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Dependent personality as a correlate of postpartum anxiety and depression among Igbo nursing mothers in Enugu, South-east Nigeria

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ABSTRACT

Nursing mothers may be at higher risk for depression and anxiety during postpartum due to the additional burden. Ostensibly, some women adjust less easily than others to this additional burden, and this could be attributed to some maladaptive traits and psychological factors. This study aimed to assess dependent personality as a correlate of postpartum anxiety and depression among Igbo nursing mothers, in their 6th to 14th weeks postpartum, in two tertiary hospitals in Enugu, south-east Nigeria. Self-report measures of the variables, namely, Dependent Personality Questionnaire (DPQ), Hospital Anxiety and Depression Scale (HADS), and Socio-demographic Questionnaire (SDQ), were used to collect data. Age range of participants was 20 - 46 years, and $M = 29.65$, $SD = 4.87$ years). Most of the respondents were graduates of tertiary educational institutions (74.1%). The prevalence of postpartum anxiety and depression were 30.1% and 33.3% respectively, with a co-morbidity of 22%. There was a weak negative correlation between dependent personality and postpartum anxiety, $r(98) = -.215$, $p<.01$, whereas there was no significant correlation between dependent personality and postpartum depression. It was suggested that dependent personality may not be strongly associated with postpartum anxiety and depression among the nursing mothers which may be explained by other moderator variables that need further investigation.

Introduction

The postpartum period involves changes in marital and family relationships and is commonly a source of additional burden on the households (Braveman et al., 2010). Nursing mothers (mothers who are breastfeeding their babies) may be at higher risk for depression and anxiety during postpartum (Glasheen, Richardson, & Fabio, 2010; Lamers et al., 2011). These mental health challenges can develop at any point during the first year postpartum, with a peak of incidence in the first four months postpartum (McCoy et al., 2006; O'Hara et al., 1990), with serious implications for martial satisfaction (Odinka et al., 2018). Postpartum depression and anxiety affect 5% - 20% of mothers in Western societies (O'Hara & Swain, 1996). In Enugu, southeastern Nigeria, some authors (Chinawa et al., 2015; Ukaegbe et al., 2012), reported a prevalence of 23% - 31%, while in Southwestern Nigeria, Fatoye, Oladimeji and Adeyemi (2006), reported that between 5% and 38% of women suffer from postpartum depression, and approximately 10% develop an anxiety disorder after delivery.

Previous studies have observed differences in the occurrence of postpartum depression and anxiety, which might be due to the varied degree of interactions of some of the factors associated with both conditions, such as socio-cultural/psychological (Bakhshayesh et al., 2011; Pfost et al., 1990), and biological factors (Brown et al., 2010; Pfost et al., 1990). Among the psychological factors, dependent personality has been associated with psychological distress (Priel & Besser, 2001). Dependent personality refers to complex thoughts, beliefs, feelings, and behaviours revolving around needs to associate closely with other valued people (Tyrer, Morgan, & Cicchetti, 2004). The warmth and nurturing support provided by friends and family could enable a person under stress to approach it with greater assurance (Taylor, 2003). Some people will be highly dependent on those around them, while others will have much lower requirements (Besser et al., 2007). Individuals who are too dependent on other people are unable or unwilling to take care of their needs (Besser, Priel, Flett, & Wiznitzer, 2007). They rely almost entirely on other people to meet their emotional and physical needs (Burton, 2015; Kennard, 2012; Besser & Priel, 2003), as they lack self-confidence (Burton, 2015). Studies of nonclinical samples reveal a high prevalence of maladaptive dependency (Bartel, 1995; Bornstein & Johnson, 1990).

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People with Dependent personality disorder (DPD) tend to display passive, needy, and clinging behavior, inability to take decisions, even everyday decisions like what to wear, without the advice and reassurance of others. They are prone to pessimism, and lack of self-confidence, avoidance of adult responsibilities by acting passive and helpless (WebMD, 2017). DPD is one of the most frequently diagnosed personality disorders (WebMD, 2017; Klonsky et al., 2002). Dependent traits were associated with higher femininity and lower masculinity; therefore, dependent personality disorders may occur more often in females (Klonsky et al., 2002; Corbitt & Widiger, 1995; Sprock, Blashfield, & Smith, 1990; Landrine, 1989), which may represent the exaggerations of traditional feminine behaviours (Klonsky et al., 2002; Kaplan, 1983). Although the exact cause of DPD is not known, it most likely involves a combination of biological, developmental, temperamental, and psychological factors (WebMD, 2017).

DPD usually appears during childhood, especially in children where independence was discouraged. Certain childhood experiences, such as overprotective or authoritarian parenting methods could make an individual more at risk for developing the disorder (Hanbleceya, 2018). Dependent behaviours differ substantially across different age and socio-cultural groups, as societies may differentially foster and discourage dependent behaviour in males and females (Perry, 2010). Certain cultural norms suggest a submissive, polite, or dependent posture in relating to the opposite sex, or authority figures, and can affect behaviour in a way that may seemingly appear like DPD (Perry, 2010). In addition, some cultures may emphasise passivity, politeness, and differential treatment, hence, a dependent behaviour is considered disordered only when it apparently exceeds the individual's cultural norms or reflects unrealistic concerns (Hanbleceya, 2018). Some individuals with Dependent Personality Disorder often might have been socially humiliated by others in their development years (Perry, 2010). They may carry significant doubts about their abilities to perform tasks, take on new responsibilities, and generally function independently of others. These attributes reinforce their suspicions that they are incapable of living autonomously. In response to these feelings, they portray helplessness that elicits caregiving behaviour from some people in their lives (Perry, 2010).

People with DPD maintain a naïve child-like perspective and have limited insight into themselves and others, and this entrenches their dependency and leaves them vulnerable to abuse and exploitation (Burton, 2015). They are typically preoccupied with fears of abandonment and loss (Blatt, 2006), due to their total dependence on others for their sense of self (Besser & Priel, 2003). They tend to be extremely sensitive to criticism, most often pessimistic, and hardly disagreed with others nor asserted themselves for fear of rejection (Burton, 2015; Kennard, 2012).

Psychological dependency influences the onset and course of postpartum depression (Besser & Priel, 2003; Besser, Priel, Flett, & Wiznitzer, 2007; Priel & Besser, 2002). Studies also suggest a curvilinear association between dependency and postpartum depression (Besser et al., 2007), indicating that moderate levels of dependency protect against depressive symptomatology in the postpartum period, while high and low levels of dependency are associated with increased vulnerability to depression. Mothers with low levels of dependency might be unable to enroll and maintain social support (Priel & Besser, 2001), and to relate to their baby in more adaptive ways (Priel & Besser, 1999), leading to feelings of inadequacy and subsequently depression (Vliegen et al., 2010). Also, with a high level of dependency, maladaptive enmeshment and symbiosis may occur, which might lead to feelings of fear of separation and depression (Vliegen et al., 2010).

People that have a high amount of interpersonal dependency have a high risk of low self-confidence, low self-esteem, and anxiety, and are unable to act by themselves and therefore are open to indoctrination (Ulusoy & Durmus, 2013; Morgan & Clark, 2010). Unhealthy interpersonal interdependency could lead to chronic anxiety (Bornstein, 2005; Hirschfeld et al., 1977), low self-esteem, and social anxiety (Besser & Priel, 2003). Most often, they seem to long for reassurance, seek somebody's opinion about what they should do, and most times, would rather someone else takes the lead (Kennard, 2012). They dread being alone, and when this happens, they feel even higher levels of anxiety. Postpartum anxiety and depression could cause interpersonal distress leading to a vicious circle of significant psychological distress (Sanjana & Jayashankar, 2013).

Igbo Socio-cultural Milieu and Dependency

Glaring gaps in policy, legal frameworks, and investment opportunities make it difficult for women to perform to their full potential in social, economic, and political spheres in most Sub-Saharan African countries. For instance, in some countries, some laws deny women access to land ownership and opportunities to invest freely, and these perpetuate a culture of dependency (Njogu & Orchardson-Mazrui, 2006). In cultures where women can exercise some level of independence, especially where they are socially empowered, women are more likely to assert and demand their rights whenever they are violated (Njogu & Orchardson-Mazrui, 2006). Igbo culture has some elements of these attributes.

The Igbo culture could be said to have given some leverage to Igbo women, who could be assertive, proactive, and independent-minded to a reasonable extent. The vantage is in the inherent qualities of democracy and republicanism in Igbo culture. The independent-minded attributes of Igbo culture were aptly captured by Achebe (1984) in the book, *The trouble with Nigeria*, when he described the Igbo culture as being receptive to change, individualistic and highly competitive. These attributes gave the Igbo man an unquestioned advantage over his compatriots in securing credentials for advancement in Nigerian colonial society (Achebe, 1984). Unlike the Hausa/Fulani, the Igbo was unhindered by a wary religion, and unlike the Yoruba unhampered by traditional hierarchies (Achebe, 1984

Apart from their primary roles as wives and mothers, in the society, Igbo women play an influential and active behind-the-scenes role in Igbo cultures (Igbo, 1996). They are prominent in public life as an organized force in both economics and politics, and usually manage their affairs, separately from the men. They do this by establishing their own political organizations, which come under an overall village or town Women's Council, under the leadership of seasoned matriarchs (Swarthmore College, 2011; Igbo, 1996). It was this organizational system that enabled Igbo women and Ibibio women to wage an anti-colonial struggle against the British in 1929 known as the Women's War (*Ogu Umunwayi*) or Aba Women's riot of 1929 (Igbo, 1996).

The Women's War was coordinated through women's kinship networks and market networks. The women often organized to use strikes and boycotts to influence political decisions (Swarthmore College, 2011). Across Igboland, the *ogu umunwanyi* or, "the Women's War," referred to the fact that women were 'making war on the men,' or sanctioning men who had been disrespectful. This practice, which was also called 'sitting on a man,' was a traditional form of protest among

Igbo women. In Igbo society, when a man had done something disrespectful, he would be followed up and forced to reflect on what he had done (Swarthmore College, 2011).

Traditionally, power was diffuse in Igbo communities, with a large group of elders making most decisions. Women leaders were usually respected members of society, and elderly women especially were included in governance. However, this changed once the British instituted their new political system that abused and ignored women. Under the new system, Igbo people could no longer choose their decision makers and were at the mercy of the authoritative heads that were imposed by the British authority, called Warrant Chiefs (Swarthmore College, 2011). Over the years, Warrant Chiefs became increasingly oppressive, and many Igbo people suffered. Women, though, suffered especially, because Warrant Chiefs abused their power by confiscating women's animals and their profit from market sales. Also, women had always been allowed to deny marriage to suitors; warrant chiefs, however, ignored this rule and chose whichever women they wanted as their wives (Swarthmore College, 2011).

The Women's War began with the goal of receiving a written assurance that women would not be taxed, and then evolved to demand the removal of many Warrant Chiefs, gaining representation in native leadership as well as fight excessive colonial taxation against their husbands (Swarthmore College, 2011). As a result, taxation of women was halted, policy changes were made, and based on recommendations by the women, eighteen of the most corrupt and exploitative warrant chiefs were 'decaped' and removed from office. Women were also appointed to serve in the newly constituted Native Courts and began to hold positions in public affairs with the power of helping to select new chiefs (Dike, 2017; Women's War, 2017). In fact, it will not be out of place to say that colonialism has had a detrimental effect on the social, political, and economic status of traditional Igbo women, resulting in a gradual loss of autonomy and power, and this could be said to have been the core driving force behind the Women's War of 1929.

In contemporary Igbo society, women have evolved to play a more active role in areas of development and services (Igbo, 1996). They are known to hold their own, industrious, forward-looking, and collectively play significant roles in peace-building and community developments in Igbo society, either as wives in their places of matrimony or as daughters contributing to the peace and progress of their places of birth. At home, they manage the home and usually give substantial support to their husbands in the growth, development, and the management of their wealth. The psychosocial profiles of Igbo women have made it both relevant and appropriate to assess the relationship between dependent personality, postpartum depression, and anxiety, given that there is a scarcity of literature focusing on dependency and its correlation to postpartum anxiety and depression among Nigerian women. The purpose of the study was to determine the rate of occurrences of dependent personality and to assess dependency as a correlate of postpartum anxiety and depression among Nigerian women that were seen in two tertiary hospitals in Enugu, Southeast Nigeria.

Method

Study setting and participants

The Southeast, one of the six geopolitical zones in Nigeria, is primarily inhabited by people of Igbo ethnic group who speak the Igbo language and is one of the three largest and most influential ethnic groups in Nigeria. Igbo people in Nigeria constitutes approximately 30 million (18%) of the total population of 170 million (The Central Intelligence Agency, 2015). Enugu City, in addition to being the Enugu State capital, also serves as a regional capital. It has the highest concentration of tertiary educational institutions in the Southeast, and a massive coal deposit that its mining stopped about two decades ago, coupled with its status as a regional capital, attracted a lot of different caliber of people and workforce, mainly from the old eastern region. Enugu State has a population of 3.3 million people (National Population Commission, 2006), 95% of who are Igbo, with about 59% of them living in the rural areas (Enugu State Ministry of Health, 2011). It was a descriptive, cross-sectional study of 309 randomly selected; nursing mothers, which was conducted in two tertiary health institutions in Enugu, Enugu State, Southeast Nigeria.

All the women, who had the delivery of their babies at the gestational age of 36 weeks and above were included in the study. In addition, Any woman with likely conditions that might decrease the reliability of the assessment of PPA and PPD, such as multiple births, obstetric and pregnancy complications (prolonged labour, placenta previa, placental abruption, severe preeclampsia or eclampsia, or major postpartum infection), major chronic disease, any severe or unstable medical illness, a current or previous history of psychiatric disorders, and recent traumatic and life events, was excluded from the study (Robertson et al., 2004).

The assessment was done from 6th to 14th weeks postpartum (the period from 2nd to the 4th round of immunization in Nigeria), as the highest prevalence of prepartum depression and anxiety occurs within this time (Miller, 2006). After a complete description of the study to the mothers, a request for written informed consent was made, and those who gave their consent were given three self-administered questionnaires to complete. The mothers were literate enough and as such, needed very minimal assistance to complete the questionnaires.

Measures

The measures were the Dependent Personality Questionnaire, and the Hospital Anxiety and Depression Scale. Socio-demographic Questionnaire was used to collect socio-demographic data such as age, the number of children, marital status, the area of residence, and educational attainment.

Hospital Anxiety and Depression Scale (HADS) was developed as a self-report questionnaire (Zigmond & Snaith, 1983), to detect adverse anxiety and depressive states among outpatients in non-psychiatric hospital clinics. HADS has some positive qualities, including brevity and easiness of use, excellent reliability, and validity as well as efficiency in screening and case-finding (Luckett et al., 2010). The HADS has been found useful in the assessment of psychiatric morbidity in the community. It consists of seven items each for depression and anxiety. Scores are rated on a four-point scale ranging from 0 to 3, with 21 as the highest score. For the stringent and robustness of case-findings, a cut-off point of 11 and above in either or both of the anxiety and depressive subscales indicate depression and anxiety disorder based on the DSM-IV and ICD-10 diagnostic criteria for current depressive disorder or anxiety disorder, while between 8 and 10 on both subscales indicates borderline case. HADS has been validated in many countries, including Nigeria (Abiodun, 1994).

Dependent Personality Questionnaire (DPQ) is an 8-item questionnaire measured on a Likert scale where 0= Yes 1= Yes, a little, 2= No, not much, and 3= No, not at all. Each item represents a diagnostic criterion for dependent personality disorder, according to the DSM-IV-TR. The DPQ was developed as a short self-rating scale to be used as a screening instrument to identify patients with the presence or absence of

dependent personality disorder (Tyrer, Morgan, & Cicchetti, 2004). Underlying the development of the DPQ was the notion that the disorder is unidimensional and is either present or absent in an individual. In this study, the DPQ, which is an 8-item questionnaire, had a high level of internal consistency, as determined by a Cronbach's alpha of .89.

Procedure

The study was approved by the Research Ethics Committee of the College of Medicine, University of Nigeria, Ituku-Ozalla Campus, Enugu. Written informed consent was also obtained from mothers before the study instruments were administered. Nursing mothers, who came for follow-ups, and immunization for children, at the postnatal clinics, and children's welfare clinics of the two hospitals, between November and December 2015 formed the sampling frame. With a prevalence of 23%, Chinawa et al., (2016), an absolute standard error of 0.05 and a standard normal variance of 1.96. The data collection was performed until the sample size of 309, considered adequate for the study, using the appropriate Cochran's sample size formula for proportions (Cochran, 1977) was reached. With the help of the outpatients' attendance list, a total of 334 nursing mothers were randomly selected, using a randomization table. A preliminary interview was done to confirm their personal history, medical history, past psychiatric history, obstetric history, and life events, and 309 who met the inclusion criteria were recruited into the study.

Data Analysis

The raw data was keyed into Epidata software version 3.1 (The EpiData Association, Odense, Denmark) for entry and storage, and was later transported to Statistical Package for the Social Sciences (SPSS) version 20.0 (IBM, USA) for analysis. Descriptive frequency distribution of the socio-demographic characteristics of the nursing mothers was ascertained. Pearson's product-moment correlation was conducted to assess postpartum depression, and anxiety, respectively, and dependent personality. The two independent variables - depression, and anxiety, were normally distributed, as assessed by Shapiro-Wilk test. All statistical tests were two-sided and were performed at a significant level of 0.05.

Results

The distribution of the data on the occurrence rate of postpartum anxiety and depression showed that the number of mothers that had postpartum anxiety was 93 (30.1%), and those with severe anxiety were 8.4%. The number of those with postpartum depression was 103 (33.3%), and participants with severe depression were 5.8%. Co-occurrence of postpartum depression and anxiety was seen in 74 (22%) of the mothers. About 48% and 46% of the mothers had no anxiety and depression as they fell within the range for the assumption of normality (scored 7 and below, on the Hospital Anxiety and Depression Scale (HADS) for anxiety and depression respectively)

Table 1 shows the distribution of the data according to age range; marital status, educational status, the area of residence, employment status, religion, and ethnicity. Their age range was between 20 and 46 years, with a mean and S.D. of 29.65 ±4.87. Most of the respondents were graduates of tertiary educational institutions (74.1%), and all the respondents went beyond the basic primary education, with 1.6% of them dropping out of secondary school. About 97% of the mothers were in marriage, while 2.3% of them were single parents. Most of the mothers (55.7%) were employed, while about 26% of them were unemployed.

In this study, the mean score of women with dependent personality was 9.84 (SD = 3.34); while the median and mode were 10.00 and 10 respectively. Majority of the mothers, 168 (54.4%) fell within the category for "most likely just dealing with dependency (8 – 12 points)", 72 (23.3%) fell within the category for "definitely not dependent (0 – 7 points),"this was followed by 40 (12.9%), who fell within the category for "possibility of dependency (13 – 14 points)," and was followed lastly by 29 (9.4%), who fell within the category for "definitely dependent (15 + points)." See Table 1, which showed the pattern of distribution of data from the mothers on dependent personality.

Pearson's product-moment correlation was run to determine the relationship between dependent personality and postpartum anxiety and depression. Preliminary analyses showed the relationship to be linear with the three variables normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there were no outliers. There was a weak negative correlation between total score on DPQ and HADS total score on anxiety subscale, $r(98) = -.215$, $p < 0.01$, whereas no significant correlation coefficient was observed between the total score on DPQ and HADS total score on depression subscale. See Table 3.

Discussion

The purpose of this study was to determine the rate of the occurrence of dependent personality and to assess dependency as a correlate of postpartum anxiety and depression in two tertiary healthcare facilities in Enugu, Southeastern Nigeria. The study focused on nursing mothers, who were in their 6th to 14th weeks postpartum. Over 74% of the respondents were graduates of tertiary educations, and all the respondents went beyond the primary education, with only 1.6% of them dropping out of secondary school. This could reflect most families in southeast Nigeria, where parents may not be too willing to give out their daughters for marriage until after their secondary education (Ndukuba et al., 2012). Education prepares the women to play their roles in the family and the society, as Igbo women play an influential and active behind-the-scenes role in Igbo cultures (Igbo, 1996). Most of the mothers (55.7%) were employed while the unemployed/housewives and students constituted 26% and 17.2% respectively.

The result of the study showed that a considerable subgroup of nursing mothers (33.3%) reported moderate to severe symptoms of depression, and those with severe depression were 5.8%. Previous research on PPD, have recorded prevalence rate of between 5% and 38% (Chinawa et al.; 2016; Ukaegbe et al. 2012; O'Hara & McCabe, 2013; Fatoye, Oladimeji &Adeyemi, 2006). Also, 30.1% of the mothers reported moderate to severe symptoms of anxiety, and those with severe anxiety were 8.4%. Previous research in PPA, have recorded prevalence rate of between 10–20% (O'Hara & McCabe, 2013; Fatoye, Oladimeji & Adeyemi, 2006). Sixty-eight (22%), of the respondents, had co-morbid postpartum anxiety and depression. Previous studies have reported prevalence ranging from 2% to 20% of co-morbidity for postpartum depression and anxiety in the first year (Adewuya & Afolabi, 2005; Reck et al. 2008). These were apparently healthy low-risk mothers for depression and anxiety, as mental health services were not one of the reasons for their clinic attendance, hence picking them out could be attributed to serendipity. The differences in the occurrence rate might be because of psycho-social factors such as dependent personality, social, cultural, lifestyle and racial factors on depression and anxiety (Bakhshayesh et al., 2011), as well as the type of instrument that was used to assess for depression and anxiety.

The study observed that there was no correlation between dependent personality and postpartum depression, and this contrasted with some prior studies. Previous research had observed that low levels of dependency are associated with increased vulnerability to depression (Besser et al., 2007), as the mothers might be unable to enroll and maintain social support (Priel & Besser, 2001), and to relate to their babies (Priel & Besser, 1999), leading to feelings of inadequacy and subsequently depression (Vliegen et al., 2010). The lack of significant correlation between dependent personality and postpartum depression could be attributed to over 67% of the mothers falling within the categories of "most likely just dealing with dependency" (54.4%), and "possibility of dependency" (12.9%), both of which could be representing moderate levels of dependency. The finding may be said to corroborate previously suggested a curvilinear association between dependency and postpartum depression (Besser et al., 2007), indicating that moderate levels of dependency protect against depressive symptomatology in the postpartum period, while high and low levels of dependency are associated with increased vulnerability to depression.

On the other hand, this study observed that there was a weak and inverse relationship between dependent personality and postpartum anxiety. Invariably, dependent personality might not have contributed significantly to the high occurrence rate of anxiety among the nursing mothers. The weak relationship between dependent personality and postpartum anxiety might be due to the low level of dependency as observed in this study, as previous study had pointed out that high level of dependency, could precipitate maladaptive enmeshment and symbiosis in the individual, which might lead to feelings of fear (anxiety) and depression (Vliegen et al., 2010). And unhealthy interpersonal interdependency could lead to chronic anxiety (Bornstein, 2005; Hirschfeld et al., 1977).

Conclusion

There was a low occurrence rate of dependent personality relative to the high occurrence rate of postpartum depression and anxiety in apparently healthy low-risk mothers for depression and anxiety in Enugu. Given the multi-factorial nature of postpartum psychological distress, the weak negative correlation between anxiety and dependent personality, as well as the insignificant correlation between depression and dependent personality, the study concluded that among the possible factors associated with a high occurrence rate of postpartum anxiety and depression in Enugu, dependent personality may have very minimal association with postpartum psychological distress in Igbo women of South-east Nigeria. Apart from their indispensable roles as mothers in the families, and their responsibilities in the society, the mothers also try to meet the needs of their babies, and to adapt to the changes in their body system (Hilli, 2011), and these could put the nursing mother at risk for psychological distress during the postpartum period (Braveman et al., (2010).

This study supports service planning and the development of strategies to reliably identify nursing mothers at high-risk, for early and effective intervention. The effects of postpartum depression and anxiety on the nursing mother, her family relationship, the growth and the development of her child suggests the need for prevention efforts, early diagnosis, and treatment, bearing in mind the possible differences in personality and socio-cultural environment.

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Table 1: Distribution of Mothers According to Age Range; Marital Status, Educational Status, Area of Residence, Employment Status, Religion, Ethnicity.

Variables		N	%		
Age (years)					
	Age Range			Mean	Standard Deviation (*SD*)
	20 – 25	58	18.77	29.65	±4.87
	26 – 35	221	71.52		
	36 – 43	25	8.09		
	44 – 46	5	1.62		
Marital Status					
	Married	300	97.10		
	Divorced/Separated	2	0.60		
	Single	7	2.30		
Educational Status					
	Secondary school completed	30	9.70		
	Secondary school not completed	5	1.60		
	Tertiary education completed	229	74.10		
	Tertiary education not completed	45	14.60		
Area of Residence					
	Urban Area	285	92.20		
	Rural Area	24	7.80		
Employment Status					
	Employed	172	55.70		
	Unemployed/housewife	81	26.20		
	Student	56	18.10		
Religion					
	Christianity	308	99.70		
	Muslim	1	.30		
Ethnicity					
	Igbo	306	99.00		
	Others	3	1.00		
Total		309	100		

Table 2. Distribution of mothers according to severity of depression and anxiety, and comorbidpostpartum depression and anxiety

Distribution of the mothers' anxiety status according to HADS						
Clinical Status	Frequency	Percent	Mean	*SD*	Median	Mode
Normal (0-7)	148	47.9	8.39	3.914	8.00	7
Mild (8-10)	68	22.0				
Moderate (11-14)	67	21.7				
Severe (15-21)	26	8.4				
Distribution of the mothers' depression status according to HADS						
Normal (0-7)	142	46.0	8.44	3.87	8.00	7
mild(8-10)	64	20.7				
Moderate (11-14)	85	27.5				
severe(15-21)	18	5.8				

Distribution of the mothers' comorbidity for anxiety and depression according to HADS		
	Frequency	Percent
Normal (0-7)	76	24.6
Mild - severe (8-21)	131	42.4
Moderate - severe (11-21)	68	22.0
severe(15-21)	6	1.94

Table 3: Pearson's correlation coefficient, assessing the relationship between Postpartum Depression, Postpartum Anxiety and Dependent Personality.

		Total Score of DPQ	Total Score from HADS (Anxiety Subscale)	Total Score from HADS (Depression Subscale)
Total Score of DPQ	Pearson Correlation	1	-.215**	-.077
	Sig. (2-tailed)		.000	.175
	N	309	309	309
Total Score from HADS (Anxiety Subscale)	Pearson Correlation	-.215**	1	.622**
	Sig. (2-tailed)	.000		.000
	N	309	309	309
Total Score from HADS (Depression Subscale)	Pearson Correlation	-.077	.622**	1
	Sig. (2-tailed)	.175	.000	
	N	309	309	309

**. Correlation is significant at the 0.01 level (2-tailed).