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Ways to Cope With Paternal Postpartum Depression From Iranian Fathers' Perspective: A Qualitative Study

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ABSTRACT

Aim: This study explores coping strategies for fathers who have postpartum depression.

Design: A qualitative study with semi-structured interviews.

Methods: This qualitative content analysis was conducted in Shiraz, Iran, in 2020. Data were collected through in-depth semi-structured interviews with 19 fathers with postpartum depression selected through purposive sampling.

Results: The findings indicated using social support networks, having hope for future, and acquiring new skills as ways to deal with paternal PPD. The first category has three subcategories: job support, family and relative supports, and empowered spouse. Positive attitude on having a child and belief in instability of life problems over time formed the category of having hope for the future. The third category included need for parenting and communication skills training and was named acquiring new skills. In this study, the fathers believed that there were some ways to cope with PPD. Therefore, families and health care providers should be aware and use these strategies to reduce depression.

Patient or Public Contribution: Yes.

1 | Introduction

The birth of a child is a stressful event for both parents and forces them to accept new roles of parents in addition to their previous ones. This new role is challenging for both parents, especially if they experience depressive symptoms in the first year after delivery (Edhborg et al. 2016). Evidence is growing that fathers, like mothers, are experiencing postpartum depression (PPD). However, PPD in women is more recognised and treated than PPD in fathers (Sweeney and MacBeth 2016). While paternal PPD can affect all aspects of family life, including relationships with their spouses and children (Paulson and Bazemore 2010; Shaheen et al. 2019). Also, the severity of PPD in one parent is closely related to the intensity of

PPD in another parent (Ramchandani et al. 2011; Singley and Edwards 2015). Some studies reported maternal PPD as the strongest predictor of fathers' depression (Field 2018; Paulson et al. 2009).

The negative effects of fathers' PPD on paternal roles, marital/partner relationships, developmental effects on infants, toddlers, preschoolers, grade school children and adolescents, and community as well as family have been seen and need further investigation (Bruno et al. 2020; Field 2018; Saxbe et al. 2018). Therefore, identification of the predictor/and related factors with paternal PPD will help us to find the fathers at risk, and may prevent the adverse effects of PPD on the family health and relationship (Yazdanpanahi et al. 2021).

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and postpartum, learning how to maintain sexual and marital satisfaction in the postpartum period and learning how to care for the baby were the needs of the fathers. Increasing their awareness and knowledge will reduce their mental preoccupation and depression. The fathers who participated in the study stated that they did not receive any training during this period and their source of training was the media and mass media such as radio and television or the Internet, about the accuracy of which they are not sure. Most fathers talked about the lack of information during the prenatal period and the existence of the classroom only for mothers (Baldwin et al. 2019). In addition, some fathers considered cultural and social barriers as a factor in reducing their knowledge in the above mentioned points (Field 2018) Men preferred to meet the needs of their partner or sexual partner. Fathers would like to be a guardian who is aware of the mother and child care. In this regard, some studies have shown that if the mother has PPD, if the father participates in care, the mother responds better to the treatment (Baldwin et al. 2019; Edhborg et al. 2016). Most of the participants were interested in acquiring communication skills as to the baby. Therefore, teaching communication and parenting skills to parents in prenatal centers is very valuable and reduces PPD.

In this study, we found that paternal PPD in many cases could be preventable as well as manageable by depressed fathers to experience fewer symptoms, provided that the needs of fathers are recognised during this time. The results of a study conducted by Letourneau et al. (2011) showed that fathers reported that they needed help to overcome PPD, but there were obstacles (Letourneau et al. 2011). One of the main obstacles to the lack of information about PPD was lack of knowledge of where to go for getting information (Letourneau et al. 2012). Thus, fathers should be considered as a parent who is affected by changes in the pregnancy and childbirth, and to reduce their PPD during this period, their needs should be recognised. Allocating more paternity leave to fathers, supporting them in the workplace, and also allocating the low interest loan to them may reduce the rate of PPD among fathers. Further, health care providers should be competent to train fathers in new skills. Finally, it is important that care providers pay attention to the health of their clients. Moreover, they should be enabled to meet the needs of pregnant women and their family for experiencing a sweet and pleasant pregnancy (Hajifoghaha et al. 2018; Yazdanpanahi et al. 2015). It is suggested to conduct similar studies in other countries to obtain coping strategies in different cultures and then compare these strategies in a review.

6.1 | Limitation

Because some fathers would not intend to talk about their feelings, we had to spend more time to explain the aim of this study and to persuade them to participate in this study, so this extended the length of time of the sampling.

7 | Conclusion

In this study, fathers pointed to the need to reduce PPD by raising awareness about perinatal care and childbirth, as well as having support in the job, family, society and also having

hope for the future. Therefore, it is better to identify the fathers with depressive symptoms in maternal and child care centers. Moreover, training programs should be held regularly during pregnancy, so that the fathers can be well-prepared and well-informed in the prenatal period. It is better to arrange face-to-face classes for men according to their interests and desires. Also, depending on the work problems and fathers' time, pieces of training can be provided through web-based guidelines and strategies.

Due to the impacts of paternal PPD on family and community health, there is a need for mental health care and screening after childbirth in fathers similar to mothers. Counselling systems should be provided to fathers, whether in person, by telephone, or through the formation of social groups based on the Internet. In this way, we can identify the fathers in danger and provide the necessary support for them. Furthermore, given the impact of job and financial support to reduce paternal PPD and its complications, it would be better that health policymakers pay attention to and draw the attention of government officials to this important issue to allocate more paternity leave to fathers similar to mothers. Also, allocating low-interest loans for the parents who have children can reduce the sources of stress during this period.

Author Contributions

Z.Y. and Z.T. designed the study. Z.Y. arranged the interview with the participants and analysed data. M.H. prepared two Tables and Figure 1. S.T.M. wrote the initial manuscript draft. All authors have read and revised the manuscript.

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Ethics Statement

This study was approved by the Research Ethics Committee of Tehran University of Medical Sciences (IR.TUMS.VCR.REC1398.387).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Due to privacy and ethical concerns, neither the data nor the source of the data can be made available.

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