



Awareness and Knowledge Level of Puerperal Mothers on Neonatal Jaundice: A Qualitative Study in Northern Ghana

Keren-Happuch Twumasiwaa Boateng ^{a,b,++*},
Boakye Amoakowaa Sarah ^c
and Samuel Kwame Amoako Asirifi ^{d,e,++}

^a Department of Midwifery and Women's Health, School of Nursing and Midwifery, University for Development Studies, Tamale, Ghana.

^b Faculty of Neonatal Intensive Care Nursing, Midwifery and Paediatrics Division, Ghana College of Nurses and Midwives, Accra, Ghana.

^c Department of Obstetrics and Gynaecology, Winneba Municipal Hospital, Winneba, Ghana.

^d Department of Obstetrics & Gynaecology, School of Medicine, University for Development Studies, Tamale, Ghana.

^e Department of Obstetrics & Gynaecology, Tamale Teaching Hospital, Ghana.

Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Article Information

DOI: <https://doi.org/10.9734/ajpr/2024/v14i6354>

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/108748>

Original Research Article

Received: 06/10/2023

Accepted: 09/12/2023

Published: 17/05/2024

ABSTRACT

Background: Neonatal Jaundice is a major contributing cause of newborn hospitalizations and a major cause of newborn mortality. It should not be a major cause of mortality even in developing countries. Inadequate knowledge of mothers about NNJ results in delayed decision-making to seek timely medical interventions.

⁺⁺ Consultant;

*Corresponding author: Email: khappuch89@gmail.com;

Cite as: Boateng, K.-H. T., Sarah, B. A., & Asirifi, S. K. A. (2024). Awareness and Knowledge Level of Puerperal Mothers on Neonatal Jaundice: A Qualitative Study in Northern Ghana. *Asian Journal of Pediatric Research*, 14(6), 45–60. <https://doi.org/10.9734/ajpr/2024/v14i6354>

Methods: Using an exploratory design, a semi-structured interview guide was used to assess puerperal mothers' knowledge of NNJ. A purposive sampling technique was used to select 15 mothers Too small size attend health services at the Tamale West Hospital with newborns sick of NNJ. An interview guide through an in-depth interview process was used to gather data. Interviews were recorded and transcribed before analyzing thematically to organize the data into major and sub-themes.

Results: Awareness of NNJ was above average, the majority of mothers had knowledge of NNJ. Reported signs and symptoms of NNJ include yellowish eyes, palms, and skin. Treatment of jaundice was cited to include the use of phototherapy, and frequent breastfeeding. Causes and risk factors associated were; infections, G6PD defects, and consumption of herbal concoctions.

Conclusions: Health education should be intensified at the various units of the hospital to correct cultural and religious practices and improve caregivers' and mothers understanding of NNJ.

Keywords: Neonate; jaundice; puerperal; knowledge; awareness.

1. INTRODUCTION

Globally, Neonatal Jaundice (NNJ) occurs in 60% of full-term babies and 80% in preterm babies usually within the first of life [1]. Each year, globally, about 1.1 million babies worldwide develop severe hyperbilirubinemia. An increased number of these cases of NNJ occurred in Sub-Saharan Africa and South Asia [2]. NNJ involves the yellowish discolourations of the sclera and skin in a newborn, which result from increased bilirubin in the blood [3-6]. Bilirubin is produced from heme, and in neonates, there is increased production of bilirubin than adults because of polycythaemia and increased red blood cell turnover [7].

In sub-Saharan Africa (SSA), newborns are at a much-increased risk of NNJ due to the relative adverse effects of neonatal hyperbilirubinemia [8]. NNJ is a major contributing cause of newborn hospitalizations and, therefore among the leading causes of newborn deaths. Signs of NNJ progress in the cephalocaudal direction, resulting from the increased blood level of bilirubin [9]. The increase in bilirubin levels leading to newborns' NNJ is due to the excess haemoglobin breakdown. High haemoglobin levels at birth the reduced lifespan of newborn red blood cells (70–80 days) and hepatic metabolism of bilirubin results in immature hepatocytes [10]. Aside from these, other maternal and neonatal risk factors such as preeclampsia, Glucose-6-phosphate dehydrogenase (G6PD) deficiency, ABO blood group incompatibility, prematurity, birth weight, intrauterine growth retardation, metabolic abnormalities, neonatal sex, birth weight, and nutrition were equally identified as risk factors for NNJ [11,9,1].

NNJ complications include cerebral palsy, bilirubin encephalopathy, and in the worst state

death of the newborn [12]. Interventions toward preventing NNJ were referred to include phototherapy and appropriate exchange of blood transfusion, which were identified as key interventions to the prevention of kernicterus and reduced sickness and deaths among newborns [13]. Early prevention of NNJ is important in the first week of life [8]. Denis et al (2021) assert that puerperal mothers' knowledge and understanding of the risk factors of NNJ help reduce the morbidity and mortality of NNJ among newborns. Abdul-Mumin et al [11] reported that inadequate information or lack of knowledge about NNJ may contribute to delayed decision-making and obtaining medical services for the treatment of NNJ. Furthermore, knowledge and awareness of NNJ, screening and treatment process would help mothers to seek an early start of phototherapy and treatment of NNJ. It will also help to avoid problems associated with NNJ and the progression of the conditions to a severe state. In Ghana, there is limited literature on puerperal mothers' knowledge and awareness of NNJ [14-19]. The few literatures identified, reported low knowledge of puerperal mothers regarding the causes of NNJ, however, awareness level was reported high among puerperal mothers. Conducting a study to measure puerperal mothers' knowledge and understanding of NNJ would help to identify the gaps and target areas for intervention which would help to prevent chronic morbidity and mortality of neonates [7].

2. METHODS

2.1 Study Design

This was a qualitative study with a descriptive exploratory design to assess the knowledge of puerperal mothers on NNJ. This design would enable the researchers to explore the subjective

realities of the phenomenon under investigation in order to gather rich enough data on the study topic [20]. The design would allow the researchers to explore the experiences of puerperal mothers with NNJ. This study adopted a descriptive narrative method using qualitative techniques to analyze data from puerperal mothers attending health services at the Tamale West Hospital as an intrinsic case. This method of study allowed the researcher to take into account the natural contexts of the participants and aimed to provide an in-depth understanding of the situation under study [21].

2.2 Study Setting

The study was conducted at the Tamale West Hospital in the Tamale Metropolis, Northern Region of Ghana. The Tamale West Hospital was opened in April 1998 as a polyclinic. It was upgraded to the status of a district hospital in the same year. It is currently a referral hospital for the Tamale Metro sub-district health centres. The units under study are Obstetrics and Gynaecology, and the newborn care unit.

2.3 Study Population

Munhall [22], describes the study population also known as the accessible population, that is derived from a target population to conduct a study. The study population in this study covered all puerperal mothers or postnatal mothers attending health services at the Tamale West Hospital who have babies from birth up to 6 weeks.

2.4 Target Population

The target population is a particular group of people the researcher is interested in studying about [22]. The target population covered all puerperal mothers at the Neonatal Intensive Care Unit who have newborns who are within the first 28 days of life and were sick of NNJ. In qualitative studies, unique experiences or views of the participants on the particular subject under investigation are a key determinant in participant selection [22]. Therefore, the expected total number of puerperal mothers with neonates sick of jaundice was estimated at 15 puerperal mothers.

2.5 Inclusion Criteria

Mothers with a newborn diagnosed with NNJ who visited Tamale West Hospital for at least

three (3) months. The essence was to ensure that, the participants included in the study would serve as key informants, and would have rich information to provide regarding their experiences of knowledge on NNJ.

2.6 Exclusion Criteria

Puerperal mothers whose neonates were not sick of NNJ were excluded since they might lack information on the subject matter as well as mothers with neonates diagnosed with NNJ who have life-threatening medical conditions.

2.7 Sample Size Determination

A qualitative study according to Polit & Beck, [21] does not require a defined sample size to be determined using a mathematical method but should usually be based on the viewpoints of the researchers and the study topic of interest to reach an adequate number of participants for the study. Creswell, [23], the sample size should not be mathematically determined but should be large enough to sufficiently describe the phenomenon of interest, and address the research questions since the goal of every qualitative study is to have enough sample size to uncover a variety of opinions and experiences on the subject matter, and should be limited at the point of saturation. The point of saturation according to Marshall et al., [24], is the point where the collection of new data/information is no longer changing or changes a little in the responses of the study participants to the objectives of the study. The point of saturation can also be described as the point at which the researcher determines when there is adequate data from the study to develop a robust and valid understanding of the study phenomenon. Therefore, the sample size for this study would include 15 puerperal mothers with newborns sick of NNJ at the Tamale West Hospital and would be administered with the interview guide to examine their views and opinions based on their experience of knowledge on NNJ.

2.8 Sampling Technique

The study employed a non-probability sampling technique to select the 15 puerperal mothers for the in-depth interviews. The purposive sampling method technique was employed to select the puerperal mothers based on their experience of knowledge of NNJ at the Tamale West Hospital. Data saturation was achieved by the time the fifteen (15) puerperal mothers were all interviewed. The puerperal mothers were

recruited from the Neonatal Intensive Care Unit and the postnatal care clinic, and mothers with neonates sick of NNJ on admission at the Tamale West Hospital or treated and discharged home.

2.9 Data Collection Instrument

The data collection tool for the study involved the use of a Key Informant Interview (KII) guide through an in-depth interview process. Each participating puerperal mother served as a Key Informant and was administered with the Interview guide. The interview guide was administered by the researchers themselves to the study participants. The interview guide was constructed by the researchers themselves using existing literature and reviewed and refined by the academic supervisor to make the instruments valid and reliable for the data collection. The technique of data collection involved a semi-structured in-depth interview process and was conducted by the researchers from 11th August 22 to 10 September.2022

The designed interview guide consisted of five (5) parts based on the study objectives. The first part of the instrument contains information on participants' demographic characteristic such as age, religion, education, occupation, marital status and among others. The second part of the instrument looks at puerperal mothers' awareness of NNJ, and knowledge gained on experience with NNJ. The third part of the instrument looks at the risk factors and causes of NNJ. The fourth part of the instrument covered the strategies and ways of minimizing the occurrence of NNJ among newborns of puerperal mothers at the Tamale West Hospital and the fourth part talks about supportive care and services puerperal mothers with babies suffering from NNJ receive from family and Hospital staff. The interview guide contains open-ended questions, and interviews were conducted in English, and the local language (Dagbani) among puerperal mothers. All the interviews were audio-recorded with the permission of the participants using a tape recorder.

2.10 Pilot Study

To ensure the validity, reliability and trustworthiness of the study results, the study was piloted at the Tamale Central Hospital with two (2) puerperal mothers and the instrument was pretested to help refine and modify the instrument to suit the study aims. During the

pretesting interviews, any inaccurate wording of questions was restructured and corrected to help the researchers elicit the right responses from the study participants. The pretesting enables the researchers to properly align all questions, and rearrange all questions orderly based on the objectives to enable the study participants to respond correctly to each question in the interview guide.

2.11 Validity and Reliability/ Methodological Rigor

Methodological rigour according to Thomas and Magilvy, [25], in a qualitative study is a way the researchers seek to establish trust or confidence in the findings of a research study. It allows the researchers to establish consistency in the methods used over time and provides an accurate representation of the population studied. Methodological rigor involves Four Dimensions of Criteria in nursing as described by Morse, [26] to help establish trustworthiness, including; credibility, dependability, conformability and transferability.

Credibility: this was to establish confidence that the results from the experiences of mothers were true, credible and believable. Credibility was ensured as the interview guide was pretested, and each interview section lasted for an average time of about 25-30 minutes with each participant to help explore their views and opinions based on their knowledge and experience of neonatal jaundice. Furthermore, credibility was ensured by ensuring the investigators had the required knowledge and research skills to transcribe the recorded responses of participants verbatim and translate in order to maintain the meaning of the participant's narrations based on the administered interview guides, field notes and recordings that were done in the field, and the supervisor did cross-checking with the recorded data and transcriptions to ensure all details about the study were clearly explained to participants to have exhaustive findings of the study.

Dependability: According to Schou et al., [27], dependability in qualitative research ensures the findings of the study inquiry are repeatable if the inquiry occurred within the same target population, coders and setting. Dependability ensures the stability of the study data over time and over conditions. In this study to ensure the dependability of the study over time, a detailed study protocol was prepared and reviewed several times by the academic supervisor, and all

corrections suggested by the academic supervisor were effected and re-submitted to the academic supervisor for cross-checking and validation of the corrected comments and suggestions. Again, the researchers ensured the dependability of the results by selecting participants in the field who were puerperal mothers with babies' sick of neonatal jaundice the interview process was tracked and detailed recordings of the data collection process were done to ensure the interview process was successful. The researchers also ensured accuracy in transcriptions, coding and inter-coders reliability of the research team by cross-checking the transcriptions with the recordings to produce valid transcriptions and recordings.

Conformability: Morse, [26] refers to conformability as the extent of confidence that the results would be authenticated or validated by other researchers. To achieve conformability of the research results, the researchers applied several triangulation techniques in terms of methodology, data source, investigators and theoretical approaches to diagnose the research problems based on the research questions from the findings of the study.

Transferability: Thomas and Magilvy, [25] stated that transferability is the immensity to which the research results can be generalized or transferred to other contexts or settings. Transferability describes the magnitude to which the results of the study can be transferred to other settings. Transferability was ensured by thorough, rigorous descriptions of the research designs, and the use of a non-probability sampling method, with a combination of three purposive sampling techniques from the hospital unit level to the study participants. Again, transferability was ensured by the researchers through an in-depth description of the research setting, as well as quantifying the operational and theoretical data saturation to achieve wider views and opinions on the study. Finally, the researchers ensured transferability by asking themselves questions such as if the research will necessarily be applicable to other settings and if the same findings will be reflected in a similar study if conducted in the same settings.

2.12 Data collection procedure

Data was collected through individual face-to-face interviews with puerperal mothers at the NICU and postnatal clinic in the Tamale West Hospital. This method of sampling in qualitative

study was supported by Cohen, Manion and Morrison [28], and has explained that in purposive sampling, a researcher can handpick participants to include them in the study on the basis of the researchers' judgment or possession of the particular characteristics being sought. The involvement in the study interview process was based on individual voluntary involvement, and no participant was coerced to take part in the study. The in-depth interview sections with puerperal mothers were audio-recorded with a tape recorder, and through the permission of the study participants, after recording, the findings of the recordings were kept safe and later transcribed for the study report, and were only destroyed after three (3) years.

2.13 Data Analysis

This process involves the collection of data and transforming it into meaningful information, for the conclusion and decision making by researchers. After the interviews, all interview recordings were first transcribed and analyzed manually through thematic analysis (TA). The objective of adopting the manual thematic analysis was help to identify the patterns or similar subjects from the interview process [29]. The thematic pattern of analysis was done by transcribing the audio recordings and alongside the written notes of the responses of the interview with the puerperal mothers with newborns sick of NNJ.

The transcribed results were then organized into various themes (major and sub-themes). This process thus involved the researchers reading through the transcriptions and jointly generating a list of recurring codes. Afterwards, coding was done by assigning a code, number or symbol to the data. The transcribed data was then analyzed using a six-phase approach to thematic analysis as proposed by Sekaran & Bougie, [29]. The six-phase approaches of the thematic analysis procedure include: (1) researchers familiarizing themselves with the data, (2) generating initial codes (3) searching for themes (4) reviewing themes (5) defining and naming themes, and (6) producing the report.

The first phase involved the researchers reading through the raw data of the interview recorded on tape and the field notes from the participants. The researchers read through the material several times to understand and become familiar with the critical concepts found in the data collected. The participants' ideas were then

outlined verbatim as they expressed and took notes of them by highlighting the main points that were then traced back and putting them in direct quotations for a careful transcription.

In the second phase, a data-led approach was used, and this involved the generation of codes to guide the analysis of the data. The researchers then scrutinised the data to identify codes that described the contents of a line or even a paragraph. The researchers then coded the chunks of data by using highlighters and inserted comments in the text to identify sections of the data. The researchers after coding all the transcribed data, then matched the data extracted to demonstrate a particular code and added new codes where necessary.

The third phase of the thematic analysis entails searching for themes from the previously determined codes from the data. In this process, the researchers then organized the various codes into possible themes. This was done by looking for patterns in the coding and categorising them into undefined themes.

The fourth phase involved the researchers reviewing the undefined themes, and then re-read the entire data set to certify whether all the themes were really themes or not and whether other themes needed further broken down into different themes. The researchers reviewed and examined the themes concerning the data to see whether they appeared in a consistent pattern. Some themes were then abandoned during this process; some were modified while others were subdivided for more themes to be generated.

The fifth stage involves defining and labelling themes and organizing them into consistent descriptions. At this point, the researcher then identified some sub-themes that they defined and labelled in each theme which were then tailored into the broader research objectives. The final stage of thematic analysis involved report writing. Here, the researcher made available all the descriptions and explanations of the themes in the form of a study report.

2.14 Data Management

Sekaran & Bougie [29] cited Data management as the process of obtaining, storing and using data safely, efficiently and cost-effectively, in this study data was collected using the interview guide and process for the analysis. An in-depth interview was conducted recordings were then

using a tape recorder, and field notes were taken alongside. After the field data collection, the recordings were transcribed alongside the field notes. Data were processed by first transcribing data which was recorded using the tape recorder alongside the field notes to ensure that what was recorded was actually what had been transcribed to avoid variation in the recordings and the transcriptions. After that, the transcriptions were read several times alongside the recordings and field notes to there was no difference in the data. After ensuring that, the data was cleaned, the transcribed data was then used in the data analysis. Before the analysis, a highlighter was used to highlight and identify major and sub-themes of the transcribed data to aid in the analysis process.

2.14.1 Privacy and confidentiality

All the information collected from the study participants was well kept on a password-protected personal computer of the investigator and not shared with non-study team members or used for any other purpose except this academic work. The names of the participants are not recorded on the interview guides to ensure anonymity.

2.14.2 Risks

Participants were informed that there was minimal risk for participating in the study, thus, their time and energy and no direct harm to them.

2.14.3 Benefits

Participants were informed that there was no direct benefit for taking part in the study, however, findings from the study based on the information they provided would be used for policy formulation to address the knowledge gaps of puerperal mothers on NNJ, the risk factors associated with NNJ, and ways of reducing NNJ among puerperal mothers.

2.14.4 Voluntariness

Participants were informed that their participation in the study was strictly voluntary. If an individual chooses not to participate, it does not in any way affect his or her hospital care services. Participants were informed of their right to withdraw from the study at any point after their initial acceptance to participate in the study or skip any questions they did not feel comfortable answering, and it would not affect the study

findings. However, participants were made to understand that, after withdrawal from the study their views and opinions would still be used in the analysis.

3. RESULTS

Two themes emerged from the content analysis of the data. They were the Effect of the time interval spent before seeing a doctor on child health, Awareness and knowledge of puerperal mothers about NNJ. The themes are presented and verbatim quotations are used to back the claims.

3.1 Effect of Time Interval Spent Before Seeing a Doctor on Child Health

Time intervals spent before seeing a doctor do not affect my child's health.

Of the fifteen puerperal mothers interviewed nine (9) out of 15 of the mothers said the time interval spent before seeing a doctor does not affect their child's health in any way. In view of the fact that their child was already sick, hence time interval before seeing a doctor is of less effect.

"Aww, not really because I came to the hospital with my child already sick and I don't think it really has an effect on my child because sometimes they are busy when you arrive, and that might delay a little which doesn't cause harm" (P1).

"mmm not really, it has not affected my child's condition in any bad way because you'll first go for your folder then they will check your baby's temperature and weight and then you go and see the doctor, and so I don't think it has affected my baby" (P2).

"oooo, not really because as for West Hospital they are very fast in their services as compared to other facilities in town, you don't waste much time to see a doctor or a nurse. Sometimes are the records that you delay small for your folder" (P6)

"No.....oooooo, I don't think the time spent before seeing a doctor has affected my child because, she is already sick, and so the doctor is only coming to help save my child" (P1).

".....Oohk, no I don't think so, the doctors have a lot of work to do and that is why they are late, I know if he has nothing to do, he will come early, and so I am okay" (P13).

Some participants were of the view that, doctors and nurses report to work early, especially at the Neonatal Intensive Care Unit, and attend promptly to their babies on time, and so the little delayed in time before seeing a doctor does not affect the health of their babies. Some indicated that the time interval spent before seeing a doctor is to enable them undertake some processes of the hospital such as picking their folders which is necessary to enable the doctor attend to them well.

"As or me, my baby was brought here (NICU) immediately after I delivered because he (baby) couldn't breathe well and for here (NICU), the doctor normally come very early to attend to us" (P14).

"....., I don't think the time spent can affected my baby because when you come to hospital you need to pass through some processes by taking your folder before seeing a doctor so it doesn't affect my baby condition" (P13).

"My dear, no it has not affected me, because, I have to take my child folder before a doctor can see me and my child, and so the time spent was to help me get folder for my child before can than see a doctor" (P2).

Time interval spent before seeing a doctor has worsened my child health

However, six (6) out of 15 puerperal mothers said the time interval spent before seeing a doctor has contributed to worsening their child's conditions. Because, they believed that, their children conditions needed immediate attention, but when the doctors delayed before attending to them has aggravated the child's conditions, and worsen the health state of the child.

".....oh yes, I think so because if they (doctors) delay too much the baby's condition can get worsen, my child sickness needs immediate attention but at the hospital they (doctors) delayed attending to us, and it has worsened my child's condition" (P3).

"Yes yes yes, I think so because as I said earlier I'm a victim of the wrong time I came here around 10 O'clock in the night and they detected that my child had jaundice but the NICU was full, and so they (doctors) could not admit my baby, and said I should wait for them to get an empty bed for us (Myself and baby), and that has contributed to the state of my child condition

now, if they (doctors) had admitted us early, my child condition could have not been worsened like this” (P5).

“Yes, because sometimes when your child is sick, it means he is not well right, and so then if you (mother) have to wait long before you can get a doctor to attend to your child, it can worsen the baby’s condition, and it does affect my child condition” (P3).

“of course, because when the child is sick, it means he is not well right, and so then if you (mother) have to wait long before you can get a doctor to attend to your child, it can worsen the

baby’s condition, and it does affect my child’s condition” (P15).

3.2 Awareness and Knowledge of Puerperal Mothers about NNJ

Awareness of NNJ: Awareness of NNJ was almost universal among participants. Majority of participants (14 out of 15) said they have heard about NNJ. Sources participants mentioned to have heard about NNJ includes; internet, during antenatal care clinic health talk and education by nurses and midwives, through reading of books, television, and from friends. 10 out 15 said they heard about NNJ through the nurses at the

Table 1. Respondents Socio-demographic Characteristics

Variables	Frequency (N = 15)	Percentage (%)
Age of respondent (Mean age = 29 years)		
21-25 years	4	26.7
26-30 years	5	33.3
31-35 years	2	13.3
36 years, and above	4	26.7
Educational background		
Secondary	8	53.3
Tertiary	7	46.7
Marital status		
Married	13	86.6
Single	1	6.7
Cohabiting	1	6.7
Religion		
Christians	8	53.3
Muslims	7	46.7
Occupation		
Self-employed	7	46.7
Government worker	5	33.3
Housewife	3	20.0
Residential status		
Rural	2	13.3
Peri-urban	5	33.3
Urban	8	53.3
Parity/number of children		
1 child	6	40.0
2 children	3	20.0
3 children	4	26.7
4 children	2	13.3
Time covered to health facility (Average time = 32mins, 1second)		
Less than 30mins	8	53.3
30-45mins	5	33.3
1 hour	2	13.3
Time taken before seeing a doctor (45mins, 4second)		
10-20mins	3	20.0
30mins	4	26.7
1 hour, and more	8	53.3

Source: Field Data, 2022

hospital during antenatal care, after they put to birth and during admission at NICU.

“Yes, I actually heard about NNJ after I delivered at the hospital and nurses told me about, and said if I go home I should bring the baby out every morning and observe the eyes, and if I see any changes that I reported back to them” (P1).

“mmmm, I heard about it during antenatal care clinic, and when I delivered my child and was discharged home the nurse educated us that when I get home and I see a sign of jaundice like yellow eyes and body of my baby been yellow I should rush to the hospital” (P3).

“.....actually..... my baby was not fully term (preterm) and I delivered so she was brought here straight from the labour ward and we have being here for 4 days now, so it was yesterday morning I was informed my baby is developing jaundice by the nurses”(P4)

Other participants also gave similar responses as follows;

“I heard about it from the antenatal care clinic that it is a yellowish colour of your baby's eyes when you don't breastfeed well and so they advised us to bring our babies out in the morning to check the eyes and body if it has changed colour to yellow and if the colour is yellow you should come to the hospital with the child” (P8).

“Yes, I heard about NNJ after delivery at the hospital when I was going home the Nurses talked to me about it, and that the baby eyes will become yellow” (P15).

However few people mentioned they learnt about NNJ from internet, television, books, family and friends

“I read about it from the internet, last year my senior sister's baby suffered from NNJ so it made me curious to know more about it. Actually, they have two children and they all had jaundice when they were babies” (P6).

“I heard it all on the television. They were doing a programme about it on one of the television channels that it affects babies and if not treated well can lead to disabilities in the future, they even interviewed one woman who said her child have autism because of jaundice during her childhood” (P7)

“Yeah, it was my friends who told me about it, her daughter had the jaundice and was treated, and so I heard about it through my friend” (P10).

3.2 Knowledge of NNJ

Definition of NNJ: From the study, participants (13 out of 15) have some form of understanding about NNJ. Approximately all participants (14 out of 15) defined NNJ to mean the yellowish appearance of the baby's eyes as well as passing yellowish urine and stool, and palm and feet equally been yellow, and the body or skin equally appear yellow due to excess bilirubin level in the baby's blood. A few of the participants said NNJ mostly occurred in babies from the third day after delivery.

“....., what I know about NNJ is that....., after giving birth to your child, when you realize the eyes have become yellowish or when the baby passes a yellowish urine or passes yellowish stool, it means the child has developed NNJ” (P1).

“I learnt that is a disease which affects babies and make the baby's eyes change from white to yellow as well as the skin..... I equally learnt that is the yellowish discoloration of the baby's eyes and skin as a result of not breastfeeding the baby early after delivery” (P3).

“I know that jaundice come about when there is excess bilirubin level in a baby's blood which or when there is an underlying disease condition. The eyes and the skin will become yellowish” (P15).

Notwithstanding, few of the mothers understood NNJ as; when a baby have fever, and the by-product of that is the yellowish of eyes of the baby, feeling weakness and unable to feed on the breast.

“Yeah, they (nurses) said NNJ is when your baby eyes become yellow but what I know is that....., when you have fever or when a baby have fever that you see the yellow colour on the eyes” (P15).

On the other hand, other mothers understood NNJ to mean the increasing body temperature of the baby, and been weak alongside having difficulties breastfeeding, and the eyes colour turning yellowish, and skin too look yellow.

“Yeah, what I know NNJ to mean is that, there is rising body temperature and the child look very weak, and you can see that the baby eyes are turning yellowish” (P5).

3.3 Knowledge of Mothers On Signs And Symptoms of NNJ

Generally, common signs and symptoms of NNJ reported among all participants were cited to include; yellow palm and soles of the feet, yellowish eyes, yellow urine and stool, dry yellowish skin with spotted spots that feels very dry when touched or pressed and the body equally changes from pinkish to yellowish.

“Yeah, the babies will have yellow eyes, yellow body and the child will not be breastfeeding well and the child can also become weak....., the body changes colour and sometimes have spotted spots and when touch or pressed, feels dry” (P6).

“..... for me, the baby will have yellow eyes and their body sometimes become yellow especially around the ears and the bridge of the nose and the palms. It was yesterday night I saw that my baby’s eyes was yellow and I confirmed it this morning (P10).

Minority of the mothers understood the signs and symptoms of NNJ to mean when the child body becomes hot or increased facial bodily temperature, and alongside bodily weakness of the baby.

“Ooohk, if a child has NNJ you can observe that the body will become hot, and you can see it from the face, the baby is weak, and I realize the eyes was becoming yellowish” (P15).

Common signs and symptoms of NNJ presented by babies indicate danger, and which prompted the mother to send the baby to the hospital were cited to include; yellow eyes, back of the ears been yellow, rising body temperature and sometimes the whole body becomes yellow.

“What I saw in my child was that, he stopped breastfeeding, but at first when you take the breast from his mouth, he will be crying, but that day the baby didn't want to feed again and my baby's breathing was changing, and the eyes were yellow the baby's eyes were not white on the third day then the skin colour was changing

as well, it wasn't pink like when the baby was born” (P5).

“For me, I saw it first during the one-week outdoor, because when I was going home I was educated by the nurses to observe it every morning and report back when I see any changes, and for me the rising body temperature got me worried to bring the baby to the hospital” (P15).

With the incidence of who first discovered the signs and symptoms in the baby, mothers (9 out of 15) were able to identified the signs and symptoms of NNJ themselves, and then prompted either the husband or mother in-law for confirmation before a decision was taken to go to the hospital. Also, some mothers said the nurses confirmed it, and informed them that their babies had NNJ.

“I did myself, in the morning I brought my baby out to check because the nurses told us to do so and on the 4th day I realized my baby's eyes was yellow, and my mother in-law and husband confirmed it” (P3).

“Actually I was delivered through caesarean section and my baby was sent straight to NICU, so when I went there to breastfeed I was informed about it and I observed it myself as well” (P6).

Regarding signs and symptoms of NNJ that present danger to the baby's health and survival were reported among mothers to include; yellow eyes, breathing difficulties and baby not breastfeeding, yellow skin, rising body temperature and when both eyes and palm of the child too changed yellow.

“I think is the yellowish eyes because that is the first sign I saw, and the yellow body, it usually starts from the eyes, and then progresses through the body which it makes more dangerous” (P4).

“I think with my baby, it was the yellow eyes and the baby not feeding because if you don't eat you can't survive” (P5).

3.4 Decision Makers to Go to the Hospital

When it comes to who took the decision for the baby to be send to the hospital, results showed 13 out of 15 puerperal mothers said they took the decision themselves to send the jaundice baby to hospital for treatment. About 2 out of 15 said the

decision was suggested by either the mother in-law or husband to go to the hospital or used herbal medicine to treat the condition. Only one of the participants said the decision was taken by both of them (husband and wife) to send the baby to the hospital for treatment.

"I immediately rushed to the hospital because if you (mother) depend on home treatment you might lose your child sometimes; they bath the babies with certain herbs that can complicate the child's condition.the baby started sparking temperature and we had to come to the hospital" (P1).

"I brought the baby to the hospital myself, when I realized my baby was not feeding and was becoming weak, I have to rush the baby to the hospital" (P5).

"I decided to bring the child to the hospital because all my friends that their babies had it they send the babies to the hospital and the babies are doing well, and so I decided to bring the baby to the hospital because the doctors and nurses have the knowledge to treat it" (P10).

"Normally, when is like that you can both (husband and wife) agree to take the baby to seek for some helps to control the fever. You can get some helps from the herbalists because they give you some herbs to bath the baby immediately after delivery and sometimes, they give the babies marks and put some of their medicines inside but now you people said we should bring them to hospital" (P15).

With decision for treatment options, results showed 2 out of 15 participants said the family agreed to seeks herbal concoctions known as "*Dowumoa*" which refer to a collection of herbs used in the treatment of childhood illnesses like the NNJ and convulsions.

"For me, I was told to seek herbal treatment which they call "*Dowumoa*" (collections of herbs mixed together), and they say it helps the baby to become strong and prevent them from getting infections and convulsions. It is use to bath the baby few days after delivery and some herbalists too give the baby marks and put some of the medicines inside" (P1).

"I know of a group of herbal concoctions called "*Darri*", and is given by herbalists to bath the babies after delivery to prevent infections or to clean the baby off infections, the elderly women said the baby was enhancing colour "*dozim*"

(yellowish colour) so I should put the breast milk in the eyes to clear the colour and also put the baby under the morning sun but after two days we realize it was becoming severe and we have to come to the hospital" (P9).

3.5 Knowledge on Treatment Interventions for NNJ

Knowledge of puerperal mothers on the treatment interventions of NNJ showed 14 out of 15 puerperal mothers cited putting the baby under the blue light machine, give medications, ensure frequent breastfeeding, phototherapy, putting the baby under ultra-violet (UV) light or bringing the baby in the early morning sun, and intravenous injections as well as some medications but failed to mentioned the names of the medications.

"I think if you want to treat it you have to let the baby suckling the breast milk very well al...so go to the hospital and see the doctor to give the baby some medications which will help to treat the baby. So, it can be treated through breastfeeding and phototherapy in the hospital but at home, they say we should put the baby in early morning sun" (P5).

"In the hospital they (nurses) put the baby under UV light and I (mother) was asked to express breast milk for the baby and put the baby to breastfeed frequently at home, they (elderly women) recommended that I do sun bathing but that was not very effective as compared to the hospital treatment" (P7).

"....., in the house they (elderly women) said I should put the baby into the early morning sun because it wasn't much so I did that for 2 days and realized it (NNJ) wasn't going that's why I brought my baby to the hospital and now is better, the nurses asked me to breastfeed the baby frequently and they (nurses) kept the baby under the blue lights" (P9).

"Ohhhh, because the nurses told us that when you (mother) go home and you see a change in your baby's eyes you have to bring baby to the hospital and when I came, they put my baby under a blue light and ask me to be breastfeeding the child often and ask me to express breastmilk into a cup so that I can use it to feed the baby in addition" (P13).

However, one of the participants said herbalists could help in treating NNJ since the herbalists

sometime gives them some herbs to bath the baby immediately after delivery, and sometimes gives the baby's marks on the skin to put some herbal medicine inside which help in treating the NNJ.

"Yeah, some of the herbalists too can help because they give you (mother) some herbs to bath the baby immediately after delivery and sometimes they (herbalists) give the babies marks (skin cuts) and put some of their (herbalist) medicines inside for the treatment of jaundice" (P2).

In addition to the treatment options, three (3) out of 15 participants cited the use of herbal concoctions such as "Dowumoa" and "Darr" which are combinations of herbal concoctions given by herbalists used in the treatment of NNJ. "Normally when is like that you can bath the baby with some herbs to control the fever we call them a "Dowumoa"is used to bath the baby immediately after delivery and sometimes they give the babies Marks and put some of their medicines inside but you people said we should bring them to the hospital" (P15)

"I think jaundice can be treated at the hospital when you seek early medical care because in the house our Mothers say we should put the babies in the early morning sun or we go for the "Darri" (combination of herbs) to clean the fever away but you people say is not good, so we should bring the baby to the hospital for treatment" (P8).

4. DISCUSSION

This part presents the discussions section of this study with relevant literature based on the study objective which sought to investigate knowledge of puerperal mothers on Neonatal Jaundice (NNJ) at the Tamale West Hospital, Northern Region of Ghana. The discussions have been categorized based on the specific objectives to include; awareness and knowledge level of puerperal mothers on NNJ, causes and risk factors associated with NNJ.

4.1 Awareness and Knowledge Level of Puerperal Mothers on NNJ

Awareness of mothers about NNJ is fundamental to their knowledge level and understanding of the NNJ, and how to prevent the occurrence of the disease among neonates. From the current study, findings showed puerperal mothers' awareness of NNJ was almost universal as most

mothers said to have heard NNJ. The heightened awareness of NNJ among puerperal mothers could be attributed to the improved health education given by health workers to patients especially mothers at the hospital. This finding was found to be more advanced compared with findings of Shrestha et al., [30], which reported awareness of 60% and Khalesi & Rakhshani, [31] which equally reported in less awareness level of mothers about NNJ as 50%. The less awareness of NNJ among mothers as reported in these studies was attributed to insufficient awareness creation of the disease (NNJ).

4.2 Sources of Information about NNJ among Puerperal Mothers

These findings indicated that most of the mothers were aware of NNJ through the nurses' education during antenatal care clinic, and the health talk and education given to mothers at the hospital ANC, the maternity after delivery and on admission at the NICU. However, some of the mothers uttered to have heard about NNJ through the internet, reading of books, television, and from friends and peers. These sources cited by puerperal mothers were found to share similarities with studies conducted by Cooray, [32]; Owusu et al., [33] in Ghana; and Shrestha et al., [30], which equally cited similar sources of which mothers have heard about NNJ.

In terms of knowledge on NNJ, results showed nearly all puerperal mothers have some form of understanding about NNJ. Majority of the mothers understood NNJ as the yellowish appearance of the baby's eyes, and some as well stated the passing of yellowish urine and stool to mean jaundice. Some of the mothers understood NNJ as when the baby's palm and soles become yellowish, as well as the body or skin, which were attributed to excess bilirubin level in the baby's blood to mean that the baby had jaundice. Puerperal mothers having knowledge and understanding of NNJ could be due to the improved literacy rate in Ghana as most people now are able to read and write, which could help them to read about the disease on the internet.

Again, it could equally be attributed to the health education and counselling provided by healthcare workers and as well as the health education provided by civil society organizations which form part of their community support service whereby, they educate communities on

basic maternal and child health issues such as declaration of the month of May as NNJ month or “Yellow Month” in which activities are scheduled to create awareness of NNJ. Findings were found to share similarities with the studies of Abdul-mumin et al., [11], and Demis et al., [12], but these current study contradicted the findings of Cooray, [32] study which reported less knowledge score of mothers on NNJ with score of 31 ± 14 , which indicate that a little over half of the mothers were found to have had poor knowledge on NNJ.

Additionally, from the current study, knowledge on the common signs and symptoms of NNJ was above average as most of the mothers were able to report the signs and symptoms of NNJ to include yellow palm, yellowish and dry skin alongside yellow eyes. Similarly, these signs and symptoms were found to have been reported by studies such as Khalesi & Rakhshani, [31] in Nepal, and Shankar et al., [34] which equally reported the signs and symptoms of NNJ to include the yellow eyes and skin, and as well reported 52.5% of mothers to have had inadequate knowledge about NNJ. In terms of who was the first to have identified the signs and symptoms of NNJ in the baby an average number of mothers were able to identify the signs and symptoms of NNJ themselves, and a few were prompted either by their husbands or mother-in-laws of the signs and symptoms of NNJ for a decision to be taken for them to go to the hospital to seek medical treatment. But these were found to share dissimilarities with studies of Li et al., [35] in Nigeria, and Abdul-mumin et al., [11] in Ghana, which indicated that most signs and symptoms of NNJ were identified by health workers after the mothers had reported to the hospital. Besides these results from the current study, the findings have shown that most mothers after observing the signs and symptoms of jaundice in their babies took the decision themselves to send their babies to the hospital for treatment and management. This part of the study findings indicating most mothers have taken the decision themselves to send the sick babies to the hospital without the husband's approval showed most societies are more concerned about women's empowerment in health decision-making now than previously when most healthcare decisions were often reported to have been taken by the husband. However, results still showed that some of the mother's decision to seek healthcare services for the baby was either taken by the mother-in-law or the husband, and this sometimes led to a

delay in health decision-making [36-43]. This still calls for more advocacy to educate and empower women to make major healthcare decisions to help ensure the immediate administration of healthcare interventions to save lives.

Conjointly, puerperal mothers' knowledge of the treatment interventions of NNJ showed an essential number of puerperal mothers had knowledge of some of the interventions that could be used to treat NNJ. These treatment and management interventions of NNJ were found to include the use of blue light, medications, frequent breastfeeding, phototherapy, putting the baby under ultra-violet (UV) light as well as intravenous injections were reported as treatment and management options for NNJ. Mothers' knowledge on these interventions could equally be attributed to the health education given to them by the health workers, and other civil society organizations that are into health education of communities. However, these stated interventions were found to relate to studies of Khalesi & Rakhshani, [31], Benova et al., [44], and Said et al., [45], which equally mentioned some of these interventions as treatment and management options for NNJ.

5. CONCLUSION

Conclusively, puerperal mothers' awareness and knowledge of NNJ were higher, as the majority knew the signs and symptoms of NNJ. Signs and symptoms of NNJ were cited to include the yellowish appearance of the baby's eyes as well as the passing out of yellowish urine and stool. Most knew the danger signs of NNJ like rising body temperature, breathing difficulties and the baby not breastfeeding, and took the decision themselves to send the child to hospital. An increased number of mothers were familiar with the treatment interventions of neonatal and indicated some to include phototherapy and putting the baby under blue light. Knowledge of causes and risk factors associated with NNJ was above average as most cited infections like malaria, blood disorders, defects of Glucose-6-phosphate dehydrogenase deficiency, and poor nutrition of the mother as causes of NNJ. Most of the mothers were aware of some cultural and religious factors causing NNJ like the consumption of ritual and herbal drinks known as “*kalgotim*”, the application of unhealthy substances like “*bihi kpem*” (cow milk oil) and the use of naphthalene balls by mothers.

ETHICAL APPROVAL AND CONSENT

Ethical approval for the study was obtained from the Committee on Human Research and Publication Ethics (CHRPE) of the Kwame Nkrumah University of Science and Technology (KNUST), Kumasi with Ref: CHRPE/ AP/ 459/ 22 before the study. Written permission was secured from the University for Development Studies to the Regional Health Directorate, and approved by the Regional Director, Ghana Health Service. Again, formal permission was obtained from the Administrator and the Medical Director of the Tamale West Hospital before the commencement of the study in the study area. The study equally obtained written informed consent from study participants, and individual participation in the study was by voluntary involvement of all participants while ensuring privacy, confidentiality and anonymity of all participants.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Shehu M, Shehu H and Ubanyi TO. Analysis of mothers' knowledge, beliefs and practice towards neonatal jaundice in Bingham University Teaching Hospital Jos, Plateau State, Nigeria. *Asian J of Ped Research*. 2020;9:19.
2. Farouk ZL, Slusher TM, Danzomo AA and Slusher IL. Knowledge, Observation and Practices Related to Neonatal Jaundice in a Rural Community in Kano, Nigeria. *Journal Of Tropical Pediatrics*, 2021;(00):1–8. Available: <https://doi.org/10.1093/tropej/fma134>
3. Abdul-mumin A, Owusu, EA, Mwindekuma P and Tabiri S. Maternal Knowledge and Awareness of Neonatal Jaundice in Term Neonates admitted to the Neonatal Intensive Care Unit of the Tamale Teaching Hospital. *Journal of Medical and Biomedical Sciences*. 2021;8:12–17.
4. Abdul-mumin A, Owusu SAa and Abubakari A. Factors Associated with Treatment Outcome of Preterm Babies at Discharge from the Neonatal Intensive Care Unit (NICU) of the Tamale Teaching Hospital , Ghana. *Hindawi International Journal of Pediatrics*. 2020;(1):1–8.
5. Adebaniji A, Adeyemi S and Gyamfi M. Empirical analysis of factors associated with neonatal length of stay in Sunyani, Ghana. *Academic Journals*. 2015;59–64. Available: <https://doi.org/10.5897/JPHE2014.0679>
6. Adoba P, Ephraim RKD, Kontor KA, Bentsil J, Adu P, Anderson M, Sakyi SA and Nsiah P. Knowledge level and determinants of neonatal jaundice: A cross-sectional study in the effutu municipality of Ghana. *Hindawi International Journal of Pediatrics*. 2018;(2):1 of 10.
7. Soltaninejad A, Dehdashti N. Maternal knowledge, attitude, and practice about neonatal jaundice. *Journal of Jiroft University of Medical Sciences*. 2020;6(2):204-213.
8. Al-Zamili AH and Saadon ZA. Knowledge, Attitude and Practice of Mothers to Neonatal Jaundice. *Medico Legal Update*. 2020;20(1):1065-1070.
9. Iliyasu Z, Farouk Z, Lawal A, Bello MM, Nass NS, Aliyu MH. Care-seeking behavior for neonatal jaundice in rural northern Nigeria. *Public Health in Practice*. 2020;1:100006.
10. Boadi-kusi SB, Holdbrook S, Kyei S, Abu EK. Knowledge, attitudes and practices of postnatal mothers on ophthalmia neonatorum in the central. *Health Services Insightd*. 2021;14(2021):1–9. Available: <https://doi.org/10.1177/11786329211033248>
11. Abdul Mumin A, Cotache Condor C, Bimpong KA, Grimm A, Kpiniog MJ, Yakubu RC and Smith ER. Decrease in admissions and change in the diagnostic landscape in a newborn care unit in northern ghana during the covid-19 pandemic. *Frontiers in pediatric s*. 2021;9.
12. Demis A, Getie A, Wondmieneh AA, Alemnew B and Gedefaw G. Knowledge on neonatal jaundice and its associated factors among mothers in based cross- - northern Ethiopia: A facility- - sectional study. *BMJ Open*. 2021;11(2021):1 of 10. Available: <https://doi.org/10.1136/bmjopen-2020-044390>
13. Ullah S, Malik FR, Aurangzeb S, Ullah H and Naeem Z. Evaluation of maternal knowledge & perceptions on neonatal

- jaundice: A Hospital Based Survey. *KJMS*. 2020;13(3).
14. Amolo L, Irimu, G and Njai D. Knowledge of postnatal mothers on essential newborn care practices at the Kenyatta National Hospital: A cross sectional study. *Pan African Medical Journal*. 2017;8688 (2017):1–7.
Available:<https://doi.org/10.11604/pamj.2017.28.97.13785>
 15. Beraki GG, Tesfamariam EH, Gebremichael A and Yohannes B. Knowledge on postnatal care among postpartum mothers during discharge in maternity hospitals in Asmara: A cross-sectional study. *BMC Pregnancy and Childbirth*. 2020;8(2020):1–10.
 16. Creswell JW. *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall; 2005.
 17. Gandau NB. Patterns, and Outcome of Outborn Neonates Admitted to a District and Regional Hospital in the Upper West Region of Ghana: A cross-sectional Study. 2020;7(Mdg 4):1–15.
Available: www.mdpi.com/Journal/Childre
 18. Jemberia MM, Berhe ET, Mirkena HB, Gishen DM, Tegegne AE and Reta MA. Low level of knowledge about neonatal danger signs and its associated factors among postnatal mothers attending at Woldia general hospital, Ethiopia. *Journal of Maternal Health, Neonatology, and Perinatology*. 2018;4(5):1–8.
Available:<https://doi.org/10.1186/s40748-018-0073-5>
 19. Kumar R. *Research methodology: a step-by-step guide for beginners*. (2nd ed). Sage Publication;2005.
 20. Mayan MJ. *Essential of qualitative study Inquiry*. Journal of Family and Consumer Service; 2009.
 21. Polit DF and Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice* 10th Edition (10th ed.); 2016.
 22. Munhall LP. *Nursing Research: A qualitative perspective*, *European Journal of General Practice*. 2012;113-176:2012.
 23. Creswell JW. *Research design: Qualitative, quantitative and mixed methods approaches*, 4th ed., Sage, Thousand Oaks; 2014.
 24. Marshall W. *Research design: Qualitative research and mixed methods approaches*, 5th ed., Sage, Thousand Oaks; 2013.
 25. Thomas E and Magilvy, JK. Qualitative Rigor or Research Validity in Qualitative Research. *Journal for Specialists in Pediatric Nursing*. 2011;16:151–155.
 26. Morse JM. Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*. 2015;25(9):1212–22.
 27. Schou L, Hostrup H, Lyngso EE, Larsen S and Poulsen I. Validation of a new assessment tool for qualitative research articles. *Jour Advan Nursing*. 2012; 68(9):2086–94.
 28. Cohen L, Manion L and Morrison K. *Research Methods in Education* (8th ed.) [E-book]; 2017.
Available:<https://gtu.ge/Agro-Lib/RESEARCH%20METHOD%20COHEN%20ok.pdf>
 29. Sekaran A and Bougie C. *Research Methods for Business*. Retrieved on June 1, 2021;2010.
 30. Shrestha S, Pertini MA, Shrestha S and Maharjan S. Knowledge about neonatal jaundice among Nepalese mothers. *Sri Lanka Jour of Child Health*. 2019;48(3):215–220.
 31. Nasrin Khalesi; Fatemeh Rakhshani. Knowledge, attitude and behaviour of mothers on neonatal jaundice. 2018;1 of 10.
 32. Cooray G. The knowledge, attitude & behaviour on neonatal jaundice of postnatal mothers in Provincial General Hospital, Badulla. *Sri Lanka Journal of Child Health*. 2011;40(4):164–168.
 33. Owusu BA, Lim A, Makaje N, Wobil P and Sameae A. Neonatal mortality at the neonatal unit: the situation at a teaching hospital in Ghana. *Africa Health Science Journal*. 2018;18(2), 369–377.
 34. Shankar PY, Mohan S, Jitendra T, Punita Y and Sunil KY. Knowledge, attitude and practices on the care of the newborn in postnatal mothers delivering at a tertiary care. *Sri Lanka Jour of Chd Healh*. 2016;45(3):189–192.
 35. Li A, Ab M and Lj M. CC – BY Gestational age-related neonatal survival at a tertiary health institution in Nigeria: The age of fetal viability dilemma. *Nigeria Journal of Paediatric*. 2020;47(2):61–67.

36. Yombe LN, Yakong VN, Boateng KT, Adokiya MN and Boateng WK. Evaluating the Awareness and Usage of Exclusive Breastfeeding amid Nursing Mothers in Northern Ghana. *Asian Journal of Pregnancy and Childbirth*. 2022;5(4):1-10
37. Lake EA, Abera, GB, Azeze, GA, Gebeyew NA and Demissie BW. Magnitude of Neonatal Jaundice and Its Associated Factor in Neonatal Intensive Care Units of Mekelle City Public Hospitals , Northern Ethiopia. *Hindawi International Journal of Pediatrics*. 2019;(1):1–9.
38. Mathew J, Saud H, Hussein A and Aziz, AR. Assessment of Mothers ' Knowledge and Beliefs toward Care of Neonatal Jaundice in Pediatric Teaching Hospital in ... Assessment of Mothers ' Knowledge and Beliefs toward Care of Neonatal Jaundice in Pediatric Teaching Hospital in Holy Karbala City. *International Journal of Scientific and Research Publications*. 2016;6(9):1 of 10.
39. Maguire M and Delahunt B. Doing a thematic analysis: A practical, step-by step guide for learning and teaching scholars. Dundalk in state of technology. *Journal of Teaching and Learning in Higher Education (AISHE-J)*. 2017;8(3). Available:<http://ojs.aishe.org/index.php/aishe-j/artcile/view/3352> Accessed 27/03/2019.
40. Moser A, Korstjens I. Practical guidance to qualitative research. Context, research questions and designs. *Europ Jour of Gen Practice*, 2017- Taylor & Francis; 2017.
41. Onyearugha CN, Onyire BN and Ugboma HAA. Neonatal jaundice: Prevalence and associated factors as seen in Federal Medical Centre Abakaliki, Southeast Nigeria. *Journal of Clinical Medicine and Research*, 3(March).2011; 40–45.
42. Shrestha T. Bhattarai SG, Silwal K. Knowledge and Practice of postnatal mother in newborn care. *Journal of Nepal Medical Association*. 2013;52(6):372–377.
43. Tette EMA, Nuerthey BD, Akaateba D and Gandau NB. The Transport and Outcome of Sick Outborn Neonates Admitted to a Regional and District Hospital in the Upper West Region of Ghana: A cross-sectional Study. 2020;7(2020):2 of 14. Available:[Www.Mdpi.Com/Journal/Children](http://www.mdpi.com/Journal/Children)
44. Benova, Lenka, Onikepe Owolabi, Emma Radovich, Kerry LM Wong, David Macleod, Etienne V Langlois OMRC. Provision of postpartum care to women giving birth in health facilities in sub-Saharan Africa: A cross-sectional study using Demographic and Health Survey data from 33 countries. *PLoS ONE*. 2019;88(10):1–19. Available:<https://doi.org/10.1371/journal.pmed.1002943>
45. Said N, Ashikin N, Zuraidah SH and Ramadan M. Postnatal mother: Knowledge and attitude towards Neonatal Jaundice (NNJ). *ELEVATE*. 2018;1(1):53–58

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/108748>