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ARE FIRST TIME FATHERS AT RISK FOR PATERNAL POSTPARTAL NON – PSYCHOTIC DEPRESSION?

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ABSTRACT

Background: First time fathers experience depression that often remains undiagnosed resulting in limited management.

Objective: Explore the risk for puerperal non-psychotic depression among new fathers at four- five months of paternal puerperal period.

Design: Exploratory study.

Setting: Private Maternity Hospitals, Bangalore.

Participants: A total of n=129 low risk first time fathers who were accompanying their wives and infants to the paediatric/ postnatal/immunization clinics.

Tool: The 10-questions Edinburgh Postnatal Depression Scale (EPDS) with the cut off score at 9.

Results: The results revealed that most likely the first time fathers are particularly at risk for mild to moderate depression as the mean EPDS score was 10.86 + 3.01, (cut off score 9) ranging from 7-12 and with none reporting EPDS scores 12 and above. Majority 59% had EPDS score above 10 and 41% of them had a EPDS score below 9 and none reporting with the thought of self harming at four-five months of paternal puerperal period. Vast majority of first time fathers generally reported that the responsibilities of taking care of their children and wives had changed their life styles/ roles and feel scared, terrified/worried, angry/irritable of their heavy responsibilities. Socio demographic characteristics were not correlated with risk for depression.

Conclusions: Routinely assessing men's mental health in the perinatal period would lead to identification of treatable problems that would otherwise go undetected to prevent spiraling downwards.

Keywords: First time father, EPDS, Postpartal, Depression.

INTRODUCTION

The feminist ideology conceptualizes the postpartal mood disorders or postpartal depression as a problem in puerperal mothers ignoring the paternal adaptations to fatherhood. Pregnancy and childbirth are stressful life events for men in their own right and the stressfulness of these events may lead to paternal postnatal depression (Mattheys *et.al*.,2000; St.John *et.al.,* 2005). New demands and responsibilities during the postpartum period often cause major changes in a father's life.

New fathers feel ashamed or embarrassed if they are not coping and so may try to hide their struggles. They maybe thinking that symptoms of distress are a normal part of fatherhood and may not access the sort of services that new mothers do. Men's experiences around pregnancy, labor, delivery and early parenthood

can be very different from their partners. While women usually start preparing themselves for parenthood during pregnancy, life changes for men are usually more marked after the birth, requiring a lot of adjustment. Fatherhood is just as challenging as motherhood, though not always for the same reasons. Paternal postnatal period is a period of metamorphosis for men. As fathers adapt to their new social roles, they also shed part of their former selves, relationships, roles and activities which are incompatible with fatherhood.

First time fathers need support and guidance to make a positive start as new fathers. Fatherhood gives men new responsibilities, creates new opportunities for growth, and poses new challenges for the evolving family unit - from a married couple to a married couple with a child; and for the men - from a husband to becoming a father (Ann, 2010). Definitely, the postnatal experience poses many challenges to men's as well as women's lives and mental health.

Many people think that men experience postpartal depression (PPD) as a result of, or in conjunction with, their partner's depression, but men can experience this independently from their partners. Although PPD in mothers is the strongest predictor of partners having it too, it doesn't always happen this way. Estimates of the prevalence of paternal postpartum depression (PPD) during the first postpartum year vary from 4 to 25 percent. Paternal PPD has high co morbidity with maternal PPD and might also be associated with other postpartum psychiatric disorders. There's also evidence to suggest that paternal PPD tends to develop more gradually than maternal PPD. Longitudinal studies suggest that the rate of depression during the prenatal period decreases shortly after childbirth, but increases over the course of the first year. For instance, 4.8% of first-time fathers met criteria for depression during pregnancy and 4.8% of fathers were depressed at three months postpartum, but 23.8% of fathers were depressed at 12 months of postnatal period (Areias, *et al.,*1996; Ramchadani, *et al.,* 2008).

Parental adaptations have been linked to child risk across cognitive, social, emotional and physical developmental areas. New fathers may be reluctant to admit that they are suffering from postpartal mood disorders because of damaging effects of cultural norms, ideals and expectations. Consequently, fathers' experiencing postpartal depression are hesitant to disclose their true feelings out of shame and perceived stigma as well as a fear of being deemed unfit for fatherhood.

Evans *et al*., (2001) confirmed that new fathers are too frightened to admit they are suffering from postpartal depression because of a 'macho culture' among men. Postpartal depression can affect men just as it affects women and often proves to be more difficult for fathers. While women open up and share their problems, men prefer to go to a pub with friends and discuss other issues unrelated to fatherhood experiences.

Paternal PPD is a serious condition and if left untreated, it may develop into chronic depression or recur when another baby is born (Goodman, 2008). It is not only disruptive to the man's life but can also affect their partner, children, family and friends, whereas this affective condition often remains undiagnosed resulting in limited management. As with women, it's important that PPD in fathers is recognized and treated early and effectively. Incorporating a screening tool for fathers in the routine postpartal assessments of mothers, may significantly assist health professionals in their ability to detect paternal postpartum depression. This will help us to improve clinical insight, not only for improving fathers' mental health, but also for helping the family, including their partners, children, family and friends to have a better quality of life.

In terms of the serious effects of paternal PPD on the whole family, early identification of the symptoms is crucial. In addition, prevention is important in order to avoid spiraling downward. The potential adverse effect of paternal postpartum depression upon the maternal- paternal-infant relationship and child development reinforces the need for early identification and effective treatment models.

METHODS

This study was conducted from July – November, 2013 at three private maternity Hospitals, Bangalore, and Karnataka. Researcher identified all normal low risk cases, who were accompanying their wives and infants to the paediatric/ postnatal/immunization clinics and whose wives, had delivered at term spontaneously by normal vaginal or vacuum/ forceps or cesarean sections. Purposive sampling was undertaken to include the first time fathers. All gave their written informed consent, after receiving oral and written information by the researcher.

Inclusion criteria for first time fathers include, no personal or family history of mental health issues, not under treatment for psychological problems, without

past and present obstetric complications, including fertility problems and medical complications either for them and for their wives during the pregnancy and childbirth.

Exclusion criteria included, age above 35 years, unemployed or staying at home fathers, unplanned and unwanted pregnancy and whose babies have health problems.

The 10-question Edinburgh Postnatal Depression Scale (EPDS) was used to assess the first time fathers risk for paternal postpartal depression at four-five months of postnatal period. It consisted of 10 self-reported items, eight addressing depressive symptoms and two inquiring about anxiety symptoms. Responses were scored 0, 1, 2, or 3 according to increased severity of the symptoms. The cut off score was kept at 9.

ETHICAL CONSIDERATIONS

The study protocol was approved by the ethical committee of the Hospitals. Before the interview, the researcher discussed the study, assured of anonymity attached to any of the research findings and ensured that the new fathers understood that they could withdraw from the study at any time with no adverse effects on the care that their wives and the infants would receive. To protect their identity, codes were used to replace the fathers' names.

DATA COLLECTION

The researcher interviewed each one of the first time father during their four-five months of paternal postpartum period and collected the details about them and their wives taking into account history and socio demographic factors. The 10-question Edinburgh Postnatal Depression Scale (EPDS) was administered to them and they were instructed to go through each item one by one to check their responses that come closest to how they have been feeling in the past one month of paternal postpartal period without discussing their answers or the questions with others, including their spouses. Each one of the first time fathers took approximately 35-40 minutes to complete the items.

FINDINGS

Total of n=129 first time fathers were selected for the study. Among them seven=07 (5.42 %) voluntarily withdrew from the study after answering minimum of three to five items. Among the rest of the total participants n=122, twenty nine of them n=29 (23.77%), reported that they neither experienced nor noted any mood disorders in themselves.

The results revealed that the participants (n=93) mean age were 29.2 years, all of them (100%) were literates, 63.8% had technical education 34.1% had University education and 2.1% had allied health professional education. Regarding socio economic class 89.5% belonged to upper middle class and 10.5% were from average middle class. Regarding occupation 60% were private employee, 29% government employee and 11% had self employment. Regarding their wives mode of delivery 42.5% had normal vaginal delivery, 13.3% had delivered by forceps/ vacuum and 44.2 % by cesarean sections.

The present study findings indicated that the first time fathers are particularly at risk for mild to moderate depression most likely as the mean EPDS score was 10.86$\pm$3.01, (cut off score 9) ranging from 7-12 and with none reporting EPDS scores 12 and above. Among n=93 new fathers 41% of them had an EPDS score below 9 and 59% had EPDS score above 10 at four-five months of paternal puerperal period.

New Fathers' depression: Associated factors

The participants were homogenous with regards to their age, education and income as analyzed by Chi-Square/ Fisher's Exact Probability test which indicated that there were no correlation between socio demographic factors and the risk for depression.

Paternal Postnatal Depressive Symptoms

Findings on the depressive symptoms revealed that vast majority of new fathers whose wives had LSCS were at high risk for depressive symptoms (71.32 Vs 56.29%) with the mean EPDS score (11.21$\pm$3.61 Vs 10.14$\pm$3.01) as compared to fathers whose wives had normal or abnormal vaginal delivery by forceps/ vacuum indicating that the mode of delivery increase the risk for paternal depression. Highest percentage of new fathers (81.14%) reported that they had difficulty in sleeping; feeling scared (77.13%); blaming themselves (72.66%), when things were going wrong and (67.15%) feeling sad most of the time, (65.15%) unhappy, angry, or irritable and (62.13%) difficulty in coping with the demands of the babies, with work and house hold responsibilities.

Paternal Postnatal Anxiety Symptoms

The study revealed that 69.41% felt panicky and 65.13% felt anxious about their future roles, as care taker, responsible fathers, husbands, financial status, health, education of their offspring's, life settlement, owning a house and productive employee at work place. Comparatively few fathers (28.19%) reported that they are enjoying their fatherhood and looking forward to be with their babies and see them growing.

Life style changes: Fathers subjective responses

Majority of new fathers generally reported that the new responsibilities of taking care of their children and wives had changed their life styles/ roles and feel scared, terrified/ worried, angry/irritable of their heavy responsibilities.

New role

"The first three months after delivery, I was not at all worried, as my wife and baby were taken care of by my in- laws and literally there were no worry/ fear of new responsibilities. Now all of a sudden after these three months when they came back to me, I feel that things have been getting on top of me, most of the time and I have not been able to cope at all."

Shouldering Responsibilities

"During the past three months, I was really happy that I had to spend no money on them, no need to go along with them to hospital, wake up when the child cries, but now I have to do A-Z taking care of two dependants, finding very difficult - what else to do".

Experiences

"I hardly sleep; no good food- no timely food, all the time my wife with the child; more number of visitors frequently come home; lots of expenditure; frequent phone calls; plenty of water is being used-my owner complaints about it- ; vacate the house - look for new house - do not know what to do"?

Time for self

"Now I really doubt whether I can laugh as much as I did, when I was newly married, or will I get to enjoy things as before – I doubt"?

Modification of Life style

Among the participants 51% reported that they modified their life styles by increasing the frequency of smoking, alcohol intake, social networking and spending time with friends outside for no good reasons as a way of relaxing from the house hold responsibilities.

Somatic Symptoms

Majority of them (43%), reported that they get headache, gastrointestinal problems, drowsy, wanting to sleep all the time, eat more, feel sick of everything, and totally drained of their energy expecting sudden miracle to happen where their children grow faster, settle in their lives and no more shouldering of responsibilities.

None of them reported that the thought of self harming have ever occurred to them, but felt scared about their future roles and life demands.

DISCUSSION

New Fathers' Risk for Depression: Prevalence

Findings of this study indicated that the first time fathers are particularly at risk for mild to moderate mood disorders most likely during their paternal postnatal period supporting the findings of Paulson & Bazemore, (2010) and Huang & Warner, (2005), that majority of fathers' rates of depression were higher after the birth than before it.

However it is important to highlight the fact that 27 of them (23.77%) reported that they neither experienced nor noted any mood disorders in themselves. From these findings it could be assumed that postnatal depression affects men as well, but they prefer to remain silent and generally reluctant to admit that they are suffering from postnatal mood disorders or depression. This is because of the myth that it is a rare and strange occurrence usually experienced by men who have some form of emotional or personal deficit. Moreover in India - the fatherhood is plagued by the damaging effects of cultural norms, ideals and expectations which dictate the men to be physically and emotionally strong and self-contained. Consequently, fathers experiencing postnatal mood fluctuations are hesitant to disclose their true feelings or report their experiences out of shame and perceived stigma as well as a fear of being deemed unfit for fatherhood. Thus, the healthcare professionals must obtain a holistic understanding of men's lives looking beyond a dominant ideology towards a thorough awareness of those social

and cultural influences that constitute a man's reality.

New Fathers' depression: Associated factors

The findings revealed that there were no correlation between socio demographic factors of fathers such as age, education and income and the risk for depression as analyzed by Chi-Square/ Fisher's Exact Probability test.

Contradictory to this findings, Anderson *et al*, 2005 reported that in a low income African American sample, 56% of new fathers were found to have depressive symptoms correlated to resource challenges, transportation, permanent housing difficulties; problems with alcohol and drugs; health problems/disability and a criminal conviction history. The present study findings could be due to the homogenous samples and the single time point observation of the study participants that mask the correlation. Studies on larger sample size with different age groups, education, occupation and hospital setting may be needed to find out the reasons for this insignificant association.

Paternal Postpartal non psychotic depressive Symptoms

Findings revealed that vast majority of new fathers reported somatic symptoms and psychological problems related to the postpartum period, such as sleep disturbances, unknown fear, sadness, self blaming attitude, irritability, nervousness, anxiety, fear of isolation, panicky even for negligible matters, difficulty in coping with changes in their day to day activities instead of being overwhelmed with joy and love for their children that likely influence the risk for depression.

In the public mind, postnatal depression is associated with mental illness. The stigma attached to the diagnosis of postnatal depression appears to dissuade men from identifying their struggle, acknowledging their needs and seeking help for their symptoms. Moreover the patriarchal array of assumptions, expectations, stereotypes and impositions that dictate the dynamics of their role impede men's ability to either seek help or show vulnerability

From this study it is evident that first time fathers experience heightened stress levels and psychological disturbances in their paternal postnatal period. The study suggests that it would be beneficial for healthcare professionals to recognize the needs of the father in a more holistic manner to gain a better understanding of men's psychological responses to postnatal period demands and accept that transition to fatherhood. But in some circumstances there may be damaging experience for first time fathers. Educational programs in the community may help fathers understand their expected roles and health services and should raise awareness, provide relevant factual literature and disseminate appropriate skill-based information.

Access to antenatal classes by fathers along with their partners should be facilitated because anxiety and depressed mood might start during the partner's pregnancy. Earlier intervention for both parents would be more effective to alleviate paternal PPD before the symptoms become serious. Traditionally men are recognized as support providers for their families and lack of understanding and supportive network for them are more common. Hence involvement of fathers in parenting, proper support from families, health personnel, would help new fathers ease their stress in the postpartum period and adapt to the changes in the postpartum period.

Researchers (Paulson, 2010; Huang, 2005; Anderson, 2005) have found fathers' depression impacting more negatively on their parenting behaviors than mothers' depression. Encouraging fathers to seek help from health professionals for complete assessments and consideration of psychotherapy or antidepressants might significantly improve their family health.

Based on this evidence, there is a need for healthcare professionals to change their preconceived ideas and start valuing fathers' experiences to better support them in their transition to fatherhood.

IMPLICATIONS FOR PRACTICE

Fatherhood alters men's lives socially, emotionally and economically. With any change comes the need for adjustment to new responsibilities that would produce emotional disturbances and since the human experience is subjective in nature, one's response to change will also be subjective.

Healthcare professionals should devise approaches to better support men in their transition to fatherhood experiences and understand the differences between individual fathers. The EPDS screening and counseling for the fathers could be a starting point.

Considering that stigma may contribute towards fathers' reluctance to access services, care packages should focus more on advocacy, new fathers' empowerment, requesting their presence at prenatal appointments, tailoring prenatal education to their needs and acknowledging their input in the postpartum care would prevent the symptoms spiraling downwards.

RECOMMENDATIONS

Future studies are required to understand the full range of normal and abnormal adjustments to becoming a father.

LIMITATION OF THE STUDY

The study has the limited ability to generalize the findings to men whose wives have PPD.

CONCLUSION

At the childbearing stage, men face various developmental tasks such as taking care of the pregnant wife's needs, providing physical care to the infant and supporting the development of the child, whilst providing financially for the family. The first-time father can be better supported in these tasks to establish a more conducive and satisfying home and family environment for his whole family right from the start.

Routinely assessing men's mental health in the perinatal period would lead to identification of treatable problems that would otherwise go undetected– benefiting not only the fathers but the mothers, too, given that healthy men are likely to provide better care and support. Integrating paternal PPD screening using the EPDS into routine follow-up care by community health nurses, midwives, family physicians, pediatricians and obstetricians would identify and treat Paternal PPD.

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