ACCESS AND UTILIZATION OF FAMILY PLANNING INFORMATION BY WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE OF NIGERIA

BY

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DECLARATION

I declare that this dissertation is my personal research work. It has not been elsewhere presented for the award of higher degree. All cited works were duly acknowledged by means of references.

JEGA Abubakar Mohammed	Date

CERTIFICATION

This dissertation titled Access and Utilization of Family Planning Information by Women Attending Family Planning Clinics in Hospitals in Kaduna State of Nigeria by JEGA Abubakar Mohammed meets the regulations governing the award of the degree of Masters of Library Science at Ahmadu Bello University, Zaria, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This research work is dedicated to my parents: Mohammed Jega and Fatima Ramat of blessed memories and the entire members of my family.

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Abstract

This study investigated access and utilization of family planning information by women attending family planning clinics in hospitals in Kaduna State. To achieve the objectives of the study, four research questions were raised, among which are; what factors influence seeking for family planning information by women attending family planning clinics in hospitals in Kaduna State, what types of family planning information are accessible to women attending family planning clinics in hospitals in Kaduna State. A quantitative research methodology using survey design was adopted while structured questionnaire was the instrument used for data collection. The responses from the population of 17,029 with total of 3,406 (20%) sampled women attending family planning clinics in hospitals in Kaduna State were studied and analyzed descriptively; using frequencies, percentages, mean scores and standard deviations. The findings revealed that prevention of unplanned pregnancy and improvement on child and maternal care were the most important factors influencing women seeking for family planning information. Information on birth control was the accessible type of family planning information to women in the hospitals in Kaduna State. The type of information sources utilized by women for accessing family planning information were doctors, nurses and mid-wives. While information on birth control and information on healthy timing and spacing of pregnancy were considered to be highly utilized by the women. The study concluded that women who attend family planning clinics in hospitals in Kaduna State generally accessed and utilized family planning information. However, they did not fully explore information resources or sources such as radio, television, friends/relatives, visual photographs, posters, audio (tape/CDs, video (tape/DVDs), newspapers/magazines, library and/or information centres. The study recommended among others that hospitals should encourage women attending family planning clinics in hospitals to seek for current awareness on contraceptive use, avoiding daily premature death and healthy timing and spacing of pregnancy and hospitals should provide the various types of family planning information such as information on birth control, information on healthy timing and spacing of pregnancy, antenatal information and postnatal information on a wider scale to the women.

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LIST OF ABBREVIATIONS

AV	Audio Visual
CC	Cronbach's Coefficient
CDs	Compact Discs
DVDs	Digital Versatile Discs
eHealth	Electronic Health
FP	Family Planning
FPI	Family Planning Information
H1	First Test
H2	Second Test
HIV	Human Immunodeficiency Virus
HTSP	Healthy Timing and Spacing of Pregnancy
ICPD	International Conference on Population and Development
ICTs	Information and Communication Technologies
IRs	Information Resources
ISB	Information Seeking Behaviour
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

The family which starts as a group of husband and wife and their children living together as a unit is the building block of society. The family is the principal institution for socialization which metaphorically creates more inclusive categories such as community, nations, humanism and in modern age global village. According to Abbot and Wallace (1992), the family prepares people for the rest of their lives and it is women that run it. Therefore, women health concerns must be prioritized to ensure that the society is a place for all. Family Planning (FP) is one of the greatest public health achievements in human history because it has pooled together male and female partners to support the well-being of women of child bearing. For instance, it allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their children. It protects the health of the mother and the outcome of each pregnancy. FP also allows parents the time and space to determine if they are able to care for more children; increasing the likelihood that any further children they have will be able to access healthcare, education, and other services.

FP, in its basic meaning, is defined as the use of various methods of fertility control that will help individuals (men and women) or couples to have the number of children they desire and when they want them in order to ensure the wellbeing of children and the parents (Oluwole, Kuyinu, Goodman, Odugbemi & Akinyinka, 2016). Nigeria is not left behind in the support of women's healthcare, among the black nations in the world today; it is the most populous and recent estimates indicate a total population of 177 million people with a growth rate of 3.2% and

a total fertility rate of 5.5 lifetime births per woman (Salami & Oladosu, 2016). To cater for the wellbeing of its people, Nigeria adopted its first population policy in 1988 titled "National Policy on Population for Development, Unity, Progress and Self-reliance" (Federal Republic of Nigeria, 1988). An important goal of this policy is to make Family Planning Information (FPI) accessible to every household in the nation. FP programmes exist in virtually every nation (Babalola, Babalola & Oladimeji, 2012). According to Seltzer (2002), as at 1998, 179 countries with 99 percent of the world's population had some form of FP programmes, however, very little progress has been achieved ever since. Women do not subscribe to the policy, and mothers of child bearing age give birth to children every other year, subjecting at times mother and child to high risks.

The reasons are that the policy targets are not being met and influenced by numerous factors that include poor diffusion of information, weak programming, inadequate resources, weak institutional framework and a lack of strategic planning (Babalola et al., 2012). Despite their pervasiveness, FP programmes have caused controversy and drawn criticisms from a variety of perspectives, primarily for two reasons. Firstly, they deal with a sensitive subject: birth control. Secondly, concern about the negative effects of rapid population growth and high fertility in developing world. Seltzer (2002) asserts that there was widespread optimism that establishing FP programmes to distribute contraceptives on a large scale would help achieve several policy objectives: especially those aimed at reducing population growth and (unwanted) high fertility and thus boosting standards of living; improving women's health and quality of life by helping them avoid unintended pregnancies and abortion; and advancing the right of women

to plan their families. These three distinct but interrelated objectives, or rationales have furnished the legitimating premise for FP programmes from the beginning:

Demographic rationale: concerns reducing high fertility rates and slowing population growth provided the dominant rationale for FP programmes in the 1960s and 1970s. This rationale was based on concerns over the potentially negative effects of rapid population growth and high fertility on living standards and human welfare, economic productivity, natural resources and the environment in the developing world (Seltzer, 2002).

Health rationale: during the 1980s, a different set of concerns became paramount; the public health consequences of high fertility for mothers and children. High rates of infant, child and maternal mortality, as well as abortion and its health consequences, were pressing health problems in many developing nations and had also become of greater concern to international development agencies. High maternal mortality was associated with high-risk circumstances that FP could help to address. These included a high number of pregnancies, births to older and younger women and pregnancies that were unintended. In addition, closely spaced births were associated with higher rates of infant morbidity and mortality. This rationale extended to issues of equity: Government-sponsored FP programmes could provide poor women with the same access to services that wealthier women already enjoyed through private physicians.

Human rights rationale: this rationale became pre-eminent in the 1990s, in part because of reactions to excesses under the demographic rationale. The human rights rationale rests on the belief that individuals have a fundamental right to control reproductive decisions, including family size and the timing of births. This rationale found its strongest articulation at the

International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994. All the three rationales that is demographic, health and human rights have existed from the early days of FP programmes, but they have been given different emphasis over time. FP helps women decide when to have a baby in such a way that both the mother and baby stay healthy. FP is more than just birth control. It includes screening services that help find serious health problems, such as low blood iron, high blood pressure and infections sooner (Seltzer, 2002).

Khan (2015) notes that information in the present-day context is not merely a 'piece of data' but rather the "life blood" of the scholarly world. Information is power; it is the great national and international resource. Information is the result of processing, manipulating and organizing data in a way that adds to the knowledge of the receiver. Information, which is a catalyst for change, has become as important as life itself. Information is substantially different from data in that data are raw unevaluated messages. Information is the increase in knowledge obtained by the recipient by matching proper data elements to the variables of a problem (Ochai, 2007). Information, being awareness on a given situation or phenomenon which propels one into action must be valid and usable. According to Chimah and Nwokocha (2013), if information is valid but not usable it is (outdated or obsolete) and if usable but not valid it is (gossip or grapevine). On the contrary, if the sourcing variables are greater than its usability the information is said to be invalid. We survive as human beings, because we accurately record the sound, sight, smells, tastes and texture of our environment which are information (Aina, 2004).

FPI is that information that is collected and organized in a specialized way by subject field, type of source material, persons served, location, or type of services. According to University Research Company (n.d.), FPI is defined as health communication and behavior

change strategies to enable individuals, families, communities and societies to increase control over and improve their health. For better health outcomes, the strategies include: Advocacy which aims at securing leaders' commitment to policies and programs that support health and promote changes in social conditions that contribute to disease and vulnerability; Edu-entertainment, based on tradition and popular culture and specific to the geographic context, entertains and engages while it transmits important messages and encourages dialogue and interaction. Edu-entertainment includes popular theater, puppetry, music, dance, pageants, festivals and more; ICTs and eHealth strategies range from health data collection and storage to information-based and interactive web and mobile applications for health.

These strategies leverage the increasing access to ICTs to improve decision-making and performance by providers and clients and facilitate communication in remote areas where infrastructure is less developed; Information, education and communication strategies rely on job aids, interpersonal communication and other methods to improve health workers' performance, remind caregivers to perform frequently omitted tasks, encourage individuals to make positive changes in healthcare seeking and behaviors, and create demand for health services; Mass media, such as radio, television, billboards and newspapers, complement other media to raise awareness and increase knowledge of health concerns, stimulate audiences to seek services and promote social norms that favor healthy practices; Social and community mobilization engages civil society and community organizations to promote social norms that support collective health objectives and challenge harmful practices.

1.2 Statement of the Problem

Women in Kaduna State are expected to access and maximally utilize family planning information in hospitals as one of their major information resources. Family planning information is an important factor in having a meaningful life both for the individual family and the nation as a whole as it is rightly said that a healthy nation is a wealthy nation (Chukwuji, Tsafe, Sayudi, Yusuf & Zakarriya, 2018). It is only with the right information that women can make an informed decision. The woman that has the right information and use it well will always be ahead of the woman that does not have the right information. Family planning information is right information every citizen that is of age should have. According to Asghar, Maann, Zafar and Ali (2010), rightly pointed out that access to family planning information have been identified as a reproductive health right of women to be informed of appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide them with the best chance of having a healthy infant.

However, lack of access to family planning information remain as a major barrier to knowledge-based healthcare in hospitals especially on family planning programmes; since the knowledge of family planning enables women to control their family size as is popularly held. It was assumed that women could be experiencing problems in accessing information resources; coupled with lack of knowledge and awareness of the resources will as a result void utilization of family planning information on the part of the women attending family planning clinics in hospitals.

Seeking for information, is as a result of a felt gap that exists in the information needs of women. Therefore, women seek information to add knowledge they lack or to confirm or disconfirm their current state of beliefs, and they use that information for strategic purposes. Scholarly investigations and reportage on the nature and sources of family planning information and utilization are hard to find because scholars have not been keen at taking up these challenges (Etukudo, 2015). It is in the light of this that the women's inadequate access and utilization of family planning information in family planning clinics in hospitals in Kaduna State was singled out as the cause that needed investigation in this study.

1.3 Research Questions

The following research questions guided the research:

1. What factors influence seeking for family planning information by women attending family planning clinics in hospitals in Kaduna State?
2. What types of family planning information are accessible to women attending family planning clinics in hospitals in Kaduna State?
3. What type of information resources are utilized by women attending family planning clinics in hospitals in Kaduna State?
4. To what extent do the women attending family planning clinics in hospitals in Kaduna State utilize family planning information?

1.4 Objectives of the Study

The following were the objectives of the study:

1. To identify factors that influence seeking for family planning information by women attending family planning clinics in hospitals in Kaduna State.
2. To identify the types of family planning information accessible to women attending family planning clinics in hospitals in Kaduna State.
3. To identify the type of information resources utilized by women attending family planning clinics in hospitals in Kaduna State.
4. To identify the extent to which women attending family planning clinics in hospitals in Kaduna State utilize family planning information.

1.5 Significance of the Study

The findings of this study will benefit Kaduna State Government and the Ministry of Health, in knowing the factors that influence the women attending family planning clinics seeking the types of family planning information. This will help the government and the ministry concerned to determine how best to provide family planning information in respective hospitals in the state. It will also help to understand the type of information resources women attending family planning clinics in the state hospitals utilize so that adequate provision can be made in order to make the family planning clinics more responsive.

The findings of the study will offer an opportunity to the women population under study realize whether the knowledge acquired would be useful to them and thus take the right decision

concerning their health and that of their children. It will also encourage them to appreciate and to always pursue valid information services that will reduce uncertainty in the minds of the women in order to scale up safe motherhood and hence reduce maternal and neonatal mortality rate.

The findings of this research work will assist in delivering quality information in the field of Library and Information Science, particularly medical librarians as the study hinged on family planning information by women attending family planning clinics in hospitals in Kaduna State. Moreover, it will add to the existing literature on Family Planning Information in Nigeria.

1.6 Scope of the Study

The study covered family planning clinics in the hospitals located in Zone I, Zone II and Zone III in Kaduna State. The study also covered only those registered women attending family planning clinics in both public and private hospitals.

1.7 Operational Definition of Terms

The following terms are defined as used in the study:

Clinic: refers to health programmes conducted in venue in hospitals to address certain medical challenges e.g. family planning clinics, antenatal and postnatal clinics etc.

Family Planning: is the control of birth by women using appropriate contraceptive methods.

Family Planning Information: refers to the various sets of information and messages that are relevant to family planning.

Healthy Timing and Spacing of Pregnancy: is an approach that helps women delay, space or limit pregnancy.

Information: refers to the classified messages according to how they are focused.

Utilization: relates to the use or converting into action the accessed family planning information to perform family planning activity.

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CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.1 Introduction

This Chapter reviewed literature related to the study under the following sub-headings:

2.2 Concept of Information

2.3 Concept of Family Planning Information (FPI)

2.4 Information Seeking Behaviour (ISB)

2.5 Types of Family Planning Information (FPI) Accessible

2.6 Types of Information Resources (IRs) Utilized

2.7 Extent of Utilizing Family Planning Information (FPI)

2.8 Summary of the Review

2.2 Concept of Information

The term information originated from the Greek words, typos, idea and morphe, evolving into the Latin word information. The most explicit definition in the literature defines information as recorded experience that is used in decision-making. The term Information has been defined, interpreted and used differently in disciplines (Losee, 1997). Westbrook (1993) supports the notion that data, through a process of change, become organized, thus becoming information. Only when human beings assign meaning and interpretation to information does it become knowledge. Analyzing information transforms it into knowledge, which may result in some form of action (Westbrook, 1993).

Case (2007) argued that there are extensive disagreements about what would create a general definition of information. Most of these disagreements concern the issues of truth (true vs. false); physicality (book, sound wave); intentionality (i.e. assume that something intends to communicate to another entity); structure or process (i.e. is the information a process or must information be structured in a particular way); and utility (e.g. the kind of effect of information for humans). He suggested six requirements for a universal concept of information, which are:

1. Allow for the common-sense notions of information used in everyday discourse.
2. Allow for unintentional origins of information (e.g. observation of the natural world) as well as for purposeful communication among people.
3. Allow for internally generated information (e.g. memories, constructions) as well as externally generated information (e.g. reading a text).
4. Allow for types of information beyond that needed for solving a problem or making a decision.
5. Admit the importance of informal sources (e.g. friends) as well as formal sources (e.g. data or documents).
6. Involve the human mind, either in the creation, perception or interpretation of information; to leave out such a requirement is to declare that anything is information and that would leave us with no focus in our investigations.

McCreadie and Rice (1999) provided a comprehensive definition of information. They reviewed six pieces of research literature, which considered different points of view in order to identify the concept of information. They considered the following concepts:

1. Information as a representation of knowledge. This is concerned with information as stored knowledge. It tends to be in carrier materials such as documents, books, periodicals and also in electronic media (e.g. CDs and Internet).
2. Information as data in the environment. This concept relates to information that can be obtained from a range of environmental stimuli and phenomena; not all of which are intended to 'convey' a message, but which can be informative when appropriately interpreted.
3. Information as part of the communication process. This is the notion that meanings are in people rather than in words or data. Human behaviour is the basis for understanding the process. There are two factors; timing and social factors that have an impact on the processing and interpretation of information.
4. Information as a resource or commodity. This notion supports the idea that information is transmitted in a message from sender to receiver. It assumes that the receiver interprets the message in the way intended by the sender.

A simple definition was provided by Chen and Hernon (1982), who defined information as all knowledge, ideas, facts, data and imaginative works of mind which are communicated formally and/or informally in any format. Case (2007) provided the broad definition that information can be any difference you perceive, in your environment or within yourself. It is any aspect that you notice in the pattern of reality.

2.3 Concept of Family Planning Information (FPI)

The place of information in all aspects of human existence is a necessity. FPI is an important factor in having a meaningful life both for the individual family and the nation as a whole as it is rightly said that a healthy nation is a wealthy nation. Anunobi and Udem (2014) defined information as factual data, ideas, and other knowledge emanating from any society that are identified as being of value, sometimes gathered on a regular basis, organized in some fashion, transmitted to others, and used in some meaningful way. Information they say is power. It has the potential of transforming life. However, it is only with the right information that you can make an informed decision.

FPI helps people to have smaller families, lower fertility levels and slow population growth (Bongaarts & Bruce, 1995). FPI has to do with providers that may identify and clear client doubts and reduce any unrealistic expectations, so that clients have a better understanding of their options and make more realistic choices (Young and Klingle, 1996). As such, FPI is believed to be contributing to the use, non-use and discontinuation from the use of FP services and also are capable of influencing the behaviour of clients in many developing countries with Nigeria as a good example and especially in Kaduna State.

FPI has been found to influence utilization of FP services. However, utilization of FPI in family planning clinics in hospitals in Kaduna State is uncertain. Prospective FP acceptors need information about FP before a decision on whether to practice or not are taken (Moreno & Goldman, 1991). Clients deserve, to receive accurate information for FP and the information should come from credible sources (Stewart & Sommerfelt, 1991; Llera, 1991).

2.4 Information Seeking Behaviour (ISB)

The concept of ISB emerged from the broad concept of User Studies which covers a wide range of studies in Information Science. When focusing on the term ISB, the concept has been taken in a general perspective as it is a set of actions applied in identifying information needs, in seeking the required information to satisfy the needs, to select the right information among the mass of information, to evaluate the selected information and finally use information in the appropriate context (Sankpal & Punwatkar, 2015). Information behaviour encompasses information seeking as well as the totality of other unintentional or passive behaviors (such as glimpsing or encountering information), as well as purposive behaviours that do not involve seeking, such as actively avoiding information (Case, 2007). ISB is a purposeful attempt to seek for information and to satisfy the needs that arise out of a necessity to achieve an objective. Here, the information system is consulted either manually or through human computer interaction. In this process, the user consults books or journals or newspapers or any other manual resource or internet by applying information seeking attitudes in a broader sense, that is to say, macro level of application of behaviour (Sankpal & Punwatkar, 2015).

Women are active information seekers, particularly in the context of managing health for themselves and their families. Rural or urban living may present particular challenges and opportunities for women in their health information seeking. Regardless of location, however, women tend to be the primary seekers of health information for their children and other family members, as well as for themselves (Warner & Procaccino, 2004; Wuest, 2000; Stoller, 1993) and they represent the majority of health information seekers (Hibbard, Greenlick, Jimison, Kunkel, & Tusler, 1999).

Timmers and Glas (2010) suggest that research on information behaviour relates to the totality of human behaviour in relation to sources and channels of information, including both active and passive information seeking, and information use. ISB describes the interactive elements between a user and an information system (Fourie & Bothma, 2007). The general model of information behaviour developed by Wilson (1997), posited that a general model of information behaviour needs to include at least three elements:

a. An information needs and its drives, i.e. the factors that give rise to an individual's perception of need;
b. The factors that affect the individual's response to the perception of need; and
c. The processes or actions involved in that response.

Information needs, information seeking and information behaviour are intertwined concepts which make the concept information behaviour very complex. According to Taylor (1991), information is the product of certain element of the information use environment. The elements according to him, are: the assumptions, formerly learned or not, made by a defined set of people concerning the nature of their work; the kinds and structure of the problems deemed important and typical by this set of people; the constraints and opportunities of typical environments within which any group or sub-group of this set of people operates and work; and the conscious perhaps unconscious, assumptions made as to what constitutes a solution, or better said, a resolution of problems, and what makes information useful and valuable in their contexts. Based on this definition he concluded that information behaviour of different groups of people also is different. According to Thorsteinsdottir (2001), put forward some other related concepts

to information behaviour. He asserted that information behaviour is intertwined concepts which makes the concept of information behaviour very complex. The concepts he gave are:

a. Information Needs

This is because nowadays, information is a basic necessity of everyday life. For anything and everything information is required. Information can be obtained or retrieved from a variety of sources. Women's information needs on personal, religious, social, domestic, professional or medical are important factors in determining the quality of life they live, their output professionally or socially, at home and to the world generally (Olorunda, 2004). This is understood in Information Science as stemming from a vague awareness of something missing and as culminating in locating information that contributes to understanding and meaning (Kuhlthau, 1993). It is an anomalous state of knowledge (Belkin, Oddy & Brooks, 1982), or gap in individual's knowledge in sense making situations (Dervin & Nilan, 1986). For a person to experience an information need, there must be a motive behind it (Wilson, 1997).

b. Information seeking

This is defined as a conscious effort to acquire information in response to a need or gap in our knowledge (Case, 2007). Ikoja-Odongo and Ocholla (2004) described information-seeking as a process that requires information seekers, or what might be called personal information structures such as a person's cognitive abilities, his or her knowledge, skills in relation to the problem or task domain, knowledge and skills specific to a system and knowledge and skills regarding information seeking.

Information is undertaken to identify a message that satisfies a perceived need (Wright & Guy, 1997). This activity may be actively or passively done when taking steps to satisfy a felt need (Ikoja-Odongo, 2002). Andersen (2002), in another dimension noted that research on information seeking has looked at how individuals go about finding the materials they need. Brashers, Goldsmith and Hsieh (2002) noted that information seeking is a key resource for managing one's health.

c. Information Seeking Behaviour

This can be described as an individual's way and manner of gathering and sourcing for information for personal use, knowledge updating and development. Fairer-Wessels (1990) referred to it as the way people search for and utilize information. Wilson (1999) identified four different phases of obtaining information. The first phase is passive attention. This method refers to the situation when an individual acquires information from the environment with no previous intention of obtaining that information, for example, listening to the radio and watching television, reading newspapers and magazines and communicating with colleagues.

The second mode, called passive search, applies to cases where a certain type of information behaviour leads to accessing information that is relevant to the individual's need, e.g. browsing. The third mode named active search occurs when an individual seeks out information actively from different sources (e.g. libraries, electronic databases and personal collections). The fourth is the ongoing search method, which takes place when the individual already has a large amount of knowledge in a specific area, but carries out a continuing search to keep up-to-date and/or expand his/her knowledge in that area.

2.5 Types of Family Planning Information (FPI) Accessible

FPI is an important factor in having a meaningful life both for the individual family and the nation as a whole. Individuals may not be aware of or appreciate the value of certain information, although without such information they are potentially limited in the appropriate and full use of the services available. Since the decision made at any given time depends to a large extent on the type of information that is made available to the user (Ogunmodede, Ebijuwa, & Oyetola, 2013). Such types of FPI include:

a. Health Information

Information is a major resource that is needed in every sphere of life endeavour especially in health matters that concern FP. Information is understood broadly as stimuli from a person's environment, although in health settings 'bodily information' such as experiencing pain, changes in functioning or physical symptoms (Yates, 2013), or memories and previous experience (Bar-Ilan et al., 2006), could be considered as information as well.

Ultimately, health information is a vital resource for individuals who seek information for as varying reasons as mere curiosity, self-diagnosis for health. Health information services on "reproductive healthcare," "maternal healthcare" and "FP" can be, or is provided through clinicians and librarians; as well as different media by which such information can be presented, for example face-to-face, video, written and by telephone (Buckland, 1994). It is important to know the difference between different type of resources, as women will find different kinds of information in different resources. Because the women will not want to waste time searching for a resource or source that will not give the information needed. Admittedly, according to

Ogunmodede, Ebijuwa, and Oyetola (2013), information that is needed to study changes in women's health status is either inadequate or unavailable.

b. Information on Birth Control

Birth control or contraception is designed to prevent a woman from getting pregnant. Contraception is an important aspect of reproductive health. According to Dada (1996), contraception is simple prevention of conception, including any chemical, drug, herb, or device used for this purpose. A woman has the right to choose if and when she wants to become pregnant. For women who are planning for pregnancy, using birth control until they are ready helps make sure that the mother and the baby will be as healthy as possible.

A well-conceived decision about what contraceptive method to use presupposes that the woman making the decision has enough knowledge about relevant options. This knowledge may originate from different sources, some more reliable than others as the case may be. The main information resources about contraception include: doctors, friends, nurses, midwives, pamphlets, radio, television, newspapers, magazines etc.

c. Antenatal Information

The antenatal period offers opportunities for delivering health information and services that can significantly enhance the health of women and their infants, but its potential remains insufficiently exploited. Whereas women themselves appear to have embraced the concept of care during pregnancy with enthusiasm when such services are available, the care they are offered often falls short of the ideal by a long way, in terms of content and also quality (Abou-

Zahr & Wardlaw, 2003). The antenatal period provides an opportunity to supply information on birth spacing, health check-ups, preparation for birth and parenthood which is recognized as an important factor in improving infant survival. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health (Abou-Zahr & Wardlaw, 2003).

There is need for women to receive information about contraception and promote women's right to control their reproductive health, generate awareness and dispel myths about contraceptives (Shoveller, Chabot, Soon & Levine, 2007).

d. Postnatal Information

Postnatal is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life. It is considered as the most important maternal and child health service offered during this period. Because inability to promote health behaviours affecting mothers and newborn children, illnesses, disabilities and death can occur due to lack of postnatal information. Women can obtain information about pregnancy and childbirth from a range of sources and by different methods, including formal and informal interactions with health professionals (Chembe & Siziya, 2017). For example, women may use clinic appointments, or parent education and some may use written materials or websites. Different sources may suit different women per se. Chembe and Siziya (2017) opined that lack of knowledge is a significant predictor of utilization of most health services. Procedures require women's knowledge and that of healthcare providers. So, healthcare providers disseminate the

appropriate information in an appropriate way in order for women to understand the information on why they need to utilize such service as postnatal care.

e. Information on Healthy Timing and Spacing of Pregnancy (HTSP)

HTSP is an intervention to help women and families delay or space their pregnancies, to achieve the healthiest outcomes for women and their children, within the context of free and informed choice. Educating and counseling women and families on HTSP is associated with increased knowledge and use of family planning services. It is the role of the healthcare provider to inform, educate and counsel women on the best options that are available to them (Extending Service Delivery, 2010). It is important to reiterate, however, that women must understand that they can freely choose whether or not to use FP. In a world where HTSP is the norm, all women and families are able to time and space their pregnancies to contribute to improved health, achievement of personal life goals, and enhanced quality of life (Norton, Mwaikambo & Yacobson, 2016).

2.6 Type of Information Resources (IRs) Utilized

Information is a major resource that is needed in every sphere of life endeavour especially in health matters (Ugboma, 2010). The term ‘resource’ means a source of supply, usually in large quantity (Chimah & Nwokocha, 2013). A person is said to be ‘resourceful’ when he or she is capable of handling difficult situations. Generally, resources are aids to the researcher. They are those materials, strategies, manipulations, apparatuses or consultations that help the researcher to enhance research and development. IRs therefore include all forms of information carriers that can be used to promote and encourage effective research activities and

developmental projects. Specifically, IRs include such things as newspapers and magazines and all related materials in print format and ICT and related electronic gadgets which store or provide information worldwide without any serious geographical barrier capable of satisfying the diverse information needs of researchers. Rowlands (2007) concluded that print and electronic resources were used for different types of tasks and at different times in the information-seeking process.

The type of IRs utilized by women attending family planning clinics in hospitals in Kaduna State in today's information society can be found on almost anything they want. Increasingly, technology makes it easier than ever to find and access resources or sources needed. However, it also presents women with a dilemma: how do we choose the right resources from this often-overwhelming selection? This study presents the type of IRs, which will help women to choose the right resource and avoid information overload. information is published in a range of formats and it is important to select and use those appropriate to an individual's needs. Hence women will use what they will depend on, especially their circumstances, including the time and technology available. Below are the three main formats (Understanding Information Sources, n.d.):

1. Print: Print is simply the paper (hard copy) form of information. newspapers, magazines, official publications and some specialized sources that are usually published in print form.
2. Electronic: Electronic IRs refer to anything that is recorded, stored and retrieved using computer technology. Examples of electronic information sources include CDs, DVDs and all online sources including searchable databases.

3. Audio-Visual: Audio-visual (AV) resources consist of sound and visual images. These include items such as television programmes, motion pictures, music recordings and slides.

The information women seek may exist in any one or more of these formats. While more and more information exists in electronic and audio-visual format, significant amounts of information are readily (and sometimes only) available in print format.

2.7 Extent of Utilizing Family Planning Information (FPI)

Information use denotes the employment of all kinds of cognitive and affective elements that may help to make new sense (Savolainen, 2006). What should we make of this? Information use is that seeking behavior that leads to the use of information in order to meet an individual's needs. There is no single right definition for the use of information, but it can be understood in many different ways (Kirk, 2002, Savolainen, 2009c). Earlier, such ideas have been treated off by Kari (2007), Kirk (2002), Maybee (2006, 2007), Meyer (2003) and Savolainen (2000, 2009a). In all of these sources, the examination has remained more or less limited, however, probably due to a narrow focus or the material used. When the use of information is conceptualized as applying information, information is not seen as intrinsically valuable, but above all as a tool (Kari, 2009). But the role of information is to function as a resource in some process.

The use of information is a phenomenon which appears everywhere in the context of everyday life or, in fact, of all life (Savolainen, 2009a). Using information starts when the individual connects with an information source. According to Cole (2008), the broadest possible matter for which we use information concerns the survival of our species. While Spink and Cole

(2006), opined that the use of information is synonymous with internalizing information-as-thing. While yet Kari (2001), contends that information use can only begin after the message has been absorbed by the person. Generally speaking, information, particularly internalized information or knowledge is thought of as something which is utilized in certain action.

However, it is more ordinary that the use of information is connected to looking for information sources. According to Wilson (1982), talks about use in the sense of acquiring a document, and in information studies, this is probably one of the most popular; even though, on the other hand, most implicit, ways of understanding information use. However, this is just a minor point of Wilson's. He deals with the usefulness of a current awareness service and how social workers and their managers used the information they received through the associated photocopy service. Some of those uses relate to what is termed as 'knowledge construction' (e.g. confirmation of what one already believed), and 'information production' (e.g. writing a report).

On the other hand, there is a tendency to use the expression information use as a comprehensive term which refers to the ways in which people choose and approach information sources (Savolainen, 2009b). In Maybee's study, participants who experienced the source conception of information use concentrated on information about information sources and on understanding their properties. One aspect of this was to determine the reliability of the information, based on the features of the source. The participants who perceived the use of information in this way focused on finding information from the sources. The structure of their consciousness reflected concentrating on the sources, showing the secondary nature of information use, which takes place after locating the information (Maybee, 2006, 2007).

It could be added here that the use of information typically includes selecting information (Choo, 2006). In other words, mere finding is not enough. On the basis of all what have been discussed above, the use of information would seem to be a really multiform phenomenon: almost any kind of human interaction with information will do as information use. However, Choo (2006), specifies that, the use of information is an essential part of evaluating, adopting and applying new information.

2.8 Summary of the Review

This Chapter provided a review of the literature relevant to this study. The review emphasized in the literature most explicit definition on the term information as interpreted and used differently in disciplines as well as FPI as the concept upon which this study was framed. The types of family planning information accessible to clients with a focus that include; health information, information on birth control, antenatal information, postnatal information and information on healthy timing and spacing of pregnancy were discussed. Information seeking behaviour were also reviewed with a focus on the aspects that include; information needs, information seeking and information seeking behaviour, of which all these were done with a view to obtain or retrieve information from a variety of resources by women seeking information for healthy decision-making. Type of information resources utilized that influence accessibility of FPI as viewed by women such as; print, electronic, audio and video formats were reviewed.

Finally, the extent of utilizing family planning information of which the emphasis was that information use can only begin after the message has been absorbed by the person was reviewed. As such, FPI contributes to the use, non-use and discontinuation of any given type of

family planning information of which the final aim is to make readily available, relevant and timely FPI to the women attending family planning clinics so as to widen their knowledge, deepen understanding, reduce uncertainty and eventually solve their problems in taking final decision with regards to a healthy body and mind. Most of the reviewed studies were conducted in developed countries, and their findings may not necessarily apply to developing countries like Nigeria especially Kaduna State which formed the focus of the study. Hence, there was thus a knowledge gap to be addressed in this study.

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CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This Chapter discussed the research methodology adopted for the study. The discussion was done under the following sub-headings:

3.2 Research Methodology Adopted for the Study

3.3 Population of the Study

3.4 Sample and Sampling Technique

3.5 Instrument for Data Collection

3.5.1 Questionnaire

3.6 Validity of the Instrument

3.7 Reliability of the Instrument

3.8 Procedure for Data Collection

3.9 Procedure for Data Analysis

3.2 Research Methodology Adopted for the Study

The study adopted quantitative research method, because it was useful for large sample groups. Quantitative research generates statistics through the use of large-scale survey research, using methods such as questionnaires or structured interviews (Dawson, 2002). Survey research is defined as the collection of information from a sample of individuals through their responses to questions (Check & Schutt, 2012). Survey research uses quantitative research strategies (e.g., using questionnaires with numerically rated items). A survey research design was used to guide

in reaching out to the respondents. This was chosen because survey is the most commonly used research design in health services research and the social sciences (Mathers, Fox & Hunn, 2009). It was the appropriate design, because it is impracticable and uneconomical to involve all the members of the population in a research ((Welman, Kruger & Mitchell, 2005). In a large population, so much time and funds would be needed to study all the members of the population, which is rather difficult. A way out of this problem, according to scholars such as Babbie, Mouton, Vorster and Prozesky, (2001) and Welman et al. (2005), is to obtain or select a sample (or small number of members) of the population for the study. Hence, a survey research design was considered appropriate for this study.

3.3 Population of the Study

Population is the designated part of the universe from which a sample is drawn. It can be seen as a group of individuals, persons, objects or items from which samples are taken for measurement in a research. Beins and McCarthy (2012) described population as the entire set of people or data that are of interest to a researcher. The population of the study consisted of all the general and private hospitals in Kaduna State providing comprehensive primary healthcare services. The women attending family planning clinics in those hospitals in Kaduna State also formed the target population. According to Yero (2014), there are 180 number of public and private hospitals in Kaduna State providing family planning clinics. According to available records in the hospitals visited, there are 17,029 number of registered women attending family planning clinics in those hospitals.

3.4 Sample and Sampling Technique

Sample refers to the systematic and carefully selected representative of the population of a study. Usually, if the population is too large for the researcher to study all of the members, a small, but carefully selected sample can be used to represent the population (Ibrahim, 2013). In line with the above, purposive or judgmental sampling technique was used. As the name implies, it is a sampling technique in which the researcher had in mind some aims to achieve, that is a situation where sampling items are drawn with the intention of meeting some preconceived notions in the mind of the researcher and was a sample targeted on very specific characteristics of the units or individuals chosen especially women attending clinics in particular localities.

It was purposive in nature because all samples were drawn from hospitals located within the three zones of Kaduna State namely; Zone I, Zone II and Zone III. As they provide easy access to the hospitals under study in terms of transportation. Another good thing about this sampling technique was that, it was directed at the required audience, and their opinions about an issue are first hand.

Coleman and Briggs (2002) opined that a sample size should be the one that can be managed within the practical constraints and resources available to the researcher. Thus, suggesting an average of 20 – 30% for survey research. Therefore, 36 (20%) hospitals made up of 6 public and 30 private hospitals were proportionately selected to represent the entire population. With regards to the target population, the same 20% as suggested by Coleman and Briggs (2002), was applied in selecting the sample size. Therefore, a total of 3,406 (20%) stands as the sample of the respondents.

Table 3.1: Sample Size of the Respondents

S/N	Hospitals	Location	Category	Population (N)	Sample (n)
1.	Gambo Sawaba Hospital	Zaria (Zone I)	Public	884	177
2.	Limi Hospital & Maternity	Zaria (Zone I)	Private	273	55
3.	Garden City Specialist Hospital	Zaria (Zone I)	Private	214	43
4.	Jama'a Hospital	Zaria (Zone I)	Private	219	44
5.	Ladiya Hospital	Zaria (Zone I)	Private	125	25
6.	General Hospital	Giwa (Zone II)	Public	803	161
7.	General Hospital	Birnin Gwari (Zone II)	Public	698	140
8.	Jibril Maigwari Memorial Hospital	Birnin Gwari (Zone II)	Private	106	21
9.	Barau Dikko Specialist Hospital	Kaduna (Zone II)	Public	2628	526
10.	Yusufu Dantsoho Hospital	Kaduna (Zone II)	Public	2555	511
11.	Garkuwa Specialist Hospital	Kaduna (Zone II)	Private	141	28
12.	Hitaf Specialist Hospital	Kaduna (Zone II)	Private	190	38
13.	Maneks Hospital	Kaduna (Zone II)	Private	171	34
14.	Salamatu Hospital & Maternity	Kaduna (Zone II)	Private	192	38
15.	Covenant Hospital & Maternity	Kaduna (Zone II)	Private	980	196
16.	Mends Specialist Hospital	Kaduna (Zone II)	Private	197	39
17.	Rakiya Memorial Hospital	Kaduna (Zone II)	Private	305	61
18.	Biba Hospital	Kaduna (Zone II)	Private	232	46
19.	Harmony Hospital	Kaduna (Zone II)	Private	109	22
20.	Chasel Hospital	Kaduna (Zone II)	Private	138	28
21.	Lafiya Hospital	Kaduna (Zone II)	Private	225	45
22.	Monarch Hospital	Kaduna (Zone II)	Private	272	54
23.	Belmont Specialist Hospital	Kaduna (Zone II)	Private	292	58

24.	Sultan Hospital	Kaduna	(Zone II)	Private	279	56
25.	Diamond Specialist Hospital	Kaduna	(Zone II)	Private	286	57
26.	Abi Hospital	Kaduna	(Zone II)	Private	119	24
27.	Giwa Specialist Hospital	Kaduna	(Zone II)	Private	581	116
28.	Grace Memorial Hospital	Kaduna	(Zone II)	Private	129	26
29.	Beto Hospital	Kaduna	(Zone II)	Private	267	53
30.	Sefa Specialist Hospital	Kaduna	(Zone II)	Private	350	70
31.	Abdul Azeez Memorial Hospital	Kaduna	(Zone II)	Private	84	17
32.	Albarkan Allah Hospital	Kaduna	(Zone II)	Private	233	47
33.	Jowako Specialist Hospital	Kaduna	(Zone II)	Private	328	65
34.	Zaks Hospital & Maternity	Kaduna	(Zone II)	Private	345	69
35.	General Hospital	Kafanchan	(Zone III)	Public	1903	381
36.	Mc Royal Hospital	Kachia	(Zone III)	Private	176	35
	TOTAL				**17,029**	**3,406**

3.5 Instrument for Data Collection

The researcher used questionnaire for data collection in the study. The reason was that questionnaires maximize the proportion of subjects answering the questionnaire which is the response rate and to obtain accurate relevant information for the survey. Since survey involves directly collecting information from people (or sometimes organizations) that researchers are interested in collecting data questionnaire is the most used of the data gathering devices and it is

easy to prepare and to administer. Pandey and Pandey (2015) stated that questionnaire is commonly used in studies that the respondents cannot be easily reached. Similarly, Colosi (2006), stated that questionnaires are the most commonly used method for collecting information from participants in studies.

3.5.1 Questionnaire

Questionnaire is a predetermined set of questions used to collect data (Kember & Leung, 2008). The questionnaire is the most frequently used data collection tool or instrument for quantitative studies especially surveys (Wong, Ong & Kuek, 2012). Therefore, one set of questionnaire was constructed and administered. The questionnaire consisted of close-ended questions grouped into five sections: Section A – covered demographic information, Section B – covered factors that influence seeking for family planning information by women attending family planning clinics in hospitals in Kaduna State, Section C – covered types of family planning information accessible to women attending family planning clinics in hospitals in Kaduna State, Section D – covered type of information resources utilized by women attending family planning clinics in hospitals in Kaduna State. Finally, Section E – was on the extent to which women attending family planning clinics in hospitals in Kaduna State utilize family planning information.

3.6 Validity of the Instrument

In order for the instrument to provide the required data for the study, the questionnaire was subjected to face and content validation. Burton and Mazerolle (2011) remarked that validity is necessary entity of instrument development if researchers are to report with confidence the

results obtained from the survey. Therefore, the validity of the questionnaire was ascertained by the two supervisors of the research work and two additional Senior Lecturers in the Department of Library and Information Science, Ahmadu Bello University, Zaria.

3.7 Reliability of the Instrument

Reliability refers to the degree to which the results obtained by a measurement and procedure can be replicated (Wong et al., 2012). In line with this, a pilot study was conducted on ten (10) women attending clinic in General Hospital, Minna, Niger State, which was not part of the study. One way to test the reliability of a test is to repeat the test. This is not always possible. However, it was done using split-half reliability test which is another approach that is applicable to questionnaires by dividing the test into two questions and compare the results. Split-half reliability is a common statistical method used to determine the reliability of a typical test. It is used for multiple choice tests most often, but it can be used on any test that can be divided in half and scored consistently (Thompson, 2010).

The results obtained from the pilot study test were statistically analyzed using Cronbach's Coefficient Alpha at ≥ 0.70 level. Cronbach's alpha which is commonly used when a researcher is assessing the internal consistency of a questionnaire (or survey) that is made up of multiple Likert-type scales and items. This was done by calculating the first half of the test followed by the second half of the test as shown in Table 3.2:

Table 3.2: Split-half Test of the Pilot Study

Respondents	**Questions**			
	Item 1	Item 2	Item 3	Item 4

1	4	1	3	2
2	3	2	1	3
3	3	3	4	1
4	1	2	4	3
5	2	3	1	4
6	3	1	2	4
7	4	3	1	2
8	1	3	3	4
9	2	4	1	3
10	3	2	1	4
		H1		H2

Calculations:

Mean score = 5 for H1

Sample variances = $\frac{(5-5)^2+(5-5)^2+(6-5)^2+(3-5)^2+(5-5)^2+(4-5)^2+(7-5)^2+(4-5)^2+(6-5)^2+(5-5)^2}{(10-1)} = 1.33$

$$CC\ alpha = \left[1 - \frac{\sum (\%pos)_i (\%neg)_i}{Var}\right]\left[\frac{k}{k-1}\right]$$

$$= \left[1 - \frac{(.6)(.4)+(.5)(.5)}{1.33}\right]\left[\frac{2}{1}\right] = 0.76$$

Mean score = 5.1 for H2

Sample variances = $\frac{(5-5.1)^2+(4-5.1)^2+(5-5.1)^2+(7-5.1)^2+(5-5.1)^2+(6-5.1)^2+(3-5.1)^2+(7-5.1)^2+(4-5.1)^2+(5-5.1)^2}{(10-1)} = 1.65$

$$CC\ alpha = \left[1 - \frac{\sum (\%pos)_i (\%neg)_i}{Var}\right]\left[\frac{k}{k-1}\right]$$

$$= \left[1 - \frac{(.4)(.6)+(.7)(.3)}{1.65}\right]\left[\frac{2}{1}\right] = 0.66$$

Therefore, with the two variations in CC alpha, an average of H1 and H2 was taken to give an alpha of 0.71 and concluded that this scale has good reliability.

This is to detect any difficulties inherent in the administration of the instrument during the conduct of the pilot study leading to the acceptance of the research method, revision of the instrument, or adoption of another research method.

3.8 Procedure for Data Collection

The researcher administered three thousand, four hundred and six (3,406) questionnaires with the help of thirty-six (36) research assistants, one research assistant from each of the thirty-six (36) hospitals under study. The research assistants were staff of the clinic in each hospital, because they knew their clients better and this facilitated the collection of the questionnaires within the period of six weeks.

3.9 Procedure for Data Analysis

Data collected with regards to the research questions raised in the study were analyzed descriptively using frequencies, percentages, mean scores and standard deviation.

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CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This Chapter presented the analyzed and discussed the data collected for the study in order to find answers to the research questions formulated. The Chapter was presented under the following sub-headings:

4.2 Response Rate

4.3 Data Analysis

4.2 Response Rate

Out of the 3,406 copies of questionnaire distributed to the women attending family planning clinics in hospitals in Kaduna State 2,980 (87.5%) were returned duly completed. This high response rate could be attributed to the cooperation given to the researcher by the women attendees. Table 4.1 shows the response rate:

Table 4.1: Questionnaire Returned Rates

S/N	Hospitals	Location	Questionnaire Administered	Questionnaire Returned	% Returned
1.	Gambo Sawaba Hospital	Zaria (Zone I)	177	143	4.2
2.	Limi Hospital & Maternity	Zaria (Zone I)	55	54	1.6
3.	Garden City Specialist Hospital	Zaria (Zone I)	43	40	1.2
4.	Jama'a Hospital	Zaria (Zone I)	44	42	1.2
5.	Ladiya Hospital	Zaria (Zone I)	25	25	0.7
6.	General Hospital	Giwa (Zone II)	161	135	4.0
7.	General Hospital	Birnin Gwari (Zone II)	140	118	3.5
8.	Jibril Maigwari Memorial Hospital	Birnin Gwari (Zone II)	21	21	0.6
9.	Barau Dikko Specialist Hospital	Kaduna (Zone II)	526	444	13.0

10.	Yusufu Dantsoho Hospital	Kaduna	(Zone II)	511	410	12.0
11.	Garkuwa Specialist Hospital	Kaduna	(Zone II)	28	28	0.8
12.	Hitaf Specialist Hospital	Kaduna	(Zone II)	38	36	1.1
13.	Maneks Hospital	Kaduna	(Zone II)	34	33	1.0
14.	Salamatu Hospital & Maternity	Kaduna	(Zone II)	38	36	1.1
15.	Covenant Hospital & Maternity	Kaduna	(Zone II)	196	166	4.9
16.	Mends Specialist Hospital	Kaduna	(Zone II)	39	37	1.1
17.	Rakiya Memorial Hospital	Kaduna	(Zone II)	61	59	1.7
18.	Biba Hospital	Kaduna	(Zone II)	46	42	1.2
19.	Harmony Hospital	Kaduna	(Zone II)	22	22	0.7
20.	Chasel Hospital	Kaduna	(Zone II)	28	28	0.8
21.	Lafiya Hospital	Kaduna	(Zone II)	45	42	1.2
22.	Monarch Hospital	Kaduna	(Zone II)	54	53	1.6
23.	Belmont Specialist Hospital	Kaduna	(Zone II)	58	56	1.6
24.	Sultan Hospital	Kaduna	(Zone II)	56	55	1.6
25.	Diamond Specialist Hospital	Kaduna	(Zone II)	57	56	1.6
26.	Abi Hospital	Kaduna	(Zone II)	24	24	0.7
27.	Giwa Specialist Hospital	Kaduna	(Zone II)	116	97	2.9
28.	Grace Memorial Hospital	Kaduna	(Zone II)	26	25	0.7
29.	Beto Hospital	Kaduna	(Zone II)	53	53	1.6
30.	Sefa Specialist Hospital	Kaduna	(Zone II)	70	65	1.9
31.	Abdul Azeez Memorial Hospital	Kaduna	(Zone II)	17	17	0.5
32.	Albarkan Allah Hospital	Kaduna	(Zone II)	47	43	1.3
33.	Jowako Specialist Hospital	Kaduna	(Zone II)	65	62	1.8
34.	Zaks Hospital & Maternity	Kaduna	(Zone II)	69	65	1.9
35.	General Hospital	Kafanchan	(Zone III)	381	314	9.2
36.	Mc Royal Hospital	Kachia	(Zone III)	35	34	1.0
	TOTAL		**36**	**3,406**	**2,980**	**87.5**

4.3 Data Analysis

This section analyzed and interpreted the data collected in relation to the research questions raised in the study and discussed:

4.3.1 Factors Influencing Seeking for Family Planning Information by Women Attending Family Planning Clinics in Hospitals in Kaduna State

A research question was raised in order to find out the factors influencing women attending family planning clinics in hospitals in Kaduna State seek for information. To achieve this, six factors were identified and the women were asked in Likert Scale to indicate those factors. Table 4.2 shows their responses:

Table 4.2: Factors Influencing Seeking for Family Planning Information by Women Attending Family Planning Clinics in Hospitals in Kaduna State

S/N	Factors Influencing Seeking for Family Planning Information	VI [4]	I [3]	LI [2]	UI [1]	Mean	SD
1.	Current awareness on family planning	1562	623	387	408	3.121	1.477
2.	Prevention of unplanned pregnancy	1937	724	200	119	3.503	1.734
3.	Contraceptive use	1654	954	250	122	3.389	1.649
4.	Healthy timing and spacing of pregnancy (HTSP)	1532	650	396	402	3.111	1.471
5.	Avoid daily premature death	1794	736	212	238	3.371	1.637
6.	Improvement on child and maternal care	1788	903	191	98	3.470	1.709

Key: VI = Very Influential I = Influential LI = Less Influential UI = Uninfluential

Weighted Average = 3.328

Table 4.2 shows the factors influencing seeking for FPI by women attending family planning clinics in hospitals in Kaduna State. The findings revealed that women tend to seek for information for the prevention of unplanned pregnancy as their most influential factor ($\bar{x}$=3.503) as this has been linked to numerous maternal and child health problems. This is closely followed by seeking for information to improve on child and maternal care ($\bar{x}$=3.470), because when they are deprived of the care, the child's development is always retarded physically, intellectually and socially. In addition, contraceptive use ($\bar{x}$=3.389) and avoiding daily premature death ($\bar{x}$=3.371) were influential factors to the women. Current awareness on family planning and healthy timing and spacing of pregnancy were the lowest influential factors to the women in seeking for FPI, with ($\bar{x}$=3.121) and ($\bar{x}$=3.111) respectively. In line with these findings, seeking for information must be as a result of a felt gap that exists, hence Case (2007), expressed it as a conscious effort to acquire information in response to a need or gap in our knowledge.

4.3.2 Types of Family Planning Information Accessible to Women Attending Family Planning Clinics in Hospitals in Kaduna State

The second research question sought to find out the various types of FPI that are accessible to women attending family planning clinics in hospitals in Kaduna State. To achieve the objective of this research question, five categories of information were listed for the women to indicate the types of information accessible to them. Table 4.3 shows the responses:

Table 4.3: Types of Family Planning Information Accessible to Women Attending Family Planning Clinics in Hospitals in Kaduna State

S/N	Types of Family Planning Information Accessible	Frequency	Percentage (%)
1.	Health information	2554	85.7
2.	Information on birth control	2897	97.2
3.	Antenatal information	2155	72.3
4.	Postnatal information	1382	46.4
5.	Information on healthy timing and spacing of pregnancy (HTSP)	2226	74.7

Table 4.3 shows the types of FPI that were accessible to women attending family planning clinics in hospitals in Kaduna State. The findings revealed that 2897 (97.2%) of the respondents indicated health information as the most accessed type of FPI. While 2554 (85.7%) of the respondents indicated information on birth control as the accessible type of FPI. Also 2226 (74.7%) of the respondents were able to access information on healthy timing and spacing of pregnancy and 2155 (72.3%) antenatal information. 1382 (46.4%) postnatal information was the least accessible to the women. This signified the implication that health information was the general subject of discussion and most obtainable in all the public and private hospitals in Kaduna state. Hence, the decision made at any given time depends to a large extent on the type of information that is made available to the user (Ogunmodede, Ebijuwa & Oyetola, 2013).

4.3.3 Type of Information Resources Utilized by Women Attending Family Planning Clinics in Hospitals in Kaduna State

The third research question sought to find out the type of IRs utilized by women attending family planning clinics in hospitals in Kaduna State. To achieve the objective of this

research question, eleven IRs were listed for the women to indicate those resources. Table 4.4 shows their responses:

Table 4.4: Type of Information Resources Utilized by Women Attending Family Planning Clinics in Hospitals in Kaduna State

S/N	Type of Information Resources	HU [4]	U [3]	LU [2]	NU [1]	Mean	SD
1.	Friends/relatives	977	1082	778	143	2.971	1.401
2.	Radio	1326	897	671	86	3.162	1.500
3.	Posters	790	986	1112	92	2.830	1.346
4.	Audio (tapes/CDs)	867	930	933	250	2.810	1.340
5.	Video (tapes/DVDs)	852	775	927	426	2.689	1.309
6.	Visual (photographs)	1028	1070	575	307	2.946	1.390
7.	Television	1106	1234	548	92	3.126	1.480
8.	Library/information centres	378	581	609	1412	1.975	1.426
9.	Doctors	1862	839	201	78	3.505	1.736
10.	Nurses/mid-wives	1490	1090	290	110	3.329	1.607
11.	Newspapers/magazines	540	305	790	1345	2.013	1.408

Key: HU = Highly Utilized U = Utilized LU = Less Utilized NU = Not Utilized

Weighted Average = 2.851

Table 4.4 shows the type of IRs utilized by women attending family planning clinics in hospitals in Kaduna State. The Findings revealed that Doctors ($\bar{x}$=3.505) and Nurses/mid-wives ($\bar{x}$=3.329) were ranked highest by the respondents. In addition, Radio ($\bar{x}$=3.162) and Television

($\bar{x}$=3.126) were also indicated as the type of IRs utilized by the respondents to obtain FPI. Friends/relatives ($\bar{x}$=2.971), Visual in form of photographs ($\bar{x}$=2.946), Posters ($\bar{x}$=2.830), Audio in form of tapes/CDs ($\bar{x}$=2.810), Video in form of tapes/DVDs ($\bar{x}$=2.689), Newspapers/magazines ($\bar{x}$=2.013) and Library/information centres ($\bar{x}$=1.975) were the least type of IRs utilized as indicated by the respondents. The implication here is that human sources such as doctors, nurses, mid-wives, friends and relatives are readily available to the respondents since they are mostly illiterate.

4.3.4 Extent to which Women Attending Family Planning Clinics in Hospitals in Kaduna State Utilize Family Planning Information

The fourth research question sought to find out the extent to which women attending family planning clinics in hospitals in Kaduna State utilize FPI. To achieve the objective of this research question, five types of utilized FPI were listed for the women to indicate the types used by them, as presented in Table 4.5:

Table 4.5: Extent to which Women Attending Family Planning Clinics in Hospitals in Kaduna State Utilize Family Planning Information

S/N	Types of Utilized Family Planning Information	HU	U	LU	NU	Mean	SD
1.	Health information	1797	739	253	191	3.390	1.650
2.	Information on birth control	1824	876	155	125	3.476	1.714
3.	Antenatal information	1541	1061	235	143	3.342	1.616
4.	Postnatal information	1332	1183	283	182	3.230	1.542
5.	Information on healthy timing and spacing of pregnancy (HTSP)	1815	706	301	158	3.402	1.387

Key: HU = Highly Utilized U = Utilized LU = Less Utilized NU = Not Utilized

Weighted Average = 3.368

Table 4.5 shows the extent to which women attending family planning clinics in hospitals in Kaduna State utilize FPI. The findings indicated that women generally use most of the types of FPI. However, it is was discovered information on birth control ($\overline{x}$=3.476) and information on healthy timing and spacing of pregnancy ($\overline{x}$=3.402) were considered as highly utilized by the women. In addition, health information ($\overline{x}$=3.390) and antenatal information ($\overline{x}$=3.342) were also indicated as types of utilized FPI by the women attending family planning clinics in hospitals in Kaduna State. Postnatal information ($\overline{x}$=3.230) was the least item indicated by the respondents. This means that the utilized FPI is by the women is solely to change behaviour and information needs. Kari (2001) contends that information use can only begin after the message has been absorbed by the person. Particularly the internalized information or knowledge is regarded as something which is utilized in certain action.

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CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This Chapter presents the summaries of the study findings, conclusion and recommendations. The Chapter is discussed under the following headings:

5.2 Summary of the Study

5.3 Summary of the Findings

5.4 Contribution to Knowledge

5.5 Limitation of the Study

5.6 Conclusion

5.7 Recommendations

5.2 Summary of the Study

The study investigated on the ways Women Attending Family Planning Clinics in Hospitals in Kaduna State of Nigeria access and utilize family planning information. In order to achieve objectives of the study, four research questions were formulated namely: What factors influenced seeking for family planning information by women attending family planning clinics in hospitals in Kaduna State? What types of family planning information were accessible to women attending family planning clinics in hospitals in Kaduna State? What type of information

resources were utilized by women attending family planning clinics in hospitals in Kaduna State? Lastly to what extent did women attending family planning clinics in hospitals in Kaduna State utilize family planning information?

Quantitative research approach using survey research method was employed for the study. Out of the hospital population of 180 in Kaduna State, consisting both public and private hospitals, 36 (20%) were proportionately sampled for the study. While out of the population of 17,029 registered women attending family planning clinics in the 180 hospitals in the state, a total of 3,406 (20%) were also proportionately sampled for the study. A set of questionnaire was distributed to each of the respondents and collected back after six weeks. 2980 (87.5%) were successfully returned and used for analysis. Descriptive statistical tools such as frequencies, percentages, mean scores and standard deviations were used to analyze the data collected with regard to the four research questions.

5.3 Summary of the Findings

The summary of the findings of the study is presented below:

1. The study discovered that prevention of unplanned pregnancy and information to improve on child and maternal care are the most important factors influencing women seeking for family planning information in the clinics studied.
2. Information on birth control is the accessible type of family planning information to women in the hospitals in Kaduna State.
3. Doctors, nurses and mid-wives are the sources mostly utilized by women for accessing family planning information in clinics in the hospitals studied.

4. Information on birth control and information on healthy timing and spacing of pregnancy are the types of family planning information mostly utilized by women in the clinics studied.

5.4 Contribution to Knowledge

This research is descriptive in nature and is used to understand and explain a phenomenon. This is conducted for the sake of increasing or advancing the body of knowledge, hence, there is no literature written in the field of family planning and as a result:

1. Adds the topic Access and Utilization of Family Planning Information by Women Attending Family Planning Clinics in Hospitals in Kaduna State of Nigeria.
2. Adds the issue of women's qualitative health decision-making in the field of library and information science especially medical librarianship.

5.5 Limitations of the Study

The following are the limitations faced by the researcher:

1. Due to the constraints of time and reach, the study was restricted to 36 hospitals and limited to 3,406 respondents from the hospitals selected for the study.
2. Due to the number of respondents, the printing of questionnaires consumed a lot of money and as a result impacted on the researcher.
3. Out of the questionnaires distributed, 87.5% were returned duly completed. While the failure rate of 12.5% questionnaires were lost by the respondents.

5.6 Conclusion

The study concluded that women that attended family planning clinics in hospitals in Kaduna State generally access and utilize FPI. However, they did not fully explore IRs or sources e.g. radio, television, friends/relatives, visual photographs, posters, audio (tapes/CDs), video (tapes/DVDs), newspapers/magazines, library and/or information centres. This is attributed to the lack of library and/or information centres in these hospitals. The absence of established databases to handle documents in the hospitals also contributed to lack of access and utilization of family planning information.

5.7 Recommendations

Based on the findings and conclusion of this study, the following recommendations were made. That there is the need for:

1. Hospitals in Kaduna State should encourage women attending family planning clinics in hospitals in Kaduna State to seek for current awareness on contraceptive use, avoiding daily premature death and healthy timing and spacing of pregnancy.
2. Hospitals in Kaduna State should provide the various types of family planning information such as information on birth control, information on healthy timing and spacing of pregnancy, antenatal information and postnatal information equally, on a wider scale to the women.
3. The hospitals should encourage women attending family planning clinics access other types of information resources, especially radio and television programmes on FP.

4. Ministry of Health in conjunction with the Hospitals in Kaduna State should engage and educate the women on better ways of utilizing health information, antenatal information and postnatal information.

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Appendix A

Department of Library and Information Science,
Faculty of Education,
Ahmadu Bello University,
Zaria.

Date_____

Dear Respondent,

QUESTIONNAIRE ON ACCESS AND UTILIZATION OF FAMILY PLANNING INFORMATION BY WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE

I am a postgraduate student of Masters in Library Science (MLS) programme conducting a research in the above area. I am soliciting your assistance to kindly complete the questionnaire to the best of your ability. All answers would be treated confidentially and used for academic purpose only. Your hospital is one of those selected for this exercise.

Thank you for your anticipated cooperation.

Yours sincerely,

Abubakar Mohammed Jega

The researcher

QUESTIONNAIRE FOR WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS FOR FAMILY PLANNING INFORMATION IN KADUNA STATE

SECTION A: DEMOGRAPHIC INFORMATION

Please indicate your type of hospital by ticking [✓]

1. Public Hospital [ ] 2. Private Hospital [ ]

SECTION B: FACTORS THAT INFLUENCE SEEKING FOR FAMILY PLANNING INFORMATION BY WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE

2. What factors influence your seeking for family planning information?

S/N	Factors that Influence Seeking for Family Planning Information	Very Influential	Influential	Less Influential	Uninfluential
1.	Current awareness on family planning information				
2.	Prevention of unplanned pregnancy				
3.	Contraceptive use				
4.	Healthy timing and spacing of pregnancy				
5.	Avoid daily premature death				
6.	Improvement on child and maternal care				

SECTION C: TYPES OF FAMILY PLANNING INFORMATION ACCESSIBLE TO WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE

3. What types of family planning information are accessible in your hospital?

   Please tick [✓] as applicable.

   (a) Health information [ ]

   (b) Information on birth control [ ]

   (c) Antenatal information [ ]

   (d) Postnatal information [ ]

   (e) Information on healthy timing and spacing of pregnancy [ ]

SECTION D: TYPE OF INFORMATION RESOURCES UTILIZED BY WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE

4. What is your level of utilization on the type of information resources?

S/N	Type of Information Resources	Highly Utilized	Utilized	Less Utilized	Not Utilized
1.	Friends/relatives				
2.	Radio				
3.	Posters				
4.	Audio (tapes/CDs)				
5.	Video (VHS tapes/DVDs)				
6.	Visual (photographs)				
7.	Television				
8.	Library/information centres				
9.	Doctors				
10.	Nurses/mid-wives				

11.	Newspapers/magazines				

SECTION E: EXTENT TO WHICH WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE UTILIZE FAMILY PLANNING INFORMATION

5. What is your extent of utilization on the types of family planning information?

S/N	Types of Utilized Family Planning Information	Highly Utilized	Utilized	Less Utilized	Not Utilized
1.	Health information				
2.	Information on birth control				
3.	Antenatal information				
4.	Postnatal information				
5.	Information on healthy timing and spacing of pregnancy				

Appendix B

AHMADU BELLO UNIVERSITY

This informed consent form is basically for Women Attending Family Planning Clinics in Hospitals in Kaduna State. The research will involve the collection of data from sample of respondents of which the results obtained will be used to elaborate on the significance of Accessibility and Utilization of Information on Family Planning by Women Attending Family Planning Clinics in Hospitals in Kaduna State.

Furthermore, the study will seek to identify barriers to women's access to information thereby enabling family planning counselors, health workers in both public and private sectors implement and scale up safe motherhood in order to reduce maternal mortality and neonatal mortality rate in Kaduna State. Data will be treated with strict confidentiality, participation is strictly voluntary and refusal to participate in the research study will not in any way affect your right and benefit in hospital.

CERTIFICATION OF CONSENT

I _____of_____do hereby consent to participate in this study. The full procedures of the study have been explained to me by the investigator. I understand that data will be collected for the study. I therefore, give this consent voluntarily without being subjected to any form of pressure.

Name of participant_____ Date_____

Signature/right thumb print of participant_____

Statement by witness:

I have witnessed the accurate reading of the consent form and detail explanation of the study to the potential respondent and the individual has the opportunity to ask questions. (Confirm that the individual has given consent freely).

Name of witness_____

Signature of witness_____ Date_____

STATEMENT BY THE RESEARCHER/PERSON TAKING CONSENT

I confirm that sufficient information including risks and benefits to make an informed decision have been fully explained to the participant. The participant is given an opportunity to ask questions about the study and all the questions that would be asked by the participant would be answered correctly and to the best of my knowledge. I confirm that the individual has not been forced into giving consent and consent has been given freely and voluntarily.

Name of researcher_____

Signature_____ Date_____

Appendix C

MINISTRY OF HEALTH AND HUMAN SERVICES

KADUNA STATE, NIGERIA

MOH/ADM/744/VOL.1/516 21st MARCH, 2017

NOTICE OF APPROVAL AFTER FULL COMMITTEE REVIEW

ACCESSIBILITY AND UTILIZATION OF INFORMATION ON FAMILY PLANNING BY WOMEN ATTENDING FAMILY PLANNING CLINICS IN HOSPITALS IN KADUNA STATE

Name of Principal Investigator:	JEGA ABUBAKAR MOHAMMED
Address of principal Investigator:	DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE, AHMADU BELLO UNIVERSITY, ZARIA
Date of receipt of application	15TH FEBRAURY, 2017
Date of Ethical Approval:	20TH MARCH, 2017

This is to inform you that the research described in the submitted protocol, the consent forms, advertisements and other participant information materials have been reviewed and given full approval by Health research Ethics Committee (HREC).

If there is delay in starting the research or any change, inform the HREC so that the dates of approval can be adjusted accordingly.

However, Researcher is kindly requested to submit a copy of his/her findings to the state

Ministry of Health, please.

DR. BUTAWA NN
Secretary.
For: Chairman

KADUNA STATE MINISTRY OF HEALTH
DESPATCHED
21/3/17

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