LAUTECH JOURNAL OF NURSING

VOL. 6, May, 2020

ISSN 2659-1405

LAUTECH SENATE BUILDING

A Publication of the Faculty of Nursing Sciences,
College of Health Sciences, Osogbo,
Ladoke Akintola University of Technology, Ogbomoso, Nigeria

6TH EDITION LAUTECH JOURNAL OF NURSING

A Publication of the Faculty of Nursing Sciences,
College of Health Sciences, Osogbo,
Ladoke Akintola University of Technology, Ogbomoso, Nigeria

Vol. 6, May, 2020

ISSN 2659-1405

Copyright © LAUTECH JOURNAL OF NURSING (LJN)

ISSN 2659-1405

© Copyright 2020

VOLUME 6, MAY, 2020

Address:
Faculty of Nursing Sciences,
College of Health Sciences, Osogbo,
Ladoke Akintola University of Technology
P. M. B. 4000, Ogbomoso, Nigeria.
Tel: +2348033579737

All Rights Reserved:
No part of this journal may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Editor –in-Chief.

Printed and Published in Nigeria by
Esthom Graphic Prints
Ibadan, Oyo State
Nigeria.
+2347030298365,
E-mail: durowojuthomas@gmail.com

EDITORIAL BOARD

Editor-in-Chief	-	**Professor Florence O. Adeyemo** Department of Community Health Nursing Faculty of Nursing Sciences, College of Health Sciences. Ladoke Akintola University of Technology, Ogbomoso, Nigeria.
Assistant Editor-in-Chief		Dr.Uba, E. James Institute of Education University of Ibadan Ibadan - Nigeria
Assistant Editor		Dr Ade Adeniji Department of General Studies LAUTECH, Ogbomoso.
Associate Editors	-	Dr.Ganiyat A. Adeniran
	-	Adeyemo, Adewale Akinola
	-	Yinyinola O. Makinde

Editorial Advisory Board

Prof. Saliu Oguntola.	Ladoke Akintola University of Technology, College of Health Sciences, Osogbo, Nigeria.
Prof. Adedayo Ayodele Adegbola.	Ladoke Akintola University of Technology, Ogbomoso, Nigeria.
Prof. Peter O. Olaitan.	Ladoke Akintola University of Technology, College of Health Sciences, Osogbo, Nigeria.
Professor Samuel S. Taiwo.	Ladoke Akintola University of Technology, College of Health Sciences, Osogbo, Nigeria.
Dr.ElkannahNdie,	Open University, Abuja, Nigeria.
Dr. Toyin Musa,	Kwara State University, Malete Ilorin, Nigeria.
Dr H Ademola Adele,	Ladoke Akintola University of Technology, Ogbomoso,

EDITORIAL COMMENT

1. LAUTECH Journal of Nursing (LJN) has the goal of becoming the most widely cited Nursing Journal in West Africa.
2. The LJN has the tripartite mission of:
   (a) Promoting a culture of excellence in Nursing Research.
   (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
   (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
   (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
   (b) Essays and issues papers that contribute to re-orienting received ideas, values and practices.
   (c) Documents emanating from national and international conferences, as well as from large scale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this volume, sixteen (16) papers scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Knowledge and utilization of oral rehydration therapy in the treatment of diarrhoea among under-five mothers in Lagos, Nigeria; **Prevalence and risk factors of neonatal jaundice in special care baby unit of Ahmadu Bello University Teaching Hospital Zaria, Nigeria;** Factors influencing teamwork performance among health workers in University College Hospital, Ibadan; Perceived effects of Aphrodisiac on women of Kaura ward, in Zaria city of Kaduna State, Nigeria; Umbilical cord care practices and management outcome among mothers in selected primary health centres in Mushin Local Government Area, Lagos State, Nigeria; Assessment of knowledge of sickle cell anaemia among primary health care workers in Zaria city, Kaduna State, Nigeria; Utilisation of postnatal care services among women of childbearing age in Primary Health Care Centres in Niger State, Nigeria; School Health: an analysis of boarding school clinic facilities in Kano State, Nigeria; **Perception of women towards teaching of sexuality education in secondary schools in Ibadan, Oyo State, Nigeria;** Effect of two assessment strategies on physiotherapist students competence in Cardiff University United Kingdom; Family Health a “Sine Qua Non” to effective maternal and child health care; Application of trans-theoretical model of health promotion and approaches to health promotion in tackling alcohol abuse;Cervical cancer screening among women: a tool for prevention of Cancer; Effect of training programme for school health nurses on adolescents decision-making on reproductive health in Ijebu Ode Local Government Area of Ogun State, Nigeria and Knowledge of nursing process and attitude of undergraduate nursing students towards its utilization in a Tertiary Health Institution, Edo-State, Nigeria. Knowledge of Psychological Distress and Post Partum Bues among Pregnant Women in Wesley Guild Hospital, Ilesa Osun State, Nigeria.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focuses on but not limited to research findings in the different areas of nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peered reviewed by seasoned scholar. Forty-nine authors have contributed in one way or the other to this sixth edition of the journal.

In this regard, the journal welcomes articles from individuals and corporate organisations for the seventh edition. Interested contributors may forward copy of their manuscript; computer-typed in double line spacing, using Times New Roman 12 point font, with abstract not more than 250 words on a separate page. Manuscript should not be more than 15 pages and sent to doctoradeyemo@yahoo.com or lautechjournal@gmail.com.

Happy reading!!!

GUIDELINES FOR AUTHORS

Contributors to the journal are to respect its avowed principle of QUALITY in all its Ramifications and ensure that:

(a) Presentation of Manuscript

We require an electronic copy, doubled spaced and paginated. The file should be saved as a Word Document, do not use PDF. Ensure the manuscript you provide is double space throughout, including indented block quotes, excerpt, extract, references. The font should be Times New Roman 12 Points. **RESEARCH PAPERS** are technically and faultlessly designed, executed and reported

(b) **ESSAYS AND ISSUES PAPERS** are analytically sound, presenting solidly original ideas that can positively influence change in educational thoughts, research and practices.

(c) The manuscript, which should include title, abstract, text, tables, figures, where necessary, should be typewritten on A4 size paper with double-spacing and should not exceed 15 pages

(d) The abstract should not be more than 250 words

(e) Authors should use the latest APA manual of styles. Some examples are:

i. **Book**

Uba, J. E. (2007). Overcoming the hurdles of research projects, thesis, dissertation. Calabar, Nigeria, Ushie Printers.

ii. **Chapter in edited book**

(a) Simeon, O.L & Adewale, J.G. 2013. Student Extrinsic and Intrinsic Factors as Correlates of Technical and Vocational Education Enrolment in Osun State. A.O.U Onuka. Eds. Esthom Graphic Prints, Nigeria. 286- 296.

iii. **Chapter in edited book**

(b) Oluwaponmile G.A &Adegbile J.A. 2013. The Concept Of Individualization of Instruction and Christian Education. A. O. U Onuka. Eds. Esthom Graphic Prints, Nigeria. 114-155.

iv. **Article from journal**

Halliday, M.A. K. (1961). Categories of the theory of grammar word, 17, 241-92. (**Note** No 'pp.' required for journal articles).

Millers, A. (2000). Choice and the relative pleasure of consequences. Psychological Bulletin 126.3:910-924.

Landro, M. (1999). Repeatability issues of 3-D VSP data. Geophysics 64:1673 1679.

____. 2001. Discrimination between Pressure and fluid saturation changes from time lapse seismic data. Geophysics 66:836-844.

v. **Article from magazine**

Kandel, E.R. and Squire, L.R. 2000. Neuroscience: breaking down scientific barriers to the study of brain and mind. Science 290.Nov 10:113-1120.

vi. **Article from newspaper**

(where the name of the author is neither given nor known, begins reference with "**Anon**")

vii. **Encyclopaedia article**

Bergmann, P.G. 1993. Relativity. The new encyclopaedia Britannica. Chicago: EncyclopaediaBritannica, 501-508.

Patent

Fawole, I., Afolabi, N.O. and Ogunbodede, B.A. 1986, Description of cowpea cultivar: IFH101.NGVU-00-22,2000.

Unpublished theses, dissertation, projects and essays

Alaba, O.B. 2003. Balance of payment adjustment mechanisms in Nigeria. PhD. Thesis. Department of Economics. University of Ibadan. Xiv+183pp

E-journal article from the internet

VandenBos, G, Knapp, S. and Deo, J. 2001. Role of reference element in the selection of resources by psychology undergraduates. Journal of Bibliographic Research 5. 117-123. Retrieved June. 13,2019, from http://jbr.org/article.html.

Organization/Government/Personal web page

U.S. General Accounting Office. Feb., 1997, Telemedicinne: federal strategy is needed to guide investments. Publication No. GAO/NSAID/HEHS-97-67. Retrieved Sept. 15,2000, from http://www.access.gpo.gov/su_docs/aces 160.shtml? /gao/index.html.

Tables

1. A table should be typed with the minimum of horizontal rules. Vertical rules should be avoided.
2. Table should be referred to in the text as 'in Table 2' rather than 'in the following table or in the table above or below'.
3. All tables should have captions, source and notes are placed immediately below.

   (f) Papers which should be written on only one side should be submitted in triplicate (hard copies)

(g) Papers are blind peer-reviewed, each paper attracts an assessment fee of #5000. 00 or $25.00.

(h) Neither the editor, nor the editorial board shall be liable for article(s) lost in transit. (i) The editor and editorial board will not enter into correspondence with authors over rejected articles

(j) Those whose articles are accepted for publication will pay the sum of #20,000.00 and be informed as regards other commitments:

(k) Papers could be transmitted at any time for publication in any subsequent issue.

Manuscripts should be submitted electronically to the:

Editor in-chief, **Florence O. Adeyemo**, Department of Community Health Nursing, Faculty of Nursing Sciences, College of Health Sciences, Osogbo, Osun State, Ladoke Akintola University of Technology, Ogbomoso and copy the Editor, LAUTECH Journal of Nursing (LJN) using the following email addresses: doctoradeyemo@yahoo.comor lautechjournal@gmail.com

Copyright

1. Permission must be obtained if you want to quote at length from another author's work or use an illustration previously published. Please note that obtaining permissions can be a lengthy process and should therefore be initiated well before the final manuscript is submitted to Continuum. Please refer to copyright holder's website/information: they may have forms or templates for requesting permission. If they provide no specific information on submitting requests, a standard permission request letter is available from us and should be used when approaching the copyright holder.
2. Please be aware that permission must also be sought for images, text etc that is sourced from the internet. Copyright may belong to the website owner, or to the original creator. Do not assume that just because an item is on a website it is in the public domain - it may be that the website owner does not have the permission to use it.

If you have any questions about the preparation of your article at any stage, please do not hesitate to ask.

Prof Florence O. Adeyemo
The Editor-in-Chief
doctoradeyemo@yahoo.com or
lautechjournal@gmail.com

LIST OF CONTRIBUTORS

ABAZIE O. H.
Department of Nursing Science, College of Medicine,
University of Lagos, Idi-Araba, Lagos.
Tel: 08034568662
E-mail: ogenaban@yahoo.com

ABUBAKAR, Isa
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 08032916542
E-mail: abubakar.isa09@gmail.com

ADDAKANO B.
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 08036786694
E-mail: addanice@yahoo.co.uk

ADEDOYIN, O. Adeoye
School of Nursing, Osogbo,
Osun State, Nigeria.
Tel: 07063780818
E-mail: doydoy4@gmail.com

ADENIRAN Dorcas Adekemi
Department of Maternal and Child,
Faculty of Nursing Sciences,
College of Health Sciences, Osogbo.
Ladoke Akintola University of Technology, Ogbomoso
Tel: 08055851092
Email Address:kadeniran99 @gmail.com

AHMAD Rufa'I Abubakar
Department of Nursing Science,
University of Ilorin
Tel: 08162800885
E-mail: arabubakar.nur@buuk.edu.ng

AHMED Suberu,
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: 08069178254
E-mail: ayemy1074@gmail.com

ALAPA Martha Echewunne
Department of Nursing Science,
Faculty of Health Sciences,
National Open University of Nigeria, Abuja, Nigeria
Tel: +2348028397934
E-mail: Silasalapa2005@gmail.com

ANYEBE, E. E.
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: 08036422771
E-mail: ejembianyebe_Hlk34483551@gmail.com
Hlk34483551

ARUNACHALLAM Savasthian
School of Nursing,
University of Western Cape, South Africa
Tel: +27822023206
E-mail: sarunachallam@uwc.ac.za

ASHIRU Muhammed
Department of Nursing Science,
University of Ilorin
Tel: 07031261214
E-mail: ashirum44 @gmail.com

ATAYI Samuel Godwin
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: +2348065190951
E-mail: godwinatayis@gmail.com

BAYERO, Amina.
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 07035587283
E-mail: bayeromina180@gmail.com

BALARABE R.
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 08036436229
E-mail: hamdanrahma@gmail.com

CHIEMERIGO A. ONYENEHO
Department of Nursing,
Faculty of Clinical Sciences,
College of Medicine, University of Ibadan,
Ibadan, Nigeria.
Tel: 08067242852
E-mail: chiemerigoanne@gmail.com

CHINWEUBA A.
Department of Nursing Sciences,
University of Nigeria, Enugu Campus
Tel: 08032162180
E-mail: anthonia.chinweuba@gmail.com

EZE, C N
Department of Nursing Services,
Alex Ekwueme Federal Teaching Hospital, Abakaliki
Tel: 08036004816
E-mail: mama4noble@gmail.com

ELUSOJI Christiana Irolo
Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin Benin City.
Tel: 08181448735
E-mail: celusoji@gmail.com

EKRAKENE T.
Department of Biological Sciences,
Faculty of Science,
Benson Idahosa University, Benin City.
Tel: 08037756878
E-mail: tekrakene@biu.edu.ng

FADAIRO O. J.
Department of Nursing Science,
College of Medicine,
University of Lagos, Idi-Araba, Lagos.
Tel: 0807344035
E-mail: yemifad26@gmail.com

GARBA, S. N.
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: sngarba.nur@buk.edu.ng
E-mail: 08033667081

GBADEBO D. D.
Department of Nursing Science,
College of Medicine,
University of Lagos, Idi-Araba, Lagos
Tel: 08036546500
E-mail: dooshima.gbahabo@gmail.com

GOMMAA H.
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 08096535406
E-mail: h_gommaa@yahoo.com

IBRAHIM M.
Department of Nursing Sciences,
College of Health Science,
Federal University Birnin Kebbi, Nigeria.
Tel: +2348132318085, +2348065240548
E-mail: musagusau@gmail.com,

IBRAHIM, A. H.
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: 08035570017
E-mail: ahibrahim02@gmail.com

IBIDOKUN C. J.
Department of Nursing Services,
University of Benin Teaching Hospital Benin City.

INIOMOR Mary
Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin, Benin City
Tel: 08033744274

E-mail: maryinimor@yahoo.com

JIBRIL, U. N.
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: 08065482455
E-mail: umaribna@gmail.com

JOSEPH-SHEHU Elizabeth M.	Department of Nursing Science, Faculty of Health Sciences, National Open University of Nigeria, Abuja, Nigeria Tel: 07034487611 E-mail: ejoseph-shehu@noun.edu.ng
LUKONG, C. S.	Department of Surgery, Usmanu Danfodio University Teaching Hospital, Sokoto Nigeria. Tel: +2348035873582 E-mail: lukongchris@gmail.com
LAWALI Yakubu.	Department of Nursing Sciences, Faculty of Allied Health Sciences, Ahmadu Bello University Zaria, Nigeria. Tel: 08033234374 E-mail:lawaliyakubu@yahoo.com
MAKINDE Olufemi Yinyinola	Department of Maternal and Child, Faculty of Nursing Sciences, College of Health Sciences, Osogbo. Ladoke Akintola University of Technology, Ogbomoso Tel: 08060053753 E-mail: omakinde3@gmail.com
MFUH Anita Yafeh	Department of Nursing Science, Faculty of Allied Health Sciences, College of Health Sciences, Ahmadu Bello University, Zaria, Nigeria. Tel: 0803282 9978 E-mail: lukonganita@yahoo.com
OBI Ihuoma A.	Department of Nursing Sciences, Ebonyi State University, Abakaliki. Tel: 08035980988 E-mail: ladyihuomaobi@*gmail.com*

OHAERI BEATRICE M
Department of Nursing,
Faculty of Clinical Sciences,
College of Medicine,
University of Ibadan, Ibadan, Nigeria
Tel: 08161352904, 09098124097
E-mail: bmkohaeri@yahoo.co.uk

OJETOLA, Oluwabukola Oluyemisi
Department of Clinical Nursing,
University College Hospital, Ibadan.
Tel: tolabukky1974@gmail.com
E-mail: tolabukky1974@gmail.com.

OLAWALE Olufunke Rhoda
Department of Maternal and Child,
Faculty of Nursing Sciences,
College of Health Sciences, Osogbo.
Ladoke Akintola University of Technology,
Ogbomoso.

OLAJIDEAdetunmise Oluseyi
Department of maternal and Child,
Faculty of Nursing Sciences,
College of Health Sciences, Osogbo.
Ladoke Akintola University of Technology, Ogbomoso
Tel: 0807287328
E-mail: adetunmisolajide @gmail.com

OGUNMODEDE,
Eunice Oluwakemi
Department of Nursing Services
Bowen University Teaching Hospital,
Ogbomoso, Nigeria
Tel: 08066504603
E-mail: euniceogunmodede@gmail.com

OGUNYEWO Oluwatoyin A.
Department of Nursing Science,
University of Jos.
Tel: 07067676471, 08076872596
E-mail: vicyommie@gmail.com

OKAFOR Fedelis. U
Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin Benin City.
Tel: 08037442403
E-mail: uchendifidelis2001@yahoo.com

OMOROGBE C. E.	Department of Nursing Science, School of Basic Medical Sciences, University of Benin Benin City. Tel: 08062304948 E-mail: omorogbechrisite@yahoo.com
OMOROGBE Favour	Faculty of Agriculture and Agricultural Technology, Benson Idahosa University, Benin City. Tel: 08059661705 E-mail: fomorogbe@biu.edu.ng
OWOLABI BEATRICE O.	Wesley Guild Hospital, Ilesha, Osun State, Nigeria Tel: 08038585963 E-mail: owolabibeatrice@yahoo.com
SALEH, G. N.	Department of Nursing Sciences, Faculty of Allied Health Sciences Ahmadu Bello University Zaria, Nigeria. Tel: 08033667081 Email: salenga2004@gmail.com
SALE U. K.	Department of Nursing Science, Faculty of Allied Health Sciences, College of Health Sciences, Ahmadu Bello University, Zaria, Nigeria.
SOWUNMI, Christianah Olanrewaju	Department of maternal and Child, School of Nursing, Babcock University, Ilisan-Remo, Ogun State. Tel: 07050916896 E-mail: lanresowunmi@hotmail.com
SALIHU, A. K.	Department of Nursing Science, Bayero University Kano, Nigeria. Tel: 08061307902 E-mail: kombooo2012@gmail.com

SALIHU, A. A.
Department of Nursing Science,
Bayero University Kano, Nigeria.
Tel: sngarba.nur@buk.edu.ng
E-mail: 08033667081

SALEH NgaskiGarba,
Department of Nursing Science,
University of Ilorin
Tel: 08033667081
E-mail: salenga2004@gmail.com

TUKUR B. M.
Department of Nursing Sciences,
Faculty of Allied Health Sciences,
Ahmadu Bello University Zaria, Nigeria.
Tel: 08065612550
E-mail: tukurbm@gmail.com

UMAR Yunusa,
Department of Nursing Science,
University of Ilorin
Tel: 08038199802
E-mail: uyunusa.nur@buk.edu.ng

UMAR Lawal Bello,
Department of Nursing Science,
University of Ilorin
Tel: 08033628115
Email: ulbello.nur@buuk.edu.ng

UTHMAN R.
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Health Sciences,
Ahmadu Bello University, Zaria, Nigeria.
Tel: 07036000770
E-mail: yaruwayya@gmail.com

YALWA, Tasiu.
Department of Nursing Sciences,
College of Health Science,
Federal University Birnin Kebbi, Nigeria.
Tel: 08065240548
E-mail: tasiuyalwa01@gmail.com

TABLE OF CONTENTS

1. Knowledge and Usage of Oral Rehydration Therapy (ORT) in the Treatment of Diarrhoea Among Under-five Mothers in Lagos, Nigeria.
   Joseph-Shehu Elizabeth M. and Alapa, Martha Echewunne 1

2. Prevalence and Risk Factors of Neonatal Jaundice in Special Care Baby Unit of Ahmadu Bello University Teaching Hospital Zaria, Nigeria.
   Mfuh, Anita Yafeh; Lukong, C. S; Sale, U. K. and Atayi, Samuel Godwin . 12

3. Factors Influencing Teamwork Performance among Health Workers in University College Hospital, Ibadan
   Olajide, Adetunmise O.; Sowunmi, Christianah O.; Ojetola, Oluwabukola O.; Ogunmodede, Eunice O. and Adedoyin, O. Adeoye 21

4. Investigating the Perceived Effects of Aphrodisiac on Women of Kaura Ward, in Zaria City of Kaduna State, Nigeria.
   Bayero, A.; Balarabe, R.; Addakano, B. and Uthman, R. 38

5. Umbilical Cord Management Outcome Among Mothers in Selected Primary Health Centres in Mushin Local Government Area, Lagos State.
   Abazie, O. H.; Gbahabo, D. D. and Fadairo, O. J. 49

6. Assessment of Knowledge on Sickle Cell Anaemia Among Primary Health Care Workers in Zaria City, Kaduna State, Nigeria.
   Bayero, A; Abubakar, I; Balarabe, R; Gommaa, H; Uthman, R. 63

7. Utilisation of Postnatal Care Services among Women of Childbearing Age in Primary Health Care Centres in Niger State, Nigeria.
   Garba, S.N.; Anyebe, E. E.; Salihu, A.K; Salihu, A.A.; Ibrahim, A.H. And Jibril, U.N. 80

8. School Health: An Analysis of Boarding School Clinic Facilities in Kano State, Nigeria
   Ahmed Suberu; Saleh Ngaski Garba; Umar Yunusa; Umar Lawal Bello; Ashiru Muhammed and Ahmad Rufa'i Abubakar 92

9. Perception Towards the Introduction of Sex Education to Secondary School Students among Selected Women Attending UCH Ibadan Family Clinic.
   Makinde Olufemi Yinyinola, Olawale Olufunke Rhoda & Adeniran Dorcas Adekemi 103

10. Direct Observation as a Method of Assessment and Instant Face to Face Feedback From Generated And Printed Copy Of Basic Life Support (BLS) Devices For Undergraduate Physiotherapist Students Of Cardiff University United Kingdom.
Ibrahim M., Yalwa, T., Lawali Y. and Tukur B.M. 119

11. Family Health A "Sine Qua Non" To Effective Maternal and Child Health Care.
Obi, Ihuoma A.; Chinweuba A. and Eze, Clementina N. 130

12. Application of Trans-Theoretical Model and Approaches to Health Promotion in Tackling Alcohol Abuse.
Yalwa, T.; Ibrahim, M.; Anyebe, E. E.; Saleh, G. N. and Mfuh Anita, Y. 138

13. Cervical Cancer Screening among Women: A Tool for Prevention of Cancer
Elusoji, Christiana Irolo; Eze, Clementina N.; Obi, Ihuoma A. and Iniomor, Mary 150

14. Designing a Training Programme for School Health Nurses on Guiding Adolescents in their Decision-making about Reproductive Health in Ijebu Ode Local Government Area of Nigeria (1)
Oluwatoyin A. Ogunyewo and Savasthian Arunachallam 169

15. Knowledge of Nursing Process and Attitude Among Undergraduate Nursing Students Towards Its Utilization in a Tertiary Health Institution, Edo-state, Nigeria
Omorogbe, C.E.; Okafor, F.U; Ekrakene, T.; Omorogbe, F. and Ibidokun, C. J 175

16. Knowledge of Psychological Distress and Post-partum Blues Among Pregnant Women in Wesley Guild Hospital, Ilesa, Osun State, Nigeria.
Ohaeri Beatrice M; Owolabi Beatrice O and Onyeneho A. Chiemerigo 187

KNOWLEDGE OF PSYCHOLOGICAL DISTRESS AND POST PARTUM BLUES AMONG PREGNANT WOMEN IN WESLEY GUILD HOSPITAL, ILESA, OSUN STATE, NIGERIA.

Ohaeri Beatrice M., Owolabi Beatrice O. and Chiemerigo A. Onyeneho

ABSTRACT

Post-partum women experience changes in their mental health while trying to adapt to the role of parenting. These changes have caused disruption in the women's mental wellbeing and if not well examined can lead to psychological distress and post-partum blues during the post-natal period. Hence, this study aims at assessing the knowledge of psychological distress and post-partum blues among pregnant women. A cross sectional descriptive study design was employed with a random sampling technique to select 150 women attending antenatal clinic in Wesley Guild Hospital, Ilesa. The instrument for hthis study is a structured questionnaire with a reliability co-efficient score of 0.76. Data were analyzed using descriptive statistics of mean, frequencies and percentages. Findings from the study shows that the socio-demographic characteristics of the respondents are between 20-29years and 30-39years. Findings further showed that majority of respondents are mostly Christian and all of them are married. Majority of the respondents are Yoruba and the family setting are monogamy and the level of education attained by respondents are tertiary institution. Majority of the respondents are either civil servant or business class. majority of the respondents have either one or two children are at present are in their second or third trimester of pregnancy. Lastly, majority of the respondents earn below N500,000 per annum. The study observed that respondents are knowledgeable about the risk factors and symptoms of psychological distress and post-partum blue. Findings also revealed that respondents are knowledgeable about the management and prevention of psychological distress and the level of psychological distress among respondents is very low, 12% using the Kessler-10 distress level scale. There is need to assess psychological distress among post-partum women and to provide psychological support by health care workers and family members, thereby further reducing its occurrence among them. An intervention package should be designed to facilitate prevention of psychological distress.

Keywords: Knowledge; psychological distress; post-partum blues; pregnant women.

INTRODUCTION

Mental illness has shown to be a significant contributor to global health burden of disease. Post-partum women experience changes in their psychological function during the post-partum period as they adapt to their role which leads to psychological distress and postpartum blues (Bener 2013). Psychological distress is seen as a state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life (Arvidsotter, Marklund, Kylen, Taft, & Ekman, 2015). Post-partum blue is comparably milder in nature and is most common form of mental health sickness in child-bearing women. Post-natal blues is a transitory state experienced by 50 – 80% of women depending on parity. It has been identified as antecedent to depression following child birth. The onset typically occurs between day 3 and 5 post-partum, but may last up to one week or more (Marshall, & Raynor 2014).

Studies have shown that pregnant and post-partum women have knowledge on risk

factors to post-partum blues and psychological distress. Some of the risk factors linked to the development of psychological distress are hormonal changes, socio-cultural factors like want of a particular sex, economic conditions like poor financial income in the family, relationship conflicts, lack of emotional and physical support from the husband, friends and family, unhealthy marital relationship, death of a loved one, stress of household chores and work place (Manjunath, & Venkatesh, 2011). Also, as seen from our society, several other factors could be implicated like poor preparation of the girl child for marriage. Furthermore, adjusting to new roles, having sleepless night in caring for the baby leads to psychological distress. Hence, the need for spousal and family support and counselling on how to deal with the situation by giving encouragement regarding care of the baby to the family.

Knowledge on symptoms of psychological distress and postpartum blues has further been investigated and reported as anxiety, inability to sleep properly, low energy, loss of appetite, feeling of vulnerability, weepiness, excessive laughter, sadness, irritability, and somatic symptoms such as insomnia, headaches and lack of energy (Smith, Jeane & Giezer 2018; Drapeau, Marchand & Beaulieu-Prevost, 2012; Manjunath, &Venkatesh 2011; Mirowsky,& Ross, 2002).

However, if psychological distress is not assessed and prevented can alter mother-infant relationship which might impair the growth and cognition of the child (Odinka, Odinka, Ezeme, Ndukuba, Amadi, Muomah, Nwoha & Nduanya 2019). Hence, the need for this study which aimed at assessing the knowledge of psychological distress and post-partum blues among pregnant women attending ante-natal clinic in Wesley Guild Hospital, Ilesa, Osun State.

OBJECTIVES

1. To assess the knowledge of respondents on risk factors associated with psychological distress and post-partum blue.
2. To determine the knowledge of respondents on symptoms of psychological distress and post-partum blues.
3. To assess the knowledge of respondents on the management & prevention of psychological distress and post-partum blue.
4. To assess the respondents level of psychological distress.

METHODOLOGY

Design: A cross sectional descriptive study design was employed in this study.

Target Population: Women attending antenatal clinic in Wesley Guild Hospital, Ilesa.

Sampling Technique: A simple random sampling technique was used to select 150 respondents.

Instrument: A structured questionnaire was used for this study. It was divided into sections:

Section A: Data on socio-demographics.

Section B: Knowledge of risk factors, symptoms and post-partum blues.

Section C: The level of psychological distress.

Section D: Management and prevention of psychological distress and post-partum blues. Kessler (K-10) scale was used for level of psychological distress among the pregnant women.

The responses were assigned scores as follows false= 0, true= 1 respectively. The mean of these responses were gotten and is 0.5 which served as the cut off mark for judgment. The mean of each item that assessed knowledge on risk factors, symptoms, management and prevention of psychological distress and post-

Table 1 shows the socio-demographic characteristics of the participants. Findings reveal that 44.7% of the participants are within 20-29years, 48% are within 30-39years, 2% are within 40-49years and 5.3% are 50years and above. 92% of the participants are Christians while 6% are Muslims, 2% are traditional worshipers and all participants are married. Study showed that 88.7% of the participants are Yoruba, 5.3% are Igbos and 6% are Hausas. 74% are monogamy and 26% polygamy. 20% of the participants attend secondary schools while 80% attend tertiary institutions. Result further observed that 5.3% are civil servants, 40.7% are business class and 24% are self employed. The parity revealed that 9.3% has none 44% has 1 child,35% has 2 children, 8% has 3 children while 3.3% has 4 children. Further findings observed that 25.3% are in first trimester of pregnancy. 36% are in second trimester while 38.7% are in third trimester. Finally, 78.7% of participants are earning below N500,000 per year while 15.3% are earning 1-3 million per year and 6% are earning over 2 million per year. This study implies that the socio-demographic characteristics of the participants revealed that the age group of the participants are between 20-29years and 30-39years. Their religion is mostly Christian and all of them are married. The ethnic group of majority of the participant is Yoruba and the family setting is monogamy and the level of education attained by participants is tertiary institution. Majority of the participants are either civil servant or business class. majority of the respondents have either one or two children in the second or third trimester of pregnancy. Lastly, majority of the participant earn below N500,000 per annum.

Table 1: Socio-demographic Characteristics of participants

Variables		**Frequency**	**Percent**
Age Group Mean Age = 31.98 SD = 6.94	20-29years	67	44.7
	30-39years	72	48.0
	40-49years	3	2.0
	50years & above	8	5.3
Religion	Christian	138	92.0
	Islam	9	6
	Traditional	3	2
Marital status	Married	150	100.0
Ethnic group	Yoruba	133	88.7
	Igbo	8	5.3
	Hausa	9	6
Family setting	Monogamy	111	74.0
	Polygamy	39	26
Level of education	Secondary	30	20.0
	Tertiary	120	80
Occupation	Civil servant	53	35.3
	Business	61	40.7
	Self employed	36	24.0
Parity	Nil	14	9.3
	1.00	66	44.0
	2.00	53	35.3
	3.00	12	8.0
	4.00	5	3.3
Age of pregnancy	1st trimester	38	25.3
	2nd trimester	54	36
	3rd trimester	58	38.7
Annual Income	Below 500,000	118	78.7
	1-2 million	23	15.3
	Over 2 million naira	9	6

Table 2 reveals that 47.3% of the respondents agreed that chronic diseases are not associated with psychological distress and post-partum blue while 52.7% disagreed with the mean score of 0.53. 86.7% of the respondents agreed that unwanted pregnancy can lead to psychological distress and post-partum blue while 13.3% disagreed with the mean score of 0.83. This study also showed that 96% of the respondents agreed that good relationship with one's husband is not a risk factor for psychological distress and post-partum blue while 4% disagreed with the mean score of 0.96. 73.3% of the respondents agreed that lack of physical and financial support from the family is a good source of psychological distress and post-partum blue while 26.7% disagreed with the mean score of 0.73. 20.7% of the respondents agreed that lack of physical and financial support from the family is a good source of psychological distress and post-partum blue while 26.7% disagreed with the mean score of 0.73. 20.7% of the respondents agreed that Living with in-laws should be made compulsory as it prevents psychological distress and post-partum blue, either they accept you or not while 79.3% disagreed with the mean score of 0.79. 42% of the respondents agreed that the death of a loved one cannot induce psychological distress and post-partum blue while 58% disagreed with the mean score of 0.58.52% of the respondents agreed that the want of a particular sex cannot lead to psychological distress and post-partum blue while 48% disagreed with the mean score of 0.46. 54% of the respondents agreed that the stress of household chores and workplace without a helper cannot lead to psychological distress and post-partum blue while 46% disagreed with the mean score of 0.46. 32% of the respondents agreed that infertility cannot lead to psychological distress and post-partum blue while 68% disagreed with the mean score of 0.68. This study implies that women are knowledgeable about the risk factors of psychological distress and post-partum blue with weighted grand mean of 0.68 which is greater than the mean cut off mark 0.5 and average score of 56%.

Table 2: Knowledge on Risk Factors Associated with Psychological Distress and Post-Partum Blue

Variables	True	False	Mean ± SD
1. Chronic diseases are not associated with psychological distress and post-partum blue	71(47.3%)	*79(52.7%)	0.53 ± 0.50
2. Unwanted pregnancy can lead to psychological distress and post-partum blue	*130(86.7%)	20(13.3%)	0.87 ± 0.34
3. Good relationship with one's husband is not a risk factor for psychological distress and post-partum blue	*144(96.0%)	6(4.0%)	0.96 ± 0.20
4. Lack of physical and financial support from the family is a good source of psychological distress and post-partum blue	*110(73.3%)	40(26.7%)	0.73 ± 0.44
5. Living with in-laws should be made compulsory as it prevents psychological distress and post-partum blue, either they accept you or not	31(20.7%)	*119(79.3%)	0.79 ± 0.40
6. The death of a loved one cannot induce psychological distress and post-partum blue	63(42.0%)	*87(58.0%)	0.58 ± 0.50
7. Want of a particular sex cannot lead to psychological distress and post-partum blue	*78(52.0%)	72(48.0%)	0.48 ± 0.50
8. Stress of household chores and workplace without a helper cannot lead to psychological distress and post-partum blue	81(54.0%)	*69(46.0%)	0.46 ± 0.50
9. Infertility cannot lead to psychological distress and post-partum blue	48(32.0%)	*102(68.0%)	0.68 ± 0.47 Weighted grand mean=0.68

Table 3 reveals showed the respondents knowledge of symptoms of psychological distress and post-partum blue 80.7% agreed that when a pregnant woman is anxious, looking worried and unable to sleep, it is a sign of psychological distress while 19.3% stated false with mean score of 0.81. 68.7% agreed that when a woman start crying suddenly after birth without any reason, it is a sign of post partum blue while 31.3% stated false with mean score of 0.69. This study observed that 34% agreed that restlessness is not a symptom of psychological distress and postpartum blue while 66% stated false with mean score of 0.66. 93.3% agreed that headache and heavy headedness after delivery should be reported in the hospital for prompt attention while 6.7% stated false with mean score of 0.93. 92.7% agreed that unnecessary anger, irritability and impatience are among the signs of psychological distress and post-partum blue while 7.3% stated false with mean score of 0.93. 90.7% agreed that excessive laughter and mood swing after delivery should be reported in the hospital for prompt attention while 9.3% stated false with mean score of 0.91. This study conclude that the respondents are highly knowledgeable about the symptoms of psychological distress and post-partum blue with the score of 76% and weighted mean of 0.82 which is greater than the mean cut off mark 0.5.

Table 3: Knowledge on Symptoms of Psychological Distress and Post-Partum Blue

Variables	True	False	Mean ± SD
1. When a pregnant woman is anxious, looking worried and unable to sleep, it is a sign of psychological distress	121(80.7%)	29(19.3%)	0.81± 0.39
2. When a woman start crying suddenly after birth without any reason, it is a sign of post-partum blue	103(68.7%)	47(31.3%)	0.69 ± 0.47
3. Restlessness is not a symptom of psychological distress and post-partum blue	51(34.0%)	99(66.0%)	0.66 ± 0.48
4. Headache and heavy headedness after delivery should be reported in the hospital for prompt attention	140(93.3%)	10(6.7%)	0.93 ± 0.25
5. Unnecessary anger, irritability and impatience are among the signs of psychological distress and post-partum blue	139(92.7%)	11(7.3%)	0.93 ± 0.26
6. Excessive laughter and mood swing after delivery should be reported in the hospital for prompt attention	136(90.7%)	14(9.3%)	0.91 ± 0.29 Weighted grand mean=0.82

Table 4 observed the knowledge of the management & prevention of psychological distress and post-partum blue. The study showed that 24.7% agreed that if a woman is observed to have post-partum blue, it is not good to take the woman to the hospital for treatment while 75.3% stated false with mean score of 0.75. 9.3% agreed that the herbalist or spiritualist has a better cure for post-partum blue while 90.7% stated false with mean score of 0.91. 82.7% agreed that counselling is not the only way to assist a woman with psychological distress while 17.3% stated false with mean score of 0.83. This study showed that 38% of respondents agreed that counselling will only make her see her problem without providing solution while 62% stated false with mean score of 0.62. 30% agreed that when psychological distress and postpartum blue is severe, it is not good to use drugs while 70% stated false with mean score of 0.70. 96.7% of respondents agreed that Husband and wife should give financial support to one another to prevent strain in their relationship while 3.3% stated false with mean score of 0.97. 98% of respondents agreed that The sex of the baby should be accepted without gender bias while 2% stated false with mean score of 0.98. 90% of respondents agreed that When there is financial constraint, other source of income like petty trading can be looked into while 10% stated false with mean score of 0.90. 91.3% of respondents agreed that Death of a loved one should be accepted with courage without jeopardising one's health while 8.7% stated false with mean score of 0.91. 24% of respondents agreed that On the arrival of the new born, husband should be neglected to care for the baby alone while 70% stated false with mean score of 0.76. Lastly, 21.3% of respondents agreed that carving out couple time to discuss is a waste of time while 78.7% stated false with mean score of 0.79. The Findings of this study summarized that the women are knowledgeable on management and prevention of psychological distress and postpartum blue with the score of 55% and weighted grand mean of 0.82 which is greater than the mean cut off mark 0.5.

Table 4: Knowledge of the Management & Prevention of Psychological Distress and Post-Partum Blue

Variables	True	False	Mean ± SD
1. If a woman is observed to have post-partum blue, it is not good to take the woman to the hospital for treatment	37(24.7%)	113(75.3%)	0.75± 0.43
2. The herbalist or spiritualist has a better cure for post-partum blue	14(9.3%)	136(90.7%)	0.91± 0.29
3. Counselling is not the only way to assist a woman with psychological distress	124(82.7%)	26(17.3%)	0.83± 0.38
4. Counselling will only make her see her problem without providing solution	57(38.0%)	93(62.0%)	0.62 ± 0.49
5. When psychological distress and post-partum blue is severe, it is not good to use drugs	45(30.0%)	105(70.0%)	0.70 ± 0.46
6. Husband and wife should give financial support to one another to prevent strain in their relationship	145(96.7%)	5(3.3%)	0.97 ± 0.18
7. The sex of the baby should be accepted without gender bias	147(98.0%)	3(2.0%)	0.98 ± 0.14
8. When there is financial constraint, other source of income like petty trading can be looked into	135(90.0%)	15(10.0%)	0.90 ± 0.30
9. Death of a loved one should be accepted with courage without jeopardising one's health	137(91.3%)	13(8.7%)	0.91 ± 0.28
10. On the arrival of the new born, husband should be neglected to care for the baby alone	36(24.0%)	114(76.0%)	0.76± 0.43
11. Carving out couple time to discuss is a waste of time	32(21.3%)	118(78.7%)	0.79± 0.41 Weighted grand mean=0.82

Table 5 observed the level of psychological distress using kessler (K-10) psychological distress scale. The study showed that 6.7% stated that in the past 4 weeks, they feel tired out for no good reason all the time while 8% stated most of the time, 24.7% stated some of the time, 20.7% a little of the time and 40% stated none of the time. 4% of respondents stated that in the past 4 weeks, they feel nervous while 15.3% stated most of the time, 21.3% stated some of the time, 26% a little of the time and 33.3% stated none of the time. 14% stated that In the past 4 weeks, they feel so nervous that nothing could calm you down while 2% stated most of the time, 9.3% stated some of the time, 16% a little of the time and 58.7% stated none of the time. The result of this study showed that 10.7% of the respondents In the past 4 weeks, feel hopeless while 2% stated most of the time, 2.7% stated some of the time, 10.7% a little of the time and 74% stated none of the time. 4.7% stated that In the past 4 weeks, they feel restless or fidgety while 6.7% stated most of the time, 5.3% stated some of the time, 26.7% a little of the time and 56.7% stated none of the time. 107% stated that in the past 4 weeks, they feel so restless and could not sit still while 4% stated most of the time, 2.7% stated some of the time, 20% a little of the time and 62.7% stated none of the time. This study also observed that 4% of respondents stated that in the past 4 weeks, feel depressed while 6% stated most of the time, 10% stated some of the time, 18% a little of the time and 62% stated none of the time. 4% of the respondents In the past 4 weeks, feel that everything was an effort while 6% stated most of the time, 11.3% stated some of the time, 24.7% a little of the time and 54% stated none of the time. 4.7% of respondents stated that in the past 4 weeks, feel so sad that nothing could cheer you up? while 4% stated most of the time, 1.3% stated some of the time, 24% a little of the time and 66% stated none of the time. 4.7% of respondents stated that in the past 4 weeks, feel worthless? while 2% stated most of the time, 2% stated some of the time, 6.7% a little of the time and 84.7% stated none of the time. This study implies that the level of psychological distress among respondents is very low, 12% using the Kessler-10 distress level scale.

Table 5: Level of Psychological Distress using Kessler (K-10) Psychological Distress Scale

Variables	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1. In the past 4 weeks, about how often did you feel tired out for no good reason?	10(6.7%)	12(8.0%)	37(24.7%)	31(20.7%)	60(40.0%)
2. In the past 4 weeks, about how often did you feel nervous?	6(4.0%)	23(15.3%)	32(21.3%)	39(26.0%)	50(33.3%)
3. In the past 4 weeks, how often did you feel so nervous that nothing could calm you down?	21(14.0%)	3(2.0%)	14(9.3%)	24(16.0%)	88(58.7%)
4. In the past 4 weeks, how often did you feel hopeless?	16(10.7%)	3 (2.0%)	4(2.7%)	16(10.7%)	111(74.0%)
5. In the past 4 weeks, about how often did you feel restless or fidgety?	7(4.7%)	10(6.7%)	8(5.3%)	40(26.7%)	85(56.7%)
6. In the past 4 weeks, how often did you feel so restless you could not sit still?	16(10.7%)	6(4.0%)	4(2.7%)	30(20.0%)	94(62.7%)
7. In the past 4 weeks, how often did you feel depressed?	6(4.0%)	9(6.0%)	15(10.0%)	27(18.0%)	93(62.0%)
8. In the past 4 weeks, about how often did you feel that everything was an effort?	6(4.0%)	9(6.0%)	17(11.3%)	37(24.7%)	81(54.0%)
9. In the past 4 weeks, how often did you feel so sad that nothing could cheer you up?	7(4.7%)	6(4.0%)	2(1.3%)	36(24.0%)	99(66.0%)
10. In the past 4 weeks, about how often did you feel worthless?	7(4.7%)	3(2.0%)	3(2.0%)	10(6.7%)	127(84.7%)

Table 5.1: Summary of level of Psychological Distress

Variables		Composite Scores	Frequency	Percent
Kessler-10 Distress Level	Low	0-24 (< 50%)	125	83.3
	High	25-50($\geq$ 50%)	25	16.7
	Total		150	100.0

DISCUSSION OF FINDINGS

This study aims at assessing the knowledge of psychological distress and post-partum blues among pregnant women. The socio-demographic characteristics of respondents revealed that the mean age of the respondents was 31.9 ± 6.9 years, the writers observed that this is not least expected as this is within the child-bearing age. This study revealed that the majority of respondents are Christians and all of them are married. This study further showed that majority of the respondents are Yoruba and the family setting are monogamy. The level of education attained by respondents is tertiary institution and majority of the respondents are either civil servant or business class. Majority of the respondents have either one or two children and at present are in their second or third trimester of pregnancy. Lastly, majority of the respondents earn below N500,000 per annum.

The result of this study shows that the respondents are knowledgeable about risk factors associated with psychological distress and post-partum blue. This study is not in line with Amr, Bala & Moghannum (2011) who observed that their respondents showed deficit knowledge on risk factors of postpartum depression. This study support Afolayan, Onasoga, Rejuaro & Yusuf (2016) who observed that the level of education of respondents have effect on knowledge. The writers opined that it is not far-fetched on why the women have good knowledge of the risk factors as most of the women had tertiary level of education. Health education given during the ante-natal clinic could further be implicated as the study was conducted when the women came for ante-natal clinic and these can further be looked into as to ascertain whether health education during ante-natal is a factor to knowledge level.

Our study report that the respondents are highly knowledgeable about the symptoms of psychological distress and post-partum blue. This study support O'Hara & Swain (1996) and Singh, Andipatin, & Roomaney (2018) who observed high knowledge about symptoms of psychological distress and post-partum blues among their respondents. The writers suggest that this could be reiterated to their educational level and good health education in antenatal clinic. There is the need to further strengthen the educational intervention in antenatal clinics of hospitals or in schools regarding psychological distress and post-partum blues.

The Findings of this study observed that the women are knowledgeable on management and prevention of psychological distress and postpartum blue. The writers posited that despite the fact that the women have good knowledge of the management, some reported that when psychological distress and post-partum blue is severe, it is not good to use drug which is contrary to the management of psychological distress as pharmacological intervention that can be used.

This study revealed that the level of psychological distress among respondents is very low, 12% using the Kessler-10 distress level scale. This study support the findings of the study contradicts the study of Vanderkruik, Barreix, Chou, Allen, Say, Cohen (2017) on

post natal blues who reported that transitory experienced by respondents is 50% to 80% depending on parity. The writers perceived that it has been identified as antecedent to depression following child birth. This study opposes the study of Manjunath & Venkatesh (2011) who noted that in India the occurrence rate of Postpartum blue is in the range of 50% and 60%. This study does not support Singh, Andipatin, & Roomaney (2018) who revealed high prevalence of psychological distress among their respondents. However, the writers observed that the difference in level of psychological distress could be as a result of the different types of psychological distress scale used as this study employs Kessler (K-10) Psychological Distress Scale. Although, Vanderkruik, Barreix, Chou, Allen, Say, Cohen (2017) reported paternal denial of baby has been implicated to cause psychological distress for pregnant women. The writers therefore suggests that it is important to find out if spousal acceptance of baby is implicated to causing this low level of psychological distress among this group of women.

CONCLUSION

Findings have shown that the women attending the antenatal clinic have knowledge of the risk factors, symptoms and prevention and management of postpartum blues. Also, majority of the women report low level of psychological distress, however, some participants report a high level of psychological distress. It is therefore important that assessment of psychological distress using standard scale of assessment be done for every woman attending the clinic to identify those at risk, and those who have psychological distress to ensure proper management.

RECOMMENDATION

The study therefore recommends that:

1. Assessment of psychological distress and post-partum blues be done for every woman attending ante-natal and post-natal clinics.
2. Health care professionals especially nurses should health educate women attending antenatal clinics on the risk factors and symptoms of post-partum blues to further enhance the knowledge of the women and also, on the need to seek health care when faced with this health problem.
3. Husbands and family members should be encouraged to provide psychological support to their pregnant wife so as to prevent them from coming down with psychological distress.

REFERENCES

Afolayan, J, Onasoga, O. Rejuaro, F.M., and Yusuf A. .G. 2016. Knowledge of Postpartum depression and its associated risk factors among nurse-midwives in a Nigerian tertiary hospital. Sierra leone journal of biomedical research. 8.2:54 Doi: 10.4314/sljbr.v8i2.7.

Amr M.A, Bala M, Moghannum, M. 2011. Postpartum Mental Health among young women . Online J Health Allied Scs. 10.4:6.

Arvidsotter, T., Marklund, B., Kylen, S.,Taft, C., and Ekman, I. 2015. Understanding persons with psychological distress in primary health care. Scandinavian journal of caring sciences. 30.4: 687-694.

Bener, A. 2013. Psychological distress among postpartum mothers of preterm infants and associated factors: a neglected public health problem. Brazilian Journal of Psychiatry. 35.3. https://doi.org/10.1590/1516-4446-2012-0821.

Drapeau, A., Marchand, A and Beaulieu-Prevost, D. 2012. Epidemiology of Psychological distress. Researchgate. 10.68. DOI:10.5772/30872

Manjunath, N.G., and Venkatesh, G. 2011. Post-partum blues. Indian journal of community medicine. 36. 3: 231-233.

Marshall, J., and Raynor, M. 2014. Myles Textbook for Midwives. 16th Edition. Saunders Elsevier. Philadephia.

Mirowsky, J and Ross,CE. 2002. Selecting outcomes for the sociology of mental health: Issues of measurement and dimensionality. Journal of Health and Social Behaviour. 43:152-170.

Odinka, P. Odinka, J, Ezeme, M., Ndukuba, A., Amadi, K., Muomah, R. Nwoha, S. and Nduanya, U. 2019. Socio-demographic correlates of postpartum psychological distress among apparently healthy mothers in two tertiary hospitals in Enugu, South-East Nigeria. African Health Sciences. 19.3.

O'Hara M.W, Swain A.M, . 1996. Rates and risk of postpartum psychiatric- a meta-analysis. Int Prev Med Bull . 8.37-54.

Singh, R. Andipatin, M. and Roomaney, R. 2018. Exploring Psychological distress among a sample of pregnant women from a low-income area who self-identify as being stressed. A mini-thesis submitted in partial fulfilment for the master of Arts in Psychology in the department of Psychology, University of the Western Cape.

Smith, M., Jeane, S. and Giezer, A. 2018. Post-partum depression and the Baby blues. Help Guide. https://www.helpguide.org/articles/depression/postpartum-depression-and -the-baby-blues.htm

Vanderkruik, R. , Barreix M. Chou D. Allen T. Say. L., Cohen L.S. 2017. Global prevalence of postpartum psychosis: a systematic review. BMC psychiatry. 17.272. doi: 10.1186/s12888-017-1427-7

LADOKE AKINTOLA UNIVERSITY OF
TECHNOLOGY OGBOMOSO
EXCELLENCE
INTEGRITY
SERVICE