Author’s response to reviews

Title: Depressive and Anxiety Symptoms and Associated factors among Postnatal Women in Enugu-North Senatorial District, South-East Nigeria: A Cross-sectional Study

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Authors’ Responses and Rebuttal to Reviewers’ Comments

Abstract

1. The abstract has been reduced as suggested by Reviewer #2. Only the major findings were included in the abstract.

Introduction

1. Reviewer #2 made reference to the adverb “many” in the second sentence and suggested that maternal and/or perinatal mortality rates should be used to replace the adverb. The observation may be valid. However, in the Nigerian context, it is difficult to have a nationally representative data on maternal mortality rate attributed to depression and anxiety. This is also evidenced by the reports of previous studies highlighted in paragraph 3 of the introduction. Furthermore, the second sentence was informed by the evidence in published literature specifically the finding of Matthey (2008).
2. Introduction/background has been slightly reduced as recommended by Reviewer #1. We expunged a section of paragraphs 3 & 4 which we considered repetitions.

Methods Section

1. We refute the comments made by Reviewer #2 on the need to remove the sample size determination formula and codifications. Presentation of formula on how a sample was derived, and codification of variables of interest for a particular study are significant aspects of scientific writing. They provide a guide for verification of facts, and may also assist researchers, especially in developing nations in their methodological conceptions and data analyses.

2. The observation made by Reviewer #2 in reference to the use of a cut-off point ≥13 on the EPDS contrary to the threshold of 12 is valid. However, the prevalence of PPD varies across diverse cultural settings. In the Nigerian context, recent realities as explained in the background may increase PPD in women. Therefore, to avoid overestimation or underestimation of PPD in the study sample we used a cut-off point ≥13. Several studies have used this cut-off point (See References 10, 36-37). The use of higher threshold is clinically justified since increased scores on the EPDS may be explained by other factors such as transient stress, and “baby blues” characterized by brief crying spells, irritability, nervousness, and poor sleep unrelated to a depressive disorder, but related to normative experiences of pregnancy [36-37].

Results Section

1. We have deleted the text describing population characteristics as recommended by Reviewer #2 and retained Table 2 (now Table 1).

2. Reviewer #2 commented that we did not give sufficient information on domestic violence experience (DVE) of postpartum women measured via items 704 to 706 WHO’s Domestic Violence Questionnaire (DVQ). This comment may be tenable. However, we did not include this variable in the analysis because the VIF was greater than 10 which violated the assumption of collinearity/multicollinearity. Thus, its exclusion from the LR and MLR analyses.
Discussion Section

3. In this section, reviewer #2 suggested that we should be explicit and explain some cultural factors responsible for differences in findings. We have given a reasonable explanation for the observed disparities in findings. Explanation is highlighted in colour.

4. As recommended by the reviewers, we have removed the outlined results from the discussion.