

Nursing Mother's Perception of Mental Health and Information-Seeking Behaviour Towards Postpartum Depression in Osogbo Local Government, Osun State, Nigeria

Oyerinde, Oyewole Olusesan (Ph.D) ^{1*}, Ajibade, Iyanuoluwa Tobiloba², Adeoye Adebola K³, Ajibade Philip Omotayo⁴, Oyerinde Emmanuel Ifeoluwa ⁵, Akinpelu Oluwaseun Abel⁶, Kilanko Akinkunmi Oyekunke⁷

^{1&2} Babcock University, Department of Public Health, School of Public and Allied Health, Ogun State;

³Babcock University, Department of Nutrition and Dietetics; ⁴University of Osun Teaching Hospital Osun Sate ⁵Babcock University, Department of Computer Science ⁶Babcock University, School of Education and Humanity, ⁷Lasierra University, California, USA

*Corresponding author:

Associate Professor, Oyerinde, Oyewole Olusesan
Babcock University, Department of Public Health, Ogun State, Nigeria.
Tel: +2348023940486 E-mail: oyerindeo@babcock.edu.ng

ABSTRACT

There's alarming rise in postpartum depression (PPD) among nursing mothers in every part of Southwest Nigeria within the first three months postpartum. Therefore, this study assessed the nursing mother's perception of PPD and information-seeking behaviour in Osogbo Local Government, Osun State.

A cross-sectional study design that adopted multistage sampling technique to enroll two hundred and fifty nursing mothers from thirteen health facilities in the study location. Data collected through a validated interviewer-administered questionnaire were analyzed and presented using simple Frequency, correlation, and binary logistic regression.

The mean-age of the mothers was 29.3±5.4 years and the mean knowledge-score was 10.3±3.9, while the mean perception score was 7.9±4.1. Many (59.6%) had an unfavorable perception of PPD and a high Help-seeking intention toward PPD. There's perceived severity of PPD with a mean score of 3.0±2.3 on a 6-point rating scale. Their level of education had a significant relationship with Help-seeking intention toward PPD ($X^2=19.1$; $p=0.004$). There was a significant association between Respondents perception and Help-seeking intention towards PPD ($R= 0.32$; $R^2=0.092$; $p\text{-value} =0.000$) and Help-seeking intention toward PPD.

In conclusion, there exists statistically significant association between respondents' perception of PPD and Help-seeking intentions with unfavorable perceptions odd ratio of 1.7 times more likely to intend to seek for healthcare (Odds ratio=1.67; CI: 0.96- 2.90; $p=0.03$) implying that nursing mothers intend to seek help for PPD, it is recommended that midwives should include health talks on PPD during antenatal and postnatal visits, to enlighten women and help them recognize PPD for early intervention

Keywords: Help-seeking intention, Mental Health among Nursing mothers, Perception, Postpartum depression

INTRODUCTION

Being a mother is a joyful and exciting event according to traditional beliefs. It is concerning for women to be emotionally down and deprived of the joy of motherhood at a period when they are supposed to be happy and excited (Nnaka, 2018). The American Psychiatric Association (2013) stated that much emphasis has been placed on antenatal health than postnatal health and less emphasis on the mental health of mothers in developing countries. Postpartum depression is recognized by the World Health Organization as an important public health challenge that occurs after delivery majorly in the first six weeks to a year. Various complications can arise before giving birth, during the pregnancy phase and after giving birth, Postpartum depression is one of the major public health concerns for women of reproductive age (Afolayan, et al., 2016). It has been found that Postpartum depression has consequences on both the emotional and mental development of children whose mothers were affected (Adeyemo, Oluwole, Karma-Okafor, Izuka & Odeyemi., 2020).

The signs and symptoms of Postpartum depression include fatigue, inability to sleep, impaired self-esteem, loss of interest in daily activities, insomnia, inability to eat, guilt, hopelessness, poor concentration, suicidal tendencies, feeling down and sad, mood swings, uncontrollable crying, feeling detached with the baby, difficulties bonding with the child, withdrawing from loved ones, friends (American Psychological Association, 2014). The World Health Organization (WHO), (2015) states that 20–40% of women in developing countries will experience depression during pregnancy or after childbirth. Help-seeking intention can be defined as the participant's intention to seek help from health workers if they have a mental health concern (Yeshanew, Belete & Necho, 2020). Mental health literacy refers to knowledge, beliefs, and perceptions about mental health disorders that aid in the prevention and recognition of the condition. Mental health literacy has been one of the most studied areas related to mental health help-seeking, with a lot of evidence showing that people with low mental health literacy are less likely to seek help for mental problems (O'Connor, Casey, Clough, 2014).

A broad term commonly used as an alternative to 'undernutrition' but which technically also refers to over-nutrition. People are malnourished if their diet does not provide adequate nutrients for growth and maintenance or if they are unable to utilize the food they eat due to illness (under-nutrition) or they are also malnourished if they consume too many calories (over-nutrition). (UNICEF, 2012). One of the main post-partum experience includes the use of exclusive breastfeeding for the development of the baby and this process of breastfeeding burns extra calories of mothers, it helps one lose pregnancy weight faster. It releases the hormone oxytocin which helps your uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth. Breastfeeding also lowers your risk of breast and ovarian cancer. It may lower risk of osteoporosis too, since you don't have to buy and measure formula, sterilize nipples, or warm bottles, it saves you time and money it also gives you regular time to relax quietly with you newborn as you bond (UNICEF, 2007).

Nutrition education given to mothers should emphasize the importance of breast milk only for the first 6 months of life and also promoting appropriate, timely complementary food at six months and above with increased feeding frequency and change in food consistency, quality and diversity as the child ages (WHO, 2015) more importantly feeding practices of

mothers that support postpartum healthy growth. However, inadequate knowledge of appropriate food and feeding practices is often a great determinant of malnutrition. It has also been observed that mothers who are nutritionally informed and educated bring up their children in a healthier way than those who lack appropriate nutritional knowledge (NDHS, 2008) and many also keep their health status at comfortable healthy growth. Hence the need to evaluate the nutrition information communicated to mothers of under-five children attending immunization clinic, postnatal clinic/postpartum clinic. This has become important since poor nutritional knowledge can lead to debilitating untold health challenges outcome such as malnutrition that can result from sub-optimal growth of the mothers and their infants (babies) (WHO, 2013a and 2013b), breast-feeding practices, poor quality complementary feeding, detrimental feeding practices which poses a great effect on the growing child and mothers health (United Nation Children's Fund, 2010).

In the Sub-Saharan part of Africa, women diagnosed with postpartum depression ranges from 10-15% in developing countries (Madlala, 2017). In a survey carried out by Wang et al to map out the global prevalence rate in the world, West Africa had a prevalence rate of 13.62% (Wang, Liu & Shuai et al., 2021). The systematic review by Wang et al., (2021) also showed that the prevalence rate of Postpartum depression is higher among those in developing countries (19.99%) compared to those in the developed countries (14.85%), this might be due to various factors which include poor knowledge, poor perception, psychosocial factors, and utilization of health care resources. Postpartum depression is a serious problem in terms of awareness and recognition majorly in developing countries such as Nigeria (Nnaka, 2018). A study conducted in Osogbo in 2018 by Abiodun, Abiodun & AkinSulore (2018) to determine the prevalence and correlates of postpartum depression in Osogbo, Osun state revealed that there is a prevalence rate of postpartum depression (17.70%), Therefore, the objective of the study was to determine the perception and help-seeking intention towards postpartum depression among nursing mothers attending immunization clinics in Osogbo, Osun state.

METHODOLOGY

The data were collected using a cross-sectional descriptive survey among nursing mothers attending immunization clinics in Osogbo Local Government, Osun State. Research permits and approval were obtained from the Osun State Health Research Ethics Committee (OSHREC). The ethical considerations of informed consent, confidentiality, and anonymity were ensured and Verbal informed consent was obtained before data collection. Respondents were recruited based on their willingness to participate in the study. Participants who consented to be part of the study were well briefed about the study. Information obtained from the participants was kept confidential and participants' identity was not disclosed at any time during the study. An Interviewer-Administered questionnaire was used to collect information on the perception and Help-seeking intention toward postpartum depression among nursing mothers attending immunization clinics in Osogbo, Osun state. Five research assistants who were capable of speaking English and Yoruba fluently were employed and trained to administer the questionnaires to nursing mothers. Questions in the questionnaire were formulated from the conceptual framework relevant to

the study. The total number of questionnaires used was 250. Multistage sampling was used for this study. Data were analyzed using the SPSS version 21.0 to descriptively and statistically determine the perception and Help-seeking intention towards postpartum depression among nursing mothers attending immunization clinics in Osogbo, Osun state. Descriptive statistics and inferential statistics were used to support or reject the hypothesis and the objectives.

Study variable

The independent variables used in the study were the sociodemographic characteristics and the perception of postpartum depression. The dependent variable used in the study was their help-seeking intention toward postpartum depression

RESULTS

A total of 250 participants were recruited in the study designed to determine the perception and help-seeking intention toward postpartum depression among nursing mothers attending immunization clinics in Osogbo, Osun state.

The mean age of the mothers was 29.3 ± 5.4 years and less than half (48.4%) of the mothers aged 18-28 years. Less than half (46.4%) of the respondent's babies were within age-10weeks old (See, Figure 4.1). Majorities (85.6%) of the respondents were married and most (87.2%) were in a monogamous family. The majority (91.2%) of the respondents were Yoruba. The respondents earn an average monthly income of 34,914 naira with the majority earning between 1,000 naira - 50,000 naira (See, Figure 4.2). More than (58.4%) of the respondents had tertiary education. Almost half (49.6%) of the respondents were self-employed. The respondent's spouse earned an average monthly income of 86,386 naira and more than half (57.2%) of the respondent's spouse earned between 5,000.00 naira to 50,000.00 naira. Almost half (48.8%) of the respondent's spouses were self-employed. Most (66.8%) of the respondent's spouses had tertiary education. Less than half (37.6%) of the respondents had one child.

Table 1: Sociodemographic characteristics of Nursing Mothers

Socio-demographic variables for consideration	Respondents in this study; N=250	
	Frequency(n)	Percentage (%)
Age (in years) mean age = 29.3 ± 5.4 years.		
18-28	121	48.4
29-39	116	46.4
40-49	13	5.2
Total	250	100
Marital Status		
Single	24	9.6
Married	214	85.6
Divorced	10	4.0
Widowed	2	0.8
Total	250	100

Type of Family		
Monogamous	218	87.2
Polygamous	32	12.8
Total	250	100
Ethnicity		
Igbo	17	6.8
Yoruba	228	91.2
Hausa	4	1.6
Other	1	0.4
Total	250	100
Educational attainment		
Non-formal	14	5.6
Primary	32	12.8
Secondary	58	23.2
Tertiary	146	58.4
Total	250	100
Number of Children		
One	94	37.6
Two	76	30.4
>Two	80	32.0
Total	250	100

NURSING MOTHERS PERCEPTION OF TOWARDS POSTPARTUM DEPRESSION

The respondent's perception of postpartum depression was assessed using different typologies of perception according to the Health Belief Model, that is perceived susceptibility to postpartum depression, perceived severity of postpartum depression perceived barriers to seeking treatment for postpartum depression, and perceived benefits for seeking.

The respondent's overall perception of postpartum depression measured on an 18-point rating scale showed a mean score of 7.9 ± 4.1 . The respondent's perception of postpartum depression was then categorized into two by the 50th percentile based on biomedical view into favorable perception and unfavorable perception. Those who scored less than equal to 9 (≤ 9), were regarded as having an unfavorable perception of postpartum depression, while those who scored greater than 9-18 ($> 9-18$) were regarded as having a favorable perception of postpartum depression. More than half (59.6%) of the respondents had an unfavorable perception of postpartum depression (See, Table 4.5)

Respondent's perceived susceptibility to postpartum depression measured on a 4-point rating scale showed a mean score of 1.2 ± 1.3 . The respondent's perceived susceptibility to postpartum depression was categorized into high (> 2) and low (≤ 2). The majority (82.8%) of the respondents perceived that they had low susceptibility/vulnerability to postpartum depression

The respondent's perceived severity of postpartum depression measured on a 6-point rating scale showed a mean score of 3.0 ± 2.3 . The respondent's perceived severity of postpartum depression was categorized into high (> 3) and low (≤ 3). More than half (59.2%) of the respondents had high perceived severity of postpartum depression

The respondent's perceived barriers to postpartum depression treatment measured on a 4-point rating scale showed a mean score of 1.3 ± 1.4 . The respondents perceived barriers to seeking treatment or preventing postpartum depression were categorized into low (> 2) and high (≤ 2). The majority (84%) of the respondents had high perceived barriers to postpartum depression treatment

The respondents perceived benefits of seeking treatment or preventing postpartum depression measured on a 4-point rating scale showed a mean score of 2.3 ± 1.4 . The respondents perceived benefits of seeking treatment or preventing postpartum depression were categorized into low (> 2) and high (≤ 2). More than half (54.8%) of the respondents had high perceived benefits of seeking treatment for postpartum depression.

Table 2: Respondents Perception of Postpartum Depression

Perception Variables	Respondents in this study; N=250			
	SA (%)	A (%)	D (%)	SD (%)
PERCEIVED SUSCEPTABILITY				
I am at risk of having postpartum depression	34(13.6)	48(19.20)	60(24.0)	108(43.2)
If I have postpartum depression, I can die from it	75(30.0)	42(16.8)	50(20.0)	83(33.2)
PERCEIVED SEVERITY				
Postpartum depression can affect my marriage	95(38.0)	61(24.4)	40(16.0)	54(21.6)
Postpartum depression can cause bonding problems for the mother and the baby	86(34.4)	75(30.0)	38(15.2)	51(20.4)
Postpartum depression can lead to suicidal thoughts	99(39.6)	56(22.4)	42(16.8)	53(21.2)
PERCEIVED BARRIERS				
Postpartum depression treatment is expensive and inconvenient	65(26.0)	60(24.0)	62(24.8)	63(25.2)
Postpartum depression treatment is time demanding and consuming	89(35.6)	65(26.0)	58(23.2)	38(15.2)
PERCEIVED BENEFITS				
Early treatment for postpartum depression is beneficial to the baby and the mother	108(43.2)	70(28.0)	20(8.0)	52(20.8)
Screening for Postpartum depression can help detect the condition early	16(46.4)	80(32.0)	24(9.6)	30(12.0)

Respondents' Help-seeking Intention towards Postpartum Depression

The respondent's Help-seeking intention measured on a 7-point rating scale showed a mean score of 4.2 ± 1.92 . Also, the respondent's Help-seeking intention was categorized into two, that is low (≤ 4) and high ($> 4-7$). More than half (59.6%) of the respondents had a high Help-seeking intention toward postpartum depression

Table 3: The Proportion of Respondent's help-seeking intention towards Postpartum Depression

Total Obtainable Score (7)	Respondents in this study; N=250	
	Frequency	Percentage (%)
Low Help-seeking intention (≤ 4)	107	40.4
High Help-seeking intention ($> 4 -7$)	114	59.6
Mean \pm SD	4.2 \pm 1.92	

Test of hypothesis:

Hypothesis 1: There is a significant association between the perception and help-seeking intention of nursing mothers toward postpartum depression

The Chi-square results from the above table show that there is a significant association between the level of education and the Help-seeking intention of nursing mothers toward postpartum depression.

Also, the result of the binary logistic regression showed a significant association between respondents' level of education and Help-seeking intention toward postpartum depression. Those who had a high level of education as compared with those with a low level of education had an odd of 1.2 times more likely to intend to seek care for postpartum depression (Odds ratio; 1.19; CI: 1.002-1.41; $p=0.04$)

Hypothesis 1:

The result of the correlation showed a significant relationship between respondents' perception of postpartum depression and Help-seeking intention toward postpartum ($r=0.31$; $p=0.000$). Also, the result of the linear regression showed that there is a significant association between respondents' perception and Help-seeking intention towards postpartum depression, and respondents' perception contributes 9.2% to the variation ($R=0.32$; $R^2=0.092$; p value= 0.000). Therefore, based on these values, respondents' Help-seeking intention toward postpartum depression is dependent on their perception of postpartum depression. Hence the null hypothesis is rejected.

The binary logistic regression also showed a statistically significant association exists between respondents' perception of postpartum depression and Help-seeking intention toward postpartum depression. Respondents with favorable perceptions as compared with those with unfavorable perceptions had an odd of 1.7 times more likely to intend to seek care for postpartum depression (Odds ratio= 1.67 ; CI: 0.96- 2.90; $p=0.03$).

Table 4: Logistic Regression Showing Predictor of Help-seeking Intention towards Postpartum Depression

Variable	ITN Use			
	Respondents in this Study= 250			
	Odd ratio	p-value	Confidence Interval	
Level of education	1.19	0.04	1.00	1.41
Perception	1.67	0.03	0.96	2.90

DISCUSSION OF FINDINGS

Socio-demographic characteristics of the respondents

The finding of this study revealed that the mean age of the respondents was 29.3 ± 5.4 years. This finding is similar to the mean age reported by Obioha et al (2021) in Southwest Nigeria and Adeyemo et al. (2020) in Lagos. The similarities in results may be because the respondents were within the reproductive age. This study finding revealed that most of the respondent's low monthly income, although their spouse earns better than they received. This finding corroborates the finding of Adeyemo et al, (2020). The finding of this study revealed that most of the respondents had one child. This finding corroborates the result of Obioha et al, (2021).

Perception of Postpartum Depression

This study revealed that more than half of the respondents had an unfavorable perception of postpartum depression. This finding is at variance with the result of Adefolarin, & Arulogun, (2018) who reported positive perception among their respondents. This study revealed a significant association between perception of postpartum depression and Help-seeking intention toward postpartum depression. This finding corroborates the results of Manso-Córdoba et al. (2020) in New York and Azale, Fekadu, & Hanlon (2016) in Ethiopia where they reported a positive association between perception of postpartum depression and help-seeking intention towards postpartum depression. These similarities in finding support the Health Belief Model which state that one's perception of the threat of disease could influence the likelihood to take recommended action or seek help.

Help-seeking Intention of Nursing Mothers towards Postpartum Depression

This study finding revealed that most of the respondents had a high level of intention to seek care for postpartum depression. This may be due to their level of education as most of the respondents had tertiary education. The study also revealed that respondents' level of education influences their Help-seeking intention toward postpartum depression. This finding is at variance with the result of Manso-Caordoba et. al. (2020) in New York where they reported a significant association. Also, the finding of this study revealed no significant relationship between respondents' age, marital status, occupation, income, ethnicity, parity, and Help-seeking intention toward postpartum depression. This finding corroborates the result of Manso-Caordoba et. al. (2020) who reported that neither age nor parity was associated with seeking help for postpartum depression. The study revealed no significant association between respondents' ethnicity and Help-seeking intention toward postpartum depression. This finding is at variance with the result of Manso-Caordoba et. al, (2020) who reported a strong association between different ethnic groups. The differences in findings may be because of differences in the study location.

RECOMMENDATION

Based on these findings, the following is recommended that:

Health education and information dissemination strategies on cultural influences are made repeatedly during post-natal programs and emphasis be laid on ethnicity influences and

cultural barriers towards help-seeking intention among mothers to avoid postpartum depression.

Secondly postpartum depression health education modules should be incorporated into antenatal care and postnatal care policy by the government. This will help to reduce the burden of postpartum depression and finally nutrition played important role in self-defense of individuals and their immunity towards any opportunistic outburst of hormonal imbalance.

CONFLICT OF INTEREST

The authors of this work hereby declare no conflict of interest in this study. The study did not receive any grant or any financial support. The authors so declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

ETHICAL CONSIDERATION

Informed consent was given to the respondents to ensure that they agree to be in the study of their own free will. Research permit and letter were obtained from Osun state health research and ethical committee. The ethical considerations; of informed consent, confidentiality and anonymity were ensured and Verbal informed consent was obtained before data collection Coercion: Respondents were recruited based on their willingness to participate in the study. The participants had the choice of taking part in the study or not. Participants who voluntarily consented to be part of the study were well briefed about the risks and benefits of participating in the study.

CONFIDENTIALITY Information obtained from the participants was kept confidential and participants' identity was not disclosed at any time during the study. Also, the instrument did not require the participants to write information that will disclose their names.

AUTHORS' CONTRIBUTIONS

Oyerinde OO, investigator, conceptualized and designed the study, prepared the draft of the manuscript and reviewed the manuscript; Ajibade IT, led the data collection worked on data analysis and interpretation and also prepared the manuscript; Norimah; Adeoye A, data analysis and interpretation; Ajibade PO, assisted in drafting of the manuscript, reviewed the manuscript.

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