

Knowledge, Perception and Perceived Effect of Neonatal Jaundice among Expectant Mothers at Teaching Hospitals, Ogun State

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Abstract

Neonatal jaundice (NNJ), affecting around 60% of term and 80% of preterm infants, poses significant health risks, particularly in low-resource settings. Delays in treatment due to maternal knowledge gaps or misconceptions can result in severe complications such as kernicterus. Maternal knowledge and perception are central to early recognition and care-seeking, yet gaps and misconceptions persist among expectant mothers in many low-resource settings, including Nigeria. The study aimed to assess the knowledge, perceptions, and perceived effects of NNJ among expectant mothers at selected teaching hospitals in Ogun State, Nigeria, to inform the development of effective educational interventions.

A descriptive quantitative survey was conducted among 107 expectant mothers at Olabisi Onabanjo University Teaching Hospital and Babcock University Teaching Hospital, using a structured questionnaire. Data were analysed using descriptive statistics and Pearson correlation, with hypotheses tested at the 0.05 significance level.

Findings revealed gaps in maternal understanding: 69.2% had good general knowledge of NNJ, but only 40.2% recognized blood incompatibility as a cause, and 61.7% had good knowledge of NNJ complications. Perception of NNJ as a common, normal condition was divided (42.1% agreed, 40.2% disagreed). Hypothesis testing showed no significant relationship between knowledge and perception ($r = 0.188$, $p = 0.053$), but there were significant positive relationships between knowledge and perceived effects ($r = 0.339$, $p < 0.05$) and between perception and perceived effects ($r = 0.334$, $p < 0.05$).

Respondents had good knowledge of neonatal jaundice; their knowledge positively impacted their perception and perceived effects of neonatal jaundice on the mother and the child. The study recommends that targeted educational interventions are essential to improve maternal understanding of NNJ, fostering proactive healthcare-seeking behaviour and reducing NNJ complications.

Keywords: Maternal Knowledge; Neonatal Jaundice; Perceived Effect of NNJ; Perception of NNJ.

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BACKGROUND TO THE STUDY

Neonatal jaundice (NNJ) is a prevalent illness affecting newborns, particularly in low-resource settings, yet expectant women have poor knowledge of its origins, symptoms, and risks. Neonatal jaundice (NNJ) is a prevalent illness in neonatal hospitals across the globe, with a higher prevalence in low- and middle-income countries (LMICs) like Nigeria. It is thought to affect 60% of term babies and 80% of preterm babies globally, and it is a major cause of neonatal morbidity and mortality (Ansong-Assoku et al., 2024). Many women are unaware of the significance of high bilirubin in causing yellowish discolouration of the skin and eyes and frequently confuse it with other conditions. This lack of understanding contributes to a delay in medical action, which can result in serious problems such as brain damage or even death if not treated. Perceptions of NNJ differ, with some seeing it as a small, self-limiting problem, while others attribute it to spiritual or hereditary factors, further delaying treatment. It is important to assess the knowledge, perception and perceived effects of neonatal jaundice among expectant mothers.

Jaundice is the most common morbidity in the first week of life and is the most common cause of readmission after discharge from birth hospitalization. Haemoglobin produces bilirubin, and because of their increased red blood cell turnover and relative polycythaemia, newborns produce more bilirubin than adults. Some newborns may have abnormally high serum bilirubin levels, which can lead to acute and chronic bilirubin encephalopathy and permanent brain damage (Saddozai et al., 2022). Jaundice is seen more in the neonatal period due to higher rates of bilirubin production brought on by physiological factors such as low albumin levels, an underdeveloped bilirubin conjugating system, shorter red blood cell life spans, higher red cell mass at birth, and unsatisfactory calorie intake that increases enterohepatic circulation. Blood group incompatibilities, birth trauma, metabolic and endocrine disorders, and hereditary diseases like glucose-6-phosphate dehydrogenase (G6PD) deficiency are among the causes and risk factors for non-numerical neurological disorders (NNJ). Studies conducted in Nigeria have shown neonatal jaundice to be one of the leading reasons for referral to tertiary health facilities for care.

Early detection and care-seeking depend on the mother's knowledge and perception of NNJ. In many low-resource settings, mothers who give birth through spontaneous vaginal delivery are released from medical facilities before the usual manifestation of NNJ. Many studies conducted in low-resource environments show that mothers' optimal knowledge and practice of NNJ were not guaranteed by the extent of prenatal care coverage or institutional delivery. Expectant mothers play a vital role in the early detection and management of neonatal jaundice (Alhassan et al., 2022). Their knowledge and perception regarding the causes, risk factors, signs, and potential consequences of neonatal jaundice significantly influence their ability to recognize and respond to the condition. Factors such as education level, access to healthcare information, and previous experiences with neonatal jaundice can impact maternal knowledge and perception.

Understanding expectant mothers' perceptions regarding neonatal jaundice and its effects on their infants' health is essential for developing targeted educational interventions and improving maternal and child health outcomes. The prevalence of unhealthy practices such as delivery outside of medical facilities, early hospital discharge following delivery, inadequate follow-up after delivery, and the lack of trained birth attendants during delivery highlight the importance of mothers and other newborn caregivers having a basic understanding of the causes, symptoms, diagnosis, and management of neonatal jaundice. By enhancing maternal

awareness and knowledge, healthcare providers can empower expectant mothers to make informed decisions and seek appropriate medical care promptly.

According to a study by Seneadza et al. (2022) in Ghana, Ghanaian mothers have high awareness of neonatal jaundice, but gaps in knowledge and attitudes remain, highlighting the need for improved education and addressing barriers to accessing healthcare for jaundiced infants. Another study in China by Huang et al. (2022) showed that many mothers in Shenzhen, China, have poor knowledge about neonatal jaundice, with factors like education, prior education, and male babies influencing their knowledge and attitudes. A study carried out in Bangladesh by Afroze et al. (2022) concluded that there is a serious knowledge gap among mothers regarding neonatal jaundice perception, severity, and treatment, highlighting the need for education programs for pregnant women to increase awareness of this important neonatal issue.

METHODOLOGY

This study adopted a descriptive quantitative study design to assess the knowledge, perception, and perceived effects of neonatal jaundice among pregnant mothers attending antenatal clinics at Olabisi Onabanjo University Teaching Hospital (OOUTH) and Babcock University Teaching Hospital (BUTH) in Ogun State. The target sample size of 107 pregnant mothers was determined using Cochran's formula, based on the average weekly antenatal attendance at both facilities (80 at OOUTH and 50 at BUTH), and participants were then recruited through convenience sampling until the target was reached. The sample was proportionally allocated, selecting 66 pregnant mothers from OOUTH and 41 from BUTH. The target population comprised pregnant women who met the inclusion criteria, which included pregnant women who are currently attending antenatal care at OOUTH or BUTH, those of them who are available and willing to participate in data collection activities, and those who were fluent in the language(s) used for data collection (e.g., English, local language). A structured questionnaire comprising five sections was used for data collection. This section assessed their demographic data, their knowledge of neonatal jaundice (causes, signs and symptoms, and the complications of neonatal jaundice), their perception of neonatal jaundice, and their perceived effects of neonatal jaundice. Validity was ensured through expert review, and reliability was tested using Cronbach's alpha (0.78). IBM SPSS version 27 was used to analyse the collected data. Descriptive statistics (frequency distribution table, percentages, mean and standard deviation) were used to analyse and present the responses from the respondents, while inferential statistics (Pearson's correlation coefficient) were used to test the hypotheses at a level of significance of 0.05. Ethical clearance was obtained from the Babcock University Health Research and Ethical Committee (BUHREC/722/24) before commencement of the study. Participation was voluntary, and every finding was treated with utmost confidentiality. Written informed consent was obtained from each participant before questionnaire administration, after the purpose, procedures, and voluntary nature of the study were explained to them. Participants were assured that they could withdraw at any point without penalty. Questionnaires were anonymised (no names or other personal identifiers were collected), and completed forms were stored securely and accessible only to the research team, in keeping with the confidentiality provisions approved by BUHREC.

Three hypotheses guided the inferential analysis: (H01) there is no significant relationship between expectant mothers' knowledge and their perception of neonatal jaundice; (H02) there is no significant relationship between expectant mothers' knowledge and their perceived effects

of neonatal jaundice on themselves and their child; and (H03) there is no significant relationship between expectant mothers' perception and their perceived effects of neonatal jaundice on themselves and their child. Pearson's correlation coefficient was used to test the hypotheses because the knowledge, perception, and perceived-effects variables were treated as continuous summated scale scores.

RESULTS

Table 1 showed the demographic characteristics of the respondents. The result revealed that many participants were between 18-24years (53.3%), while the youngest age group of the participants was between 36 years and above (7.5%). The majority (82.2%) were Christians, while more than half of the respondents (58.9%) were Yoruba by tribe. Moreso, the majority of the respondents (67.3%) were married, and more than one-third of the participants (45.8%) were self-employed. In addition, most of the participants (77.6%) had tertiary education, and the majority of the respondents (63.6%) had not previously given birth to a child with neonatal jaundice.

Table 1: Demographic data of participants (N=107)

Variables	Categories	Frequency	Percentage
Age	18-24yrs	57	53.3
	25-35yrs	42	39.3
	Above 36yrs	8	7.5
Religion	Christianity	88	82.2
	Islam	17	15.9
	Traditionalist	2	1.9
Tribe	Yoruba	63	58.9
	Igbo	34	31.8
	Hausa	9	8.4
	Others	1	.9
Marital status	Single	29	27.1
	Married	72	67.3
	Divorced/separated	6	5.6
Employment status	Employer	15	14.0
	Employee	28	26.2
	Self-employed	49	45.8
	Unemployed	15	14.0
Educational level	Primary	2	1.9
	Secondary	22	20.6
	Tertiary	83	77.6
Number of children	None	2	1.9
	One	36	33.6
	Two children	41	38.3
	Three children	14	13.1
	Four and above	14	13.1
Have you previously given birth to a child with neonatal jaundice	Yes	39	36.4
	No	68	63.6

Tables 2a and 2b revealed the level of knowledge of an expectant mother towards the causes, signs and symptoms, and complications of neonatal jaundice. The result pointed out that most of the respondents have good knowledge (69.2%) about neonatal jaundice. It further showed that most of the respondents have heard of neonatal jaundice (84.1%), many (90.7%) claimed that neonatal jaundice is not a reddish discolouration of the skin, and the majority of the respondents (81.3%) believed that jaundice does not affect all babies. Moreover, for the source of information, most of the respondents (72%) concurred that they have attended antenatal classes, half of them (50.5%) had watched videos or documentaries on neonatal jaundice, and more than half of the respondents had consulted nurses or midwives about neonatal jaundice.

In addition, more than half of the respondents failed to comprehend the causes of neonatal jaundice. More than half of the respondents don't believe that blood types (59.8%) and inadequate breastfeeding (59.8%) can cause neonatal jaundice, while 61.7% wrongly believed that what a mother eats during pregnancy can cause neonatal jaundice, and a larger percentage of the respondents correctly recognized that cold weather (69.2%) does not cause neonatal jaundice. Regarding the respondents' knowledge of neonatal jaundice signs and symptoms. The results showed that many of the respondents believed that yellow skin (86%), when a baby's eyes turn yellow (91.6%), a baby crying for a long time, and when a baby develops fever, all these will show that the baby is having neonatal jaundice. Moreover, many respondents (58.9%) agreed that neonatal jaundice cannot cause problems with talking later in life but believed (79.4%) that, if not treated can harm the baby's brain and disturb the baby's sleep (67.3%). Nonetheless, the majority of the respondents (72%) believed that neonatal jaundice does not affect only preterm babies, but all babies with neonatal jaundice need to be hospitalized (53.3), even though it is not an inherited condition (78.5%).

Table 2a: Knowledge of expectant mothers on the causes, signs and symptoms and complications of neonatal jaundice

Knowledge items	Correct options	Proportion for Correct answers	Proportion for Incorrect answers
I have heard of neonatal jaundice	Yes	90(84.1%)	17(15.9%)
Neonatal jaundice is a reddish discolouration of the skin	No	97(90.7%)	10(9.3%)
Neonatal jaundice affects all babies	No	87(81.3%)	20(18.7%)
I have attended antenatal classes that covered neonatal jaundice	Yes	77(72%)	30(28%)
I have watched videos or documentaries that discuss neonatal jaundice	Yes	54(50.5%)	53(49.5%)
I have consulted a nurse or midwife specifically about neonatal jaundice	Yes	59(55.1%)	48(44.9%)
Different blood types between the mother and baby can cause neonatal jaundice	Yes	43(40.2%)	64(59.8%)
What a mother eats during pregnancy can cause neonatal jaundice	No	41(38.3%)	66(61.7%)

Inadequate breastfeeding can cause neonatal jaundice	Yes	43(40.2%)	64(59.8%)
Cold weather is a cause of neonatal jaundice	No	74(69.2%)	33(30.8%)
Yellow skin a sign of neonatal jaundice	Yes	92(86%)	15(14%)
A baby's eyes turning yellow mean they have neonatal jaundice	Yes	98(91.6%)	9(8.4%)
A baby crying a lot means they have neonatal jaundice	No	60(56.1%)	47(43.9%)
A baby having fever means they have neonatal jaundice	No	61(57%)	46(43%)
Neonatal jaundice causes problems with talking later in life	No	63(58.9%)	44(41.1%)
Neonatal jaundice, if not treated, can harm the baby's brain	Yes	85(79.4%)	22(20.6%)
Neonatal jaundice can disturb a baby's sleep	No	35(32.7%)	72(67.3%)
Neonatal jaundice affects only preterm babies.	No	77(72%)	30(28%)
All babies with neonatal jaundice require hospitalization	No	50(46.7%)	57(53.3%)
Neonatal jaundice is an inherited condition.	No	84(78.5%)	23(21.5%)

Table 2b: Level of knowledge of expectant mothers about the causes, signs and symptoms and complications of neonatal jaundice

Respondent's knowledge on jaundice						
Level	General knowledge on Jaundice N (%)	Sources of information about jaundice N (%)	Causes of neonatal jaundice N (%)	Sign and symptoms of jaundice N (%)	Complications Jaundice N (%)	Misconceptions of jaundice N (%)
Good	74(69.2)	63 (59)	75 (70.1)	101 (94.4)	66(61.7)	79 (73.8)
Poor	33 (30.8)	44 (41.1)	32 (29.9)	6 (5.6)	41 (38.3)	28 (26.2)
Total	107(100)	107(100)	107(100)	107(100)	107(100)	107(100)

Table 3 revealed that expectant mothers perceive the severity and potential long-term effects of neonatal jaundice on both the mother and the child. The result showed that more than one-third of the respondents (42.1%) believed that neonatal jaundice is a common and normal condition, and many of the respondents (86.9%) concurred that it was easy to recognize by looking at a baby's skin and eyes. However, more than one-third of the respondents (45.8%) agreed that breastfeeding can help to prevent neonatal jaundice. Though the majority of the participants (56.1%) disagreed that neonatal jaundice treatment is expensive and difficult to access, close to half (42.1%) of the respondents agreed that traditional remedies can help with

treating neonatal jaundice, believed that it is dangerous for babies if ignored (87.9%), and the majority concurred that neonatal jaundice can be easily managed if detected earlier.

Table 3: Perception of expectant mothers regarding the severity and potential long-term effects of neonatal jaundice on both the mother and the child

Items	Agree	Neutral	Disagree
Neonatal jaundice is a common and normal condition.	45(42.1%)	19(17.8%)	43(40.2%)
Neonatal jaundice is easy to recognize by looking at a baby's skin and eyes.	93(86.9%)	10(9.3%)	4(3.7%)
Breastfeeding can help prevent neonatal jaundice	49(45.8%)	35(32.7%)	23(21.5%)
Neonatal jaundice treatment is expensive and difficult to access	26(24.3%)	21(19.6%)	60(56.1%)
Neonatal jaundice can go away on its own without treatment.	41(38.3%)	24(22.4%)	42(39.3%)
Traditional remedies can help with treating neonatal jaundice	45(42.1%)	28(26.2%)	34(31.8%)
Neonatal jaundice can be dangerous for babies if ignored.	94(87.9%)	5(4.7%)	8(7.5%)
Neonatal jaundice can be easily managed if detected early	92(86%)	7(6.5%)	8(7.5%)

Table 4. Reported the perceived effects of neonatal jaundice on both the mother and the child. The results showed that the majority of the mothers (95%) agreed that they worried when their child began to develop jaundice signs and symptoms, and most of them (41.1%) believed that it harmed their strength of breastfeeding the baby, but many were against the mindset that jaundice would drop their confidence in caring for their babies (52.3%). In addition, more than half of the respondents disagreed (69.2%) with the perception that jaundice baby takes mothers' commitment and reduce other children care from her, but the majority of the participants concurred that neonatal jaundice makes them feel stressed (70.2%). Regarding the perceived effects of neonatal jaundice on the child. The result reviewed that more than one-third of the participants agreed that Jaundice could harm their baby's health in the future (44.9%); if not treated, it could lead to breathing problems in babies (43%) and slow baby growth (53.3%), especially in areas of learning (43.9%).

Table 4: Perceived effects of neonatal jaundice on both the mother and the child

Items	Agree	Neutral	Disagree
PERCEIVED EFFECTS ON THE MOTHER			
I would be worried if my baby had jaundice	102(95.3%)	2(1.9%)	3(2.8%)
Neonatal jaundice can harm my ability to breastfeed	44(41.1%)	23(21.5%)	40(37.4%)
I would lose confidence in caring for my baby if he/she had neonatal jaundice	31(29%)	20(18.7%)	56(52.3%)
Having a baby with neonatal jaundice will	22(20.6%)	11(10.3%)	74(69.2%)

make me unable to care for other children			
Having a baby with neonatal jaundice would make me feel stressed	75(70.1%)	15(14%)	17(15.9%)
Having a baby with neonatal jaundice means I will always have sick babies in the future	13(12.1%)	8(7.5%)	86(80.4%)
PERCEIVED EFFECTS ON THE CHILD			
Neonatal jaundice can harm my baby's health later in life	48(44.9%)	25(23.4%)	34(31.8%)
Neonatal jaundice can affect my baby's ability to walk	28(26.2%)	34(31.8%)	45(42.1%)
Neonatal jaundice, if left untreated, can cause breathing problems in babies	46(43%)	33(30.8%)	28(26.2%)
Neonatal jaundice can slow my baby's growth	57(53.3%)	20(18.7%)	30(28%)
Neonatal jaundice can affect my baby's ability to learn	47(43.9%)	29(27.1%)	31(29%)
Neonatal jaundice can cause hearing problems in babies	34(31.8%)	37(34.6%)	36(33.6%)

Test of Hypotheses

Hypothesis One

H01 - There is no significant relationship between expectant mothers' knowledge and their perception of neonatal jaundice

Table 5: Pearson correlation showing relationship between expectant mothers' knowledge and their perception toward neonatal jaundice.

		Expectant mothers' knowledge	Remarks
Perception of neonatal jaundice	Pearson correlation	0.188	Accept null hypothesis
	Sig. (2-tailed) p-value	0.053	
	N	107	

Table 5. Indicates a positive insignificant relationship between expectant mothers' knowledge and their perception toward neonatal jaundice in two selected health facilities in Ogun State ($r = 0.188$; $p=0.053 > 0.05$). The hypothesis, which stated that "There is no significant relationship between expectant mothers' knowledge and their perception toward neonatal jaundice is hereby accepted by these findings.

Hypothesis Two

H02: There is no significant relationship between expectant mothers' knowledge and their perceived effects of neonatal jaundice on both them and their child

Table 6: Pearson correlation showing relationship between expectant mothers' knowledge and their perceived effects of neonatal jaundice on both them and their child

		Expectant mother's knowledge	Remarks
Perceived effect of both mothers and child	Pearson correlation	0.339*	Reject null hypothesis
	Sig. (2-tailed) p-value	0.000	
	N	107	

Table 6: Indicates a significant relationship between expectant mothers' knowledge and their perceived effects of neonatal jaundice on both them and their child ($r=0.339$, $p=0.000<0.05$). The hypothesis, which stated that “there is no significant relationship between expectant mothers' knowledge and their perceived effects of neonatal jaundice on both the mother and their child is hereby rejected by the finding.

Hypothesis Three

H03 - There is no significant relationship between expectant mothers' perception and their perceived effects of neonatal jaundice on them and their child.

Table 7: Pearson correlation showing the relationship between expectant mothers' perception and their perceived effects of neonatal jaundice on both them and their child

		Expectant mother's perception	Remarks
Perceived effect on both mothers and child	Pearson correlation	0.334*	Reject null hypothesis
	Sig. (2-tailed) p-value	0.000	
	N	107	

***Correlation is significant at the 0.05 level (2-tailed).**

Table 7 reported a significant relationship between expectant mothers' perception and their perceived effects of neonatal jaundice on them and their child [$r=0.334$, $p=0.000<0.05$]. The hypothesis, which stated that “There is no significant relationship between expectant mothers' perception and their perceived effects of neonatal jaundice on them and their child is hereby rejected by these findings.

DISCUSSION OF FINDINGS

Demographical Data

This study showed that most of the respondents were between age 18-24years, Christian, Yoruba, married, self-employed, but few of them had previously given birth to a child with neonatal jaundice. This result contradicts the study led by (Hamad & Khalil, 2019) in Soran city. He found that 36% of mothers were in the age group of 25–30 years. Majorities (84%) were Muslim, 76% of them were housewives, and 49% were multipara. These results were found not to be the same because of differences in culture and religion belief of the respondents.

Level of knowledge of expectant mothers about the causes, signs and symptoms, and complications of neonatal jaundice

This study showed that most of the respondents had good knowledge in the areas of the causes, signs and symptoms, complications, and misconceptions about neonatal jaundice. This report was in line with a study led by Huang et al. (2022) who assessed mothers' knowledge, attitudes, and practices regarding neonatal jaundice in Shenzhen, China. The findings revealed that only 46.4% of mothers had good knowledge of neonatal jaundice, and 41.7% sought additional information. Factors associated with better knowledge included higher education levels (master's degree or above) and prior education on jaundice. Another similar study was conducted by Dzantor et al. (2023) in Ghana on Neonatal Jaundice Management. The study findings underscore the significance of their clinical knowledge, which influences their attitudes and practices regarding neonatal jaundice. According to the study, 69.30% (140 out of 202) of participants demonstrated good knowledge, while 64.90% (131 out of 202) exhibited positive attitudes, and 62.90% (127 out of 202). These two studies were found similar to the current study because the majority (77.6%) of the mothers had attained tertiary education.

Unfortunately, a study conducted by Hamad & Khalil (2019) is against this current report, as it revealed most of the mothers (88%) had poor knowledge of neonatal jaundice. This result was found to contradict the current report because the study was conducted in a Muslim country with less educated mothers compared to this current study, where most of the mothers were tertiary education graduate and they practise Christianity.

Expectant mothers perceive the severity and potential long-term effects of neonatal jaundice on both the mother and the child

Findings on whether neonatal jaundice is perceived as a common and normal condition were divided, with 42.1% agreeing, 40.2% disagreeing, and the remainder neutral, indicating no clear consensus among respondents. Less than half of respondents viewed breastfeeding (45.8%) or traditional remedies (42.1%) as effective ways of managing it if detected earlier. This result correlates with a study led by (Saddozai et al., 2022) in the district headquarters hospital in Pakistan. The report showed that most mothers (80.25%) recognized skin discolouration as a symptom of jaundice, though a minority (19.75%) viewed it negatively. While the majority acknowledged jaundice as a serious condition, only 11.75% held contrary views. These results were found similar because the study crossed through all levels of education from primary to tertiary education holders.

Perceived effects of neonatal jaundice on both the mother and the child

This finding showed that most mothers were worried when their children were diagnosed with jaundice because it would take much of their time, harm their strength during their baby's breastfeeding and make them stressed. Also, the majority of the respondents agreed that if neonatal jaundice is not managed very well, it may harm the baby's future health, result in breathing problems, slow down the baby's learning habits, and his/her growth. This study was found similar to a study conducted by Seneadza et al. (2022), who discovered that out of the 504 mothers surveyed, 428 (85.4%) were aware of NNJ. Of these, 346 (68.7%) identified the earliest signs in the eyes, while 384 (76.2%) acknowledged the potential harm associated with NNJ. Impressively, 467 (92.7%) advocated seeking healthcare for jaundiced newborns. These two results were found to be similar, though from different countries but of the same continent and because the study used more than one health facility.

CONCLUSION

This study found that expectant mothers attending antenatal clinics in the Teaching Hospitals in Ogun State generally had good knowledge of neonatal jaundice (69.2%), yet notable gaps persisted in understanding specific causes such as blood group incompatibility (40.2%) and in recognizing certain complications. Perceptions of neonatal jaundice were divided, with respondents split on whether it is a common, normal condition, and confidence in home-based management strategies such as breastfeeding and traditional remedies was limited. Knowledge and perception were not significantly correlated, but both were significantly associated with mothers' perceived effects of neonatal jaundice on themselves and their infants. These findings suggest that improving maternal knowledge alone may not be sufficient to shift perception, and that targeted, perception-sensitive health education is needed to support early recognition and timely care-seeking for neonatal jaundice.

Implication for Nursing Practice

The findings have direct relevance for nursing practice, especially Community/Public Health Nursing. Community and public health nurses are often the first point of contact for pregnant and postpartum women and are well positioned to close the knowledge gaps identified in this study, particularly around the causes and possible complications of neonatal jaundice. Structured health education during antenatal visits, home visits, and postnatal follow-up addressing misconceptions about blood incompatibility, complications, and home remedies should be incorporated into routine maternal and child health services. Nurses should also use antenatal contacts to assess and address maternal perceptions, not knowledge alone, since perception was shown to independently predict how mothers evaluate the effects of neonatal jaundice.

List of Abbreviations

BUHREC: Babcock University Health Research Ethical Committee.

BUTH: Babcock University Teaching Hospital

G6PD: Glucose-6-phosphate dehydrogenase

NNJ: Neonatal jaundice

OOUTH: Olabisi Onabanjo University Teaching Hospital

SPSS: Statistical Package for the Social Sciences.

Declarations

Ethical approval and consent to participate

The study was approved by the Babcock University Health Research Ethical Committee (BUHREC) with ethical approval number (BUHREC/722/24).

Availability Of Data And Materials

The data and materials associated with this research will be made available by the author upon reasonable request.

Competing interests

The author has declared no conflict of interest

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REFERENCES

- Afroze, S., Parvin, R., Sudha, R. C., Abiduzzaman, M. F., & Kabir, A. E. (2022). Mothers' knowledge on neonatal jaundice attending a neonatal intensive care unit of a tertiary care hospital in Dhaka, Bangladesh. *International Journal of Human and Health Sciences (IJHHS)*, 6(3), 304–308. <https://doi.org/10.31346/ijhhs.v6i3.879>
- Al-ezzi, J. I., Shareef, A. J., & Ali, M. H. (2022). Neonatal jaundice: Knowledge, practice, and attitude among primigravida women. *Genel Tıp Dergisi*, 32(5), 530–533.
- Alhassan, A., Brago, A. M., Abena, K. A., Kekeli, C. J., & Nuamah, A. J. (2022). Knowledge, attitude and practices regarding neonatal jaundice among mothers.
- Ansong-Assoku, B., Adnan, M., Daley, S. F., & Ankola, P. A. (2024). Neonatal Jaundice. *Nigerian Library of Medicine*. <https://www.ncbi.nlm.nih.gov/books/NBK532930/>
- Dzantor, E. K., Serwaa, D., & Abdul-Mumin, A. (2023). Neonatal jaundice management: Improving clinical knowledge of jaundice for improved attitudes and practices to enhance neonatal care. *SAGE Open Nursing*, 9, 23779608231220257. <https://doi.org/10.1177/23779608231220257>
- Hamad, K., & Khalil, H. (2019). Assessment of knowledge of neonatal jaundice among mothers attending maternal and pediatric hospital in Soran City. *Polytechnic Journal*, 9(1), 50–55. <https://doi.org/10.25156/ptj.v9n1y2019.pp50-55>
- Huang, Y., Chen, L., Wang, X., Zhao, C., Guo, Z., Li, J., et al. (2022). Maternal knowledge, attitudes and practices related to neonatal jaundice and associated factors in Shenzhen, China: A facility-based cross-sectional study. *BMJ Open*, 12(8), e057981. <https://doi.org/10.1136/bmjopen-2021-057981>
- Johnson, K. A., Maple, B. B., & Brion, L. P. (n.d.). Neonatal jaundice. *American Academy of Pediatrics*. <https://publications.aap.org/aapbooks/edited-volume/690/chapter/8452927/Neonatal-Jaundice>
- Saddozai, S. U., Gul, J., Shukat, R., Jabeen, N., Mehmood, A., Abdullah, Z., et al. (2022). Knowledge, attitude, and practice (KAP) of mothers regarding neonatal jaundice in the hospital of KPK, Pakistan. *Pakistan Journal of Medical & Health Sciences*, 16(9), 807–807.
- Seneadza, N. A. H., Insaadoo, G., Boye, H., Ani-Amponsah, M., Leung, T., Meek, J., et al. (2022). Neonatal jaundice in Ghanaian children: Assessing maternal knowledge, attitude, and perceptions. *PLOS ONE*, 17(3), e0264694. <https://doi.org/10.1371/journal.pone.0264694>