

## **ASSESSMENT OF MEDICAL PRACTITIONERS' PERCEPTION OF INFORMATION SEEKING BEHAVIOR ON POSTPARTUM DEPRESSION (PPD) AMONG NURSING MOTHERS IN SOUTHWEST NIGERIA**

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### **Abstract**

Postpartum Depression (PPD) is a critical mental health issue affecting many nursing mothers, particularly in developing nations where awareness and services about mental health are limited. This study assesses the perception of medical practitioners regarding the information-seeking behavior of nursing mothers experiencing PPD in Southwest Nigeria using a qualitative approach and Key Informant Interviews (KII). One medical practitioner per state was selected among those working in primary healthcare in Ondo, Osun and Oyo. Findings revealed that most medical practitioners perceive a generally low level of proactive information-seeking among nursing mothers with PPD, which is often influenced by sociocultural stigma, lack of awareness, poor mental health literacy and inadequate access to credible information sources. Practitioners also noted that while some mothers relied on informal sources such as family, religious leaders, or social media, these channels often provided insufficient or misleading information. This study highlights the urgent need for targeted mental health education, improved communication strategies in maternal care, and the integration of culturally sensitive interventions to enhance early detection and treatment of PPD. The study concludes with recommendations for policy implementation, capacity building, and public health campaigns to empower mothers to seek appropriate information and professional support for postpartum mental health issues.

## **INTRODUCTION**

Postpartum Depression (PPD) is a significant global public health concern that affects mothers worldwide, with profound implications for maternal health, infants' well-being, and family dynamics. According to the American

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Psychological Association (2021), approximately 1 in 7 women (14-20%) experience postpartum depression after giving birth. For women who have a history of Postpartum Depression in a previous pregnancy, the likelihood increases to around 25-50%. According to a Nigerian study, about 10%-30% of women attending primary health care experienced Postpartum Depression (Adewuya et al., 2022). However, Ajayi et al. (2021), in a similar study, reported a prevalence of 18.0% in developing societies. Other studies have shown that the prevalence of postpartum depression is 35.7% in the Southwest, (Afolabi et al., 2023), 22.5% in Northern Nigeria (Yusuf et al., 2020), and 23.4% in South-Eastern Nigeria (Okagbue et al., 2019).

Numerous biological, psychological, and social changes occur in a woman's life after giving birth. These changes may put women at risk of emotional distress but can also lead to personal development and happiness. For some people, life with a newborn baby can be extremely challenging and taxing, but it can also be incredibly exciting and rewarding. During childbirth, women experience numerous physical, hormonal, and emotional changes because of the wonderful moment of having a newborn. Many mothers may experience feelings of sadness, anxiety, fear, and confusion because of these changes combined with other worsening factors. It is very difficult for mothers to care for herself or to attend to the newborn's needs when they are experiencing such emotions. This, in turn, puts a lot of strain on family relationships. For most mothers, these feelings are temporary and disappear as quickly as they appear; however, for some unfortunate mothers, it not only remains but develops into a serious, yet common disorder known as Postpartum Depression (PPD).

Postpartum Depression (PPD) is a type of depression that occurs after birth. Postpartum depression affects not only the birthing person; it also affects surrogates and adoptive parents. Traditionally, the birth of a child is a joyous experience for a mother, but Postpartum Depression can deprive the mother of the joy of motherhood and leave her functionally and emotionally impaired (Pham and Davis, 2024). For nursing mothers, as previously indicated, this period can be emotionally challenging, with risks of Postpartum Depression compounded by societal stigma, limited access to professional mental health services, and a lack of awareness of the symptoms of Postpartum Depression (Fitch and Hynie, 2024). Nursing mothers' information-seeking behavior is a key factor in determining how they recognize and manage depression after giving birth. According to Case and given (2016), information-seeking behavior describes how people learn more about and manage their medical conditions. To learn more about postpartum experiences, many nursing mothers in Nigeria, particularly in the rural and semi-urban Southwest, turn to unofficial sources, including family elders, places of worship, and increasingly social media (Afolabi et al., 2022). Due to their trustworthiness, accessibility, and the perceived stigma attached to obtaining recognized mental health care, these sources are frequently used (Gureje et al., 2022).

Medical practitioners, particularly those within the primary health care system, are distinctly positioned to influence such information-seeking behaviors. During the prenatal, delivery, and postpartum phases, these phases are the first and often continuous points of contact with women. In order to help mothers, differentiate between clinical depression and normal postpartum changes, they must be able to educate, teach, and counsel patients about mental health issues (Ajayi et al., 2021). A study by Adewuya et al. (2022) revealed that beyond diagnosis and treatment, the practitioner's job encompasses influencing attitudes, clearing up misconceptions, and building confidence in the quality of professional care. This issue is worsened by the dearth of appropriate support services and sufficient mental health resources. Many medical facilities lack specialist expertise or inadequate funding for the diagnosis and treatment of postpartum depression. Furthermore, mothers are frequently held to high standards based on prevailing cultural norms and traditional views on parenting in the southwest of Nigeria. This reinforces the idea that mothers should handle all facets of motherhood, including mental health issues alone. Many Nigerian nursing mothers who might otherwise seek assistance or become aware of their condition are

isolated by this social pressure in addition to the dearth of easily available information and support, which is pointing toward the direction of the Infodemic.

For health-related information, nursing mothers frequently rely on unofficial sources such as peers, family elders, or unregulated social media platforms. Although these sources are easily accessible, they are not always reliable and can spread false information or stigma regarding maternal mental health. Although studies indicate that routine maternal care services do not adequately address mental health, particularly postpartum mental illness, formal health systems, particularly at the primary care level, are well-positioned to offer evidence-based guidance (Abe et al., 2020; Afolabi et al., 2023). Through prenatal and postnatal consultations, medical professionals such as nurses, midwives, and primary care physicians are positioned to proactively impact the behavior of people who seek health information. However, the effectiveness of these practitioners' interactions with nursing moms on postpartum depression remains unclear. Gaps in mental health training, communication barriers, high patient-to-provider ratios, and sociocultural silence around mental illness may hinder the capacity of caregivers to guide mothers toward early recognition and appropriate care.

Many women end up without the support that they require in order to make informed decisions regarding their postpartum emotional well-being. This affects not only the mother's health but also the growth of the child and the stability of the home. A significant gap in maternal health policy and practice in Nigeria is the lack of systematic research on how medical professionals influence patients' information-seeking behavior concerning PPD. Therefore, the purpose of this study is to examine how medical professionals in Southwest Nigeria affect the way in which nursing mothers seek for, obtain, and utilize knowledge regarding postpartum depression. Developing interventions that encourage early diagnosis, reduce stigma, and improve maternal mental health outcomes requires an understanding of the connection between them.

The study is poised to answer the following research question:

1. What is the perception of medical practitioners in information seeking behaviors on Postpartum Depression among nursing mothers in southwest Nigeria?

## **EMPIRICAL REVIEW**

Ajayi et al. (2021) explored how mothers in low-resource settings in Nigeria seek information about maternal health conditions, including Postpartum Depression. Findings showed that many women relied on peers, religious figures, and digital platforms rather than health care professionals. This behavior was shaped by accessibility, fear of stigma and lack of awareness that medical practitioners could offer support. The study highlighted the missed opportunity for health workers to serve as trusted sources of accurate information, particularly in emotionally sensitive conditions like PPD.

In their 2023 multicentre study, Afolabi et al. investigated the prevalence and factors associated with postpartum depression (PPD) among women in Southwest Nigeria. Using the Edinburgh Postnatal Depression Scale (EPDS), the study surveyed 1,200 postpartum women across multiple health care facilities and found a high prevalence rate of 34.7%. Key risk factors associated with PPD included lack of partner support, low socioeconomic status, history of mental illness, unplanned pregnancy, and experiences of domestic violence. The authors concluded that postpartum depression is a significant yet under-recognized maternal health issue in the region and emphasized the urgent need for routine mental health screening, increased awareness, and integrated care strategies within maternal health services.

Afolabi et al. (2022) investigated the influence of traditional structures, particularly family elders, on maternal health-seeking behavior in rural areas of Southwest Nigeria. The study found that elders were often the first to

consult when a mother exhibited signs of distress or behavioral changes, and in many cases, professional advice was only sought as a last resort. The authors concluded that unless medical practitioners actively engage communities through outreach and education, traditional beliefs will continue to dominate information pathways on postpartum issues.

Ogunsemi et al. (2021) examined how stigma influences maternal help-seeking behaviors in Nigerian antenatal clinics. They found that women were reluctant to report emotional distress due to fear of being labeled "mad" or weak. The study emphasized the pivotal role of medical practitioners in de-stigmatizing mental health by proactively initiating conversations about emotional well-being. Health care workers who were more empathetic and well-informed about mental health were more likely to gain the trust of nursing mothers and influence their health decisions.

Aderibigbe et al. (2020) explored the impact of healthcare providers on postpartum depression awareness and management in southwestern Nigeria. The current study found that health care providers play a crucial role in raising awareness and managing PPD among nursing mothers. However, the study also identified significant gaps in the training and knowledge of health care workers regarding PPD, which hindered their ability to effectively educate and support affected mothers. Training programs and continuous professional development are recommended to bridge these gaps.

Afolabi et al. (2019) in their study *Sources of Health Information and Knowledge of Postpartum Depression among Women in a Nigerian community* and examined the sources of health information available to women regarding postpartum depression. The study revealed that most women relied on informal sources such as family and friends for information on PPD. Health care providers and formal medical sources were less frequently consulted, indicating the need to improve the dissemination of accurate health information through trusted medical channels.

Eze et al. (2021), in their study *Social Media Use and Health Information Seeking Behavior among Nigerian Women*, examined how Nigerian women use social media to seek health information. The study revealed that a significant number of women turn to platforms such as Facebook, WhatsApp, and Instagram for information on various health topics, including maternal health. The study concludes that social media can be harnessed as a powerful tool to spread awareness of Postpartum Depression, providing accessible and relatable content to a broad audience.

Afolabi et al. (2019), in their study *Sources of Health Information and Knowledge of Postpartum Depression among Women in a Nigerian community* and examined the sources of health information available to women regarding Postpartum Depression. The study revealed that most women relied on informal sources such as family and friends for information on PPD. Health care providers and formal medical sources were less frequently consulted, indicating the need to improve the dissemination of accurate health information through trusted medical channels.

Ezinwanne et al., (2021). Knowledge, attitude, and prevalence of postpartum depression among postnatal mothers in southwest Nigeria. The study was conducted among postnatal mothers attending immunization clinics at three primary health centers in Surulere, Lagos, Nigeria. A descriptive cross-sectional survey was used to assess the knowledge, attitude, and prevalence of postpartum depression. Data were collected using structured, interviewer [1] administered questionnaires. Two standard tools; Patient Health Questionnaire-2 and Patient Health Questionnaire-9 were used to assess the prevalence and severity of postpartum depression, respectively. Data were analyzed using IBM SPSS Statistics for Windows, Version 20. A total of 300 postnatal mothers were recruited for the study. Only 6.0% had good knowledge about postpartum depression, and only 11.0% of the

respondents had a good attitude about postpartum depression. The prevalence rate of postpartum depression in this study was 52.3%. Marital status was a significant predictor of postpartum depression (AOR 4.92 CI 1.55–15.64). The study concluded that poor knowledge regarding postpartum depression is common and that maternal depression does exist in our environment. Education of the public and pregnant women by government organizations and health workers, support programmes and mental health policy implementation will help reduce the burden of postpartum depression.

### Conceptual Model

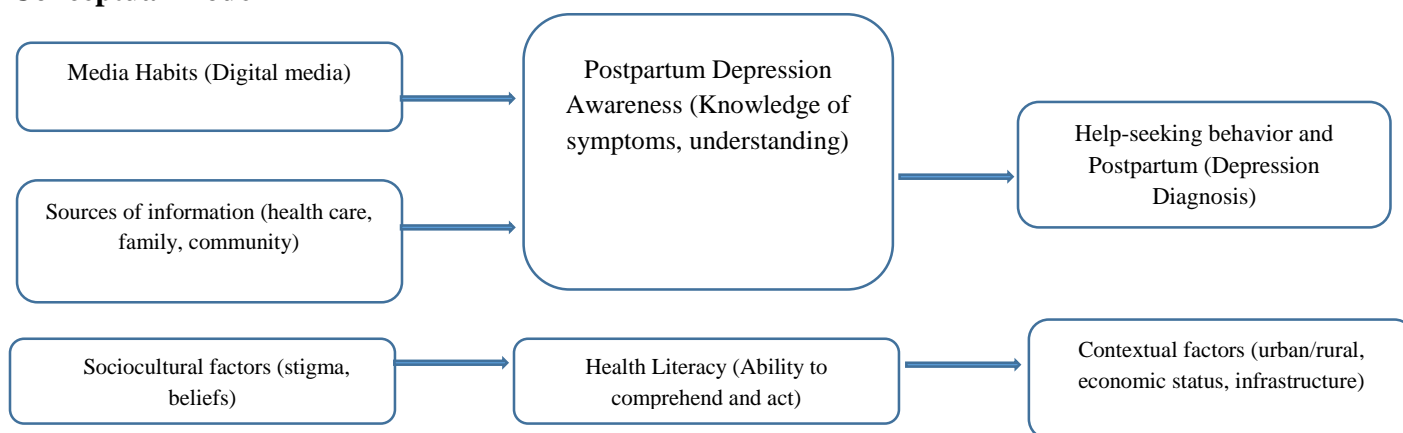


Figure 1: showing relationships among key factors influencing Postpartum Depression (PPD) awareness, recognition, and help-seeking behavior among nursing mothers.

The conceptual model illustrates the relationships among key factors influencing Postpartum Depression (PPD) awareness, recognition, and help-seeking behavior among nursing mothers in Ondo, Osun, and Oyo States, Southwest Nigeria. The independent variables: media habits (traditional and digital media), sources of information (healthcare professionals, family, and community), and sociocultural factors (stigma, beliefs, and education levels) are incorporated into PPD awareness and health literacy. These mediating variables influence the mothers' ability to recognize PPD symptoms, understand their causes and act on that information. The outcome, or dependent variable, was help-seeking behavior and accurate PPD diagnosis. Contextual factors such as location (urban vs. rural), economic status, and health care infrastructure moderate these relationships, influencing the extent to which mothers' access and respond to information. This model highlights how different inputs and contextual factors interact to shape PPD outcomes, providing a comprehensive framework for understanding the pathways to maternal mental health awareness and care.

## THEORETICAL REVIEW

### Social Cognitive Theory

Social Cognitive Theory, developed by Albert Bandura and Walters in 1963, posits that individuals learn by observing others within their social environment. Social cognitive theory is relevant to health communication. First, the theory deals with cognitive, emotional aspects and aspects of behavior for understanding behavioral change. Second, the concepts of the SCT provide ways for new behavioral research in health education. Finally, ideas for other theoretical areas, such as psychology, are welcome to provide new insights and understanding. Social cognitive theory explains how people acquire and maintain certain behavioral patterns, while also providing the basis for intervention strategies (Bandura, 1997). Evaluating behavioral change depends on the factors environment, people and behavior. SCT provides a framework for designing, implementing, and evaluating programs. Environment refers to the factors that can affect a person's behavior. There are social and



physical environments. The social environment includes family members, friends, and colleagues. The physical environment refers to the size of a room, ambient temperature, or availability of certain foods. Environment and situation provide the framework for understanding behavior (Parraga, 1990). The situation refers to the cognitive or mental representation of the environment that may affect a person's behavior. The situation is a person's perception of place, time, physical features, and activity (Glanz et al, 2002).

Social Cognitive Theory is particularly relevant to understanding postpartum depression because of its focus on observational learning, self-efficacy, and reciprocal interaction between personal and environmental factors. Here, SCT can shed light on the dynamics of postpartum depression. Mothers may observe other women who are discussing PPD or receiving help from medical practitioners, which influences their own behavior. If practitioners have an open, stigma-free dialog and provide support, they can empower other mothers to seek similar interactions.

### **Health Belief Model**

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors. This is achieved by focusing on individuals' attitudes and beliefs. The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels working in the U.S. Public Health Services. The model was developed in response to the failure of a free tuberculosis (TB) health screening program. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS. The HBM was defined in terms of four constructs representing perceived threat and net benefits: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. These concepts were proposed to account for people's "readiness to act." An added concept, cues for action, would activate that readiness and stimulate overt behavior. A recent addition to the HBM is the concept of self-efficacy, or one's confidence in the ability to successfully perform an action. This concept was added by Rosenstock and others in 1988 to help the HBM better fit the challenges of changing habitual unhealthy behaviors, such as being sedentary, smoking, and overeating. Nursing mothers may not seek professional help for postpartum depression if they do not believe they are at risk (perceived susceptibility) or if they underestimate the seriousness of the condition (perceived severity). Medical practitioners, as cues for action, can influence mothers' beliefs and motivate them to seek accurate information and timely help.

### **RELEVANCE OF THE THEORIES**

In the context of this study, nursing mothers often observe and emulate the behaviors of peers, family members, and influential figures (such as health practitioners) in the society in seeking mental health information. The perception of medical practitioners is key in order to assess whether nursing mothers are exposed to positive models of health-seeking behavior. Practitioners should assess whether low self-efficacy among nursing mothers hinders their willingness or confidence to seek help PPD symptoms. Social Cognitive theory explains how the environment (e.g., access to healthcare, social stigma), personal cognition (e.g., knowledge, emotional state), and behavior (e.g., seeking help or withdrawing) all influence each other. Medical practitioners' understanding of these interacting factors helps evaluate and address information-seeking behaviors. The theory supports the idea that enhancing nursing mothers' mental health literacy and modeling positive help-seeking behavior within healthcare systems can improve PPD outcomes because practitioners' insights can help shape strategies to improve these behaviors.

The Health Belief Model explains health-related behaviors by focusing on individuals' beliefs and attitudes toward health conditions. This model includes six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Practitioners may observe that many

nursing mothers do not perceive themselves as susceptible to PPD, or they downplay its seriousness because of cultural or religious beliefs. This view affects whether they seek out information or support for PPD. Healthcare practitioners are positioned to assess whether nursing mothers believe that seeking help will result in meaningful improvement and what barriers, such as stigma, lack of knowledge, financial constraints, or mistrust of healthcare systems, may prevent them from doing so. The presence or absence of cues such as counseling at antenatal centers, health education materials, or encouragement from peers may influence whether a mother seeks help or not. Health practitioners' perception will help shed light on the effectiveness of current cues and how they can be improved.

Above all, both theories provide a comprehensive lens for analyzing medical practitioners' perceptions of how nursing mothers in Southwest Nigeria understand and act upon information related to PPD. These frameworks help identify psychological, social, and structural factors that influence information-seeking behavior, thus informing more targeted and effective interventions for maternal health.

## METHODS

Qualitative research methods and interview design were adopted for this study. Key Informant Interviews (KII) were conducted with 3 Medical Practitioners of selected primary healthcare centers in Ondo, Osun, and Oyo State. The selection criteria include the fact that the practitioner interviewed must be full-grown adults between 30 and 55 years of age and must have spent no less than 10 years on the job, as this affects their experience in dealing with mothers with PPD. The data collection was terminated when saturation was reached. The participant breakdown is as follows:

### Distribution of Key Informants in the NGO

S/N	Role of NGOs	Code	Years of Experience
1.	Medical Director	Informant 1	22
2.	Chief Surgeon	Informant 2	18
3	Senior Medical Doctor	Informant 3	15

*Source: Researchers' Fieldwork, 2025.*

## DATA PRESENTATION AND ANALYSIS

Data is presented and analyzed in this section to achieve the study's aim, which is to understand the perception of medical practitioners regarding nursing mothers' engagement with postpartum-related information on different social media platforms. To also examine their opinions on perceived motivations, benefits, and risks of nursing mothers' exposure to postpartum-related content on social media. Therefore, based on data generated from interviews with selected medical practitioners in Ondo, Osun, and Oyo State, responses were analyzed using thematic analysis. This was done through themes and subthemes presented in the model as follows:

### Theme One: Regularity of Postpartum Depression Care by Primary Health care Providers

#### Primary Health care Practitioners' Response Rates to Postpartum Depression among Mothers

The KII participants reported the frequency level at which they attend to nursing mothers experiencing postpartum depression. According to KII 1, it occurs between three and four times a month. For KII 2, engagement with nursing mothers experiencing postpartum depression is 'at least once or twice a month.' Although KII 2 believes that there are much more women experiencing postpartum depression and many cases go undiagnosed as a result of poor awareness and reluctance to speak up. KII 3 reveal that they 'encounter an average of five cases per month'. Similarly, KII 3 expressed that there are several cases of postpartum depression are underreported among nursing mothers in Oyo state. This discovery points to the fact that several cases of postpartum depression are underreported in southwest Nigeria.

## **Theme Two: Challenges Common to Nursing Mothers' Postpartum Depression Experience**

KII participants identified several challenges common to nursing mothers experiencing postpartum depression. KII 1 revealed societal stigma, lack of understanding of postpartum depression, insufficient family support, and poor access to mental health services. KII 2 also expressed that emotional isolation, lack of spousal or family support, hormonal imbalances, financial stress, and societal expectations to "be strong". In the words of KII 2, he states that *'Many women don't recognize their symptoms as a medical condition due to low awareness.'* Cultural stigma surrounding mental health also makes it harder for them to speak out or seek help. In addition, KII 3 relates that challenges are fatigue, lack of family support, pressure to meet traditional expectations of motherhood, and absence of mental health screening tools at the primary care level. These findings show that there are myriads of challenges faced by nursing mothers experiencing postpartum depression in southwest Nigeria.

## **Theme Three: Type of Information Sought on Social Media**

Findings reveal that diverse information is being searched for on social media. This information is related to emotional feelings after childbirth delivery. According to KII 3, mothers often search for terms like *Why do I feel sad after giving birth?* or *How can I feel happy again after having a baby?* KII 2 mostly sought explanations for their emotions, signs and symptoms of postpartum depression, coping mechanisms, natural remedies, and how other mothers are managing their emotions. Information on support groups or forums where users can share their stories anonymously. Similarly, KII 1 also affirmed the importance of information on signs and symptoms of postpartum depression, emotional support networks, and home-based coping strategies. Findings from all KII participants express a similar search focus on post-partum depression by nursing mothers.

## **Theme F4: Social Media as a Preference over Traditional Health care in Managing Postpartum Depression**

Interesting findings are revealed from nursing mothers' consultation on social media for postpartum depression compared with traditional health care. All the key informants attested to the fact that nursing mothers prefer to consult social media platforms. Specifically, KII 1 narrated that women prefer social media because *they feel that it offers anonymity and emotional safety compared to formal health care settings where they fear being judged.* Moreover, KII 3 relates that many mothers' preference for social media is because they find it more accessible and less intimidating than traditional healthcare, which may involve long wait times and formal consultations.

## **Theme Five: Level of Reliability of Social Media as a Source of Postpartum Depression Information**

All KII participants agreed that social media was not always a reliable source. KII 2 holds the view that many mothers follow unverified advice, which may not align with professional recommendations. KII 3 perceives that *most social media content lacks clinical validity, although some professional health influencers and verified pages provide useful information.* KII 1 relates that although there is useful evidence-based information, much of the content could be *subjective and unverified.* Moreover, the reliability of social media information is inconsistent. In other words, as much as social media appears popular and accessible among women, primary health care practitioners continue to believe in the inconsistency and variation of the available information.

## **IMPLICATIONS**

Although his study is on how social media is used by nursing mothers to access contents on social media on PPD, studies such as Ogunyemi and Adejumo (2018) highlight the importance of traditional media (radio and television) in disseminating health information to nursing mothers in rural Nigeria. However, in contrast, Nwafor and Ezebunwa (2021) found that urban mothers increasingly rely on digital media, including social media platforms like WhatsApp and Facebook, to access maternal health information. The gap is that few studies have examined how media consumption translates to actual behavior changes, such as seeking help. Findings indicate that using interactive and expressive forms of therapy, such as role-playing and storytelling in virtual groups,



significantly reduces stress, promotes emotional expression, and enhances social support. This supports the views of medical practitioners, as the study concludes that creative therapies delivered through accessible social media platforms offer a promising complementary intervention for addressing PPD, particularly in resource-limited settings.

This study's finding aligns with Anibueze et al., (2023), which found out in their study that using interactive and expressive forms of therapy, such as role-playing and storytelling in virtual groups, significantly reduced stress, promoted emotional expression, and enhanced social support. The study concludes that creative therapies delivered through accessible social media platforms offer a promising complementary intervention for addressing PPD, particularly in resource-limited settings. However, the medical practitioners interviewed were aware of the reliability of information posted on social media platforms, but this information can serve as a relief for many nursing mothers experiencing PPD.

Nagl et al. (2021), in their study on social media use and postpartum body image dissatisfaction, explored the impact of social media use on body image dissatisfaction and its connection to PPD. The study found that exposure to idealized images of motherhood and post-pregnancy bodies on platforms like Instagram intensifies mothers' feelings of inadequacy, contributing to depressive symptoms. The study also noted that while some mothers find support and validation online, many struggles with social comparison, highlighting the need for more balanced and realistic portrayals of postpartum experiences on social media. This finding is a wake-up call for alternative information sourcing and sharing on PPD among nursing mothers. Although social media provides an avenue for information sharing for those experiencing PPD, it can also weight them down if not properly managed. Therefore, health care professionals, family members, and community leaders play key roles in maternal health education. This study also toes the line of Ibrahim and Gyoh (2015), who found that health care providers are trusted sources, but time constraints and a lack of mental health training hinder effective communication about PPD.

Eneh and Asemah, (2024) conducted a study anchored on the patient-centered care model, in which interviews and focus groups were the method adopted. Findings showed that empathy and informal interactions were used as mothers responded positively to physicians who addressed them with a smile, concern, and active listening. Further findings revealed that effective communication leads to better outcomes. Participants felt that open-ended questions, patient involvement in treatment plans, and physicians' encouragement of emotional expression led to improved well-being. Aside from the health practitioner's imbibing culture of treating mothers with PPD, cultural sensitivity, utilization of interpreters and readily available information resources in hospitals were identified as crucial for addressing communication and cultural barriers. The researchers concluded that physician communication style significantly impacts PPD recovery and, therefore recommended that health care institutions should create supportive environments and train professionals in cultural sensitivity.

## **CONCLUSION AND RECOMMENDATIONS:**

The study aimed to examine how medical professionals in Southwest Nigeria assess the way in which nursing mothers seek for, obtain and utilize knowledge regarding postpartum depression. It also examined how medical practitioners' perceptions of the information-seeking behaviors of nursing mothers experiencing PPD in Southwest Nigeria. The findings revealed that although PPD is increasingly recognized as a significant maternal health concern, a considerable gap remains in awareness, understanding and appropriate health-seeking behavior among affected mothers. Medical practitioners largely perceive that nursing mothers exhibit low levels of proactive information-seeking due to a combination of sociocultural stigma, inadequate mental health literacy, emotional denial, and reliance on informal or non-professional sources of information such as religious leaders,

family networks, and social media. From the perspective of health care practitioners, the lack of structured health education about PPD during antenatal and postnatal care further limits mothers' exposure to accurate and timely information. Practitioners also expressed concerns about the need for improved training among health care workers to better identify and manage cases of PPD and to effectively counsel nursing mothers on available information resources. Therefore, this study recommends the following:

1. Mental health education on PPD should be systematically incorporated into antenatal and postnatal care programmes for expectant and nursing mothers.
2. Health practitioners should be trained on how to provide structured information sessions that address the symptoms, causes and treatment of PPD.
3. Targeted awareness campaigns should be carried out to improve mothers' understanding of PPD. These campaigns should use culturally sensitive language and should be disseminated through local languages, especially for those in local communities.

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