



Exploring the Manifestation of Post-Partum Depression in Men

Iqra Yousef¹, Hafiza Arooba Javed², Ruhma Naeem³, Ahmed Ikram⁴

¹ Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan.

² Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan. Email: arooba.javed@iub.edu.pk

³ Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan.

⁴ Department of Applied Psychology, The Islamia University of Bahawalpur, Pakistan.

ARTICLE INFO

Article History:

Received: July 13, 2023

Revised: September 28, 2023

Accepted: September 29, 2023

Available Online: September 30, 2023

Keywords:

Post-Partum Depression

Men

Pakistan

Reflexive Thematic Analysis

Funding:

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

ABSTRACT

This qualitative study was designed to explore the manifestation of post-partum depression in men. There are growing number of fathers who undergo through this condition and are not self-aware because lack of recognition to this concept. This study found how men tend to experience this phenomenon and how it affects their lifestyle by using phenomenological approach. Purposive sampling was used to approach the sample. A sample of 15 participants were reached out through purposive sampling approached to screen out the symptoms of post-partum depression among men by using a screening tool of Edinburgh Postnatal Depression Scale (EPDS). Nine participants out of 15 were found to have post-partum depressive symptoms. Only 7 out of 9 participant's data was taken in main study after reaching at saturation point from semi-structured interview. Collected responses were transcribed and themes were generated through reflective thematic analysis (Saldana, 2021; Barun & Clarck, 2019). From the analysis, four major themes were generated from the study; sense of un-involvement, chaotic experiences, transitional phase and partner induced post-partum depression. These themes were divided into sub-themes that thoroughly discussed the demonstration of this phenomenon in men. The study was intended to instill a great sense of awareness among the public about the phenomenon of post-partum depression in fathers that tends to exist.

© 2023 The Authors, Published by iRASD. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License

Corresponding Author's Email: arooba.javed@iub.edu.pk.

1. Introduction

Postpartum Depression (PPD) has been scrutinized widely for quite a long time now. For a long couple of years from now postpartum depression (PPD) has initially been linked to mothers solely; and recently we can see an increased number of researches being done, which are related to a father experiencing child birth Olatunde, Hosein, Paoletti, Pitcairn-Ramirez, and Gurney (2022) and numerous researches focused around the experience of father through post-partum and strategies to cope with it. For fathers who are eager to reach out for help, the shortage of knowledge about paternal postpartum depression results in inadequate supportive systems and treatment plans. It is gradually being recognized that the accomplishment of passing the milestone of fatherhood can be tough, challenging, perplexing and life shifting. The common societal hopes and expectations from fathers is to be more concerned and engaged with their child upbringing than their forefathers, and to get completely familiarized with the shortcoming of parenting process (Paulson, Bazemore, Goodman, & Leiferman, 2016).

However, men during their reproductive phase when undergo the transition of being a father, it definitely is a life-changing experience that endures throughout the course of their lives. The complete practice of becoming a father can be very nerve-wracking as is can be very demanding in terms of has physical health as it can have devastating impact on the pattern of sleep and can result in extreme exhaustion and distress. It can also be very demanding in terms of psychological health, as it can alter one's self-confidence and drive towards basic survival.

Most of the time fathers manage with this in result of the resilience built but when they do feel strained and troubled in coping with the physical and psychological problems that may cause marital discontent, and economic or occupational complications (Giallo et al., 2012). The occurrence of postpartum depression in fathers is seen from the first three months of pregnancy till the first year of postpartum, and the highest occurrence was from three to six months of postpartum. Given the potential imitation of paternal postpartum depression, it is crucial to identify and be familiarized with the pattern of occurrence of postpartum depression by new fathers and the providers of health care services.

1.1. Postpartum Depression in Men

Much detailed study has been conducted in recent times on sadness in women going through reproductive age. This might be related to the complicated relationship among variables such as depression, child bearing and developmental outcomes in children. For both maternal and paternal postpartum depressions occurring in the parenting transition, risk variables are quite the same. Lower socioeconomic status and joblessness, prior evidence of depression and being with a spouse who has symptoms of depression are all potential contributing factors for postpartum depression in men (Paulson & Bazemore, 2010). Subsequently, depression among dads during the postpartum period is a major public health concern for a wide range of reasons (Paulson & Bazemore, 2010). Firstly, because depression in dads is unexpected, and emphasis is frequently entirely focused just on the mom of the infant, it is not detected or screened. Second, because males may be less inclined to express their sadness and ask for technical assistance, depression among men frequently presents diagnostic issues. Finally, there is an expanding amount of research on the varied fatherly roles, the advantages of dads helping with child rearing, and the significance of men's mental health for the healthy family functionality (Paulson et al., 2016).

1.2. PPD and Gender Biasness

Because of the social ideals of masculinity that are thrust onto and are also influenced by males, men are much more prone to understate the classic depressive signs (such as sorrow). Males are less likely than women to describe or communicate their sadness in a conventional, straightforward way. Instead, they may communicate and deal with their psychological sufferings through avoidance, emotional numbness, or escapism behaviors like aggressiveness, suicides, or drugs abuse. Although the notion of masculinity's effect is taken into account, the manly depression paradigm views 'man depression' as a consequence of conventional depression instead of a "disguised" version of conventional depression (Eid, Gobinath, & Galea, 2019).

1.3. PPD and Stress

Potentially stressful experiences are significant predictors for the development and relapse of depression, and they therefore increase the likelihood that depression will return in postnatal dads. In contrast to mothers, who experience the maximum high prevalence throughout these years, men actually have the greatest levels of depression in the child raising years. It's crucial to remember that the differences in the prevalence of depression in moms and dads might not be entirely true (Eid et al., 2019).

1.4. PPD and Child Development

Negative outcomes for children and dysfunctional parenting styles are after effects of fathers' depression. There is strong evidence connecting heightened levels of internalizing and externalizing behaviors in children with father depression. Beginning in infancy till adolescence, depression of fathers can have an impact on their children's psychological well-being. Negative newborn mood has been linked to paternal postpartum depression, which lays the groundwork for future internalizing and externalizing behavior of children. Empirically stated that paternal sadness was associated with greater intrusive, hostile, and controlling parenting behaviors as well as a reduction in nurturing, affectionate, positive, helping behaviors. Similar to observations in women, the relationship between fathers' sadness and parenting had a great connection (Dave, Sherr, Senior, & Nazareth, 2008).

1.5. PPD and Mental Health Problems

Fathers are probably certainly more at risk for suicide now than they have ever been in the past due to the increase in mental health issues (Tavares et al., 2012). One systematic evaluation indicated that the prenatal period had greater rates of social anxiety incidence than

the postnatal period did (Leach, Poyser, Cooklin, & Giallo, 2016). According to numerous researches, the father's mental health is significantly impacted by the mother's condition and, in some cases, can even worsen it (Paulson et al., 2016). The evolving roles of American dads demonstrate the growing demands for men to assist in everyday child care while being the major financial caregivers (Hunter, Riggs, & Augoustinos, 2017; Marsiglio, Day, & Lamb, 2014). Contrary to previous research's widespread emphasis on middle-class dads, several investigations have found that the new ideals of fatherhood's multiple obligations are actually more closely tied to working-class fathers (Paulson & Bazemore, 2010).

1.6. PPD and Financial Concerns

Financial insecurity was strongly linked to depression among new dads (Leach et al., 2016). On the Edinburgh Postnatal Depression Scale, men who worked or were employed ranked lower compared to those who were jobless (Nomaguchi & Johnson, 2016). Similarly, it was found that poor family's annual revenue, fear of losing their jobs, and financial instability were linked to men's depressed symptoms (Sethna, Murray, Netsi, Psychogiou, & Ramchandani, 2015). A strong association between paternal postpartum depression and economic concern being noted (Tainaka et al., 2022). In order to provide the family with adequate resources during the postpartum time, fathers frequently assumed it more of duty or responsibility.

1.7. PPD and Marital Problems

The existence of the link between the two factors might be possible during the postpartum period. Paternal postpartum depression was noticeably linked with factors such as matrimonial difficulties and also the weakened relationship between partners (Gutierrez-Galve, Stein, Hanington, Heron, & Ramchandani, 2015). In fathers with depression, decreased sense contentment in marital relationship, lowered warmth and greater degree of disapproval is observed towards the partners, and surprisingly also from the partners (Ramchandani et al., 2011). Depressed fathers were observed to be more inhibited and withdrawn from their children and were not verbally communicative neither were having increased physical connection with the child (Sethna et al., 2015). Marital disputes linked with paternal postpartum depression were also causing several behavioral and conduct issues in the children (Goetzel et al., 2012).

1.8. Experiences of Becoming a New Father

Many fathers experience and feel that after having their baby, their connection with the partners gets unified; it has helped a lot to increase depth and strength. Increase of wholeness, completeness and cohesiveness is also felt by fathers. The responsibilities of fatherhood also influence and increase motivation of men in regards to their personal development and growth. It also decreases their risky behaviors and in still the wanting for self-care. Adjusting to new father roles and duties could also surface reservations and trials for men, it is also challenging because they are now repositioned in terms of their work, child and spouse. The fathers for the first time, described their emotions and feeling as if they bystanders or outsiders to the new bond between the mother and the child, they felt more detached towards their bond, more than they imagined (Chin, Hall, & Daiches, 2011).

2. Literature Review

Researchers and clinicians have been putting their interest in researches related to depression that solely occurs due to pregnancy and is seen immediately after the child birth, this is referred to postpartum depression (PPD) (Paulson & Bazemore, 2010). Occurrence of postpartum depression is after the birth of infant, that it why is impact hugely on mother and child interaction, this has also been a major interest for the researchers. In fact, severe impact of PPD has been seen on the development of infant and suffering for not just mother but also fathers (Carapito, Ribeiro, Pereira, & Roberto, 2018). It has been expressed by the fathers that, things can be better and beneficial if the fathers have more knowledge about infant care and awareness about the roles as a father and at the last but not least the know how about the potential variations and strains that might be faced during the process. The desire to be a part of infants' care was extensively reported by the fathers, but uncertainty was experienced (Chin et al., 2011). Postpartum depression is also acknowledged as post-natal depression, which denotes to the clinical depression after the birth of child (Paulson et al., 2016). Postpartum depression has significant effect on both men and women, but the frequency might vary, and more likely women have been seen more effected. The prevalence of postpartum depression among females ranges from 5% to 25 %. While when we see in males, it ranges from 1.2% to

25.5%, but it was also affirmed that the actual prevalence rate is unknown due to the methodological differences among different conducted studies (Paulson & Bazemore, 2010). The postpartum period for the first-time fathers, frequently involves the experience of novel feelings and emotions, developing and learning new role as parent, work obstacles and knowledge barriers and above all nearly absence of any kind of father related support. A huge disconnection in intimacy and enormous difficulty in getting personal and private time with the spouse is reported by fathers. Despite of all the changes and problems the fathers face related to intimacy, there are various positive and constructive changes take place (Chin et al., 2011).

Consequently, there are several reasons why paternal health and involvement after the childbirth matters to pronounced extent. It not only has protective influences on the family unit but also is enormously linked to improved maternal health and wellbeing. This in results has direct effect on attitude towards motherhood by the mothers (Sethna et al., 2015). Moreover, children's cognitive, social and emotional wellbeing is directly connected to higher levels of both maternal and paternal contribution throughout child's infancy and preschool stage (Kilmartin, 2005). All the benefits of paternal and maternal contributions in progressive child development and upbringing have generated to a necessity to examine the prospects that can cause obstruction to those involvements, particularly postpartum depression. There is an enormous amount of research done, including qualitative and quantitative on maternal postpartum depression, but in comparison, paternal postpartum depression is less screened, less diagnosed and resultantly undertreated, which causes significant complications among the families (Dave et al., 2008).

2.1. Purpose of the study

Father's mental health and state is as important as of mothers. This qualitative research tends to get an insight into the experiences of fathers throughout the postpartum time period, related to their expressions of anxiety and symptoms of depression. We want to scrape out any underlying symptoms of anxiety and depression, which the previous literature suggest that they exist but are not recognized. Due to this ignorance, poor parenting is a major outcome (Paulson & Bazemore, 2010). The purpose is to cover the void in investigation about the lived experiences of men with PPD. This study tends to recognize the patterns in fathers' behavior after postpartum that can identify postpartum depression.

2.2. Significance of this Study

This piece study wishes to explore the manifestation of postpartum in fathers in depth. This area of research is still under the process of getting the attention that it needs and still how men experience post-partum period is not studied in detail or given enough consideration. Postpartum depression tends to affect both men and female and cause detrimental after effects on the whole family unit. Depression is one of the major mental illnesses it is quite common but when it comes to men it is ignored. This ignored field of study has a lot of consequences which seem to be one of the very first causes of dysfunctional family systems. This research tries to uncover the manifestation or expression of men. Father's expression of postpartum is different from that of mother and is often not recognized.

2.3. Objectives of the Study

The objectives of this research are the following,

- To explore the phenomenon of postpartum depression in men.
- To uncover the underlying psychological, emotional and cognitive manifestations of postpartum depression in men.
- To find how postpartum depression affects the martial relationship.

2.4. Research Questions

Following are the research questions for this research.

- How is postpartum depression experienced in men?
- What are the psychological, behavioral and cognitive challenges faced by men during this postpartum period?
- How postpartum depression affects the martial relationship of fathers?

3. Methodology

3.1. Selection of Participants

Participants of this study were male. These male members were fathers to newborns. A sample of 15 participants were reached out through purposive sampling approached to screen out the symptoms of post-partum depression among men by using a screening tool of Edinburgh Postnatal Depression Scale (EPDS). Nine participants out of 15 were found to have post-partum depressive symptoms. Only 7 out of 9 participants were recruited, after reaching the saturation point when nothing new was obtained in the process of data collection.

3.2. Sampling strategy and Recruitment Method

A research protocol was formulated before collecting data and all the steps were followed till the end according to the protocol designed. Purposive sampling was used to approach the sample. Screening was done on 15 participants by using Edinburgh Postnatal Depression Scale (EPDS). The finest cut-off screening point to detect depression and anxiety was 7 to 8 or above, which is lower than that used for mothers screening, approximately two points low. 9 participants were selected according to the cut-off score and 9 participants were recruited after reaching at saturation point. These participants were fathers who were ranging from 25 and above. They were approached by the researcher's knowledge and confirmed through different maternity homes and hospitals that they have gone through child birth.

3.2.1. Inclusion Criteria

Fathers, who had the youngest child with the age of six months or below, were chosen. Fathers ranging from the ages of 25 and above were selected.

3.2.2. Exclusion Criteria

Fathers who were not in their first six months postpartum were not taken.

3.3. Procedure

Data was collected by using semi-structured interviewing technique. The data was collected from fathers through online telephonic calls. The calls were recorded by the consent of the participants. These interviews ranged from 15 to 20 minutes on average. To acquire a comprehensive and deeper understanding of the phenomenon and research objective 8 probing interview questions were devised. These were open ended questions and were mainly based on the objective of the study.

Table 1: Interview Agenda

Interview Agenda
1 How would you explain your experience of fatherhood?
2 What were your feelings pre and post child birth?
3 How did it change your life in general? Explain it.
4 What kind of emotional, physical, psychological and social differences you felt?
5 How did it impact your marital life and relationship with your spouse and other family members?
6 How did it change your socio-economic position?
7 Do you have any understanding of postpartum depression?
8 How do you think you experienced postpartum depression in some way, if so, what was it like?

All recruited participants were first brief about the research purpose, nature and the scope of research. The participants were encouraged to talk freely and open up about their views without hesitation. The verbal audios were tapped also the researcher noted gaps, breaks, highs and lows of the participants. Questions were designed to probe. Eight questions were asked and were also elaborated to the participant when needed. Each interview took 15 to 20 minutes on average.

3.4. Demographic Information

A demographic questionnaire was constructed to get some detailed information of the fathers. It included: (1) Participants age, (2) which month of postpartum they were in, (3) what was the order of the baby.

3.5. Data Recording and Transcription

All the interviews were audio tapped throughout. All the recordings were transcribed in a way that the participants were numbered accordingly (Saldaña, 2021). This ensured

anonymity and data was classified. After that, themes were generated through transcribed responses by using reflective thematic analysis (Braun & Clarke, 2019).

3.6. Ethical Consideration

Ethics were projected throughout the research. All the participants were insured that their information would be kept confidential and their respect and autonomy was respected and honored. Anonymity and privacy were ensured to participants and they were allowed to draw themselves back from the research at any point during the process. They were informed that they have the right to withdraw at any point. Most participants felt hesitant to talk about the problems so to avoid that good rapport building was established with a brief introduction. Before conducting the research, informed consent was provided to the participants and the form acknowledged that the participation was completely willingly and voluntarily. The time was chosen according to participants ease and convenience. While asking the question no personal biasness was demonstrated. The direction of interview was maintained to minimize distractions. The language chosen was appropriate and the behavior and professional.

3.7. Rigor of the Study

Trustworthiness of the study was ensured by following the guidelines of Guba and Lincoln (1994). Credibility was also maintained, throughout the research, the objectives of this research were kept in mind which ensures that the research capturing and portraying what it is designed for. Transferability was maintained as the research can be generalized. The sample selection was without bias which shows the dependability of the research. Conformability was also established as the whole process of research was reported.

4. Findings And Discussion

The table below shows the demographic information collected.

Table 2: Demographic Information of Participants

ID	Age	Order of child	Months of postpartum they were in
1	29	1 st born child	6 months
2	30	1 st born child	5 months
3	34	1 st born child	4 months
4	35	2 nd born child	5 months
5	27	1 st born child	4 months
6	33	2 nd born child	3 months
7	27	1 st born child	5 months

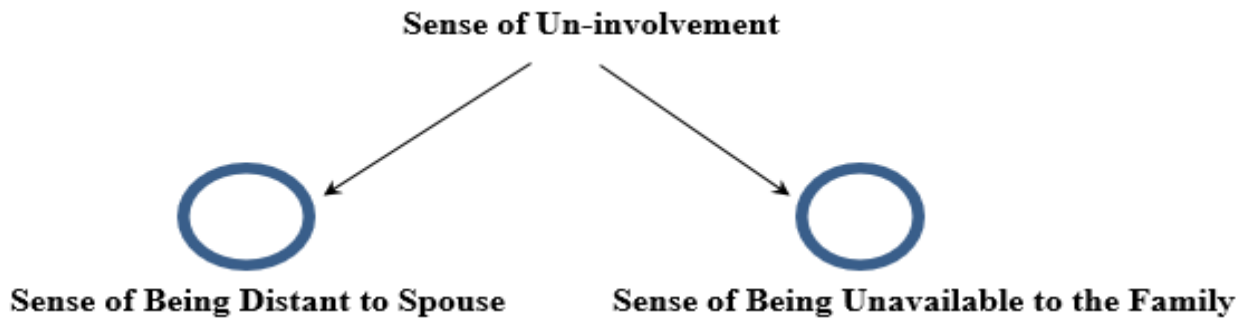
4.1. Description of Themes

A number of four major themes were generated from the data analysis process (Braun & Clarke, 2019). These themes were formed by using manual coding system. These themes were divided into sub-themes. Following are the themes with their respective sub-themes: (1) Sense of un-involvement, which included two sub-themes, sense of being unavailable to the family and sense of being distant to the spouse. (2) Chaotic experiences, which included three sub-themes, physical, psychological and behavioral changes. (3) Transitional phase, which included three sub-themes, increase sense of responsibility, work family imbalance and unique experience. (4) Partner induced post-partum depression was the fourth theme established.

4.2. Theme 1: Sense of Un-involvement

Fathers who were going through postpartum period were having feelings of un-involvement. They were feeling an outsider to the whole situation at times. Fathers reported that they not being able to be part of ultrasound, they were not allowed to get in. And after delivery the interventions of postpartum or any sort of help was mostly encouraged to be offered to mothers only. Fathers also felt distant to the partner, they felt that they also felt this gesture from their spouse. They were going constantly through the process but yet they thought they were less involved. They also felt that culture plays its roles as well which at times hinders father to completely be there. They also felt less involved because of the role division. Fathers mostly are financial provider; they are mostly involved in financial provision that is why they are at time most likely to be less involved in terms or emotions in contrast to mothers. They also felt they were at time unavailable and not emotionally present.

Figure1: The core Theme with two Sub-themes. (Theme 1. Sense of un-involvement)



4.2.1. Sense of Being Distant to Spouse

This sub-theme is related to the perception of the participant about them being distant to the spouse; father also reported that they felt, their wives became distant during the process. They felt that their wife's attention was completely taken by the child, this made them feel distant and an outsider to the situation, as now wife being a new mother cannot be always there, they showed this as, *"My wife's attention was divided"* (R2, 30). Another participant said, *"My wives attention was divided which was sometimes very disturbing for me"* (R4, 35) Another participant reported that the lack of attention given was from both sides, like he stated, *"There were less time for two of us. I was not giving equal time to my wife, neither my wife was giving me that much time now as we both were distributing our time to our daughter."* (R6, 35)

They felt that there was also role of culture which caused them and expected males to offer their standard well known roles, they were not expected to help the spouse in basic care giving, one of the participant reported this as, *"we don't follow the standards set by society but I felt that still me changing diapers was still not that happily accepted and even if I want to do the culture keeps pulling back and resultantly I felt it made me a bit distant from my wife"* (R7, 27). They also felt that they were not allowed to be in some appointment. Participants revealed about themselves as, *"Doctors didn't let me in for first few ultrasounds, I waited outside and would just listen to stories from my wife"* (R1, 29). They were not treated like the mothers were in terms of resources and attention provided to mothers to cope with stress and anxiety. They did not have enough guidelines to cope up. Some men voiced their belief that, while they desired equal parental status with the mother, health care providers and society regarded the mother's thoughts as more significant than the father's.

4.2.2. Sense of Being Unavailable to the Family

The second sub-theme was that fathers felt during the postpartum period that they were not present or available for their partners that contributed to what our major theme here is describing. They reported that at times they could not be physically present for the partners, due to work and mismatched schedules. They reported this as, *"Sometimes I was not able to be with my wife during her appointments and checkups, sometimes I didn't have time."* (R2, 30). Even if the fathers wanted to give their best it was very tough for them as on the participant expressed this as, *"There were times when I wanted to help my wife but it was exhausting managing job and helping wife, it was a very tough period"* (R3, 34). This shows that they felt unavailable also because they were making effort to be available for their wife's and child just like the wife's does but it was difficult for them to manage. Similar qualitative investigations of dads' experiences with PPD have highlighted unmet expectations and underlying emotions of inadequacy (Goetzl et al., 2012).

4.3. Theme 2. Chaotic Experiences

Giving birth to a human child and raising the child is considered the most challenging experience. This is challenging for not only mothers but fathers also. Challenges faced by fathers are overlapped with those of mothers but the whole process is full of chaos for fathers too. This theme is covering three major dimensions of changes, which are occurring during this time period and are contributing in making it chaotic. The physical changes are taking place during this time period, father have also reported such changes. They have reported multiple physical changes. Physical changes are making this duration more difficult. This duration tend to be a roller coaster of emotions. Simultaneously, behaviors are also altered. These changes are somehow coincided by the ones faced by mother.

Figure 2: The Core theme with three Sub-themes (Theme 2. A Chaotic Experience)



4.3.1. Physical Changes

This sub-theme represents all the physical changes fathers underwent while the post-partum period. Mothers went through a tremendous physical change, pregnancy, changes in hormones, delivery and then breast feeding these all are very massive changes. In this theme fathers addressed all the physical and physiological changes they go through. Fathers reported a few changes that occurred. They reported that they gained weight during the process, it was expressed as, "*I felt physical changes in myself. I gained some body weight*" (R3, 34). Another participant stated "*There is no such physical difference. Just a bit of weight gain shayad*" (R5, 27). In addition to that respondents also reported lack of sleeplessness, they were not able to get proper sleep, and they were sleep deprived during this period. Also because of the work schedules and tough routine, one of the respondents reported, "*Physically, I was having poor sleep, and had to visit doctors*" (R6, 35). They reported they were restless and were facing physical distress as well. Fathers were feeling tiresome, they feeling physical distress, as one of the respondents expressed, "*I felt physical distress as well due to sleeplessness and also had headaches*" (R3, 34). Another expression was, "*They sometimes caused headaches for short period of time*" (R2, 30). In this time period father thought they would enjoy some leisure time but they hardly got time to relax. Another participant reported, "*I couldn't enjoy myself and relax and take out some me time*" (R4, 35). Being a parent is a unique experience that may be difficult due to physical stresses on sleep cycle and the resulting weariness, as well as emotional demands on self worth and drive. Fathers managed plenty of the times, but if they did struggle, it may be exacerbated by a poor relationship or discontent with their spouse, as well as financial or career issues (Goetzel et al., 2012).

4.3.2. Psychological Changes

In contrast to the physical changes which were not observed to a great extent in men as compare to women, psychological changes are quite a few that were reported by the respondents. This whole process is of great grind and that is why it is also psychologically challenging. Fathers have gone through stressful situations which caused tension. They have felt sadness and exhaustion. They were worried about various things. Fathers on the whole were anxious and they while reporting these psychological changes mentioned all the reasons that were triggering these psychological difficulties to manifest. Fathers were having feelings of being depressed, when the child cried all night and they cannot control the situation. Such sleepless nights are tiring, it is expressed by a respondent as, "*The process had very sleepless nights it was tiring and I feel depressed when my daughter cried all nights long*" (R1, 29). Fathers felt overwhelming, when it comes to the new born, some of the fathers had difficulty holding the child which caused then anxiety and they felt weird, one of the respondents stated, "*But sometimes I felt weird and anxious I was very cautious when holding my daughter, I was not able to grasp the concept it was overwhelming*" (R2, 30). It was an emotional chaos as well, father felt angry and sensitive at times. Anger shows their vulnerable emotional state as well as the sensitivity that they feel, it was reported as, "*Emotionally I was very sensitive at times. Sometimes angry*" (R3, 34).

According to Darwin, men frequently experience mental and emotional stress following the birth of a child but prefer to concentrate on their spouses' demands or even wonder if their state of mind is valid. Several of the dads felt that their sentiments were invalid or that their feelings were not as essential as their wives' feelings, thus they buried their feelings. Depression after delivery is defined by low mood, self-esteem, attention, and energy, as well as increased

stress, worry, cynicism, and guiltiness, as well as disrupted sleep, weight fluctuation, and suicidal ideation (Milgrom & McCloud, 1996).

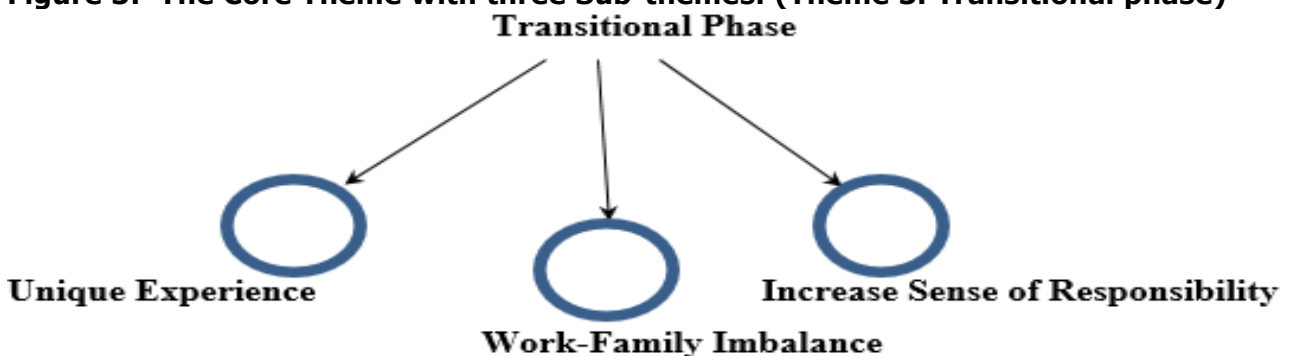
4.3.3. Behavioral Changes

Just like physical and emotional changes. Fathers also reported behavioral changes. When a person goes through psychological complication just like the fathers reported, they also appear in the person's covert and overt behavior. Fathers felt that they were left alone, they felt isolated as well, they reported that busy and demanding schedules were a big restraint in their connection with the child, and when the connection fluctuates to the weaker side, fathers choose to isolate at times. One of the participants reports this as, *"But at times I felt alone, isolated I felt I could not connect, and I had a very busy schedule but that was also necessary"* (R7, 27). One more major behavioral complication seen was that fathers were as agitated and disturbed. When the child gets weak or suffers from any disease, the upcoming day gets so tough for the couple. And this causes the father to get irritated, as they have other responsibilities and a fixed work schedule that gets disturbed with these blows, a participant reported this as, *"Living with a newborn child is not easy at all. Child's crying and being affected by some disease every next day is painful and difficult to deal with, and I feel disturbed and agitated"* (R6, 34). Fathers with paternal PPD report increased degrees of irritation and loneliness. Males suffering from PPD had higher rates of drug addiction, higher levels of paternalistic aggressiveness and close relationship violence (Roberts et al., 2006), and higher monetary pressures (Ram et al., 2003).

4.4. Theme 3. Transitional Phase

Child birth is prominent transitional process within lifetime period. It is one of the major transformation and addition in both parents' life. It is evident that every transition comes with its discomfort and problems. It always takes time to get adjusted to changes. Usually, couples with first born babies do not have proper guidance, so the change is very new for them and as it is the first experience, chances of error and mistake increase that can resultantly cause more stress. Change can be easily adjusted to if enough resources are provided and if challenges are already experienced. So, child birth is a unique experience for all the couples having first born. Another major change faced is the increased sense of responsibility, and the third sub-theme is change in work-family transactions.

Figure 3: The Core Theme with three Sub-themes. (Theme 3. Transitional phase)



4.4.1. Unique Experience

Pregnancy and child birth both are unique experiences especially for new parent who just had their first baby. It was expressed by the fathers that they felt a gap in father related information resources; they felt they faced lack of guidance from the surrounding. Fathers faced various challenges in getting attuned with this huge transition. It was their first experience and they did not know about so many things. They did not have a proper direction. The respondent expressed this concern as, *"Well I have seen babies before they live in the same house but they were not in the same room with me so I didn't have experience that babies are so hard to handle I couldn't pick her up as I was too scared that I will break her neck or something... everyone was calling me and congratulating me I didn't know how to respond or what to say except thank you but in general. It was a huge difference in my life, baby was first born, I felt my life has completely taken a different turn that is why it was also challenging"* (R1, 29). They did not know how to handle the child, they had kids in their house but having one room was very different.

One of the participants expressed postpartum as a different experience, which changed their focus in life, they were mostly self-engaged before child's birth but after that their major concern was about their child. *"Bohat different, unique experience hai. Pehle bas siraf apni fikar hoti thi apne bare me sochta tha, Ab sara dhayan baby ki taraf hy aur bohat tension bhe hoti he. k jo krna hy uske liye krna he. Uske future k liye. Uski education or lifestyle ko acha krny k liye"* (R5, 27). They also expressed that it was a great transition and a very new experience for them, *"For the first time I genuinely felt the love of my father for me. Birth of my child changed a lot. It was a whole new experience for me"* (R2, 30). Unique coping with the intricate and shifting duties of dads in a family set up, as well as the redefining connections of mother, child, and father as they strove to complement one other in the family structure, was attributed to the development of PPD.

4.4.2. Work-Family Imbalance

Fathers in this study were the sole bread winners in the family; they faced the challenge of financially providing and at the same time being emotionally and physically present with their spouse. They reported they were not in a state where they could ignore their job and that is why they experienced the imbalance between work and family at times. It was reported by one of the participants as, *"Yes I faced problems, I was not in a position where I could ignore my business, and I felt my family compromised I was not able to stay awake with my wife I used to sleep in another room"* (R2, 30).

Fathers expressed that they wanted to be physically and emotionally present with the wife side by side but managing work and family caused difficulties. Going to work after sleepless nights was not easy. There were times when they changed bed rooms to get peaceful sleep to return to work, they also expressed, *"In the beginning things seemed very difficult, to make time for both family and job, but with the passage of time we managed things well. There were times when I wanted to help my wife but it was exhausting managing job and helping wife, it was a very tough period"* (R3, 34).

They also expressed that they were not obliged with paternity leaves, which also contributed to work-family imbalance. *"Even if I wanted to spend time with the newborn, it was very hard to manage with the work schedules and no paternity leaves were offered"* (R4, 35).

It was suggested that favorable workplace rights, such as flexible working hours and paid paternity leave, be implemented to give fathers enough time to care for their children or support their partners after giving birth because low job quality was linked to poor mental health in the postpartum period (Giallo, Cooklin, & Nicholson, 2014). In Japan, males often work long hours and spend little time at home, and barely 2% of men take paternity leave on a yearly basis (Ministry of Health, Labour and Welfare, 2013). Flexible working arrangements are crucial for the welfare of the entire family as well as the father (Giallo et al., 2014). Work-family policy must take into account parental employment circumstances that may limit the father's capacity to assist with child care.

4.4.3. Increase Sense of Responsibility

Fathers being the sole bread-winners have massive responsibility on their shoulders, which they experience most when they get into the new role of a father. They now not only have to be provider for their wife's but also have to provide for the needs of a new born. One of the fathers expressed this as, *"I think I was also constantly thinking about the new responsibilities that now were placed on me by Allah. I had to provide for my parents as well as for my family, which was very challenging. I had new responsibility. My wife, my child, and my parents"* (R7, 27). They felt that the expenses increased to great levels, during and after pregnancy and they were the one who had to manage it. The increased sense of responsibility is also felt during the prenatal period, and it tends to increase in the postnatal period. One of the respondents revealed it as, *"My finances increased during and after pregnancy, treatment, and delivery and after that child expenses"* (R3, 34).

Fathers also related this time period to a great transition, in terms of the responsibility. It was expressed as, *"I can say my life changed to 180 degrees. There was a huge difference in my life after my first baby was born. There were more responsibilities I had to take. There was more spending. I bought so many things before and after the birth of my child. Yes,*

economically, it impacted me a lot. I felt that my responsibilities increased, I now had to earn not only for myself but also my family” (R6, 34)

One more pattern that was seen in first time parents was that they lacked in guidance, they expressed that they spent a lot on unnecessary and insignificant stuff in their first delivery, they wasted a lot of money on things that were completely of no use but they did it just in excitement. It was expressed by one of the respondents as, *“Economically i would say it was really hard because as we were 1st time parents so we bought a lot of unnecessary stuff which we thought was useful but was a complete waste of money we actually wasted a lot of money for the first few months” (R1, 29).*

Fathers, on the other end, were influenced by stressors linked with social expectations such as heightened economical obligations because males are considered as wage earner for their families. Furthermore, it is the father that is burdened with the responsibility of providing a sense of security and proper living conditions. The lack of sleep, new and rising obligations, and responsibilities that come with being a parent can all cause stress, worry, and anxiety, which can all result in depression (Fletcher, Feeman, Garfield, & Vimpani, 2011).

4.5. Theme 4: Partner Induced Post-Partum Depression

The last theme established in this study is about the contagious spread of postpartum depression between the partners. This theme discusses that fathers are most likely to experience postpartum depression if their partner is suffering from it. Relationship of husband and wife is a very intimate and a tightly knit bond, if one is happy and content it definitely impacts other partner, which is why the term better half is used for this relation. And same is the case if the one partner is going through chaos and disturbance the other is most likely to experience it. Partners felt that their wife’s psychological and physical state was bothering them throughout postpartum period. And they identified and related themselves as well to those behaviors which they observed in their wife’s. It was expressed as, *“Yes I must say that throughout the pregnancy of my wife her physical and mental health had ups and downs which kept me in an emotional roller coaster state and unwanted fear of my wife’s health surrounded me which was exhausting and made me worried all the time” (R2, 30).*

In the first two months after giving birth, estimations of the frequency of paternal postpartum depression (PPD) range from 4 to 25%. In addition to having a high rate of comorbidity with maternal PPD, paternal PPD may also be linked to other postpartum mental illnesses. Paternal PPD is more likely to be experienced if maternal PPD exists (Kim & Swain, 2007). It was also discovered that male partners of troubled women had greater levels of mid-pregnancy masculine gender role stress and post-partum anxiety than non-distressed women's husbands.

5. Conclusion

The manifestation of PPD for men, lacks research, is not well recognized and treated. Both the discovery and lacks controlling postpartum depression can be enhanced for both fathers and mothers. Initial education is mandatory on how men experience it and how this influences their ability to ask for help. Findings of this study show mostly people are uninformed of what postpartum depression expresses in males. Postpartum depression is a major psychological health problem that disturbs roughly ten percent of new dads, according to various researches. This research explored several problematic patterns in men, during postpartum period, which concludes that men also need identification and treatment for PPD.

5.1. Future Avenues of the Study

There is a study vacuum about how males suffer PPD based on prior and current literature. This study engaged men who have gone through postpartum depression, to educate other men regarding paternal postpartum depression and motivate further males to engage in research on how postpartum depression works and looks like in men. This study might enlighten and give new insights that could lead to fewer cases of PPD in males. Because new dads are unaccustomed with the condition, healthcare providers might conduct research that compares what fathers perceive about postpartum depression to how healthcare practitioners interpret paternal PPD. This research provides us with a conception about postpartum depression in fathers; and the manifestation. This is quite unknown and is not in the attention of many people.

Father's health is as important as mother's health and both have massive impact on the newborn. If the fathers and mothers are mentally and physically sane only then their child can have the most appropriate and nourishing environment. This research will instill a great sense of awareness among the public and they would get to know that fathers also go through postpartum symptoms. This will also help fathers to identify postpartum depression among them. This will give them the strength and encourage them to seek help if needed. Identification will lead to seeking help and seeking help would lead to effective interventions and treatments.

5.2. Limitations

The study's conclusions were constrained by the minor number of individuals that were interrogated. Another restriction was the absence of interviews with a greater number of men around the whole country.

References

- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, 11(4), 589-597. doi:<https://doi.org/10.1080/2159676X.2019.1628806>
- Carapito, E., Ribeiro, M. T., Pereira, A. I., & Roberto, M. S. (2018). Parenting stress and preschoolers' socio-emotional adjustment: The mediating role of parenting styles in parent-child dyads. *Journal of Family Studies*. doi:<https://doi.org/10.1080/13229400.2018.1442737>
- Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: a metasynthesis. *Journal of reproductive and infant psychology*, 29(1), 4-18. doi:<https://doi.org/10.1080/02646838.2010.513044>
- Dave, S., Sherr, L., Senior, R., & Nazareth, I. (2008). Associations between paternal depression and behaviour problems in children of 4-6 years. *European child & adolescent psychiatry*, 17, 306-315. doi:<https://doi.org/10.1007/s00787-007-0672-6>
- Eid, R. S., Gobinath, A. R., & Galea, L. A. (2019). Sex differences in depression: Insights from clinical and preclinical studies. *Progress in neurobiology*, 176, 86-102. doi:<https://doi.org/10.1016/j.pneurobio.2019.01.006>
- Fletcher, R. J., Feeman, E., Garfield, C., & Vimpani, G. (2011). The effects of early paternal depression on children's development. *Medical Journal of Australia*, 195(11-12), 685-689. doi:<https://doi.org/10.5694/mja11.10192>
- Giallo, R., Cooklin, A., & Nicholson, J. M. (2014). Risk factors associated with trajectories of mothers' depressive symptoms across the early parenting period: an Australian population-based longitudinal study. *Archives of women's mental health*, 17(2), 115-125. doi:<https://doi.org/10.1007/s00737-014-0411-1>
- Giallo, R., Dunning, M., Cooklin, A., Seymour, M., Graessar, H., Zerman, N., & Vittorino, R. (2012). Acceptability of wide awake parenting: A psycho-educational intervention to manage parental fatigue. *Journal of reproductive and infant psychology*, 30(5), 450-460. doi:<https://doi.org/10.1080/02646838.2012.742999>
- Goetzl, R. Z., Pei, X., Tabrizi, M. J., Henke, R. M., Kowlessar, N., Nelson, C. F., & Metz, R. D. (2012). Ten modifiable health risk factors are linked to more than one-fifth of employer-employee health care spending. *Health Affairs*, 31(11), 2474-2484. doi:<https://doi.org/10.1377/hlthaff.2011.0819>
- Gutierrez-Galve, L., Stein, A., Hanington, L., Heron, J., & Ramchandani, P. (2015). Paternal depression in the postnatal period and child development: mediators and moderators. *Pediatrics*, 135(2), e339-e347. doi:<https://doi.org/10.1542/peds.2014-2411>
- Hunter, S. C., Riggs, D. W., & Augoustinos, M. (2017). Hegemonic masculinity versus a caring masculinity: Implications for understanding primary caregiving fathers. *Social and Personality Psychology Compass*, 11(3), e12307. doi:<https://doi.org/10.1111/spc3.12307>
- Kilmartin, C. (2005). Depression in men: Communication, diagnosis and therapy. *Journal of Men's Health and Gender*, 2(1), 95-99.
- Kim, P., & Swain, J. E. (2007). Sad dads: paternal postpartum depression. *Psychiatry (edgmont)*, 4(2), 35.
- Leach, L. S., Poyser, C., Cooklin, A. R., & Giallo, R. (2016). Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: a systematic review. *Journal of affective disorders*, 190, 675-686. doi:<https://doi.org/10.1016/j.jad.2015.09.063>

- Marsiglio, W., Day, R. D., & Lamb, M. E. (2014). Exploring fatherhood diversity: Implications for conceptualizing father involvement. In *Fatherhood* (pp. 269-293): Routledge.
- Milgrom, J., & McCloud, P. (1996). Parenting stress and postnatal depression. *Stress Medicine*, 12(3), 177-186. doi:[https://doi.org/10.1002/\(SICI\)1099-1700\(199607\)12:3<177::AID-SMI699>3.0.CO;2-W](https://doi.org/10.1002/(SICI)1099-1700(199607)12:3<177::AID-SMI699>3.0.CO;2-W)
- Nomaguchi, K., & Johnson, W. (2016). Parenting stress among low-income and working-class fathers: The role of employment. *Journal of family issues*, 37(11), 1535-1557. doi:<https://doi.org/10.1177/0192513X14560642>
- Olatunde, A., Hosein, S., Paoletti, A., Pitcairn-Ramirez, A., & Gurney, E. P. (2022). Impact of Group Prenatal Care on Contraceptive Use at Twelve Weeks Postpartum. *Maternal and child health journal*, 26(7), 1559-1566. doi:<https://doi.org/10.1007/s10995-022-03394-6>
- Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *Jama*, 303(19), 1961-1969. doi:<https://doi.org/10.1001/jama.2010.605>
- Paulson, J. F., Bazemore, S. D., Goodman, J. H., & Leiferman, J. A. (2016). The course and interrelationship of maternal and paternal perinatal depression. *Archives of women's mental health*, 19, 655-663. doi:<https://doi.org/10.1007/s00737-016-0598-4>
- Ramchandani, P. G., Psychogiou, L., Vlachos, H., Iles, J., Sethna, V., Netsi, E., & Lodder, A. (2011). Paternal depression: an examination of its links with father, child and family functioning in the postnatal period. *Depression and anxiety*, 28(6), 471-477. doi:<https://doi.org/10.1002/da.20814>
- Saldaña, J. (2021). *The coding manual for qualitative researchers*: sage.
- Sethna, V., Murray, L., Netsi, E., Psychogiou, L., & Ramchandani, P. G. (2015). Paternal depression in the postnatal period and early father–infant interactions. *Parenting*, 15(1), 1-8. doi:<https://doi.org/10.1080/15295192.2015.992732>
- Tainaka, H., Takahashi, N., Nishimura, T., Okumura, A., Harada, T., Iwabuchi, T., . . . Tsuchiya, K. J. (2022). Long-term effect of persistent postpartum depression on children's psychological problems in childhood. *Journal of affective disorders*, 305, 71-76. doi:<https://doi.org/10.1016/j.jad.2022.02.061>
- Tavares, D., Quevedo, L., Jansen, K., Souza, L., Pinheiro, R., & Silva, R. (2012). Prevalence of suicide risk and comorbidities in postpartum women in Pelotas. *Brazilian Journal of Psychiatry*, 34, 270-276.