	44	16	4	12	100	

From Table 5, the index sought to know the extent to which the healthcare information from healthcare providers were appropriate for solving antenatal problems. The result of the data showed a mean score of $x_i = 3.85 > 3.0$ (sig.@77%). The result was accepted because it indicated that 77% of the respondents affirmed that healthcare providers provide adequate information that are appropriate for solving antenatal problem.

Table 6: Expectant mothers are satisfied with the information they get from healthcare providers during antenatal interactions in South-East Nigeria.

Indices	Rating	SA	A	FA/FD	D	SD	Total	<i>Xi</i>
	<i>f</i>	82	156	59	30	45	372	3.53 > 3.0 Accepted
	<i>fx</i>	410	624	177	60	45	1316	

I am usually satisfied with health information from healthcare providers.	%	22	42	16	8	12	100	70%
	<i>f_x</i>	445	656	177	30	45	1353	
	%	24	44	16	4	12	100	

From Table 6, the index sought to determine the level at which respondents are satisfied with health information from healthcare providers. The data showed that the participants agreed that they were usually satisfied with health information given to them by healthcare providers during their antenatal sessions. Thus, the mean score of $\bar{x}_i = 3.53 > 3.0$ (sig. @ 70%) was accepted because the result indicated 70% satisfaction with health information from healthcare providers.

Table 7: Expectant mothers application of shared information in their decision taking

Indices	Rating	SA	A	FA/FD	D	SD	Total	<i>X_i</i>
I usually applied shared information while making decisions about my antenatal procedures.	<i>f</i>	89	164	59	15	45	372	3.63 > 3.0
	<i>F_x</i>	445	656	177	30	45	1353	Accepted
	%	24	44	16	4	12	100	72%

From Table 4.4, the index sought to know the extent to which participants applied shared information while taking decisions about their antenatal procedures. The result of the data showed a mean score of $\bar{x}_i = 3.63 > 3.0$ (sig.@72%). The result was accepted because it indicated that 72% of the respondents affirmed that they usually applied the information shared to them by healthcare providers whenever they are taking decisions about their antenatal proceedings.

The data in Table 4.1 through Table 4.4 show that healthcare providers convey information clearly to expectant mothers in South-East Nigeria during antenatal interactions.

6.0 DISCUSSION OF FINDINGS

The research questions sought to find out the extent to which healthcare providers convey understandable information, determine the extent to which information from care providers were appropriate in solving antenatal problems of expectant mothers, to ascertain the extent to which expectant mothers are satisfied with the information they get from the care providers, and to ascertain the extent to which expectant mothers apply shared information while taking decisions about antenatal procedures in South-East Nigeria.

The results from the data in the tables above showed that healthcare providers clearly convey information to expectant mothers in South-East Nigeria during antenatal interactions. The results indicated a 74% level of agreement among the participants that healthcare providers ensure that they understand everything that was expected of them to do. Further, the result showed a 77% level of agreement that healthcare information from healthcare givers were appropriate to expectant mothers solving of antenatal problems.

The findings of the analysis result also showed 70% level of agreement that the expectant mothers were usually satisfied with the health information given to them by the healthcare givers during their antenatal interactions. Further findings of the analysis revealed 72% level of agreement that the respondents applied shared information from the healthcare givers while taking decisions about their antenatal procedures.

The above findings indicated that healthcare givers conveyed information clearly to expectant mothers in South-East Nigeria during antenatal interactions. The results led this researcher to answer the research questions as follows: healthcare givers to a great extent clearly conveyed information to expectant mothers during antenatal interactions through the following:

- i. Ensuring that expectant mothers understand everything they are expected to do.
- ii. Ensuring that healthcare information are appropriate for solving antenatal procedures.
- iii. Ensuring that expected mothers are satisfied with health information given by healthcare providers.
- iv. Ensuring that expected mothers applied shared information while taking antenatal procedure decisions.

The findings above correspond with the submission of Adum, Ebeze, Ekwugha, & Okika (2016) that there was a high understanding of antenatal communication in all its relevant aspects among the mothers and that believability of such communication is equally high among them. That antenatal messages were conveyed primarily via interpersonal communication; and that the situation resulted in high understanding, believability, and utilization of same among expectant mothers. This is an indication that healthcare givers were not just conveying information to expectant mothers during their antenatal interactions. The messages were clearly conveyed. There was this level of understanding of what has been communicated as it is believed that adequate understanding of the intended communication will in turn relate to effective actions of what was intended by the healthcare givers.

This is contrary to previous belief that healthcare providers do not communicate information clearly to expectant mothers thus creating barriers in their understanding of what is expected of them to do. That is why the study carried out by Abaraogu, Aguji, Duru, Okafor, Ezeukwu, & Igwe (2019) recommended that more efforts were needed to improve limited facilities and human resources training to enhance clinical communication assessment in Nigerian physiotherapy programme because the quality of therapeutic alliance, described as the collaborative nature, the affective bond, and the goal and task agreement between patients and clinicians, is partly determined by how clinicians and patients communicate.

It was noted that the information shared to expectant mothers by healthcare providers tend to be appropriate for solving antenatal problems. This clearly showed that if the information conveyed were not clear enough, the women will not be able to use it to solve their antenatal problems. This finding is supported by Murugathas, Sritharan, & Santharoban (2020) position that pregnant women face many challenges during the pregnancy period. Hence, they need quality, reliable and easily accessible information in order to face the challenges. During this period, health-related information is vital since the decisions and changes would affect the mother as well as the unborn fetus, who are the future citizens of a country.

The findings of the current study showed that there has been an upward shift between what was obtainable in the past between healthcare providers and their clients. This is in line with the findings of (Ojewole & Oludipe, 2017) that several pregnant women were experiencing pregnancy related fears, concern, and uncertainty. Hence, they settled for the need to acquire more information about the pregnancy. Therefore, women were prone to sought out information necessary to meet the demand posed during pregnancy. Thus, the information shared by healthcare providers became appropriate in solving this antenatal problems and fears.

It was therefore likely in line with the above that majority of the expectant mothers stated that they were satisfied with the health information from healthcare providers. This clearly indicated that shared information was understood and to an extent helped these women solved some of their antenatal problems. That is why Asifere, Tessema & Tebeje, (2018) stated that satisfactory client-provider communication is essential especially when providing antenatal care. Hence the findings of this study were in contradiction with their findings that the status of clients' communication satisfaction was low when compared to other studies. Because the findings of this study had shown that the expectant mothers were highly satisfied with health information from healthcare providers therefore, it submits with the assertion by Shamoradifar, Asghari Jafarabadi, Nourizadeh, Esmat Mehrabi, Areshtanab & Shaigan, H. (2022) that effective communication-based care improved childbirth experience and satisfaction of primiparous women.

The findings of this study supported the tenets of the theory of planned behaviour that quality information between caregivers and expectant mothers would guarantee safety and survival of the pregnant women during and after delivery. The theory of planned behavior provided opportunities for interactivity between caregivers and expectant mothers which contributed to their behavioural change of adopting the life styles taught by the caregivers. In line with the submission of the findings of this study, healthcare providers provide health support by way of healthcare information that were appropriate for solving antenatal problems of expectant mothers which gave them satisfaction at the end.

7.0 CONCLUSION AND RECOMMENDATIONS

Pregnant women need adequate and appropriate information about pregnancy and childbirth to be well-equipped to make choices that would contribute to their wellbeing. Adequate, appropriate and timely information exchange would guarantee satisfaction of expectant mothers. All these factors are germane to clear information exchange that enhanced interaction between healthcare givers and expectant mothers. The ability of healthcare providers to exchange information clearly to the expectant mothers in South-East Nigeria during antenatal interactions enhanced the understanding of the complaints and expressions. It provided the platform for antenatal interactions that enabled expectant mothers to share personal information with caregivers for effective outcomes.

Expectant mothers are easily irritated. Therefore, it is recommended that healthcare givers must always ensure that politeness and caring are their watchword during antenatal and other healthcare delivery interactions. This attitude would ensure that every healthcare seeker would not engage in self-care for the fear of engaging in infuriating information exchanges during healthcare interactions.

REFERENCES

- Adum, A. N., Ebeze, U. V., Ekwugha, U. P. & Okika, C. C. (2016). Interpersonal communication, expectant mothers and utilization of antenatal communication in Anambra State. *International Journal of Health Communication Research*, 1(1); 1-26.
- Agus, Y. & Horiuchi, S. (2013). Factors influencing the use of antenatal care in rural West Sumatra, Indonesia. Retrieved from <http://www.antenatal.org>
- Ben-Joseph, E.P. (2020). Staying healthy during pregnancy. Retrieved from <https://kidshealth.org/en/parents/preg-health.html>
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi:10.1016/0749-5978(91)90020-T
- Bentler, P. M., & Speckart, G. (1979). Models of attitude-behavior relations. *Psychological Review*, 86(5), 452-464. doi:10.1037/0033-295X.86.5.452
- Choo, C. W., Detlor, B. & Turnbull, D. (2000). Information seeking on the web: An integrated model of browsing and searching. *First Monday*, 5(2). Retrieved from <http://firstmonday.org/issues/issue5-2/choo/index.htm>
- Criss .S, Baidal J.A, Goldman RE, et al. (2015) The role of health information sources in decisionmaking among Hispanic mothers during their children’s first 1000 days of life. *Maternal and Child Health Journal*. 2015;19(11):2536-2543.
- Edewor, N., Ijiekhuamhen, O.P., & Emeka-Ukwu, U.P. (2016). Elderly people and their information needs. *Library Philosophy and Practice (e-journal)*. Paper 1332. Retrieved from <http://digitalcommons.unl.edu/libphilprac/1332>
- Erimieleagbon, O.,& Okonoko, V. (2009). The availability and awareness of information resources and its utilization by users of public libraries in Delta State: The case of Agbor and Issele-Uku branch libraries. *International Journal of Language and Communication Studies*, 2(1&2), 115-123.
- Glenton, C. (2022). “Developing Patient - centered Information for Back Pain Suffers.” *Health Expectations*, 5(4): 319 – 329.
- Goke (2012). Reducing maternal, newborn, and childhood deaths. Retrieved from <http://www.thisdaylive.com/articles/reducingmaternal-newborn-and-childhood-deaths1-/122513>
- Kamali, S., Ahmadian, L., Khajouei, R., & Bahaadinbeigy, K. (2017). Health information needs of pregnant women: information sources, motives, and barriers. *Health Information and Libraries Journal*, 35(1), 24-37.
- Kelly, R. B., Albers, G. & Baker, D. L. (2010). *Family Health and Medical Guide*. London: Word Publishing.

- Lincetto, O., Mothebesoane-Anoh, S., Gomez, P., & Munjanja, S. (2018). Antenatal care. Retrieved from https://www.who.int/pmnch/media/publications/aonsectionIII_2.pdf?
- Mohamed, A. A. & Elsadig, Y. M. (2011). Quality of antenatal care provided for pregnant women in Ribat University Hospital, Khartoum. *Sudanese Journal of Public Health*, 6(2), 51-55.
- Molania T, Mousavi J. & Ghorbani, A. (2016). Knowledge and practice of general dentists about dental management during pregnancy. *Journal of Mazandaran University Medical Sciences*. 2016; 26 (142) :254-58.
- Mulauzi, F. & Daka, K. (2018). "A Literature Review on Maternal Health Information Needs of Women." *Journal of Lexicography and Terminology*, 2(1): 124 -126.
- Mumba, C. (2015). Information seeking behavior of women attending antenatal clinic: a case study of women in Makululu, Kabwe in Zambia. MLIS dissertation, University of Zambia. Accessed on 2nd October, 2017 from:
- Ngwagwu, W. E. & Ajama, M. (2021). "Women's Health Information Needs and Information Sources: A study of a Rural Oil Palm Business Community in South - Western Nigeria." *Annals of Library and Information Studies*, 58: 270-281.
- Nwaru, B. I., Wu, Z. & Hemminki, E. (2010). Determinants of the use of prenatal care in rural China: The role of care content. *Maternal Child Health Journal*. Retrieved from <http://www.ahrq.gov/data/hinfosum.htm>
- Oladapo, T.O., Iyaniwura, C.A., & Sule-Odu, A.O. (2008). Quality of Antenatal Services at the Primary Care Level in Southwest Nigeria. *African Journal of Reproductive Health*, 12(3), 71-92
- Olorunda, O. (2022). World library and information congress: Women's information needs foreconomic development. Paper presented at the 70th IFLA General Conference and Council. Retrieved April 10,2011 from <http://archive.ifla.org/IV/ifla70/papers/011e-Olorunda.pdf>
- Otaiby, T.A., Jradi, H., & Bawazir, A. (2013). Antenatal Education: An Assessment of Pregnant Women Knowledge and Preferences in Saudi Arabia. *Journal of Women's Health Care*, 2(4), 1-5.
- Quine, L., & Rubin, R. (1997). Attitude, subjective norm, and perceived behavioural control as predictors of women's intentions to take hormone replacement therapy. *British Journal of Health Psychology*, 2(3), 199-216.
- Sullivan, P. L. (2005). Felt learning needs of pregnant women. *Canadian Nurse*, 89(1), 42- 45.
- Triton College Library. (2020). Library research: An introduction. Retrieved from <https://library.triton.edu/research>

Uloma, F. G. & Adedotu, C, V. (2013) Information seeking behaviour of pregnant women in selected hospitals of Ibadan Metropolis. *Information Impact: Journal of Information and Knowledge Management*. 4(1)

UNICEF. (2020). Far more pregnant women getting antenatal care. Retrieved from https://www.unicef.org/media/media_20236.html

United Nations (2003 Human Development Report New York