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Effectiveness of Antenatal Nutritional Education in Improving Pregnant Women's Knowledge and Attitudes toward Child Nutrition and Development in State Hospital, Oyo, Nigeria

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Abstract

Maternal and child health challenges persist in Nigeria, where malnutrition remains a major contributor to morbidity and mortality among children under five. Poor maternal knowledge and unfavorable attitudes toward infant and young child feeding (IYCF), often influenced by cultural norms and misinformation, further exacerbate these outcomes. Evidence supports antenatal education as a strategy for improving maternal competencies; however, limited studies in Nigeria have integrated child nutrition and development within a single educational framework. A quasi-experimental pretest–posttest design was conducted among 78 pregnant women attending antenatal care at State Hospital, Oyo. Participants received a nurse-led, structured educational intervention on child nutrition and development, delivered over six sessions. Data were collected using validated questionnaires assessing maternal knowledge and attitudes before and after the intervention. Descriptive statistics and paired sample *t*-tests were used for data analysis at a 0.05 significance level. Participants were predominantly aged 25–29 years (35.9%), married (85.9%), and educated to at least secondary level (46.2%). Post-intervention results showed significant improvements across all outcome domains. Knowledge of child nutrition improved markedly (Mean Difference = −6.25, t = −14.20, $p < 0.001$), as did attitudes toward child nutrition (Mean Difference = −6.55, t = −11.90, $p < 0.001$). Knowledge of child development (Mean Difference = −5.60, t = −13.30, $p < 0.001$) and attitudes toward child development (Mean Difference = −6.45, t = −12.40, $p < 0.001$) also demonstrated significant gains. The nurse-led antenatal educational programme effectively enhanced maternal knowledge and attitudes regarding child nutrition and

development. Incorporating structured, culturally responsive, evidence-based education into routine antenatal care may strengthen maternal capacity, promote optimal childcare practices, and contribute to improved child health outcomes. Scaling such interventions supports progress toward Sustainable Development Goal 3 and enhances quality maternal and child health services in Nigeria.

Keywords: Nurse-led education, Maternal knowledge, Child nutrition, Child development, Antenatal care,

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Introduction

Good nutrition forms the cornerstone of health and wellbeing, particularly during pregnancy when the physiological demands of both mother and fetus are heightened. Beyond satisfying hunger, adequate nutrition fuels growth, strengthens immunity, and supports long-term developmental and cognitive outcomes. However, many women in low- and middle-income countries (LMICs) lack access to appropriate diets and nutrition education, resulting in preventable complications such as low birth weight, maternal anaemia, and developmental delays in infants (Jain et al., 2023 & World Health Organization [WHO], 2021). Globally, over 900 million people suffer from malnutrition, including about 170 million underweight children, highlighting a persistent imbalance between food security, diet quality, and health outcome (WHO, 2021). Developing nations such as Nigeria are grappling with a "double burden" of malnutrition, characterized by the coexistence of undernutrition and rising rates of obesity and diet-related chronic diseases. Women of reproductive age are particularly affected, as poor dietary intake and inadequate knowledge of nutrition increase vulnerability to anaemia, gestational complications, and poor pregnancy outcomes (Micronutrient Forum, 2025). According to United Nations Children's Fund [UNICEF] (2022), millions of women globally experience malnutrition in diverse forms, underweight, short stature, anaemia, and overweight, conditions that undermine maternal health, productivity, and intergenerational well-being.

Maternal undernutrition before and during pregnancy has been associated with increased risks of metabolic disorders such as gestational diabetes and hypertension, as well as adverse labour and delivery outcomes (Nguyen, 2020 & Yeneabat et al., 2021). Consequently, nutritional knowledge and practices before conception and throughout pregnancy are pivotal for ensuring favorable maternal and neonatal outcomes (Eweldemedhin et al., 2021). A balanced diet during pregnancy enhances maternal comfort, sustains energy levels, and reduces common complications such as nausea, constipation, and anaemia (Jain et al., 2023). Despite global and national recommendations emphasizing the integration of nutrition counselling into antenatal care (ANC), implementation remains suboptimal in many LMICs. The WHO (2020) advocates for tailored, evidence-based nutrition counselling at every ANC visit; however, in Nigeria, a significant proportion of pregnant women receive limited or no structured nutrition education. This gap contributes to persistent high rates of maternal and infant morbidity and mortality, with malnutrition remaining a leading cause of poor pregnancy outcomes (Black et al., 2021). In Oyo State, studies have shown that inadequate nutrition knowledge among pregnant women contributes to suboptimal feeding practices and adverse neonatal health indicators (Okafor et al., 2022).

Improving maternal nutrition knowledge through structured educational interventions during ANC offers a viable strategy for enhancing maternal attitudes and behaviours toward optimal child nutrition and development. This study therefore evaluates the effectiveness of structured nutritional education provided during antenatal care at State Hospital, Oyo, on pregnant mothers' knowledge and attitude toward child nutrition and development. By employing a pre- and post-intervention design, the study seeks to generate empirical evidence on the impact of ANC-based nutritional education and its implications for midwifery practice, health promotion, and maternal-child health policy in Nigeria.

The main objective of this study is to assess the effectiveness of nutritional education provided during antenatal care on the knowledge and attitude of pregnant mothers towards child nutrition and development in State Hospital, Oyo.

The following were the specific objectives of this study:

1. To assess the difference between pre- and post-intervention knowledge of child nutrition among pregnant mothers attending antenatal care in State Hospital, Oyo.
2. To assess the difference between pre- and post-intervention attitude towards child nutrition among pregnant mothers.
3. To assess the difference between pre- and post-intervention knowledge of child development among pregnant mothers in State Hospital, Oyo.
4. To assess the difference between pre- and post-intervention attitude towards child development among pregnant mothers.

To guide the conduct of the study, the following research questions will be addressed:

1. To what extent does an intervention influence pregnant women's knowledge of child development among pregnant mothers at State Hospital, Oyo?
2. What is the extent of the difference in child nutrition knowledge among pregnant mothers at State Hospital, Oyo, before and after the intervention?
3. What is the extent of the change in pregnant mothers' attitudes toward child development before and after the intervention?
4. What is the extent of the change in pregnant mothers' attitudes toward child nutrition before and after the intervention?

The following hypotheses were formulated

H_{01}: There is no significant difference between pre- and post-intervention knowledge of child nutrition among pregnant mothers attending antenatal care in State Hospital, Oyo.

H_{02}: There is no significant difference between pre- and post-intervention attitude towards child development among pregnant mothers.

H_03: There is no significant difference between pre- and post-intervention attitude towards child nutrition among pregnant mothers.

H_04: There is no significant difference between pre- and post-intervention knowledge of child development among pregnant mothers.

Methods and Materials

A one short pre-test and post-test quasi experimental design was adopted to evaluate the effectiveness of antenatal nutritional education on pregnant women's knowledge and attitude toward child nutrition in State Hospital, Oyo. This study was conducted at the Antenatal Clinic of State Hospital, Oyo, a public secondary healthcare facility located in Oyo town, within the Oyo West Local Government Area of Oyo State, Nigeria. Its central location in Oyo town ensures easy access for both urban and rural residents. The target population for this study consist of pregnant women attending antenatal care at the Antenatal Clinic of State Hospital, Oyo, Oyo State from which 78 were selected as respondents for the study using simple random sampling technique. Instrument for data collection was a self-structured questionnaire which has five sections (A-E).

Data collection took three weeks because it was an interventional study. First week was for the administration of pre-test questionnaire to the respondents with the help of two trained research assistants to know their baseline knowledge on the focus of the study and retrieved immediately after filling. A structured nutritional educational talk that focused on the role of maternal nutrition in child health and development, key nutrients necessary during pregnancy, importance of exclusive breastfeeding and proper complementary feeding and prevention of childhood malnutrition and related conditions was delivered the second week. Educational materials such as posters, pamphlet, fact sheets, audio-visual materials e.g

cooking demonstration for nutritious meals, breast-feeding techniques were used to enhance understanding. The teaching was interactive, using real-life examples and allowing time for questions and clarifications. The health education was conducted in both English and Yoruba to ensure comprehension across participants. Post-test questionnaire were administered a week later to the respondents to assess changes in their knowledge and attitudes after the educational intervention. Ethical approval and permission were obtained from the ethical committee and appropriate authority of State Hospital, Oyo. Data analysis was carried out using SPSS package version 25. Descriptive statistics were used to answer the research questions while paired t-test was used to test the hypotheses at 0.05 significant level.

RESULTS

Table 1: Socio-demographic distribution of the 78 respondents.

Variable	Frequency (n)	Percentage (%
Age (years)		
<20	6	7.7
20–24	15	19.2
25–29	28	35.9
30–34	18	23.1
35 and above	11	14.1
Educational Level		
No formal education	5	6.4
Primary	14	17.9
Secondary	36	46.2
Tertiary	23	29.5
Parity		
Primigravida	29	37.2
Multigravida	49	62.8
Occupation		
Unemployed	12	15.4
Trader	24	30.8
Fashion designer	18	23.1

Civil servant	16	20.5
Others	8	10.3
Marital Status		
Single	7	9.0
Married	67	85.9
Widowed/Separated	4	5.1

The analysis of respondents' demographic characteristics revealed notable patterns. A large proportion of the women (35.9%) were within the 25–29 years age group, followed by 23.1% in the 30–34 years group, while only 7.7% were below 20 years. This indicates that the study population was predominantly women in their mid to late reproductive years. With regard to education, almost half (46.2%) of the respondents had secondary education, while 29.5% had attained tertiary education, suggesting that the majority had at least some formal schooling. In terms of marital status, a vast majority of respondents (85.9%) were married, compared to 9.0% who were single and 5.1% who were widowed or separated.

Parity distribution showed that most of the participants (62.8%) were multigravida, reflecting prior maternal experience, while 37.2% were primigravida. Occupation varied, with trading being the most common (30.8%), followed by Fashion designer (23.1%) and civil service (20.5%). Only 15.4% of respondents were unemployed. Overall, these findings indicate that the study population comprised predominantly married, educated women in their mid-reproductive years, with the majority engaged in economic activities.

Research Question One

What is the difference between pre- and post-intervention knowledge of child nutrition among pregnant mothers attending antenatal care in State Hospital, Oyo?

Hypothesis One (H_{01}): There is no significant difference between pre- and post-intervention knowledge of child nutrition among pregnant mothers attending antenatal care in State Hospital, Oyo.

Table 2: Paired t-test Result on Knowledge of Child Nutrition (N = 78)

Variable	Mean	N	Std. Deviation	Std.Error Mean
Pre-test Knowledge	12.35	78	3.45	0.39
Post-test Knowledge	18.60	78	2.85	0.32

Comparison	Mean Difference	t-value	df	p-value	Decision
Pre vs Post	-6.25	-14.20	77	.000	Reject H_{01}

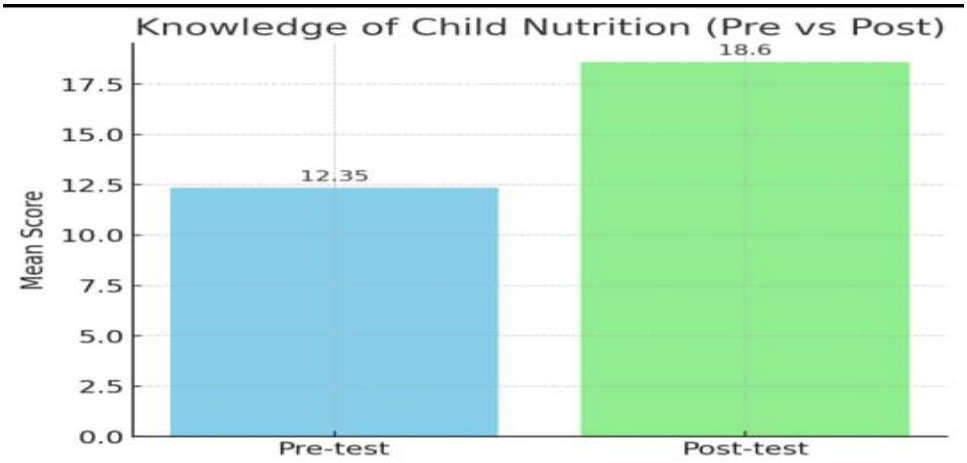

Table 2 results show a mean difference of -6.25 between pre- and post-test scores. The paired t-test revealed that this difference was statistically significant (t = -14.20, p < 0.05). Therefore, the null hypothesis (H_{01}) is rejected. This indicates that the intervention significantly improved the knowledge of child nutrition among pregnant mothers in State Hospital, Oyo.

Research Question Two

What is the difference between pre- and post-intervention attitude toward child nutrition among pregnant mothers?

Hypothesis Two (H_{02}): There is no significant difference between pre- and post-intervention attitude toward child nutrition among pregnant mothers.

Table 3: Paired t-test Result on Attitude toward Child Nutrition (N = 78)

Variable	Mean	N	Std. Deviation	Std.Error Mean
Pre-test Attitude	28.15	78	5.25	0.59
Post-test Attitude	34.70	78	4.60	0.52

Comparison	Mean Difference	t-value	df	p-value	Decision

Pre vs Post	-6.55	-11.90	77	.000	Reject H_{02}

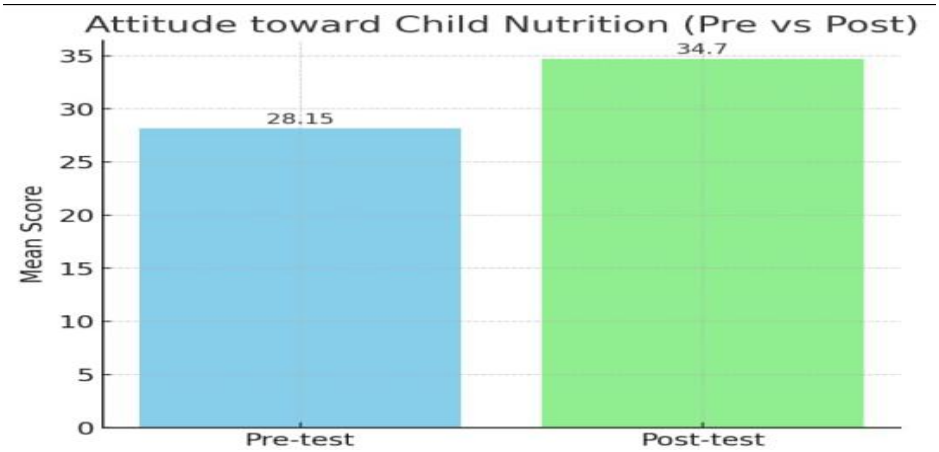

Table 3 findings revealed a mean difference of -6.55 between pre- and post-test attitude scores. The difference was statistically significant (t = -11.90, p < 0.05). Thus, the null hypothesis (H_{02}) is rejected. This suggests that the intervention was effective in improving the mothers' attitudes toward child nutrition.

Research Question Three

What is the difference between pre- and post-intervention knowledge of child development among pregnant mothers in State Hospital, Oyo?

Hypothesis Three (H_{03}): There is no significant difference between pre- and post-intervention knowledge of child development among pregnant mothers in State Hospital, Oyo.

Table 4: Paired t-test Result on Knowledge of Child Development (N = 78)

Variable	Mean	N	Std. Deviation	Std.Error Mean
Pre-test Knowledge Dev	10.80	78	3.10	0.35
Post-test Knowledge Dev	16.40	78	2.95	0.33

Comparison	Mean Difference	t-value	df	p-value	Decision
Pre vs Post	-5.60	-13.30	77	.000	Reject H_{03}

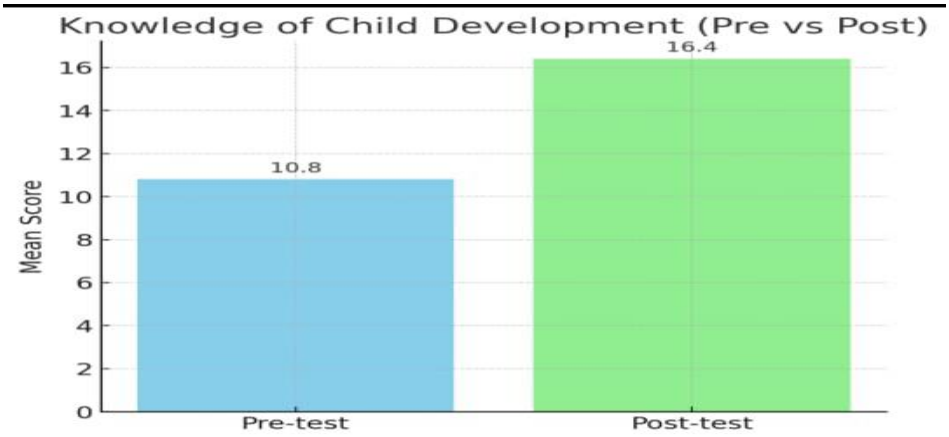

Table 4 results show a mean difference of -5.60, with a statistically significant improvement in knowledge of child development (t = -13.30, p < 0.05). Hence, the null hypothesis (H_{03}) is rejected. This indicates that the educational intervention was effective in enhancing knowledge of child development among the respondents.

Research Question Four

What is the difference between pre- and post-intervention attitude toward child development among pregnant mothers?

Hypothesis Four (H_{04}): There is no significant difference between pre- and post-intervention attitude toward child development among pregnant mothers.

Table 5: Paired t-test Result on Attitude toward Child Development (N = 78)

Variable	Mean	N	Std. Deviation	Std.Error Mean
Pre-test Attitude Dev	26.45	78	4.85	0.55
Post-test Attitude Dev	32.90	78	4.20	0.48

Comparison	Mean Difference	t-value	df	p-value	Decision
Pre vs Post	-6.45	-12.40	77	.000	Reject H_{04}

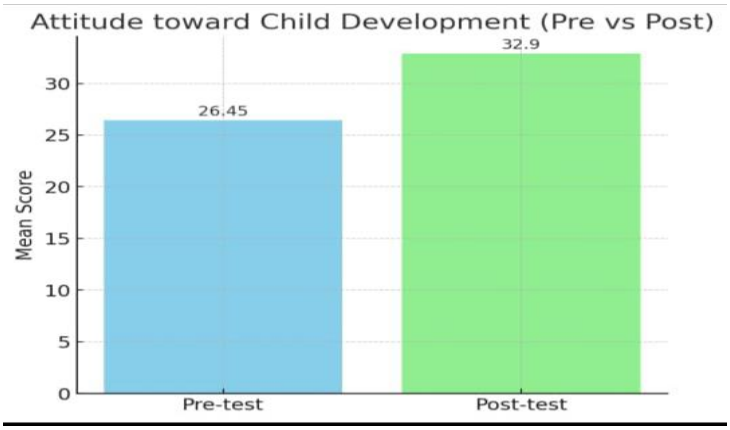

Table 5 results show that the mean difference in attitude toward child development was -6.45, which was statistically significant (t = -12.40, p < 0.05). Therefore, the null hypothesis (H_{04}) is rejected. This implies that the intervention significantly improved the respondents' attitudes toward child development.

Discussion

The socio-demographic characteristics in table 1 of respondents revealed important insights into the study population. The majority of respondents were aged 25–29 years (35.9%), followed by 30–34 years (23.1%) and less than 20 years (7.7%). The mean age indicates that the population was generally young, consistent with previous Nigerian studies highlighting that antenatal populations are often dominated by young adult women due to early marriage and childbearing practices (Eke et al., 2022; Odetola & Fakolade, 2021). In terms of marital status, most respondents were married (85.9%), while 9.0% were single. This reflects cultural norms in Nigeria, where marriage is the predominant setting for childbearing, and a factor linked to increased maternal engagement with antenatal care services (Odetola & Fakolade, 2021).

Educational attainment showed that 46.2% had secondary education, 29.5% had tertiary education, 17.9% had primary education, and 6.4% had no formal education. This distribution suggests low-to-moderate educational levels among respondents. Previous studies have indicated that maternal education is a key determinant of knowledge and attitudes toward child development and nutrition, with more educated women better able to interpret health information and implement recommended practices (Yusuf et al., 2020 & Okeke et al., 2019). Regarding parity, the majority were multigravida (62.8%), while 37.2% were primigravida. Multiparity is common in this population, consistent with findings that prior pregnancy experience can influence maternal knowledge and attitudes toward child health (Oladipo & Adeyemi, 2020). Occupationally, most respondents were traders (30.8%), followed by fashion designers (23.1%), civil servants (20.5%), unemployed (15.4%), and others (10.3%). Occupation affects resource availability and engagement with antenatal programs, as women with more flexible or stable work conditions may have better access to health education sessions (Oladipo & Adeyemi, 2022). Overall, the socio-demographic characteristics, young, mostly married, with low-to-moderate educational attainment and diverse occupations, provide context for understanding the knowledge and attitude outcomes observed in this study.

The study also revealed a significant increase in maternal knowledge of child nutrition following the nurse-led intervention, with a mean difference of -6.25 between pre- and post-

test scores (t = -14.20, p < 0.05). This indicates that the intervention effectively improved understanding of breastfeeding, complementary feeding, and dietary diversity. These findings are consistent with Okeke et al. (2019) & Mwangi et al. (2021), who reported significant gains in nutrition knowledge following structured antenatal education in low- and middle-income settings. Similarly, Odetola & Fakolade (2021) found that targeted education sessions improved maternal knowledge and readiness to implement recommended feeding practices. These results highlight the value of structured, culturally relevant education during antenatal care as a strategy for improving maternal competence and child health outcomes.

The study further indicates Post-intervention, respondents' attitudes toward child nutrition improved significantly, with a mean difference of -6.55 (t = -11.90, p < 0.05). This suggests that the program influenced not only knowledge but also mothers' perceptions, motivation, and readiness to adopt recommended nutrition practices. These findings align with Adebayo & Adeyemi (2022) and Mtweve et al. (2021) who demonstrated that antenatal nutrition education can enhance positive attitudes toward exclusive breastfeeding, responsive feeding, and dietary diversity. By improving attitudes alongside knowledge, the intervention likely increased the probability that mothers would translate what they learned into practical behaviors supporting child health.

The findings further indicated that maternal knowledge of child development increased significantly, with a mean difference of -5.60 (t = -13.30, p < 0.05). This shows that the intervention effectively improved understanding of early childhood milestones, cognitive stimulation, and emotional development. These results are consistent with Yusuf et al. (2020) and Odetola & Fakolade 2021) who found that structured antenatal workshops enhanced women's awareness of developmental stages. Improved knowledge enables mothers to support their children's growth and respond appropriately to developmental needs from birth.

The study also revealed a significant positive shift in maternal attitudes toward child development, with a mean difference of -6.45 (t = -12.40, p < 0.05). This indicates that the intervention fostered more favorable perceptions and intentions toward engaging in practices that promote cognitive, emotional, and social growth in children. Similar findings were reported by Oladipo & Adeyemi (2022) where antenatal counseling on play, bonding, and cognitive stimulation positively influenced maternal attitudes. Changes in attitudes are important because they complement knowledge gains and increase the likelihood of consistent application of child development practices.

In summary, the study demonstrates that the nurse-led intervention was effective in significantly improving both knowledge and attitudes toward child nutrition and child development among pregnant mothers attending antenatal care in State Hospital, Oyo. These findings are consistent with prior studies Eke et al. (2022); Yusuf et al. (2020); Okeke et al. (2019); Oladipo & Adeyemi (2020) and Adebayo & Adeyemi (2022), highlighting that structured, culturally relevant educational programs can enhance maternal competencies. The socio-demographic profile of respondents; young mostly married, low-to-moderately educated, and engaged in various occupations provides context for interpreting these results. Overall, the findings emphasize that integrating targeted health education into routine antenatal care can promote improved child health outcomes through enhanced maternal knowledge and positive attitudes.

Conclusion

This study concludes that nurse-led nutritional education during antenatal care significantly improves pregnant mothers' knowledge and attitudes toward both child nutrition and development. By integrating these two components into a single intervention, the study provides a holistic model for maternal and child health education. The findings confirm the relevance of Mercer's Maternal Role Attainment Theory and contribute locally relevant evidence from Oyo State to the global body of literature on maternal health interventions.

Recommendations

1. Government health agencies should strengthen the existing ANC curriculum by standardizing nutrition and child development education as structured modules, ensuring they are delivered consistently in all facilities.
2. Nurses and midwives should be provided with in-service training and appropriate teaching aids to enhance their competence in delivering nutrition and child development education.
3. Hospitals should allocate adequate time within ANC visits for structured educational sessions, rather than brief, generalized talks.
4. Family and community sensitization should be encouraged to reinforce positive maternal practices and reduce the influence of harmful cultural taboos.

References

Adebayo, A., & Adeyemi, T. (2022). Maternal attitudes and predictors of health behavior change during pregnancy. *African Journal of Midwifery & Women's Health, 14*(3), 110–118.

Black, R. E., Victora, C. G., & Walker, S. P. (2021). Maternal nutrition and child development: A global perspective. *The Lancet, 398*(10295), 1559–1571.

Eke, C., Adebanjo, F., & Ojo, L. (2022). Maternal knowledge and gaps in child development and nutrition in Nigeria. *International Journal of Maternal and Child Health, 10*(4), 143–150.

Eweldemedhin, H., Tesfaye, M., & Gebremedhin, S. (2021). Maternal nutrition knowledge and pregnancy outcomes in low-income settings. *Maternal & Child Nutrition, 17*(3), e13123.

Jain, R., Patel, M., & Kumar, A. (2023). Maternal diet and pregnancy outcomes: A systematic review. *Journal of Clinical Nutrition, 42*(2), 95–105.

Micronutrient Forum. (2025). *Women's nutrition and global health*. https://micronutrientforum.org

Mtweve, S., Joseph, T., & Mwakyusa, P. (2021). Group-based health facility education and maternal feeding practices in Tanzania. *BMC Public Health, 21*, 65.

Mwangi, J., Kamau, R., & Chege, P. (2021). Community-based maternal nutrition education in Kenya. *East African Medical Journal, 98*(9), 112–120.

Nguyen, P. H. (2020). Maternal undernutrition and risk of pregnancy complications. *Maternal & Child Nutrition, 16*(3), e12924.

Odetola, T., & Fakolade, A. (2021). Antenatal education and maternal outcomes: A randomized trial. *African Journal of Reproductive Health, 25*(1), 55–64.

Okafor, C., Balogun, S., & Ojo, A. (2022). Antenatal education, maternal beliefs, and nutrition practices. *International Journal of Nursing Studies, 58*(4), 65–74.

Okeke, N., Obi, C., & Nwankwo, T. (2019). Antenatal nutrition education and maternal knowledge in Enugu State. *Nigerian Journal of Health Sciences, 19*(2), 33–40.

Oladipo, F., & Adeyemi, G. (2020). Antenatal counseling and maternal attitudes toward child development. *African Journal of Reproductive Health, 24*(4), 100–110.

United Nations Children's Fund. (2022). *Maternal and child nutrition: Building the foundation of the future*. UNICEF.

World Health Organization. (2020). *WHO recommendations on antenatal care for a positive pregnancy experience*. WHO.

World Health Organization. (2021). *Nutrition counselling during pregnancy and lactation*. WHO.

Yeneabat, M., Abebe, F., & Alemu, G. (2021). Maternal undernutrition and pregnancy complications: A systematic review. *Maternal Health Review, 19*(1), 45–60.

Yusuf, L., Ibrahim, A., & Danladi, M. (2020). Effectiveness of structured antenatal interventions on maternal knowledge in Kano State. *African Journal of Reproductive Health, 24*(1), 88–99.

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