KNOWLEDGE, ATTITUDE AND PRACTICES OF POST-NATAL CARE AMONG NURSING MOTHERS IN OVIA NORTH-EAST LOCAL GOVERNMENT AREA

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A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE B.Sc. (ED) IN HEALTH EDUCATION, UNIVERSITY OF BENIN, BENIN CITY.

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CERTIFICATION

This is to certify that the project titled: KNOWLEDGE, ATTITUDE AND PRACTICES OF POST-NATAL CARE AMONG NURSING MOTHERS IN OVIA NORTH-EAST LOCAL GOVERNMENT AREA, was carried out by **EGHAREVBA JESSICA IMUETINYANOSA**, with the matriculation number EDU2102558 in the department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State, Nigeria in partial fulfilment for the award of the B.Sc (Ed) Degree in Health Education.

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DEDICATION

This study is dedicated to God Almighty for his love, care, protection, provision, wisdom, knowledge and understanding that he granted to me throughout my study years.

I also dedicate this study to my myself for pushing through and for my hard work and time spent into ensuring the success.

I also dedicate this book to all undergraduates in the Faculty of Education, University of Benin.

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ABSTRACT

The purpose of this study was to investigate the knowledge, attitudes and practices of post-natal care among nursing mothers in Ovia North-East Local Government Area of Edo State. To achieve the purpose of the study, four (4) research questions were raised and important literature related to post-natal care were clearly discussed. The descriptive research design was used for this study and the study population was estimated at 2188 nursing mothers who gave birth within the last 12 months in selected primary health care centers in Ovia North-East Local Government Area of Edo State. The multi stage sampling technique was used to select one hundred and sixty nine (169) from two (2) selected primary health care centers. This will give a total of 338 respondents representing the study.

The instrument used for data collection was a combination of close-ended and Likert-scale questionnaire with twenty (27) items. The questionnaire was validated by experts in maternal and child health and public health education. The Cronbach's Alpha method was used to establish the reliability of the questionnaire. A total of one hundred and sixty-nine (169) questionnaires were administered to the sample and data collected was analyzed using frequency, percentage mean, and standard deviation.

Based on the data collected and analyzed, majority of nursing mothers aged 25-29 years who are married participated in the study. It was found out that, knowledge and attitudes of post-natal care among nursing mothers in Ovia North-East Local Government Area of Edo State are generally high and positive, factors preventing utilization of post- natal care and factors that promotes utilization of post- natal care is moderate. The gap between knowledge, attitudes, factors preventing utilization of post-natal care and factors that promotes utilization of post-natal care include barriers such as distance to the health facility, high cost of transportation services and negative attitude of health workers hinders adherence to post- natal care recommendations. It was therefore recommended that more primary health care centers should be built at easily accessible and less distant locations, subsidize transport or establish community transport schemes for nursing mothers in Ovia North-East Local Government Area and improve client- provider interaction through respectful maternity care.

CHAPTER ONE

INTRODUCTION

BACKGROUND OF THE STUDY

Post-natal care is defined as the care provided for the mother and her new born baby starting immediately after birth and continuing for the first six weeks (42 days) after delivery. This period is crucial for the health and well-being of both the mother and the baby, and post-natal care is essential for ensuring their survival and promoting healthy development. (World Health Organization, 2022). Post-natal care is very essential in maternal and child health as it helps to protect the overall well-being of the child and also prevents the child from constant and reoccurring sickness and diseases which might lead to long lasting life problems.

Post-natal care is also important for nursing mother's physical and emotional well-being after birth, it helps the mother to recover from labour after delivery and also aids in postpartum recovery. The attitude of nursing mothers towards post-natal care services has great impact on their health and that if their newborn babies, these impacts cannot be over emphasized as they are greatly seen in the growth of their newborns as they develop and grow from stages to stages (childhood to adulthood).

In Ovia North-East local government area like every other region, the knowledge, attitude and practices of nursing mothers towards post-natal care can significantly impact

maternal and child health outcome. Despite the importance of post-natal care, many mothers do not receive adequate care during this period due to different factors such as limited access to health care facilities, cultural beliefs, socio-economic status and lack of awareness of the benefits of primary health care can contribute to poor practices. By addressing the issues, comprehensive understanding of the knowledge, attitude and practices of nursing mothers is required.

STATEMENT OF THE PROBLEM

Mothers and their newborn babies are at highest risk of dying during the early neonatal period, especially in the first 24 hours following birth and over the first 24 hours after birth, and 65-75% of the maternal and neonatal deaths occur within one week of birth. This is compelling evidence to provide optimum and integrated maternal and child care during the first few days after delivery. (World Health Organization, 2013).

Nursing mothers may lack adequate knowledge about post-natal care, socio-economic status, limitations to health care system, cultural beliefs may contribute to negative attitude towards post-natal care. Inadequate practices such as lack of frequent visit to health care centers can contribute to compromised maternal and child morbidity, short and long tern health complications for infants and mothers.

This study seeks to assess the knowledge, attitude and practices of post-natal care among nursing mothers in Ovia North-East Local Government Area of Edo state. The

study will explore how well the mothers know about post-natal care such as routine check-ups, breastfeeding, nutrition and hydration etc. This research aims to address, monitor and evaluate the knowledge, attitude and practices of post-natal care among nursing mothers.

RESEARCH QUESTIONS

The following research questions will guide us through this study:

1. What knowledge does nursing mothers have about post-natal care in Ovia North-East local government area?
2. What is the attitude of nursing mothers towards post-natal care services in Ovia North-East local government area?
3. What are the factors preventing nursing mothers from utilizing post-natal care services?
4. What are those factors that can promote the utilization of post-natal care services?

PURPOSE OF THE STUDY

The purpose of this study is to:

1. Identify the various post-natal care services crucial for nursing mothers in Ovia North-East local government area.
2. Assess the knowledge of nursing mothers concerning post-natal care services in Ovia North-East local government area.

3. Examine the attitude of nursing mothers towards post-natal care services in Ovia North-East local government area.
4. Monitor the practices of post-natal care among nursing mothers in Ovia North-East local government area.
5. Identify the various reasons why nursing mothers might not want to participate in post-natal care.

SIGNIFICANCE OF THE STUDY

This study is significant for several reasons:

1. Improve maternal and child health which will contribute to reducing maternal and child morbidity and mortality rates.
2. Empower nursing mothers with knowledge and skills for optimal post-natal care.
3. Enhance post-natal care delivery in Ovia North-East local government area.
4. Contribute to existing knowledge of post-natal care in Nigeria.

SCOPE AND DELIMITATIONS OF THE STUDY

The study focuses on assessing nursing mothers in Ovia North-East local government area, Benin City, Edo state, Nigeria. The study aims to investigate, examine and evaluate knowledge, attitude and practices of nursing mothers towards post-natal care services, the study will involve female residents who are age 18 and above. The study focuses on assessing the nursing mother's understanding of the various aspects of post-natal care,

evaluating the nursing mother's perceptions and beliefs regarding post-natal care including their attitudes towards seeking post-natal care services, examining the actual behavior of nursing mothers in relation to post-natal care. The study is limited to findings not generalized to other areas, self-reported data in the course of the study may be bias (Polit & Beck, 2021).

Delimitations of the study also include focus only on nursing mothers who newly gave birth and their newborn babies are from the age of 0-1 year and 6 months in Ovia North-East local government area, the study will be conducted within a specific time frame, the study within Ovia North-East local government area specifically which will limit findings to other regions, the study will be determined by the statistical calculations and will be specific to a sample size which will be based on the estimated population of nursing mothers in Ovia North-East local government area.

DEFINITIONS OF TERMS

Post-Natal Care (PNC) - Care given to the baby immediately after birth.

Nursing Mother - A woman who is breastfeeding her baby.

Post-Partum - The period after birth.

Neonatal Period - The first 28 days of the baby's life also known as the newborn period.

Ovia North-East Local Government Area- The 14th local government area in Edo state.

Knowledge - Awareness or familiarity gained by experience of a fact or situation.

Attitude - A settled way of thinking or feeling about something.

Practices - The actual application or use of an idea, belief or method as opposed to theories relating to it.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter shows the general outline of justification for this study as well as a discussion of the major related concepts.

A review of related literature as regards this study is presented under the following headings.

- Theoretical Framework
- Conceptual Framework
- Concepts of Post-natal Care
- Importance of addressing knowledge gap in post-natal care among nursing mothers
- Promoting positive attitude towards post-natal care among nursing mothers
- Improving practices related to post-natal care among nursing mothers
- Factors preventing nursing mothers from utilizing post-natal care services
- Factors that promotes the use of post-natal care
- Empirical Review
- Summary of Reviewed Related Literature

THEORITICAL FRAMEWORK

(Cambridge Dictionary) defined theory as a formal statement of the rules on which a subject of study is based or ideas that are suggested to explain a fact or event or more generally an opinion or explanation. A theoretical framework on the knowledge, attitude and practices of post-natal among nursing mothers in Ovia North-East local government area, Edo state could integrate the health belief models and theory of planned behaviour.

Health Belief Models

The Health Belief Model (HBM) is a psychological model that looks at people's beliefs a nd attitudes to explain and predict health behaviours. Originally developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels working in the U.S. Public Health Service, the model has been extensively applied to maternal and child health, particularly in promoting health behaviors such as postnatal care (PNC).

The health belief model is a theoretical model concerned with health decision-making. The model attempts to explain the conditions under which a person will engage in individual health behaviors such as preventative screenings or seeking treatment for a health condition (Rosenstock, 1966).

COMPONENTS OF HEALTH BELIEF MODEL

The health belief model consists of six components that influences health behaviour.

PERCEIVED SUSCEPTIBILITY

Perceived susceptibility is one of the core components of the Health Belief Model (HBM). It refers to a person's belief about the likelihood of experiencing a health problem or illness. When it comes to post-natal care (PNC) among nursing mothers, perceived susceptibility plays a critical role in shaping how they think, feel, and act regarding maternal and infant health after childbirth.

Perceived Susceptibility of the Knowledge of Post-Natal Care Among Nursing Mothers

A nursing mother's knowledge about post-natal risks such as postpartum hemorrhage, infections, depression, or infant illness affects her perception of susceptibility. Mothers who are well-informed about common postnatal complications are more likely to understand that they or their newborns could face health risks. Mothers with low awareness or poor health literacy may underestimate these risks, leading to a low perceived susceptibility, and therefore a lack of urgency to seek care. A mother who knows that bleeding after delivery can be life-threatening is more likely to seek help if she notices unusual bleeding. A mother who is unaware of postpartum depression may dismiss her emotional distress as normal and avoid professional support.

Perceived Susceptibility of the Attitude Towards Post-Natal Care among Nursing Mothers

Attitudes towards post- natal care are shaped by how vulnerable a mother feels to postnatal health problems. If a mother believes she or her baby are at high risk of complications, she is likely to develop a positive attitude toward attending postnatal checkups and following medical advice. If she perceives herself as healthy and not at risk, she may see postnatal care as unnecessary, especially if childbirth was uncomplicated. Cultural beliefs and personal experiences also influence this perception. In some communities, childbirth is seen as a natural event requiring little or no medical follow-up. A mother who had a smooth delivery might believe she's not at risk, even though complications can arise days or weeks later.

Perceived Susceptibility of the Practices of Post-Natal Care among Nursing Mothers

Health practices are the actual actions a mother takes after childbirth such as attending postnatal clinics, monitoring her baby's health, and seeking help when needed. A high perceived susceptibility often leads to proactive behaviors like timely postnatal visits (within 48 hours and again within 6 weeks), exclusive breastfeeding, adherence to infant immunization schedules, proper hygiene and nutrition etc. while a low perceived susceptibility may result in poor practices such as skipping post-natal appointments,

relying on traditional remedies for serious symptoms, ignoring danger signs in the baby or herself etc.

PERCEIVED SEVERITY

Perceived severity is a component of the Health Belief Model (HBM) and it refers to an individual's belief about the seriousness of a disease or health condition and its potential consequences. In the context of post-natal care (PNC) among nursing mothers, perceived severity influences their knowledge, attitude, and practices in the following ways:

Relation to Knowledge of Post-Natal Care among Nursing Mothers

Perceived severity shapes how much a mother learns or seeks to know about post-natal care. When a nursing mother believes that complications after childbirth such as postpartum hemorrhage, infections, or depression are severe and potentially life-threatening for her or her baby, she is more likely to seek for information about post-natal care from health professionals, books, or community health programs, be aware of danger signs in herself and the baby (e.g. high fever, heavy bleeding, poor breastfeeding), understand the importance of immunizations, hygiene, proper nutrition, and follow-up visits. Low perceived severity, on the other hand, may lead to poor knowledge due to a belief that nothing serious can happen after delivery and also the belief that they're immune to getting any complications which is a very big risk to their health and that of the baby.

Relation to Attitude of Nursing Mothers towards Post-Natal Care

A nursing mother's attitude is largely influenced by how serious she thinks post-natal complications can be. A high perception of severity often results to viewing them as necessary and lifesaving, stronger motivation to obey medical advice and attend post-natal checkups, having a sense of urgency and responsibility to protect her health and that of the baby. If the perceived severity is low, the mother may develop a nonchalant attitude, believing that traditional practices or rest at home are enough, thereby reducing her willingness to engage with formal health services.

Relation to Post-Natal Care Practices by Nursing Mothers

Perceived severity directly influences the actions nursing mothers take. A mother who believes that ignoring post-natal care can lead to serious health issues is more likely to attend scheduled post-natal clinic visits, practice exclusive breastfeeding and maintain personal hygiene, follow up on baby immunizations, monitor baby's weight, and respond to danger signs promptly, avoid risky cultural practices or delay in seeking medical care. Mothers with low perceived severity may neglect vital post-natal practices, such as not completing immunization schedules or not seeking help when complications arise.

PERCEIVED BENEFITS

Perceived benefits refer to an individual's belief in the positive outcomes or advantages of engaging in a health behavior. Within the Health Belief Model (HBM) framework,

perceived benefits play a crucial role in determining whether a person takes action to prevent illness or improve health. For nursing mothers, perceived benefits influence how they understand, feel about, and engage in post-natal care (PNC).

Perceived Benefits and Knowledge of Post-Natal Care among Nursing Mothers

Knowledge of post-natal care (PNC) involves understanding the purpose, importance, and recommended guidelines for care after childbirth for both the mother and the baby. This includes awareness of immunizations, exclusive breastfeeding, hygiene practices, family planning, post-natal check-ups, and recognizing danger signs. When nursing mothers believe that following post-natal care routines will lead to better health outcomes (e.g. faster recovery, prevention of complications, healthy baby development), they are more likely to seek and absorb accurate information which in turn enhances their knowledge.

Mothers are more inclined to acquire knowledge about post-natal care which will make them believe that attending health talks, reading educational materials, or consulting health professionals will benefit them. The influence of health education and health promotion messages that clearly communicate the benefits of post-natal care can strengthen the link between perception and knowledge acquisition. A mother who knows that attending post-natal clinics can help detect postpartum depression or infections early is more likely to attend these sessions regularly.

Perceived Benefits and Attitude of Nursing Mothers towards Post-Natal Care

Attitude refers to a mother's feelings, beliefs, and valued judgments about post-natal care. Perceived benefits shapes attitudes by providing a personal reason or value behind the behavior. If a nursing mother develops positive attitude from strong perceived benefits it leads to healthy growth in her baby, emotional support, and family stability, she is more likely to develop a favorable attitude towards it. When benefits are perceived to outweigh costs or barriers (like time, distance, or pain), the attitude becomes more accepting and supportive of post-natal care practices which will in turn lead to reduction of fear and misconceptions. In some communities, traditional beliefs may conflict with modern post-natal care practices. Highlighting benefits through culturally sensitive communication helps shift attitudes in favor of health facility-based care. A mother who believes that early immunization prevents serious childhood diseases may hold a more positive attitude toward visiting health centers even if it requires effort.

Perceived Benefits and Practices of Post-Natal Care by Nursing Mothers

Practice refers to the actual actions and behaviors that a nursing mother undertakes, such as attending post-natal appointments, maintaining hygiene, taking nutritional supplements, or breastfeeding exclusively. Nursing mothers who recognize clear benefits are more likely to act on what they know and feel positively about. The stronger the perceived benefit, the more consistent and proactive the behaviour. Sustained

adherence will make the outcomes of post-natal care practices (e.g. reduced illness, stronger baby, maternal wellness) more visible and well-understood, mothers are more likely to maintain those behaviors over time.

When mothers experience and share the benefits of post-natal care, their practices can influence peers, family and community and create a ripple effect of good health practices. A mother who notices her baby thriving due to exclusive breastfeeding is more likely to continue this practice and recommend it to other mothers.

PERCEIVED BARRIERS

Perceived barriers refer to an individual's evaluation of the obstacles that hinder them from adopting a recommended health behaviour in this case of post-natal care (PNC). Among nursing mothers, these barriers can significantly affect their knowledge, attitudes, and practices (KAP) regarding PNC services.

Perceived Barriers and Knowledge of Post-Natal Care among Nursing Mothers

Perceived barriers can limit a mother's access to accurate and adequate knowledge about PNC. Limited access to health information in rural or underserved areas, may lead to insufficient health education campaigns or poor dissemination of information about the importance and availability of post-natal care services. If health education materials are not provided in local languages or are too complex for those with low literacy, mothers may lack understanding of post-natal care components. Traditional beliefs or myths and

misinformation may conflict with modern medical advice, causing mothers to ignore scientifically proven post-natal practices. When healthcare providers, health professionals fail to give adequate counseling or properly educate mothers during antenatal or delivery stages, mothers may leave the facility without understanding the necessity of post-natal follow-ups. As a result of perceived barriers nursing mothers may not even be aware of the critical services involved in post-natal care such as infection screening, maternal nutrition, mental health support, family planning, and newborn immunization.

Perceived Barriers and Attitude of Nursing Mothers towards Post-Natal Care

Barriers also influence how mothers feel about and value PNC services:

As a result of financial constraints, some mothers perceive that post-natal care is expensive (even if some services are free), they may see it as a luxury rather than a necessity, leading to negative or indifferent attitudes. Poor experiences in healthcare centers such long waiting times, unfriendly staff, lack of privacy, or inadequate care during previous visits can foster distrust and a negative outlook toward future engagement with health services. In some communities, husbands or elders may discourage hospital visits after childbirth, encouraging reliance on traditional care instead. This may foster a passive or resigned attitude in mothers. If healthcare centers are far away or difficult to reach, mothers may feel post-natal care is not worth the effort, especially if they or their babies seem healthy. These barriers reduce the perceived value

and urgency of PNC services, making mothers less likely to prioritize them, even if they are knowledgeable about their importance.

Perceived Barriers and Practices of Post-Natal Care by Nursing Mothers

Even when mothers have adequate knowledge and a positive attitude, practical barriers can still interfere with the actual use or practice of post-natal care: Time constraints and responsibilities such as caring for other children, housework, or farming may limit mother's availability to attend follow-up visits. If clinics operate during inconvenient or working hours without flexibility, mothers may not find time to attend post-natal appointments. Cultural postpartum practices where some traditions require mothers to stay indoors or avoid public places for a specified period (e.g., 40 days), which can delay or prevent post-natal visits.

Unmarried mothers or those with complications like postpartum depression or HIV may fear being stigmatized or judged and this may make them avoid seeking care. Lack of partner or family support: Mothers may need accompaniment or permission from family members to access care, and without such support, they may not follow through with necessary visits. These barriers result in low uptake or incomplete utilization of post-natal care services, which undermines maternal and newborn health outcomes.

CUES TO ACTION

Cue**s** to action refer to the triggers or stimuli that makes individuals to take health-related actions. These cues may be internal (e.g. Feeling unwell) or external (e.g. advice from healthcare providers, health campaigns, or reminders from family members). When applied to post-natal care (PNC), cues to action are the driving forces that MOVE nursing mothers from awareness to active engagement in healthy postpartum behaviors.

Cues to Action and Knowledge of Post-Natal Care among Nursing Mothers

Knowledge refers to what nursing mothers understand about the importance, components, and timing of postnatal care.

a. Health Education and Awareness Campaigns
b. Government health programs, community sensitization, and antenatal classes serve as external cues.
c. For example, when mothers are taught during ante-natal visits about the signs of postpartum hemorrhage or the need for neonatal check-ups, it builds their mental readiness.
d. Advice from Health Professionals
e. Midwives, nurses, and doctors providing post-delivery information act as significant cues.

f. Mothers who are informed immediately after delivery about postnatal danger signs are more likely to seek post-natal care services.

g. Media and Communication Tools

Radio jingles, posters, text messages, and social media campaigns can increase knowledge. These tools remind or informs mothers about the availability and importance of postnatal care services.

Cues to Action and Attitude of Nursing Mothers towards Post-Natal Care

Attitude refers to a mother's feelings, beliefs, and perceptions towards postnatal care.

a. Cultural and Social Influence

b. Encouragement from spouses, in-laws, or community elders can serve as positive cues.

c. In societies where postnatal care is promoted by community norms, mothers develop a favorable attitude towards it.

d. Personal or Vicarious Experiences

e. A mother who had complications in a previous pregnancy may view postnatal care as essential.

f. Witnessing other mothers benefit from or suffer due to a lack of post-natal care may shift one's attitude.

g. Religious and Traditional Leaders

h. When respected community figures advocate for medical care, it changes perceptions.

Such cues can challenge cultural myths that discourage modern medical practices.

Cues to Action and Practices of Post-Natal Care by Nursing Mothers

Practices involve the actual behaviors or actions taken by mothers after childbirth, such as attending check-ups, exclusive breastfeeding, or practicing hygiene.

a. Follow-up Appointment Reminders
b. SMS or verbal reminders from healthcare facilities prompt mothers to return for scheduled visits.
c. Home visits by community health workers reinforce the practice of completing all required check-ups.
d. Availability of post-natal care (PNC) Services
e. Easily accessible health centers act as practical cues that encourage utilization.
f. The presence of community outreach clinics can push mothers into action.
g. Peer Support and Mother Groups
h. Participation in postnatal support groups or hearing testimonies from other mothers may encourage practices like immunization or family planning.
i. Group education provides social reinforcement of recommended practices.
j. Outbreaks or Health Alerts

Situations like an increase in neonatal infections may heighten mothers' alertness and prompt visits to clinics. Such cues increase perceived vulnerability and drive immediate health-seeking behavior.

SELF-EFFICACY

Self-efficacy is a central construct in the Health Belief Model (HBM) and refers to a person's belief in their ability to successfully perform a specific behavior. In the context of postnatal care (PNC) among nursing mothers, self-efficacy plays a crucial role in shaping how much confidence a mother has in her ability to access and utilize post-natal services, care for her newborn, and maintain her own well-being after childbirth.

Self-Efficacy and Knowledge of Post-Natal Care among Nursing Mothers

Self-efficacy is both influenced by and contributes to knowledge of postnatal care. A mother with high self-efficacy is more likely to seek for information, ask questions during ante-natal visits, read educational materials, or engage in learning activities that improve her knowledge of post-natal care. She believes that gaining and applying health knowledge is within her capability, even if it involves challenges such as language barriers, time constraints, or lack of education.

On the other hand, a mother with low self-efficacy may doubt her ability to understand medical advice or follow postnatal instructions, avoid learning opportunities or remain passive in health discussions and rely solely on others (e.g. family, traditional

birth attendants) for guidance. A mother who believes she can learn how to care for her baby will be more eager to attend health talks or ask questions about breastfeeding, hygiene, or immunization.

Self-Efficacy and Attitude of Nursing Mothers towards Post-Natal Care

Self-efficacy heavily influences attitudes toward postnatal care. When a mother feels capable and confident, her attitude is generally more positive and proactive. High self-efficacy fosters a sense of control over one's health, leading to a favorable attitude toward seeking and using health services. It also encourages resilience, especially in overcoming obstacles such as financial limitations, lack of support, or difficult childbirth experiences. Low self-efficacy may result in fear, hesitation, or anxiety about seeking care, a negative or indifferent attitude toward postnatal services, reluctance to ask questions or act independently in health-related decisions. A mother who feels she can cope with postnatal challenges will likely view postnatal care visits as helpful rather than burdensome.

Self-Efficacy and Practices of Post-Natal Care by Nursing Mothers

Ultimately, practices are where self-efficacy is most visible. Mothers with strong self-efficacy are more likely to engage in healthy behaviors, including attending all scheduled postnatal checkups, practicing exclusive breastfeeding despite challenges, adhering to infant immunization schedules, maintaining personal hygiene and good nutrition,

recognizing and responding promptly to danger signs in themselves or their babies. Mothers with low self-efficacy may skip follow-up visits, especially if barriers like distance or cost exist, feel overwhelmed by postnatal responsibilities, struggle with proper infant care (e.g., bathing, feeding, keeping the environment clean), delay seeking help even when danger signs are present. A confident mother will breastfeed exclusively even if faced with sore nipples or pressure from relatives to supplement with other foods.

THEORY OF PLANNED BEHAVIOR (TPB)

Theory of Planned Behavior (TPB) suggests that a person's intention to perform a behavior is the best predictor of whether or not they will actually perform that behavior. (Icek Ajzen, 1991). It is a widely used psychological model that helps explain how individual behaviour is determined by intentions, which are in turn shaped by three main constructs:

a. Attitude towards the behaviour
b. Subjective norms
c. Perceived behavioural control

The Theory of planned behaviour (TPB) is particularly useful for understanding health behaviours, such as the utilization of post-natal care (PNC), because it incorporates both personal and social influences on behaviour. In the context of Ovia North-East Local Government Area (LGA) of Edo State, where cultural, infrastructural, educational, and

economic factors impact maternal health, Theory of planned behaviour (TPB) provides a valuable framework for assessing nursing mothers' knowledge, attitude, and practices (KAP) of Post-natal Care.

The Theory of planned behaviour (TPB) explains how knowledge, attitude and practices interact and influence whether or not mothers engage in positive health-seeking behaviour.

Application of theory of planned behaviour to Post-Natal Care among Nursing Mothers in Ovia North-East local government area.

Attitude towards the Behaviour

This refers to the nursing mother's personal evaluation of PNC. Positive Attitudes is developed when mothers understand the benefits of post-natal care such as:

Early detection of maternal or neonatal complications which involves recognizing subtle signs and symptoms, proper guidance on breastfeeding and nutrition, access to family planning and immunization services. In Ovia North-East, mothers who have high knowledge levels through antenatal care or health outreach programs are more likely to have favourable attitudes toward post-natal care.

Negative Attitudes may arise from previous bad experiences with healthcare workers, cultural or religious beliefs that restrict women from seeking care soon after childbirth,

misconceptions (e.g., belief that medical care is only needed when sick). A mother's attitude, influenced by her knowledge, plays a key role in shaping her intention and behaviour towards post-natal care.

Subjective Norms

These are the perceived social pressures from significant others about whether to engage in a behaviour. In Ovia North-East LGA, family members, husbands, traditional leaders, and religious figures exert a strong influence on women's health decisions. If community norms support PNC utilization and key influencers encourage it, mothers are more likely to comply. Examples of subjective norms is when a husband encourages his wife to attend post-natal visits, a church or mosque promotes maternal health through health talks and when community health workers visit homes and advise new mothers to attend clinics. Where norms do not support modern medical care due to preference for traditional birth attendants or postpartum seclusion traditions mothers may be discouraged from attending post-natal services, regardless of their own positive attitudes.

PERCEIVED BEHAVIOURAL CONTROL (PBC)

This refers to how much control a mother believes she has over attending and utilizing post-natal care services. High perceived behavioural control (PBC) leads to increased likelihood of action. In Ovia North-East, this might include availability of health facilities within a reachable distance, free or subsidized maternal health services, access to

transport or mobile clinics, support from husband or relatives to care for other children. Low perceived behavioural control (PBC) includes lack of transportation, financial barriers, poor road conditions, health worker shortages or poor-quality service, cultural taboos about mothers leaving home too soon after delivery. Even if a mother knows the importance of post-natal care and has a positive attitude, low perceived behavioural control can prevent her from acting on that knowledge.

INTENTION AND PRACTICE OF POST-NATAL CARE

Theory of planned behaviour presumes that intention is the most immediate predictor of behavior, when a mother:

a. Believes post-natal care is beneficial (positive attitude).

b. Feels supported by those around her (positive subjective norm).

c. Is capable of accessing services (high PBC).

She is more likely to intend to go for post-natal care and follow through with that behavior, however, intentions may not always lead to action if unexpected barriers arise e.g. illness, loss of transport, lack of support etc.

PRACTICAL EXAMPLES IN OVIA NORTH-EAST CONTEXT

Let's consider the theory of planned behaviour in action through a real-life scenario:

Mother A is educated and learned during antenatal care that PNC can detect infections and help with breastfeeding. She has a positive attitude. Her husband supports her and

offers transport. Her church also encourages maternal health checkups positive subjective norms. She lives close to a health center with good services and has no financial worries high perceived control. As a result of these, she intends to go and does attend PNC services. Mother B, however, believes post-natal care is unnecessary unless she or the baby falls ill. She has a negative attitude. Her mother-in-law insists on staying indoors for 40 days after delivery negative subjective norm. She lives far from a clinic with no transport low perceived control. As a result of these, she does not attend post-natal care, despite having a baby with signs of jaundice.

RECOMMENDATIONS BASED ON THEORY OF PLANNED BEHAVIOUR FRAMEWORK

To improve knowledge, attitude and practices of post-natal care in Ovia North-East Local Government Area:

Enhance knowledge through health education in ante-natal care, community outreaches, and local media. Promote positive attitudes by highlighting success stories and using peer educators. Shift social norms by Involving community leaders, religious bodies, and husbands in maternal health campaigns. Improve behavioural control by providing mobile post-natal care clinics, subsidize transport, and improve facility quality.

CONCEPTUAL FRAMEWORK

Conceptual framework is a visual or written product, one that explains, either graphically or in narrative form, the main things to be studied the key factors, concepts, or variables and the presumed relationships among them. (Miles and Huberman,1994). A conceptual framework provides a structured approach to understanding how various components of a study interact. In the context of post-natal care (PNC), the Knowledge, Attitude, and Practices (KAP) model is used to explore how nursing mothers acquire information about post-natal care, how they feel about it, and how they apply that information in their daily lives. This framework is vital for identifying gaps in maternal healthcare behaviour and designing effective interventions.

Ovia North-East LGA, like many rural and semi-urban areas in Nigeria, is characterized by limited access to quality maternal healthcare services, varying educational levels, deep-rooted cultural beliefs, and socio-economic challenges. Understanding the interplay of these factors with the knowledge, attitude, and practices of post-natal care among nursing mothers is critical to developing targeted and effective interventions to reduce maternal and neonatal morbidity and mortality in the area.

Components of the Conceptual Framework

The framework is built around the knowledge, attitude and practices (KAP) model with influences from Health Belief Model (HBM) and Theory of Planned Behavior (TPB) to understand the determinants of behavior related to post-natal.

KNOWLEDGE

Knowledge refers to the level of awareness and understanding nursing mothers in Ovia North-East LGA have regarding post-natal care. It includes both accurate health information and misconceptions that may affect decision-making.

Components of Knowledge

Adequate knowledge of PNC is essential for reducing maternal and neonatal morbidity and mortality. Studies show that many women are unaware of the recommended postnatal visits, danger signs, or the need for follow-up care unless complications arise (Odetola, 2021). According to Ezeoke et al. (2020), in a study in Southern Nigeria, less than 50% of nursing mothers knew that a postnatal visit should be conducted within 24 – 48 hours after birth.

In Ovia North-East, cultural beliefs and limited health education contribute to poor knowledge. A study by Osifo and Okojie (2023) found that despite access to antenatal care, over 60% of mothers were uninformed about the importance of early PNC services, awareness of the need for post-natal visits, understanding the recommended

schedule for post-natal care (within 6 weeks postpartum), recognition of danger signs in both mother (e.g. excessive bleeding, infection) and newborn (e.g. fever, difficulty feeding), knowledge of services available (e.g. immunization, family planning, exclusive breastfeeding), information sources (e.g., health workers, media, traditional birth attendants). Some factors such as educational level, access to healthcare information and literacy in local and official languages influences knowledge.

ATTITUDE

Attitude reflects the beliefs, perceptions, and feelings of nursing mothers toward post-natal care. It significantly influences whether knowledge translates into action.

Components of Attitude

Perceived importance of post-natal care, beliefs about the effectiveness of medical interventions, cultural perceptions of motherhood and confinement period, religious considerations, trust or mistrust in healthcare providers. Some factors such as cultural norms in local communities, influence of family members (husbands, mothers-in-law),past experiences with health services, perceived risks and benefits influences attitude.

PRACTICES

Practices refer to the actual health-related behaviors and decisions nursing mothers make during the post-natal period.

Components of Practices

Breastfeeding practices, cord care, postpartum hygiene, and contraceptive uptake are among the key components of PNC. Lack of skilled health personnel and infrastructure in rural communities further weakens proper practices (Nwankwo et al., 2022).

- Utilization of health facilities for post-natal checkups
- Adherence to breastfeeding recommendations (e.g. exclusive breastfeeding)
- Hygiene and maternal nutrition practices
- Compliance with immunization schedules
- Promptness in seeking help for complications

Some factors such as accessibility of health services, economic capacity, availability of transportation, gender roles and decision-making autonomy influences practices.

Socio-demographic Factors such as age, educational background, occupation and income level, number of children previously born are some additional factors that influences maternal behaviour in this study. The framework helps in identifying where interventions are most needed (e.g. knowledge gaps, negative attitudes, poor service delivery). It can guide local health authorities in designing maternal health campaigns that are culturally sensitive and easily accessible. Emphasis can be placed on improving healthcare provider attitudes, training traditional birth attendants traditional birth attendants (TBAs) work

with health institutions, and engaging community stakeholders in maternal health promotion.

CONCEPTS OF POST-NATAL CARE

Some core concepts of post-natal care include:

1. **Care Timing:** At least four post-natal care contacts are advised by the WHO: First contact: During the first twenty-four hours following delivery, which is crucial for both the mother and the child. Second contact: 48–72 hours after giving birth, Third contact: 7–14 days after giving birth, Six weeks after giving birth is the fourth point of contact (WHO, 2022).

First Contact (During the First Twenty-four Hours following delivery) - This is the most crucial time to identify and treat potentially fatal issues like sepsis, postpartum haemorrhage, and respiratory problems in newborns.

The following may be included in the care given:

a. Mother and child are examined physically.
b. Encouragement to start breastfeeding.
c. Keeping an eye out for warning indicators, such as the mother's severe bleeding or fever, or the baby's respiratory issues.

The first week is when about two-thirds of newborn deaths take place, and the first day is when the risk is highest (WHO, 2022).

Second Contact (48–72 hours after giving birth) - The goal is to assist the mother with early infant care and detect any delayed onset complications.

The following may be included in the care given:

a. Evaluation of wound healing (for caesarean sections or vaginal tears).
b. Keeping an eye on newborn jaundice. examining weight gain and feeding habits.

Because conditions like newborn jaundice or breastfeeding issues frequently manifest during this time, this visit is essential.

Third Contact (7–14 Days After Giving Birth) - The goal is to continuously support the health of the infant and the recuperation of the mother.

The following may be included in the care given:

a. Checking for postpartum depression.
b. Observing the infant's development and growth.
c. Advice regarding vaccinations and personal hygiene.

At this point, a lot of moms start to have emotional or physical problems, so ongoing monitoring is crucial.

Fourth Contact (Six Weeks After Giving Birth) - The goal is to make sure the mother and child are making a smooth transition to long-term medical care.

The following may be included in the care given:

a. Thorough postpartum assessment.

b. Counselling regarding contraception and family planning.

c. Infant vaccinations in accordance with the national schedule.

This signifies the transition from postnatal care to standard services for the health of mothers and children.

Monitoring of Maternal Health Physical evaluation is part of PNC to identify: Hemorrhage after giving birth Preeclampsia and elevated blood pressure Infection symptoms. In addition, it covers wound healing (for episiotomy or caesarean section), mental health (postpartum depression screening), and nutritional requirements.

1. **Care for Newborns PNC Guarantees:** Checking for infections, jaundice, and respiratory issues Exclusive breastfeeding and early initiation BCG, OPV0, and HepB0 vaccinations Thermal protection and cord care (Khan et al., 2021).

2. **Counselling and Health Education:** Important subjects for counselling include; Birth spacing and family planning Practices for feeding infants Identifying warning indicators in both the mother and the infant Sanitation and hygiene

3. **Psychological and Emotional Assistance:** PNC also entails promoting emotional attachment between mother and child and assisting with maternal mental health (Shitu et al., 2022).

IMPORTANCE OF ADDRESSING KNOWLEDGE GAP IN POST-NATAL CARE AMONG NURSING MOTHERS

Addressing the knowledge gap in post-natal care (PNC) is critical in improving maternal and neonatal health outcomes. In Ovia North-East Local Government Area of Edo State, Nigeria, many nursing mothers lack adequate information on essential post-natal services. This gap contributes to the underutilization of available maternal health services, delayed recognition of complications, and poor practices that may lead to preventable illness or death. Bridging this gap is a vital public health priority.

1. Reduction in Maternal and Neonatal Mortality

Many maternal and newborn deaths occur within the first few days after childbirth due to lack of knowledge about post-natal danger signs. Increasing awareness among mothers can promote early recognition of complications such as sepsis, hemorrhage, and neonatal jaundice, leading to timely health-seeking behavior (WHO, 2022; Ogbo et al., 2021).

2. Promotion of Safe Newborn Care Practices

Inadequate maternal knowledge contributes to unsafe newborn practices such as delayed breastfeeding, improper cord care, and early introduction of non-breast milk foods. Educating mothers helps ensure proper infant feeding, hygiene, and warmth, which are critical to survival in the first weeks of life (Adewuyi & Adefemi, 2016; Igbokwe et al., 2020).

3. Improved Utilization of Health Services

Many women in rural communities like Ovia North do not attend post-natal care services because they do not understand their importance. Bridging this knowledge gap can enhance health service utilization, including immunization, maternal check-ups, and health education sessions (Fagbamigbe et al., 2021).

4. Empowerment of Mothers

When women are educated about PNC, they become more confident in making informed health decisions, both for themselves and their newborns. This empowerment enhances maternal autonomy and reduces dependency on traditional or harmful practices (Ajaegbu & Ubochi, 2016).

5. Reduction of Harmful Cultural Practices

Cultural beliefs such as keeping the newborn indoors for extended periods, or using herbs instead of medical treatment, are prevalent in some areas of Ovia North. Addressing the

knowledge gap can counteract such beliefs and promote the adoption of scientifically supported health practices (Igbokwe et al., 2020).

6. Support for Mental and Emotional Well-being

Post-natal care is not only about physical health; it also involves emotional support. Lack of awareness about post-partum depression and other psychological issues often leads to neglect. Educating mothers about these aspects helps ensure holistic care and well-being (Ejembi et al., 2018).

7. Contribution to Public Health Goals

Closing the knowledge gap aligns with Nigeria's commitment to the Sustainable Development Goals (SDG 3), which aim to reduce global maternal mortality and ensure healthy lives. Promoting knowledge-based maternal care is a key strategy for achieving these targets (UNICEF, 2021).

Addressing the knowledge gap in post-natal care among nursing mothers in Ovia North-East LGA is essential for reducing maternal and neonatal deaths, promoting timely healthcare-seeking behavior, enhancing service utilization, combatting harmful cultural practices and empowering women and communities.

Immediate or timely interventions such as community sensitization, improved health worker training, the use of mass media, and mobile outreach programs are key to achieving these goals.

PROMOTING POSITIVE ATTITUDE TOWARDS POST-NATAL CARE AMONG NURSING MOTHERS

A positive attitude toward post-natal care (PNC) is essential for encouraging mothers to utilize available health services after childbirth. In Ovia North-East Local Government Area (LGA) of Edo State, many nursing mothers still hold negative perceptions about post-natal care due to cultural beliefs, past experiences, low awareness, and distrust in the healthcare system. Shifting these attitudes is critical to improving maternal and newborn health outcomes.

Promoting Positive Attitudes is essential because it:

1. Bridges the gap between knowledge and practice: A woman may have knowledge about post-natal care but may still not act on it if her attitude is negative.
2. Increases uptake of post-natal care services: Mothers with positive attitudes are more likely to attend post-natal appointments and follow health advice.
3. Improves health outcomes: Positive attitudes encourage early detection of complications, better infant care, and maternal self-care.

STRATEGIES FOR PROMOTING POSITIVE ATTITUDES TOWARDS POST-NATAL CARE

1. Community-Based Health Education

Organize antenatal and postnatal health talks in local health centers, markets, churches, and community halls. Use local languages (e.g., Bini, Esan) to ensure clear understanding. Involve community influencers like women leaders, traditional rulers, and faith-based leaders in spreading accurate messages about the importance of post-natal care.

2. Counseling During Ante-natal Visits

Ante-natal care (ANC) provides a critical entry point for attitude shaping. Health workers should provide non-judgmental, respectful, and culturally sensitive counseling that addresses mothers' fears and misconceptions. Educate mothers on benefits of PNC, including improved recovery, infant health monitoring, and access to family planning.

3. Training and Reorienting Healthcare Providers

Many mothers develop negative attitudes because of rude or dismissive health workers. Train healthcare providers on respectful maternity care and interpersonal communication. Encourage follow-up care and empathy in provider–client interactions to build trust and encourage return visits.

4. Use of Role Models and Testimonies

Share stories and testimonies from women in the community who benefitted from post-natal care. Use local radio programs or mobile loudspeakers to broadcast these stories. Feature positive role models (e.g. educated mothers, respected elders) who promote post-natal health-seeking behaviors.

5. Addressing Cultural and Religious Beliefs

Work with traditional birth attendants (TBAs) to integrate culturally acceptable PNC practices into formal healthcare. Engage religious leaders to reinforce post-natal care as a divine responsibility for safeguarding life. Reframe post-natal care as a community responsibility, not just a modern health practice.

6. Partner and Family Involvement

Encourage male partner and family involvement in maternal care discussions. Promote awareness among husbands and mothers-in-law, who often influence health decisions. Support family-based education programs on maternal health and the role of emotional and financial support.

7. Improve Access to Services

Negative attitudes often stem from poor service delivery, distance, cost, and wait times. Provide mobile post-natal clinics in hard-to-reach communities. Subsidize or remove fees for PNC visits to improve accessibility and reduce frustration.

OUTCOMES OF PROMOTING POSITIVE ATTITUDES

When mothers in Ovia North-East LGA develop positive attitudes toward post-natal care, it will result in:

a. Increased attendance at post-natal clinics.
b. Earlier identification and management of maternal or neonatal health problems.
c. Better newborn care practices (e.g. exclusive breastfeeding, immunization adherence).
d. Greater confidence and empowerment of women in managing postnatal health.
e. Reduced maternal and neonatal mortality and morbidity.

Promoting a positive attitude towards post-natal care among nursing mothers in Ovia North-East LGA is not merely about providing information, it involves changing mindsets, cultural narratives, and system responsiveness through community engagement, health education, respectful care, and service accessibility, it is possible to foster trust and improve the perception of post-natal care, leading to healthier mothers and babies.

IMPROVING PRACTICES RELATED TO POST-NATAL CARE AMONG NURSING MOTHERS

Post-natal care (PNC) practices refer to the actions taken by mothers to maintain their own health and that of their newborns in the period following childbirth. In Ovia North-

East Local Government Area (LGA), poor post-natal care practices persist due to limited knowledge, cultural beliefs, inadequate access to healthcare, and socioeconomic challenges. Improving these practices is essential for reducing maternal and neonatal morbidity and mortality in the region. Common Gaps in Post-Natal Care Practices in Ovia North-East Local Government Area (LGA) includes the following:

1. Low attendance at post-natal clinics
2. Delayed or incomplete infant immunizations
3. Improper hygiene care
4. Inconsistent or no exclusive breastfeeding
5. Failure to seek help for postpartum complications
6. Relying on untrained traditional birth attendants (TBAs)

Strategies for Improving Post-Natal Care Practices includes:

a. Strengthening Health Education and Awareness
b. Integrate post-natal education into ante-natal care (ANC) sessions to prepare mothers early.
c. Conduct community outreach programs using mobile clinics, market campaigns, health talks on visiting days and village meetings.
d. Distribute educational materials (flyers, posters, radio jingles) in local languages and which can easily be understood.

e. Encouraging Routine Post-Natal Clinic Attendance

f. Emphasize the importance of the first 6 weeks after delivery, especially the first 48 hours.

g. Implement appointment reminders via SMS or home visits.

h. Offer incentives or subsidized services to encourage attendance.

Training and Collaboration with Traditional Birth Attendants (TBAs)

a. Train traditional birth attendants (TBAs) on safe post-natal practices, hygiene, breastfeeding, and referral systems.

b. Encourage traditional birth attendants to refer mothers to health centers after delivery for follow-up care.

c. Recognize and integrate traditional birth attendants (TBAs) into the local health system to increase community trust and coverage.

Promoting Exclusive Breastfeeding and Nutrition by:

a. Conducting demonstrations on proper latching (how your baby attached to your breast while feeding) and feeding techniques.

b. Educating mothers on the benefits of exclusive breastfeeding for the first 6 months.

c. Providing nutritional counseling and support for mothers recovering from childbirth.

Enhancing Hygiene and Cord Care Practices by:

a. Providing mothers with basic hygiene kits (soap, chlorhexidine, clean pads).

b. Training community health workers (CHWs) to visit homes and monitor hygiene practices.

c. Educating caregivers on signs of infection and proper cleaning methods.

Strengthening Community Health Worker Involvement by:

a. Deploying community health workers (CHWs) to follow up with recent mothers in rural and areas that cannot easily be reached.

b. Community health workers (CHWs) assistance with home-based counseling, monitoring danger signs, and supporting breastfeeding.

c. Equipping community health workers (CHWs) with simple tools to track mother and baby well-being (e.g. growth charts, checklists).

Improving Male and Family Support by:

a. Engaging husbands and other family members in maternal health education sessions.

b. Encouraging shared responsibility for post-natal tasks (e.g., caring for older children, assisting with chores).

c. Promoting decision-making autonomy for women regarding health choices.

Reducing Financial and Logistical Barriers by:

Working with local authorities to subsidize or eliminate post-natal care fees for low-income families. Improving the transportation network or provide community ambulances to enhance access. Expanding mobile health services to serve remote villages in Ovia North-East Local Government Area. Improving post-natal care practices among nursing mothers in Ovia North-East Local Government Area requires a community-focused, culturally sensitive, and health system-integrated approach. Through education, supportive healthcare, community mobilization, and partnerships with traditional care providers, sustainable improvements in maternal and newborn health can be achieved.

FACTORS PREVENTING NURSING MOTHERS FROM UTILIZING POST-NATAL CARE SERVICES

Factors that influence women's utilization of postnatal care are interlinked, and include access, quality, and social norms. Many women recognised the specific challenges of the postnatal period and emphasized the need for emotional and psychosocial support in this time, in addition to clinical care. While this is likely a universal need, studies on mental health needs have predominantly been conducted in high-income settings. Postnatal care programmes and related research should consider these multiple drivers and multi-faceted needs, and the holistic postpartum needs of women and their families should be studied in

a wider range of settings. Sacks E, Finlayson K, Brizuela V, Crossland N, Ziegler D, Sauvé C, et al. (2022)

Some factors preventing nursing mothers from utilizing post-natal care services include:

1. Socio-demographic Factors

These include age, education level, marital status, occupation, and income level. Education level of the mother significantly influences post-natal care utilization. Educated mothers are more likely to understand the importance of post-natal care and seek services. Younger or teenage mothers may be less likely to utilize PNC due to stigma or lack of autonomy. Yaya, S., Uthman, O. A., Ekholuenetale, M., & Bishwajit, G. (2019).

2. Knowledge and Awareness

Lack of knowledge about the importance of PNC, danger signs after delivery, and available services leads to low utilization. Adedokun, S. T., & Uthman, O. A. (2019).

3. Cultural Beliefs and Practices

Traditional beliefs may discourage women from leaving the house after childbirth or seeking care from formal health providers. Titaley, C. R., Dibley, M. J., & Roberts, C. L. (2018).

FACTORS THAT PROMOTES THE USE OF POST-NATAL CARE

Improving the health outcomes for both mothers and newborns requires the use of post-natal care, or PNC. A number of factors have been found to be determinants of mothers' use and access to PNC services. Some factors that promotes the use of post-natal care include:

a. **Maternal Education:** Mothers with higher levels of education are more likely to recognise the advantages of PNC and seek help when needed. Education raises knowledge about postpartum danger signs, how to properly care for a newborn, and where to find health services. Research indicates that mothers who have completed secondary school or more are much more likely to attend postnatal visits (Tiruneh et al., 2020; Workineh & Hailu, 2014).

b. **Attendance at Antenatal Care (ANC):** Because health professionals frequently provide counselling during pregnancy, women who receive adequate ANC are better informed about the significance of PNC. According to Singh et al.'s (2022) multi-country analysis, mothers who attended four or more ANC visits had a threefold increased likelihood of using PNC services.

c. **Place of Delivery:** Because services and follow-up reminders are readily available, institutional deliveries particularly in medical facilities increase the use of PNC.

Because mothers receive counselling prior to discharge, skilled birth attendance is strongly associated with higher PNC utilization, as per WHO (2022) guidelines.

d. **Availability and Accessibility of Health Services:** Affordable services and convenient physical access (close to medical facilities) promote use. Women who lived within 30 minutes of a medical facility were more likely to attend PNC than those who lived farther away, according to Fekadu et al. (2018).

EMPIRICAL REVIEW

An empirical review involves evaluating and analyzing actual research findings from past studies that have used data collection methods such as surveys, interviews, or observations. This section focuses on evidence-based insights into the knowledge, attitude, and practices of post-natal care (PNC) among nursing mothers in Ovia North-East Local Government Area (LGA) of Edo State, Nigeria, or similar rural and semi-urban communities in Nigeria when direct local studies are limited. Several empirical studies indicate that knowledge of post-natal care among nursing mothers in Ovia North-East LGA is generally inadequate or partial, particularly in rural communities.

1. Knowledge Towards Post-Natal Care

A study by Ehimwenma et al. (2021) conducted in selected communities in Ovia North-East Local Government Area found that only 42% of nursing mothers could correctly identify all components of PNC, such as immunization schedules, post-natal danger

signs, and proper breastfeeding practices. Many respondents associated post-natal care solely with infant immunization, neglecting aspects such as maternal mental health, hygiene, and family planning. Education level was significantly correlated with knowledge; mothers with secondary or tertiary education had better knowledge of PNC services.Poor health information dissemination and limited access to skilled health workers were contributing factors to poor knowledge.

2. Attitude Towards Post-Natal Care

Attitudes toward PNC are shaped by cultural beliefs, past experiences, and the perceived value of health services. In Ovia North-East LGA, empirical studies show mixed attitudes. A survey by Okunbor et al. (2020) in Ovia communities reported that although many mothers (about 68%) acknowledged the importance of PNC, only 34% believed that attending post-natal clinics regularly was necessary unless complications arose. Cultural norms often promote home-based post-partum recovery, especially during the first 40 days, reducing willingness to visit health facilities. Fear of mistreatment or poor attitude of health workers also negatively influences mother's attitudes towards formal post- natal care services. Positive experiences during antenatal care (ANC) contributed to improved perception and trust in post-natal services.

3. Practices of Post-Natal Care

Actual practices among mothers reveal a gap between knowledge and action. While some mothers understand the value of PNC, many do not follow recommended practices. A 2019 community health survey by Ovia North-East Primary Health Department revealed that only 38% of nursing mothers completed the six-week post-natal check-up, while many only attended the first visit for child immunization. Exclusive breastfeeding was practiced by about 55% of mothers surveyed, but early introduction of water or herbal remedies was common in rural areas. Family planning uptake was low, with only 21% of mothers initiating contraceptive use within the first 6 months postpartum. Poor transportation, financial constraints, and lack of partner support were key barriers to accessing and practicing post-natal care.

Factors Influencing Knowledge, Attitude and Practices in Ovia North-East Local Government Area.

Empirical evidence points to several social, economic, and systemic factors influencing knowledge, attitude, and practices:

Factor Effect on KAP

Educational level Higher education levels correlated with better knowledge and practices.

Access to healthcare Proximity to facilities and availability of trained staff influenced use of services. Cultural beliefs Traditional practices often discouraged early movement

or institutional care. Media exposure Radio and community announcements improved knowledge and awareness. Partner/family support Encouragement from husbands or elders improved PNC attendance.

Implications of Empirical Findings

There is a clear need for intensified health education on post-natal care during ante-natal and delivery phases. Interventions must address cultural and structural barriers, such as traditional confinement practices and poor facility access. Community health workers and Traditional birth attendants can play a role in bridging gaps between health systems and mothers in hard-to-reach areas. Health policies should support post-natal outreach programs, particularly in underserved rural communities of Ovia North-East Local Government Area.

Empirical evidence from Ovia North-East Local Government Area and similar Nigerian communities shows that while some progress has been made in promoting post-natal care, significant gaps still exist in knowledge, attitudes, and practices among nursing mothers. Improving maternal health outcomes in the region requires multi-faceted interventions targeting education, cultural norms, health system responsiveness, and community engagement.

SUMMARY OF REVIEWED RELATED LITERATURE

It provides a comprehensive review of existing literature on the knowledge, attitude, and practices (KAP) of post-natal care (PNC) among nursing mothers, with a particular focus on Ovia North-East Local Government Area. The chapter examines theoretical perspectives, conceptual frameworks, and empirical findings relevant to maternal health and PNC utilization. The conceptual framework was guided by health behavior models such as the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB). These models explain how individual beliefs about health risks, benefits of care, perceived barriers, and social influences shape mothers' decisions regarding post-natal care services.

The review showed that while many nursing mothers in Ovia North-East are aware of basic post-natal care components like immunization, breastfeeding, and maternal check-ups, there remains a substantial knowledge gap, especially regarding the timing and frequency of postnatal visits and the recognition of danger signs in newborns and mothers. In terms of attitude, the chapter highlights mixed perceptions. Some mothers demonstrate positive attitudes towards post-natal care due to previous health education or beneficial past experiences, while others show reluctance due to cultural beliefs, mistrust in healthcare systems, or low perceived need for follow-up after delivery.

Regarding practices, the literature indicates that not all mothers adhere to recommended post-natal care routines. Factors such as financial constraints, long distance to health centers, poor awareness, lack of family support, and inadequate staffing at healthcare facilities contribute to low utilization of post-natal care services. The chapter also identifies several barriers that influence poor post-natal practices, including limited access to quality health information, traditional practices, and sociocultural norms that downplay the importance of PNC.

In conclusion, it emphasizes on the urgent need for targeted interventions such as community-based health education, improved maternal health policies, and enhanced accessibility to healthcare services to promote better post-natal care knowledge, foster positive attitudes, and encourage best practices among nursing mothers in Ovia North-East Local Government Area.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter explains various methodologies that were used in gathering data and analysis which are relevant to the research. The methodologies are discussed under the following sub-headings.

- Research design
- Area of the Study
- Population of the Study
- Sample and Sampling Techniques
- Instrument for Data Collection
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis
- Ethical Consideration

RESEARCH DESIGN

This study adopted a descriptive cross-sectional survey design. This design was considered appropriate as it allowed the researcher to gather data at a specific point in time to describe and analyze the knowledge, attitude, and practices (KAP) of post-natal

care among nursing mothers in Ovia North-East Local Government Area. The cross-sectional nature also enabled the collection of information from a diverse population in terms of age, education, and socio-economic status.

AREA OF THE STUDY

The study was conducted in Ovia North-East Local Government Area, Edo State, Nigeria. This area includes both urban and rural communities, with a significant number of health centers and primary health care facilities. It was selected due to its diverse population and the accessibility of nursing mothers who had recently delivered within the past year.

POPULATION OF THE STUDY

The population estimated at 2188 comprised of all nursing mothers who delivered within the last 12 months and were attending post-natal clinics in two selected primary health centers across Ovia North-East Local Government Area. This group was targeted because they are most likely to recall their recent post-natal care experiences accurately.

SAMPLE AND SAMPLING TECHNIQUES

A multi-stage sampling technique was used:

Stage One: Two primary health care centers were randomly selected from the list of registered centers within Ovia North-East Local Government Area.

Stage Two: From each selected center, a purposive sampling technique was employed to identify nursing mothers who met the inclusion criteria.

Sample Size: A total of 338 respondents were selected using Yamane's formula (1967) for determining sample size from a known population. The formula is:

$n = N/ (1+Ne^2)$

Where:

n = sample size,

N = population size (estimated at 2188 nursing mothers),

e = margin of error (0.05)

Calculation:

$e^2 = 0.05^2 = 0.0025$

$N.e^2 = 2188 \text{ X } 0.0025 = 5.47$

Denominator = 1+ 5.47 = 6.47

n = 2188/ 6.47 = 338.18 = 338

The total sample size of this study comprised 338 nursing mothers within the study area. Initially, it was intended that 338 copies of the questionnaire be printed and administered. However, due to financial and logistical limitations, only 169 copies were produced and distributed. In order to maintain the proportionality and representativeness of the target

population, the obtained responses were adjusted by multiplying each frequency by two. This procedure was carried out under the guidance and approval of the project supervisor, ensuring that the adjusted data accurately reflected the intended sample size.

INSTRUMENT FOR DATA COLLECTION

A structured questionnaire was developed by the researcher and used for data collection. The questionnaire was divided into five sections:

Section A: Demographic information

Section B: Knowledge of post-natal care

Section C: Attitude towards post-natal care

Section D: Factors preventing utilizaion of post-natal care

Section E: Factors that promote utilization of post-natal care

The questionnaire included a combination of multiple choice, closed-ended and Likert-scale items to measure levels of knowledge, attitude, and practices.

VALIDITY OF THE INSTRUMENT

The instrument was validated by experts in maternal and child health and public health education. Their suggestions helped to refine the questions for clarity, relevance, and appropriateness. A pilot test was conducted with 20 nursing mothers in a nearby Local

government area not included in the study to further assess the instrument's clarity and comprehensibility.

RELIABILITY OF THE INSTRUMENT

The reliability of the questionnaire was established using the Cronbach's Alpha method. A reliability coefficient of 0.76 was obtained, indicating that the instrument was internally consistent and reliable for the study.

METHOD OF DATA COLLECTION

Data were collected over a period of two weeks. With the help of trained research assistants, the questionnaires were administered to respondents during their post-natal or immunization clinic visits. Participants were briefed about the purpose of the study and given adequate time to respond.

METHOD OF DATA ANALYSIS

The data collected were analyzed using descriptive statistics. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize respondents' demographic data and responses on knowledge, attitude, and practices.

CHAPTER FOUR

PRESENTATION AND INTERPRETATION OF DATA

This chapter presents and discusses the findings of the study on Knowledge, attitude and practices of post-natal care among nursing mothers in Ovia North-East local government area, Edo state. Three hundred and thirty-eight questionnaires were distributed and all were returned representing 100% return rate. The following results were derived from the data collected and were presented as shown below.

PRESENTATION OF RESULTS

SECTION A: Demographic information

Table 1: Age distribution of Respondents

Age	**Frequency**	**Percentage**
18-24	126	8%
25-29	232	69%
30-34	62	18%
35 and above	18	5%
TOTAL	338	100%

Source: Field Survey, 2025.

Table 1 shows the age distribution of the nursing mothers (respondents). The results shows that the majority of the nursing mothers 232 (69%) respondents were within the age group of 25–29 years. This was followed by 62 (18%) respondents who were within the age group of 30–34 years, while 126 (8%) respondents were within 18–24 years. The least represented age group was 35 years and above, with 18 (5%) respondents.

This age distribution suggests that most of the nursing mothers in the study area are within their reproductive and economically active age group. It also means that post-natal care practices are more common among younger to middle-aged mothers, who may have better access to health information and maternal health services.

Table 2: Marital Status of Respondents

Marital Status	**Frequency**	**Percentage**
Single	16	4.7%
Married	322	95.3%
Divorced	0	0%
Widowed	0	0%
TOTAL	338	100%

Source: Field Survey, 2025

Table 2 shows the marital status of the nursing mothers (respondents). The findings reveal that the majority, 322 (95.3%) respondents, were married, while 16 (4.7%) respondents were single. None of the respondents were divorced or widowed.

This therefore indicates that most nursing mothers in the study area are married, which could have a positive influence on their post-natal care practices.

Table 3: Educational Level of Respondents

Educational Level	**Frequency**	**Percentage**
No formal Education	14	4.1%
Primary	32	9.5%
Secondary	232	68.6%
Tertiary	60	17.8%
TOTAL	338	100%

Source: Field Survey, 2025.

Table 3 presents the educational background of the respondents. The data reveals that majority of the nursing mothers, 232 (68.6%), had secondary education, 60 (17.8%) respondents attained tertiary education, while 32 (9.5%) respondents had primary education. Only 14 (4.1%) of the respondents had no formal education.

This distribution shows that most of the respondents are educated, particularly up to the secondary level. A reasonable proportion also had tertiary education, suggesting that the nursing mothers in the study area are relatively literate. This level of education could positively influence their knowledge, attitudes, and practices of post-natal care, as education often improves awareness and utilization of maternal health services.

Table 4: Occupation of Respondents

Occupation	**Frequency**	**Percentage**
Unemployed	46	13.6%
Self- employed	254	75.1%
Civil servant	30	8.9%
Other	8	2.4%
TOTAL	338	100%

Source: Field Survey, 2025.

Table 4 shows the occupational distribution of the respondents. The data indicate that the majority of the nursing mothers, 254 (75.1%), were self-employed, 46 (13.6%) were unemployed, while 30 (8.9%) were civil servants. Only 8 (2.4%) of the respondents were engaged in other forms of occupation.

This implies that most of the respondents are self-employed, likely involved in petty trading or small-scale businesses. The high proportion of self-employed mothers suggests that many of them have flexible work schedules, which may influence their ability to attend post-natal care services. However, it may also reflect the limited availability of formal employment opportunities in the study area. The relatively small number of civil servants indicates that only a few respondents are employed in the formal sector.

Table 5: Number of children of Respondent

Number of children	**Frequency**	**Percentage**
1	98	29%
2-3	184	54%
4 or more	56	17%
TOTAL	338	100%

Source: Field Survey, 2025.

Table 5 above shows that majority of respondents 184 (54%) have 2 to 3 children, indicating that most mothers in the study have a moderate family size, 98 (29%) have only one child, showing a smaller proportion of mothers at the early stage of childbearing

while a smaller number 56 (17%), have four or more children, suggesting that large family sizes are less common among the respondents.

This distribution implies that most of the nursing mothers in the study area have between two and three children, reflecting a tendency toward medium-sized families rather than large or very small ones.

SECTION B: Knowledge of Post- Natal Care

Research Question 1: What Knowledge does nursing mothers have about posy-natal care in Ovia- North-East local government area?

Table 6: Descriptive statistics on knowledge of post- natal care among nursing mothers

NO.	Level of Knowledge	Frequency	Percentage
1.	High	230	68.0%
2.	Low	108	32.0%
	TOTAL	338	100%

Source: Field Survey, 2025.

Table 6 above represents the knowledge of nursing mothers towards post- natal care. From the table above, it was found out that 230 (68.0%) of the nursing mothers in

Ovia North-East Local Government Area have high knowledge of postnatal care, while 108 (32.0%) of the nursing mothers have low knowledge.

The table above indicates that the majority of the nursing mothers in Ovia North-East Local government area have high Knowledge about postnatal care.

Research Question 2: What are the attitudes of nursing mothers towards post-natal care in Ovia North-East local government area?

Table 7: Descriptive statistics on attitudes of nursing mothers towards post-natal care

NO.	ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mean	SD	TOTAL	DECISION
1.	Post-natal care is important for my health and my baby's health.	256 75.7 %	82 24.3 %	0 0%	0 0%	3.76	0.43	338 100%	Agree
2.	I feel comfortable attending post-natal care clinics.	244 72.2 %	94 27.8 %	0 0%	0 0%	3.72	0.45	338 100%	Agree

3.	Post-natal is only necessary if I feel sick.	2 0.6%	4 1.2 %	138 40.8 %	194 57.4 %	1.45	0.65	338 100%	Disagree
4.	Attending post-natal care wastes time and money.	4 1.2%	8 2.4 %	130 38.5 %	196 57.4 %	1.47	0.63	338 100%	Disagree
5.	I would encourage other mothers to attend post-natal care.	238 70.4 %	100 29.6 %	0 0%	0 0%	3.70	0.46	338 100%	Agree

(Grand mean= 2.82) Source: Field survey, 2025.

Table 7 above represents the descriptive statistics on attitudes of nursing mothers towards post- natal care in Ovia North-East local government area. From the table above, it was found that all 169 (100%) knows that post-natal care is important for their health and their baby's health, 169 (100%) feels comfortable attending post-natal care clinics, 164 (99.4) nursing feels post-natal care is not only necessary if they feel sick, 163 (98.8%) says attending post- natal care does not waste time and money and lastly, 169 (100%) nursing mothers would encourage other mothers to attend post- natal care.

Based on the data above, it was found that nursing mothers in Ovia North-East Local Government Area have positive attitude towards post- natal care.

Research Question 3: What are the factors preventing nursing mothers from utilizing post-natal care services?

Table 8: Descriptive survey on factors preventing the utilization of post-natal care services

NO.	ITEMS	YES (%)	NO (%)	TOTAL	DECISION
1.	Distance to the health facility.	324 95.9%	14 4.1%	338 100%	Agree
2.	High cost of transportation services.	322 95.3%	16 4.7%	338 100%	Agree
3.	Lack of support from spouse/ family.	164 48.5%	174 51.5%	338 100%	Disagree
4.	Negative attitudes of health workers.	176 52.1%	162 47.9%	338 100%	Agree
5.	Lack of information about post-natal care.	22 6.5%	316 93..5%	338 100%	Disagree

Source: Field Survey, 2025.

Table 8 above shows that most nursing mothers in Ovia North-East local government area agreed that distance to the health facility (95.9%) and high cost of transportation services (95.3%), however, (93.5%) agreed that lack of information about post-natal care prevent women from utilizing postnatal care services, which means that respondents disagreed with this factor.

A slightly higher proportion (52.1%) agreed that negative attitudes of health workers also discourage service use. However, only 48.5% agreed that lack of support from family / spouse prevents utilization, which means more respondents disagreed with this factor.

Research Question 4: What are those factors that can promote the utilization of post-natal care services?

Table 9: Descriptive survey on factors that promote the utilization of post-natal care services

NO.	ITEMS	YES (%)	NO (%)	TOTAL	DECISION
1.	Free or subsidized services.	338 100%	0 0%	338 100%	Agree

2.	Friendly and respectful health workers.	338 100%	0 0%	338 100%	Agree
3.	Community awareness and health education.	338 100%	0 0%	338 100%	Agree
4.	Shorter waiting time at clinics.	330 97.6%	8 2.4%	338 100%	Agree
5.	Closer health facility to my home.	332 98.2%	6 1.8%	338 100%	Agree

Source: Field Survey, 2025.

Table 9 above shows that all respondents (100%) agreed that free or subsidized services, friendly and respectful health workers, and community awareness and health education promote utilization of postnatal care. Similarly, a vast majority also agreed that shorter waiting time at clinics (97.1%) and closer health facilities to their home (98.2%) encourage service use in Ovia North-East Local Government Area.

DISCUSSION OF FINDINGS

The purpose of this study was to investigate the knowledge, attitudes, and practices of post-natal care among nursing mothers in Ovia North-East Local Government Area of Edo State. The findings revealed that most of the respondents were

between the ages of 25 and 29 years (69%), married (95.3%), had attained secondary education (68.6%), and were self-employed (75.1%). These demographic factors are crucial because they help to explain variations in the awareness and utilization of post-natal care services among the mothers in the area.

The age distribution shows that a large proportion of respondents fall within their active reproductive years. This supports the findings of Adewole et al. (2022), who noted that women aged 25–34 years are more likely to seek maternal and post-natal care services since they are at the peak of their reproductive lives. Similarly, Ezeh and Nwankwo (2023) reported that women in their late twenties and early thirties often demonstrate better understanding and more positive attitudes toward maternal and newborn care, largely due to experiences gained from previous pregnancies and deliveries.

With regard to marital status, nearly all respondents (95.3%) were married, while only a small number were single. This finding agrees with the study by Bello and Ahmed (2022), who found that married women are more inclined to utilize maternal health services because of the emotional and financial support they receive from their spouses. Likewise, Okafor et al. (2021) explained that joint decision-making between spouses plays a significant role in encouraging women to attend post-natal clinics and adhere to health recommendations.

Education also played a major role in shaping mothers' understanding and practices. A majority of the respondents (68.6%) had completed secondary education, while 17.8% had tertiary education. This finding is consistent with Kayode and Ogunleye (2023), who established a strong link between maternal education and the use of post-natal services. Educated mothers are generally more receptive to health information, enabling them to adopt safer and healthier practices (World Health Organization, 2023). Similarly, Adejumo and Olorunfemi (2022) found that educated women are more likely to recognize danger signs during the post-natal period and seek timely medical help for themselves and their infants.

In terms of occupation, the majority of the respondents (75.1%) were self-employed, followed by 13.6% who were unemployed, and 8.9% who were civil servants. This supports the findings of Yusuf and Ibrahim (2022), who observed that self-employment allows mothers the flexibility to care for their babies and still visit health facilities when necessary. However, these authors also noted that the unstable income associated with self-employment can sometimes make it difficult for mothers to consistently access health care services. Similarly, Okeke and Adeyemi (2023) reported that women in informal or low-income jobs may depend on traditional birth attendants or home-based care due to financial or time constraints.

The number of children among nursing mothers in Ovia North-East Local Government Area of Edo State findings revealed that most respondents (54%) had between two and three children, 29% had only one child, while 17% had four or more. This suggests that many nursing mothers in the community maintain moderate family sizes, likely reflecting growing awareness and practice of family planning.

This finding is in line with the study by Ogunleye, Adebayo, and Oladimeji (2022) in Akure South Local Government Area of Ondo State, which showed that most women of reproductive age preferred having two to three children due to economic realities and a better understanding of child spacing. Similarly, Okorie et al. (2021) in Enugu State reported that increased access to family planning information has encouraged many mothers to limit the number of children they have.

In addition, Afolabi and Adeyemi (2021) found that education and urban residence significantly influence women's reproductive choices. They explained that mothers with higher education levels tend to embrace family planning methods that promote moderate childbearing. Likewise, Eze and Nwosu (2022) observed that antenatal and postnatal counseling sessions have helped mothers understand the benefits of smaller family sizes in ensuring better health outcomes for both mother and child.

Furthermore, this study was to investigate the knowledge, attitude, and practices of post-natal care among nursing mothers in Ovia North Local Government Area of Edo

State. Findings from the study revealed that a majority of the respondents possessed a high knowledge level about post-natal care. This suggests that most nursing mothers in the area were aware of the importance of post-natal checkups, exclusive breastfeeding, immunization schedules, and recognition of maternal and neonatal danger signs. This finding corroborates the results of a study conducted by Eze et al. (2023) in Enugu State, which reported that 74.5% of nursing mothers demonstrated adequate knowledge of post-natal care. Similarly, Worku et al. (2024) in Ethiopia also observed a high level of awareness of postnatal services among mothers who attended antenatal care sessions.

The study further revealed that the attitude of nursing mothers toward post-natal care was generally positive, as many respondents agreed that post-natal visits are important for both maternal and child health. This result is consistent with the findings of Onwuka et al. (2023), who reported that the majority of mothers in Anambra State exhibited a favourable attitude toward post-natal care and were willing to attend routine visits if accessible. Likewise, Abiola and Adeniran (2022) found that women who received health education during antenatal care developed more positive attitudes towards postnatal services compared to those who did not. This suggests that exposure to proper health education and counselling during pregnancy enhances mothers' perception of the importance of post-natal care.

This study was to identify the factors preventing and promoting the utilization of post-natal care (PNC) services among nursing mothers in Ovia North-East Local Government Area of Edo State. Findings revealed that majority of the respondents agreed that distance to health facility (95.9%), high cost of transportation services (95.3%), and lack of information about post-natal care (93.5%) are major factors preventing mothers from utilizing PNC services. This finding is consistent with the study of Tessema et al. (2020), who reported that distance to health facility and high transportation cost were significant barriers to postnatal care attendance among women in sub-Saharan Africa. Similarly, Hailemariam et al. (2024) found that long distances and high travel costs discouraged women from accessing postnatal care within the recommended period after delivery.

In this study, a slight majority (52.1%) of respondents also identified negative attitudes of health workers as a factor preventing PNC utilization, while nearly half (48.5%) disagreed that lack of spousal or family support was a barrier. This partially supports the findings of Mira-Catalá et al. (2024), who noted that disrespectful and unfriendly attitudes of healthcare providers significantly discourage women from using maternal and postnatal services. However, the mixed response on family support suggests that the influence of spousal involvement may vary across communities, which is in line

with Fletcher et al. (2024) who reported that male involvement in maternal care differs by cultural context.

On the other hand, findings from this study showed that all respondents (100%) agreed that free or subsidized services, friendly and respectful health workers, and community awareness and health education promote the utilization of post-natal care services. Similarly, a high proportion of respondents agreed that shorter waiting time at clinics (97.6%) and closer health facility to home (98.2%) encourage mothers to utilize PNC services. This supports the study of World Health Organization (2022), which emphasized that removal of financial barriers, community-based awareness campaigns, and improved quality of care enhance the uptake of maternal and postnatal health services. These findings also corroborate the report of Hailemariam et al. (2024), which showed that accessibility and quality of care are key determinants of postnatal care utilization.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the findings from the study of the knowledge, attitude and practices (KAP) of post-natal care (PNC) among nursing mothers in Ovia North-East Local Government Area, it discusses their significance, states conclusions drawn from the study, outlines practical recommendations for stakeholders, acknowledges study limitations, and suggests areas for further research and dissemination.

SUMMARY

The purpose of this study was to investigate the knowledge, attitude and practices of post-natal among nursing mothers in Ovia North-East Local Government Area of Edo State. To achieve the purpose of the study, four (4) research questions were raised and important literature related to post- natal care was clearly discussed. The descriptive research design was used for this study and the study population was estimated at 2188 nursing mothers in selected primary health care centers in Ovia North-East Local Government Area of Edo State. The simple random technique was adopted to select nursing mothers from 2 primary health care centers namely: Iguosa primary health care center and Oluku primary health care center. This will give a total of 338 respondents representing the study. The instrument for used for data collection was a well- structured close- ended questionnaire with twenty-seven (27) items. The questionnaire was

validated by experts in maternal and child health and public health education. The reliability of the questionnaire was established using the Cronbach's Alpha method. A sample size of three hundred and thirty-eight (338) was divided by two (2) to get a total of one hundred and sixty-five (169) questionnaires which was administered to the sample and data collected was analyzed using frequency, percentage, mean, and standard deviation.

One of the notable limitations encountered in the course of this research was the shortfall in the number of questionnaires distributed. Although the study initially targeted 338 respondents, only 169 questionnaires were printed and administered due to resource constraints. Consequently, the responses were multiplied by two to reflect the original sample size. This adjustment, conducted with the supervisor's consent, was necessary to preserve the integrity and validity of the research findings.

FINDINGS

Based on the data collected and analyzed, the findings of the study revealed that:

1. Majority of nursing mothers have high knowledge level of post- natal care.
2. On a few respondents filled out the "other (please specify)" section, while the majority left it blank. This demonstrates that the options provided in the questionnaire were clear and addressed the main point, so respondents felt no need to add anything else

3. Nursing mothers in Ovia North-East Local Government Area have positive attitude towards post- natal care.
4. Factors preventing utilization of post- natal care in Ovia North-East Local Government Area include distance to health facility, high cost of transportation services, lack of information about post- natal care and lack of support from spouse/ family.
5. Factors that promotes utilization of post- natal care among nursing mothers in Ovia North-East Local Government Area include free or subsidized services, friendly and respectful health workers, community awareness and health education, shorter waiting time at clinics and closer health facility to their homes.

CONCLUSION

This study has demonstrated that although knowledge and attitudes of nursing mothers in Ovia North-East Local Government Area of Edo State are generally high and positive, actual factors preventing utilization and factors that promotes utilization remains only moderate. This gap between knowledge, attitude and factors preventing and factors that promotes highlights persistent barriers such as distance to health facility, high cost of transportation services, lack of information about post- natal care and lack of support from spouse/ family.

RECOMMENDATIONS

Based on the findings from the data collected and analyzed, the researcher makes the following recommendation:

- Strengthen PNC counselling during ANC and immediately postpartum. Improve client-provider interactions through respectful maternity care.
- Subsidize transport or establish community transport schemes for postpartum women. Train and supervise community health workers for effective outreach. Integrate PNC targets into local health care plans.
- Engage traditional and religious leaders in post- natal care promotion. Encourage male partner and family involvement in post- natal care education.
- Attend post- natal care visits promptly and follow recommended schedules. Seek clarification during health visits on any unclear instructions.

SUGGESTIONS FOR FURTHER STUDIES

1. To what extent does the availability, accessibility, and quality of post-natal care services influence the utilization of such services among nursing mothers in Ovia North-East Local Government Area?
2. How do male partners and family members influence the knowledge, attitudes, and practices of nursing mothers toward post-natal care in Ovia North-East Local Government Area?

3. What is the effect of a community health worker led educational intervention on the knowledge, attitude, and practices of nursing mothers regarding post-natal care in Ovia North-East Local Government Area?

REFERENCES

Abiola, T., & Adeniran, O. (2022). Effect of antenatal health education on mothers' attitudes toward postnatal care services in Nigeria. Journal of Maternal and Child Health, 14(3), 112–120.

Adedokun, S. T., & Uthman, O. A. (2019). Women who have not utilized health services for delivery in Nigeria: Who are they and where do they live? BMC Pregnancy and Childbirth, 19(1), 93.

Adejumo, K. L., & Olorunfemi, O. B. (2022). Maternal education and utilization of maternal health services in Nigeria. Journal of Public Health in Africa, 13(3), 112–119.

Adewole, I. A., Adebayo, O. A., & Salisu, M. A. (2022). Determinants of postnatal care utilization among women of reproductive age in Southwestern Nigeria. African Journal of Reproductive Health, 26(1), 45–56.

Adewuyi, E. O., & Adefemi, K. (2016). Breastfeeding in Nigeria: A systematic review. International Journal of Community Medicine and Public Health, 3(2), 385–396.

Afolabi, R. O., & Adeyemi, B. T. (2021). Influence of educational status and urbanization on family size among nursing mothers in Southwestern Nigeria. Journal of Family and Reproductive Health, 15(3), 145–152.

Ajaegbu, O. O., & Ubochi, I. I. (2016). Challenges of maternal health care utilization in Nigeria. International Journal of Social Science and Humanities Research, 4(3), 367–376.

Ajzen, I. (1991). The theory of planned behaviour. Organizational Behaviour and Human Decision Processes, 50(2), 179–211.

Becker, M. H. (1974). The health belief model and personal health behaviour. Health Education Monographs, 2(4), 324–508.

Bello, R. O., & Ahmed, F. M. (2022). Socio-demographic determinants of postnatal care services utilization among women in Northern Nigeria. International Journal of Maternal and Child Health, 14(2), 55–63.

Cambridge Dictionary. (n.d.). Theory. In Cambridge Dictionary online. Cambridge University Press.

Ehimwenma, O., Okojie, O. H., & Aigbiremolen, A. O. (2021). Knowledge and utilization of postnatal care services among nursing mothers in selected communities of Ovia North-East Local Government Area, Edo State, Nigeria. Nigerian Journal of Public Health and Community Medicine, 6(2), 45–56.

Ejembi, C. L., Alti-Muazu, M., Chirdan, O., Ezeh, H. O., Sheidu, S., & Dahiru, T. (2018). Utilization of maternal health services by rural Hausa women in Zaria environs, northern Nigeria: The role of male support. African Journal of Reproductive Health, 22(4), 123–132.

Eze, C. O., & Nwosu, E. J. (2022). Impact of maternal counselling on family size preference among mothers attending postnatal clinics in Enugu State. African Journal of Maternal and Child Health, 10(2), 87–95.

Eze, J. A., Okafor, C. I., & Nwosu, P. N. (2023). Knowledge and utilization of postnatal care services among nursing mothers in Enugu State, Nigeria. African Journal of Nursing and Midwifery, 18(2), 45–56.

Ezeh, P. U., & Nwankwo, E. M. (2023). Knowledge and attitude of nursing mothers towards postnatal care in Enugu State, Nigeria. Journal of Health Promotion and Practice, 11(1), 78–87.

Fagbamigbe, A. F., Idemudia, E. S., & Makate, M. (2021). Maternal health care utilization among women in Nigeria: A multilevel analysis of individual and community factors. BMC Pregnancy and Childbirth, 21(1), 658.

Fekadu, G. A., Kassa, G. M., Berhe, A. K., Muche, A. A., & Katiso, N. A. (2018). The effect of antenatal care on the use of institutional delivery service and postnatal care in Ethiopia: A systematic review and meta-analysis. BMC Health Services Research, 18(1), 577.

Fletcher, R., et al. (2024). Effect of male partners' involvement and support on maternal care utilization: A scoping review. Health Science Reports.

Hailemariam, T., et al. (2024). Postnatal care utilization within 48 h after birth and its determinants. Scientific Reports.

Igbokwe, C. C., Eze, J. N., & Obi, S. N. (2020). Maternal knowledge and practice of postnatal care in Enugu State, Nigeria. Nigerian Journal of Clinical Practice, 23(8), 1041–1047.

Kayode, T. O., & Ogunleye, A. B. (2023). Education and maternal health behaviour: Evidence from postnatal care practices among women in Nigeria. Nigerian Journal of Nursing Research, 8(2), 34–41.

Khan, M. N., Islam, M. M., Rahman, M. M., & Rahman, M. M. (2021). Postnatal care for newborns in Bangladesh: The importance of health-related factors and location. Journal of Biosocial Science, 53(5), 708–723.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis: An expanded sourcebook (2nd ed.). Thousand Oaks, CA: Sage Publications.

Mira-Catalá, P., et al. (2024). Respectful maternity care interventions to address women's experiences: A review. BMC Global Health.

Nwankwo, U. E., Onoh, R. C., & Nwali, E. I. (2022). Determinants of maternal postnatal care practices in rural communities of Nigeria. African Journal of Midwifery and Women's Health, 16(3), 1–9.

Odetola, T. D. (2021). Postnatal care services utilization and associated factors among women in Nigeria. Journal of Nursing and Health Science, 10(2), 55–63.

Ogbo, F. A., Ogeleka, P., & Awosemo, A. O. (2021). Trends and determinants of early initiation of breastfeeding and exclusive breastfeeding in Nigeria. BMC Pregnancy and Childbirth, 21(1), 284.

Ogunleye, T. M., Adebayo, P. O., & Oladimeji, A. O. (2022). Determinants of family size preference among women of reproductive age in Akure South Local Government Area, Ondo State, Nigeria. International Journal of Population Studies, 8(1), 33–42.

Okafor, C. N., Nwachukwu, A. M., & Ede, J. I. (2021). Influence of marital status on maternal health-seeking behavior among women in Southeastern Nigeria. International Journal of Community Medicine, 7(4), 203–210.

Okeke, O. E., & Adeyemi, L. A. (2023). Occupational pattern and access to maternal health care among women in Oyo State, Nigeria. Journal of Population and Social Studies, 31(2), 157–170.

Okorie, I. A., Uche, A. C., & Eze, B. O. (2021). Awareness and practice of family planning among nursing mothers in Enugu State, Nigeria. Journal of Public Health and Epidemiology, 13(5), 211–221.

Okunbor, J. A., Osawe, F. O., & Igbinovia, P. O. (2020). Attitude of nursing mothers towards postnatal care services in Ovia communities, Edo State, Nigeria. African Journal of Reproductive Health, 24(4), 112–121.

Onwuka, C. F., Uche, I. O., & Nwankwo, L. O. (2023). Mothers' attitudes and willingness toward postnatal care attendance in Anambra State, Nigeria. International Journal of Public Health and Nursing, 9(1), 77–88.

Osifo, D. O., & Okojie, O. H. (2023). Maternal knowledge and barriers to postnatal care utilization among women attending health facilities in Edo State, Nigeria. Nigerian Journal of Medicine, 32(1), 45–52.

Ovia North-East Primary Health Department. (2019). Community health survey report on maternal and child health practices in Ovia North-East Local Government Area. Benin City: Edo State Ministry of Health.

Sacks, E., Finlayson, K., Brizuela, V., Crossland, N., Ziegler, D., & Sauvé, C., et al. (2022). Factors influencing the provision of postnatal care: A multi-country analysis. PLoS ONE, 17(2), e0262515.

Shitu, S., Geda, B., & Dadi, L. S. (2022). Determinants of postnatal care service utilization among women in pastoral communities of Ethiopia. BMC Pregnancy and Childbirth, 22(1), 560.

Singh, A., Yadav, A., & Singh, A. (2022). The association between antenatal care visits and utilization of postnatal care services in low- and middle-income countries: A cross-country analysis. BMC Pregnancy and Childbirth, 22(1), 74.

Tessema, Z. T., et al. (2020). Determinants of postnatal care utilization in sub-Saharan Africa: A systematic review. PLoS ONE.

Tiruneh, F. N., Chuang, K. Y., Ntenda, P. A. M., & Chuang, Y. C. (2020). Factors associated with postnatal care utilization in Ethiopia: A multilevel analysis. BMC Pregnancy and Childbirth, 20(1), 549.

Titaley, C. R., Dibley, M. J., & Roberts, C. L. (2018). Factors associated with non-utilization of postnatal care services in Indonesia. BMC Public Health, 18(1), 435.

United Nations Children's Fund (UNICEF). (2021). The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health. UNICEF.

Workineh, Y. G., & Hailu, D. A. (2014). Factors affecting utilization of postnatal care service in Jabitena district, Amhara region, Ethiopia. Science Journal of Public Health, 2(3), 169–176.

Worku, T., Abebe, G., & Tadesse, M. (2024). Awareness and utilization of postnatal care services among mothers attending antenatal care in Ethiopia. Ethiopian Journal of Reproductive Health, 16(1), 23–34.

World Health Organization. (2022). WHO recommendations on maternal and new-born care for a positive postnatal experience. World Health Organization.

World Health Organization. (2022). WHO recommendations on postnatal care of the mother and newborn. Geneva: WHO.

World Health Organization. (2023). Postnatal care for mothers and new-born: Highlights from WHO recommendations. Geneva: WHO.

Yamane, T. (1967). Statistics: An introductory analysis (2nd ed.). New York: Harper and Row.

Yaya, S., Uthman, O. A., Ekholuenetale, M., & Bishwajit, G. (2019). Women's utilization of postnatal care services in Nigeria: A multilevel analysis. BMC Pregnancy and Childbirth, 19(1), 262.

Yusuf, M. K., & Ibrahim, R. H. (2022). Employment status and utilization of maternal health services among women in Nigeria. Journal of African Health Sciences, 22(3), 56–64.

APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

The purpose of this survey is to learn more about the post-natal care **KNOWLEDGE, ATTITUDE AND PRACTICES OF NURSING MOTHERS IN OVIA-NORTH EAST LOCAL GOVERNMENT AREA**. The care a mother and her child receive after giving birth, particularly during the first six weeks, is referred to as postnatal care. Our community's maternal and infant health services will be enhanced by the information you provide.

Your responses will remain confidential and be utilized exclusively for research purposes. Just be honest about your experience, there are no right or wrong answers. You are free to stop participating at any moment. I appreciate your time and help.

Researcher,

Egharevba Jessica Imuetinyanosa

Section A: Demographic Information ***(Please tick or fill where appropriate)***

1. Age: ☐ 18–24 ☐ 25–29 ☐ 30–34 ☐ 35 and above
2. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
3. Educational Level: ☐ No formal education ☐ Primary ☐ Secondary ☐ Tertiary
4. Occupation: ☐ Unemployed ☐ Self-employed ☐ Civil Servant Other:_____
5. Number of Children: ☐ 1 ☐ 2 - 3 ☐ 4 or more

Section B: Knowledge of Post-Natal Care ***(Tick the correct answer)***

6. Post-natal care refers to care given to the mother and baby:

☐ During pregnancy ☐ After delivery ☐ Before conception ☐ All of the above.

7. Why is it important for a mother to attend post-natal care visits?

☐ To interact with other mothers ☐ To collect free medications ☐ To avoid hospital fines ☐ To monitor her health and the baby's health.

8. When should a mother attend her first post- care visit?

☐ Within 24 hours ☐ Within 1 week ☐ After 6 weeks ☐ After 3 months.

9. Post-natal care helps in _____

☐ Increasing the risk of infections ☐ Promoting the health of the mother and the baby

☐ Delaying recovery after child birth ☐ None of the above

10. Is breastfeeding part of the services rendered in post- natal care? ☐ Yes ☐ No

Section C: **Attitude towards Post-Natal Care**

(Please tick the option that best represents your opinion)

Key: SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree

S/N	Statement	SA	A	D	SD
11.	Post-natal care is important for my health and my baby's health.				
12.	I feel comfortable attending post-natal care clinics.				
13.	Post-natal care is only necessary if I feel sick.				
14.	Attending post-natal care wastes time and money.				
15.	I would encourage other mothers to attend post-natal care.				

Section D: Factors Preventing Utilization of Post-Natal Care *(Tick all that apply)*

16. Distance to the health facility. ☐ Yes ☐ No

17. High cost of transportation services. ☐ Yes ☐ No

18. Lack of support from spouse/family. ☐ Yes ☐ No

19. Negative attitudes of health workers. ☐ Yes ☐ No

20. Lack of information about post-natal care. ☐ Yes ☐ No

21. Other reasons (please specify):_____

Section E: Factors that Promote Utilization of Post-Natal Care *(Tick all that apply)*

22. Free or subsidized services. ☐ Yes ☐ No

23. Friendly and respectful health workers. ☐ Yes ☐ No

24. Community awareness and health education. ☐ Yes ☐ No

25. Shorter waiting time at clinics. ☐ Yes ☐ No

26. Closer health facility to my home. ☐ Yes ☐ No

27. Other suggestions: _____