

A Study to Assess Mental Health (Anxiety, Stress, Depression), Wellbeing and Experiences of First Time Father's During Perinatal Period: Review Article

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Abstract: *Introduction:* There are several studies regarding men's mental health and well-being during the days of his fatherhood, especially when he is the first-time father. This study tried to understand the men's experiences during fatherhood, from the day of conception till the early postnatal years, with a focus on their mental health, their upcoming challenges, and their well-being. To assess their perceived needs and desires of them regarding mental health, preparedness for fatherhood, and information sought by them to be a true partner to their spouse and children. The review paper search from PubMed, Google scholar & Shodhganga. The search strategy explored published qualitative, quantitative, and mixed-method studies. Though paternal anxiety and depression are comparable to maternal depression (5-15% vs 5-20%), preconception preparedness of physical and mental health care during the perinatal period and tailored information are grossly lacking for fathers compared to mothers. There are increasing pieces of evidence of paternal well-being and mental stability affecting the maternal and child health and cognitive & behavioral development of the child. Lots remains to be done in the field of paternal health (physical & mental) & research-wise.

Keywords: Paternal mental health, paternal depression, the anxiety of father, first-time fatherhood, perinatal depression of first-time father wellbeing of the father

1. Introduction and background

All across the globe, irrespective of caste, ethnicity, country, economic and educational status, both the men and service providers feel the fact that the most under-served and least thought-of field is paternal health, both mental & physical, and their wellbeing. This also includes the preparedness and information being given to them for the new experience, i.e. fatherhood.

This is more relevant in the contemporary nuclear family status, where the father is the only partner to the mother. There are various types of health checkups, preparedness, counseling, and medical interventions for the pregnant mother but equally little for the expectant father. More so, with the increasing pieces of evidence that paternal well-being and mental status have a lifelong and permanent influence on the baby's cognitive and behavioral development, the topic has demanded more attention. Depression and anxiety in fathers can affect their workplace, their livelihood, their relationship with their partner, the newborn, and even other members of the family

In contemporary settings, even the type of fatherhood (biological or non-biological) has a definite impact on the mental well-being and stress level of the father,

The amount of information received from health care providers, peer group, and family counselors play a vital role, thereby proportionately reducing the stress and anxiety of expectant father, especially first-time fathers.

It is time the health care system and health care providers include the fathers in their loop of counseling, information giving, and physical & psychological support.

2. Discussion

A study involving secondary data analysis of 4616 women collected in the National Maternity Survey (2010), England, where they were questioned about their experiences and their partner's involvement. The study showed 80% of fathers were pleased about their partners' pregnancy news; about half got themselves involved in antenatal Check-ups, visits, and care. Three-quarters of fathers got involved in infant care.

The West found that greater paternal involvement resulted in greater compliance with Screening & check-up schedules and breast feeding by mothers.⁽¹⁾

Biological fatherhood is not the only type of contemporary fatherhood. There are stepfathers, adoptive fathers, and foster fathers besides biological fathers. In a central Europe-based study it was found that stress, anxiety, life satisfaction, and psychological well-being is dependent on the type of family and partner. A biological partner with biological offspring has the most stable & psychological well-being.⁽²⁾

Another study used a battery of questionnaires (self-reported at 23 weeks of antenatal, 3, 6, and 12 months of Postnatal) targeting Psychological symptoms, lifestyle variables, and relationship functioning. Here 312 men were assessed and 204 men completed all four.

The study showed that the most stressful phase was the antenatal period and immediate post-child birth. Those who developed symptoms developed them early with very little change over time. These fathers were ill-prepared and ill-informed and scored worse in relationship goals, especially sexual relationships. The study suggested further research to determine the trigger & timing of such stress.⁽³⁾

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Another study showed Depression and anxiety are prevalent in the range of 5%-15% among expectant fathers. This adversely affects the ability of fathers to protect their partners against maternal perinatal mental health problems. This has also an adverse effect on the emotional and behavioral development of the child especially in the early years. The need for entitlement to information & support along with recognition of paternal stress and depression by all is a well-felt need of fathers.⁽⁴⁾

Edinburgh Postnatal Depression Scale (EPDS) is generally used to screen new mothers. Another study compared the possible assessment of depression in new fathers by this scale and Gotland Male Depression Scale (GMDS). Compared to the result. Both were found comparable in the rate of detection of paternal anxiety & depression. It also found a significant association between possible depression and low income, little effect was found on the level of education and no association was found with paternal age. It found out positive association if their partners also suffer from adverse mental well-being.⁽⁵⁾

Paternal Mental health and well-being during the perinatal period are less prioritized and lesser studied subjects. This study revealed three areas of concern, i.e. vulnerability.⁽⁶⁾

Another study involved a semi-structured interview with eleven adoptive fathers followed by a literature review to research the transition phase to adoptive fatherhood.

The stresses, anxiety, and depression faced by biological fathers are also felt by non-biological (adoptive) fathers. It was found out that these fathers felt that the transition to fatherhood was a challenging one with more adjustments more responsibility and ways and rewards for such a transition. The study indicates questions of masculinity and putting stress on these types of fathers.⁽⁷⁾

Another U.K.-based study showed that paternal mental health is not given equal priority as maternal mental health. The study tried to understand paternal (First time) well-being needs and mental health needs. It's howled that depression and anxiety had a negative effect on their work, their relationship with their partner, and even their child. The study is unique in assessing the father's own perceived needs. There was no typical pattern of prevalence between different groups, based on ethnicity, age, income, or education level.⁽⁸⁾

Another cross-sectional survey of 573 men who attended antenatal care with their partners at three London Maternity Units had a sample of relatively educated and motivated men. Regarding conceptual behavior and health knowledge, 50% were obese or overweight, and 16% were still smoking, 79% consumed alcohol in preconception days. More men had no formal source of information (i.e. from health care professionals) and as a result, there is a lack of positive behavior change and awareness about pre-conceptual health.⁽⁹⁾

In another study in China, 212 new Chinese fathers whose

children were born within 6 weeks were assessed using the EPDS scale, Vulnerable Personality Style Questionnaire, and Social Support Rating scale found that the prevalence of paternal postnatal depression was almost One in four; directly proportionate to the employment status, vulnerable personality traits. The fathers were protected from depression in cases of higher family income, desired & planned pregnancy, having a desired gender, and positive family support.

The prevalence emphasized the need for routine screening and assessment for the mental health of expectant fathers in the antenatal period along with effective information and ways to access them.⁽¹⁰⁾

Another study emphasizes the lack of recognition, attention, and research about paternal mental health and their needs for well-being. Whereas, Maternal depression (10%-15%) can adversely affect (directly or indirectly) maternal and child (including infant) morbidity and mortality and can result in preterm babies, Low birth weight babies, poorly breastfed infants including other morbidity issues. Paternal depression in perinatal periods is about 10%, compared to the general male population of 4.8% has been also shown to adversely affect maternal well-being and child cognitive & behavior, fatherly responsibility of the child amongst other issues. Available or perceived social support and relationship satisfaction can protect expectant fathers from anxiety and depression.⁽¹¹⁾

A study of systematic search of an electronic database found that whereas one in five mothers experience impaired mental health, 5-15% of paternal anxiety and 5-10% of paternal depression is seen. Depression and other mental health vulnerability is seen to be correlated and is dependent on the partners having the same. This emphasizes the need for fathers' mental health and well-being support and care.⁽¹²⁾

Another study tested the practical efficacy, possibility, and acceptance of the Promotional Guide system in England, for expectant fathers. The fathers, as they are less thought of and cared for in the health service delivery system, welcomed the effort shown by the good retention and response rates (96% and 66% respectively). The scope for further study about paternal health (both the physical & mental) is emphasized by this study and suggests provisions for follow-ups and check-ups being introduced for the fathers from the preconception to 1-2yr postnatal period.⁽¹³⁾

A validation of the Study of the Edinburgh postnatal Depression Scale, a 10-point questionnaire-based tool to screen postnatal mothers. The scale was found quite sensitive & quite specific in the detection of postnatal depression. It even indicated the degree of severity and changes in severity over time.

The scale is also acceptable to post-natal women and simple enough for their understanding. It showed that scores above 12/13 have some definite depressive illness.⁽¹⁴⁾

In another study, fear of childbirth (Tokophobia) is also experienced by expectant fathers and is a vital issue regarding anxiety, depression, and stress and is enhanced by the lack of information being served to the expectant father. Health Care systems and healthcare providers need to recognize and plan for imparting education, counseling, and support to parental tokophobia.⁽¹⁵⁾

Another exploratory Study in the setting of a Private Maternity hospital, in Bangalore among 129 first-time fathers, found that the majority (about 60%) had EPDS Scores of 10 and above. The fathers (especially the first-time father) felt greater stress and anxiety related to depression owing to the increased demand for responsibility, fear of the unknown, pressure to Change and adjust, and due to lack of targeted counseling and know-how. This study suggests the involvement of the father in antenatal health check-ups by way of counseling and mental health assessment.⁽¹⁶⁾

A qualitative interview study using thematic analysis where 10 men (expectant fathers) were interviewed in a Maternity and Antenatal Clinic in Chandigarh City.

A mixed emotion of stress and anxiety regarding the increased responsibility, too worry about the mother and baby, of information. Breastfeeding and family planning, support from health care providers and peer groups, financial and social adjustments.⁽¹⁷⁾

An individual interview based on 4 points structured rating scale among 149 new fathers recruited, by purposive sampling; showed that the majority(60% plus)had positive postpartum experiences versus about 40% having negative paternal experiences.

The study emphasizes that the antenatal and postnatal services need to be restructured with paternal well-being (physical & mental) including regular assessment, Counseling, and assurance besides the already focus on mother and children, because present-day fathers are more burdened, more stressed, and more Singlehanded than their predecessors.⁽¹⁸⁾

Another study reveals that one 'in ten fathers develop clinically significant disrobing Such as OCDs, Post-traumatic Stress, and generalized anxiety disorders either during pregnancy or post-childbirth.

It recommends awareness generation by mass media, Campaigns, Counseling, targeted literature for expectant fathers, strengthening support groups including peer support, and making available accessibility and affordable easy information sharing with the fathers including making them present during child birth and mental support in case of traumatic child births or other negative outcomes.⁽¹⁹⁾

Another cross-sectional study in 100 expectant fathers the involvement and commitment of the expectant father in the well-being of his wife during pregnancy and after childbirth, including the concern & Care of the child after it is born are vital elements for good perinatal outcome and development to the side child.

The above Cross-Sectional Study includes 100 expectant fathers. Around 60% of fathers accompanying/visiting the facility is not needed until they have to. About 20% only accompanied their wives. The presence of fathers lowers infant and maternal mortality morbidity, identification of risk factors easier, and reduction of stress on mothers.⁽²⁰⁾

3. Conclusion

A lot of thought, planning, manpower, and infrastructure are being invested for the maternal and child's wellbeing to decrease mortality and morbidity. For better cognitive, behavioral, and social development with the changing Social dynamics, families are now steadily becoming Smaller. Nuclear families and working mothers are now increasingly putting the father in the critical role of being the only support for the mother and child care. Similarly, a well-prepared father (from the preconception stage), with well-balanced and stable physical and psychological health will be more able to play his role and meet the increased responsibility.

The above topic is still under-recognized and under-researched and the researched data are not always universally applicable.

Conflict of interest: There is no conflict of interest in this review.

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