

**KNOWLEDGE AND ATTRIBUTION OF POSTPARTUM DEPRESSION BY  
NURSING MOTHERS ATTENDING FEDERAL MEDICAL CENTRE,  
YOLA ADAMAWA STATE, NIGERIA**

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**Abstract**

*Childbirth is expected to trigger off various forms of emotions among nursing mothers, including excitement and joy. However, many nursing mothers are traumatised by depression and other mental health challenges during this period due to changes in their psychological, social, and physiological conditions. The increasing rate of depression among nursing mothers, due to lack of knowledge and negative attributions towards these conditions, calls for immediate attention by researchers. This study investigated knowledge and attribution of postpartum depression by nursing mothers attending Federal Medical Centre, Yola, Adamawa State, Nigeria. The objectives of the study were to: (i) examine the knowledge of postpartum depression among nursing mothers in Nigeria and (ii) examine to what extent nursing mothers in Nigeria attribute postpartum depression. The research design adopted for this study was the mixed-method design. The population for the study comprised all nursing mothers attending Federal Medical Centre, Yola, Adamawa State, Nigeria. A multistage sampling procedure comprising purposive, proportionate, and random sampling was employed to select a sample of 240 nursing mothers for the study. A questionnaire and an interview schedule were used to gather data. The questionnaire items were validated by lecturers in Counsellor Education and Behavioural Sciences, University of Ilorin, and its reliability yielded a coefficient of 0.84 through a test re-test reliability method. Percentage, mean ( $\bar{x}$ ) and rank order were used to answer the research questions. The findings of the study revealed that 67% of the respondents do not know the symptoms of postpartum depression, and respondents attributed postpartum depression to the evil machinations of extended family members and demonic possession. The study concluded that nursing mothers in Nigeria have inadequate knowledge about postpartum depression and attribute the condition to minor causal agents like witchcraft. The implication is that nursing mothers are unduly traumatised and would need support to fully understand the nature of postpartum depression. The study recommended the use of trauma counselling approaches like enlightenment and cognitive restructuring as intervention strategies to assist nursing mothers to overcome the trauma associated with postpartum depression. This could be provided by counsellors through Child Health Centres and postnatal clinics.*

**Keywords:** Attribution-knowledge, nursing mothers, postpartum depression, trauma.

### **Introduction**

Childbirth may elicit a wide range of feelings in women, from excitement, pleasure, and sheer happiness to worry, dread, and melancholy. A recently delivered mother may be pleased and in love with her new baby one minute and then burst into tears the next. Unfortunately, most women find it difficult to remain in this condition. Immediately following childbirth, the majority of nursing mothers feel at least some pain (baby blues symptoms) (Ikhisemojie, 2017). This is caused by an unanticipated shift in hormones after childbirth, as well as stress, loneliness, sleep loss, and tiredness. As a result, a new mother may experience increased worry, overwhelm, and emotional fragility. It may begin within the first few days after birth, peak around one week, and then subside by the end of the second week of postpartum (Smith & Segal, 2017). However, if a woman feels this way for longer than two or three weeks, she may be suffering from postpartum depression.

According to research, one in every seven mothers suffers from this disease (Akwa 2015). Depression is a severe mental condition, and women have mild to severe symptoms of this mental health issue after giving birth (Groh, 2013). Postpartum Depression (PPD), sometimes known as postnatal depression, is a disorder that occurs in a new mother's life shortly following labour and delivery and before she enters the postpartum recovery stage. It depicts a scenario in which a woman develops clinical depression following the birth of her child (Groh, 2013). A persistent sense of unhappiness and bleakness is one of the most common symptoms of postpartum depression. Patients suffering from postpartum depression may be depressed at all times with little or no activity. Interests, hobbies, and other once rewarding pursuits are now avoided.

Many people are unable to pinpoint the source of their unhappiness, however, some nursing mothers say that it is the newly born infant who is causing them anguish. In rare situations, mothers suffering from PPD may grow to loathe their kids and refuse to perform parental tasks (Danasabe & Elias, 2016; Todd, 2016). According to the World Health Organisation (WHO), more than 300 million people worldwide suffer from depression. Between 2005 and 2015, the number of people diagnosed with depression increased by more than 18%. The World Health Organisation (WHO, 2017) cited these numbers as a wake-up call to everyone to reconsider mental health methods and treat postpartum depression with the urgency it deserves. The good news is that postpartum depression may be treated with medication in conjunction with marriage and health counselling.

Although studies have recognised depression as a multidimensional construct (Li, Aggen, Shi, Gao, Li, & Tao, 2013; Vrieze, Bruffaerts, Hermans, Pizzagalli, Sinaert, & Hompes, 2014), the scales that are currently available are limited in their ability to investigate the multidimensionality of depression and trauma. There is no apparent established consensus on the appropriate technique to assess the multidimensionality of depression and trauma. Using several components of depression may offer researchers useful information for determining the degree of depression (Vares, 2015). Because of the numerous ailments that endanger human well-being, health concerns continue to get more government attention and some fair media coverage.

Postpartum Depression (PPD) is a worldwide childbirth-related condition that affects many women and, if untreated, can have long-term effects on both mother and child. A robust knowledge base for the care provider is required for timely identification of its risk factors (Afolayan, Onasoga, Rejuaro,

Gambari & Onuabueke, 2016).

The difficulties of a nursing mother suffering from postpartum depression may be heartbreaking.

The impact of such problems may differ, depending on the educational attainment and religion of nursing mothers and those close to them. Postpartum depression can have a clinically substantial impact on the infant, husband, other key people, and major aspects of normal nursing mother functioning.

### **Statement of the Problem**

Childbirth is one of the most joyous experiences in people's life. Couples and their relatives are normally overjoyed when a new baby is born into the family. Postpartum depression, on the other hand, can be a detriment because it causes decreased pleasure, loss of appetite and sleep, anxiety, fatigue, feelings of worthlessness or inappropriate guilt, decreased concentration, crying, poor memory, and recurring thoughts of death or suicide in a newly delivered mother (APA, 2013). The presence of these symptoms in a nursing mother, at a time when she should be happy and joyous may jeopardize stable mother-infant emotional connection, maternal emotional adjustment, and the development of infant-maternal interactions, which may affect the ideal development of a baby's brain.

A mother's depression may endanger the growing infant's socioemotional and cognitive skills, as well as delay ordinary growth (APA, 2013; Glezer, 2017). Chinawa, Odetunde, Ndu, Ezugwu, Aniwada, Chinawa, and Ezenyirioha (2016) conducted a study that demonstrated the influence of psychosocial variables such as level of education and pregnancy nature on postpartum depression. Based on mothers' educational qualifications, type of pregnancy, and developing depression, the study found no significant link between postpartum depression and mothers in Enugu, South-East Nigeria.

According to the results of Olubiyi, Issa, Laitan, Onasoga, Abubakar, and Ibrahim (2016), the health-seeking behaviour for postpartum mental disorder among pregnant women visiting prenatal care at Ahmadu Bello University Teaching Hospital, Zaria was low. Aruna, Mittal, Yadiyal, Acharya, Acharya, and Uppulari (2016) also did a study on undergraduate medical students' understanding of postpartum depression. The study discovered considerable deficiencies in undergraduate medical students' understanding of postpartum depression. The incidence of postpartum depression among nursing mothers in Nigeria's North-Central region was 44.5 per cent (Obindo, Ekwempu, Ocheke, Piwuna, Adegbe, & Omigbodun, 2013).

It appears that many studies have not been conducted on the understanding and attribution of postpartum depression using nursing mothers, resulting in a gap in the research. As a result, the major goal of this study was to determine nursing mothers' knowledge and attribution of postpartum depression at the Federal Medical Centre Yola in Adamawa State, Nigeria's North-East geopolitical zone.

### **Purpose of the Study**

The study sought to investigate knowledge and attribution of postpartum depression among nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria. The study also

examined the relative influence of educational attainment and religion on the study variables.

### **Research Questions**

The following research questions were raised and answered in the study:

1. What is the knowledge of postpartum depression among nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria?
2. To what do the nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria, attribute postpartum depression?

### **Methodology**

The research design adopted for the study is the mixed-method design. Mixed-method research is an approach to inquiry that makes use of both qualitative and quantitative procedures. The study population consists of all nursing mothers in Yola, Adamawa State, Nigeria. The target population for this study comprised randomly selected nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria. The total estimated population of nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria was 600, according to the records from the postnatal clinic. Cross-referencing this figure with the Research Advisor (2006) to determine the sample size appropriate for this study was done. The researchers checked under a confidence level of 95%, and a margin error of 5%, the required minimum population to be considered was 234. The researcher used 260 respondents, which is a 2.56% increase to cater to attrition.

Out of the 260 target respondents for the study, 250 copies of the questionnaire were retrieved from the respondents, and of this figure, only 240 were valid for data analysis. Data were collected using questionnaires. Following approval by the hospital, nursing mothers were approached by trained research assistants (nurses who could read and translate the questionnaire in Pidgin language) during the immunisation programme and were asked to participate in this study.

### **Instrumentation**

The instrument used for the study was titled “Knowledge and Attribution of Postpartum Depression Questionnaire (KAPDQ).” The instrument elicits information from respondents on knowledge and attribution of postpartum depression. The instrument consists of three sections: A, B, and C. Section A have 5 items meant to elicit information on personal data of the respondents' educational attainment and religion. Section B has 20 items meant to elicit information on the respondents' knowledge of postpartum depression. The items require the respondents to choose either “Yes” or “No” to questions that specify the state of characteristics which describe postpartum depression. Section C comprises 20 items which sought information on the attribution of postpartum depression by the nursing mothers it was rated on a Four-Point Rating Scale of Strongly Agree, Agree, Disagree and Strongly disagree which represents 4, 3, 2 and 1 respectively.

The second instrument is a Focus Group Discussion entitled “Interview Schedule” (FGDIS). It has ten main questions that are related to the knowledge and attribution of postpartum depression. The two instruments were developed by the researchers. Content validity of the questionnaire was done via vetting by lecturers in the Counselling Education Department, while the reliability of the scales was ascertained through a test re-test reliability method which yielded a correlation coefficient of 0.84 for the entire instrument.

### Method of Data Analysis

The data collected was analysed using descriptive statistic.

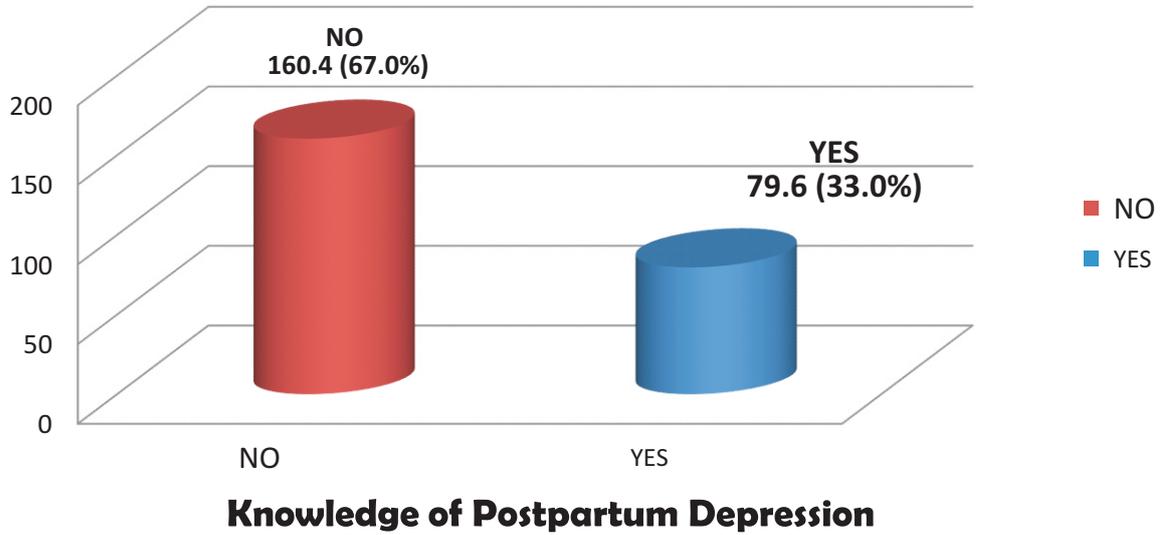
### Results

*Demographic Data:* This section covers demographic data using frequency counts and percentages.

**Table 1: The Distributions of Respondents based on Educational Attainment and Religion**

Item	Variable	Frequency	Percentage
Educational Attainment	No formal education	20	8.3
	Secondary School Certificate	60	25.1
	Post-Secondary Level Certificate (NCE, ND), School of Nursing	90	37.5
	First degree/HND	50	20.8
	Postgraduate	20	8.3
	<b>Total</b>	<b>240</b>	<b>100</b>
Religion	African Trad. Religion.	34	14.2
	Christianity	150	62.5
	Islam.	56	23.3
	<b>Total</b>	<b>240</b>	<b>100</b>

Table 1 indicates that 20 (8.3%) were under the category of those with “No formal Education” for educational qualification, 60 (25.1%) are Secondary School Certificate holders, and 90 (37.5%) were under the category of “Post-Secondary Level Certificate (NCE, ND, School of Nursing” holders, 50 (20.8%) were First Degree / HND holders while 20 (8.3%) were Postgraduate holders, and this implies that First degree / HND respondents were in the majority group; while for religious, 34 (14.2%) were African Traditional Religion adherents, 150 (62.5%) were of the Christian faith, while, 56 (23.3%) were of the Islamic faith, and this implies that Christians were more than other respondents.



**Research Question 1: What is the knowledge of Post-partum Depression by Nursing Mothers attending the Federal Medical Centre, Yola Adamawa State, Nigeria**

Figure 1 presents the Percentage of Respondents' Expressions of their knowledge of postpartum depression among nursing mothers attending Federal Medical Centre, Yola, Adamawa State, Nigeria. It shows that respondents who indicated “Yes” were 33.0%, while respondents who indicated “No” were 67.0%. Hence, this implies that the knowledge of postpartum depression among nursing mothers attending Federal Medical Centre, Yola, Adamawa State, Nigeria was inadequate.

**Research Question 2: To what do nursing mothers attending Federal Medical Centre, Yola Adamawa State, Nigeria, attribute postpartum depression?**

**Table 2: Means and Rank order Analysis on Attribute of Postpartum Depression by Nursing Mothers attending the Federal Medical Centre, Yola Adamawa State, Nigeria**

N/S	Postpartum depression can be ascribed to:	Mean score	Rank
16	The evil machination of extended family members	2.91	1 <sup>st</sup>
15	Demonic possession	2.85	2 <sup>nd</sup>
1	Prolonged labour	2.55	18 <sup>th</sup>
3	Negligence of the professionals incharge of delivery	2.54	19 <sup>th</sup>
2	Effect of immunization during pregnancy	2.52	20 <sup>th</sup>

Table 2 presents the mean and rank order on the attribution of postpartum depression of nursing mothers attending the Federal Medical Centre, Yola Adamawa State, Nigeria. The table indicates that item 16 (with a mean score of 2.92), and items 15 and 8 (with a mean score of 2.86 and 2.80) ranked 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> respectively. The items stated that “evil machination of extended family members”, “demonic possession” and “curses placed on the woman” were regarded as the most

prominent attributions of postpartum depression by nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria.

### **Report of the Focus Group Discussion**

The group was heterogeneous in terms of educational attainment and religion. The researchers and the research assistants encouraged the seven participants to express themselves freely. The discussion which took place revealed that the respondents experienced symptoms of postpartum depression but did not have knowledge of what they were going through. Most of the participants felt it was a condition all nursing mothers must go through. The attribution of postpartum depression by the participants was also to minor causal factors.

### **Discussion**

Findings of the research established inadequate knowledge of postpartum depression by nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria. The knowledge of postpartum depression by nursing mothers in Nigeria indicated that respondents who responded to “Yes” were 33.0 per cent, while respondents who answered “No” were 67.0 per cent. The findings suggested that nursing women attending the Federal Medical Centre in Yola, Adamawa State, Nigeria, had insufficient awareness of postpartum depression. The findings confirmed those of Sunday *et al.* (2018) in their research on anxiety and depression in pregnant women in South-East Nigeria. Anxiety and depression were observed in about one-quarter of the subjects. However, just around one-tenth were aware of their psychological health state, and only 0.5 percent were undergoing therapy.

The figure is significantly lower than that recorded in Alberta, Canada, where 70.5 per cent of pregnant women knew about prenatal mental health and 26.6 percent could recognize the detrimental impact of anxiety and depression on the foetus. These data demonstrate that prenatal depression is both underdiagnosed and undertreated. Because the signs and symptoms of anxiety, depression, and pregnancy are similar, it is not unexpected that the majority of women are unaware of their difficulties and will continue to bear them as a weight of pregnancy. Patients' reluctance to reveal symptoms, stigma, discrimination, and unfavourable attitudes toward people with mental illnesses may all have contributed to insufficient awareness and treatment of anxiety and depression during pregnancy. In essence, this means that nursing women experience depression during pregnancy and after childbirth, but according to Keliman and Raskin (2005), 70-80% do not realise they are depressed.

Furthermore, Aruna, Mittal, Yadiyal, Acharya, Acharya, and Uppulari (2016) found that psychiatry as a subject, psychiatrists as professionals, and patients with psychiatric disorders face cultural stereotypes and negative attitudes from the general population worldwide. The more concerning worry, however, is that similar biases persist inside the medical community as well. Similarly, Li, Zhang, Zhao, Li, Mu, and Zhang (2018) discovered that people with higher education levels, those who had contact with people with mental diseases, and those who learnt about mental disorders through personal encounters had a better degree of knowledge. The percentage of knowledge is often low, implying insufficient expertise. The explanation for this, as discovered during the focused group discussion, might be that nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, lack appropriate awareness about postpartum depression.

Postpartum depression did not appear to be among the maternal care topics discussed with nursing mothers since mental health counselling is not on the agenda of health discussion items during prenatal and postnatal clinics. Because mental health issues are rarely discussed, they do not disclose or alert doctors and nurses whenever nursing mothers have symptoms. As a result, they are unable to obtain first-hand knowledge regarding postpartum depression. Counselling nursing mothers on how to care for themselves after traumatic childbirth to avoid psychological collapse might be a starting point for promoting appropriate knowledge. The findings back up Olubiyi *et al.* (2016)'s findings on pregnant mothers' health-seeking behaviour.

Findings also revealed that postpartum depression was attributed to minor causative factors among nursing women attending the Federal Medical Centre in Yola, Adamawa State, Nigeria. The majority of them blamed the postpartum depression on "evil machinations of extended family members," "demonic possession," and "curses placed on the woman," while some respondents blamed it on all of them, including "prolonged labour," "negligence of the professionals in charge of delivery," and "effect of immunisation during pregnancy." Findings might also be attributed to people's overall attitude towards mental health concerns; many respondents believe that signs of postpartum depression are not given the attention they need. Mental health issues are frequently considered taboo, misunderstood, and not discussed or considered.

### **Implications for Counselling Practice**

The findings of the study have numerous implications for trauma-informed counselling. Postpartum depression grows into traumatic challenges and it is the most common complication among nursing mothers that have a long-lasting effect on mental health. The transition into motherhood is a difficult period that involves significant changes in the psychological, social, and physiological aspects and has increased susceptibility to mental illness development. However, these challenges may be due to biological changes in the body or unrealistic expectations, faulty notions about nursing their babies or heightened emotional feelings of the ability to be good mothers and wives. Also, factors that contribute to postpartum depression were not understood or given entirely different interpretations. Nursing mothers require frequent and adequate support systems to cope with problems in this phase of life. Therefore, counselling interventions may provide answers to help nursing mothers handle this mental health illness more appropriately.

Counsellors through trauma-informed counselling can play a significant role in assisting nursing mothers to achieve a fulfilling and enjoyable life during the postpartum period. Counsellors need to be vast in knowledge of mental health and mental well-being, affecting nursing mothers. The knowledge gained will form the basis for intervention for nursing mothers and other stakeholders in their lives.

### **Conclusion**

It was concluded that the knowledge of postpartum depression by nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria, was inadequate. The consequence of inadequate knowledge could profoundly impact the nursing mothers if Trauma Counselling intervention is not urgently put in place to address this deficiency. Also, the attribution of postpartum depression by nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria was too minor, causal agents were more culturally inclined than scientific. This may adversely affect a postpartum depressed nursing mother because her situation may not be given the attention it deserves.

The findings, therefore, implied that knowledge is generally inadequate and ways of improving knowledge should be provided so that knowledge can be imparted through adequate trauma counselling interventions.

### Recommendations

Based on the findings of the study, the following recommendations are made:

There should be trauma counselling intervention strategies like enlightenment, cognitive restricting etc. on the knowledge of postpartum depression that should be provided by the counsellor through the child health centre and postnatal clinic to educate the nursing mothers attending Federal Medical Centre, Yola, Adamawa State, Nigeria on what postpartum depression is all about. It calls for all stakeholders, nannies, parents, husbands, friends, family members and medical personnel. In addition, there should be more enlightenment talks on the attribution of postpartum depression by counsellors through the child health centres and the postnatal clinic to help the nursing mothers see postpartum depression as something they can discuss with doctors and the counsellor in the health institution.

Policies and intervention programmes are suggested to help remove access to information barriers and protect nursing mothers attending the Federal Medical Centre, Yola, Adamawa State, Nigeria, from the consequences of postpartum depression. A counselling unit should therefore be attached to the postnatal clinic to provide information on postpartum depression to the nursing mothers and educate them to change their attribution and counsel them on how they can take care of themselves during the postpartum period to avoid psychological breakdown. The study recommended the use of trauma counselling approaches, like enlightenment and cognitive restructuring as intervention strategies to assist nursing mothers to overcome the trauma associated with postpartum depression. This could be provided by counsellors through child health centres and postnatal clinics.

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