

Social Support and Manifestation of Postpartum Depression Among Attendees of Post Natal Clinic in a Federal Medical Centre, Nigeria

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ABSTRACT

Postpartum depression is one of the common health problems women faced during postpartum period and is gradually becoming a serious concern in our society today because of its adverse effects on the mother, infant and family. In order to alleviate the occurrence of postpartum depression among Nigeria mothers, there is need to understand the role of supportive system, marital status and age on postpartum depression. There is no adequate research attention on this important area of Psychology of Women. Therefore, this study investigated the influence of social support, marital status and age on postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo, Ondo State. The study adopted descriptive survey method. Using purposive sampling technique, 243 postnatal attendees were sampled from Federal Medical Center, Owo, Ondo State. The sample aged between 18-46years (Mean=30.20; SD=4.85). The participants responded to measures of postpartum depression and social support. Three hypotheses were formulated and tested. Descriptive and inferential statistics were employed in processing the data. The result showed that social support significantly predicted postpartum depression among attendees of the postnatal clinic ($\beta = -.38$, $t = -6.39$, $p < .01$). Neither marital status nor age had significant predictive influence on postpartum depression. The Authors, recommended that family of postnatal mothers especially the spouse, parents, friends, and significant others should be educated by hospital management on the importance of support and the necessity of caring for mothers throughout the pregnancy, delivery and postnatal period.

Keywords: Postpartum depression, social support, marital status and age. Wordcount: 236

INTRODUCTION

Postpartum depression has been defined as a psychological condition that is characterized by loss of interest in normal events, sleep problems, feelings of sadness, tiredness, loss of appetite, and difficulty in coping with daily activities (Igo et al., 2021). From clinical angle, a diagnostic criterion for postpartum depression is occurrence within six weeks to six months following childbirth and symptoms must manifest for at least two weeks (Igo et al., 2021).

Postpartum depression is one of the major health issues across the globe that is associated with giving birth (Falana, & Carrington, 2019; Nnadozie & Nweke, 2017). It is however, important to note that there are conflicting global prevalence rates of postpartum depression. This might be because of the different methods employed in determining the prevalence rate, the differences in instruments, cut-off points used in different instruments, the context of culture or rather cultural differences, and the paucity of data in resource limited areas. The global prevalence in 2007 was 12% to 13%, which was a bit lower than the report from 2012 and 2016, showing 15% and 25% (Atuhaire, Brennaman, Cumber, Rukundo & Nambozi, 2020). This prevalence according to Atuhaire et al. (2020) was seen more in developing countries than in advanced countries.

Significant prevalent rates have been recorded in some African countries with 43.0% in Uganda, 23.4% in Cameroun, 13.1% in Ethiopia, 3.8% in Ghana, and 11.6% in Morocco (Adama, Foumane, Olen, Dohbit, & Meka, 2015; Agoub, Moussaoui, & Battas, 2005; Nakku, Nakasi, & Mirembe, 2006; Weobong, Ten-Asbroek, Soremekun, Danso, & Owusu-Agyei, 2015). In Nigeria, Odinka et al. (2018) reported a prevalence rate of

postpartum depression at 33.3%. This report shows a high level of postpartum depression in recent years in Nigeria.

Despite the alarming rate of postpartum depression, there are limited studies on the manifestation of postpartum depression in Nigeria. Apart from the fact that postpartum depression affects the wellbeing of women, it equally affects the wellbeing of children as the period of birth significantly influences the developmental process of children (Adeyemo, Oluwole, Kanma-Okafor, Izuka and Odeyemi, 2020). It has been associated with weak mother-child attachment, impairment in growth of child and underdevelopment, infanticide, and suicide and these behaviours are common particularly among those who have psychological disorders (Henderson, Evans-Lacko, & Thornicroft, 2013)

The extant literature has shown that biological, social and psychological factors contribute to the manifestation of postpartum depression (Adeyemo et al., 2020; Ajibade, Oyerinde Ajibade Nkanga, Dangana & Faith 2022). Silverman et al. (2017) also, reported that history of depression and gestational diabetes are risk factors in in postpartum depression. Other risk factors such as postnatal anxiety and family stress (Okhakhume, Sunday, & Osuagwu, 2017), age, frequent exposure to mobile phone during pregnancy, gestational hypertensive disorders, fetus number, premature delivery, birth weight, initiation of breastfeeding, mode of feeding, infant illness within 4 weeks after delivery (Liu, et al., 2017), have all been implicated in the extant literature on postpartum depression.

A closer look at the literature on postpartum depression shows that little is known on the role of social support, marital status and age in postpartum depression. Apart from that despite the postpartum depression being identified as serious mental health condition affecting women, there is paucity of current data in Africa, particularly in Nigeria (Oluwafisayo, Akpunne & Akinnawo, 2023). Consequently, the present study evaluates postpartum depression in relation to factors (social support, marital status, and age) that have not explicitly examined in the existing literature. With the incorporation and knowledge of the role of social support, marital status, and age, psychological interventions can be tailored to fitting these factors in managing and reducing the occurrence of postpartum depression.

Social support is the first psychological factor evaluated in this study, that may lead to the manifest of postpartum depression. Nugrahaeni, Untari and Veibiani (2022) identified social support as important risk factor in postpartum depression. Social support is mostly measured as perceived as the belief and feeling that one is supported and that such support affects one's wellbeing and quality of life (Tambağ, Turan, Tolun, & Can, 2018). Social support in this study refers to the physical and emotional support received from family, friends, and significant others.

For women after child birth, social support can be in form of emotional, physical and cultural means of relieving the burden of child care with help of family members or relatives (Lawal, Lawal, Chidi-Nebo, & Ogunniyi, 2022). Social support serves as a protective factor against different mental health conditions including postpartum depression (Şahin, Dişsiz, Dinç, & Soypak, 2014). This is evident in the findings showing that social support reduces the chances of women developing postpartum depression (Igo et al., 2021). Cho et al. (2022) in an analysis involving women who had given birth within one year, found that those who had moderate and low level of social support were more at risk of developing postpartum depression as against those who have high level of social support.

The emotional and physical support women receive during motherhood from family, friends, and significant others play a crucial role in the wellbeing of the mother and the baby. The effectiveness of social support in reducing the risk of postpartum depression was substantiated by Oluwafisayo et al. (2023), who found that increased levels of social support was associated with significant decrease in postpartum depression. As noted by Oluwafisayo et al. (2023), the cultural and traditional means of living in communities gives room for institutionalized social support for pregnant women which creates a sense of belongingness and feelings of care.

Studies have constantly showed the relevance and connection between social support and postpartum depression. For example, Okhakhume et al. (2017) in an evaluation postpartum depression among nursing mothers in Ibadan,

discovered that social support had negative relationship with postpartum depression, indicating increase in the level of social support leads to significant decrease in the risk of manifestation of postpartum depression. Also, in a systematic review of 10 articles on postpartum depression from Asia and Africa, Nugrahaeni et al. (2022), reported that lack of social support further complicated conditions of childbirth, which increased the risk of postpartum depression. In another study, Ayamolowo, Olajubu and Akintola (2019) indicated that social support and postpartum depression are significantly related. The study showed the relevance of social support as protective factor against postpartum depression.

Another factor examined in this study is marital status. Tsai, Tsai, Tsay and Chen (2023) reported that marital status is an important risk factor in postpartum depression. Marital status in this study refers to being a marital relationship or not. Being in a marital relationship is an indication that one married and therefore has a partner. However, not only women in marital status get pregnant and eventually give birth. As long as a woman in child bearing age, she can get pregnant and give birth. This implies that single ladies, and those who are separated from their partners can also give birth. Women's marital status has been implicated in postpartum depression. For instance, Tsai et al. (2023) in their analysis of risk factors of postpartum depression found that being unmarried put women at more risk of manifesting postpartum depression compared to those who are married. A similar report was given by Shitu, Geda and Dheresa, (2019), showing that being divorced/widowed/unmarried plays a significant role in development of postpartum depression. In another study, Bedaso, Adams, Peng, Xu and Sibbritt (2022) revealed that women without partner were more at risk of developing depression compared to women who have spouse of partner. These studies stress the significance of marital relationship as a positive psychosocial resource, mitigating against the possibility of postpartum depression.

Apart from social support and marital status, another significant risk factor of postpartum depression, considered in this study is age. Age in this study refers to years a person has spent considering one's date of birth. It is used to describe the maternal age in this study. Silverman et al. (2017) reported that the risk of the manifestation of postpartum depression increases with age. Oluwafisayo et al. (2023) in a sample of postnatal patients in the university college hospital, Ibadan, discovered that age is a significant determinant of postpartum depression. The study highlighted the significance of maternal age in the manifestation of postpartum depression. In a similar study conducted in Enugu State, Agbaje, et al., (2019) found that maternal age is associated with depression among postnatal women with those of younger age being at more risk of manifesting postpartum depression. Also, Bradshaw, Riddle, Salimgaraev, Zhaunova and Payne (2022) reported that as women get older, they become less likely to experience postpartum depression. This shows risk of postpartum depression reduces with increase in maternal.

However, it is crucial to note that there are conflicting reports on the impact of age on postpartum depression, with studies such as Muraca and Joseph (2014), showing a significant connection between age and postpartum depression, while studies such as Nasralla et al. (2024), and Nnadozie and Nweke (2017), revealing that age is not a significant determinant of postpartum depression. Also, while Agbaje, et al., (2019) found postpartum depression to be more prevalent with women at younger age, Muraca and Joseph (2014) reported that high rate of postpartum depression in women of older age than those of younger age. The differing reports in the literature on age and postpartum depression, means there is need to further investigate postpartum depression in relation to age.

The studies reviewed above on the associations of the study variables have highlighted the significance of social support, marital status, and age in postpartum depression (e.g., Muraca & Joseph, 2014; Nugrahaeni, et al., 2022; Tsai et al., 2023). However, most of the studies data on postpartum depression are outside the cultural context of Nigeria, which creates and gap in knowledge and the need to evaluate postpartum depression in relation to social support, marital status and age in Nigeria. This study therefore, aims to extend the literature on postpartum depression with emphasis on the role of social support, marital status, and age. Based on the reviewed studies on postpartum depression, the following researched questions were raised to give a clearer direction of this study.

1. What role does social support play in postpartum depression.
2. Does marital status significantly influence postpartum depression?
3. What is the correlation between age and postpartum depression?

Hypotheses

1. Social support will significantly predict postpartum depression among attendees of post-natal clinic of Federal Medical Centre, Owo Ondo State.
2. Marital Status will significantly influence postpartum depression among attendees of post-natal clinic of Federal Medical Centre, Owo Ondo State.
3. Age will significantly predict postpartum depression among attendees of post-natal clinic of Federal Medical Centre, Owo Ondo State.

METHOD

Design and Participants

The present study made use of the cross-sectional survey design in collecting data from 243 attendees of post-natal clinic of the Federal Medical Centre, Owo Ondo State. The participants were between the age of 18 to 46 years with mean age of 30.20 and standard deviation of 4.85. The marital status of the participants showed that 151 (62.1%) were currently married, while 88 (36.2%) were single, separated or divorced. The religion type of the participants showed that 131 (53.9%) belong to Christianity, 99 (40.7) belonged to Islam, while 10(4.1%) belonged to other religions other than Christianity and Islam. Furthermore, the descriptive analysis of the participants reported that a total of 233 (95.9%) had minor health challenges since child birth, while 10(4.1%) did not have any health problem after giving birth.

Instrument

Questionnaire was used as the research instrument. The questionnaire was organized into 3 sections (A, B and C).

Section A: Socio-Demographics

This section was designed to collect information of the socio-demographics of the participants, which included, age, marital status, religion, and marital status.

Section B: Postpartum Depression

Postpartum depression was evaluated with Edinburgh Postnatal Depression Scale (Cox et al., 1987). The scale is made up of 10 validated items rated on 4-point scale ranging from 1=most of the time, 2=quite often, 3=occasionally, and= 4=never. Example of items on the scale include: "I have blamed myself unnecessarily when things went wrong", and "I have been anxious and worried for no good reason". High score on the scale translates to high postpartum depression and vice versa. Cox et al. (1987) reported a Cronbach's Alpha of 0.88 for the scale. A Cronbach's Alpha of .69 was obtained in this study.

Section C: Social Support

Social support in this study was measured with the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). The scale comprises of 12 validated items that assesses support from family, friends and significant others. The items on the scale are rated on a 7-point scale ranging from 1=very strongly disagree, 2=strongly disagree, 3=mildly disagree, 4=neutral, 5=mildly agree, 6=strongly agree, 7=very strongly agree. Example of items on the scale include: "There is a special person who is around when I am in need" and "There is a special person with whom I can share joys and sorrows". High score on the scale translates to high level of social support and vice versa. Zimet et al. (1988) reported a Cronbach's Alpha of 0.91 for the scale. Using the current study sample, a Cronbach's Alpha of 0.97 was obtained.

Procedure

Permission to carry out the study was sought from the hospital management board. The purpose and relevance

of the study was explained to all prospective participants. The confidentiality of the responses in the questionnaire was assured by the researcher. Participants were also made to understand that participating in the study was voluntary and they had the right to withdraw at any time they want. Participants were briefly guided on how to go about the questionnaire as copies of the questionnaire was given to participants. A total of 250 copies of the questionnaire were administered to the participants but only 243 were retrieved and duly completed for the analysis, which yielded a good response rate of 97%. The period of data collection spanned a month.

Data Analysis and Results

Pattern of Postpartum Depression

Pattern of postpartum depression among attendees of postnatal clinic is presented in the table below.

Table 1: Pattern of Postpartum Depression among Attendees of Postnatal Clinic

Level	Frequency	Percentage
Nil	0	0.0
Low	42	18.0
Moderate	90	37.0
High	109	45.0
Total	241	100.0

Source: Author

As presented in Table 1 above, the pattern of postpartum depression among attendees of postnatal clinic showed that none (0.0%) reported no level of postpartum depression, implying that every attendee presented with some degree of postpartum depression. The Table further showed 18.0% had low level of postpartum depression, 37.0% showed moderate level of postpartum depression, and 45.0% showed high level of postpartum depression. This indicates that there is high prevalence of postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State.

Test of Relationships among the Study Variables

Pearson Product Moment Correlation between the study variables. The results are presented in Table 2.

Table 2: Correlation Matrix Showing the Relationships among the Study Variables

	1	2	3	4	5	6	7	8	9
1. Age	1								
2. Religion	-.03	1							
3. Marital Status	.33**	.09	1						
4. When did you put to bed	.10	.03	-.15*	1					
5. Occupation	.02	.10	.09	-.01	1				
6. Husband's Occupation if married	-.01	-.10	.03	.24**	-.03	1			
7. Major health challenges since child birth	-.05	.11	-.013	.09	.04	-.03	1		
8. Social Support	-.04	-.02	-.03	-.05	-.05	-.14	.09	1	
9. Postpartum Depression	-.01	-.06	-.16*	.16*	-.06	-.05	.14*	-.38**	1
Mean	30.20	-	-	-	-	-	-	60.07	36.29
SD	4.85	-	-	-	-	-	-	11.68	3.21

Note: ** $p < 0.01$, * $p < 0.05$, N= 243

The result in Table 2 above showed social support had a significant negative relationship with postpartum depression [$r(243) = -.38, p < .01$]. This means as social support decreases, the risk of manifestation of postpartum depression also increases. Also, it was observed that age had no significant relationship with postpartum depression [$r(240) = -.01, p > .05$]. This implies that changes in postpartum depression among attendees cannot be attributed to their age. Marital status had a significant negative but weak relationship with postpartum depression [$r(243) = -.16, p < .05$], implying that changes in marital status from being single to married may likely reduce the manifestation of postpartum depression. It was further indicated in the Table 2 above that religion [$r(243) = -.06, p > .05$], occupation [$r(243) = -.06, p > .06$], and husband's occupation [$r(243) = -.05, p > .05$], had no significant correlation with postpartum depression. Time put to bed [$r(243) = .16, p < .05$], and major health challenge since child birth [$r(243) = .14, p > .05$], were correlated with postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State.

Test of Hypotheses 1

Table 3: Simple Regression Analysis Showing Predictive Influence of Social Support on Postpartum Depression

Predictors	β	t	P	R	R ²	df	F	P
				.38	.15	1,241	40.86*	<.01
Social Support	-.38	-6.39**	<.01					

** $p < 0.01$, * $p < 0.05$, N= 243

The results in Table 3 above showed that social support significantly predicted postpartum depression ($\beta = -.38, t = -6.39, p < .01$). The result indicated that social support had an inverse relationship with postpartum depression, which means decrease in social support relates with significant increase in postpartum depression. Furthermore, the result showed that social support explains 15% ($R^2 = .15$) of the variance in postpartum depression [$F(1,241) = 40.86; p < .01$] among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State. This result supported the formulated hypothesis 1 and it was therefore, accepted.

Test of Hypotheses 2

Table 4: T-test Analysis showing the Influence of Marital Status on Postpartum Depression

	Marital Status	N	Mean	SD	df	t	p
Postpartum depression	Married	151	26.22	4.02	237	-.94	> .05
	Single, Separated, Divorced (Not currently married)	88	25.74	4.25			

The result in Table 4 above showed that there is no significant difference in the mean score between married [$M = 26.22, SD = 4.02$] and those not currently married (single/separated/divorced) [$M = 25.74, SD = 4.25$] on the measure of postpartum depression [$t(237) = -.94, p > .05$]. This implies that being married, single, divorced, or separated is not a determinant of postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State. This result contrasted hypothesis 2 and it was therefore, rejected.

Test of Hypotheses 3

Table 5: Simple Regression Analysis Showing Prediction of Age on Postpartum Depression

Predictors	β	t	P	R	R ²	df	F	P
				.01	.00	1,238	.034	>.05
Age	-.01	-.18	>.05					

The results in Table 5 above showed that age did not significantly predict postpartum depression ($\beta = -.01$, $t = -1.8$, $p > .01$). This means age is not a significant determinant of postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State. This result negated the formulated hypothesis 3 and it was therefore, rejected.

DISCUSSION

This study evaluated the manifestation of postpartum among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State, while considering the role of social support, marital status and age. From the findings of the study, social support significantly predicted postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State. Findings of this study is consistent with the findings of Oluwafisayo et al. (2023) among postnatal patients of the University College Hospital, Ibadan, with the findings showing that social support is a significant determinant of postpartum depression. Just as with the present study, Oluwafisayo et al. (2023) equally highlighted that social support serves as a protective factor and therefore, a significant decrease in social support leads to increase in chances of women manifesting postpartum depression. Similar findings were reported by Igo et al., (2021), Lawal et al. (2022), Nugrahaeni et al. (2022), and Şahin et al. (2014), with their studies indicating that social support reduces the manifestation of postpartum depression. Social support might have significantly predicted postpartum in this study because, it serves as protective factor and consequently helps in mitigating against the stress that comes with childbearing and child care. Also, the cultural practices in Nigerian society that foster social support might have contributed to reducing the emotional and physical stress of childbearing and child care, which in turn might help in reducing the chances of postpartum depression.

Findings from this study showed that marital status had no significant influence on postpartum depression and thus, does not determine the manifestation of postpartum depression among the sample. This finding contrasted the report of Amer et al. (2024), who found that being married and having meaningful conversation about mental health with spouse serves as psychological resource that protects against the manifestation of postpartum depression. The study highlighted marital status and relationship as important factor in postpartum depression. In this study, marital status might not have influenced postpartum depression because of the level of communal support given to all women at childbearing age. Irrespective of the marital status of a woman, postpartum depression may still manifest with conditions surrounding the child bearing and care.

Furthermore, findings from this study showed that age does not significantly determine postpartum depression among attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State. This means that the age of a woman is not a determinant factor in manifestation of postpartum depression. This report was against the findings of Agbaje, et al., (2019), Bradshaw et al. (2022), and Silverman et al. (2017), with their studies indicating that age was significantly associated with postpartum depression. It is important to note that these studies are however, inconsistent with the redirection of the relationship between age and postpartum depression. for, example, while Silverman et al. (2017) discovered that postpartum depression increased with age, Bradshaw et al. (2022) showed that postpartum depression decreases with increase in age. The different reports of these studies might be attributed to different methodological approaches.

CONCLUSION

Based on the general findings of the study, it is concluded that social support is an important factor in postpartum depression, with adequate support from family, friends and significant others, contributing to decrease in manifestation of postpartum depression. However, marital status and age do not contribute to the possibility of developing postpartum depression. The authors recommended that social support should be institutionalized for women at childbearing age, and special attention and support should be given to women after childbirth, as both material and emotional supports given by family, friends, and significant others serve as protective factor against the manifestation of postpartum depression. Also, it is recommended that appropriate psychosocial programs on wellbeing of pregnant women and nursing mothers should incorporate the strategic use of social support in reducing the manifestation of postpartum depression. Mental health professionals, particularly Clinical

Psychologists, should make efforts to evaluate the social support levels of clients in other to tailor their intervention towards providing social support to clients to enhance therapeutic success in managing postpartum depression. Apart from the support provided by family, friends, and significant others to women who had just given birth, culture inclined ceremonies such as naming ceremonies, thanksgiving programs, should be encouraged, as this factors also serve as a source of support to the mother.

It is no doubt that this study contributes to knowledge on postpartum depression; however, there are some observable limitations. The study is limited in scope, as only attendees of postnatal clinic of Federal Medical Centre, Owo Ondo State was used. This might not accurately represent all postnatal women and thus might limit the generalization of the study to other settings based on cultural differences. Consequently, future studies should use other settings to fill this gap. Also, the descriptive nature of the study could not reflect cause-effect relationship. Future studies should utilize other methods such as experimental research to investigate the role of social support, marital status, and age on postpartum depression.

REFERENCES

1. Adama, N., Foumane, P., Olen, J., Dohbit, J., & Meka, E., (2015). Prevalence and risk factors of postpartum depression in Yaounde, Cameroon. *Open Journal of Obstetrics and Gynecology*, 5, 608-617
2. Adeyemo, E. O., Oluwole, E. O., Kanma-Okafor, O. J., Izuka, O. M., & Odeyemi, K. A. (2020). Prevalence and predictors of postpartum depression among postnatal women in Lagos, Nigeria. *African Health Sciences*, 20(4), 1943-54. doi: 10.4314/ahs.v20i4.53
3. Agbaje, O.S., Anyanwu, J.I., Umoke, I.C., Iwuagwu, T.E., Iweama, C.N., Ozoemena, E.L., & Nnaji, I.R., (2019). Depressive and anxiety symptoms and associated factors among postnatal women in Enugu-North Senatorial District, South-East Nigeria: A cross-sectional study. *Archives of Public Health*, 77(1), 1-16.
4. Agoub, M., Moussaoui, D., & Battas, O., (2005). Prevalence of postpartum depression in a Moroccan sample. *Archives of Women's Mental Health*, 8, 37-43
5. Ajibade, I. T., Oyerinde O. O., Ajibade P. O., Nkanga, A. E., Dangana J., & Faith J. (2022), Predictors of help-seeking intention of nursing mothers towards postpartum depression in Osogbo, Osun State. *African Journal of Health, Nursing and Midwifery*, 5(4), 60-70. doi: 10.52589/AJHNMVYLN2ON
6. Amer, S. A., Zaitoun, N. A., Abdelsalam, H. A., Abbas, A. A., Ramadan, M., Aya, H. M., Ba-Gais, S. E. A., Basha, N. M., Allahham, A., Agyenim, E. B., & Al-Shroby, W. A. (2024). Exploring predictors and prevalence of postpartum depression among mothers: Multinational study. *BMC Public Health*, 24, 1308. doi: 10.1186/s12889-024-18502-0
7. Ayamolowo, S. J., Olajubu, A. O., & Akintola, F. E. (2019). Perceived social support and depression among pregnant and child-rearing teenagers in Ile-Ife, Southwest Nigeria. *African Journal of Midwifery and Women's Health*, 13(4), 1-11. doi: 10.12968/ajmw.2018.0033
8. Bedaso, A., Adams, J., Peng, W., Xu, F., & Sibbritt, D. (2022). An examination of the association between marital status and prenatal mental disorders using linked health administrative data. *BMC Pregnancy and Childbirth*, 22, 735. doi: 10.1186/s12884-022-05045-8
9. Bradshaw, H., Riddle, J. N., Salimgaraev, R., Zhaunova, L., & Payne, J. L. (2022). Risk factors associated with postpartum depressive symptoms: A multinational study. *Journal of Affective Disorders* 301, 345-351.
10. Cho, H., Lee, K., Choi, E., Cho, H. N., Park, B., Suh, M., Rhee, Y., & Choi, K. S. (2022). Association between social support and postpartum depression. *Scientific Reports*, 12, 3128. doi: 10.1038/s41598-022-07248-7
11. Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150(6), 782-786. doi: 10.1192/bjp.150.6782
12. Falana, S.D., & Carrinton, J., (2019). Postpartum Depression. *Nursing Clinics of North America*, 54(4), 1-19
13. Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal Public Health*, 103(5), 777-780. doi:

10.2105/AJPH.2012.301056

14. Igo, J., Adedayo, A. O., Adeladan, L. J., & Egwenu, R. N. (2021). Stress and social support as correlates of postpartum depression among nursing mothers in Makurdi local government area of Benue state. *African Journal for The Psychological Study of Social Issues*, 24(3), 88-101.
15. Lawal, S. A., Lawal, F. U., Chidi-Nebo, A. N., & Ogunniyi, A. (2022). "Omugwo" – preventing and managing postpartum depression. *Africa Health*, April 2022, 10-11
16. Liu, S., Yan, Y., Gao, X., Xiang, S., Sha, T., Zeng, G., & He, Q. (2017). Risk factors for postpartum depression among Chinese women: Path model analysis. *Pregnancy and Childbirth*, 17, 133. doi: 10.1186/s12884-017-1320-x
17. Muraca, G. M., & Joseph, K. S. (2014). The association between maternal age and depression. *Journal of Obstetrics and Gynaecology Canada*, 36(9), 803-810.
18. Nakku, J., Nakasi, G., & Mirembe, F., (2006). Postpartum major depression at six weeks in primary health care: Prevalence and associated factors. *African Health Science*, 6, 207-214
19. Nasralla, K., Omar, S., Alharbi, G., Aljarallah, F., AlHabardi, N., & Adam, I. (2024). Factors associated with postpartum depression among women in Eastern Sudan: A cross-sectional study. *Medicina*, 60, 1167. doi: 10.3390/medicina60071167
20. Nnadozie, J. C., & Nweke, G. E. (2017). Self-esteem, social support and postpartum depression. *The Journal of International Social Research*, 10(51), 551-556. doi: 10.17719/jisr.2017.1789
21. Nugrahaeni, M. T., Untari, N. Y., & Veibiani, N. A. (2022). Meta-analysis: The effect of social support in preventing postpartum depression in postpartum mothers. *Journal of Epidemiology and Public Health*, 7(1), 80-91. doi: 10.26911/jepublichealth.2022.07.01.07.
22. Odinka, J. I., Nwoke, M., Chukwuorji, J. B. C., Egbuagu, K., Mefoh, P., Odinka, P. C., Amadi, K. U., & Muomah, R. C. (2018). Post-partum depression, anxiety and marital satisfaction: A perspective from Southeastern Nigeria. *South African Journal of Psychiatry*, 24(0), a1109. doi: 10.4102/sajpsychiatry.v24i0.1109
23. Okhakhume, A. S., Sunday, S., & Osuagwu, A. I. (2017). Marital stress, antenatal anxiety, social support, and postnatal depression among nursing mothers in Ibadan. *Advances in Social Sciences Research Journal*, 4(11) 162-175.
24. Oluwafisayo, P. A., Akpunne, B. C., & Akinawo, E. O. (2023). Social support and personality traits as determinants of postpartum depression among postnatal patients in university college hospital, Ibadan. *Corpus Intellectual*, 2(3), 1-23.
25. Şahin, N. H., Dişsiz, M., Dinç, H., & Soypak, F. (2014). Perceived spousal support among women in early postpartum period: Scale development study. *Journal of Anatolia Nursing and Health Sciences*, 17(2), 73-79.
26. Shitu, S., Geda, B., & Dheresa, M. (2019). Postpartum depression and associated factors among mothers who gave birth in the last twelve months in Ankesha district, Awi zone, North West Ethiopia. *BMC Pregnancy and Childbirth*, 19, 435. doi: 10.1186/s12884-019-2594-y
27. Silverman, M. E., Reichenberg, A., Savitz, D. A., Cnattingius, S., Lichtenstein, P., Hultman, C. M., Larsson, H., & Sandin, S. (2017). The risk factors for postpartum depression: A population-based study. *Depress Anxiety*, 34(2), 178-187. doi:10.1002/da.22597.
28. Tambağ, H., Turan, Z., Tolun, S., & Can, R. (2018). Perceived social support and depression levels of women in the postpartum period in Hatay, Turkey. *Nigerian Journal of Clinical Practice*, 21, 1525-1530.
29. Tsai, J.-M., Tsai, L.-Y., Tsay, S.-L., & Chen, Y.-H. (2023). The prevalence and risk factors of postpartum depression among women during the early postpartum period: a retrospective secondary data analysis. *Taiwanese Journal of Obstetrics & Gynecology*, 62, 406e411. doi: 10.1016/j.tjog.2023.03.003
30. Weobong, B., Ten-Asbroek, A., Soremekun, S., Danso, S., & Owusu-Agyei, S., (2015). Determinants of postnatal depression in rural Ghana: findings from the done population-based cohort study. *Depression and Anxiety*, 32, 108-119.
31. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 40-41. doi: 10.1207/s15327752jpa5201_2