

Influence of Indigenous Post-Natal Practices on Lactating Mothers' Emotional Stability in Kano State, Nigeria

Usman Tunde Sa'adu^{1*}, Abbas Aminu Abdullahi²

¹Department of Early Childhood and Primary Education Faculty of Education, Kwara State University, Malete, Nigeria; ²Department of Early Childhood Care and Education, School of Early Childhood Care and Primary Education Federal College of Education, Kano, Nigeria

ABSTRACT

Inappropriate post-natal behavior is not only linked to depression, physical problems, and poorer maternal mood and higher levels of anxiety in mothers and infant's 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 stability in Municipal Local Government Area of Kano State Nigeria. Descriptive survey research design was adopted for the study. 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 consisted of 220 lactating mothers who were selected through purposive sampling from the 11 maternity centers in Municipal Local Government Area of Kano State, Nigeria. A 28-item instrument developed by researchers titled 'Indigenous Post Natal Practices Questionnaire' (IPNPQ) and Lactating Mother's Emotional Stability Questionnaire (LMESQ) with 20 items were used for data collection. The reliability of IPNPQ and LMESQ were confirmed through test re-test using Pearson's Product Moment Correlation (PPMC). The reliability scores for IPNPQ are 0.77 and LMESQ 0.74 respectively. Research Questions were answered using frequency counts, mean and percentages while the formulated hypotheses were tested using Linear Regression and Analysis of Variance (ANOVA) all at 0.05 at level of significance. The result of the findings revealed that indigenous post-natal practices have positive influence on lactating mothers. The levels of emotional and psychological stability of lactating mothers were high. The result also indicated that Post-natal Practices have significant influence on emotional stability of lactating mothers. However, there is no significant influence of religious affiliation ($F(2; 217)=1.797, P>0.05$) and Educational background ($F(10; 209)=1.372, P>0.05$) of lactating mothers on indigenous post-natal practices. Based on these findings, the study concluded that Indigenous post-natal practices have high influence on lactating mothers' emotional stability. The study therefore, recommended among others that 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 and traditional midwives (Ungozoma) need to be jettisoned by lactating mothers as these affect their emotional stability.

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

INTRODUCTION

The journey to life of an individual spans through pre-conception, 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. The production of offspring in most areas where the practice of indigenous post-natal care is much propagated and eulogized through culture and tradition. The indigenous post-natal practices in these areas are

managed by indigenous birth attendants or practitioners who rely heavily on herbs to provide post-natal care for the new mother and the baby. This practice though crude, is reliable and effective, guarantees safe delivery, purposive upbringing and ensures the welfare of the mother and infant [1].

Obikeze [2] 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,

Correspondence to: Usman Tunde Sa'adu, Department of Early Childhood and Primary Education, Faculty of Education, Kwara State University, Malete, Nigeria, Tel: +234038493554; E-mail: usman.saadu@kwasu.edu.ng

Received: August 29, 2020, **Accepted:** September 10, 2020, **Published:** September 17, 2020

Citation: Sa'adu UT, Abdullahi AA (2020) Influence of Indigenous Post-Natal Practices on Lactating Mothers' Emotional Stability in Kano State, Nigeria. J Psychol Psychother. 10:382. doi: 10.35248/2161-0487.20.10.382

Copyright: © 2020 Sa'adu UT, et al. This is an open access article distributed under the term of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Olojojo 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 birthing process. 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 [1].

According to World Health Organization [3] who affirmed that despite the existence of modern health facilities in Nigeria, over 58% of deliveries take place at home. Traditional beliefs, attitudes and practices dominate the care of the newborn child in most countries. In the same vein, Iliyasu, Kabir, Galadanci and Aliyu [4] asserted that indigenous post-natal beliefs and practices are widely prevalent in Northern Nigeria.

In a related study, Ejikeme and Ukaebu [5] 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.

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. New mothers may feel uneasy about drinking normal water, having a shower, or other 'routine' hospital practices shortly after giving birth, yet feel compelled to comply due to the power dynamics inherent in the healthcare provider-patient relationship [6].

Similarly, 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 adolescence 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 [7]. 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 [8].

Elham and Hakimeh [9] 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 [8] 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.

However, Colodro-Conde, Sánchez-Romera, Tornero-Gómez, Pérez-Riquelme, Polo-Tomás, and Ordoñana 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 behaviour, as well as the health status of their children. Studies have demonstrated that increasing level of maternal education positively influenced child health [10].

Similarly, Lawan, Adamu, Envuladu, Akparibo and Abdullahi [11] 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 as 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 rights, as well as household chores.

Street and Lewallen [12] 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 [13] 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.

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.

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. However, none of these studies has covered the influence of indigenous post-natal practices on lactating mothers' emotional stability in Municipal Local Government Area of Kano State. 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.

THEORETICAL REVIEW

Under theoretical review, the relationship between culture care diversity and universality theory on the influence of indigenous post-natal practices on lactating mother's emotional and psychological stability was established. Culture care diversity and universality theory was propounded by an American Madeleine Leininger in the year 1991 [14]. 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 [15]. 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.

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 (Ungozoma), 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.

1. To what extent lactating mothers practice indigenous post-natal in Municipal Local Government Area of Kano State?
2. What is the level of lactating mothers' emotional stability in Municipal Local Government Area of Kano State

H₀1: Indigenous post-natal practice has no significant influence on emotional stability of lactating mothers in Municipal Local Government Area of Kano State.

H₀2: Religious affiliation of lactating mother has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

H₀3: Educational background of lactating mother has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

RESULTS

Data was subjected to statistical analysis using the Statistical Package for Social Sciences, version 17 (SPSS-17). Descriptive statistics such as percentages mean and standard deviation was calculated to illustrate distribution of socio-demographic and other relevant variable, with Pearson Product Moment Correlation (PPMC) showing the relationships between variables where necessary and probability level of $p < 0.05$ will be taken as significant. Regression analysis was used in presenting joint contribution of variables (Table 1).

This study adopted descriptive survey design. The target population of the study comprised all lactating mothers who are within the post-natal period in Municipal Local Government Area of Kano State. There are 21 maternity Hospitals within Municipal Local Government Area, out of which, 11 maternity hospitals were randomly selected. Purposive sampling technique was used to select 20 lactating mothers who are within the 40 days of their post-natal period. A total of 220 lactating mothers were the samples for this study.

Two research instruments which are researchers designed instruments were used for data collection in this study. These are: Indigenous Post Natal Practices Questionnaire (IPNPQ) with 28 items and Lactating Mother's Emotional Stability Questionnaire (LMESQ) with 20 items for data collection. The IPNPQ items were structured in modified four points Likert scale of Very High Extent, High Extent, Moderate Extent and Low Extent while the LMESQ items were structured in modified four points Likert type scale of Very High Level, High Level, Moderate Level and Low Level. The validity and reliability of these instruments were established,

Table 1: Distribution of the respondents based on Religious affiliation

Religion	Frequency	Percentage (%)
Islam	138	62.7
Christianity	73	33.2
Others	9	4.1
Total	220	100

copies of the IPNPQ and LMESQ were given to lecturers for face and content validity. The lecturers looked at the instrument to ensure that the items addressed research questions and hypotheses. The corrections made were incorporated into final copies. The instruments (Indigenous Post Natal Practices Questionnaire and Lactating Mothers' Emotional Stability Questionnaire) were subjected to trial test using different group of lactating mothers. The reliability of the instruments were established using test re-test method and the reliability scores of 0.77 and 0.74 were obtained.

The instruments were administered with the help of nurses who served as research assistants. Research assistants were trained in their respective hospitals prior to the administration period so as to be familiar with the instruments. The research assistants translated the instrument to local dialect (Hausa) in case there are respondents who could not read and understand English Language. 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 of Linear Regression and Analysis of Variance (ANOVA) was used to analyze all the research hypotheses.

Table 1 shows the percentage distribution of the respondents on indigenous post-natal practices based on Religious affiliation in Municipal Local Government Area of Kano State. One hundred

and thirty-eight (138) of the respondents representing 62.7% were Muslims. Seventy-three (73) of the respondents representing 33.2% were Christians while nine (9) of the respondents representing 4.1% were from others religion. Thus, it was indicated that the Muslim respondents were more in number than Christian and other respondents respectively.

Table 2 shows the percentage distribution of Qualifications of respondents on the influence of indigenous post-natal practices on lactating mothers in Municipal Local Government Area of Kano State to what extent lactating mothers practice indigenous post-natal?

The table describes the extent to which lactating mothers practice indigenous post-natal. The weighted mean (2.80) which is a numeric indicator that the extent to which lactating mothers practice indigenous post-natal practices is high. What is the level of lactating mothers' emotional stability?

Table 4 shows the responses of the respondents on the influence of lactating mothers' emotional stability in Municipal Local Government Area of Kano State.

The weighted mean (2.70) which is a numeric indicator that the level of emotional stability of lactating mothers was high.

Indigenous post-natal practice has no significant influence on

Table 2: Percentage table showing the distribution of educational background of the respondents.

Qualification	Frequency	Percentage (%)
Nigeria Certificate of Education	17	7.7
Ordinary National Diploma	14	6.4
Bachelor of Education	31	14.1
Bachelor of Arts Education	25	11.4
Bachelor of Arts	20	9.1
Bachelor of Science Education	27	12.3
Bachelor of Science	21	9.5
Master of Education	18	8.2
Master of Arts	19	8.6
Philosophy Doctor	10	4.5
Others	18	8.2
Total	220	100

Table 3: Percentage table showing the extent to lactating mothers practice indigenous post-natal.

S/N	Items	VHE	HE	ME	LE	Mean
1	I practice post-natal practices according to the tradition of my community	109(49.5)	70(31.8)	30(13.6)	11(5.0)	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	139(63.2)	35(15.9)	26(11.8)	20(9.1)	3.33
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	85(38.6)	95(43.2)	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)	75(34.1)	89(40.5)	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	38(17.3)	49(22.3)	66(30.0)	67(30.5)	2.26
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 post-natal period	120(54.5)	40(18.2)	45(20.5)	15(6.8)	3.2

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 makes me stronger	115(52.3)	62(28.2)	16(7.3)	27(12.3)	3.2
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	98(44.5)	47(21.4)	43(19.5)	32(14.5)	2.96
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)	63(28.6)	54(24.5)	27(12.3)	2.85
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 health behaviour during post-natal period.	58(26.4)	74(33.6)	59(26.8)	29(13.2)	2.73
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 are encouraged to breastfeed the baby for two years	91(41.4)	51(23.2)	65(29.5)	13(5.9)	3
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)	55(25.0)	28(12.7)	43(19.5)	2.91
28	There are customs prohibiting me from physical activities during post natal period.	37(16.8)	39(17.7)	57(25.9)	87(39.5)	2.12
Weighted Mean						2.8

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 4: Percentage table showing the level of emotional stability of lactating mothers.

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	64(29.1)	93(42.3)	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)	2.8
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)	3.2
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)	1.9
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)	56(25.5)	69(31.4)	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	59(26.8)	63(28.6)	52(23.6)	46(20.9)	2.61
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
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 not greet me during post natal period	104(47.3)	46(20.9)	36(16.4)	34(15.5)	3
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)	77(35.0)	35(15.9)	32(14.5)	2.9
Weighted Mean						2.7
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.						

emotional stability of lactating mothers in Municipal Local Government Area of Kano State.

Table 5 shows the regression Analysis of the influence Indigenous post-natal practice on emotional stability on 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 on 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 on 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 on emotional stability on lactating mother in Municipal Local Government Area of Kano State.

Religious affiliation of lactating mother has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Table 6 shows the significant influence of religion affiliation of lactating mother on indigenous post-natal practices in Municipal Local Government Area of Kano State. There was no significant influence of religion affiliation of lactating mother on indigenous post-natal practices 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 religion affiliation of lactating mother have no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Educational background of lactating mother has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Table 7 shows the significant influence of Educational background of lactating mothers on indigenous post-natal practices in Municipal Local Government Area of Kano State. There was no significant influence of Educational background of lactating mother on indigenous post-natal practices 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.

Table 5: Summary of Regression Analysis showing the significant influence of Indigenous post-natal practice on emotional stability of lactating mothers in Municipal Local Government Area of Kano State.

Variables	Mean	SD	N	R	R Square	Adjusted R Square	F	Sig.
Emotional stability	54.24	19.491						
			220	0.994	0.989	0.988	18798.43	0
Post-natal Practices	78.56	26.165						

Table 6: Summary of Analysis of Co-variance (ANOVA) showing the influence of religious affiliation of lactating mothers on indigenous post-natal practices in Municipal Local Government Area of Kano State

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2564.186a	2	1282.093	1.797	0.168
Intercept	1405584.712	1	1405585	1969.709	0
Religion	2564.186	2	1282.093	1.797	0.168
Error	154851.25	217	713.6		
Total	1716126	220			
Corrected Total	157415.436	219			

This means that Educational background of lactating mother have no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State.

DISCUSSION

The finding of the study as regards to the extent lactating mothers practice indigenous post-natal. The study revealed that the extent to which lactating mother practice indigenous post-natal practice is high. This finding is not in agreement with Yueh-Chen, Winsome and Venturato [16] who state that the rate at which lactating mother's practices indigenous post-natal is low. The result of this study conformed with the finding of Abdul Ghani and Salehudin [17] who revealed that indigenous post-natal practices among lactating mothers in Kuantan was high. Also, the finding support the finding of Okeshola and Isma'il [18] 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 most Hausa women still give birth at home till today.

Another finding of this study revealed that the level of lactating mothers' emotional stability was high. This finding is also in

Table 7: Summary of Analysis of Co-variance (ANOVA) showing the influence of Educational background of lactating mother on indigenous post-natal practices in Municipal Local Government Area of Kano State.

Sources	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	9698.062a	10	969.806	1.372	0.195
Intercept	1361829.409	1	1361829	1926.803	0
Qualification	9698.062	10	969.806	1.372	0.195
Error	147717.375	209	706.782		
Total	1716126	220			
Corrected Total	157415.436	219			

line with the finding of Doan, Gardiner, Gay and Lee [19] who conducted research on breastfeeding experience differentially impacts recognition of happiness and anger in mothers. The research 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.

Furthermore, another finding of the study revealed that indigenous post-natal practice has significant influence on emotional stability of lactating mothers. This finding support the recent work of Krol, Kamboj, Curran and Grossmann [20] which shows that prolonged durations of some post-natal practices like adequate care, rest and breastfeeding are linked to facilitate responses to inviting (happy) facial expressions and that more frequent breastfeeding on a given day is linked with reduced responsivity to threatening (angry) and 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 Kroll and Grossman [20] who posited 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.

In addition to that, the study showed that religious affiliation of lactating mothers has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State. However, in contrary to this, Hishamshah, Ammar, Khan and Mustapha [21] reported that there is strong influence religious belief on traditional post-natal practices of lactating mothers.

Finally, the finding of the study as regards to the hypotheses states that educational background of lactating mother has no significant influence on indigenous post-natal practices in Municipal Local Government Area of Kano State, it was revealed that educational background of lactating mothers has no significant influence on indigenous post-natal practice. This finding is in consonance with the study of Chythra, Dhanya, Ashok and Niroop [22] using mixed experimental research and reported that post-natal period irrespective of educational backgrounds of mothers are still dictated by traditional customs and practices. This finding contradicts the study of Onah, Osuorah, Ebenebe, Ezechukwu, Ekwochi and Ndukwa [23] 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 than their levels of education. Socio-cultural factors had been cited by Ezechukwu,

Egbuonu, Ugochukwu and Chukwuka [24] among key factors that influenced these practices in Africa.

CONCLUSION

This study examined the influence of indigenous post-natal practices on lactating mothers' emotional stability, 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 concluded that healthy indigenous post-natal practices were critical to the development of lactating mothers particularly, their emotional stability.

PRACTICAL IMPLICATIONS OF THE STUDY

1. The 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. 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 practices.
3. There should be changes in institutional policies and educational programmes focusing on prenatal care, delivery, and post-natal care matters that are deemed culturally safe maternal healthcare options in Municipal Local Government Area of Kano State.
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.

REFERENCES

1. Ngunyulu RN, Mulaudzi FM. Indigenous practices regarding postnatal care at Sikhunyani Village in the Limpopo Province of South Africa. *Africa J Nurs Midwifery*. 2012;11(1):48-64.
2. Obikeze DS. Postpartum maternal and child health care rites among

- the Ibo in Nigeria, 2011.
3. WHO. Postpartum care of the mother and newborn: A Practical guide, 2018.
 4. Iliyasu Z, Kabir M, Galadanci HS, Abubakar IS, Salihu HM, Aliyu MH. Postpartum beliefs and practices in Danbare village. Northern Nigeria J Obs Gynaec. 2006;26.
 5. Ejikeme J, Ukaegbu MO. Traditional post-partum and Baby care practices in Edem-Ani, Nsukka Local Government Area, Enugu State. Journal of Tourism and Heritage Studies. 2013;2(1).
 6. Dennis CF, Grigoriadis K, Robinson GE, Romans S, Ross L. Traditional postpartum practices and rituals: A qualitative systematic review Future Medicine Ltd. Women's Health. 2007;3(4): 487-502
 7. Arora R, Rangnekar S. Relationships between emotional stability, psychosocial mentoring support and career resilience. Europe's J Psychol. 2015;11(1):16-33.
 8. Chaturvedi M, Chander R. Development of emotional stability scale. Ind Psych J. 2010;19(1): 37-40.
 9. Elham AT, Hakimeh A. Job satisfaction and emotional stability among school teachers: A cross cultural comparison. J Applied Sci Res. 2014;10(4):240-249.
 10. Higgins C, Lavin T, Metcalfe O. Health Impacts of Education: A Review. Institute of Public Health in Ireland. 2008.
 11. Lawan UM, Adamu AL, Envuladu EA, Akparibo, R, Abdullahi RS. Does maternal education impact infant and child care practices in African setting? The case study of Northern Nigeria. 2017; 20(3):109-116.
 12. Street DJ, Lewallen LP. The influence of culture on breast-feeding decisions by African American and white women. J Perinatal Neonatal Nurs. 2013;27(1):43-51.
 13. Saaty AH. Breastfeeding practices among Arab women living in the United States, 2010.
 14. Leininger MM. Second reflection: Comparative care as central to transcultural nursing. J Transcultural Nurs. 1991;3(1).
 15. George T. Defining care in the culture of the chronically mentally ill living in the community. J Transcultural Nurs. 2002;11(2):102-110
 16. Yueh-Chen Y, Winsome S, Lorraine V. Inside a Postpartum Nursing Center: Tradition and Change. Asian Nurs Res. 2016;10(2):94-99.
 17. Abdul Ghani R, Salehudin S. Traditional belief and practice on postpartum recovery among mothers in East Coast of Peninsular Malaysia. MATEC Web of Conferences. 2018;150: 05067
 18. Okeke TC, Ugwu EO, Ezenyeaku CCT, Ikeako LC, Okezie OA. Postpartum Practices of Parturient Women in Enugu, South East Nigeria. Ann Med Health Sci Res. 2013;3(1):47-50.
 19. Doan T, Gardiner, A, Gay CL, Lee KA. Breast-feeding increases sleep duration of new parents. J. Perinat. Neonatal Nursing. 2007;21:200-206.
 20. Krol KM, Kamboj SK, Curran HV, Grossmann T. Breastfeeding experience differentially impacts recognition of happiness and anger in mothers. Sci Rep. 2014;4:7006.
 21. Hishamshah M, Ammar S, Khan A, Mustapha W. Belief and practices of traditional postpartum care among rural community of Penang Malaysia. Int J Third world Med. 2010; 9(2).
 22. Chythra RR, Dhanya SM, Ashok K, Niroop SB. Assessment of Cultural beliefs and practices during the postnatal period in a coastal town of South India: A mixed method Research study. 2014;3(5).
 23. Onah S, Osuorah DI, Ebenebe J, Ezechukwu C, Ekwochi U, Ndukwu I. Infant feeding practices and maternal socio-demographic factors that influence practice of exclusive breastfeeding among mothers in Nnewi South-East Nigeria: A cross-sectional and analytical study. Int Breastfeeding J. 2014; 9(6).
 24. Ezechukwu CC, Egbuonu I, Ugochukwu EF, Chukwuka JO. Maternal attitudes to breast feeding in the concept of the Baby Friendly Hospital Initiative. J Biomed Invest. 2004;2:82-85.