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Introduction

Depression is a widespread mental condition around the world, but its prevalence is not evenly distributed between men and women. According to WHO (2017), ladies are 50 percent more likely than males to suffer from depression. In Africa, 5.95 percent of females and 4.9 percent of males suffer from depression. According to studies conducted in Nigeria, women are considerably at a greater risk for depression than men. People who suffer from a mental disease or problem may feel ashamed, stigmatised, and discriminated against. Furthermore, the majority of Nigerians are unaware of mental health issues and resources that are available. Financial difficulties are an additional obstacle to getting health services, given the country's appalling shortage of mental health facilities, particularly in rural areas. These hurdles have long-term effects, as untreated depressed patients are more susceptible to suicidal ideation and suicide. WHO, also links depression to morbidity, poor child health outcomes, and mortality (WHO, 2017)?

Postpartum depression is one of the most common types of depression, especially among women (PPD). Depressed mood, anhedonia, and low energy are common indications and symptoms of postpartum depression, which are similar to those seen in major depression at other times. Suicidal ideation is also reported frequently. Postpartum depression is the most frequent consequence of pregnancy, affecting 10-15% of women. As a result, it is a significant public health issue affecting women and their families. Postnatal depression has serious consequences for the woman, her marriage, and her children, making it a critical illness to diagnose, treat, and prevent. During the puerperium, women are more likely to acquire severe psychiatric disease. According to studies, a woman's chance of being admitted to a psychiatric institution during the first month after giving birth is far higher than at any other point in her life. During the postpartum period, women account for up to 12.5 percent of all psychiatric hospital admissions.

Depression disorder is not like many other diseases, it is widely known to affect patients even at an early age and most time reported in women more frequently than men. Depression can lead to suicide in severe situations; one million people commit suicide each year as a result of depression, with an estimated 20 failed attempts for every death (Hardt *et al.*, 2015). Despite these facts that 1.5 out of ten women become depressed after giving birth, compromising the ability to care for the baby by causing long-term issues with the child's growth and development.

Aim: The purpose of this systematic review is to offer an overview of cases of Postpartum depression among Nigerian women aged 25 to 35 years old, with an emphasis on their socio-

demographic status, age, marital status, and variables related to postpartum depression. Furthermore, this current review will aim to address the lack of systematic reviews on the prevalence of postpartum depression among Nigerian women aged 25 to 35 years; highlight factors associated with PPD. The review's findings are also expected to contribute to the formation of focused research policies and the dissemination of evidence-based information about the prevalence and related factors of postpartum depression across a broad sample of Nigerian women aged 25 to 35 years.

Methodology

Data Sources & Research Strategy

Series of search questions were created and executed on different engines, notably Google Scholar, PubMed, and EBSCOhost, as well as numerous databases such as Medline, CINAHL, Cochrane Database, and Health Technology Assessments, to meet the study's objectives. 'depression' and '(women or female or girl)' and 'Nigeria' and '(Postpartum)'; 'depression' and '(women or female or girl)' and 'Nigeria' and '(Postpartum)'; 'depression' and '(women or female or girl)' and to combine important words, the appropriate duplicate operators were used. Some Mesh phrases were identified and looked up on the search engines to ensure that no possibly relevant records were missed. The literature search was limited to full-text articles that were conducted in Nigeria and published in English. The study population was restricted to women aged 25 to 35, and key terms had to be in the title and/or abstract, but mostly in the title.

Study Selection Process and Inclusion/Exclusion Criteria

Following an examination of a random sample of readings, the studies eligibility was determined. Publications focused on postpartum depression, articles with general Nigeria population samples despite the ethnicity, data presented for males and females differently, articles with data from Nigeria women, peer-reviewed, and available as full-text articles met the inclusion criteria (either electronically or hard copy). Articles that were not published in English, that only included women under the age of 20 or that only included men, that focused on mood disorder, that talked about diagnosis and treatment of depression but not about impact or prevalence, that talked about biological or genetic factors, that did not present data by gender, that did not include Nigerian data, and duplicates that were not identified electronically were all excluded. Also Articles with Nigerian Author but involved data from foreign countries were also excluded.

Data Extraction, Analysis, and Reporting

Data were extracted using standardised forms. To make it easier to track the results of the search technique, each record was given a progressive Identity number. The first author, title, location, publication year, source, and study design were all documented for each manuscript, regardless of whether it was later included in the review. Selected articles were categorised into seven pre-determined groups after careful reading. Prevalence of postpartum depression; depression at different ages and marital status, including depression among young women; pregnancy and childbearing related depression; desired sex of the child, partner's supportiveness, and household economic position are the categories that drive the current review's organisational framework. The current review delves deeper into these categories. Some items were put in more than one category since they addressed multiple subject areas. The information on postpartum depression in Nigerian women discovered in the literature has been included in this review. The Reviewer is not oblivious to the fact that comparisons within the articles cannot be drawn because they are two or more different studies, sample sizes, and locations.

Ethical Practice

The authors emphasised in the articles that prior to doing the research, they obtained authorisation from the appropriate authorities. They also noted that the nature of the study, the confidentiality of the information provided, and the women's right to participate or opt-out at any time without consequence, as well as the study's potential outcomes, were all explicitly explained to them in the languages they understood, allowing them to give their informed consent without coercion.

Result

In this systematic review, a total of forty (40) citations were downloaded into one folder for further evaluation. After 8 repeated citations were removed from the list, 32 articles were screened using inclusion and exclusion criteria stated earlier. Out of which 5 articles were retained for inclusion in the main body of the review. These papers include (Tungchama *et al.*, 2018; Josephat *et al.*, 2016; Nwosu, 2021; Agbaje *et al.*, 2019 and Adeyemo *et al.*, 2020). Samples size of the population studied varied across the study, the smallest being a study on 214 women (Josephat *et al.*, 2016), to as many as 550 participants by Tungchama *et al.*, (2018).

Two of the studies included in the current review were conducted in the South-West region of Nigeria (Ibadan: Nwosu, 2021 and Lagos: Adeyemo *et al.*, 2020), Two other studies (Josephat *et al.*, 2016 and Agbaje *et al.*, 2019) was conducted in South-Eastern part of Nigeria precisely in Enugu State while the fifth study in this review by Tungchama *et al.* (2018) was conducted in Jos (North-Central). General features of the studies were the age of the study population, Marital Status, Ethnicity, Educational level, study perspective, and the postpartum depression sources.

Depression among women at different ages

The age range of respondents in the various articles reviewed was between 25 and 35 years, according to the findings of this review. Tungchama *et al.* (2021) reported an average age of 26.98 ± 5.97 years with almost all participants below 35years old. This was similar to the report of Josephat *et al.* (2016) who reported that majority of mothers were aged 30 years and below (65.9%) with mean age of the participant as 29.52 ± 4.44 . Almost half of the women (43.1%) in Nwosu (2021) studies were within the age range of 30-34 while about 27% were above 35years with a mean age of respondents as 31.8 ± 4.1 . Also, the report of Adeyemo *et al.* (2020) showed that the mean age of the respondents was 29.5 ± 5.70 , with 57.6% within the age group 21 to 30 years. Agbaje *et al.* (2019) reported a mean age of the women as 28.9 years (± 6.2) and that majority of respondents were within the age range of 15–29 years (59.4%). Mothers aged 15 to 29 years were two times less likely to develop depressive symptoms as compared to mothers aged 45 years and above (Agbaje *et al.*, 2019). This is also similar to the findings of Nwosu, (2021) who asserted that statistically, maternal age was associated with postpartum depression.

Depression among women due to Marital Status

Marriage is a culturally recognised threshold for starting a family in the research region. In the African context, being married elevates a woman's status and esteem. From a societal aspect, marriage may boost her "self-worth," which is often lacking in unmarried pregnant women when compared to pregnant women who have delivered babies in the "legal way." The report of this study showed that majority of the respondents were married. Tungchama *et al.* (2021) reported that almost all the participants were married and a higher proportion (61.5%) among the single participants had depression compared to the rate of depression (20.8%) among married participants. However, Nwosu, (2021) noted that marital status ($p=0.156$) was not statistically associated with postpartum depression. Similarly, Adeyemo *et al.* (2020) noted that majority

(91.6%) of the respondents were married or in-union. However, there was no obvious link between marital status and postpartum depression.

Depression among women due to other Socio-demographic status

Other social demographic statuses examined in the various studies showed different trends. Tungchama *et al.* (2021) observed that Over 80% of the study population had a minimum of secondary school education with about a third (30.5%) having tertiary education. As a result, the people who were studied were better prepared to participate in health-related activities including reproductive health education and enlightenment. A woman with a greater degree of education may be better educated about options for improving her health and reducing depression. According to Josephat *et al.* (2016), almost 70% of the respondents had a tertiary degree, however, there was no link between maternal age, social status, parity, or infant gender and postnatal depression. Similarly, (Adeyemo *et al.* 2020) found no statistically significant link between the participants' socio-demographic variables and the occurrence of PPD in their investigation. In contrast, Nwosu (2021) found that family type, child age, number of surviving children, and desired gender were all statistically associated with postpartum depression.

Incidence of Postpartum Depression Among Women

The prevalence of Postpartum depression was reported in various study albeit at a different level. The incidents of PPD in the studies ranged from 21.8% to 37.8% in the studies. The percentage of women depressed each of the study were 21.8% (Tungchama *et al.*, 2021); 22.9% (Josephat *et al.*, 2016); 37.8% (Nwosu, 2021); 34.6% (Agbaje *et al.*, 2019) and 36.5% (Adeyemo *et al.*, 2020).

Causes and factors Associated with Depression

On the cause of PPD in women, Josephat *et al.* (2016) noted no direct link between postpartum depression and mode of delivery. According to Nwosu, (2021), there was no statistically significant link between PPD and physical activity, however, those who engaged in more physical activity had a higher chance of developing PPD. Childcare, having previously lost a child, and having a medical history of depression prior to pregnancy were all linked to postpartum depression ($p = 0.086$). Postpartum depression was also linked to agreement with a spouse on family economics, how to deal with in-laws, decision-making, and relationship happiness. Furthermore, women who have infants aged 6 weeks to 3 months had a lower risk of developing

PPD than women who have children aged 9 months and up. Women in polygamous marriages were three times more likely than those in monogamous families to have postpartum depression, whereas women who reported having their desired gender were also less likely to experience postpartum depression symptoms than those who did not.

According to Adeyemo et al. (2020), having more than five children, delivering by caesarean section, mothers' poor health since delivery, experiencing postpartum blues, having a partner that is not supportive, having experienced intimate relationship violence, not receiving assistance in caring for their baby, as well as not exclusively nursing the kid were all associated factors directly linked to Postpartum depression.

Mothers who went to secondary health facilities were two times more likely to develop depressive symptoms than mothers who went to Primary Health Centers, according to Agbaje et al. (2019). Women's chances of getting depressive symptoms were strongly influenced by the type of health facility they visited for postnatal services. Furthermore, compared to moms with a history of depression, Mothers who had no history of depression were three times more likely to have anxiety and depressive symptoms at the same time.

Discussion

Among various complications arising from pregnancy, Postpartum depression is the most common, impacting some women and creating a public health issue. According to one of the studies conducted by ((Adeyemo *et al.*, 2020), postpartum depression exists among Nigerian women. The prevalence rate varied between studies, which could be attributed to differences in study designs, the postpartum period during which the study was conducted, differences in geographical location, different risk factors studied, perceptions of PPD/mental health, and the cut-off score of the screening instrument. This also demonstrates that a woman's susceptibility to postpartum depression is driven by social, economic, psychological, and biological elements that thrive in favourable environments, rather than her geographic location. Furthermore, depression, anxiety, and other mental health challenges are more likely to be treated as a spiritual attack in rural areas, therefore, sufferers are not given the appropriate treatments.

As, Adeyemo *et al.*, (2020), noted that certain elements could serve as deterrents to PPD in pregnant mothers. He also, stated that “the communal-living lifestyle found especially in rural areas enables social support and companionship from members within the community”. which provide women a sense of comfort and relief, from the “challenges of pregnancy and delivery”.

“In addition, the traditional naming ceremony that is typically celebrated on the baby's eighth day of life in some African cultures, enables mothers to maintain high spirits in the first few days after delivery”.

Furthermore, “the cultural practice of “omugwo/ olojojo omo” where a woman's mother and/or her mother in-law takes stays with her after her delivery for periods up to 6 months, to care for both mother and baby, enables the new mother to adjust to life after childbirth. These practices reduce the stress and anxiety that comes with motherhood and therefore limiting the risk of developing PPD”, (Adeyemo *et al.*, 2020).

Despite finding mothers' young age to be an associated factor for PPD in the study of Tungchama *et al.* (2021), which was similar to the findings of Nwosu, (2021) who asserted that maternal age was statistically associated with postpartum depression, other studies have found a contrary report, as Josephat *et al.* (2016) found no association between maternal age, social class, parity, and baby gender with postnatal depression. Agbaje *et al.* (2019), on the other hand, found a link between maternal age and PPD but found that mothers aged 45 and up were twice as likely as mothers aged 15–29 years to have depressive symptoms. One possible explanation is that older participants had better coping mechanisms than younger participants. It is also possible that their older life experiences gave them an advantage over their younger counterparts.

Almost every study found a link between marital status and PPD. While marital happiness has been indicated as a mild predictor of PPD, the effect is primarily focused on the woman's perceived level of physical, financial, and emotional support in the relationship (Nwosu, 2021). The influence of family context on PPD can be linked to the same level of reported satisfaction. This conclusion has been documented in numerous investigations conducted in traditional civilizations (Fatoye *et al.*, 2006). In contrast, Ghosh and Goswami (2011) and Rahman *et al.* (2003) discovered that women from nuclear families are more likely to suffer from PPD. The impact of family setting on postpartum symptoms may be determined by the quality of the relationship with the husband and the type of assistance received.

The gender of the kid was discovered to be a risk factor for postpartum depression. This is consistent with earlier studies that suggest that a husband's or even a wife's dissatisfaction with the baby's gender is associated with postpartum depression, especially if the baby is a girl (Abiodun, 2006). This is especially obvious if the mother has already had a girl child. Most Africans prefer male offspring as heirs and family progenitors, which puts a strain on women.

Recommendations for Future Research

1. Public knowledge of PPD is required, as is the necessity for women to speak up at all times.
2. Future evaluations should examine depression as a gendered experience, which necessitates analyses that distinguish between males and females rather than focusing just on women, as this study did.
3. A complete analysis of the paths into and repercussions of depression is required to shed light on the causes of depression and, more crucially, to discover mechanisms that may best aid with recovery from depression.
4. It would be ideal for future studies to quantify the effects of depression on women by following up on women who have been classified as depressed for at least a year.

Limitation

There are a few limitations to the study that should be mentioned

1. Because of the tight inclusion criteria used, the scope of the analysis was limited to research conducted in Nigeria and published in English. This judgment might have resulted in the omission of potentially important evidence.
2. Another disadvantage is that the evidence summary is solely narrative in nature. Due to the great diversity of the research evaluated, the reviewer was unable to develop a quantitative synthesis of results.
3. Furthermore, the current evaluation omitted articles on depression that were not explicitly conducted in Nigeria or on Nigerian women post-natally. As a result, material about depression, in general, may have been omitted.

Conclusion

Depression is a widespread mental condition that affects both men and women in different ways around the world. PPD exists, as evidenced by the fact that it was mentioned in all the literature analysed in this study (although the prevalence was different levels). Despite the prevalence of PPD, it remains underdiagnosed due to a lack of awareness and probably stigmatisation

connected with it. However, it was discovered in this study that women, particularly those between the ages of 25 and 35, are linked to PPD.

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