Research report

Psychosocial factors associated with paternal postnatal depression

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\textbf{A B S T R A C T}

\textbf{Background:} While maternal postpartum depression is a well-known phenomenon, paternal postnatal depression has been less studied. It is known that paternal postnatal depression impacts on children’s and families’ development, affects marital satisfaction and affects the economic health of industrialized countries. The aim of this study was to identify the psychosocial factors associated with paternal postnatal depression.

\textbf{Methods:} A descriptive-correlational study was conducted with a sample of fathers of infants (average age: 11 months) who were breastfed exclusively or predominantly for at least 6 months, comparing psychosocial factors in fathers with (n: 17, 8.2%) and without a positive score for depression on the EPDS scale (n: 188). Psychosocial factors were assessed through questionnaires.

\textbf{Results:} Depression in fathers of breastfed infants is associated with the experience of perinatal loss in a previous pregnancy, parenting distress, infant temperament (difficult child), dysfunctional interactions with the child, decreased marital adjustment and perceived low parenting efficacy. Multivariate analysis suggests an independent effect of psychosocial factors such as parenting distress, quality of the marital relationship and perceived parenting efficacy on paternal depression.

\textbf{Limitations:} The sample focused on fathers of breastfed infant, since breastfeeding has become the feeding norm, and this should be taken into account when considering the generalization of findings.

\textbf{Conclusion:} These findings emphasize the need to consider a set of psychosocial factors when examining fathers’ mental health in the first year of a child’s birth. Health professionals can enhance parenting efficacy and alleviate parenting distress by supporting fathers’ unique experiences and addressing their needs.

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1. Introduction

Postpartum depression among women is a recognized mental health issue that affects 12–20\% of mothers (Tammentie et al., 2004; Leigh and Milgrom, 2008). In general, it appears in the year following the birth of the child and can last several weeks to several months (Milgrom et al., 1999). It is characterized by changes in sleeping habits and appetite, sadness, irritability, anxiety, coping difficulties, negative thoughts, fear of being alone, confusion or loss of memory, loss of concentration, feelings of guilt, loss of self-confidence and thoughts about self-harming or harming the baby (Post and Antenatal Depression Association, 2012). There is abundant literature that has documented the symptomology of maternal postpartum depression and its risk factors, effects on child development (Ramchandani et al., 2009, 2011) and impact on the marital relationship (Cummings et al., 2005; Leigh and Milgrom, 2008; Milgrom et al., 2008). In contrast, even though it seems that up to 16\% of fathers experience minor to severe depression up to 2 years after the birth of a child (Pinheiro et al., 2006), researchers This research indicates that postnatal depression among men has negative repercussions not only on the health of children and families (Marsmorstein et al., 2004; Mezulis et al., 2004; Cummings et al., 2005, 2008; Ramchandani et al., 2005, 2008; Bielawska-Batorowicz and Kossakowska-Petrycka, 2006; Wee et al., 2011), but also on the economic health of industrialized countries because it leads to non-negligible increases in social costs (Édoka et al., 2011).

In fact, existing studies on postnatal depression among fathers show the degree to which there are negative consequences on the level of marital satisfaction (Cummings et al., 2005; Bielawska-Batorowicz and Kossakowska-Petrycka, 2006; Wee et al., 2011), on the emotional and behavioral development of infants and children aged 3–5 years (Marsmorstein et al., 2004; Mezulis et al., 2004; Cummings et al., 2005; Ramchandani et al., 2005, 2008) and

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