

Health Needs and Health Problems among Children of Women Attending Postnatal Care in Jos North Local Government Area of Plateau State, Nigeria

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Abstract. This research was carried out to know the health needs and health problems among children of women attending postnatal care in Jos North local government area of Plateau State. The research was conducted using cross-sectional survey research method through structured questionnaire which was administered to two hundred and fifty-five (255) women in Jos North local governmental area of Plateau State who served as the respondents. The data collected from the respondent was analyzed using simple frequency and percentage method. The results revealed among others that immunization is a health needs of children 222 (88%), malnutrition is a health problem among children 209 (83%), lack of vitamin A is factor influencing the health problem of children 200 (80%) and mothers thinks that children dietary and nutritional requirements should differ from adult 41 (56%). Based on some of these, findings the respondents have a very high knowledge on the health needs and health problem among children of women attending postnatal care. Based on some of the findings it was recommended that food rich in protein and carbohydrate should be given to children so as to help them to replace worn out tissues and also provides energy and that proper nutrient should be designed for children different from that of adult. Health seminars should be organized so as to educate mother on the importance of giving their children balanced diet.

Keywords: Health Needs, Health Problems and Women Attending Postnatal Care

1. Introduction

Health is a must for every works that people must do in order to live and be successful in life. It had been seen to mean different things to individuals. According to Kajang and Jatau (2012); too many people, being healthy or in a state of good health,

means not being under a doctor's care and not suffering from an obvious or disturbing ailment. But health is much more than the absence of illness, health is a positive 'force'. It is the presence of the ultimate physical and emotional functioning rather than the absence of disease. Health is conceived as any being in a quality of physical, mental and emotional well-being which enables one to live effectively and enjoyable.

They expressed further that the World Health Organization (WHO) defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Furthermore, that health is the working together in harmony of the body and in mind at their highest capacities. Health is assessed by the degree of equilibrium that exists in the physical, emotional, social and mental aspects of the individual. It therefore follows that, the health of the individual is influenced by both the internal environment and external environment. However, it must be pointed out in this work that all these facets of health form the bases for the health needs and health problems of individuals including Children.

Discussing about peoples need, Awnacher (2017) expresses that individuals need the following: physiological needs, safety needs or security needs, love and belonging needs or social needs, esteem and prestige needs or ego needs and self-actualization needs or self-realization needs. However, where these needs general work will be based on the safety needs or security needs which may include the emotional and mental needs, physical needs, environmental needs, Kajang and Jatau (2012). On the other hand, health problems may be defined as any deviation from complete physical, mental and social well-being and not merely the absence of diseases or infirmity.

Some of the health problems of children could be nutritional or in health practice.

In line with this, Charlotte (2016) expressed that in Sub-Saharan Africa, the highest rates of neonatal mortality in the world and has shown the slow progress in reducing newborn deaths, especially death in the first week of life. Each year, at least 1 million African Babies die in the first 28 days of life and 850,000 of these babies do not live the week they are born. Warren (2016) Asphyxia claims many babies during the first day and the majority deaths due to preterm birth occur during the week. Thirty-eight percent of babies in Sub-Saharan Africa die of infections mainly after the first week of life. The majority of these deaths are low birth weights (LBW) babies. Many of whom are preterm Charlotte (2006). In addition, long term disability and poor development often originate from child birth and the early postnatal periods. Also, the authors pointed out that at least one in four child deaths occur during the first month of life these deaths often take place before the child health services begin to provide care, usually, at six weeks for the first immunization visit. Low coverage of care in the postnatal periods negatively influence other maternal, newborn and child health (MNH) programmes along and continue of care. For example, the lack of support for healthy home behaviours, such as breastfeeding can have ongoing effects for the child in terms of under nutrition. In addition, newborns and mothers are frequently lost to follow ups during the postnatal periods for prevention of mother-to child transmission (PMTCT) of HIV. These facts too are considered. Sines, Syed, Wall & Worly (2007)

The following ailments are common with children under the age of five. These disease include polio, diphtheria, tetanus, tuberculosis, pertussis (whooping cough) and measles. Others are nutritional problems such as bleeding of gums, kwashiorkor, marasmus, blindness, rickets etc. these are considered in this work. Generally, it is noted that certain problems are in existence in the nutrition of women and children NPI (2018) the nutritional GAM prevalence among children ages 6-59 months based on weight-for-height z score and or oedema was 7.0% (95%cl:6.5-7.5) with MAM of 5.5% (95%cl:5.1-6.0) and SAM of 1.5% (95% Cl: 1.3-1.7) including 24(0.1%) oedema cases. The rates indicate that acute mal-nutrition levels have remained at alarming levels of 5-9.9% over the years since 2014. The prevalence of underweight among children aged 0-59 months was 19.9% (95% Cl: 21.5-23.4), just at the margin of 20% threshold for serious situations that it has been since 2014, higher than the global estimate of 15%

but consistent with the rates in West and Central African region (22%). The prevalence of stunting was 32.0% (95% CI: 30.7-33.4) and has remained the largest burden of malnutrition with stagnated rates above 30% since 2014, and with many states in the north west and north east recording prevalence above 40%. The WHO critical level stunting indicates a long term nutritional problem in the country and at similar levels to that of the Sub-Saharan Region (37%) with serious and irreversible consequences. Over weight prevalence at 1.2 has however remained below the percentage threshold in all the 37 domains. Over all, only 64% of children in Nigeria are growing healthy without being stunted or wasted. This may likely be the case in the area of the present study.

NPI (2018) The prevalence of MUAC-based Malnutrition (MUAC <125mm/Oedema) for children 6-59 months was 4.7 percent (95% CI: 4.3-5.1), with moderate acute malnutrition (MUAC >=115 and <125mm) rate of 3.7% (95% CI:3.4-4.1) and severe acute malnutrition using MUAC (<221mm) among Nigerian women in the reproductive age was 6.9 percent (95% CI:6.5-7-8) with 3.8 percent (95% CI:3.5-4.1) as severely malnourished (MAUC <214mm), indicating a stable situation, consistent with previous nutrition survey conducted in 2015. Disaggregated data show children and women from states in the northern geopolitical zones, boys (as compared to girls) younger children (0-23 months old compared to the 24-59 months old) and teenage women (compared to older women 20-49 years) at a higher risk of malnutrition. These results sound a warning to all stakeholders that efforts to invest on nutrition sensitive to geographic location, gender, and age of target population should be maintained to reduce acute and chronic malnutrition levels to below 5 percent and 20 percent respectively as envisaged in the national and international goal. Improving nutrition in the first 1000 days' window and in adolescent girls is critical to improving the nutrition status of the entire population of Nigerian.

Although breastfeeding is a widespread practice among the Nigerian population with nearly all the assessed children 0-23 months ever breastfed (97.1%), the other aspects of breastfeeding and young child feeding indicators are still poor and sub-optimal). More than 80 percent new-born do not timely receive milk and colostrums' within one hour of birth; only 27 percent of 0.5 months old, infants are breastfed exclusively and so majority are introduced to complementary foods before the age of six months earlier than the WHO/UN.CEF's recommendation that mother's exclusively breastfed their children, predisposing these children to

unhygienic feeding. Conditions and vulnerability to illnesses. Nearly 60 percent of the children (6-24 months) assessed are not feed to the recommended minimum meal frequency of their age and breast feeding status; 65 percent do not meet the minimum dietary diversity and only 1.7 percent children aged 6-23 months receives the minimum acceptable diet while less than 50 percent are feed on iron-containing foods. There are significant variations in rates of breast feeding and complementary feeding indicators and some states especially in South West, North West and North East regions would require more effort to promote optimum breastfeeding benefits.

Reproductive health indicators follow a similar pattern of variability as malnutrition trends based on geopolitical zone and age group with states in the Southern region and older women reporting better rates in terms of skilled attendance at delivery use of contraceptive methods, antenatal care (ANC) coverage and HIV testing during ANC (at national prevalence of 46 percent, 25.5 percent, 74 percent, and 55 percent respectively).

2. Statement of the Problem

It has been observed that postnatal care services enable health professionals to identify post-delivery problems and potential complications, as well as to provide treatments promptly. WHO (2015) Despite the benefits of postnatal care (PNC) services, most mothers and newborns do not receive postnatal care services from skilled health care providers during the critical first few days after delivery and this may probably be due to low knowledge of women about PNC services and underutilization of maternal health services available especially PNC services. The large gap in PNC coverage is evident in an analysis by demographic and health surveys in 23 African countries approximately one third of women in sub-Saharan Africa (of which Jos North is part) give birth in facilities, and no more than 13 percent receive a postnatal care visit within two days of delivery Warren, & Charlotte (2013). In fact, whether women deliver at home or in a facility, postnatal care services are often found to be very low. Moreover, PNC services, where available, often lack essential elements of care required for the optimum health of the mother and her newborn. The gap in PNC coverage needs quality health facilities and community actions to reach mothers and babies in the first days after birth.

Although in Nigeria, maternal and child morbidity and mortality are decreasing due to concurrent health actions taking by the governments of all levels and other health agencies, however, the situation are still

high, the increase showing maternal mortality ratio of 1:100 higher than the regional average despite available human and maternal health situation in Nigeria FMOH, (2005).

Maternal health services (MHS) utilization particularly postnatal care services remains a major challenge in sub-Saharan Africa especially in Nigeria, the rates of maternal mortality (630 per 1,000 live births) and prenatal mortality (88.4 per 1,000 pregnancies) still remain very high WHO, (2012). The WHO factsheet (2008) indicated that globally, and particularly in Nigeria, about 80 percent of maternal deaths are due to four major causes such as server bleeding, infections, hypertensive disorders in pregnancy (eclampsia) and obstructed labour as complications after unsafe abortion caused 13 percent of maternal deaths.

Bryce et al (2003) In Nigeria, mothers and neonates are recommended to receive at least two postnatal health care visits within the period of 0-7days and 8-28days after birth Federal Ministry of Health, (2005). Women of child bearing age (WCA) inability to visit post natal clinics (48hours) following the delivery of the baby have led to so many obstetrics and gynecological complications that account for many loss of lives after delivery of baby. It was observed that, between January 2014 and June 2015, about twenty-five (25) WCA) lost their lives shortly after delivery of live babies in the three districts. This loss of lives became worrisome as these conditions are attributed to low level of know about importance of maternal health services particularly visit to health centers 24 to 72 hours after delivery and utilization of post natal services.

The underutilization of PNC Services in health facilities for years has contributed to high maternal and infant morbidity and mortality rates among women of child bearing age and this has become a health threat and a challenge not only to the population in Jos North Local Government Area but also to the entire population of Plateau State. Hence the present study on Health needs and Health problems among children of women attending postnatal care.

3. Research Questions

To guide the present study, the following research questions were stated:

- What are the health needs among children of women attending postnatal care in Jos North Local Government Area of Plateau State.

- What are the health problems among children of women attending postnatal care in Jos North Local Government Area of Plateau State.
- What are the factors influencing the health problems among children of women attending postnatal care.
- What are the nutritional problems among children of women attending postnatal care?
- What are the types of food generally used for the feeding of children of women attending postnatal care?

4. Methods

This section focused on the methods and procedure employed in the conduct of this research work. It contains the research design, population, and sample of the study, population, and instrument, procedures for instrument development, validity and reliability of the instrument, method of data collection and method of data analysis.

A survey research design was used this study. According to Trochim (2006) survey research is one of the most important research measurements. To him, the broad areas of the survey encompass any measurement procedures that involve asking questions from respondents. According to Kerlinger (2001), the survey gathers data at a particular point in time with the intention of describing the nature of existing conditions. It was then considered appropriate for the study.

Population is a set of element, people, objects or events in a given research. This population study comprises of all women that attends postnatal care in Jos North Local Government Area of Plateau State. A total of 255 volunteered mothers.

While, sampling technique is defined as a systematic process employed to select a required proportion of the target population, sample is the particular target respondent. For this research work, sample of the mothers was drawn from mothers who volunteered. A total of two hundred and fifty five mothers volunteered and were sampled for the purpose of this study. For the purpose of this research work, the instrument used for data collection is structured questionnaire developed by the researcher after a careful view of relevant literature on the topic.

Instrument is an apparatus used in performing an action. Instrument in research are often called assessment or evaluation tools. Similarly, it refers to tools employed in gathering information about specific aspects of human behavior and functioning. A researcher developed questionnaire entitled

“Health needs and health problems among children of women attending postnatal care in Jos North Local Government Area of Plateau State”. Questionnaire allows a researcher to collect required information quickly and cheaply. From a large number of sample population at the same time. The questionnaire has proven psychometrically sound properties over the years. These would be five (5) section of the questionnaire; section A was to obtain information on the health needs of children; Section B sought information on health problems of children; Section C centered on information such as factors influencing the health problems of children section; Section D did get information on the nutritional problems of children; and Section E sought information on the types of food generally used for feeding children by women attending postnatal care. The researcher used TRUE or FALSE.

A research instrument is said to be valid when it measures truly and accurately what it intends to measure. In validating the research instrument, the issue of validating and reliability of the instruments are imperative. Validating is the most vital characteristics of any research instrument to be viable and valid, it must be relevant and reliable. The reliability of research instrument s therefore needs to be established to further strengthen their validity.

To further ensure the content validity of the instrument, the researcher subjected it to judgment from an expert, so as to obtain the adequacy and comprehensiveness of the items as well as the clarity of expressions used. Based on the experts advise, some items were modified, some were retained and others expunged. Reliability estimate are to evaluate the stability of measures administered at different times to the same individual using the same standard (test retest reliability).

A letter of introduction that was duly signed by the Head of Department of Physical and Health Education, Faculty of Education, University of Jos Introducing the research was obtained by the researcher from the Department. The letter was used for the purpose of Instrument administration to the selected respondents for the data collection. Te researcher also considered careful observations of the respondents on the consequences of behavior while carrying out the research. The rights and dignity of participants and privacy was also considered. The researcher made it clear to the respondents that they are free to decide on whatever information they wish to share with the researcher and that they are under no pressure or obligation to disclose information that they do not wish to disclose. And for the purpose of ensuring hundred percent return of the questionnaire,

the completed questionnaires were collected on the spot.

Simple percentage method of data analysis was employed to analyse the data. The choice of simple percentage method of data analysis is appropriate

because of clarity in the presentation of information thus facilitating the readers understanding.

In presenting the findings relevant to the study, the chapter has been organized in such a way that answers to the research questions are provided using statistical frequencies and percentages.

Table 1: Results

N = 251

S/N	Item	Yes		No	
		f	%	f	%
Children needs the following					
1.	Immunization	222	88	29	12
2.	Good housing	151	60	100	40
3.	Affection	165	66	86	34
4.	Healthy living environment	183	73	68	34
5.	Nutritious food	164	65	87	35
6.	Good clothing	210	84	41	16

The result in table one shows immunization is important to the health needs of responses, healthy living environment 183 (73%) responses. Affection is at 165 (66%) responded thus.

Nutritious food 169 (65%) responses. Nutritious food 164 (65%) responses, good housing 151 (60%) responses were the health needs of children in Jos North Local government area of Plateau State.

Table 2. Health Problems of Children

S/N	Health Problems of Children	Yes		No	
		f	%	f	%
1.	Malnutrition .	209	83	42	17
2.	Diarrhea	140	56	111	44
3.	Measles	185	74	66	26
4.	Diphtheria	155	62	96	38
5.	Pertusis	40	16	41	84
6.	Malaria	180	72	71	73
7.	Tuberculosis	90	36	161	64
8.	Bleeding gums	105	42	146	58
9.	Kwashiorkor	155	58	92	37
10.	Stunted growth	190	76	60	24
11.	Rickets	132	53	119	47
12.	Marasmus (severe loss of body weight)	170	68	75	30

Generally, the results in table 2 shows that Malnutrition is a health problem among 209 (83%) responses, stunted growth is a health problem among children. 190 (76%) responses, Measles is a health problem among children 185 (74%) responses, Malaria is also a health problem 180 (72%) responses, Marasmus is a health problem of children 170 (68%) responses. Kwashiorkor is a health problem of children 155 (58%) responses , diarrhea is a health problem of children 140 (56%) responses, Rickets 152 (53%) responses were the health problems of children of women attending postnatal care in Jos North Local Government Area of Plateau State.

Table 3: The Factors Influencing the Health Problems of Children?

N= 251

S/N	Items	Yes		No	
		f	%	f	%
1.	Malnutrition among children is a major health problem in the country	190	76	61	24
2.	Iodine deficiency is a huge problem in children's health.	183	73	68	27
3.	Lack of effective health intervention	161	64	90	36
4.	Lack of vitamin A	200	80	45	18
5.	Malaria is one of the most severe public health problems	48	19	203	81
6.	Stunted growth	57	23	19	77
7.	Marasmus (severe loss of body weight)	215	86	36	14
8.	Inadequate dietary intake	194	77	57	22
9.	Goiter is a serious health challenge	50	20	194	77
10.	Anemia	217	86	34	14

The results in table 3 shows that under weight is a health problem among children 215(86%), responses of Anemia 217 (86%) responses. Lack of vitamin A 200 (80%) responses; inadequate dietary intake 194(77%) malnutrition is a health problem 190(76%) responses; iodine deficiency 183 (73%) responses. Lack of effective health intervention 161(64%) responses. The factors influencing the health problem of children in Jos North local Government Area of Plateau State.

Table 4: The Nutritional Problems of Children

N=251

S/N	Items	Yes		No	
		f	%	f	%
1.	Food allergies and intolerance are common nutritional problems	180	72	71	28
2.	Food refusal causes poor nutrition among children.	210	84	41	16
3.	Lack of balanced diets	220	88	31	12
4.	Children dietary and nutritional requirements should differ from adults	110	44	141	56
5.	Lack of exclusive breast feeding	200	80	45	18

The results in table four above shows that Lack if balanced diet is a nutrition problem of children 220 (88%) responses, food refusal 210 (84%) responses, Lack of Exclusive breastfeeding 200 (80%) responses, food allergies and intolerance 180 (72%) responses, were the nutritional problems of children in Jos North Local Government Area of Plateau State.

Table 5: Types of Food Generally Used for Feeding Children by Women Attending Postnatal Care in Jos North Local Government Area of Plateau State.

N=251

S/N	Item	Yes		No	
		f	%	f	%
1.	I feed my baby with pap	193	77	58	23
2.	I breastfeed my baby	230	92	21	08
3.	I like feeding my baby with mashed yam	71	28	180	72
4.	I like feeding my baby with rice	210	84	41	16
5.	I feed my baby with beans and legumes	111	44	140	56
6.	I feed my baby with plain yoghurt	121	48	130	52
7.	I usually Feed my baby with Tuwo	205	82	43	17
8.	I usually give my baby Kunu	135	54	116	46
9.	I feed my baby with cereals	150	60	97	39
10.	I usually give my baby eggs	170	68	81	32
11.	I like giving my baby fruits	210	84	41	16
12.	I usually give my baby meat	190	76	60	24
13.	I give my baby juice	172	69	79	31
14.	I like feeding my baby with fish	207	82	43	17

Table 5 above reveals that I breast feed my baby 230 (92%) responses, I like feeding my baby with rice 210 (84%) and I like giving my baby fruits also 210 (84%) responses, I usually feed my baby with Tuwo 205 (82%) and I like feeding my baby with fish 207 (82%) responses, I usually give my baby meat 190 (76%) responses, I usually give my baby juice 172 (69%) responses. I usually give my baby eggs 170 (68%) responses, I feed my baby with cereals 150 (60%), I usually give my baby Kunu 135 (54%) responses, were the types of food generally used for feeding children by women attending postnatal care in Jos North Local Government Area of Plateau State.

Table 1 showed that 88% of children needs Immunization, 60% needs good housing, affection needs 66%, healthy living summed up to 73% and

notorious food for children revealed 65% while good clothing needs of children showed 84%. This was expected because people are supposed to have the basic knowledge of human existence and these things are all necessities for human existence. Doctors and nurses explain/educate the women on the health needs of children thereby causing them to have a high level of knowledge of health needs of children. This is in line with the World Health Organisation (WHO) 2014, when it stated: health is a state of complete physical, mental and social well-being. And not merely the absence of diseases or infirmity. Furthermore strokes, Noren and Shindell (2005); defined health as a state characterized by anatomic, physiologic and psychological integrity an ability to perform personally valued family, work and community roles and ability to deal with physical and biological, psychological, and social stress.

The result in table 2 shows malnutrition is a health problem (83%). This is evidence that they have a negative perception towards malnutrition because it is expected that any woman who has a negative perception would do the necessary thing to make sure her child is well nourished.

This is supported by Kajang and Jatau (2012); who defines health problem as any deviation from complete physical, mental and social well being and not merely the absence of diseases or infirmities. Also the WHO (2013) defines health problem as a state in which we are unable to function normally, state of ill health, unhealthiness.

The results in table 3 shows that underweight is a health among children (86%), Anemia (86%), lack of vitamin A (80%), inadequate dietary intake (79%) and malnutrition (76%). This was expected because underweight is a common health problem especially with women that have little knowledge about nutritional needs of children.

WHO (2015) defined underweight as low weight for age is called “under weight” while “wasting” is severe underweight or substantial weight loss that is usually a consequence of acute food shortage or disease. Further mire the prevalence of underweight had decreased to 23percent and stunting had dropped to 41 percent but wasting increased by 14percent NDHS (2013).

The results in table 4 reveal that the lack of balanced diet (88%) food refusal causes poor nutrition among children (84%). Food allergies and intolerance are common nutritional problems among children (72%) this is in line with exceptions because the level of knowledge of mother on the nutritional problem of children. It has been established that the respondents have a very high level of knowledge on nutritional problems of children. This is supported by Deborah (2010). WHO found out that children dietary and nutritional requirements differ from those of adults because they are still growing.

Also food refusal is a big contributor poor nutrition in children whether it is dislike of certain colours or textures of food Deborah (2010).

Table 5 reveals that the, “I breast feed my baby (92%); I like feeding my baby with rice (84%); I like feeding my baby with fish (82%); I fed my baby with pap (77%). This was expected because most mothers feed their babies with the above mentioned in agreement FMH/DCA (2005) stated that complementary foods are often introduced early in Nigeria, with 23 percent of children under age six months and 38 percent of children between four and

five months old consuming solid or semi-solid foods in addition to breast milk.

However, I like feeding my baby with mashed yam (28%). This is expected because most mothers don't give their babies mashed yam in line with this Omotola (2012) stated that a common problem associated with most complementary food in Nigeria is inadequate, sufficient proteins, vitamins and minerals.

5. Conclusions

Based on the findings of the study, the following conclusions were drawn:

- The factors influencing the health problem of children in Jos North local government area of Plateau State were anemia underweight inadequate dietary intake, and malnutrition among children were factors inadequacy the health problems.
- The nutritional problems of children in Jos North local government area of Plateau State were lack of balanced diet, lack of exclusive breastfeeding food refusal causes poor nutrition among children food allergies, and intolerance and children dietary and nutritional requirements should differ from adults were the nutritional problems of children.

6. Recommendations

Based on the summary and conclusions of the study, the following recommendations were made:

- Mothers should be encouraged to provide different nutritional food from what adult eat because of stunted growth among children and malnutrition.
- Health seminars should educate mothers on the importance of giving their children balanced diet.
- Proper nutrients should be designed for children different from that of adult.

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