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Knowledge of Transitioning into Parenthood and Associated Factors among Pregnant Women attending Antenatal Clinic in State Specialist Hospital, Osun State, Nigeria

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Abstract
Objective: The study assessed the level of knowledge and factors influencing the transition to parenthood among pregnant women attending the antenatal clinic at State Specialist Hospital, Osun State.
Methods: A descriptive cross-sectional design was used with a total population of 192 pregnant women attending State Specialist Hospital, Osogbo. Sample size was determined using Taro Yamane's formula with 10% attrition rate; the total sample size was 143. A self-developed structured questionnaire with a reliability index of 0.73 was used for data collection, and the data were analysed using descriptive statistics, including frequency and percentage.
Results: The findings revealed that most respondents were aware of physical and emotional changes associated with pregnancy, with 71.4% indicating awareness of postpartum psychological difficulties, while 57.1% reported that mood swings affect their daily activities. Anxiety and fear of childbirth were observed among 64.3%, and 50% expressed concerns about their ability to adapt effectively to motherhood. Family support was identified as a major coping strategy, with 78.6% indicating its role in reducing stress and improving maternal confidence.
Conclusion: This study shows that pregnant women were aware of the transition into motherhood and associated physical and emotional factors. However, the majority experienced anxiety and mood swings as a result of the transition. Therefore, it is important for healthcare providers, especially nurses, to intensify educating pregnant women on coping strategies to adopt during this phase to reduce morbidity associated with parenthood transition.

Keywords: Antenatal, Knowledge, Transitioning, Parenthood, Pregnant women

Plain English Summary

The study assessed the level of knowledge on transitioning into parenthood among pregnant women after childbirth. The results revealed that pregnant women had good knowledge in key areas such as newborn care responsibilities, bonding, breastfeeding, immunisation, sleep deprivation, and self-care. The study also revealed that family support is essential in strengthening emotional resilience, partner involvement, and

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maternal confidence, gaps remained in areas such as household assistance, antenatal participation, anxiety reduction, and open communication.

Background

Parenthood is one of the most significant life transitions an individual can experience. It encompasses a range of physical, emotional, psychological, social, and financial changes that require substantial adaptation and adjustment (1). Transitioning into parenthood is not merely a biological event but a complex developmental process that influences and reshapes identity, lifestyle, interpersonal relationships, and mental well-being (2). For pregnant women, this transition begins as early as conception and extends through childbirth and the early postpartum period. As such, knowledge and preparedness for parenthood are critical to ensuring a smooth and healthy adjustment for both the mother and child (3).

Despite the natural excitement surrounding childbirth, many expectant mothers are confronted with anxieties, misconceptions, and fears due to inadequate knowledge about what parenting entails. The lack of awareness and preparedness often contributes to maternal stress, postpartum depression, negative child outcomes, and strained partner relationships (4). Globally, studies have shown that women who are better informed about parenting roles and responsibilities tend to adapt more successfully to the challenges of parenthood, exhibit better maternal-child bonding, and report higher satisfaction during the postnatal period (5, 6). However, in many developing countries, including Nigeria, knowledge gaps on transitioning into parenthood remain a significant issue, often due to poor health education, cultural practices, and limited access to formal support systems (7).

In Nigeria, antenatal care is a widely utilised platform for delivering maternal and child health services. However, while these clinics primarily focus on physiological health monitoring during pregnancy, the psychosocial and educational preparation for parenting is often inadequately addressed (8). Most antenatal programs concentrate on the physiological aspects of pregnancy, labour, and delivery, with little emphasis on emotional and practical readiness for parenting (9). As a result, many pregnant women enter motherhood with a limited understanding of child development, newborn care, breastfeeding, sleep routines, emotional changes, parenting roles, and the importance of support networks (9).

Specifically, the study objectives are: To

Assess the level of knowledge on transitioning into parenthood among pregnant women attending the State Specialist Hospital

Determine factors influencing transitioning into parenthood among pregnant women attending the State Specialist Hospital

Identify challenges faced by pregnant women attending the State Specialist Hospital during the transition into parenthood

Materials and Methods

The study adopted a cross-sectional descriptive design. The study population were pregnant women attending ANC. The inclusion criteria were pregnant women who were currently registered for antenatal care, present at the time of recruitment, medically stable, able to comprehend English or Yoruba and give consent to participate in the study. The exclusion criteria were pregnant women that have underline medical health challenge, had a communication gap, and did not consent to participate in the study. The study setting was the State Specialist Hospital, Asubiaro, Osogbo. The target populations were pregnant women with a total population of 192 on average, based on the antenatal weekly record. Taro Yamane's formula was utilised in determining the sample size of 143 respondents for the study. A convenience sampling technique was used for the recruitment of participants for the study because it ensured the researcher could conveniently reach the required number of participants without disrupting clinical activities or requiring extensive recruitment processes. Ethical approval was granted by the Health Planning, Research and Statistics Department (OSHREC/PRS/569T/1167). A self-developed questionnaire derived from a review of the literature was used for data collection. Data collection was done in two weeks from August 18th to 29th, 2025. The questionnaire has 4 sections; section A includes the socio-demographic data included age, ethnicity, marital status and academic level. In section B, Knowledge was assessed using 10 items scored and categorised into Good (7-10) and poor knowledge level (< 5). Section C determined factors that influence transitions to parenthood using a five-point Likert scale (SD-strongly disagree, D-disagree, N-neutral, A-agree, SA-strongly agree). Section D identified challenges faced by pregnant women in transition to parenthood using a five-point Likert scale of (SD-strongly disagree, D-disagree, N-neutral, A-agree, SA-strongly agree). The instrument's reliability was established using Cronbach's alpha after a pilot test involving 14 eligible participants from another setting and far from the study setting, yielding a coefficient of

0.731, which reflects good internal consistency of the tool. Questionnaires were self-administered with the assistance of 2 trained research assistants; all ethical considerations of anonymity and confidentiality were ensured throughout the study. All the questionnaires were filled, sorted, coded and analysed using the SPSS package version 25.0. Descriptive statistics were used, and results were presented in tables and charts.

Results

A total of 143 questionnaires were properly completed and included in the final analysis, resulting in a 100% response rate. Most respondents were young adults aged 20–29 years 81 (56.6%). The majority were Christians, 79 (55.2%). Educationally, most had higher education 61 (42.7%). The Yoruba comprised 104 (72.7%), and the majority were married, 121 (84.6%). A larger proportion were employed, 51 (35.7%). Household income was mostly between ₦50,000–₦100,000 94 (65.7%). Obstetric history revealed that most had 2 pregnancies, 59 (41.3%). Distance to healthcare was generally good, with most respondents living within 1–5 km of a facility 62 (43.4%) (Table 1).

Table 1: Socio-demographic Data

Variables	Responses	Frequency (n)	Percentage (%)
Age	<20 years	31	21.7
	20–29 years	81	56.6
	30–39 years	24	16.8
	40 years and above	7	4.9
Religion	Muslim	54	37.8
	Christian	79	55.2
	Traditional	10	7.0
Level of Education	No formal education	11	7.7
	Primary	16	11.2
	Secondary	50	35.0
	Higher education	61	42.7
	Postgraduate	5	3.5
Ethnicity	Yoruba	104	72.7
	Igbo	36	25.2
	Hausa	3	2.1
Marital Status	Single	19	13.3
	Married	121	84.6
	Widowed	2	1.4
	Separated	1	0.7
Employment Status	Employed	51	35.7
	Self-employed	25	17.5
	Unemployed	30	21.0
	Student	37	25.9
Household Income (₦)	Below 50,000	7	4.9
	50,000 – 100,000	94	65.7
	100,000 – 200,000	30	21.0
	200,000 – 300,000	12	8.4
Number of Pregnancies	1	42	29.4
	2	59	41.3
	3–4	37	25.9
	5 and above	5	3.5
Distance to Healthcare	Less than 1 km	36	25.2
	1–5 km	62	43.4

6–10 km	39	27.3
More than 10 km	6	4.2

Out of the 143 respondents, 92 (64.3%) were aware of the physical and emotional changes after childbirth. Almost all respondents, 136 (95.1%), were aware of the responsibilities involved in caring for a newborn. However, knowledge of postpartum depression was relatively low, with only 54 (37.8%) identifying the signs. Awareness of the impact of sleep deprivation on mental and emotional well-being was high at 114 (79.7%). In general, 95 (66.6%) of the respondents had good knowledge of transitioning into parenthood (Table 2; Figure 1).

Table 2: Knowledge of Transitioning into Parenthood

Items	Response	Frequency (n)	Percentage (%)
I understand the physical and emotional changes that occur after childbirth.	Yes	92	64.3
	No	51	35.7
I am aware of the responsibilities involved in caring for a newborn.	Yes	136	95.1
	No	7	4.9
I know the importance of establishing a strong mother-child bond early.	Yes	113	79.0
	No	30	21.0
I can recognise signs of postpartum depression and know when to seek help.	Yes	54	37.8
	No	89	62.2
I understand the importance of exclusive breastfeeding in the first six months.	Yes	100	69.9
	No	43	30.1
I am knowledgeable about infant immunisation schedules and their benefits.	Yes	106	74.1
	No	37	25.9
I understand how sleep deprivation can affect my mental and emotional well-being.	Yes	114	79.7
	No	29	20.3
I have sufficient knowledge of newborn hygiene and basic first aid.	Yes	60	42.0
	No	83	58.0
I understand how my relationship with my partner may change after delivery.	Yes	74	51.7
	No	69	48.3
I am aware of the importance of self-care during the postpartum period.	Yes	107	74.8
	No	36	25.2

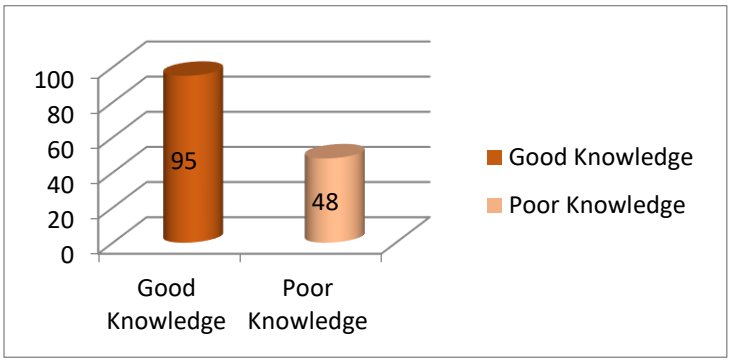

Figure 1: Shows the level of knowledge of transitioning into parenthood

The findings revealed that 34.3% strongly agreed that their families provided emotional support to help them cope with pregnancy. Similarly, 34.3% agreed that family support made them feel more prepared for motherhood. 41.3% strongly disagreed that family encouragement reduced childbirth anxiety. On the overall pregnancy experience, 26.6% agreed that family support had a positive influence. Confidence in caring for the baby was higher, with 34.3%. Finally, 21.7% strongly agreed, and 20.3% agreed they felt emotionally stable because of family presence (Table 3).

Table 3: Factors Influencing Transitioning to parenthood

Items	SD F (%)	D F (%)	N F (%)	A F (%)	SA F (%)
My family provides emotional support that helps me cope with pregnancy.	9 (6.3)	23(16.1)	13 (9.1)	49(34.3)	49(34.3)
I feel more prepared for motherhood because of the support I receive from my family.	18(12.6)	36(25.2)	16(11.2)	49(34.3)	24(16.8)
My partner is actively involved in my antenatal care.	14 (9.8)	23(16.1)	18(12.6)	54(37.8)	34(23.8)
Family members help me attend antenatal appointments regularly.	36(25.2)	53(37.1)	36(25.2)	11 (7.7)	7 (4.9)
I feel less anxious about childbirth due to my family's encouragement.	59(41.3)	32(22.4)	19(13.3)	24(16.8)	9 (6.3)
My family assists with household chores to reduce my stress during pregnancy.	41(28.7)	32(22.4)	28(19.6)	29(20.3)	13 (9.1)
I can openly discuss my fears and concerns about pregnancy with my family.	61(42.7)	25(17.5)	35(24.5)	16(11.2)	6 (4.2)
My family's support positively influences my overall pregnancy experience.	31(21.7)	30(21.0)	28(19.6)	38(26.6)	16(11.2)
The presence of my family makes me feel confident in my ability to care for my baby.	22(15.4)	14 (9.8)	17(11.9)	49(34.3)	41(28.7)
I feel emotionally stable during this pregnancy because I am not going through it alone.	24(16.8)	36(25.2)	23(16.1)	29(20.3)	31(21.7)

Out of the 143 respondents, 42.7% strongly agreed they felt overwhelmed by physical changes, and 41.3% strongly agreed that mood swings affected their daily activities. Sleep disturbance was common, as 39.2% agreed, 537.8% strongly agreed they felt anxious about childbirth. Most denied worrying about being a good mother, as 36.4% strongly disagreed and 21.0% disagreed, while 38 26.6% agreed. Stress since pregnancy was acknowledged by 28.7% who agreed and 17.5% strongly agreed, while difficulty managing emotions was reported by 25.9% who agreed and 23.1% strongly agreed (Table 4).

Table 4: Challenges of Transition to Parenthood

Items	SD F (%)	D F (%)	N F (%)	A F (%)	SA F (%)
I often feel overwhelmed by the physical changes happening to my body.	6 (4.2)	12(8.4)	7(4.9%)	57(39.9)	61(42.7)
I experience mood swings that affect my daily activities.	13(9.1)	11 (7.7)	19(13.3)	41(28.7)	59(41.3)
I struggle with sleep due to discomfort during pregnancy.	13 (9.1)	29(20.3)	7 (4.9)	56(39.2)	38(26.6)
I feel anxious or fearful about the process of childbirth.	–	11 (7.7)	26(18.2)	52(36.4)	54(37.8)
Pregnancy has caused a decline in my self-esteem and body image.	21(14.7)	31(21.7)	25(17.5)	48(33.6)	18(12.6)
I experience fatigue that interferes with my normal routine.	10 (7.0)	31(21.7)	17(11.9)	41(28.7)	44(30.8)
I feel isolated or lonely despite attending antenatal clinics.	56(39.2)	–	21(14.7)	42(29.4)	24(16.8)
I worry about my ability to be a good mother.	52(36.4)	30(21.0)	11 (7.7)	38(26.6)	12 (8.4)
I have experienced increased stress since becoming pregnant.	25(17.5)	29(20.3)	23(16.1)	41(28.7)	25(17.5)
I find it difficult to manage my emotions during this pregnancy.	32(22.4)	19(13.3)	22(15.4)	37(25.9)	33(23.1)

Discussion

The study indicates that pregnant women in State Specialist Hospital, Asubiaro, showed a relatively high level of knowledge of transitioning into parenthood. Most participants reported awareness of newborn care responsibilities, recognised the importance of mother-child bonding, sleep deprivation, infant immunisation, self-care and exclusive breastfeeding. On the other hand, more detailed aspects such as post-partum depression, newborn hygiene and first aid, partner relationship changes were less well understood. This finding was in line with the results of the study by Mohamoud et al, which observed that a large proportion of women (75%) demonstrated a high level of knowledge on maternal and child health care, particularly when it relates to immediate and tangible aspects of newborn care (10).

Moreover, the present findings show that the participant had slightly improved knowledge compared to Acosta et al, who reported that knowledge regarding pregnancy was moderate among women attending antenatal care in Cabanatuan City, Nueva Ecija, particularly in areas of newborn care and breastfeeding (11). This contrast may be attributed to contextual differences in health education strategies, socioeconomic factors, and access to health between populations. The study also identified significant knowledge gaps in recognising postpartum depression, newborn hygiene, and partner relationship adjustments.

The results of this study revealed that family support was the strongest influencing factor when it comes to transitioning to parenthood in providing emotional backing, partner involvement, and boosting maternal confidence, but was weak in assisting with chores, attending antenatal visits, reducing anxiety, and encouraging open discussions. These findings reflect the duality of family engagement in maternal care, where emotional presence is emphasised but practical and psychosocial aspects remain under-addressed. This finding is consistent with the findings by César-Santos et al, who identified family characteristics and family nursing interventions as critical in enhancing the transition to parenthood (12). Their review emphasised the need for holistic family-centred approaches that not only provide emotional encouragement but also address broader determinants such as practical assistance and equitable involvement in caregiving. The limited contribution of families to daily household responsibilities and antenatal participation observed in this study suggests a gap that aligns with the call for more comprehensive family nursing interventions to optimise the parental transition process. Similarly, the findings corroborate the observations of Ababneh et al, who reported that women in Jordan valued emotional and cultural support from family members, particularly their husbands and in-laws (13).

The findings further revealed that pregnant women commonly experience a combination of physical and psychological challenges, including body changes, mood swings, sleep problems, fatigue, anxiety, stress, and emotional difficulties. These challenges underscore the complex nature of the transition to parenthood, highlighting the need for enhanced psychosocial support during pregnancy. This outcome is consistent with (14), who reported that first-time parents face multiple psychological challenges during the transition to parenthood, such as dissatisfaction with physical appearance, changes in spousal roles, duality in the motherhood role, and conflict in parenting practices as major sources of distress. Similarly, the physical challenges reported, such as body changes and fatigue, contribute to the dissatisfaction with body image and lifestyle restrictions, indicating that both physical and psychosocial dimensions of transition are intertwined (14). The findings also resonate with the study conducted by Seyed et al, which revealed that the transition to parenthood can typically be considered either a positive or negative experience (14). The most serious challenges faced by couples in the transition to parenthood included ambiguity and changes in the spousal role; duality and conflict in the motherhood role; feeling restricted and prevented from pursuing personal goals; psychological and emotional support from the family and husband; parenting disagreements; changes in sexual relations; fear of the failure to financially support the child; dissatisfaction with the appearance and weight change, and differences in parenting practices.

Overall, the findings showed that psychological and physical challenges are central features of the transition to parenthood and are strongly shaped by both personal and social factors. The study by Seyed et al. confirms that while the physical burden of pregnancy is well recognised, the psychological and relational dimensions require greater attention in antenatal and postnatal care (14). Through structured psychosocial interventions, family involvement, and culturally sensitive mental health programs, maternal adjustment and healthier outcomes for both mother and child will be improved.

Study Limitation
There is recall bias in those who have had previous pregnancies and possible conjecture or responses based on another's opinion in those in their first pregnancies, as regards the challenges of transition to parenthood. The findings of this study were limited due to a single-site design.

Conclusion
Transitioning into parenthood is one of the most significant life changes an individual or couple can experience. The study shows that 95% of mothers have good knowledge of transition in areas such as newborn care responsibilities, bonding, breastfeeding, immunisation, sleep deprivation, and self-care. However, significant gaps remain in recognising postpartum depression, newborn hygiene, and partner relationship changes, suggesting the need for targeted health education interventions during antenatal and postnatal care. Family support was strongest in providing emotional backing, partner involvement, and boosting maternal confidence, but weak in assisting with chores, attending antenatal visits, reducing anxiety, and encouraging open discussions, suggesting the need for more comprehensive family engagement in maternal care. The majority of pregnant women experience physical and psychological challenges such as body changes, mood swings, sleep problems, fatigue, anxiety, stress, and emotional difficulty, underscoring the need for stronger psychosocial support during pregnancy.

Declarations
Ethics approval and consent to participate
The Ministry of Health, Health Planning, and Research Statistics Department approved the conduct of the study.

Consent for publication
All authors have reviewed the final manuscript and provided consent for its publication under the Creative Commons Attribution Non-Commercial 4.0 International License.

Availability of data and materials
The datasets generated and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interest
The authors declare no competing interests.

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Author contribution
DCL: Literature search, manuscript writing, analysis
AOO: Supervision, review
ABT and AOD: Manuscript editing and validation
AI and UJE: Methodology and discussion

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