

**INFLUENCE OF INDIGENOUS POST-NATAL PRACTICES ON
LACTATING MOTHERS' EMOTIONAL AND PSYCHOLOGICAL
STABILITY IN MUNICIPAL LOCAL GOVERNMENT AREA OF
KANO STATE, NIGERIA**

Abbas Aminu ABDULLAHI

Matric No: 17/27/MEE001

DECEMBER 2020

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**A THESIS SUBMITTED TO THE DEPARTMENT OF EARLY
CHILDHOOD AND PRIMARY EDUCATION, FACULTY OF EDUCATION,
KWARA STATE UNIVERSITY, MALETE IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE AWARD OF MASTER OF EDUCATION
(M.Ed) DEGREE IN EARLY CHILDHOOD EDUCATION**

DECEMBER 2020

DECLARATION

I hereby declare that this thesis titled ‘Influence of Indigenous Post-Natal Practices on Lactating Mothers’ Emotional and Psychological Stability in Municipal Local Government Area of Kano State, Nigeria’ is my own work and has not been submitted by me or any other person for any degree in this or any other tertiary institution. I also declare that as far as I am aware all cited works have been acknowledged and referenced.



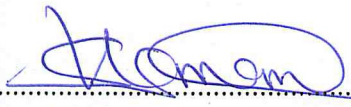
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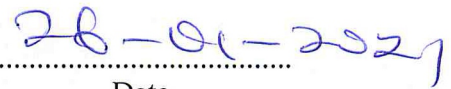
CERTIFICATION

This thesis titled 'Influence of Indigenous Post-Natal Practices on Lactating Mothers' Emotional and Psychological Stability in Municipal Local Government Area of Kano State, Nigeria' by **Abbas Aminu ABDULLAHI** meets the regulations governing the award of Master of Education (M.Ed) in Early Childhood Education of Kwara State University and is approved for its contribution to knowledge and literary presentation.


.....
Usman Tunde SAADU, Ph.D
Supervisor


.....
Date


.....
Temitayo OGUNSANWO, Ph.D
Head of Department,
Early Childhood and Primary Education


.....
Date


.....
Prof. Hamzat Ishola ABDULRAHEEM
Dean, school of Post Graduate Studies

.....
Date

.....
External Examiner

.....
Date

DEDICATION

This work is dedicated to loving memory of my father late Mallam Shehu Habeeb.

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I give thanks to Almighty Allah for the successful completion of this programme.

I would like to express the deepest appreciation to my supervisor, Dr. Saadu Tunde Usman, who has the attitude and the substance of a genius: he continually and convincingly conveyed a spirit of adventure in regard to research and scholarship, and an excitement in regard to teaching. Without his guidance and persistent help this research work would not have been possible.

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ABSTRACT

Inappropriate post-natal behaviour is not only linked to depression, physical problems, poor maternal mood and higher levels of anxiety in mothers and infants' nutrition but also have significant and far-reaching effects on cognition, behavior, and mental health of children. Hence, the study investigated the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State Nigeria.

The study employed a descriptive survey design. The population of the study comprised all lactating mothers who are within the post-natal period in Municipal Local Government Area of Kano State. The sample size consisted of 220 lactating mothers who were selected through purposive sampling technique from the 11 maternity centers selected through multi stage sampling technique in Municipal Local Government Area of Kano State, Nigeria. A 28 item instrument titled 'Indigenous Post Natal Practices Questionnaire' (IPNPQ), a 20 item Lactating Mother's Emotional Stability Questionnaire (LMESQ) and a 17 items Lactating Mothers' Psychological Stability Questionnaire (LMPSQ) were designed by the researcher for data collection. The instruments were validated by lecturers in the Department of Early Childhood and Primary Education and the Project supervisor. The reliability of each of the IPNPQ, LMESQ and LMPSQ was confirmed through test re-test using Pearson's Product Moment Correlation (PPMC). The reliability scores for IPNPQ is 0.77, LMESQ is 0.74 and LMPSQ is 0.75. Data collected were analyzed using frequency counts, mean and percentages and Linear Regression. Research Questions were answered using frequency counts, mean and percentages. The formulated research hypotheses were tested using Linear Regression and ANCOVA. The hypotheses were all tested at 0.05 at level of significance.

The result of the findings revealed that indigenous post-natal practices have positive influence on lactating mothers in Municipal Local Government Area of Kano State (Weighted mean=2.80). The levels of emotional (Weighted=2.71) and psychological stability (Weighted mean=2.52) of lactating mothers were high in Municipal Local Government Area of Kano State. The result also indicated that Post-natal Practices have significant influence on both emotional ($F_{(1,219)} = 18798.432, P < 0.05$) and psychological stability ($F_{(1,219)} = 18798.432, P < 0.05$) of lactating mothers in Municipal Local Government Area. However, there is no significant difference in the lactating mothers' indigenous post-natal practices on the basis of religious affiliation ($F_{(10; 209)} = 1.372, P > 0.05$) and Educational qualification ($F_{(2; 217)} = 1.797, P > 0.05$) in Municipal Local Government Area of Kano State.

On the basis of these findings, the study concluded that Indigenous post-natal practices have positive influence on lactating mothers' emotional and psychological stability. The study therefore, recommended among others that Municipal Local Government Health Department should devise strategies to ensure that there is teamwork between the indigenous and Western postnatal care providers in order to incorporate beneficial indigenous post-natal practices. Some practices like hot ritual birth, confinement in heated room advocated by elders need to be discouraged in Municipal Local Government Area of Kano State and Nigeria at large.

Keywords: Indigenous post-natal practice, Educational background, Religious affiliation, Emotional stability, Psychological stability

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CHAPTER ONE

INTRODUCTION

Background to the Study

The journey of life of an individual spans through conception to post-natal period where physical, social, intellectual and emotional skills are transferred and learnt for a meaningful and productive living as a member of the society. This practice though crude, is reliable and effective, guarantees safe delivery, purposive upbringing and ensures the welfare of the mother and infant (Ngunyulu, 2012). According to Idang (2002), the traditional Africans depended on the available resources around the environment for survival. Indigenous post-natal practices refer to the cultural or traditional practices associated with home birth engaged in by women after delivery. Obikeze (2011) stressed that these customary practices are famous among people of Africa and other parts of the world but vary from one culture to another. This tradition is known as 'Jego' in Hausa, Olo Jojo in Yoruba and Umugwo in Igbo cultures of Nigeria. These practices ensure adequate care for both the baby and the mother after passing through the process of giving birth. The period provides the nursing mother with adequate rest and cultural, herbal and food supplements that enhance or facilitate speedy healing process for the mother and the infant.

According to Shaw, Bernard, Stofer-Isser, Rhine and Horwitz (2006) posits the period after childbirth also known as the postpartum or post-natal period is an evolving or transitory period for the newly delivered mother and the other members of the family; this new phase requires tremendous changes, it may require learning and adapting to new ways of doing things. The need for adjustment or re-orientation during postpartum period includes psychological, physical and even social factors. Cheng, Fowles and Walker (2006) found that women who have undergone childbirth subsequently evolve through a progression or graduation in order to gain maternal identity, this identity comprises developing an attachment or a bond with the

newborn baby, gaining mastery in mothering behaviours or in their ability to nurture the newborn baby, and finding satisfaction or pleasure when relating with the baby.

Andrews and Boyle (2012) noted that in some cultures, a lot of importance is placed on the postpartum period; whilst western medicine considers pregnancy and childbirth as the most dangerous and precarious period, however for cultures that regard the postpartum period highly, these groups have formed ways and means that create a balance during this delicate period for the newly delivered mother and baby. Some of these practices are considered as raising support for the newly delivered mother, these forms of support are usually from family, friends, relatives and even neighbors

Despite the existence of modern health facilities in Nigeria, over 58% of deliveries take place at home (Oshonwoh, Nwankwuo & Ekiyur, 2014). Traditional beliefs, attitudes and practices dominate the care of the newborn child in most countries (John, Nsemo, John, Opiah, Robinson-Bassey & Yagba 2015). In the same vein, Iliyasu, Kabir, Galadanci and Aliyu (2006) asserted that indigenous post-natal beliefs and practices are widely prevalent in Northern Nigeria.

In a related study, Ejikeme and Ukaebu (2013) who both reported that post-natal practices have been in existence in Igboland, Nigeria and other parts of the world. However, they are carried out in accordance with the culture and traditions which are obtainable in the areas. The main reason for post-natal practices is to ensure that the new mother is sound health-wise to take care of the baby. She is equipped with all the information she needs about breast feeding, reproductive health, caring for the baby as well as adjustment to imminent life.

Similarly, indigenous post-natal practices are also social practices in which the new mother is encouraged to keep the company of other family members immediately after birth. Research suggests that this reduces the risk of post-natal depression in new mothers and also provides a window for the child to have early encounters with a wider range of microbial

communities. Oyesola, (2016): John, Nsemo, John, Opiah, Robinson-Bassey and Yagba (2015) noted that cultural and personal frameworks strongly influence the ways in which people raise and nurture children. Different cultural practices may exist within some groups or individuals within the same culture.

In a research conducted in Sikhuyani village South Africa, Ngunyulu (2009) confirmed that indigenous post-natal practices were provided effectively at home by grandmothers, the traditional birth attendants and the traditional healers. The grandmothers did their best to ensure that the woman was in a good state of health, happy and comfortable during the post-natal period by enhancing her wellbeing. In another study, Bukar and Jauro (2013) stated that the high number of home births can be explained by the fact that most respondents were uneducated and unemployed. In contradiction, a good number had satisfactory hygienic post-natal practices. Home births are common phenomenon in Nigeria. There are variations in post-natal beliefs and practices with some having health benefits while others are harmful to maternal and child health.

Ngunyulu, Malaudzi and Peu (2015) stated that it is evident that some indigenous postnatal care practices have adverse effects on the health of postnatal women and their newborn infants, but these are unknown to the traditional birth attendants. These harmful practices include; hot ritual birth, nursing in heated rooms, physical confinement, resumption of coitus early in post-natal period and ingestion of gruel enriched with local salts among others. These practices are linked with health hazards especially among women with hypertensive disorders. Organized support, period of rest, breastfeeding, hygiene and physical warmth practices, caring for the new mother and her infant for a specified period of time are beneficial and universally provided in the early post-natal period (Dennis, Fung, Grigoriadis, Robinson, Romans & Ross, 2007). Nigeria, with 774 Local Governments and 374 ethnic groups have a variety of customs and traditions relating to child birth and postnatal practices.

This study aims to investigate the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano, state Nigeria.

Indigenous post-natal practices have significant implications for the provision of culturally competent healthcare. At the individual healthcare provider level, increased awareness of, and knowledge about these practices can eliminate undue distress to those receiving care. For example, a new mother may wish to have a number of female relatives with her during her post-natal hospital stay for support. They may be uncomfortable with male staff, due to cultural beliefs regarding modesty or potential concerns regarding contamination. New mothers may feel uneasy about drinking normal water, having a shower or other 'routine' hospital practices shortly after giving birth, yet feels compelled to comply due to the power dynamics inherent in the healthcare provider–patient relationship (Dennis, Grigoriadis, Robinson, Romans & Ross, 2007).

In the same vein, Physicians, Nurses and other allied healthcare professionals need to open a dialogue with their patients about their wishes regarding post-natal practices and negotiate a mutually agreeable care plan, which may extend beyond the hospital stay. Depending on the patient's preference, this may include involvement of family members, as they may have ascribed authority or prescribed roles in post-natal care. For those in need of mental health care due to post-natal psychopathologies, there should be an exploration of issues related to post-natal practices. It is important to reiterate that, a number of factors lead to individual variations in adherence to traditional practices as discussed and that open exploration, rather than assumption, is necessary for appropriate care (Dennis, 2007).

There is a growing body of evidence indicating that inappropriate post-natal behavior is linked to postpartum depression in mothers. Hamdan and Tamim (2012) showed in a prospective study that breastfeeding mothers had lower scores on the Edinburgh Postnatal

Depression Scale (EPDS) at 2 and 4 months postpartum and were less likely to be diagnosed with postpartum depression at 4 months postpartum. Moreover, this study revealed that higher depression scores at 2 months postpartum were predictive of lower rates of breastfeeding at 4 months. In another prospective study, a significant decrease in depression scores was observed from the third trimester of pregnancy to 3 months postpartum in mothers who exclusively breastfed for more than 3 months when compared to mothers who breastfed for less than 3 months (Figueiredo, Canario, & Field 2014). Importantly, this study showed that depression scores during the third trimester of pregnancy were linked to decreased exclusive breastfeeding duration postpartum, suggesting that maternal mood and affect predicts breastfeeding behavior in mothers.

Furthermore, Okeke, Ugwu, Ezenyeaku, Ikeako, and Okezie (2013) opined that post-natal period is an important and interesting period in the life of the nursing mothers. It is a period in a woman's life characterized by the return of pelvic organs to non-gravid state, reversal of metabolic change of pregnancy and establishment of lactation, a period of life-style modification and psychological adjustment from pregnancy, a period of breastfeeding, a period of emotional support by their relations and friends, a time to eat and make merry for God's blessings and sometimes, a period of depression and altered self-image. In Nigeria and other developing countries, certain customs and cultural practices are affordable, beneficial and acceptable and may have symbolic importance to local people. These traditional practices and home remedies are often promoted by grand-mothers village healers, midwives and native physicians.

Subsequently, the practice of breastfeeding infant is one of the sex roles of the female human which is as old as humanity. It is indeed an integral part of the reproductive process but has a cultural bias. According to Obasi, Nwoke, Nwifo, Ebirim, Osuala and Amadi (2017) breastfeeding in humans is not only a biological process but also a culturally determined

behaviour. The cultural practices of infant feeding vary from culture to culture and relate to types of supplementary and complementary feeds, time of initiation of breastfeeding and duration of lactating among others. Every culture believed that when a child is properly breastfed, it will enhance the proper growth, cognitive development and become stronger and healthier.

Similarly, Lactation is a common characteristic among mammalian species. It is the result of evolutionary forces shaping an optimal nutrient delivery system, involved in supplying all essential nutrients in the adequate amounts from mothers to their offspring. In humans, breastfeeding is undoubtedly the “gold standard” food source in the first months of postnatal life. The American Academy of Pediatrics (2005) recommended breastfeeding as a source of sustenance. In addition to being a critical source of nutrition to the infant, research shows that breastfeeding is not simply a meal at the breast but also has significant and far-reaching effects on cognition, behavior, and mental health in children and mothers (Krol & Grossmann, 2018).

Furthermore, mental health of lactating mothers includes emotional stability. Emotions can range from Anger, Joy, Sadness, Love, Happiness, Fear, Depression, Hope and Anxiety. People can do a lot or a little to control these emotions in order to be emotionally stable. In adolescent period, the children are possessed by intensity of feelings, instability, anxiety, mood swings, fluctuation of feeling, egotism, sometimes intensely excited yet at other times deeply depressed. Moods often vary between emotions and dejections. The achievement of emotional control is imperative if individuals are to be developing normally. Emotional control leads to emotional stability. It is a mental state of calmness and composure (Arora & Rangnekar, 2015).

Lactating mothers’ emotional stability refers to breastfeeding mother's ability to remain stable and balanced. At the other end of the scale, a person who is high in neuroticism has a tendency to easily experience negative emotions. American Academy of Pediatrics (2011) stated that many mothers feel fulfillment and joy from the physical and emotional

communion they experience with their child while nursing. These feelings are augmented by the release of hormones, such as Prolactin and Oxytocin. Prolactin stimulates growth of the mammary glands and lactation in females. It is secreted by the pituitary gland and produces a peaceful, nurturing sensation that allows you to relax and focus on your child. Oxytocin is an hormone that stimulates contractions during labour and then the production of milk. This hormone promotes a strong sense of love and attachment. Lactating mothers' experience the feeling of maternal fulfillment at the top of their list of reasons for breastfeeding and also provides a unique emotional experience for the nursing mother and the baby. Breastfeeding creates a unique and powerful physical and emotional connection between the mother and the baby.

Therefore, lactating mothers' emotional stability is vital to a good life because without it, the nursing mother is prone to emotional breakdowns, which can spiral and ruin a season (or more) of her life because emotional stability is the boxing equivalent of being able to take a punch, stay grounded, and not panic. Emotional stability has been examined and recognized as a personality representation in human mind (Chaturvedi & Chander, 2010).

Elham and Hakimeh (2014) also described emotional stability as the observable behavioural and physiological component of emotion, and is a measure of a person's emotional reactivity to stimulus emotionality. In some cases, emotional instability remains a psychiatric illness where the brain actually loses functionality as a result of physical brain trauma such as stress and depression associated with post-natal periods. Thorndike and Hagen as reported by Chaturvedi and Chander (2010) consider that emotional stability of a person is characterized by evenness of moods, intent, interests, optimism, cheerfulness, composure, feeling of being in good health, freedom from feeling of guilt, worry or loneliness, freedom from day dreaming, freedom from preservation of ideas and moods.

Kroll and Grossmann (2018) defined Psychological stability as the individual's ability to be free from anxiety, negative mood, stress and depression. The subjective measures of psychological stability are supported by objective physiological measures indicative of a positive effect of emotional well-being. Stability in one's psychological state leads to stronger cardiac tone modulation, reduced blood pressure, and reduced heart rate reactivity, indexing a calm and non-anxious physiological state. Psychological stability also impacts individual's responses to emotions and may thereby improve social interactions and relationships. Therefore, Psychological stability facilitates maternal sensitivity and secure attachment between mother and child by making lactating mothers' more responsive to their infants and spending quality time with them.

According to UNICEF (2007) breastfeeding is a tradition in every culture in the West African region regardless of socio-economic status; when mothers are not in a position to breastfeed, the services of other mothers are sought. Lactation results in a number of physiological adaptations which exert direct effects on maternal health, some of which may confer both short and long term advantages for breast feeding mothers.

However, Lucía, Juan, María, Francisco, Mónica, and Juan (2011) concluded that the level of education is related to women's decisions about lactating and the effect of maternal education changes with circumstances and its influence does not remain stable over time, the mothers' levels of education to improve post-natal behavior and practices. Education increases the confidence of women and is associated with increased health awareness, reproductive and health seeking behavior, as well as the health status of their children. Studies have demonstrated that increasing level of maternal education positively influenced child health (Higgins, Lavin & Metcalfe 2008).

Similarly, Lawan, Adamu, Envuladu, Akparibo and Abdullahi (2017) opined that education contributes significantly to how women manage their families. Education increases

the confidence of women and is associated with increased health awareness, reproductive and health seeking behaviour, as well as the health status of their children. Studies have demonstrated that increasing level of maternal education positively influenced child health. In many African settings, infant and childcare practices are dictated by long-established social norms and cultural values, some of which are disastrous to the health of the baby and the society. Among the Hausa and Fulani people of the Northern Nigeria, the 40-day post-natal period called “Jego” is highly revered and mothers and their neonates receive special attention and care. During this period, an older female relative, often times the mother-in-law, comes in to support the mother with the care of the new baby, supervision of cultural rites, as well as household chores.

Street and Lewallen (2013) based on a study conducted stated that, the influence of religion is particularly another important factor in breastfeeding decisions among African American Muslims. The research has illustrated that the beliefs and attitudes held by people in women’s social support networks influence their decisions to breastfeed. Saaty (2010) noted that the influence of Islam on breastfeeding in the United States has received little attention in research. However, in one study of Arab women in Michigan, 74.7% of women reported that their choice to breastfeed was influenced by the fact that Islam encourages breastfeeding. It is also attested that many Islamic traditions encourage breastfeeding; most notable is a verse in the Quran, the Muslim holy book, which recommended breastfeeding for 2 years (Zaidi, 2014).

Also, Laroia and Sharma (2006) examined the status of current feeding practices in the context of their theological and cultural basis for the positive attitude toward breastfeeding in the Hindu population. This study also examines the social and religious significance of childbirth and practices related to breastfeeding in Hindu culture. Despite the fact that breastfeeding is one of the oldest practices recommended in the ancient Hindu scriptures, there is increasing concern in recent years about the changing pattern of breastfeeding, particularly

in rapidly changing societies. Breastfeeding is almost universal, yet large differences have been observed among population groups within India.

Indigenous post-natal practices in many cultures across the world ensure that lactating mothers enjoy the privileges that come along with their new roles as new mothers. Lactating mothers' emotional and psychological stability can be achieved through the following indigenous post-natal practices described as follows:

Organized support is usually in the form of family members caring for the new mother and her infant for a specified period of time is almost universally provided in the early postnatal period. This is provided by mothers, mother-in-law, other female relatives or respected elder female community members, traditional birth attendants or young women from the community may also be involved in providing care for the mother (Campbell, Kulig, Hall, Babcock & Wall, 2004). The support often includes practical assistance (household chores or cooking), as well as information for the mother regarding how to care for herself and the infant. For example, in Japanese culture, the practice typically involves the woman traveling to her family home at 32–35 weeks gestation to be cared for by her mother until approximately 8 weeks postpartum. Similarly, the new mother is provided with organized support from extended family members and the community. Other cultures that practice a similar period of organized support include Nigerian, Jordanian, Korean, Guatemalan, Eastern Indian Hindus communities.

Usually, organized support typically corresponds to a prescribed period of rest, during which the mother is prohibited from performing her usual household chores. In most cultures, the rest period spans between 21 and 40 days in some cultures, and is considered a period of vulnerability for future illness (Campbell, Kulig, Hall, Babcock & Wall, 2014). There are within-culture differences in the extent to which these periods of organized support and period of rest are observed. Younger women and those living in major urban centres may be less likely

to participate in these practices or may observe them for a shorter period of time (Hundt, Beckerleg & Kassem, 2000). The failure to observe the traditional period of postpartum rest is generally believed to result in premature aging or ill health, either immediately or in later life. In the Vietnamese culture, facial wrinkling is perceived by some to be very shameful, as it is seen to be evidence that the mother may have poor relationships with her family members who typically provide postpartum support.

Aládésanmí, and Ògúnjìnmí (2019) stated that among the Yoruba culture at the time of delivery, the eldest wife (ìyáálé) of the house or family is always in charge of the delivery of the younger pregnant wife. The service of a traditional birth attendant could also be required if the need arises in case of complications. Once a pregnant woman's water breaks or she sees blood, it is a signal that it is time for delivery. The woman will be taken to a room already prepared for that purpose, she will be asked to lie on her back or to kneel. Once she is delivered of her child, they will await the delivery of the placenta before she can be declared to have safely delivered. It is until then that the news of her delivery will be given to her husband and relatives.

Oláiyá (2017) mentioned that relatively warm water is used to wash a new born baby after the umbilical cord has been taken care of. A specially made bathing soap (ọṣẹàbùwẹ), locally made sponge (kànn-kànnìbílẹ) and traditionally made cream (osùn) are used for the first bath of the baby. They ensure the baby is well cleaned to avoid unwarranted body odour which is believed to last a life time if the child is not properly cleaned at the first bath. Hot water and a thick fabric or towel is also used to clean and press the stomach of the new mother after birth which continues till around two to three weeks after delivery, doing this is believed will melt the clot of blood that would have formed up in her stomach during the process of child birth.

In South East Nigeria, the Igbo women as demonstrated in this study have an old tradition of use of hot water salt solution sitz baths compresses on lower abdomen in the immediate postpartum period. This is used with view to aiding lochia drainage, perineal wound healing and improving both anterior abdominal muscle tone and vaginal tone. However, this practice is hazardous to the women; the birth perineal lacerations and episiotomies that are repaired with absorbable chromic catgut sutures are destroyed by hot water sitz baths with resultant perineal burns and wound dehiscence. Those that apply local herbs to the perineal wound become predisposed to wound infections which later heal by secondary intention with fibrosis and extensive scar tissue formation. This may eventually result in gynaetresia and development of dyspareunia (Okeke, Ugwu, Ezenyeaku, Ikeako & Okezie 2013).

The use of alcoholic beverages (palm wine, stout, illicit gin etc.) to induce lactation few hours after delivery is no doubt hazardous. This practice is very prevalent in South East Nigeria as demonstrated in this study. It is an age long tradition in the region. The grandmothers maintain that they used it and it worked for them that no amount of education will convince them to drop this practice and so they insist that their daughters use them as well. There is no evidence to support this old practice. It is certain that once a baby is put to the breast sucking initiates let down reflex and milk ejection is achieved (Daftary & Chakravarti 2004). Alcoholic beverages cause gastritis to the women since they have labored all through with little or no food from active stage of labour till 3rd stage is completed (Walker, AL-Sahab, Islam & Tamin 2011).

In many cultures, certain foods are especially encouraged to promote healing or restore health, while consuming prohibited foods are thought to cause illness either immediately or in the future. In these cultures, blood and the state of pregnancy itself are often conceived as a state of 'hotness' and, conversely, the postpartum period is conceived as a cold and vulnerable state (Chu, 2005). Hot foods are therefore encouraged to restore harmony and balance, while

cold foods are to be avoided. It would appear that these hot foods are often high in protein are often consumed during the postpartum period.

In many cultures, postpartum women are seen as contaminated, and therefore special hygiene practices are required. Jordanian mothers wash their genitalia thoroughly with soap and water because they are thought to be temporarily ‘polluted’ by childbirth. Muslim women take a purification bath called a *ghusl* after they have stopped bleeding (Fonte & Horton-Deutsch, 2005). Women are considered to be unclean until the postpartum period of rest has been completed or bleeding has discontinued. Prior to this, women are often prohibited from sexual intercourse (Chien, Tai & Ko, 2006). They are also prohibited from entering other people’s homes, or entering through the front door of their own home to avoid offending guardian gods or spirits.

According to Okeshola and Sadiq (2013), religion and traditional belief are makers of cultural background and are thought to influence beliefs, norms and values in relation to child birth and service use by women. More specifically, women in some cultures may avoid facility delivery due to cultural requirements of seclusion in the household during this period or because specific requirements around delivery position, warmth and handling of the placenta.

Statement of the Problem

The grandmothers, traditional midwives and other family members were responsible for providing postnatal care to women and their new-born baby immediately after delivery and for the following six weeks using traditional methods. These groups of individuals are directly involved in the provision of patient care, follow-up visits and challenges they experience during the care of postnatal period, they continue to provide postnatal care for the newborn and the mother employing “indigenous” post-natal care practices. Indigenous post-natal practices are observed to ensure recovery and avoid ill health by the mother and her newborn in later years.

There are growing concerns on inappropriate post-natal behaviors which are linked to post-natal depression, physical problems, poorer maternal mood and higher levels of anxiety in mothers. These problems have direct or indirect impacts on the health and wellbeing of the infant. Many researchers have stated that inappropriate post-natal practices do not only affect infant's nutrition but also have significant and far-reaching effects on cognition, behavior, and mental health in children. Negative post-natal practices surely have adverse effect on children's cognitive, social and brain development.

In this study, the researcher seeks to determine influence of indigenous post-natal practices on lactation mother's emotional and psychological stability in Municipal Local Government Area of Kano State. It has been observed from the literature reviewed that this study has never been carried out in Municipal Local Government Area of Kano State. Therefore, this is meant to fill the gap requiring empirical evidence regarding the influence of indigenous post-natal practices on lactation mother's emotional and psychological stability.

Despite the absence of formal recognition of indigenous post-natal practices by Health agencies, indigenous post-natal practices are still preferred by many women in the community. Previous studies focused on indigenous practices regarding post-natal care, indigenous maternity care-given practice, traditional practices of mothers in the post-natal period and traditional post-natal practices and rituals. Other research works were carried out in the area of indigenous practices regarding post-natal care and traditional practices of mothers in the post-natal period were also examined in isolation. However, none of these studies the researcher was able to lay his hands on has covered the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. All these created parts of the existing gap which this study seeks to fill. This was done by examining the influence of indigenous post-natal practices on lactating mother's emotional and psychological stability in Municipal Local Government Area of Kano State.

Purpose of the Study

The main purpose of this study was to find out the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. Specifically, the study examined the:

- a. Nature of indigenous post-natal practices in Municipal Local Government Area of Kano State.
- b. Influence of indigenous post-natal practices on emotional stability of lactating mothers' in Municipal Local Government Area of Kano State.
- c. Influence of indigenous post-natal practices on psychological stability of lactating mothers' in Municipal Local Government Area of Kano State.
- d. To examine the difference in the lactating mothers' post-natal practices on the basis of religious affiliation in Municipal Local Government Area of Kano State
- e. To examine the difference in the lactating mothers' post-natal practices on the basis of educational qualification in Municipal Local Government Area of Kano State

Research Questions

The following research questions have been raised to guide the study;

1. To what extent do lactating mothers engage in indigenous post-natal practices in Municipal Local Government Area of Kano State?
2. What is the nature of lactating mothers' emotional stability in Municipal Local Government Area of Kano State?
3. What is the nature of psychological stability of lactating mothers in Municipal Local Government Area of Kano State?

Research Hypotheses

The following hypotheses were raised to guide the study

Ho1: Indigenous post-natal practice has no significant influence on emotional stability of lactating mothers in Municipal Local Government Area of Kano State.

Ho2: Indigenous post-natal practice has no significant influence on psychological stability of lactating mother in Municipal Local Government Area of Kano State.

Ho3: There is no significant difference in the lactating mothers' post-natal practices on the basis of religious affiliation in Municipal Local Government Area of Kano State.

Ho4: There is no significant difference in the lactating mothers' post-natal practices on the basis of educational qualification in Municipal Local Government Area of Kano State

Significance of the Study

The findings of this study are expected to be beneficial to stakeholders in education, parents, teachers, healthcare officials, authors and traditional midwives. The beneficiaries of this study include parents, teachers, traditional midwives, policy makers and future researchers. The uncovering of the magnitude of indigenous post-natal practices in our communities, its influence on lactating mothers' emotional and psychological stability may enlighten stakeholders on how to better approach post-natal practices.

There are many parents who engage in indigenous post-natal practice, in this case, the findings of the study could draw their attention and make them reflect on such practices to know where they need to improve with a view to helping mothers develop their emotions. Also, parents who may have been engaged in practices that have adverse effects unknowingly would be informed of those indigenous post-natal practices that are detrimental to proper child upbringing. This study may therefore, educate them on the dangers of the affected practices with a view to discouraging them from such.

Moreover, the findings of this study may draw the attention of policy makers to the level of indigenous postnatal practices in our community and give them an insight into the emotional and psychological challenges women might be facing at home and communities. This could contribute to the implementation of policies that could further integrate beneficial indigenous post-natal practices in the local communities carrying out these practices.

The findings of this study could be of immense benefit to health care officials and practitioners, as they will find it useful as they reflect on and address issues pertaining to emotional and psychological stability of mothers. The results could draw their attention to indigenous post-natal practices, educate them on the beneficial aspects involved and possibly help in its integration. The findings of this study could bring about reduction in the total condemnation of the indigenous post-natal practices by these officials. It could further serve as an avenue for training and retraining of traditional birth attendants in order to bring sanity in the indigenous involvement in maternal care.

The study would go a long way in highlighting as to whether indigenous post-natal practice influences emotional and psychological stability of lactating mother. This discovery will be of immense benefit to traditional midwives on the salient benefit of their practice. Identification of threats in postnatal care practices might encourage traditional birth attendants to work together so as to address those threats comprehensively with the aim of promoting the health of lactating mothers. Curriculum planner's attention will also be drawn to yet another benefit of indigenous practice, variation and how it affects mothers after birthing process.

Researchers' attention would be drawn to lactating mothers' indigenous post-natal practices in Municipal Local Government Area of Kano State. As at the time of this study, no similar study was specifically conducted in Municipal Local Government Area of Kano State focusing on indigenous post-natal practice and its influence on lactating mother's emotional and psychological stability. Thus, this study may serve as eye an opener to researchers. This

study would provide future researchers with a platform to build their studies on. This could be achieved through the discovery and the gaps left by this study. Example of these gaps may include conducting similar study covering other aspects of mother's lactation and adopting different techniques in sampling, different research design and statistical tools.

The data obtained from this research would also contribute to the pool of knowledge for Authors in mothers' emotional and psychological stabilities, which could be relevant in structuring the contents of their publications bearing in mind the context of women (mothers) in Nigeria.

Scope of the Study

This study examined the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. The study was carried out on lactating mothers within Municipal Local Government Area of Kano State. The study was moderated with mothers' religious affiliations and educational qualification because the researcher sees these areas to be very essential when it comes to influence of indigenous practices on lactating mothers.

Operational Definition of Terms

The following terms are operationally defined:

Indigenous Post-natal Practices: These are the 38 to 40 days cultural birthing practices that ensure adequate care for both the baby and the mother after passing through the birthing process within the traditional Hausa community of Kano state.

Lactating Mothers: Lactating mothers refers to mothers who naturally feed their newborn with breast milk through the mammary gland. This process occurs during the post-natal period and it provides vital nutrients and vitamins for the newborn.

Traditional Midwives: Traditional midwives or birth attendants are referred to as the traditional (*Ungoizoma*), independent (of the health system), non-formally trained and community-based providers of care during pregnancy, childbirth and the postnatal period.

Emotional stability: This refers to lactating mothers' ability to remain stable and balanced in the process of indigenous post-natal practices as well as coping and adapting to various strategies of indigenous postnatal situations. Measures of anxiety, stress, and self-reported emotional health were modified for their use in this unique project.

Psychological Stability: Refers to a lactating mothers' ability to preserve a relative psychological well-being and mental health in the conditions of influence of indigenous post-natal practices. This will be measured using the indicators of psychological health which are: happiness, self-esteem, depression, and loneliness are well established in the literature.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter presents the existing literatures relevant to the investigation of the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability.

Literatures were reviewed under the following sub-headings.

Theoretical Review

Madeleine Leininger's Culture Care Diversity and Universality Theory (1991)

Conceptual Review

Concept and Benefits of Indigenous post-natal practices

Post-natal care practices

Attitude of parents, traditional midwives, grandmothers to Indigenous post-natal practices

Traditional Midwives

Concept of Emotional stability

Concept of Psychological stability

Empirical Review

Indigenous Postnatal Practices and emotional stability

Indigenous post-natal practices and psychological stability

Religious affiliation and indigenous post-natal practices

Educational qualification and indigenous post-natal practices

Appraisal of Literature Reviewed

Theoretical Review

Under theoretical review, the relationship between culture care diversity and universality theory and the study on the influence of indigenous post-natal practices on lactating mother's emotional and psychological stability is established.

Culture Care Diversity and Universality Theory by Madeleine Leininger 1991

Culture care diversity and universality theory was propounded by an American Madeleine Leininger in the year 1991. Leininger was born on 13th July 1925 in Sutton, Nebraska. In 1948, she received her diploma in nursing from St. Anthony's School of Nursing in Denver, Colorado. In 1950, she earned a B.S. from St. Scholastica (Benedictine College) in Atchison, Kansas, and in 1954 earned an M.S. in psychiatric and mental health nursing from the Catholic University of America in Washington, D.C. In 1965, she was awarded a Ph.D. in cultural and social anthropology from the University of Washington, Seattle.

Madeleine Leininger's Culture care Diversity and Universality theory identified a lack of cultural and care knowledge as the missing link to nursing understanding of the many variations required in patient care to support compliance, healing, and wellness (George, 2002). These insights were the beginnings (in the 1950s) of a new construct and phenomenon related to nursing care called *transcultural nursing*.

Leininger defined transcultural nursing as a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways. The practice of transcultural nursing addresses the cultural dynamics that influence the nurse-client relationship. Because of its focus on this specific aspect of nursing, a theory was needed to study and explain outcomes of this type of care.

Leininger creatively developed the Theory of Culture Care Diversity and Universality with the goal to provide culturally congruent wholistic care. Some scholars might place this theory in the middle range classification. Leininger holds that it is not a grand theory because it has particular dimensions to assess for a total picture. It is a wholistic and comprehensive approach, which has led to broader nursing practice applications than is traditionally expected with a middle-range, reductionist approach.

Leininger's theory is to provide care measures that are in harmony with an individual or group's cultural beliefs, practices, and values. In the 1960's she coined the term culturally congruent care, which is the primary goal of transcultural nursing practice. Culturally congruent care is possible when the following occurs within the nurse-client relationship (Leininger, 1981):

Together the nurse and the client creatively design a new or different care lifestyle for the health or well-being of the client. This mode requires the use of both generic and professional knowledge and ways to fit such diverse ideas into nursing care actions and goals. Care knowledge and skill are often re-patterned for the best interest of the clients...Thus all care modalities require co-participation of the nurse and clients (consumers) working together to identify, plan, implement, and evaluate each caring mode for culturally congruent nursing care. These modes can stimulate nurses to design nursing actions and decisions using new knowledge and culturally based ways to provide meaningful and satisfying wholistic care to individuals, groups or institutions (Leininger, 1991).

Leininger developed new terms for the basic tenets of her theory. These definitions and the tenets are important to understand. Understanding such key terms is crucial to understanding the theory. Below is a basic summary of the tenets that are essential to understand with Leininger's theory (summarized from Leininger, 2001, pp. 46-47):

- Care is to assist others with real or anticipated needs in an effort to improve a human condition of concern or to face death.
- Caring is an action or activity directed towards providing care.
- Culture refers to learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living.
- Cultural care refers to multiple aspects of culture that influence and enable a person or group to improve their human condition or to deal with illness or death.
- Cultural care diversity refers to the differences in meanings, values, or acceptable modes of care within or between different groups of people.
- Cultural care universality refers to common care or similar meanings that are evident among many cultures.
- Nursing is a learned profession with a discipline focused on care phenomena.
- Worldview refers to the way people tend to look at the world or universe in creating a personal view of what life is about.
- Cultural and social structure dimensions include factors related to religion, social structure, political/legal concerns, economics, educational patterns, the use of technologies, cultural values, and ethno history that influence cultural responses of human beings within a cultural context.
- Health refers to a state of well-being that is culturally defined and valued by a designated culture.
- Cultural care preservation or maintenance refers to nursing care activities that help people of particular cultures to retain and use core cultural care values related to healthcare concerns or conditions.

- Cultural care accommodation or negotiation refers to creative nursing actions that help people of a particular culture adapt to or negotiate with others in the healthcare community in an effort to attain the shared goal of an optimal health outcome for client(s) of a designated culture.
- Cultural care restructuring refers to therapeutic actions taken by culturally competent nurse(s) or family. These actions enable or assist a client to modify personal health behaviors towards beneficial outcomes while respecting the client's cultural values.

In summary, nurses who understand and value the practice of culturally competent care are able to effect positive changes in healthcare practices for clients of designated cultures. Sharing a cultural identity requires knowledge of trans-cultural nursing concepts and principles, along with an awareness of current research findings. Culturally competent nursing care can only occur when client beliefs and values are thoughtfully and skillfully incorporated into nursing care plans. Caring is the core of nursing. Culturally competent nursing guides the nurse to provide optimal wholistic, culturally based care (Leininger 2002, 1991).

Leininger's theory is relevant to this study in providing culturally competent healthcare to lactating mothers during the post-natal period. Lactating mothers assimilate and implement practices as they are handed down from one generation to the other; these cultural practices are seen as beneficial in guaranteeing the wellness of the mother and the new born baby. There is a need for educationists, healthcare workers and policy makers to be aware of cultural postnatal practices in order to be able to encourage the beneficial practices and empower the mothers on the risks of harmful cultural practices during the post-natal phase as cultural practices are enshrined in women's post-natal care. An awareness of post-natal cultural practices disabuses the healthcare provider's mind, reduces bias and minimizes the possibility of cultural clashes between the healthcare providers and the new mothers.

In order to provide culturally competent care to women during the post-natal phase it is necessary that those working with newborn or breastfeeding mother have an understanding

of how culture works and be analytical and reflective in dealing with the patient. This in turn creates a sense of safety and satisfaction in the patient; thereby ensuring that the patient receives a holistic care from all members of the care team in Municipal Local Government Area of Kano State.

Conceptual Review

Concept and benefits of Indigenous post-natal practices

The indigenous post-natal practice refers to the type of post-natal care that was provided effectively at home by the grandmothers, the traditional birth attendants and the traditional healers. The indigenous practices regarding post-natal care provide competent care for the mother and the newborn. In Sikhunyani village in the Limpopo province of South Africa, grandmothers did their best to ensure that the women were in a good state of health, happy and comfortable during the post-natal period by enhancing their wellbeing. This included keeping them in isolation, discarding sanitary pads properly and not allowing anybody to enter the hut, including the husband, old women and young girls (Ngunyulu & Mulaudzi 2009). They used their expertise, knowledge and skills to enhance the physical and emotional wellbeing of the postnatal woman, to prevent post-natal complications such as postpartum bleeding, to maintain the nutritional status of the post-natal woman and the baby, to delay the resumption of sexual relations and to protect the postnatal woman and the baby by excluding evil spirits.

The practice of breastfeeding an infant is one of the sex roles of the female human which is as old as humanity. It is indeed an integral part of the reproductive process but has a cultural bias. According to Stuart-Macadam and Dettwyler (1995) and published by public health journal (Medcrave, 2017), breastfeeding in humans is not only a biological process but also a culturally determined behaviour. The cultural practices of breastfeeding vary from culture to culture and relate to types of supplementary and complementary feeds, time of initiation of breastfeeding, frequency of breastfeeding and duration of breastfeeding among

others. Culture refers to values, beliefs, norms and practices of a particular group which are learned, shared and which guide attitudes, decisions and actions in a patterned way (Uchendu, Ikefuna & Emodi, 2009).

The study of breastfeeding practices among tertiary hospitals in Southwest Nigeria. Findings indicate that the respondents engaged in breastfeeding and the majority continued breastfeeding for between 12 to 18 months. Also fewer of the women initiated breastfeeding within one hour of delivery (Adebayo and Oluwaseyi 2020)

Breastfeeding is a culturally accepted practice in many ethnic groups in Nigeria (Okafor, Olatona & Olufemi 2014; Gartner, Morton, Lawrence, Naylor, O'Hare, Schanler et al. 2005). Studies also indicate a high level of awareness and knowledge about breastfeeding among women in south west Nigeria (Balogun, Okpalugo, Ogunyemi & Sekoni 2017; Onah, Osuarah, Ebenebe, Ezechukwu, Ekwochi, & Ndukwu, 2014). This may have been responsible for the high proportion of respondents who engaged in some form of breastfeeding.

Due to cultural differences in individual and society, differences emerge in approach to concepts such as health, illness, and pain. Such differences may cause various problems between healthcare professionals and families. Healthcare professionals are sometimes unable to fully understand feelings and reflections of children. Cultural differences may be one of the reasons to this (Pektek, 2013). With the globalization, cultural diversity is increasing in societies. This brings the necessity of healthcare professionals to become more informed and aware about various beliefs, religions, languages, life experiences, and value systems of individuals. Cultural practices and spiritual beliefs form the basis of life for many people and service providers should have cultural awareness and competence in order to achieve high-quality healthcare services.

According to the South African Concise Oxford Dictionary (2009:586), indigenous means growing, originating or occurring naturally in a particular place. According to George

(2008), “indigenous” practices have been practices that were learned, shared and transmitted from one generation to another. Kendrick and Manseau (2008) wrote that “indigenous” knowledge was the base for the society which facilitated communication and decision making, and it was a local knowledge that was unique to a given culture or society. “Indigenous” knowledge information systems have been dynamic and are continually influenced by internal creativity and experimentation, as well as by contact with external systems (Kendrick & Manseau 2008). In this study, the term “indigenous” knowledge refers to that the registered midwives should have regarding cultural beliefs, values, norms and practices of postnatal patients from different cultural groups. It might facilitate communication and decision-making amongst midwives, family members and traditional birth attendants during the provision of culturally congruent care.

Similarly, Traditional birth attendants assisted by women in childbirth have been in existence before the advent of modern medicine. They helped women with pregnancy care, during labour and with postnatal care (Olaleye 2008). They used indigenous practices successfully, preventing postnatal complications such as sepsis and perineal gaping, but there was no documentation of such practices. Based on the fact that postnatal care is rendered at home, the study aimed to explore, describe and document indigenous practices regarding postnatal care to enhance the integration of modern and indigenous health care practices in postnatal care. The maternal mortality rate due to postnatal complications could consequently be reduced. Understanding the methods used by traditional birth attendants and traditional healers would assist midwives to render culturally acceptable and competent care, thus improving quality maternal and child health care services. Thus, the traditional birth attendants protected the postnatal woman from evil spirits by isolating the new mother. The isolation usually lasted for four to six weeks. They selected a specific grandmother to take care of the woman during this period.

Postnatal care practices

Post-natal care is care that comes after delivery. For the good health of both the mother and baby, post-natal care proves to be significant. People have utilized traditional knowledge for a very long time and are still using today. This type of knowledge is of great service to human kind.

Postnatal care is defined by Fraser, Cooper and Nolte (2010) as the care that is provided to the mother and the newborn infant immediately after the expulsion of the placenta and membranes, and continues until six weeks after delivery. Fraser et al. (2010) also indicates that during this time, the woman enters a period of physical, psychological and emotional recuperation. In this study, postnatal care means the care that is provided for 40 days to postnatal women and their newborn infants, after home delivery or after discharge from the hospital or clinic.

According to World Health Organization (2013), post-natal care practice covers the general care of both the mother and the baby as well as danger signs in the post-natal period. In the immediate weeks following child birth, women need extra care including partner and family support. Labour and childbirth are physically demanding as it is breast feeding and looking after a newborn baby. It is therefore very important that women regain their strength and maintain their health as they adjust to life with their newborn.

Attitude of parents and traditional midwives to Indigenous post-natal practice

Parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the intricacies of raising a child and not exclusively to the biological relationship. The most common caretaker in parenting is the biological parent(s) of the child in question, although others may be an older sibling, a grandparent, a legal guardian, aunt, uncle or other family member, or a family friend. Governments and society may also have a role in child-rearing. In

many cases, orphaned or abandoned children receive parental care from non-parent blood relations. Others may be adopted, raised in foster care, or placed in an orphanage. Parenting skills vary, and a parent with good parenting skills may be referred to as a good parent. Parenting skills vary by historical time period, race/ethnicity, social class, and other social features. Additionally, research has supported that parental history both in terms of attachments of varying quality as well as parental psychopathology, particularly in the wake of adverse experiences, can strongly influence parental sensitivity and child outcomes.

The post-natal period is a very special phase in the life of a woman and her new born. Many beliefs and cultural practices in women continue even today. The causes of infant and maternal mortality not only include medical causes but also deep-rooted belief systems and cultural practices. Because a child's first relationship, the one with his mother acts as a template that permanently moulds the individual's capacity to enter into all later emotional relationships" (Schore, 2002).

Traditionally, the transition to parenthood focuses explicitly on the emotional and social changes that take place during pregnancy and the immediate postnatal period, and recognises that this is a stressful time that involves both men and women making significant psychological changes, and adapting to new roles. The relationships of many couples may be severely challenged during this period, and sometimes break down after the birth of a baby. It has been argued that the 'conspiracy of silence' that surrounds this period can leave parents feeling that they are the only ones having a 'hard time' (Cowan & Cowan 1992).

Increased recognition of the significance of the changes taking place for both men and women during the transition to parenthood, and the importance of preparing parents for their new roles has underpinned the recent development of Preparation for Parenthood classes, many of which are replacing the more standard 'antenatal classes'. For example, a recently developed model by the NSPCC (Pregnancy, Birth and Beyond: Manual for Facilitators) focuses on

preparing parents for parenthood by addressing the emotional changes that take place during this period, and helping parents to address the problems that occur (Underdown 2011).

Children's health, development and wellbeing can be compromised by a number of direct adverse experiences during the prenatal and postnatal periods (Hertzman, 2010). Adverse experiences known to be associated with later negative outcomes include: sustained poverty; recurrent physical, emotional or sexual abuse; emotional or physical neglect; parental alcohol or drug abuse; an incarcerated household member; homelessness; parental depression, mental illness; and family violence. The trends regarding the prevalence of these problems in the families of Australian children are worrying (McDonald, 2013). For example, 17% of all Australians classified as homeless in 2011 were children (ABS, 2012), the rate (i.e. number per 1000 children) of children and young people on care and protection orders has almost doubled over the past decade (AIHW, 2012) and in some jurisdictions there is evidence of an increase in hospital admissions relating to child maltreatment (O'Donnell, Nassar, Leonard, Mathews, Patterson & Stanley 2010).

Traditional Midwives

Traditional birth attendants or midwives are defined by the World Health Organization (1998) as 'traditional, independent (of the health system), non-formally trained and community based providers of care during pregnancy, childbirth and the postnatal period'. In this study, the traditional birth attendants are grandmothers, who are recognized, trusted and selected by the community leaders as people who are knowledgeable and responsible for taking care of women during pregnancy, labour, delivery and postnatal.

Traditional midwives are independent essentials and primary care providers during pregnancy, birth and post-natal periods and are recognized as such by their communities and jurisdictions. They have proven to be a sustainable and unique labour force at the service of many mothers and their children in isolated and poor communities. They offer domiciliary

services and work in isolated communities in developing countries and sometimes practices in developed countries.

Subsequently, Awotunde, Adesina, Fehintola and Ajala (2017) highlighted that, the impact of traditional midwives cannot be overemphasized in the present state of maternal and child health in Nigeria. The study also found that lower educational status among mothers has been found to be strong predictor of utilization of traditional midwives services. However, in a study finding by Ebuchi and Akintujoye (2012) revealed positive perception and use of traditional midwives services.

Concept of Emotional Stability

Emotional stability refers to person's ability to remain stable and balanced. People who score high in emotional stability react less emotionally and are less easily upset. Emotional stability is a desirable trait. It means you can withstand difficult situations, handle adversity, and remain productive and capable throughout. Emotional stability is caused by a lifetime of trying to control your emotions. Controlling your emotions, limiting yourself to short periods of expression for years or decades causes emotions to back up (Nicole 2018). In another view, Chaturvedi and Chander (2010) in a study that aims at development of an emotional stability scale, stated that Emotional stability remains the central theme in personality studies. The concept of stable emotional behaviour at any level is that which reflects the fruits of normal emotional development. In the same vein, Crano and Prislin (2006) defined emotion as the evaluative judgements that integrate and summarize cognitive affective reactions.

According to modern researchers, emotional stability is one of the main individual and psychological characteristics that determine the personality's stability to stress-producing effects of difficult life situations. It is emotional stability that has a leading role when it comes to achieving good results in educational, sport and professional fields. The question is not only the ability to adapt to difficult emotive situations but, above all, the ability to resist to their

stress-producing nature pursuing the efficient implementation of a set task (Serebryakova, Morozova, Kochneva, Zharova, Kostyleva & Kolarkova, 2016). Critically, post-natal practices which are practiced by the indigenous community impacts mothers' responses to emotions in others and may thereby improve social interactions and relationships (Krol, Kamboj, Curran & Grossmann, 2014).

Concept of Psychological Stability

Psychological stability refers to elements of personality's resistance to stress which is characterized by adequate, predictable and balanced behaviour stated that Psychological stability which is formed during adolescence in addition to psycho-psychological, emotional, cognitive and behavioural aspects sustainable pre-images of different activities is introduced (Matyash & Volodina 2015). An important distinctive feature of this state is first of all, a complex human reaction involving a hierarchically organized set of mental process and psychological properties at different levels.

The formation of psychological stability is an integral characteristic of lactating mothers' personality is of great importance, therefore, special consideration of significant aspects of indigenous post-natal-practices need to be determined. Kazankov (2010) stated that the concept of psychological stability relates to the terms sustainability, resistance, endurance, sense of coherence, regulation, adaptation and others.

Empirical review

Several studies were found to be related to this study but few of them are as follows:

Indigenous Post-natal Practices and emotional stability

One significant aspect of indigenous post-natal practices has been the stakeholders concern about the physical, psychological and emotional wellbeing of the woman during the post-natal period. During the postnatal period, the nursing mother is confined to her room and not allowed to participate in household activities in order to enhance her wellbeing. It is also

emphasized that it is a common practice that nursing or breastfeeding mothers are often sent home to recuperate physically under the care of their own mothers and family members.

Moreover, in a prospective longitudinal study of 675 mother–infant dyads, increased duration of post-natal care was associated with maternal sensitive responsiveness, increased attachment security, and decreased attachment disorganization when infants were 14 months of age (Raat, Tharner & Luijk 2012). Brain imaging work also provides evidence for a positive influence of breastfeeding on the mother–child relationship. For example, in a functional MRI (fMRI) study, it was found that mothers exhibited greater brain activation in several limbic brain regions when listening to their own infant’s cries, suggesting greater involvement of emotional brain systems in breastfeeding mothers (Kim, Feldman & Mayes, 2011).

In the findings of a study conducted in Nigeria and Bangladesh where isolating and confining a mother to her room is practiced to ensure rest and the emotional well-being of the mothers post delivery (Olds, London, Ladewig & Davidson, 2004; Obikeze, 2005). On the other hand, Armstrong and Edwards (2004) and Cronje and Grobler (2003) emphasize that physical activity should be promoted post-natally to enhance good muscle tone. Currie and Develin (in Armstrong & Edwards, 2004) also agree with the latter authors by emphasizing that exercise is a strategy that can be used to improve blood circulation and the psychological wellbeing of mothers, and that the moods of new mothers are shown to be influenced positively by exercise.

However, Olds, London, Ladewig and Davidson (2004) maintain that in Bangladesh physical activity was believed to Ngunyulu and Mulaudzi (2015) cause problems in uterine involution and healing. It is believed that women who carries heavy loads of wood or buckets of water or do any strenuous work tend to suffer from uterine prolapse. Although postpartum exercise may be recommended it must not be strenuous as the woman is still weak and healing is still taking place.

Lactation has been reported to impact mood and stress reactivity in mothers (Heinrichs, Neumann & Ehler, 2002). Specifically, breastfeeding mothers report reductions in anxiety, negative mood, and stress when compared to formula-feeding mothers (Groër, 2005). These findings based on subjective self-report measures are supported by objective physiological measures indicative of a positive effect of breastfeeding on emotional well-being. For example, breastfeeding mothers have stronger cardiac vagal tone modulation, reduced blood pressure, and reduced heart rate reactivity than formula-feeding mothers have, indexing a calm and non-anxious physiological state (Hahn-Holbrook, Holt-Lunstad, Holbrook & Coyne, 2011).

Indigenous post-natal practice is also thought to facilitate maternal sensitivity and secure attachment between mother and child (Kennell & McGrath, 2005). There is research to show that mothers' who tend to touch their infants more, are more responsive to their infants and spend more time in mutual gaze with infants during feedings than bottle-feeding mother–infant dyads do (Lavelli & Poli, 1998). Moreover, in a prospective longitudinal study of 675 mother–infant dyads, increased duration of breastfeeding was associated with maternal sensitive responsiveness, increased attachment security, and decreased attachment disorganization when infants were 14 months of age (Tharner, Luijk & Raat 2012). Brain imaging work also provides evidence for a positive influence of breastfeeding on the mother–child relationship.

A study conducted among the Hausa community in Kaduna state by Babalola and Fatusi (2009), shows that majority of women who deliver outside the skilled attendants delivered either in a separate room or inside the house. These deliveries are attended by neighbours, traditional birth attendants, auxiliary nurse, midwives and family members. The cultural system provides more general guidelines for action in the form of beliefs, values and system of meaning. The norms which direct action are not merely isolated standards for behaviour; they are integrated and patterned by the values and beliefs provided by the cultural system. This

means that majority of the respondents in Kaduna South agree that their culture determines where women usually deliver when they are pregnant.

Indigenous Post-natal Practices and Psychological stability

There is a growing body of evidence indicating that indigenous post-natal behavior is linked to post-natal depression in mothers (Dias & Figueiredo 2015; Dennis & McQueen 2009). A study by Figueiredo, Canario and Field (2014) has shown that depression scores during the third trimester of pregnancy were linked to decrease breastfeeding duration post-natal, suggesting that maternal mood and affect predicts breastfeeding behavior in lactation mothers.

Considering the complicated and potentially reciprocal association between indigenous post-natal practices and maternal depression, it is also possible that issues with breastfeeding, which may lead to earlier cessation of lactating, could impact maternal mood and affect. For example, Brown, Rance and Bennett (2016) found that breastfeeding cessation is correlated with high depression scores in mothers, but when examining this correlation more closely found that it was only present in mothers who stopped breastfeeding due to physical difficulty and pain when breastfeeding.

While indigenous post-natal practices such as breastfeeding are associated with maternal mood and postpartum depression, it is difficult to know whether these practices or maternal mood or affect that is driving (causing) the effects due to the complex relation between breastfeeding and maternal mood and affect. For example, there is evidence to suggest that mothers with higher levels of anxiety and depression display reduced exclusivity and quicker cessation of breastfeeding, as well as more negative attitude towards breastfeeding (Arifunhera, Srinivasaraghavan, Sarkar, Kattimani, Adhisivam and Vishnu Bhat (2016), Adedinsewo, Fleming, Steiner, Meaney, Girard and MAVAN Team (2014). Nonetheless, the

observed association between breastfeeding and depression is broadly in line with what is mentioned above regarding the effects of breastfeeding on maternal affect, mood, and stress.

In another prospective study, a significant decrease in depression scores was observed from the third trimester of pregnancy to 3 months postpartum in mothers who exclusively breastfed for more than 3 months when compared to mothers who breastfed for less than 3 months (Figueiredo, Canario & Field 2014). Importantly, this study showed that depression scores during the third trimester of pregnancy were linked to decreased exclusive breastfeeding duration postpartum, suggesting that maternal mood and affect predicts breastfeeding behavior in mothers.

Similarly, another study assessed indigenous post-natal complications and maternal mood at 8 weeks post-natal period and found that breastfeeding problems alone, or co-morbid with physical problems, were associated with poorer maternal mood (Cooklin, Amir & Nguyen, 2017). Furthermore, the study Vandana (2014) revealed that 43.40% of respondents used honey as first feed, followed by cows' milk 13.21%, plain water 13.21%, sugar water 11.32%, goat milk 10.32%, boiled water 1.89%, only 6.60% fed their babies breast milk. This was affirmed by Jennifer, Richard and Daliya (2016) who stated the assumption that colostrum is stale milk is 84%, breast milk lacks sufficient nutrients is 62% while expressed breast milk is contaminated milk was just under 90%. Few of the reasons why some mothers avoid early breastfeeding are now known, media should be careful to address these issues.

Consequently, the researcher also stated that 14.15% mothers faced physical, while 13.21% faced mental problems as a result of practicing exclusive breastfeeding. This could be as a result of improper management of health during breastfeeding by the women who were affected. 57.55% of the mothers continued breastfeeding during pregnancy, while, 42.45% mothers did not as they thought it harmful to the foetus. The study concluded that there is great need of encouraging mass media programmes for conveying the importance, benefits and

advantages of breastfeeding. The team of old aged mothers, college girls; propaganda groups should be given proper and adequate training of breastfeeding practices by medical and health personnel.

In summary, the research shows that some indigenous post-natal practices have beneficial effects on mothers' own mood, affect, and stress, and also facilitates responses to positive emotions in others. Similar effects on stress as seen here for breastfeeding are also observed in studies administering oxytocin intranasally compared to a placebo (de Oliveira, Zuardi , Graeff , Queiroz & Crippa 2012, Marsh, Yu, Pine & Blair 2010), suggesting that breastfeeding may affect (increase) endogenous oxytocin levels in the mothers. This is in line with the known role of oxytocin during breastfeeding and supported by research documenting a rise in maternal oxytocin levels during breastfeeding.

Religious affiliation and indigenous post-natal practices

Burdette and Pilkauskas (2012) stated that religious involvement is associated with a number of beneficial indigenous post-natal health outcomes. This is consistent with other studies that noted the positive associations between church attendance and health, our results suggest that frequent service attendance is associated with increased odds of breastfeeding initiation.

A recent study on the influence of religion on the use of maternal health services among Christian and Muslim women in Northern Nigeria showed that religion had minimal influence (Maryam, A., Llewellyn, C.J., Hadiza, G., Salome, E., Joshua, O. N., Olusegun, A.A. and Nadia, S.A. 2016). Adetunji (1992) in an analysis of birth registers between 1983 and 1990 in the Yoruba area of southwest Nigeria, noted that 50 per cent of the births took place in a faith-based clinic with no formal Western medicine. Practitioners of the clinic totally relied on prayers, abstinence and direction from the Holy Spirit. TBAs' use of spiritual practices is also based on their belief that pregnant women are susceptible to spiritual attacks which may

negatively affect the pregnancy (Adegoke and Jegede 2016) but can be prevented by offering spiritual care.

The influence of Islam on breastfeeding in the United States has received little attention in research. In one study of Arab women in Michigan, 74.7% of women reported that their choice to breastfeed was influenced by the fact that Islam encourages breastfeeding (Saaty, 2010). A study on religion and breastfeeding demonstrated that Muslim affiliation, along with other religious affiliations, was associated with a statistically significantly higher odds ratio of initiating breastfeeding (Burdette & Pilkauskas, 2012). In the same study, only Muslim affiliation had an association with breastfeeding 6 months or longer. The authors conclude that more research about the association of religious affiliation and breastfeeding is necessary, particularly because it could uncover potential interventions for increasing breastfeeding rates.

Educational qualification and Indigenous Post-Natal Practices

In a study by Lawan, Adamu, Envuladu, Akparibo and Abdullahi (2017), on the various child care and feeding practices prevalent among mothers as well as the health status of their children in a typical Northern Nigerian setting. Under nutrition was prevalent among the children, with over a third having some of the under nutrition. Immunization was relatively poor and less than half of the children had been fully immunized. Several potentially hazardous practices related to child care were widely practiced by mothers irrespective of their educational attainment. For instance, traditional uvulectomy was practiced by nearly a third of mothers, while nearly all mothers reported using charcoal to heat their rooms. Feeding practices were mixed. Appropriate practices such as early initiation of breastfeeding, use of colostrum, and on-demand breastfeeding were widely practiced. However, prelacteal and mixed feeding were also commonly practiced.

Cleland and Ginneken (1998) empirically stated that, women who were more educated are more informed on the right diet to give the children and have better resources than the less

educated to provide healthier meals and afford better health services and practices for their children that will reduce childhood morbidity and mortality. In the same vein, there was a general uniformity in the practice of newborn care among the educated and the uneducated, poor cord care practices, unhealthy method of warming the room, lack of exclusive breastfeeding, traditional surgical procedures like female genital cutting and poor health seeking behavior; and some of these unhealthy practices were paradoxically higher among the educated than the non-educated women although the difference was not statistically significant. Though there is no conclusive evidence to show that ethnicity has a positive or negative effect on child health but there are assumptions that some cultural beliefs and practices affect child caring practices like the use of prelacteal feeds and childcare in some countries (Armar-Klimesu, Ruel, Maxwell, Levin & Morris, 2000).

Rabiu, Garba and Abubakar (2016), in a study about hot ritual birth in Kano found the prevalence rate of hot bath as 56.80%. This is high and alarming when we look at the level of education and women's awareness of harmful traditional practices in Kano. Iliyasu, Kabir, Galadanci, Abubakar, Salihu and Aliyu (2006) earlier reported a rate of hot bath of 86% in Dambare Village, a remote area from Kano suburb. The number of days (40) spent performing the hot bath have a great economic impact on the family daily life especially with the level of poverty of at least 61% in Northern Nigeria. Although many (97.03%) believed nothing bad of health concern will affect them when they abandoned the practice of hot bath, their massive participation in the practice of the hot bath and their willingness to take hot bath when next they deliver will certainly deter total elimination of the practice in our community.

The respondents also believed hot bath makes them healthier (47.70%); it is their culture (33.30%) and is a religious injection (4.50%). Zozulya (2015), reported that certain pregnancy associated complications such as eclampsia, especially postpartum are treated with ritual hot bath among others. Alternatives like drugs will be readily substituted for the ritual

hot bath by 73.90% of the pregnant women; where pregnant women are properly health educated on the complications that may arise from ritual hot bath and counseled on its non benefits, total elimination of this harmful practice will soon be accomplished in the near future.

Vandana (2007) did a survey on knowledge, attitude and practice of mothers regarding indigenous practices in an urban area of Faizabad district. The study was undertaken to account for the demographic characteristics of mothers along their knowledge, attitude, concept and perception regarding breastfeeding. The study was conducted in urban area of Rath Havali ward in Faizabad district. The sample comprised of 106 women between the ages of 18 to 45. Questionnaires and interview were used to collect the required information.

The study revealed that 17.92% of mothers said colostrum feeding keeps the child immunized against respiratory infection while Jennifer (2016) in a cross sectional community survey to assess the knowledge, attitude and practices on breastfeeding of antenatal clinic attendees in north-eastern Nigeria, stated in contrast that 78% of the respondents believed that breastfeeding causes respiratory tract infections. This belief could be due to underlying factors such as inadequate education on breastfeeding. Vandana (2007) stated that 10.38% fed it to their children to improve the digestive system of the children. There is need for more education on the part of breast feeding mothers.

Similarly, Lawan, Adamu, Envuladu, Akparibo and Abdullahi (2017) found that except for uptake of routine childhood immunization, mothers' education did not appear to have influenced the pattern of post-natal and weaning practices of mothers examined. This finding suggests that cultural beliefs are specific areas of focus in campaigns for improving infant and child care and rearing practices of mothers, and eventually for reducing the high infant and child morbidity and mortality in the Northern Nigeria

Iliyasu, Kabir, Galadanci and Aliyu (2006) discovered that post-natal cultural beliefs and practices are widely prevalent in northern Nigeria. Using cross-sectional survey, set out to

examine contemporary postpartum beliefs and practices among a cohort of 300 mothers in Danbare village, northern Nigeria. Common postpartum practices included sexual abstinence (100%), physical confinement (88%), hot ritual baths (86%), nursing in heated rooms (84%) and ingestion of gruel enriched with local salt (83%). The majority of mothers (93%) believed that these practices made them stronger and helped them regain their physiologic state. Most respondents believed that non-observance could lead to body swelling, foul-smelling lochia and perineal pain. Mothers with formal education were significantly more likely to believe that these practices were non-beneficial compared with those mothers without formal education (odds ratio (OR) = 9.9, 95% confidence interval (CI) = 3.6 – 28.8). Almost half of the respondents (49%) said they would continue with these practices. In conclusion, women are still holding on to postpartum cultural beliefs and practices in northern Nigeria.

In a study on relationship between level of education and breastfeeding duration by Lucía, Juan, María, Francisco, Mónica, and Juan (2011) revealed that most factors influencing cultural practices are not constant within and between societies and may vary over the years. For example, it is well known that the mother's educational qualification appears to be associated to the decision to breastfeed. Different studies have found a direct relationship between level of education and frequency of initiation and continuation of breastfeeding.

Chidozie, Olubukayomi, Taofeeek, Funmilola, Monisola, Abiola & Anne (2015) also revealed that education level significantly influences physical exercise practice among Nigerian women with aerobic and stretching as the predominant exercises in pregnancy and postpartum.

From the literature, indigenous post-natal practices on lactating mothers from different cultures were reviewed. However, the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability was never investigated. Therefore, this study investigates the influences of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State.

Appraisal of literature review

Post-natal activities as practiced in developing countries are sometimes beneficial, innocuous or harmful. Beneficial practices are good and worth promoting while hazardous practices are bad and should be stopped. If these practices are strictly adhered to, maternal morbidities will be reduced in the post-natal period. Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them.

The researcher also identified and described antecedents, and consequences of the concept of indigenous post-natal practices. The empirical perspective was based on the perceptions and experiences of the postnatal patients, family members, traditional birth attendants, registered midwives, lecturers and maternal and child healthcare coordinators regarding the incorporation of “indigenous” postnatal care practices into midwifery healthcare system.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter discusses the method and procedures that were used by the researcher to conduct this study. This chapter covers the following: Research Design, Population, Sample and Sampling Techniques, Research Instrument, Validity and Reliability of the Instrument, Procedure for Data Collection and Method of Data Analysis.

Research Design

The researcher adopted descriptive survey design, as it examines the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. According to Neeru (2012), descriptive survey deals with present phenomena in terms of conditions, practices, beliefs, processes, relationships or trends. This design enabled the researcher to collect and assess factual information from particular groups of women about indigenous post-natal practices in Municipal Local Government Area of Kano State.

Population of the Study

The population of the study comprised all lactating mothers who are within the post-natal period in the 21 maternity hospitals in Municipal Local Government Area of Kano State.

Sample and Sampling Techniques

Multi-stage sampling technique was used. Multi stage sampling is a method that divides the population into groups for conducting research. Purposive sampling technique was used to select all the lactating mothers who are within the post-natal period because of the characteristics they possessed which is relevant to the conduct of this study. Simple random sampling technique was used to select 11 Hospitals from the 21 hospitals in the study area. However, 20 Lactating mothers were used from each of the randomly selected from each Hospital. A total of 220 lactating mothers were used for this study.

Instrumentation

This study used three research instruments which are: Indigenous Post-natal Practices Questionnaire (**IPNPQ**), Lactating Mother's Emotional Stability Questionnaire (**LMESQ**) and Lactating Mother's Psychological Stability Questionnaire (**LMPSQ**) for data collection. In order to accommodate all respondents, the instruments were translated to Hausa language and the research assistants helped with more explanation, assistance and guidance where necessary.

Indigenous Post-natal Practices Questionnaire (IPNPQ): This instrument was constructed by the researcher through literature review of the indicators of indigenous post-natal practices to collect information on indigenous post-natal practices. Responses that covered areas of organized support, period of rest, breastfeeding, hygiene and physical warmth practices, caring for the new mother and her infant for a specified period of time and hot ritual birth practices were obtained. This instrument comprised of sections A and B. Demographic data of the respondents was generated in section A while section B generated information on traditional practices during the post-natal period. **IPNPQ** consists of 28 items all on indigenous post-natal practices. The items are structured in four likert type scale of Often, Sometimes, Rarely and Never.

Validity of IPNPQ

Validity of the instrument refers to the extent to which an instrument measures what it is intended to measure. Validity relates to the extent to which the survey measures right elements that need to be measured (John, 2018). The researcher sought the opinion of some lecturers in the field of Early Childhood and primary Education in Kwara State University Malete, on content, clarity, ambiguity, level of language and other additional information on the questionnaire to make the instrument more comprehensive and ensure it measures the variables intended for the study. Further professional suggestions were also offered by the supervisor.

Reliability of the Instrument

Reliability refers to the extent to which an instrument consistently measures what it is supposed to measure. In ensuring that the instrument measures its purpose, the researcher subjected the instrument (Indigenous Post-natal Practices Questionnaire) to trial test using hospitals and lactating mothers that were not sampled for the study. The instrument, the researcher used test re-test method which was conducted within an interval of two weeks. Thereafter, Pearson's Product Moment Correlation (PPMC) was used to determine the reliability coefficient of the instrument and yielded the reliability coefficient of 0.77.

Lactating Mother's Emotional Stability Questionnaire (LMESQ): This instrument was constructed by the researcher to elicit information on Lactating mother's emotional stability. The instrument **LMESQ** contains 20 items from areas of behavioural and physiological components which covered emotional health, happiness and self esteem. This instrument is also translated into Hausa language to accommodate respondents who may not have good understanding of English language. The items were structured in four likert type scale of Very High Level, High Level, Moderate Level and Low Level. The instrument was validated by the project supervisor.

Validity of LMESQ

Validity of the instrument is the extent to which the instrument measures what it is supposed to measure. Roberta and Allison (2015) also described validity as the extent to which a concept is accurately measured in quantitative study. The researcher sought the opinion of some lecturers in the field of Early Childhood and primary Education in Kwara State University Malete, on content, clarity, ambiguity, level of language and other additional information on LMESQ to make the instrument more comprehensive and ensure it measures the variables intended for the study. Further professional suggestions were also offered by the supervisor.

Reliability of the Instrument

Reliability refers to the extent to which an instrument consistently measures what it is supposed to measure. In ensuring that the instrument measures its purpose, the researcher subjected the instrument (Lactating Mother's Emotional Stability Questionnaire) to trial test using hospitals and lactating mothers that were not sampled for the study. The instrument, the researcher used test re-test method which was conducted within an interval of two weeks. Thereafter, Pearson's Product Moment Correlation (PPMC) was used to determine the reliability coefficient of the instrument and yielded the reliability coefficient of the LMESQ which yielded 0.74.

Lactating Mother's Psychological Stability Questionnaire (LMPSQ): The lactating mother's psychological stability Questionnaire was constructed by the researcher to solicit information on lactation mother's psychological stability. The instrument **LMPSQ** contains 17 items covering moderated indicators of psychological stability in areas of anxiety, negative mood, depression, stress and loneliness. The items were structured in four likert type scale of Very High Level, High Level, Moderate Level and Low Level.

Validity of the Instrument

Validity of the instrument is the appropriateness of inferences or conclusions from assessment data and emphasizes that it is an ethical responsibility of researchers to provide evidence in support of their inferences. Copies of the **LMPSQ** were given to lecturers and specialists in the field of Early Childhood Education in Kwara State University, Malete on content, clarity, ambiguity, level of language and other additional information on LMESQ to make the instrument more comprehensive and ensure it measures the variables intended for the study. Further professional suggestions were also offered by the supervisor.

Reliability of the Instrument

Reliability refers to the extent to which an instrument consistently measures what it is supposed to. In ensuring that the instrument measures its purpose, the researcher subjected the instrument (Lactating Mother's Psychological Stability Questionnaire) to trial test using hospitals and lactating mothers that were not sampled for the study. The instrument, the researcher used test re-test method which was conducted within an interval of two weeks. Thereafter, Pearson's Product Moment Correlation (PPMC) was used to determine the reliability coefficient of the instrument and yielded the reliability coefficient of the LMPSQ and 0.75 was obtained from the reliability index.

Procedure for Data Collection

The researcher obtained a letter of introduction from the Head of Department which was tendered to the Hospitals for formal access to administer the questionnaires. The researcher has translated the instruments to local dialect (Hausa) for the group of respondents with difficulties in understanding English. The instruments were administered by Nurses who served as research assistants. The researcher trained the research assistants in their respective hospitals prior to the administration period so as to prepare and be familiar with the instruments. Nurses were used as research assistants due to cultural and religious reasons. A period of four weeks was used for data collection. First week was used for the training of research assistants, while the second, third and fourth weeks were used for administration of the instruments. The instruments were administered in the maternity section of each of the sampled hospitals. The researcher went round the sampled to monitor the conduct of the research assistants properly to ensure proper conduct of data collection from the sampled hospitals. The researcher distributed 250 questionnaires and 220 administered ones were returned. The questionnaires were collected back on the spot.

Method of Data Analysis

Data collected were analyzed using both descriptive and inferential statistics. The demographic data of the respondents and the research questions were answered using frequency counts, mean and percentages, while inferential statistics were used to analyze all the research hypotheses. Linear Regression was used to analyze research hypotheses 1 and 2, while 3 and 4 were tested using Analysis of Variance (ANOVA). All the hypotheses were tested at 0.05 level of significance.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

This chapter is concerned with data analysis and the results of the study. Research questions were presented using frequency counts, mean and percentages. Inferential statistics of Analysis of Variance (ANOVA) and Linear Regression were adopted to test research hypotheses generated at 0.05 at level of significance.

Table 1: Percentage distribution of respondents on the basis of religious affiliation

Religion	Frequency	Percentage (%)
Islam	98	44.5
Christianity	73	33.2
Others	49	22.3
Total	220	100

Table 1 shows the percentage distribution of the respondents based on religious affiliation in Municipal Local Government Area of Kano State. Ninety-eight of the respondents representing 44.5% were Muslims. Seventy-three of the respondents representing 33.2% were Christian while forty nine of the respondents representing 22.3% were from others religion. Thus, it is indicated that the Muslim respondents are more in number than Christian and other respondents respectively.

Table 2: Percentage distribution of respondents according to educational qualification

Qualifications	Frequency	Percentage (%)
NCE	17	7.7
OND	14	6.4
B.ED	31	14.1
B.A/ED	25	11.4
B.A	20	9.1
B.SC/ED	27	12.3
B.SC	21	9.5
M.ED	18	8.2
M.A	19	8.6
Ph.D	10	4.5
Others	18	8.2
Total	220	100

Table 2 shows the educational background of respondents on the influence of indigenous post-natal practices on lactating mothers in Municipal Local Government Area of Kano State. Seventeen of the respondents representing 7.7% were NCE holder. Fourteen of the respondents representing 6.4% were OND holder. Thirty-one of the respondents representing 14.1% were B.Ed holder. Twenty-five of the respondents representing 11.4% were B.A/Ed holder. Twenty of the respondents representing 9.1% were B.A holder. Twenty-seven of the respondents representing 12.3% were B.Sc/Ed holder. Twenty-one of the respondents representing 9.5% were B.Sc. holder. Eighteen of the respondents representing 8.2% were M.Ed holder. Nineteen of the respondents representing 8.6% were M.A holder. Ten of the respondents representing 4.5% were Ph.D holder while eighteen of the respondents representing 8.2% hold other certificate. Thus, it was indicated that the B.Ed holder respondents were more in number than other respondents in this study.

Research Question One: To what extent do lactating mothers engage in indigenous post-natal in Municipal Local Government Area of Kano State?

Table 3: Percentage and mean of influence of indigenous post-natal practices on lactating mothers' in Municipal Local Government Area of Kano State

S/N	Items	OFTEN	SOMETIMES	RARELY	NEVER	Mean
1	I practice post-natal practices according to the tradition of my community	110(50.0)	69(31.8)	30(13.6)	11(5.1)	3.26
2	I always experience home delivery	25(11.4)	31(14.1)	64(29.1)	100(45.5)	1.91
3	I was assisted by traditional birth attendants during birthing process	140(63.6)	34(15.5)	26(11.8)	20(9.1)	3.34
4	Grandmother, mother, traditional birth attendants (Ungozoma) and members of the family contribute to my welfare and that of my baby	110(50.0)	68(30.9)	24(10.9)	18(8.2)	3.23

5	I enjoyed organized support from family members which typically corresponds to a prescribed period of rest, during which i'm prohibited from performing usual house hold chores.	90(40.9)	60(27.3)	41(18.6)	29(13.2)	2.96
6	Traditional birth attendants cared for my baby after giving birth	86(39.1)	94(42.7)	21(9.5)	19(8.6)	3.12
7	Traditional birth attendants offered maternity services for me after giving birth	23(10.5)	33(15.0)	74(33.6)	90(40.9)	1.95
8	Family members cared for my baby after giving birth	73(33.2)	79(35.9)	39(17.7)	29(13.2)	2.89
9	Family members offered maternity services for me after giving birth	36(16.4)	49(22.3)	68(30.9)	67(30.5)	2.25
10	I practice the art of ritual hot bath (wankan jego), which has been essential to one's good health and peace of mind since time immemorial among the Hausa-Fulani ethnic group,	57(25.9)	69(31.4)	52(23.6)	42(19.1)	2.64
11	I was physically confined and nursed in heated rooms during postnatal period	120(54.5)	40(18.2)	45(20.5)	15(6.8)	3.20
12	I'm still holding on to post-natal cultural beliefs and practices.	97(44.1)	77(35.0)	29(13.2)	17(7.7)	3.15
13	I believe that traditional post-natal practices make me stronger	116(52.7)	61(27.7)	16(7.3)	27(12.3)	3.21
14	I believed that traditional post-natal practices help me regain my physiological state	102(46.4)	80(36.4)	28(12.7)	10(4.5)	3.25

15	Traditional birth attendants assisted me in childbirth and postnatal care	24(10.9)	40(18.2)	73(33.2)	83(37.7)	2.02
16	Herbal treatments are always ready in case complications occurred	84(38.2)	71(32.3)	43(19.5)	22(10.0)	2.99
17	As postnatal mother, I was given special treatment and special diets to promote lactation and enable me to feed the baby	53(24.1)	87(39.5)	46(20.9)	34(15.5)	2.72
18	My Grandmother/traditional birth attendant prepares a special diets when taking care of me to restore blood lost during delivery, to facilitate the healing of wounds and to restore normal bodily functions	99(45.0)	44(20.0)	45(20.5)	32(14.5)	2.95
19	My grandmother/traditional birth attendant prepares a special diet for me to promote milk flow	81(36.8)	36(16.4)	55(25.0)	48(21.8)	2.68
20	It is a 'taboo' for me to use same basin for with my newborn baby.	14(6.4)	51(23.2)	59(26.8)	96(43.6)	1.92
21	Using the same basin with my newborn baby affects the sensitive skin of the infant.'	76(34.5)	64(29.1)	53(24.1)	27(12.3)	2.86
22	Traditional birth attendants have adequate knowledge regarding the effect of warm and well-balanced food for the breastfeeding woman	78(35.5)	62(28.2)	43(19.5)	37(16.8)	2.82
23	Cultural beliefs and practices have a considerable influence on my	58(26.4)	74(33.6)	59(26.8)	29(13.2)	2.73

	health during period.	behaviour post-natal					
24	Traditional birth attendants have adequate knowledge regarding the natural effect of colostrum in my baby	87(39.5)	86(38.1)	38(17.3)	9(4.1)	3.14	
25	Culturally, I'm encouraged to breastfeed the baby for two years	91(41.4)	51(23.2)	65(29.5)	13(5.9)	3.00	
26	Traditional birth attendants are taking precautionary measures to protect me from post-natal bleeding by delaying cutting the cord until the placenta is expelled.	107(48.6)	82(37.3)	26(11.8)	5(2.3)	3.32	
27	Traditional birth attendants are taking precautionary measures to protect me from postpartum retention of the placenta by delaying cutting the cord until the placenta is expelled	94(42.7)	56(25.5)	27(12.3)	43(19.5)	2.91	
28	There are customs prohibiting me from physical activities during post-natal period.	37(16.8)	38(17.3)	58(26.4)	87(39.5)	2.11	
Weighted Mean						2.80	

Decision rule: L.E=0.00-1.49, M.E= 1.50-2.50,H.E=2.50-3.49 and V.H.E 3.50-4.00

Note: The figures in parentheses are in percentages

Table 3 shows the responses of the respondents on the extent of indigenous post-natal practices among lactating mothers in Municipal Local Government Area of Kano State. It was indicated that the following items were not influenced: I always experience home delivery (Mean=1.91), Traditional birth attendants offered maternity services for me after giving birth(Mean=1.95), Family members offered maternity services for me after giving birth(Mean=2.25), Traditional

birth attendants assisted me in childbirth and post-natal care(Mean=2.02), It is a 'taboo' for me to use same basin for with my newborn baby.(Mean=1.92) and There are customs prohibiting me from physical activities during post-natal period(Mean=2.11).

Continuously, the following items influenced: I practice post-natal practices according to the tradition of my community (Mean=3.26), I was assisted by traditional birth attendants during birthing process(Mean=3.34), Grandmother, mother, traditional birth attendants (Ungozoma) and members of the family contribute to my welfare and that of my baby(Mean=3.23), I enjoyed organized support from family members which typically corresponds to a prescribed period of rest, during which I am prohibited from performing usual house hold chores.(Mean=2.96), Traditional birth attendants cared for my baby after giving birth(Mean=3.12), Family members cared for my baby after giving birth(Mean=2.89), Family members offered maternity services for me after giving birth(Mean=2.26), I practice the art of ritual hot bath (wankan jego), which has been essential to one's good health and peace of mind since time immemorial among the Hausa-Fulani ethnic group(Mean=2.64), I was physically confined and nursed in heated rooms during postnatal period(Mean=3.20), I'm still holding on to post-natal cultural beliefs and practices(Mean=3.15), I believe that traditional post-natal practices makes me stronger (Mean=3.20), I believed that traditional post-natal practices help me regain my physiological state (Mean=3.21), Herbal treatments are always ready in case complications occurred(Mean=2.99),

Furthermore, as a post-natal mother, I was given special treatment and special diets to promote lactation and enable me to feed the baby(Mean=2.72), My Grandmother/ traditional birth attendant prepares a special diets when taking care of me to restore blood lost during delivery, to facilitate the healing of wounds and to restore normal bodily functions(Mean=2.95), My grandmother/ traditional birth attendant prepares a special diet for me to promote milk flow(Mean=2.68), Using the same basin with my newborn baby affects

the sensitive skin of the infant(Mean=2.85), Traditional birth attendants have adequate knowledge regarding the effect of warm and well-balanced food for the breastfeeding woman(Mean=2.82), Cultural beliefs and practices have a considerable influence on my health behaviour during post-natal period(Mean=2.73),

Traditional birth attendants have adequate knowledge regarding the natural effect of colostrum in my baby(Mean=3.14), Culturally, I'm are encouraged to breastfeed the baby for two years(Mean=3.00), Traditional birth attendants are taking precautionary measures to protect me from post-natal bleeding by delaying cutting the cord until the placenta is expelled(Mean=3.32) and Traditional birth attendants are taking precautionary measures to protect me from postpartum retention of the placenta by delaying cutting the cord until the placenta is expelled(Mean=2.91). In the light of the result, indigenous post-natal practices have influence on lactating mothers in Municipal Local Government Area of Kano State. The weighted mean (**2.80**) which is a numeric indicator that indigenous post-natal practices have high extent influence on lactating mothers in Municipal Local Government Area of Kano State

Research Question Two: What is the nature of lactating mothers' emotional stability in

Municipal Local Government Area of Kano State?

Table 4: Showing the frequency, counts, mean and percentages of level of lactating mothers' emotional stability in Municipal Local Government Area of Kano State.

S/N	Items	VHL	HL	ML	LL	Mean
1	I often feel restless during post-natal period as though I want something but do not really know what I want	63(28.6)	93(42.7)	38(17.3)	25(11.4)	2.89
2	As a Breast feeding mother, I place my trust in supernatural powers such as God or fate to see me through post-natal period safely	70(31.8)	75(34.1)	35(15.9)	40(18.2)	2.80
3	As a Breast feeding mother, I feel depressed after waking up in the morning during post-natal	95(43.2)	90(40.9)	19(8.6)	16(7.3)	3.20

4	The underlying motives for the actions of other people worries me within post-natal period	27(12.3)	28(12.7)	60(27.3)	105(47.7)	1.90
5	After delivery, I hate being with a crowd who play practical jokes on one another	71(32.3)	80(36.4)	30(13.6)	39(17.7)	2.83
6	After delivery, I seem to have more than my share of bad luck	38(17.3)	55(25.0)	70(31.8)	57(25.9)	2.34
7	After delivery, I don't seem to like scenes of violence and torture in the movies	58(26.4)	79(35.9)	33(15.0)	50(22.7)	2.66
8	After delivery, I have the tendency to feel confused whenever I'm interrupted in the middle of something	69(31.4)	72(32.7)	43(19.5)	36(16.4)	2.79
9	During post-natal, I sometimes wonder if something is wrong with me	55(25.0)	67(30.5)	52(23.6)	46(20.9)	2.60
10	After delivery, I always enjoy spending long periods of time by myself	35(15.9)	109(49.5)	45(20.5)	31(14.1)	2.67
11	I don't seem worried if someone is annoyed with me for a mistake, which i have actually not committed during post-natal period	73(55.2)	97(44.1)	30(13.6)	20(9.1)	3.01
12	After delivery, I often feel uneasy sharing my true feelings when someone asks "How are you?"	26(11.8)	47(21.4)	48(21.8)	99(45.0)	2.00
13	It takes me a long time to get started on something after delivery	45(20.5)	51(23.2)	65(29.5)	59(26.8)	2.37
14	During post-natal period, I often wish I were someone else	59(26.8)	67(30.5)	43(19.5)	51(23.2)	2.61
15	I'm inclined to avoid people whenever necessary after birth	49(22.3)	53(24.1)	57(25.9)	61(27.7)	2.41
16	After delivery, i usually have a hard time falling asleep or often wake up tired	81(36.8)	107(48.6)	21(9.5)	11(5.0)	3.17
17	I sometimes wish I had no responsibilities during post-natal period	103(46.8)	65(29.5)	23(10.5)	29(13.2)	3.01
18	I feel neglected or upset when someone i know does	104(47.3)	46(20.9)	35(15.9)	35(15.9)	3.00

	not greet me during post-natal period					
19	I sometimes feel happy or sad for no reason after delivery	90(40.9)	70(31.8)	25(11.4)	35(15.9)	2.98
20	It is important to me that everyone thinks that I'm fine even when things are difficult in the post-natal period	76(34.5)	78(35.5)	34(15.5)	32(14.5)	2.90
	Weighted Mean					2.71

Decision rule: L.L=0.00-1.49, M.L= 1.50-2.50,H.L=2.50-3.49 and V.H.L= 3.50-4.00

Note: The figures in parentheses are in percentages

Table 4 shows the responses of the respondents on the influence of lactating mothers' emotional stability in Municipal Local Government Area of Kano State. It was indicated that the following items were low: The underlying motives for the actions of other people worries me within post-natal period (Mean=1.90), After delivery, I seem to have more than my share of bad luck (Mean=2.34), After delivery, I often feel uneasy sharing my true feelings when someone asks 'How are you?(Mean=2.00), It takes me a long time to get started on something after delivery(Mean=2.37), I'm inclined to avoid people whenever necessary after birth(Mean=2.41). While the following items were high: I often feel restless during post-natal period as though I want something but do not really know what I want (Mean=2.89)As a Breast feeding mother, I place my trust in supernatural powers such as God or fate to see me through post-natal period safely(Mean=2.80), As a Breast feeding mother, I feel depressed after waking up in the morning during post-natal(Mean=3.20).

Also after delivery, I hate being with a crowd who play practical jokes on one another(Mean=2.83), After delivery, I don't seem to like scenes of violence and torture in the movies(Mean=2.66), After delivery, I have the tendency to feel confused whenever I'm interrupted in the middle of something(Mean=2.79),During post-natal, I sometimes wonder if something is wrong with me(Mean=2.60), After delivery, I always enjoy spending long periods of time by myself(Mean=2.67), I don't seem worried if someone is annoyed with me for a mistake, which i have actually not committed during post-natal period(Mean=3.01), During

post-natal period, I often wish I were someone else(Mean=2.61), After delivery, i usually have a hard time falling asleep or often wake up tired(Mean=3.17), I sometimes wish I had no responsibilities during post-natal period(Mean=3.01), I feel neglected or upset when someone i know does not greet me during post-natal period(Mean=3.00), I sometimes feel happy or sad for no reason after delivery(Mean=2.98) and it is important to me that everyone thinks that I'm fine even when things are difficult in the post-natal period(Mean=2.90). In the light of the result, the level of emotional stability of lactating mothers is high in Municipal Local Government Area of Kano State. The weighted mean (**2.71**) which is a numeric indicator that the level of emotional stability of lactating mothers is high in Municipal Local Government Area of Kano State.

Research Question Three: What is the nature of psychological stability of lactating mothers in Municipal Local Government Area of Kano State?

Table 5: Percentage table showing the frequency count and mean of psychological stability of lactating mothers in Municipal Local Government Area of Kano State

S/N	Items	VHL	HL	ML	LL	Mean
1	I feel depressed a week after giving birth	80(36.4)	75(34.1)	30(13.6)	35(15.9)	2.91
2	Considering my life in general in these days of post-natal, I seem unhappy.	66(30.0)	82(37.3)	40(18.2)	32(14.5)	2.83
3	I have high self-esteem immediately after delivery	11(5.0)	19(8.6)	65(29.5)	125(56.8)	1.63
4	When I meet new people after delivery, I quickly decide to dislike them	24(10.9)	33(15.0)	48(21.8)	115(52.3)	1.85
5	During post-natal period, I have all the reasons to believe that I cannot handle everyday situations in your life	88(40.0)	70(31.8)	28(12.7)	34(15.5)	2.96
6	I find myself frequently making careless mistakes after delivery	95(43.2)	45(20.5)	41(18.6)	39(17.7)	2.89
7	I don't seem to lack companionship within the post-natal days	84(38.2)	66(30.0)	27(12.3)	43(19.5)	2.87

8	I have feelings of anxious mood after delivery	61(27.7)	59(26.8)	22(10.0)	78(35.5)	2.47
9	I always felt restless during post-natal period	77(35.0)	62(28.2)	44(20.0)	37(16.8)	2.81
10	At times I feel the things i do in my life are worthwhile	87(39.5)	54(24.5)	46(20.9)	33(15.0)	2.88
11	As a Breast feeding mother, i don't seem to cope with everyday stress of my life during post-natal period	96(43.6)	51(23.2)	39(17.7)	34(15.5)	2.95
12	It is hard to find someone to help me with things such as looking after the house during the post-natal period	25(11.4)	20(9.1)	74(33.6)	101(45.9)	1.86
13	I always rely on my family members for your needed support after delivery	83(37.7)	61(27.7)	53(24.1)	23(10.5)	2.93
14	I frequently find myself lacking energy and motivation to do things during post-natal period	16(7.3)	44(20.0)	55(25.0)	105(47.7)	1.87
15	I seldom analyze my own thoughts and feelings after delivery	65(29.5)	60(27.3)	49(22.3)	46(20.9)	2.65
16	I find it uneasy to discuss intimate and personal matters with other members of my family after delivery	84(38.2)	57(25.9)	49(22.3)	30(13.6)	2.89
17	I have been using sleeping pills or other medicine more than once per month during the last six months	17(7.7)	24(10.9)	56(25.5)	123(55.9)	1.70
Weighted Mean						2.52

Decision rule: L.L=0.00-1.49, M.L= 1.50-2.50,H.L=2.50-3.49 and V.H.L= 3.50-4.00

Note: The figures in parentheses are in percentages

Table 5 shows the responses of the respondents on the influence of lactating mothers' psychological stability in Municipal Local Government Area of Kano State. It was indicated that the following items were not low: I have high self-esteem immediately after delivery(Mean=1.63),When I meet new people after delivery, I quickly decide to dislike them(Mean=1.85),I have feelings of anxious mood after delivery(Mean=2.47), It is hard to find someone to help me with things such as looking after the house during the post-natal period(Mean=1.86), I frequently find myself lacking energy and motivation to do things during

post-natal period(Mean=1.87) and I have been using sleeping pills or other medicine more than once per month during the last six months(Mean=1.70).

Meanwhile, the following items were high: I feel depressed a week after giving birth(Mean=2.91), Considering my life in general in these days of post-natal, I seem unhappy(Mean=2.83), During post-natal period, I have all the reasons to believe that I cannot handle everyday situations in your life(Mean=2.96), I find myself frequently making careless mistakes after delivery(Mean=2.89), I don't seem to lack companionship within the post-natal days(Mean=2.87), I always felt restless during post-natal period, At times I feel the things i do in my life are worthwhile(Mean=2.88), As a Breast feeding mother, i don't seem to cope with everyday stress of my life during (Mean=2.89)post-natal period(Mean=2.95), I always rely on my family members for your needed support after delivery(Mean=2.93), I seldom analyze my own thoughts and feelings after delivery(Mean=2.65) and I find it uneasy to discuss intimate and personal matters with other members of my family after delivery(Mean=2.89). In the light of the result, the level of psychological stability of lactating mothers is high in Municipal Local Government Area of Kano State. The weighted mean (**2.52**) which is a numeric indicator that the level of psychological stability of lactating mothers is high in Municipal Local Government Area of Kano State.

Test of Hypotheses

Four hypotheses were formulated and tested using linear regression and analysis of variance at 0.05 level of significance.

Research Hypothesis One: Indigenous post-natal practices have no significant influence on emotional stability on lactating mothers in Municipal Local Government Area of Kano State.

Table 6: Summary of Linear Regression Analysis on significant influence of Indigenous post-natal practice on emotional stability on lactating mothers

Variable	N	R	R Square	Adjusted R Square	F	Sig.
Emotional stability	220	.994	.989	.988	18798.432	.000
Post-natal Practices						

Table 6 shows the regression Analysis of the influence of Indigenous post-natal practice on emotional stability of lactating mother in Municipal Local Government Area of Kano State. The result indicated that there was positive relationship between Indigenous post-natal practice and emotional stability of lactating mother in Municipal Local Government Area of Kano State ($R = .994$) while the R-Square is .989 which means that the independent variable (Post-natal Practices) explained 98.9% variation of the dependent variable (Lactating Mother). This indicates a good fit of the regression equation. Thus, this is a reflection that Post-natal Practices significantly influenced emotional stability of lactating mother in Municipal Local Government Area of Kano State ($F_{(1,219)} = 18798.432$, $P < 0.05$). The hypothesis is therefore rejected in the light of the result since the significant value is less than 0.05. This implies that Post-natal Practices have significant influence of emotional stability of lactating mother in Municipal Local Government Area of Kano State.

Research Hypothesis Two: Indigenous post-natal practices have no significant influence on psychological stability of lactating mother in Municipal Local Government Area of Kano State.

Table 7: Showing the summary of Linear Regression Analysis on significant influence of Indigenous post-natal practice on Psychological stability on lactating mother in Municipal Local Government Area of Kano State.

Variable	N	R	R Square	Adjusted R Square	F	Sig.
Psychological stability	220	.991	.982	.981	11580.933	.000
Post-natal Practices						

Table 7 shows the regression Analysis of the influence of Indigenous post-natal practice on Psychological stability of lactating mother in Municipal Local Government Area of Kano State. The result indicated that there was positive relationship between Indigenous post-natal practice and Psychological stability of lactating mother in Municipal Local Government Area of Kano State ($R = .991$) while the R-Square is .982 which means that the independent variable (Post-natal Practices) explained 98.2% variation of the dependent variable (Psychological of Lactating Mother). This indicates a good fit of the regression equation. Therefore, this is a reflection that Post-natal Practices significantly influenced Psychological stability of lactating mother in Municipal Local Government Area of Kano State ($F_{(1,219)} = 11580.933$, $P < 0.05$). The hypothesis is therefore rejected in the light of the result since the significant value is less than 0.05. This means that Post-natal Practices have significant influence on psychological stability of lactating mother in Municipal Local Government Area of Kano State.

Research Hypothesis Three: There is no significant difference in the lactating mothers' with different religious affiliation on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Table Eight: Showing the summary of Analysis of variance (ANOVA) on influence of religious affiliation of lactating mothers on indigenous post-natal practices in Municipal Local Government Area of Kano State

Source	Sum of Square	Df	Mean Square	F	Sig	Decision
Between Groups	1746.752	2	873.376			
Within Groups	148177.357	217	682.845	1.279	.280	Not rejected
Total	149924.109	219				

Table 8 shows the significant difference in the lactating mothers' indigenous post-natal practices on the basis of religious affiliation in Municipal Local Government Area of Kano State. There was no significant difference in the lactating mothers indigenous post-natal practices on the basis of religious affiliation in Municipal Local Government Area of Kano State ($F_{(2; 217)} = 1.797$, $P > 0.05$). The hypothesis is therefore not rejected in the light of the result since the significant value (.168) is greater than 0.05 level of significant. This means that there is no significant difference in the lactating mothers' indigenous post-natal practices on the basis of religious affiliation in Municipal Local Government Area of Kano State.

Research Hypothesis Four: There is no significant difference in the lactating mothers' without educational qualification on indigenous post-natal practices in Municipal Local Government Area of Kano State

Table Nine: Showing the summary of Analysis of variance (ANOVA) on influence of Educational background of lactating mother on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Source	Sum of Square	Df	Mean Square	F	Sig	Decision
Between Groups	8951.712	10	895.171			
Within Groups	140972.397	209	674.509	1.327	218	Not rejected
Total	149924.109	219				

Table 9 shows the significant difference in the lactating mothers' indigenous post-natal practices on the basis of educational qualification in Municipal Local Government Area of Kano State. There was no significant difference in the lactating mothers' indigenous post-natal practices on the basis of educational qualification on in Municipal Local Government Area of Kano State ($F_{(10; 209)} = 1.372$, $P > 0.05$). The hypothesis is therefore not rejected in the light of the result since the significant value (.195) is greater than 0.05 level of significant. This means that there is no significant difference in the lactating mothers indigenous post-natal practices on the basis of educational qualification' in Municipal Local Government Area of Kano State.

Summary of Findings

1. Indigenous post-natal practices have influence on lactating mothers in Municipal Local Government Area of Kano State(Weighted mean=2.80)
2. Emotional stability of lactating mothers is high in Municipal Local Government Area of Kano State(Weighted=2.71)
3. Psychological stability of lactating mothers is also high in Municipal Local Government Area of Kano State(Weighted mean=2.52)

4. There was influence between Indigenous post-natal practice and emotional stability of lactating mothers in Municipal Local Government Area of Kano State ($F_{(1,219)} = 18798.432, P < 0.05$).
5. There was influence between Indigenous post-natal practices and psychological stability of lactating mothers in Municipal Local Government Area of Kano ($F_{(1,219)} = 18798.432, P < 0.05$).
6. There was no significant difference in the lactating mothers religious affiliation on indigenous post-natal practices in Municipal Local Government Area of Kano State ($F_{(10; 209)} = 1.372, P > 0.05$).
7. There was no significant difference in the lactating mothers educational qualification on indigenous post-natal practices in Municipal Local Government Area of Kano State ($F_{(2; 217)} = 1.797, P > 0.05$).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter focuses on discussion, conclusion and recommendations of the study. The purpose of this study was to investigate the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. Based on the discussions, conclusions were drawn and recommendations were also made while suggestions for further studies were made.

Discussions of Findings

The finding of the study as regards to the extent of lactating mothers' engagement in indigenous post-natal practices in Municipal Local Government Area of Kano State was high. This finding is not in agreement with Yueh-Chen, Winsome and Venturato (2016) who examined tradition and change inside post-natal centre in Taipei and found that there was no high extent influence of indigenous post-natal practices on lactating mothers. The result of this study confirmed the finding of Abdul Ghani and Salehudin (2018) who revealed that indigenous post-natal practices among lactating mothers in Kuantan were prevalent. This study indicated that culture have influenced certain post-natal practices in high extent. Moreover, this study found that the most important factor that influenced both post-natal practices and knowledge was family tradition. This is also in line with the finding of Okeshola and Isma'il (2013) who revealed that culture of Hausa people encourage them to always deliver and care for their babies using indigenous methods to a high extent. This is the reason why some Hausa women still give birth at home till today.

Another finding to the research question on the level of lactating mothers' emotional stability in Municipal Local Government Area of Kano State showed that the level of emotional stability of lactating mothers was high in Municipal Local Government Area of Kano State. This finding is also in line with the finding of Doan, Gardiner, Gay and Lee (2007) who

conducted research on breastfeeding experience differentially impacts recognition of happiness and anger in mothers. The study found that lactating mothers display prolonged and higher level of emotional stability than those who feed their infants formula. Specifically, at 3 months postpartum, breastfeeding was associated with an increase of about 45 minutes in sleep and reduced sleep disturbance. Critically, breastfeeding also impacts mothers' responses to emotions in others and may thereby improve social interactions and relationships.

In addition, one of the findings, the study revealed that the level of psychological stability of lactating mothers in Municipal Local Government Area of Kano state was high. This finding is line with that of Arifunhera, Srinivasaraghavan, Sarkar, Kattimani, Adhisivam and Vishnu (2016) who revealed that mothers with higher levels of anxiety and depression display reduced exclusivity and quicker cessation of breastfeeding, as well as a more negative attitude towards breastfeeding. This suggests that lactating mothers who engaged in indigenous post-natal practices are found to have higher level of psychological stability during post-natal period. This result also contradicts the study of Marjorie and Edward (2002) on evaluated stability and change in the level of maternal depressive symptomatology over the course of first post-natal year. The study revealed higher levels of depressive sysmptomatology throughout the first post-natal year.

Furthermore, another finding of the study revealed that indigenous post-natal practice has significant influence on emotional stability of lactating mothers in Municipal Local Government Area of Kano State. This study supported the recent work of Krol, Kamboj, Curran and Grossmann (2014) which shows that prolonged durations of some post-natal practices like adequate care, rest and breastfeeding are linked to facilitated responses to inviting (happy) facial expressions and that more frequent breastfeeding on a given day is linked with reduced responsivity to threatening (angry) facial expressions. Indigenous post-natal practice is also thought to facilitate maternal sensitivity and secure attachment between mother and child. This

finding is also in line with the finding of the research by Kroll and Grossman (2018) that mothers who experienced culturally practiced post-natal care tend to touch their infants more especially during breast feeding. This is because they are more responsive to their infants and spend more time in mutual gaze with infants during feedings than non-breastfeeding mothers.

Also, the finding of this study revealed that indigenous post-natal practice has significant influence on psychological stability of lactating mother in Municipal Local Government Area of Kano State. This finding is in line with the study of Currie and Develin (in Armstrong & Edwards, 2004) who noted that the practices have significant influence on psychological wellbeing of mothers, and that the moods of new mothers are shown to be influenced positively by lower exercise(s). The finding of this study is also in line with that of Hamdan and Tamim (2012) who found that lactating mothers had lower scores on the Edinburgh Postnatal Depression Scale and were less likely to be diagnosed with postpartum depression at 4 months postpartum. Moreover, this study revealed that higher depression scores at 2 months postpartum were predictive of lower rates of breastfeeding at 4 months.

In addition to that, the study showed that there is no significant difference in the lactating mothers' with different religious affiliation on indigenous post-natal practices in Municipal Local Government Area of Kano State. However, in contrary to this, Hishamshah, Ammar, Khan and Mustapha (2010) reported that there is strong influence of religious belief on traditional post-natal practices of lactating mothers.

Finally, the finding of the study as regards to the hypotheses which states that there is no significant difference in the lactating mothers' without educational qualification on indigenous post-natal practices in Municipal Local Government Area of Kano State, it was revealed that there is no significant difference in the lactating mothers' without educational qualification on indigenous post-natal practices in Municipal Local Government Area of Kano State. This finding is in consonance with the study of Chythra, Dhanya, Ashok and Niroop

(2014) mixed experimental research and reported that post-natal period irrespective of educational qualification of mothers are still dictated by traditional customs and practices. This finding contradicts the study of Onah, Osuorah, Ebenebe, Ezechukwu, Ekwochi and Ndukwu (2014) which attest that educated mothers had better post-natal practices compared to non-educated. The scenario here suggests that deeply rooted cultural beliefs have influence on mother's post-natal practices not their levels of education. Socio-cultural factors had been cited by Ezechukwu, Egbuonu, Ugochukwu and Chukwuka (2004) among key factors that influenced these practices in Africa.

Conclusion

This study examined the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. Based on the findings of this study, it can be established that organized support, period of rest, breastfeeding, hygiene and physical warmth practices, hot bath and caring for the new mother and her infant for a specified period of time were vital in indigenous post-natal practices. The study revealed that healthy indigenous post-natal practices were critical to the development of lactating mothers particularly, their emotional and psychological stability. However, it can be revealed that, there is the influence of indigenous post-natal practices in Municipal Local Government Area as regards to organized support, period of rest, breastfeeding, hygiene and physical warmth practices, hot bath and caring for the new mother and her infant for a specified period of time. Lactating mothers' emotional and psychological stability in Municipal Local Government of Kano State were found to be high. The study also concluded that indigenous post-natal practices have significant influence on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano State. In addition to that, no significant difference was found in the lactating mothers with different

religious affiliation on indigenous post-natal practices and lactating mothers without qualification in Municipal Local Government Area of Kano State.

Recommendations

Based on the finding of this study, the following recommendations are made:

1. The Government Health department should devise strategies to ensure that there is teamwork between the indigenous and Western postnatal care providers in order to incorporate beneficial indigenous post-natal practices such as organized support, period of rest, physical warmth practices and caring for the mother and her infant for a specified period of time. This would ensure complete acceptance of western post-natal care practices in Municipal Local Government Area of Kano State.
2. There should be focus on the success stories of indigenous post-natal practices to help increase respect and acknowledgement of the indigenous post-natal healthcare practices.
3. Health workers should utilize and build on traditional beliefs to promote health in the post-natal period as well as provide information to discourage potentially harmful indigenous post-natal practices.
4. Public Health policies and more specifically, the promotion and support policies of post-natal and other maternal issues must always take into consideration the cultural status of a society, that is the attitudes and beliefs prevailing in a place about the traditional practices, the values and ideals promoted by the society so that the said practices can be more effective and efficient for the implementation of the objectives of public health.

Limitations of the study

The researcher is aware of the limitations and shortcomings of this research work. First of all, limited time frame allowed the researcher to work on a single Local Government Area instead of entire metropolitan Local Government Areas. The data gathered would have been more robust and factual if all lactating mothers in Kano State were incorporated into the study population.

Secondly, only emotional and psychological stability were examined, it would have been more comprehensive if psychosocial stability was looked into instead of psychological stability in isolation. In addition, lactating mothers' economic status was not captured in the research work.

Thirdly, another limitation of this study was the restriction of sample population to the Government and community-based maternity Health centers within Municipal Local Government Area.

Suggestions for Further Studies

The following suggestions for further research were made:

- a. Similar study should be carried out to cover the metropolitan Local Government Areas of Kano State so as to enrich the existing literature on indigenous post-natal practices.
- b. Similar study on maternal health should be carried in Kano state using different research design, instruments and sampling techniques so as to enrich the indigenous post-natal literature.
- c. Other areas of stability like the psychosocial and personality stability can also be studied in future research.
- d. However, this study centered on metropolitan Local Government in Kano State, it is suggested that future researchers should conduct similar study that will cover some

rural Local Government Areas with a view to obtaining a comprehensive data that covers both rural and urban Local Government Areas.

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APPENDIX 1

KWARA STATE UNIVERSITY, MALETE DEPARTMENT OF EARLY CHILDHOOD CARE AND PRIMARY EDUCATION QUESTIONNAIRES ON INDIGENOUS POST-NATAL PRACTICES ON LACTATING MOTHERS' EMOTIONAL AND PSYCHOLOGICAL STABILITY

Dear Respondent,

These Questionnaires are designed to elicit information on the influence of indigenous post-natal practices on lactating mothers' emotional and psychological stability in Municipal Local Government Area of Kano state. Your response to these instruments will be treated confidentially and will be used for research purposes only. Therefore, I hereby request your honest and appropriate response so that it can provide a basis for a valued judgment.

Thank you.

INDIGENOUS POST-NATAL PRACTICES QUESTIONNAIRE (IPNPQ)

DEMOGRAPHIC DATA

RELIGION:

Islam () Christianity () Others ()

QUALIFICATION:

N.C.E () O.N.D () B. Ed () B.A. Ed () BA () B.SC Ed () B. SC () M. Ed ()

M.A () Ph. D () Others specify

Kindly respond to the following questions

S/N	ITEMS	OFTEN	SOMETIMES	RARELY	NEVER
1	I practice post-natal practices according to the tradition of my community				
2	I always experience home delivery				
3.	I was assisted by traditional birth attendants during the Birth.				
4	Grandmother, mother, traditional birth attendants (Ungozoma) and members of the family contribute to my welfare and that of my baby				
5	I enjoyed organized support from family members which typically corresponds to a prescribed period of rest, during which I'm prohibited from performing usual house hold chores.				
6	Traditional birth attendants cared for my baby after giving birth				
7	Traditional birth attendants offered maternity services for me after giving birth				
8	Family members cared for my baby after giving birth				
9	Family members offered maternity services for me after giving birth				
10.	I practice the art of ritual hot bath (wankan jego), which has been essential to one's good health and peace of mind since time immemorial among the Hausa-Fulani ethnic group				
11	I was physically confined and nursed in heated rooms during postnatal period				
12	I'm still holding on to post-natal cultural beliefs and practices.				
13	I believe that traditional post-natal practices make me stronger				
14	I believed that traditional post-natal practices help me regain my physiological state				
15	Traditional birth attendants assisted me in childbirth and postnatal care				
16	Herbal treatments are always ready in case complications occurred				

17	As postnatal mother, I was given special treatment and special diets to promote lactation.				
18.	My Grandmother/ traditional birth attendant prepares a special diet when taking care of me to restore blood lost during delivery, to facilitate the healing of wounds and to restore normal bodily functions.				
19	My grandmother/ traditional birth attendant prepares a special diet for me to promote milk flow.				
20	It is a ' taboo ' for me to use same basin for with my newborn baby for bath.				
21	Using the same basin with my newborn baby for bath affects the sensitive skin of the infant.'				
22	Traditional birth attendants have adequate knowledge regarding the effect of warm and well-balanced food for the breastfeeding woman				
23.	Cultural beliefs and practices have a considerable influence on my health behaviour during post-natal period.				
24.	Traditional birth attendants have adequate knowledge regarding the natural effect of colostrum in my baby				
25.	Culturally, I'm are encouraged to breastfeed the baby for two years				
26	Traditional birth attendants take precautionary measures to protect me from post-natal bleeding by delaying cutting the cord until the placenta is expelled.				
27	Traditional birth attendants take precautionary measures to protect me from postpartum retention of the placenta by delaying cutting the cord until the placenta is expelled				
28	There are customs prohibiting me from physical activities during post-natal period.				

APPENDIX 2
LACTATION MOTHER'S EMOTIONAL STABILITY QUESTIONNAIRE
(LMESQ)

S/N	ITEMS	VERY HIGH LEVEL	HIGH LEVEL	MODERATE LEVEL	LOW LEVEL
1	I often feel restless during post-natal period as though I want something but do not really know what I want				
2.	As a Breast-feeding mother, I place my trust in supernatural powers such as God or fate to see me through post-natal period safely				
3.	As a Breast-feeding mother, I feel depressed after waking up in the morning during post-natal				
4.	The underlying motives for the actions of other people worries me within post-natal period				
5.	After delivery, I hate being with a crowd who play practical jokes on one another				
6.	After delivery, I seem to have more than my share of bad luck				
7.	After delivery, I don't seem to like scenes of violence and torture in the movies				
8.	After delivery, I have the tendency to feel confused whenever I'm interrupted in the middle of something				
9.	During post-natal, I sometimes wonder if something is wrong with me				
10.	After delivery, I always enjoy spending long periods of time by myself				
11.	I don't seem worried if someone is annoyed with me for a mistake, which i have actually not committed during post-natal period				
12.	After delivery, I often feel uneasy sharing my true feelings when someone asks 'How are you?				
13.	It takes me a long time to get started on something after delivery				
14.	During post-natal period, I often wish I were someone else				
15.	I'm inclined to avoid people whenever necessary after birth				

16.	After delivery, i usually have a hard time falling asleep or often wake up tired				
17.	I sometimes wish I had no responsibilities during post-natal period				
18.	I feel neglected or upset when someone i know does not greet me during post-natal period				
19.	I sometimes feel happy or sad for no reason after delivery				
20.	It is important to me that everyone thinks that I'm fine even when things are difficult in the post-natal period				

APPENDIX 3

LACTATION MOTHER'S PSYCHOLOGICAL STABILITY QUESTIONNAIRE (LMPSQ)

S/N	ITEMS	VERY HIGH LEVEL	HIGH LEVEL	MODERATE LEVEL	LOW LEVEL
1.	I feel depressed in the past week				
2.	Considering my life generally in these days of post-natal, I seem unhappy				
3.	I have high self-self-esteem immediately after delivery				
4.	When I meet new people after delivery, I quickly decide to dislike them				
5.	During post-natal period, I have all the reasons to believe that I cannot handle everyday situations in my life				
6.	I find myself frequently making careless mistakes after delivery				
7.	I don't seem to lack companionship within the post-natal days				
8.	I have feelings of anxious mood after delivery				
9.	I always felt restless during post-natal period				
10.	At times I feel the things i do in my life are worthwhile				
11.	As a breast-feeding mother, I don't seem to cope with everyday stress in my life during post-natal period				
12.	It is hard to find someone to help me with things such as looking after the house during the post-natal period				
13.	I always rely on my family members for needed support after delivery				
14.	I frequently find myself lacking energy and motivation to do things during post-natal period				
15.	I seldom analyze my own thoughts and feelings after delivery				
16.	I find it uneasy to discuss intimate and personal matters with other members of my family after delivery				
17.	I have been using sleeping pills or other medicine more than once per month during the last six months				

APPENDIX 4

KWARA STATE UNIVERSITY, MALETE

DEPARTMENT OF EARLY CHILDHOOD CARE AND PRIMARY EDUCATION

QUESTIONNAIRES ON INDIGENOUS POST-NATAL PRACTICES ON

LACTATING MOTHERS' EMOTIONAL AND PSYCHOLOGICAL STABILITY

(MA'AUNIN TATTARA BAYANAI AKAN TASIRIN DA JEGO BISA AL'ADA KE DASHI WAJEN SAMUN KWANCIYAR HANKALI DA NUTSUWAR MAI JEGO)

Zuwa ga mai amsa tambaya,

Wannan ma'aunin tattara bayanai an shirya sune domin tattara bayanai akan tasirin da Jego bisa al'ada ke dashi akan samun kwanciyar hankali da kuma nutsuwar mai shayarwa a lokacin da take wankan Jego. Dukkan bayanai da aka bayar zasu zamanto cikin sirri kuma za ayi amfani dasu ne kawai wajen bincike don karin ilimi. Saboda haka, ina mai rokon daki bayar da amsoshin da suka dace saboda a cimma manufa mai inganci. Nagode.

INDIGENOUS POST-NATAL PRACTICES QUESTIONNAIRE (IPNPQ)

(MA'AUNIN TATTARA BAYANAI AKAN WANKAN JEGO)

BAYANAI AKAN MAI AMSA TAMBAYOYI

ADDINI:

Musulunci () Kiristanci () Sauran addinai ()

Shaidar karatu:

N.C.E () O.N.D () B. Ed () B.A. Ed () BA () B.SC Ed () B. SC () M. Ed ()

M.A () Ph. D () Sauran Takardu

Ayi kokarim bayar da amsar data dace

S/N	BAYANAI	INA YI SOSAI	INA YI	NA KAN YI	BANA YI
1	Ina yin Jego na yadda al'adar mu ta tanada				
2	Nakan haihu a gida a duk lokacin d azan haihu				
3.	Ungozoma ta taimaka min a wajen haihuwa				
4	Kaka ta, Mahaifiya ta, Ungozoma da sauran dangi kan taimaka wajen kula da ni da kuma abinda na haifa a lokacin Jego				
5	Naji dadin gudunmawar da dangi na suka bani lokacin Jego wanda kuma yazo daidai da lokacin da aka bukaci na huta da aikace-aikacen gida				
6	Bayan dana haihu, Ungozoma ce ta kula da abinda na Haifa				
7	Ungozoma ta kula dani a lokacin da nake Jego				
8	Bayan dana haihu, Dangi na sun kula da abinda na Haifa				
9	Dangi na sun kula dani a lokacin da nake yin Jego				
10.	Na kan yi wankan jego saboda al'ada ce mai muhimmancinsa wajen Karin lafiya da kuma kwanciyar hankali wanda Hausa/Fulani suka gada tun kaka da kakanni				
11	An kula dani a kebabben daki mai dumi a lokacin da nake Jego				
12	Har yanzu ina yin Jego na yadda al'adar mu ta tanada				
13	Ina da yakinin cewa yin Jego bias al'ada yakan kara min kuzari				
14	Na yadda cewar yin Jego bisa al'ada na taimaka min wajen samun nutsuwa				
15	Ungozoma ta taimaka min wajen haihuwa da kuma Jego				
16	Koda yausha ana tanadin magungunan gargajiya koda za a samu tangarda				
17	A matsayina na mai shayarwa, an bani kulawa ta musamman da kuma abinci na musamman da zai taimaka min wajen zuwan nono da kuma shayar da jariri na				

18.	Kakata/ Ungozoma kan hada cima ta musamman lokacin da take kula dani domin na mayar da jinin dana rasa wajen haihuwa, kawo saurin warkewar raunuka da kuma dawo min da amfani sa sauran sassan jikina				
19	Kakata/ Ungozoma kan shirya min cima ta musamman da kan taimaka wajen zuwan Nono				
20	An chamfa yin amfani da bahon da nake yiwa Jariri na amfani dashi				
21	Amfani da bahon da nake yiwa Jariri amfani dashi kan janyo ma Jaririn matsalar fata				
22	Ungozoma suna da sanin amfanin abinci mai dumi da kuma inganci a gun mace mai shayarwa				
23.	Riko da kuma bin tafarkin na al'ada a lokacin Jego kanyi tasiri mai yawa akan lafiya ta				
24.	Ungozoma na da cikakken sanin amfanin Nonon uwa na farko a gun jariri				
25.	A al'adance, ana bani kwarin gwiwar na shayar da Jariri na har tsawon shekara biyu				
26	Ungozoma kan yi taka tsan-tsan don kare ni daga zubar da jini lokacin haihuwa ta hanyar jinkirta yankan cibiya har sai bayan fadowar mahaifa.				
27	Ungozoma kan yi taka tsan-tsan don kare ni daga jinkirin fadowar mahaifa lokacin haihuwa ta hanyar jinkirta yankan cibiya har sai bayan fadowar mahaifa				
28	Akwai al'adu da suka hana ni aikace-aokace a lokacin Jego.				

APPENDIX 5
LACTATION MOTHER'S EMOTIONAL STABILITY QUESTIONNAIRE
(LMESQ)
(MA'AUNIN TATTARA BAYANAI AKAN KWANCIYAR HANKALIN MAI
SHAYARWA)

S/N	BAYANAI	INA YI SOSAI	INA YI	NA KAN YI SOSAI	NA KAN YI
1	Na kan samu rashin kwanciyar hankali a lokacin jecho, inji kmar ina da wata bukata wadda ban san ko mecece ba.				
2.	A matsayina na mai jecho, na dauki cewar kaddarar ubangiji ce kadai ce zata iya sawa na gama jecho lafiya,				
3.	A matsayina na mai jecho, nakan samu kaina cikin damuwa a duk lokacin dana tashi da safe.				
4.	Rashin sanin takamaimai dalilin daya sa mutane suka aikata wani abu kan dame ni				
5.	Bayan na haihu, na tsani zama cikin mutanen da kanyi wasan barkwanci.				
6.	Bayan haihuwa, na kanji tamkar na taki rashin sa'a				
7.	Bana son ganin inda ake tashin hankali da azabtarwa a cikin fina-finai bayan na haihu.				
8.	Bayan na haihu, nakan iya shiga rudani a duk lokacin da aka katse ni ina cikin yin wani abu.				
9.	A wasu lokuta lokacin Jecho na kanyi tunanin ko akwai abinda ke damu na.				
10.	Bayan haihuwa nakan ji dadin kwashe lokaci mai tsayi ni kadai.				
11.	Bana damuwa idan wani yana jin haushi na akan abinda ban aikata ba a lokacin da nake Jecho.				
12.	Bayan haihuwa nakan kasa fadar gaskiya idan aka tambayeni 'yaya nake ji?				
13.	Bayan haihuwa, nakan dauki lokaci mai tsawo kafon na fara abinda na kudiri yi.				
14.	A lokacin Jecho, nakan ji da ina ma ace nine wane				
15.	Bayan haihuwa nakanyi yunkurin kauracewa mutane a duk lokacin dana samu dama				
16.	Bayan na haihu, nakan dade bacci ya dauke ni ko kuma nakan tashi cikin kasala				

17.	Awasu lokuta nakanji dama bani da wani nauyi akaina a lokacin da nake yin Jego				
18	Nakanji kamar an wofantar dani ko kuma na tunzura idan mutanin dana sani bai gaisheni ba a lokacin da nake yin Jego,				
19	Bayan haihuwa nakanji nishadi ba tare da wani dalili ba				
20.	Yana da muhimmanci a wajena mutane suyi zaton lafiya kalau nake koda kuwa abubuwa sunyi min tsauri a lokacin da nake yin Jego.				

APPENDIX 6

LACTATING MOTHERS' PSYCHOLOGICAL STABILITY QUESTIONNAIRE

(LMPSQ)

(MA'AUNIN TATTARA BAYANAI AKAN NUTSUWAR MAI SHAYARWA)

S/N	BAYANAI	INA YI SOSAI	INA YI	NA KAN YI SOSAI	NA KAN YI
1.	Na samu kaina cikin damuwa satin daya gabata				
2.	Idan na dubi rayuwata baki daya a lokacin Jego, na kanji dadi				
3.	Bayan na haihu, na kanji cewar na kere sa'a				
4.	Bayan na haihu, nakanyi saurin tsanar duk wata bakuwar fuskar dana hadu da ita				
5.	A lokacin da nake Jego, ina da duk dalilan da ka iya sawa naji kamar bazan iya tunkarar harkokin rayuwata ba				
6.	Bayan haihuwa ta, na samu kaina a wani yanayi wanda nake yin kura-kurai marasa kan gado				
7.	Bana rasa abokan zama/hira a kwanakin da nake Jego				
8.	Na kan samu rikirkicewa bayan na haihu				
9.	Nakan samu kaina cikin halin rashin nutsuwa a tare dani a duk lokacin da nake Jego				
10.	A wasu lokuta nakanji cewar abunuwan da nakeyi a rayuwa suna da amfani				
11.	A matsayi na na mai shayarwa, bana jin zan iya warware wahalhalun yau da kullun a lokacin da nake Jego				
12.	Samun wanda zai yaimaka min da aikace-aikacen gida a lokacin da nake Jego abu ne mai matukar wahala				
13.	Dangi na sune abin dogaro na a koda yausha a duk lokacin da nake yin Jego				
14.	Ina yawaita samun rashin karfin jiki da kuma kwarin gwiwar yin wasu abubuwa lokacin da nake yin Jego				

15.	Ban cika yin tunani game da abinda ke damuna ba bayan na haihu				
16.	Bana jin dadin tattauna abubuwan da suka shafe ni da dangina bayan na haihu				
17.	Ina amfani da maganin bacci akalla sau daya a wata a watanni shida da suka gabata.				

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