



# **Jaundice and Treatment Options: Knowledge, Views and Current Practices among Caregivers of Children Attending a Teaching Hospital in Owerri, Nigeria**

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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## **ABSTRACT**

**Introduction:** Neonatal jaundice (neonatal hyperbilirubinaemia), characterized by yellowish discoloration of the skin and sclera of newborn infants is caused by high serum bilirubin levels. Amongst infants, it is an important cause of preventable brain injury, mental handicap, physical disabilities and death; arising from poor understanding that leads to dangerous delays in seeking care and imitating appropriate management.

**Objective:** To evaluate the perception, knowledge, practices and attitudes of mothers related to neonatal jaundice (NNJ).

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**Methods:** Convenience sampling technique was used to obtain data from consecutive parents who attended the well child/immunization clinic of the Federal Teaching Hospital Owerri, Nigeria, from January 2023 to April 2023. A structured questionnaire was utilized to assess knowledge, attitude and treatment related to neonatal jaundice.

**Results:** The valid response rate was 80%.Of the participating parents, 92.8% had knowledge about neonatal jaundice and this was associated with class I socioeconomic class (OR 11.88 95% CI:1.85to76.18) while 54.4% of the respondents acknowledged jaundice as an emergency.Knowledge of jaundice as an emergency was associated with a high education level (i.e. university degree or its equivalent; OR=8.33, 95% CI: 2.70 to 25.00, p=0.001), prior education on neonatal jaundice (OR=3.62, 95% CI: 1.64 to 7.99, p=0.001) and male babies (OR=1.71, 95% CI: 1.12 to 2.62, p=0.013). Although 62.3% of the participants recognized blood group/rhesus incompatibility as a cause of neonatal jaundice, 22.5% of them did not know neonatal jaundice was dangerous. Of the 243 whose wards had had jaundice, 78.6% recognized yellow eyes as a sign of jaundice, with 38.8% of them being managed in places other than a health facility. Amongst the participants, 71(45.1%) recognized the two effective treatment methods for neonatal jaundice. Thirteen (4.1%) of the participants knew that awareness could be created through the social media. Modest negative correlations between the knowledge of jaundice, its awareness as an emergency and the eventual outcome were observed (Kendall's tau-b ( $\tau_b$ ) = -0.187, p =.033 and  $\tau_b$ = -0.254, p <.001, respectively).

**Conclusion:** Most of the subjects in this study had knowledge about jaundice and about half recognized it as an emergency. A large proportion of them were unaware of the effective treatment methods. Therefore, there is a critical need for better awareness through targeted public enlightenment and educational programs.

*Keywords: Jaundice; neonates; knowledge; treatment; current practice.*

## 1. INTRODUCTION

Neonatal jaundice, refers to yellow staining of the skin or other organs caused by the accumulation of bilirubin in the body, mediated by the elevation of bilirubin in the blood [1,2]. This is a consequence of neonates' predilection to bilirubin synthesis and their inadequate capacity to excrete it. The imbalance between production and excretion of bilirubin leads to increased bilirubin levels in the blood and discoloration of the skin and other membranes [3,4]. A common clinical concern amongst neonates, with about 50%–60% of term infants and 80% of preterm infants developing jaundice within 1 week after birth [5]. Neonatal jaundice may be physiological (a benign condition) due to the inability of the immature newborn's liver to convert unconjugated bilirubin for excretion [6,7]. Pathological jaundice may be due to ABO and Rh incompatibility prematurity, infections, and septicemia [8,9].When it causes severe hyperbilirubinemia it may cause kernicterus, which may advance to nerve deafness, choreoathetoid cerebral palsy, intellectual disability and even death [10,11]. Timely recognition and appropriate treatment of neonatal jaundice are key approaches to avert acute bilirubin encephalopathy. Key to achieving good result for management of jaundice in

neonates is mothers' ability to observe jaundice, its evolution and early symptoms/signs of kernicterus. Reduction in the incidence of kernicterus had being reported to be associated with providing mothers with detailed information about neonatal jaundice and its risks [12].This is more so, because several harmful practices are applied for the treatment of NNJ, such as cutting of post auricular area of an infant, using herbal treatment, exposure of neonate to sunshine, and giving glucose water to the infant [13-16].

There is paucity of data on maternal knowledge, attitudes and practices about neonatal jaundice in Owerri, Nigeria following search in several search engines.

Therefore, this study aimed to assess parents' knowledge, practice, and attitude as related to jaundice amongst neonates in Owerri, Nigeria. It is hoped that the information obtained would assist healthcare providers target identified gaps in drawing up programmes that will improve knowledge about jaundice in neonates among parents.

## 2. METHODOLOGY

We conducted a descriptive cross-sectional hospital-based study involving 318 parents at the well child and immunization clinic of FTH Owerri,

between January and April 2023. FTH is a 624-bed tertiary hospital that offers maternal and child health services and serves as a referral centre for general hospitals, maternity facilities and private hospitals within Owerri and its adjoining states. Convenience sampling technique was utilized in obtaining data from all consecutive parents who attended the well child clinic, using a questionnaire that covered baseline characteristics, knowledge, attitudes and practices about neonatal jaundice. Questionnaires were administered after obtaining informed consent from the parents, who were encouraged to ask for explanation on any of the questions from the researchers, but conversation amongst them was discouraged while completing the questionnaires. Question was interpreted into the local language if participants sought clarification, without further explanations to remove bias. Ethical approval was obtained from the Ethical Committee of the institution. The SPSS version 23.0 (IBM Corp., USA) statistical software was used for data entry, validation and analysis. Pearson's  $\chi^2$  statistic was used to

examine the association between categorical variables. Differences, associations and relationships were said to be statistically significant when  $p \leq 0.05$ .

### 3. RESULTS

Of the 318 participants, 193 (63.7%) were aged 25 – 34 years and were in the majority. Most of the respondents were female 306 (96.2%) with 25:1 female: male ratio. The ethnic stock of the bulk of the respondents was Igbo 297 (93.4%) and majority of the respondents belonged to social classes I or II, 271(68.6%). This further depicted in Table 1.

Of the 318 participants, 298 (92.8%) had, heard about jaundice and 20 (7.2%) had not. A vast majority of the respondents obtained their knowledge from health talks (241, 80.9%) and family and friends (159, 53.4%). Traditional (82, 27.5%) and new media (50, 16.8%) were other sources of information among the respondents (Table 2).

**Table 1. Sociodemographic characteristics of respondents**

Variables	Frequency n (%)
<b>Age range (years)</b>	
18 – 24	33 (10.9)
25 – 34	193 (63.7)
35 – 44	72 (23.8)
45 – 54	3 (1.0)
55 – 64	2 (0.7)
<b>Gender</b>	
Female	306 (96.2)
Male	12 (3.8)
<b>Ethnicity</b>	
Igbo	297 (93.4)
Yoruba	2 (0.6)
Hausa	1 (0.3)
Others	18 (4.1)
<b>Social class</b>	
I	126 (31.9)
II	145 (36.7)
III	62 (15.7)
IV	43 (10.9)
V	19 (4.8)

**Table 2. Source of knowledge of neonatal jaundice among respondents**

Source of knowledge of jaundice	n	% (n =298)
Hospital	241	80.9%
Family and friends	159	53.4%
Internet	50	16.8%
Radio/TV	47	15.8%
Billboard	35	11.7%
Others	12	4.0%

Table 3 shows a list of the causes of neonatal jaundice as given by the participants. One hundred and ninety-eight (62.3%) of respondents noted blood group incompatibilities as a major cause of NNJ, 63(19.8%) thought that mosquito bites caused it while 23(7.2%) attributed poor antenatal care/poor adherence to routine drugs in pregnancy and prematurity 10(3.1%) as causes of jaundice.

Regarding treatment of NNJ, a large proportion of parents (229, 72%) were aware of/had used an ineffective treatment mode (exposure to sunlight, administration of Abidec®[multivitamin] and Ampiclox); of the number that knew of at least one effective treatment mode, 63(31.2%) knew phototherapy and 28(13.9%) exchange blood transfusion as treatments for jaundice (Table 4). Mothers with at least an O' level compared to a university degree were about three times more aware of alternative treatments to jaundice than their counterparts without O' level (OR = 3.3, 95%CI: 1.64 to 6.61).

On the question of whether they considered NNJ an emergency, 173(54.4%) acknowledged that

jaundice was an emergency, while 145 (45.6%) did not. Knowledge of jaundice as an emergency was associated with a higher education level i.e. a university degree or its equivalent (OR=8.333, 95% CI: 2.70 to 25.00, p=0.001), prior education on neonatal jaundice (OR=3.62, 95% CI: 1.64 to 7.99, p=0.001) and male babies (OR=1.71, 95% CI: 1.12 to 2.62, p=0.013). Of 173 participant that felt that jaundice could be a cause of morbidity/mortality, 64(37.0%) thought that it could result in the death of the child, 9 (5.2%) recognized brain damage as a possible danger while 39(22.5%) had no idea why it was an emergency (Table 5).

Among the respondents 243 (76.4%) whose child/ren had had jaundice in the past, 191 (78.6%) recognized yellow eyes as a sign of jaundice, with a small number recognizing other important symptoms like abnormal cry, abnormal movement/posture(Table 6). About one third (38.8%) of participants had their jaundiced children managed in places other than at a health facility as shown in Table 7.

**Table 3. Causes of jaundice by respondents**

<b>Causes of jaundice</b>	<b>n</b>	<b>% (n =318)</b>
Blood group/Rhesus incompatibilities	198	62.3%
Malaria	54	17.0%
Poor antenatal care/lack or routine drug usage	23	7.2%
Maternal illness	12	3.8%
Malnutrition/Vitamin deficiency	11	3.5%
Prematurity	10	3.1%
Malaria	9	2.8%
Infection	5	1.6%
Excess bilirubin	3	0.9%
Others	3	0.9%
Liver disease/immaturity	2	0.6%

**Table 4. Treatment given for jaundice**

<b>Ineffective treatment</b>	<b>n</b>	<b>% (n=229)</b>
Sun exposure	207	90.4%
Administration of Abidec	132	57.6%
Administration of Ampiclox	33	8.7%
Others	9	2.4%
<b>Effective treatment of jaundice</b>	<b>(n=202)</b>	
Phototherapy	63	31.2%
Exchange Blood Transfusion	28	13.9%
Antibiotics(In jaundice caused by sepsis antibiotics is an effective treatment option.)	137	67.8%
IntraVeinous Fluid	94	46.5%

There was a modest negative correlation between the respondents' knowledge of jaundice across the categories of survival and it was statistically significant ( $\tau_b = -0.187$ ,  $p = .033$ ); similarly, awareness of jaundice as an emergency among the respondents was statistically significantly and moderately

negatively correlated with mortality ( $\tau_b = -0.254$ ,  $p < .001$ ).

Table 8. Correlation between heard of jaundice, awareness of jaundice as an emergency and outcome of neonatal jaundice in respondents

**Table 5. Reasons Jaundice was considered an emergency by respondents**

Reason	n	%(n =173)
Death	64	37.0%
No idea	39	22.5%
Health challenges/sickness/complications	35	20.2%
Others	22	12.7%
Brain damage	9	5.2%
Blindness	7	4.0%
Developmental growth problems	4	2.3%
Deafness	1	0.6%

**Table 6. Recognition of jaundice in ward(s)/child(ren)**

Recognition of jaundice in ward(s)/child(ren)	n	%(n =243)
Yellow eyes	191	78.6%
Fever	128	52.7%
Yellow skin	103	42.4%
Poor suck	42	17.3%
Abnormal cry	28	11.5%
Abnormal movement	23	9.5%
Abnormal sleep	21	8.6%
Convulsion	10	4.1%
Abnormal posture	9	3.7%
Others	4	1.6%

**Table 7. Management of children with jaundice**

Site of care of jaundiced child	n	%(n =220)
Hospital	173	78.6%
Home	58	26.4%
Maternity	51	23.2%
Church	21	6.5%
Others	13	5.9%
Health centre	7	3.2%

**Table 8. Correlation between heard of jaundice and awareness of jaundice**

Variable	Outcome of neonatal jaundice n =213			Kendall's tau-b	p-value
	Alive n=148	Alive with sequaelae n=49	Dead n=14		
Heard of jaundice					
Yes	145 (98.0)	44 (89.8)	14 (87.5)	-0.187	0.033
No	30 (2.0)	5 (10.2)	2 (12.5)		
Awareness of jaundice as an emergency					
Yes	94 (63.5)	9 (18.4)	11 (68.8)	-0.254	<0.001
No	54 (36.5)	40 (81.6)	5 (31.3)		

#### 4. DISCUSSION

The current study demonstrates that a considerable number of participants in the well child/immunization clinic of FTH Owerri, Nigeria, a low-income country have heard of jaundice. Our study demonstrates that participants have some knowledge of various aspects of neonatal jaundice, with hospital health talk being the source of information to most of the respondents. It confirms that blood group incompatibility was thought of as a major cause of jaundice. Jaundice was also acknowledged as an emergency by about half of the respondents, and had utilized one of the many ineffective modes of treatment.

The first significant finding of this study is the establishment of the fact that 92.8% of participants knew what neonatal jaundice is. This may be accounted for by high percentage of respondents with tertiary level of education. This knowledge level was better than that reported in other countries such as 22%,30%, 34%, 45.4% [17-20]. This knowledge however, is not correlated with adequate facts of certain characteristics of the condition, such as identifying the reason why jaundice is as an emergency and its effective treatment. Statistically significant knowledge of jaundice was observed to be associated with high socioeconomic class (OR 11.88 95% CI: 1.85 to 76.18).

Another striking finding was that more than two-thirds of parents in this study knew one or more appropriate causes of NNJ while 33% did not know an appropriate cause of NNJ. There are still fallacies on the causes and treatment of neonatal jaundice among the participants. A sizeable number thought that poor antenatal care/lack of routine drug use, maternal malnutrition/vitamin deficiency, malaria caused neonatal jaundice. This mistaken belief may have also arisen from the fact that the sources of information amongst 53.4% of the respondents were from family and friends, who may have also gotten the information about NNJ wrong themselves ab-initio, which is higher than findings by Ogunfowora [21]. This seemingly low knowledge about the causes of jaundice may imply that caregivers may resort to ineffective treatments options, with resultant delays in accessing effective medical treatment for neonatal jaundice, thus, contributing to the progression to kernicterus.[4] In addition, with availability/access to internet and smart phones,

parents(16.8%) are accessing information from that source; however, they worry about reliability of parenting information from the internet [22]. These seemingly low numbers of intentional sourcing of information emphasize the need to improve the information seeking attitude of parents about jaundice. This is so because health literacy impacts people's health information-seeking behavior [23].

Though, 54.4% of respondents considered NNJ a serious predicament that required medical attention, only 5.2% recognized brain damage as a possible danger; while 22% had no idea what could result from untreated jaundice. Considering jaundice as unimportant by some respondents could be a result of lack of knowledge that made them utilize ineffective treatment options such as use of traditional medicine to treat NNJ, that is common in underdeveloped countries [24-26].Furthermore, the result that this knowledge gap is considerably wider among parents of the lower socioeconomic group, with poorer educational status, accentuates the pressing need for enhanced education and mass health enlightenment programmes on neonatal jaundice.

When the correlation between knowledge and outcome was assessed, a modest negative correlation that was statistically significant was observed; awareness of jaundice as an emergency and outcome of respondents' children that had experienced jaundice similarly negatively correlated with mortality in this study. Keenly understanding important knowledge will help to improve maternal awareness of neonatal jaundice and outcome. Since jaundice occurs in most newborns and the trait of successful treatment is timely recognition and appropriate therapy, provision of appropriate information is imperative. This is more so as greater knowledge is suggested as the basis for good attitudes and practices [27]. In low income countries, neonatal jaundice seems not to be getting the attention that it deserves, a condition that has potentially deleterious consequences. There is therefore need to provide information for parents to detect to jaundice early and seek effective treatment, since the hallmark of effectual management is early detection and right therapy.

#### 5. CONCLUSION

Generally, parents' had knowledge about jaundice, but did not have appropriate knowledge regarding its causes, identification as an

emergency and why it is an emergency. There is need to improve information-seeking attitude of parents about neonatal jaundice. Therefore, we recommend that medical staff/government urgently strengthen health enlightenment campaign/education programmes on NNJ in the hospitals, media (mass and social), men/women organizations and worship centers incorporating information about the causes, signs to be used in identifying jaundice and appropriate treatment. Professional associations/ Non-governmental organizations need to provide reliable websites for parent's to obtain information about neonatal jaundice. Information provided should emphasize timely medical consultation and discourage reliance on unproven treatment methods; which aimed at reducing the neurological effect and mortality there from.

## 6. LIMITATION

There could be recall bias and since some of the respondents have had children that had jaundice so they may have gone and sourced for information which would affect information provided.

## ETHICAL APPROVAL

As per international standards or university standards written ethical approval has been collected and preserved by the author(s).

## CONSENT

As per international standards or university standards, respondents' written consent has been collected and preserved by the author(s).

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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