

# Perception of Mothers on the Impact of Postpartum Depression on Breastfeeding Patterns in Bwari Area Council Post-Natal Clinics: Implication for Counselling

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## ABSTRACT

This study was carried out to determine the perception of mothers on the impact of postpartum depression on their breastfeeding patterns. The rationale being to address the 3<sup>rd</sup> Sustainable Development Goal (SDG-3) which aims to reduce under 5 mortality and morbidity rate (through good practices of breastfeeding) to at least as low as 25 per 1,000 live births by 2023. To carry out this research, the Primigravida (first time mothers) were compared with the Multigravida (old mothers). A sample of 35 primigravida and 35 Multigravida were drawn from each of the three post-natal clinics sampled in Bwari Area Council, making a total sample of 210 mothers. The research is a descriptive survey design, two research questions were formulated and two hypotheses were tested employing t-test analysis at 0.05 significant level. The Edinburgh Postnatal Depression Scale was adapted to collect data which was analyzed with frequency counts, means and standard deviations to answer the research questions. From the findings, the Primigravida experienced moderate level of postpartum depression at a mean score of 2.44 and the multigravida at mean score of 2.08. The t-test analysis revealed a significance difference on the impact of the depression between the two categories of mothers, rejecting the hypothesis which states that “there is no significant difference between the Multigravida and the primigravida on the impact of postpartum depression on breastfeeding patterns depression. It was therefore recommended that the primigravida should receive psycho-education and undergo CBT to manage postpartum depression and engage in healthy breastfeeding practices.

**Keywords:** Postpartum depression, Breastfeeding, Counselling, Primigravida, and Multigravida

## INTRODUCTION

Life is said not to come with a manual but from a mother who goes through tremendous changes in the familial and interpersonal world to herald new life through child birth. The euphoria of this great feat is cut short in some mothers who experience postpartum depression. situation which has a potential risk factor for postpartum depression. Postpartum depression (generally referred to as baby blues and puerperal psychosis) is a public health issue prevalent among postpartum mothers which triggers some psychological disorders that are tantamount to mothers not being able to bond with their infants and breastfeed them adequately.

Postpartum depression is a common and critical psychological health problem that appears within two weeks of psychosocial stressor which is related to the suffering of mothers and many negative effects on their offspring (O'Hara et al, 2013 and (American Psychological Association (APA), 2013). Postpartum depression (PPD) is a condition that may involve psychotic symptoms like delusions or hallucinations (APA, 2022). The warning signs and its early manifestations may differ in mothers but will definitely include baby blues which may last few days after birth, loss of interest in things one may have enjoyed in the past, feeling guilty or worthless towards self, insomnia, disinterest in the baby, fear of being left alone with baby etc. Factors like hormonal changes during pregnancy and after child birth, genetic predisposition, past depression, stressful life events, poor

marital relationship, birth related trauma and other psycho-social and demographic factors have been hypothesized as the potential risk factors (Njoku, 2013).

Clinically, postpartum depression is a manifestation of depression with an onset of the major symptoms occurring within the first four weeks or more after delivery (Gavin et al, 2005). From findings postpartum depression is anchored on three theoretical perspectives namely; the biological, evolution, and the psychological theories (Abdollahi et al, 2016). Biologically, it is said to be caused by a significant drop of hormones -the estrogen and the progesterone immediately after child birth, the occurrence of the low hormones has a potential risk factor for postpartum depression. The drop in the reproductive hormone levels after child delivery is insinuated as the trigger of PPD (Hoefliger, 2003).

The psychological theory portends that, women who have problems of adjustment or unresolved conflicts in the family or at work may have more psychological issues after child birth because depression is common with psychosocial stressors (Nemade, Reiss, & Dombeck 2011). The evolution theory is in line with women's negative experiences of being moody as a result of marital problems, problems about the infants and lack of social support (Tracy, 2005). Sharma and Sharma (2022.p.437) listed the major depressive symptoms as depressed mood, lack of interest, sleep disturbance, weight loss, loss of energy, agitation or retardation, feelings of worthlessness or inappropriate guilt, diminished concentration or indecisiveness and frequent thoughts of death or suicide. According to DSM-5, a major diagnostic episode of postpartum depression must include at least any five of the symptoms listed in Sharma et al (2022).

WHO (2000) was right when it posited that postpartum depression as a major public health issue is prevalent and very common to women at the child-bearing age and predicted that it will rank the second public health issue by the year 2020. Studies by Owolaye et al (2004), Obindo et al (2013) and Adeyemo et al (2020) reported a prevalent rate of PPD between 23% and 35.6% for Lagos zone maternity centres. While Tungchama et al (2018) and Obioha et al (2021) reported a high rate of 44.5% and 52.3% postpartum depression prevalence in the northern Nigeria and Lagos state, Nigeria respectively, which they attributed to factors such as: geographical location, socio-economic status, age and religion.

Schiller et al (2015) established in their study that postpartum depression (PPD) affects up to 20% of women after delivery, while Gebregziabher et al (2020) decried its rate of effect at 20% to 40% of women living in low-income countries. The trend indicates that postpartum increases yearly especially in the Nigeria situation confirming Villegas et al (2011) whose position portend a higher mean prevalence in Africa than the global mean. The general trend is also in confirmation to the prediction of WHO (2000), which predicted an increase in the rate of postpartum depression. Other researchers also noted the upward movement status of postpartum depression, for instance, Gelaye et al (2016) compared the global mean of PPD prevalence rate between 2012 and 2016 which was reported at a higher value of 15% and 25% and that of 2007 which was reported at a lower value of 12% and 13%.

Researchers have made incursion into the negative impact of postpartum depression on Mothers and their infants. Mughal et al (2021), Sharma et al (2022) and Coates et al 2014 in their studies lent support to the acerbating impact of PPD on the maternal brain response of the depressed mothers which affects the normal behaviours of the affected mothers. For instance, (Coates et al, 2014) pointed out that mothers who have experienced PPD talked about their separation of body and mental control during childbirth. Such reflections may further dwindle the mothers' self-confidence and their relationship with their children. APA (2013) decried the postpartum women situations at the experience of PPD, pointing out that such mothers feel miserable and are not able to either care for themselves or maintain mother-child bonding. Mughal et al (2021) explained that PPD is not easily diagnosed in new mothers because they, as much as possible choose to hide the situation to maintain privacy. In the same vein, they prefer not to use the word "depression or disease" in presenting their cases rather they choose to use the word 'stress,' insinuating that the effect maybe more on the primigravida. This attitude of being silent has led to a situation of negative evaluation of their ability, inadvertently has contributed to their feeling of sad, irritable, angry, guilty feelings and thoughts of self-harm and suicide (Gardner et al, 2014).

Adewuya et al (2008) and Dennis et al (2007) opined a significant negative correlation between postpartum

depression and breastfeeding patterns when they observed that the women with postpartum depression tend to stop breastfeeding earlier than the non-depressed mothers. This explains that the postpartum mothers who experience depression may not optimally comply with the recommended breastfeeding patterns. World Health Organization (WHO) (2021) re-emphasized the benefits of breastfeeding as being critical to life saving and recommended early initiation of breastfeeding within an hour after child birth, exclusive breast milk for the first 6 months after child birth and introduction of adequate supplementary food and breastfeeding for 2 years. According to Elyas et al (2017), Exclusive breastfeeding (EBF) is the situation of an infant receiving only breast milk from his/her mother or a wet nurse for the first 6 months with the exception of drops or syrups containing vitamins and other supplements. Jama et al (2020) noted that only about 40% of the infants were exclusively breastfed globally while in Africa, about 25% infants received exclusive breastfeeding. In another vein, the National Demographic and Health Survey (NDHS) (2018), recorded 29% of exclusive breastfeeding in Nigeria, while Joseph et al (2019) recorded 23% of exclusive breastfeeding in Northern Nigeria which shows that the practice is not improving in the Nigeria case. Early initiation of the breast milk within an hour is another good practice, irrespective of WHO recommendations, the statistics of mother practicing it is minimal. For instance, Jama et al (2020) reported that about 39% of infants worldwide are put to breast 1 hour after birth. In Nigeria, the early initiation is at the rate of 42% (NDHS, 2018).

Scaling -up breastfeeding to universal levels could prevent the deaths of over 820,000 of children under five each year (lancet, 2016). Sasu (2022) reported the mortality rate of children under five years at 56.68% in 2022, indicating that 56 deaths of the children per 1,000 live births are recorded yearly in Nigeria. Breast milk contains colostrum and other nutrients which are high in energy and protein contents. The early initiation to breastfeeding and exclusive breastfeeding protect the children from infections, diarrhea and improves their intellectual, physical, motor, and psychological abilities (WHO, 2021). Reversely, WHO (2021 and Ogbo et al (2015) posited that suboptimal or partial breastfeeding (pairing breast milk with other substitutes at the early intervention) or not breastfeeding at all, rather a gateway to infant diseases and mortality. Joseph et al (2019) re-emphasized, suboptimal breastfeeding practices is responsible for up to 96% of deaths of children under 12 months of age in developing countries. The implication is that adequacy in breastfeeding practices could be a panacea to infant deaths which could avert the current rate of mortality and morbidity.

Numerous policies have been put in place both globally and in the Nigerian situation in the bid for mothers to comply fully to exclusive breastfeeding practices. The World Health Organization has made recommendations for the best practices, the healthcare Workers have been sensitizing mothers in the hospitals and maternity clinics on exclusive breastfeeding and early initiation of breastfeeding practices through training, hand bills and posters, all to no avail as evidenced in the statistics. The Nigeria Federal Ministry for Health in 2019, in their effort to support exclusive breast feeding, launched the 'Zero Water' campaign at the world breastfeeding week celebration (Daily News Precise Newspaper, 2019). The aim of the campaign being to discourage the feeding of the infants with water and other pre-lacteal food (within the 6 months of exclusive breast feeding) which may put them at risk of diarrhea.

Nigeria also launched the Baby Friendly Initiative (BFI) which was contained in the "10 steps to protect and promote breastfeeding in health facilities". This initiative was reviewed recently through workshops to discuss its scaling up implementation to baby friendly communities in Nigeria. The Nigerian laws and regulations also restricted the Marketing of Breast-milk Substitutes (MBS) (Access to nutrition index, 2018) which undermines breastfeeding practices and the policy of Infant and Young Children (IYC) nutrition.

Despite all these measures put in place, the data on the pattern of breastfeeding has not shown a significant improvement in embracing exclusive breastfeeding and in early initiation within 1 hour after child birth and may be a contributory factor to the 56 deaths of the children per 1,000 live births as recorded yearly in Nigeria. Given the situation, there is a wide gap between the number of infant mortalities in Nigeria and the expectations of the United Nation Sustainable Development Goals (UN SDG) by 2030, just 7 years ahead. Specifically, the SDG 3 ensures healthy lives and promotes well-being for all at all ages.

It is on this premise that this research is anchored, to determine the perception of the postpartum mothers on the impact of postpartum depression on their breastfeeding patterns.

## Problem Statement

Infant mortality in Nigeria is of great concern as it ranked second at 56.22% in 2022 among 41 countries who share similar problem. This shows that there are about 56 deaths of children under one year per 1000 live births. This period being the peak of breast feeding and its compositional health values, one would then wonder why the infants' lives are not sustained. World Health Organization (WHO) has recommended exclusive or full breastfeeding and initiation of the breast milk within an hour of delivery for the postpartum mothers as a healthy practice towards supplying enough and healthy breastmilk at the puerperium period for the consumption of the infants. Healthcare workers continuously advocate for full and exclusive breastfeeding among postpartum mothers in recognition of its value to the physical and psychological development of the infants cum national and global policies in support of the consensus breastfeeding pattern yet there is high-rate of infant mortality and morbidity. Joseph et al (2019) reported in Nigeria that the suboptimal breastfeeding is responsible for 96% deaths among children under 12 months in developing countries.

Suffice it to say that in recent studies, researches have noted that about 40% of the infants were placed on exclusive breastfeeding globally and have decried the overall poor condition of such practices in Africa where 25% of the infants were exclusively breastfed and about 6% of the infants were not breastfed at all. In Nigeria, the exclusive breastfeeding rate is observed at 29%, in one study, in another study in Northwest Nigeria, it was reported at 23%, leaving a whopping of 71% and 77% of the infant (Adeyemo et al, 2020). The situation indicates that the infants are not getting the required quantity and quality of the breast milk that will avert infections, diseases and deaths. So, what are the barriers to exclusive breastfeeding patterns?

A knowledge and understanding of the potential barriers in breastfeeding practices will help develop appropriate strategies to promote and support full and healthy breastfeeding as a panacea to overall infant morbidity and mortality which is the concern of SDG-3. In Nigeria, it was observed that the level of postpartum depression among postpartum mothers is high. Obioha et al (2021) and Adeyemo et al (2020) in their respective studies discovered a high rate of 52.3% and 35.6% prevalence of postpartum depression in the study conducted among postpartum mothers in the different postnatal locations in Nigeria. At such a high level, postpartum depression may be a barrier to breastfeeding practices.

The researches reviewed so far have centered on programmes to help improve breastfeeding practices, such as campaigns and sensitizations, a little was said about psychological dispositions of the mothers. Hence the intention of this study is to juxtapose the mental health challenges of the postpartum mothers with the breastfeeding practices by comparing the new mothers (primigravida) and the old mothers (multigravida) on the trajectory of postpartum depression experiences at child birth. This is a new area of research towards finding solution to the worrisome infant mortality and morbidity. The researcher proffered counselling strategies, provided channels of its disseminations to the post-natal clinics and a follow-up to support the depressed postpartum mothers.

## Purpose of the study

The study investigated the impact of postpartum depression on two patterns of breastfeeding among the postpartum mothers (both the primigravida and the multigravida) in Bwari Area Council Post-Natal Clinics. The specific objectives are to:

1. determine the perception of the primigravida and the multigravida mothers of the impact of postpartum depression on their early initiation of breastfeeding within an hour after birth in Bwari Area Council Post-Natal Clinics
2. determine the perception of the primigravida and the multigravida mothers of the impact of postpartum depression on their exclusive breastfeeding practices in Bwari Area Council Post-Natal Clinics



## Research Questions

1. How do the primigravida and multigravida mothers in Bwari Area Council Post-Natal Clinics perceive the impact of postpartum depression on early initiation of breastfeeding within an hour after birth?
2. How do the primigravida and multigravida mothers in Bwari Area Council Post-Natal Clinics perceive the impact of postpartum depression on exclusive breastfeeding practices?

## Research Hypotheses

1. There is no significant difference between the perception of primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within an hour after birth?
3. There is no significant difference between the perception of primigravida and the multigravida mothers on the impact of postpartum depression on exclusive breastfeeding practices?

## METHODOLOGY

The study comprised of a total number of 210 postpartum mothers from three different post-natal clinics in Bwari Area Council. In each of the three clinics, 35 primigravida mothers and 35 multigravida mothers who are between the ages of 20 and 35 years were picked through simple random sampling. Among the respondents, 23 are civil servants while 47 are into business, 38 of them are graduates while 32 of them are school certificate holders.

Descriptive survey research design was employed and the data for the research was collected with an adapted Edinburgh Postnatal Depression Scale (EDPS). The EDPS consists of 10-item questionnaire, its validity and reliability were ascertained and has been used successfully by some authors who worked on postpartum depression, for instance, Cox, et al (1987) and Wisner, (2000). The items on the EDPS were sourced and adapted towards breastfeeding patterns: early initiation of breastfeeding and exclusive breastfeeding respectively, making a total of 20-item questionnaire. The items were rated on the 4-point modified Likert scale of Strongly Agree (SA=4), Agree (A=3), Disagree (D=2) and Strongly Disagree (SD=1). The decisions are as indicated below:

A mean score between 1-2 indicates mild/moderate postpartum depression or mild impact.

A mean score between 2-3 indicates high postpartum depression or impact

A mean score between 3-4 shows very high postpartum depression or impact

The researcher and the research assistants visited each of the clinics three times and employed simple random sampling to select the respondents and administered the questionnaire. The data collected was analyzed with frequency counts, means, standard deviation and t-test analysis

## Informed Consent

Informed consent was obtained from the post-natal clinics where the sample of the study was drawn. The clinics obtained the identity of the researchers and gave their consents to the research. There was no written consent because the clinic administrators waived any written form of consent. The informed consent of the postpartum mothers who attended the clinics on the days the researchers went to collect data was also obtained. They all yielded to the research after the explanation on the aim of the research.

## RESULTS

**Research Question One:** How do the primigravida and multigravida mothers in Bwari Area Council Post-Natal Clinics perceive the impact of postpartum depression on early initiation of breastfeeding within an hour after

birth?

Table 1

S/N	Items	Primigravida					Multigravida						
		SA	A	D	SD	Mean	Decision	SA	A	D	SD	Mean	Decision
1	I have not been able to see the funny side of things, it affected my breastfeeding early initiation	16	25	46	18	<b>2.37</b>	High impact	12	23	31	36	<b>2.05</b>	High impact
2	I have not looked forward to enjoy things, the condition affected my early breastfeeding initiation.	23	24	46	12	<b>2.55</b>	High Impact	15	23	45	22	<b>2.29</b>	High impact
3	I have blamed myself when things went wrong, it affected my early breastfeeding initiation	25	24	38	18	<b>2.53</b>	High impact	10	12	46	37	<b>1.93</b>	Mild impact
4	I have been anxious and worried for no reason, preventing my early breastfeeding initiation	25	21	32	27	<b>2.42</b>	High impact	12	15	38	40	<b>1.99</b>	Mild Impact
5	I have felt scared or panicky for no good reason and it affected my early breastfeeding initiation	24	26	35	20	<b>2.52</b>	High impact	6	6	29	64	<b>1.56</b>	Mild impact
6	Things getting on top of me made me stop putting my child early on breast	25	23	39	18	<b>2.52</b>	High impact	11	14	3	48	<b>1.90</b>	Mild impact
7	I have been so unhappy that I had difficulty sleeping and couldn't put my child early on breast milk	18	30	51	20	<b>2.70</b>	High impact	11	11	38	45	<b>1.88</b>	Mild impact
8	I have felt sad or miserable that I couldn't initiate breastfeeding within an hour of child birth.	25	40	25	15	<b>2.71</b>	High impact	13	16	45	31	<b>2.10</b>	High impact
9	I have been so unhappy that I have been crying and couldn't embark on early initiation of breastfeeding.	11	13	42	40	<b>1.97</b>	Mild impact	11	11	34	49	<b>1.85</b>	Mild impact
10	The thought of harming myself has occurred to me, affecting my early initiation of breastfeeding.	0	0	46	60	<b>1.45</b>	High impact	0	0	40	65	<b>1.38</b>	Mild impact
	Grand mean					<b>2.37</b>	High impact					<b>1.89</b>	Mild impact

**The Primigravida and the Multigravida perception of the impact of postpartum depression on the early initiation of breast feeding**

The table 3 showed that the primigravida mothers were moderate on all the items. The average mean of 2.37 indicates that the postpartum depression affected their early initiation of putting their children to breastfeeding. On the item 8 where they rated the highest mean of 2.71, 65% of them could not initiate breast milk early enough. The multigravida on the hand expressed the impact of postpartum depression experience on their early initiation of breastfeeding at an average mean of 1.89 which is at the interval of mild postpartum depression. In answer to research question two which asks: What is the impact of postpartum depression on early initiation of breastfeeding within an hour after birth among the primigravida and the multigravida

The postpartum depression impact on early initiation of breastfeeding is at the moderate level on the primigravida and at the mild level on the multigravida.

**Research Question Two:** How do the primigravida and multigravida mothers in Bwari Area Council Post-Natal Clinics perceive the impact of postpartum depression on exclusive breastfeeding practices?

Table 2

S/N	Items	Primigravida						Multigravida					
		SA	A	D	SD	Mean	Decision	SA	A	D	SD	Mean	Decision
1	I have not been able to see the funny side of things, so I didn't practice exclusive breastfeeding	14	28	43	20	<b>2.34</b>	High impact	12	23	32	35	<b>2.06</b>	High impact
2	I have not looked forward with enjoyment to things, and couldn't do exclusive breastfeeding	25	22	40	18	<b>2.51</b>	High impact	14	23	46	22	<b>2.28</b>	Mild impact
3	Blaming myself unnecessarily when things went wrong affected my exclusive breastfeeding	29	21	41	15	<b>2.62</b>	High impact	10	11	47	37	<b>1.8</b>	Mild impact
4	I have been anxious and worried for no reason, it affected exclusive breastfeeding practice	24	28	31	22	<b>2.51</b>	High impact	12	15	38	40	<b>1.99</b>	Mild impact
5	I have felt scared or panicky for no good reason and it affected my exclusive breastfeeding	25	24	43	13	<b>2.6</b>	High impact	6	4	29	66	<b>1.52</b>	Mild impact
6	Things getting on top of me made me to start other food supplement within 6months of birth	24	24	39	18	<b>2.52</b>	High impact	10	14	34	48	<b>1.89</b>	Mild impact
7	I have been so unhappy that I had difficulty sleeping and doing exclusive breastfeeding	19	27	42	23	<b>2.51</b>	High impact	11	10	38	46	<b>1.87</b>	Mild impact
8	I have felt sad or miserable that I couldn't do exclusive breastfeeding	25	40	31	19	<b>2.87</b>	High impact	13	16	41	35	<b>2.07</b>	High impact
9	I have been so unhappy that I have been crying and couldn't embark on exclusive breastfeeding	10	10	43	43	<b>1.9</b>	Mild impact	9	13	39	44	<b>1.88</b>	Mild impact
10	The thought of harming myself has occurred to me, it affected exclusive breastfeeding practice	0	1	44	54	<b>1.37</b>	Mild impact	0	0	40	65	<b>1.38</b>	mild impact
	Grand Mean					<b>2.38</b>						<b>1.87</b>	

**The Primigravida and the Multigravida perception of the impact of postpartum depression on exclusive Breastfeeding Practices.**

The table is a display of the primigravida and the multigravida on the impact of postpartum depression on their exclusive breastfeeding practices. The primigravida rated an average mean of 2.38 which indicates that postpartum depression has impact on their exclusive breastfeeding. From the table, a lot of them could not do exclusive. For the multigravida, the postpartum depression also impacted on them mildly at 1.87.

The answer to the second research question therefore is that the postpartum depression has impact on the exclusive breastfeeding practices of the primigravida at the mean of 2.38 which is on moderate and has mild impact on the multigravida exclusive breastfeeding.

**Test of Hypotheses**

The two null hypotheses were tested using t-test at 0.05 level of significance.

H<sub>01</sub>: There is no significant difference between the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within an hour after birth.

Table 3: T-test analysis showing difference in perception between the primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within 6 Hours after birth

Variable	N	Mean	Std. Deviation	df	t-cal	t-tab	Sig (P-cal)	Decision
Primigravida at initiation	105	23.55	9.166	208	3.691	1.652	0.000	Reject H <sub>01</sub>
Multigravida at initiation	105	18.99	8.738					

Significant at df = 208; P<0.05, t-calculated > t-tabulated

Table 3 showed t-test analysis of difference between the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within an hour after birth. The t-calculated value of 3.691 was found to be greater than the t-tabulated value of 1.652 given 208 degrees of freedom at 0.05 level of significance. The t-calculated value was significant since it was greater than t-tabulated value, therefore the null hypothesis was rejected. Also, P-calculated value of 0.000 was less than the P-set value of 0.05. It implied that there was a significant difference between the primigravida and the multigravida mothers in the impact of postpartum depression on early initiation of breastfeeding within an hour after birth.

H<sub>02</sub>: There is no significant difference between the perception of the primigravida and the multigravida on the impact of postpartum depression on exclusive breastfeeding practices.

Table 4: T-test analysis showing difference between the primigravida and the multigravida mothers in the impact of postpartum depression on exclusive breastfeeding practices

Variable	N	Mean	Std. Deviation	df	t-cal	t-tab	Sig (P-cal)	Decision
Primigravida during exclusive	105	23.66	9.149	208	3.858	1.652	0.000	Reject H <sub>02</sub>
Multigravida during exclusive	105	18.92	8.624					

Significant at df = 208; P<0.05, t-calculated > t-tabulated

Table 4 showed t-test analysis of difference between the primigravida and the multigravida mothers in the impact of postpartum depression on exclusive breastfeeding practices. The t-calculated value of 3.858 was found to be greater than the t-tabulated value of 1.652 given 208 degrees of freedom at 0.05 level of significance. The t-calculated value was significant since it was greater than t-tabulated value, therefore the null hypothesis was rejected. Also, P-calculated value of 0.000 was less than the P-set value of 0.05. It implied that there was a significant difference between the primigravida and the multigravida mothers in the impact of postpartum depression on exclusive breastfeeding practices.

## DISCUSSION OF FINDINGS

On table 1, which is a display of the impact of postpartum depression on the early initiation of breastfeeding among the mothers, the primigravida are on the average mean of 2.37 which explains that the symptoms of postpartum depression is impacting on the mothers. The item 8 on a mean of 2.71 (I have felt sad or miserable that I couldn't initiate breastfeeding within an hour of child birth) has more impact, it affects 61.90% of the new mothers. This is in line with APA (2013) who decried that the depressed postpartum women feel miserable and are not able to take care of themselves and their children. The finding also confirms the assertion of Mughal et



al (2021) who reported that the new mothers don't open up to depressive condition for privacy and to avoid shame. Gardner et al 2014 associated the repercussion of the new mothers' silence to more consequences of depression. For both the primigravida and multigravida, the average rating is 2.13, a moderate impact. More than 50% of the women could not place their children on breast milk immediately after childbirth, meaning they started the infants on artificial milk, a situation discouraged by WHO (2021) because the early initiation of breastfeeding will supply enough nutrients to the new born, prevent infections and diseases and reduce infant mortality. No wonder, Joseph et al (2019) reported in Nigeria that the suboptimal breastfeeding is responsible for 96% deaths among children under 12 months in developing countries.

Table 2 is a display of the mothers on the impact of postpartum depression on exclusive breast feeding of the infants. The primigravida showcased an impact of postpartum depression from their rating. An average mean of 2.38 indicates that many of them did not do exclusive breastfeeding practices, they neither adopted the Baby Friendly Initiative ((Access to nutrition index, 2018) nor practiced the 'Zero Water' campaign which the Federal government advocated, as a panacea for infant mortality within the first six months after childbirth. The implication is that they practiced partial breastfeeding which entails pairing breast milk with other artificial milk or food within the 6 months after birth. Some of the multigravida also could not put their children on exclusive breast milk though averagely their rating is mild at the mean of 1.87. this may be explained from their experience of birthing children more than once. On the average for the both categories of mothers a mean score of 2.12 is realized. If an average of 50% of postpartum mothers could not practice exclusive breastfeeding this confirms the low rate of exclusive breastfeeding globally and in Nigeria according to (NDHS, 2018 and Jama et al, 2020) respectively. Be it the situation, it drums danger signal towards infant mortality and morbidity.

Table 3 is the test of hypothesis One, the t-test analysis of difference between the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within an hour after birth. The  $t_{\text{calculated}}$  value of 3.691 was found to be greater than the  $t_{\text{tabulated}}$  value of 1.652 given 208 degrees of freedom at 0.05 level of significance. Therefore, the null hypothesis was rejected indicating that there is significant difference in the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on early initiation of breastfeeding within an hour after birth.

On table 4, is the t-test analysis of difference between the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on exclusive breastfeeding practices. The  $t_{\text{calculated}}$  value of 3.858 was found to be greater than the  $t_{\text{tabulated}}$  value of 1.652 given 208 degrees of freedom at 0.05 level of significance. The  $t_{\text{calculated}}$  value was significant since it was greater than  $t_{\text{tabulated}}$  value, therefore the null hypothesis was rejected. This indicates that there is significant difference between the perception of the primigravida and the multigravida mothers on the impact of postpartum depression on exclusive breastfeeding practices.

### **Implication for Counselling**

Postpartum depression in postpartum mothers as seen in this study, has negative impact on maternal-infant attachment and development, as a result the mothers require counselling intervention. Counselling is variously defined but the central theme is that it is a relationship between a trained counsellor and a client, where the former facilitates a helping situation to resolve the latter's unresolved problems towards his/her healthy development. Counselling is the psychotherapeutic relationship in which an individual receives direct help from a therapist in order to release negative feelings and thus clear the way for positive growth in personality (Hariman, ND)

Professional counsellors should guide the postpartum depressed mothers to undergo screening for symptoms of depression to identify the risk factors susceptible to the conditions so that they(counsellors) could apply early intervention to rescue and put the mothers back to tract. The screening could take the form of administering psychological tests to ascertain stressful events in their lives. Tungchama et al (2018) identified such risk factors as low-income status, poor geographical location, socio-economic status, culture, religion. Others may include low levels of partner or social support, obstetric complication, marital violence, female gender of the infant, lack

of healthcare and other basic needs. The result of the screening will determine the counselling strategy to be adopted.

Basically, counsellors can provide psychotherapy support for the depressed mothers once the risk factors are identified in a one-on-one session (individual counselling). At the moderate postpartum depression, Cognitive Behavioural Therapy (CBT) could be a good measure. Cognitive Behavioral Therapy is an eclectic approach therapy known for its efficacy in treating depressive symptoms and anxiety, it is premised on the fact that the way people think determines the way they feel and behave. The postulators of the theory, Albert Ellis and Aaron Becks believe that people disturb themselves by the rigid and extreme beliefs they hold about things (Wright, 2022). For instance, a depressed postpartum mother may conceive things negatively and make such pronunciations as; 'I am finished', 'I don't worth anything', 'this is the end of my life'. Applying this therapy will help the postpartum depressed mothers to challenge the pattern of their thoughts, maintain some forms of flexibility in their way of thinking, for instance, 'I will definitely cope', 'I will live to take care of my baby' etc. Through the CBT, the therapist will help the mothers identify the automatic thoughts, evaluate such thoughts and recognize when the thoughts are not helpful. The CBT in order to be effective, psychologists in the field have developed the ABCDE model, where the A represents the Activating event, B represents the belief system, C represents the consequence of the Belief, D has to do with disputing the beliefs and thoughts which are irrational and disturbing the individual and F stands for new Effect or Effective behaviour where the individual starts replacing his/her irrational thoughts with thoughts that are useful or rational. Being mindful of the ABC model, Oltean et al (2017), posited that "our emotions and behaviours (C: Consequences) are not directly determined by life events (A: Activating Events) but rather by the way the events are cognitively processed and evaluated (B: Beliefs)"

The mothers should go through the ABCDE model to challenge their negative thoughts at the experience of the Activating event (risk factors towards postpartum depression) by

1. Identifying the problem
2. Thinking and listing alternative solution
3. Making healthy decisions through comparing the alternatives
4. Implementing the solutions (replacing irrational thoughts with the appropriate thoughts)
5. Making sure that the solution is effective and useful

Disputing and replacing their irrational thoughts will help them maintain rational beliefs in the face of stressful events and resist future unhealthy beliefs which will definitely help them to increase their self-esteem, feelings of hope and be emotional stable at all times. The CBT uses other tools as well to facilitate the individual's challenging of autonomic thoughts. Tools such as; homework of daily dysfunctional recording, relaxation exercises, listening to music, answering worksheet questions, exposure to life situations, mental images. These tools will ease coping among the depressed mothers so that they could optimally enjoy their maternal-infant attachment.

Counselling intervention to psychological problems requires a follow-up, normally it is the last stage of counselling sessions. The postpartum mothers having gone through the CBT psychotherapy should be checked from time to time, irrespective of the indication of healing. This will ensure they are given enough support to heal and to avoid any sort of relapse.

Since postpartum depression is established among postpartum mothers, counsellors could as well provide proactive counselling to ante-natal mothers especially the primigravida to reduce cases of postpartum depression at the post-natal stages. It will take the form of obtaining informed consent from the authority and arranging to visit the mothers on their ante-natal days. Counsellors should create awareness of the risk factors of the postpartum depression and proffer ways to deal with them so that the thought of such do not constitute problems in the future. They should be taught the "Pollyanna Principle" which entails remaining positive in the face of

adversities. This if well done will increase the psychological flexibilities of the postpartum mothers and promote the Sustainable Development Goal 3

## CONCLUSION

Postpartum depression is seen as public health issue which is prevalent among postpartum mothers depriving them the joy of bonding with their infants and maintaining the recommended breastfeeding pattern. This is a situation of concern because the danger of partial breastfeeding and pairing it with other artificial milk may result to malnourishment which in turn will lead to health issues such as infections, diseases and deaths. There is need to provide counselling to the postpartum mothers so that once the depression is identified among them, they will receive talk therapy that will help them maintain positive stance and be able to take care of their children. Observing this will help towards achieving the SDG-3 goal of ensuring good health and well-being by 2030. Other researchers should veer into comparing whether infant mortality rate is more on the new mothers, because the study has shown that the impact of the depression is more on the new mothers.

## RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made.

1. There should be provision of counselling clinics in the both government and private hospitals so that healthcare workers and trained counsellors will be in alliance in matters concerning physical and psychological well-being of the individuals. Postpartum depression is a psychological problem requiring the services of trained counsellors, if counsellors are working in both the ante-natal and postnatal sections of the hospital, there will be early detection and intervention to postpartum depression cases.
2. The primigravida should be singled out in the ante-natal and the postnatal clinic sensitizations. From the study, it is obvious that both categories of mother have varying psychological flexibility. The new mothers experiencing pregnancy, postpartum and puerperium for the first time should be given psycho-education to be able to manage themselves and their environment as to reduce stress.
3. Postnatal clinics should insist on the best breastfeeding practices by giving incentives to reinforce the postpartum primigravida as well as the multigravida who adopted and continued with the practices. This will motivate other mothers irrespective of what they are passing through.
4. Government should improve the living standard of women in the suburb since low income and location in suburbs are pointed at, as the risk factors. In the same vein, the significant others in the life of the primigravida should give them more support and provide their basic needs to avoid violent situations.

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