

UTILISATION OF WORLD HEALTH ORGANIZATION'S POSTNATAL CARE GUIDELINES AMONGST HEALTH WORKERS IN SELECTED LOCAL GOVERNMENT AREAS IN IBADAN, NIGERIA.

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ABSTRACT

This study assessed the knowledge and utilisation of the WHO's guidelines amongst health care workers in selected local government areas of Ibadan, Nigeria. A descriptive cross-sectional research design was adopted for the study. Multi-stage sampling procedure was used to select 271 health workers in the seven local government areas (LGAs) of Ibadan from LGAs, Wards and Primary Health Care Centres. Data were collected using a pre-tested, self-administered questionnaire. Data obtained from the respondents were analysed using the Statistical Package for the Social Sciences (SPSS version 25) Quantitative data were analysed using descriptive statistics and inferential (Chi-square test) at $p=0.05$. Findings from the study revealed that 56.1% of the respondents had good knowledge of WHO's post-natal care guidelines whilst only 26% had good utilisation score. The lowest average response occurred in utilisation of WHO postnatal care guidelines by respondents within the first week of birth (2.2 ± 1.7) and highest responses occurred in health workers reinforcing exclusive breastfeeding, breast care and personal hygiene, checking the baby's weight and examining the umbilical cord (3.5 ± 1.2 each) six weeks postpartum. Barriers to utilisation of WHO's postnatal guidelines reported by the respondents included inadequate personnel (84.5%), inadequate training on the utilisation of WHO guidelines (82.7%), poor funding of postnatal programmes (74.2%) and non-availability of the guidelines for practice (70.1%). Respondents who had good knowledge about WHO's postnatal care guidelines also have good utilisation of the guidelines (69.0%) ($p=0.011$; $p<0.05$). The study showed that there was good knowledge and poor utilisation of WHO's postnatal care guidelines amongst health workers due to inadequate training and non-availability of the guidelines for practice. Continuous training and capacity building should be ongoing to improve health workers' knowledge and efficiency in the utilisation of the guidelines.

Keywords: Postnatal, knowledge, utilisation, health workers, WHO guidelines.

INTRODUCTION

Women and children are very crucial to development and their health is fundamental. However, statistics have shown that maternal and infant mortality rates in low resource countries like Nigeria is still high as a result of weaknesses of the health systems which make laudable health interventions to be less sustained. According to a 2019 joint report by the World Health Organization (WHO), United Nations Children Education Fund (UNICEF), United Nations Fund for Population Activities (UNFPA), World Bank Group (WBG) and the United Nations Population Division, the African region had a very high maternal mortality rate in 2017, estimated at 542, with the lifetime risk of maternal death of 1 in 37 compared with 1 in 7,800 in Australia and New Zealand. With this estimate, Sub-Saharan Africa alone accounted for 66% (196,000) of global maternal death with Nigeria ranking fourth (4th) among ten countries with the highest mortality rates next to South Sudan, Chad and Sierra Leone (WHO, 2019).

Within the country, the maternal mortality ratio differs from one geopolitical zone to the other showing wide disparities with the highest being recorded in the North compared to the South (Uneke *et al.*, 2016). Similarly, more than 250 million neonates die in Nigeria each year amounting to a daily mortality of 700 neonates. The infant mortality rate for Nigeria is one of world's highest and the nation is the second highest contributor to the under-five and maternal mortality in the world. According to UNICEF, 1 in 34 babies born in Nigeria die before their first birthday (Obiezu, 2019). Direct causes of maternal death in Nigeria include haemorrhage which constitutes 23% of

total deaths from pregnancy related causes, others are; infections (17%), hypertensive disorders (11%), Malaria (11%), obstructed labour (11%), unsafe abortion (11%) and HIV/AIDS (5%) (Uneke *et al.*, 2019).

The United Nations, in response to the health status of populations worldwide, made the Millennium declaration of 2000 resulting in the Millennium Development Goals. It was a concerted effort aimed at improving the wellbeing of all people (WHO, 2020). The fifth Millennium Development Goals had the aim of improving maternal health by reducing maternal mortality ratio by three quarters within the first fifteen years of the new millennium but only 2.3% annual reduction could be achieved as at 2015 (WHO, 2015a). To ensure continuity and put an end to preventable maternal mortality, the Sustainable Development Goals was launched in 2015, the health-related SDG Goal number three is aimed at ensuring healthy lives and promoting well-being for all ages. The first target of this goal is aimed at reducing global maternal mortality rate to less than 70 per 100,000 live births by the year 2030 (UN, 2016). However, the rate of progress in relation to this goal has been slow leading to the prediction that more than one million women may still die before year 2030 thus making the continual quest for maternal health and survival to remain paramount in all nations of the world (Warren, 2016).

Although several studies have examined the role of knowledge on the utilisation of postnatal care services among childbearing age women in hospitals and at facility level (Brown *et al.*, 2015; Iyanda, 2017; Paudel *et al.*, 2017; Chaka *et al.*, 2018; Wudineh *et al.*, 2018; Simata &

Makani, 2020) and health workers have been trained on the new postnatal guidelines, there is however a dearth of information on the level of knowledge and utilisation of postnatal care guidelines among this group of health workers. Furthermore, Kana *et al.* (2015), posited that maternal neonatal and child health interventions in Nigeria after year 2015 need be designed on evidence-based assessment of the previous interventions in terms of volume, coverage and effectiveness. It is therefore imperative to elicit the level of knowledge of health workers at the community level as well as determine to what extent the postnatal care package is being utilized, hence this study.

Post-natal care is an essential health care service that has been put in place for the promotion of the wellbeing of newly delivered mothers and their infants. The WHO identified post-natal care as a neglected part of maternal health care and its provision based on WHO guidelines is a strategy for the reduction of preventable maternal and infant morbidity and mortality (WHO, 2015).

In spite of the provision of this crucial service, statistics have shown that up to 40.2% of women in Sub Sahara Africa do not receive post-natal care. In Nigeria, the provision of post-natal care is usually hospital based and includes a visit postpartum and some aspects of the service are not always implemented (Ilesanmi & Akinmeye, 2018). Furthermore, studies on the knowledge and utilisation of postnatal care among childbearing age women in public hospitals and community settings abound in literature but there is paucity of information on it from the perspectives of care providers and health professionals especially at the Primary Health Care settings where 52.2%

of Nigerians live and work (WHO, 2017). Although, this group of health workers have been trained on the use of the new guidelines for the provision of postnatal care services, their level of knowledge and degree of utilisation of the guidelines is yet to be ascertained and there is a dearth of information on this in literature. This study therefore aims to find out the level of knowledge and utilisation of WHO postnatal care guidelines among health workers in the selected local government areas of Ibadan.

METHODOLOGY

Study Design

The study was utilized a quantitative research approach. This design was adopted because it is appropriate for obtaining quantitative information about a phenomenon (Creswell *et al.*, 2003).

Study Area

This study was carried-out at Ibadan in Nigeria. Ibadan, one of the major Urban centers is the capital of Oyo State located in the Southwestern part of Nigeria between latitude 7.023 and 7.054 North of equator and longitude 3.053 and 3.054 East of the Greenwich Meridian. Ibadan is elevated at about 234 meters above sea level and is situated on gently rolling hills (Olanrewaju *et al.*, 2018). The Ibadan metropolitan area covers a total land area of 3,123.30 km² out of which the urban local government areas about 463.33km². The population of Ibadan rose to 1,829,300 in 1999 at a growth rate of 1.65% from 1963 and increased to 1,338,659 urban and 1,212,294 rural in 2006 at a growth rate of 2.35% (National Population Commission (NPC), 2010).

The settings for this study comprised of seven local government areas in Ibadan namely; Ibadan North, Ibadan North East, Ibadan North West, Ibadan South West and Ibadan South East Lagelu and Ona ara. Ibadan North local government has its administrative headquarters at Agodi gate and is made up of 12 political wards with 16 Primary Health Care (PHC) centers; Ibadan North East is made up of 12 political wards with 10 PHC centers and has its headquarters at Iwo-Road; Ibadan North West Local government has its headquarters at Onireke and is divided into 11 wards with 12 PHC centers. Ibadan South West is divided into 12 political wards with 22 PHC centers, the headquarters is located at Oluyole; Ibadan South East local government has its administrative headquarters at Mapo and comprises of 12 political wards with 18 PHC centers. Lagelu local government is divided into 14 wards with 16 PHC centers, its headquarters is at Iyana Offa while Ona ara local government is divided into 11 wards with 18 PHC centers and has its headquarters at Akanran.

Study Population and Inclusion Criteria

The population comprised of all health workers in primary health care centres who render postnatal care services at Ibadan North Local Government, Ibadan North East Local Government, Ibadan North West Local Government, Ibadan South West Local Government, Ibadan South East Local Government, Lagelu Local Government and Ona-ara Local Government such as Doctors, Nurse/Midwives, Community Health Officers and Community Health Extension Workers. The inclusion criteria were availability at the time of data collection and participation in delivery and postnatal care services. Health workers

that were on leave, off duty or indisposed as at the time of data collection were excluded from the study. The total population of health workers in all the local government is approximately 368.

Sampling Technique and Sample Size

The sampling technique that was used for this study consisted of a multistage sampling procedure: Stage 1: A stratified sampling technique was used to select 7 out of the 11 local Government areas in Ibadan because of high population of health workers in the local government areas. Stage II: A purposive sample of 21 wards from the seven local Government areas where there is high concentration of health workers who provide postnatal health care services. Stage III: A total enumeration of all the health centers was used to select specified proportion of health workers in the health centers of the selected wards.

The total population of health workers in the seven local Government areas which is 358 Seventy-five percent (75%) of the population which is 271 constituted the sample size for of the study. Sample frame was obtained from the PHC coordinators of the selected local government areas.

44 health workers from Ibadan North local government, 37 from Ibadan North East local government, 35 from Ibadan North West, 45 from Ibadan South West, 38 from Ibadan South East, 39 from Lagelu local government and 33 from Ona -ara local government areas making a total sample of 271. Furthermore, 7 health workers who were not part of the 271, comprising of a health worker each (MCH nurses) from the seven local government arears participated in the key informant

interview. They were selected because they have firsthand knowledge about healthcare delivery at the local government level as lead professionals.

Data Collection Instrument

A structured questionnaire was used as the data collection instrument. The study utilised the 'knowledge score' method to ascertain a more objective assessment for each participant by adding up the scores for correct answers given to selected questions on knowledge where each item answered correctly = 1 and incorrect answer = 0. The minimum score was 0, maximum score = 23. Categorisation of respondents' score was determined by statistical mean score generated and this was grouped into poor and good knowledge. An average response mean score which was 50 percentile was 18.3. Respondents who had <18 total mean score were categorised as having poor knowledge while ≥ 18 total mean score were categorised as good in knowledge (Table 4.3). A 4-point Likert scale ranging from 'always used' to 'not at all/never' used to measure utilisation where frequently was rated 4, sometime 3, often 2, seldom/rarely 1 and not at all/never 0. Scoring of respondents was based on 69 items of the 4-point Likert scale. The highest score was 276 (69×4 point = 276 score) while the lowest was 0 point ($276 \times 0 = 0$ point). Respondents' utilisation was categorised into poor and good utilisation using 75 percentile ($3/4 \times 100$) of the total responses per respondent. Justification for this was that positive responses could range from often (2 points) to always (4 points). The mean between these points was therefore calculated which made up 25% above average (3 point score). Response score was set at 75

percentiles (261 scores). Respondents who have <261 were categorised as having poor utilisation while ≥ 261 were categorised as good utilisation.

Validity and Reliability of instrument

Face and content validity of the data collection instrument was performed. The face and content validity of the instrument for data collection were ensured by drawing the questionnaire based on the reviewed literature and submitting it to experts and other specialists in maternal and child health as well as two maternal and child health nurses in the selected local government areas for scrutiny, necessary correction and approval before data collection.

The reliability of the instrument was tested through a pre-test method. The questionnaires were given to 28 health workers at Akinyele local Government which is similar to the study settings. The returned questionnaires were coded and analysed using Cronbach's Alpha correlation coefficient. Some of the question items were readjusted because of their difficulty index. The result of the analysis of the data collected during the pre-test was 0.870 which showed that the instrument was very reliable.

Data collection procedure

Data was collected by the researcher and three other research assistants due to the scope of the study and areas of coverage which are wide apart. Research assistants were duly trained on proper application, filling and on-the-spot collection of questionnaires from respondents who could respond immediately while further visits were paid to facilities to retrieve other questionnaires. A total of 280 questionnaires

were administered to the respondents who were physically present at the time of data collection at PHC centers in the seven local government areas weekly over a period of eight weeks. 276 were retrieved while 271 were completely filled.

Ethical Consideration

The study protocol was submitted to the Oyo State research ethics review committee at the Ministry of Health Secretariat, Ibadan along with the introduction letter from the college and approval was obtained accordingly with the reference number AD 13/479/3025. Letters of permission to collect data for research purposes were also written and approval obtained from chairmen and medical officers of health in the selected local Government areas. Informed consent of participants in the study was obtained before the application of questionnaires and conduct of interview. Participants had opportunity to decline and/or withdraw from the study without any adverse effects. Codes were used and the names and details of respondents were kept in strict confidence.

Data Analysis

All data that were obtained from the administered questionnaires were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Inferential and descriptive analysis were used to present the tables. Demographic data were analyzed using descriptive statistics of percentages and frequency counts.

Assessment of level of knowledge was analysed using descriptive statistics presented as mean and aggregate scores. Those who scored < 13 were considered as having poor knowledge;

while those who scored ≥ 13 were considered as having good knowledge. Utilisation of WHO guidelines was analysed using mean and aggregate scores. Respondents who scored <261 were categorised as having poor utilisation while ≥ 261 were categorised as good utilisation. Barriers to Utilisation were analysed using descriptive statistics of frequency counts and percentages. Chi-square test was used to test the statistical association or relationships between demographic characteristic, knowledge and utilisation of WHO guidelines. Statistical significance was tested at a 5% significance level or 95% confidence interval.

RESULTS

Demographic data of respondents

Table 1 shows the respondents' ages grouped in an interval of 5 years starting from 25 to >45 years. Approximately 81 (29.9%) were within ≥ 45 years, 80 (29.5%) were within 40-44 years, 61 (22.5%) were within 20-24 years, 36 (13.3%) were within 30-34 years, 9 (3.3%) were within 35-39 years whilst 4 (1.5%) were within 25-29 years.

Majority 241 (88.9%) of respondents were females, 30 (11.1%) were males, 199 (73.4%) were married, 64 (23.6%) were single, 5 (1.8%) were separated whilst 3 (1.1%) were separated. Majority 182 (67.2%) of respondents were Christians, 81 (29.9%) were Muslims whilst 8 (3.0%) traditionalists (Table 1).

Respondents who had spent between 1-5 years in service were 79 (29.2%), 63 (23.2%) had spent >20 years, 55 (20.3%) had spent 6-10 years, 40 (14.8%) had spent 11-15 years whilst 34 (12.5%) had spent 16-20 years in service.

Many 136 (50.2%) of the respondents have been practicing as postnatal care providers for up to 5 years, 54 (19.9%) had practiced for up to 10 years, 40 (14.8%) had practiced for up to 15 years, 26 (9.6%) had practiced for >20years whilst 15 (5.5%) had practiced for up to 20 years (Table 1).

Figure 1 showed that respondents who were Community Health workers (CHEW) were more 48.3% (131) than other health workers who participated in the study, 27.3% (74) were nurse midwives, 21.8% (59) were Community Health Officers (CHOs) while 1.8% (5) were doctors (Figure 1).

Figure 2 showed that 38.0% of the respondents had diploma, 22.9% had higher diploma, 18.8% had RN/RM, 18.8% had B.Sc. (first degree) whilst 1.5% had M.Sc.

Knowledge of WHO postnatal care guidelines

Most 251 (92.6%) of respondents said that they have heard about WHO's postnatal care guidelines and those who knew about it through health training/seminar were 128 (51.0%), followed by 77 (30.7%) who heard it during their professional training. Respondents who reported that they had training on utilisation of WHO guidelines for postnatal care were 177 (65.3%) and 213 (78.6%) declared that they have been utilising WHO guidelines for the delivery of postnatal care (Table 2).

The knowledge of the respondents with regards to postnatal care guidelines as proposed by the WHO is shown in Table 3 below. The percentage of responses to each question in the guidelines are displayed in Table 3.

Aggregate score of respondents' grades that determined the level of knowledge of respondents about WHO postnatal care guidelines is as depicted on table 4.3 above. 152 (56%) had good knowledge while 119 (43.9%) had poor knowledge.

Utilisation of WHO postnatal care guidelines

Tables 5 showed the extent of utilisation of WHO postnatal care guidelines by the respondents in seven domains based on WHO recommendation: assessment of the mother within the first 24 hours after birth; assessment of the newborn after birth; physical assessment after 24 hours after childbirth; counseling; number of postnatal contacts in the health facility; physical examination at the postnatal clinic and assessment of the newborn at each postnatal care checkup/visit. On the assessment mothers within the first 24 hours after birth, above three-quarter (79.3%) of respondents declared that they always record their observations immediately and 77.9% did check for excessive bleeding from the vagina. Majority (76.4%) of respondents reported that they always ensure mothers and newborn babies are kept in the same ward at the facility throughout the lying-in period and 73.8% always check the pulse as part of maternal assessment (Table 5).

Assessment of the newborn after birth domain revealed that, 79.0% of respondents reported that they always examine the baby's eyes and examine the umbilical cord respectively. Those who always check the baby's weight and encourage the mother to commence breastfeeding were 78.2% respectively (Table 6).

Physical assessment after 24 hours after childbirth revealed that majority (63.1%) of respondents declared that they always assess the newly delivered mother for uterine tenderness, assess breasts for breast pain and assess their lochia respectively. In the same vein, 62.7% always find out if mothers are fatigued and administered prophylactic antibiotic for mothers with perineal tear respectively (Table 7).

On discharge counseling, results showed that majority (81.5%) of respondents always counsel mothers on exclusive breastfeeding before discharge, (74.5%) and emphasise on personal hygiene (80.4%), record/document all their interventions, always explain the physiology of puerperium to mothers (76.4%) (Table 8).

Assessment of degree or extent of utilisation of the postnatal guidelines on number of postnatal contacts in the health facility revealed that utilisation performances of health workers were low as majority of them were below average mean scores (3.0 ± 1.5) in their responses. Respondents who always ensure that postnatal care commenced within 24 hours were (69.7%) and those who always maintain six weeks after childbirth were (63.1%) and Days 7-14 were (50.9%) (Table 9).

Utilisation of the WHO guidelines for postnatal care in terms of physical examination of the mother at the postnatal clinic domain was good among majority of the respondents above mean score of 3.0 ± 1.3 . Above three-quarter (77.5%) of respondents reported that they always check temperature and 76.4% always assess mothers for pallor. Those who always examine the

lochia were 76.4% and 75.6% examined her perineum (Table 10).

Assessment of the newborn at each postnatal care checkup/visit also revealed good utilisation of WHO postnatal care guidelines that was above mean of 3.2 ± 1.4 . Respondents who always reinforce exclusive breastfeeding were (80.1%) and (78.6%) of them always check for signs of jaundice. Respondents (75.3%) affirmed that they always assessing mothers' practice of dry cord care for newborns and those who always take baby's feeding history were 74.5% (Table 11).

Table 12 below showed that majority of respondents (73.8%) do not utilize the WHO postnatal care guidelines whilst some of them (26.2%) utilize it.

Barriers to the utilisation of WHO postnatal care guidelines

Among the barriers to utilisation of WHO's postnatal guidelines mentioned by the respondents were: inadequate personnel (84.5%), inadequate training on the utilisation of WHO guidelines (82.7%), Little or no knowledge about the WHO guidelines (81.5%). Respondents also affirmed that poor funding of postnatal programmes (74.2%) and non - availability of the guidelines for practice (70.1%) are barriers to the utilisation of the WHO guidelines (Table 13).

Effects of demography of respondents on knowledge and utilisation of WHO Postnatal care guidelines

Table 14 showed that statistically, there was no significant relationship between the years of service of health workers ($p=0.299$) and knowledge of postnatal care in this study. In

addition, Table 14 results revealed that statistically, professional rank/cadre ($p=0.352$) is not significantly related to respondents' utilisation of WHO's postnatal care guidelines.

Effects of knowledge on utilisation of WHO Postnatal care guidelines

Data from Table 15 below revealed that proportion of respondents who had good knowledge about WHO's postnatal care guidelines also had good utilisation of the guidelines (69.0%) in that category. Thus, statistically, there is significant relationship between the two tested variables ($X^2 = 6.526$, $p=0.011$).

DISCUSSION

This study revealed a large gender gap, with females constituting a predominant portion of the study population. Furthermore, majority of the health workers were older than 30 years of age depicting an aging workforce with potential susceptibility to chronic and non-communicable diseases that may not augur well for the achievement of universal health coverage (Szabo *et al.*, 2020). The study data indicated that most of the health workers have been providing postnatal care services for up to 5 years under the PHC system. This implies that majority of health workers who participated in this study were expected to have garnered experiences on current innovations in maternal and child health care with particular reference to postnatal care through update programmes or in- service trainings.

Most of the respondents who participated in this study demonstrated a high level of awareness about WHO postnatal care guidelines, this is in contrast to the findings of

Yaya *et al.*, (2018) who reported that many PHC centers are still unaware of the updated guidelines. Findings from this study also revealed that many respondents had a good knowledge of the guidelines which could be attributed to the report of Warren, (2016), that postnatal care seems to be receiving more attention globally and has ceased to be the Cinderella or the neglected part of maternity services. However, their level of knowledge is lower (56.1%) compared to that of 65% reported by Pallangyo *et al.* (2017) in a study carried out among health workers providing postnatal care in two low resource settings of Tanzania. Result of data from participants in the key interview showed that 4 out of the 7 participants (57%) had good knowledge of the WHO guidelines which corroborated findings from the respondents. The low level of knowledge demonstrated by these groups of health workers in spite of their training could be attributed to the fact that they are yet to master the content of the guidelines and would benefit from further training (Ilesanmi & Akinmeyer, 2018). The findings from the study on knowledge also affirmed the postulation of Rogers (2003) that diffusion changes the healthcare system over a period of time and changes can be in form of differences in knowledge, inequalities in access to information and disparities where people have the tendency to adopt innovations early compared to others. The findings from the study also revealed a relationship between knowledge and utilisation of postnatal care guidelines among respondents thus negating the null hypothesis to the contrary. This finding gives credence to the postulation of Ajzen (1988) that self-efficacy/knowledge towards a phenomenon predicts the behaviour towards

it. Maternal knowledge as a determinant of service utilisation was equally reported by (Obi & Obarisigbon, 2019). However, the study also revealed that respondents' years of service do not determine or predict their knowledge of postnatal care in the selected local government areas. This could be attributable to need for retraining and mastery of WHO guidelines as respondents' years of service increases.

This current study determined the utilisation of WHO postnatal care guidelines among health workers. Although most of the respondents claimed to have utilized the WHO guidelines for postnatal care at one time or the other, overall utilisation was poor with the lowest average response occurring in home visitation of the mother and the baby within a week of birth. This finding corroborates the submission of Warren, (2016) and Ndugga *et al.* (2019), that postnatal care services are usually less effective in the early postnatal period in Africa and this contributes to the high rate of neonatal and maternal mortality at this critical period where many mothers and babies are also lost to follow up even for other health interventions. The study also revealed that the assessment of the mother and baby immediately after childbirth and six weeks postpartum is done by majority of the respondents while follow up assessments on days 2-3 and 7-14 postpartum are less practiced in agreement with the reports of Warren, (2016) and Izudi *et al* (2017). Findings from the key informants also supported this in that some of the respondents admitted that they still practice postnatal care only at six weeks postpartum after the immediate care. Participants attributed non utilisation to possible non -compliance of mothers to additional time for postnatal care. This finding

could be related to the compatibility of the guidelines in relation to how well it fits into the usual or common routine for postnatal care as depicted in the diffusion of innovation theory (Dearing & Cox, 2017).

Home visits from community health workers was recommended by the WHO especially in low resource areas and under the PHC system (WHO,2015) to ensure early detection of complications at the early postnatal period and promote early referral and treatment although the current study could not establish this. Although, identification of low-birth-weight babies for treatment or possible referral is one of the recommendations of the WHO, it was discovered that only few facilities from the selected local government have facilities for the treatment of such babies thus reducing the chances of survival among these vulnerable groups as postulated by Somefun & Ibisomi (2016). The study also revealed that respondents' professional cadre did not affect their utilisation of WHO's postnatal care guidelines in the selected local government areas.

One of the major barriers identified to be responsible for poor utilisation of WHO guidelines by respondents in this study is inadequate personnel and this was confirmed by all the key informants interviewed. This corroborated the findings from other studies. (Odetola & Fakorede, 2018; Sumakuuro *et al.*, 2018). This could be related to lack of political will on the part of the government in relation to postnatal care delivery as reported by Warren, (2016) who emphasized on the need for adequate staffing to ensure quality postnatal care service delivery. Although the respondents had a good level of knowledge about the

guidelines, factors such as lack of training on the utilisation leading to little or no knowledge about the WHO guidelines were considered to be barriers to utilisation as supported by the findings of Ilesanmi & Akinmeyer, (2018) thus emphasizing the need for constant training and retraining of health workers on the guidelines.

Negative attitude of health workers also affects their intention to acquire knowledge and their willingness to utilize postnatal care guidelines as reported from some of the respondents thus corroborating the findings of Chembe & Siziya, (2017) who reported healthcare providers' attitude as a barrier to postnatal service utilisation. Economic/financial barrier to utilisation of postnatal care services have been reported in some studies on postnatal utilisation among women (Lwelamira *et al.*, 2015; Dairo & Atanlogun, 2018; Olajub *et al.*, 2019) and same was identified in this study as a barrier to the utilisation of the guidelines in relation to funding of services and supervision. Another barrier related to health facilities as reported by participants and respondents is a lack of equipment and other resources similar to the findings of Warren, (2016).

CONCLUSION

Postnatal care is a crucial part of Maternal and Child Health care. This study established the fact that respondents had a good knowledge of WHO postnatal care guidelines which did not reflect in their utilization. Inadequate personnel and training were also perceived as major barriers to the utilization of the guidelines. Training of health workers on postnatal care should be ongoing to promote providers' knowledge and quality of postnatal care in order to reduce maternal mortality.

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