

ORIGINAL ARTICLE

Unveiling Sociocultural Determinants of Paternal Postpartum Depression in a Tertiary Care Setting of Islamabad: A Qualitative Approach

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ABSTRACT

Objective: Postpartum depression in fathers has gained attention as a critical mental health concern; however, limited research exists on its sociocultural determinants, especially in Pakistan. This study aimed to explore the sociocultural factors that contribute negatively to postpartum depression in Pakistani fathers by highlighting the culture-specific risk factors and addressing gaps in the literature.

Study Design: This qualitative study investigated the sociocultural factors determining postpartum depression in fathers within the Pakistani context.

Place and Duration of Study: The study was carried out at the Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan from March 2022 to February 2023.

Methods: Using convenience sampling, semi-structured, in-depth interviews were conducted with 15 fathers who experience the mood related symptoms of postpartum depression after the child birth. Thematic analysis, as outlined by Braun and Clarke (2006), was employed to identify recurring patterns and themes.

Results: The findings revealed themes such as societal expectations of fatherhood (e.g, pressure to be the sole provider), rigid gender norms (discouraging emotional expression), limited social support, stigmatization of paternal mental health, cultural stigma surrounding mental health, preventing help-seeking, challenges in marital relationships, and financial stress, patriarchal responsibilities. These interconnected factors created a cyclical burden and significantly affect the mental health of fathers, exacerbating the postpartum phase depression.

Conclusion: The study underscores the need for culturally adapted interventions, such as community-based psychoeducation programs targeting stigma reduction and inclusive paternal support networks. To support paternal mental health in low-resource settings, future research should quantify these determinants. The findings advocate for community-based initiatives aimed at reducing stigma and establishing paternal support networks. Policymakers should prioritize father-inclusive mental health programs, while future research must quantify these determinants to inform scalable solutions in low-resource settings.

Keywords: Gender Roles, Postpartum Depression, Sociocultural Determinants.

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Introduction

In recent decades, postpartum depression (PPD) has

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been regarded as one of the major mental health disorders among women, especially after childbirth and during the first year of the baby's life.¹ There are, however, more and more studies investigating the other side of this theory; studies focusing on mothers and their partners and the effect on fathers as mothers increasingly occupy the workforce remain scarce. Even though there is a clear need to address the question of paternal postpartum depression (PPPD), very little is known about it.² Little is known about how this illness starts in men

and what causes it, emphasizing other risk factors, such as socioeconomic factors, gender norms, and even social variables.³

Traditionally, overlapping studies of paternal engagement and postpartum mental health have focused on maternal depression, neglecting the demands and anxieties surrounding the paternal role transition. Fathers also go through a kind of transition, and it is during this time that the fathers go through some transformative but dark stages where they become highly vulnerable to PPD, with combined levels of depression and anxiety symptoms being normalized to them.⁴

It has been noted that pregnancy and the postpartum period have been neglected in particular as fathers' mental health has not been a priority. However, there are emerging cultures where a shift towards a more integrated male role, co-parenting, is being promoted.⁵ All these actors, such as culture, environment, and gender norms, fill up a massive void in understanding of the dismal condition for fathers during the postpartum phase. Men who are taught maturity and can stand on their own often are not willing to get assistance or talk about their feelings, and such traits do not let them show femininity.⁶ This means that such masculine stereotypes can make one feel more incompetent and more isolated, thus worsening the symptoms of depression. Changing views of fathers about parenthood and the division of responsibilities in raising children may also be moderately related to the involvement of fathers in child-caring activities and to their self-rated parenting efficacy, which is known to influence their mental health.⁷

The presence of social networks is protective against postnatal depression in women and men. Loving relationships, especially those with a spouse, family members, and friends, provide emotional confidence, assistance, and coping strategies for changing to parenthood.⁸ In contrast, the absence of social support may increase stress, feelings of alienation, loneliness, and depression in new fathers. The quality of marriage is perhaps another important predictor of paternal PPD. High levels of conflict, dissatisfaction and low levels of intimacy appear to be associated with greater depression.

Fathers' experiences and the risk of postpartum

depression could be explained in part by the fathers' social and cultural background. Various ethnic and cultural groups have different values and norms related to parenthood, masculinity, and mental illness which influence how fatherhood is viewed and how easily help is sought. The stigma associated with mental illnesses, especially in minority communities, is one of the most tremendous barriers to help-seeking and access to mental health services, which further adds to the burden of PPD in fathers.⁹

In the case of Pakistan, cultural and social factors, which include traditions and normative structures that relate to parenting, gender, and even mental health, are very well ingrained within the society.¹⁰ It's crucial to analyze how cultural factors in Pakistan interact with PPD to create culturally relevant programs and support systems for new parents. There is growing recognition of PPD as an issue that needs multinational attention, but while Pakistan grapples with postpartum depression as a major public health problem, there is little work being done on postpartum mental health issues. Particularly in the context of a country's rapid socio-demographic changes, including family dissolution, feminization of the workforce, and urbanization, it is important to trace how PPD is affected. Pakistan is undergoing such dramatic sociocultural changes that any research on the country would be beneficial for understanding the new realities and their consequences.

Methods

The study was carried out in the Department of Clinical Psychology at Shifa Tameer-e-Millat University, Islamabad, Pakistan from March 2022 to February 2023 after taking approval from the Ethical Review Committee of the university vide letter no: 15/22, dated: 22nd January 2022.

The objective of this study was to examine the socio-cultural determinants of postpartum depression (PPD) among Pakistani fathers following the birth of their first child. Despite extensive research on PPD in mothers, there has been a notable lack of focus on paternal PPD, particularly within the context of Pakistani culture. A qualitative research approach was used to explore in depth experiences and perceptions about the depressive condition that

father experiences after the birth of child and what are those factors that play significant role. Through the utilization of semi-structured interviews, this study aimed to delve into the experiences, perceptions, and socio-cultural factors influencing PPD in Pakistani fathers. Ten participants were included from different socio-economic backgrounds in the urban areas of Pakistan. Inclusion criteria restricted to male participants, aged 18 to 35 years, and who must have become fathers for the first time within the past year. Although the DSM-5-TR does not recognize “paternal postpartum depression” as a distinct diagnosis, the use of the “with perinatal onset” specifier for major depressive episodes provides a reliable framework for identifying depressive symptoms in fathers around the time of their partner's childbirth. This approach supports the formation of a clearly defined, time-specific group of fathers experiencing significant mood disturbances in the early postnatal period, in line with established perinatal mental health research practices, as assessed through validated tools such as the Edinburgh Postnatal Depression Scale (EPDS).¹¹ Recruitment was conducted through convenient sampling from the Psychiatric Clinic of Shifa in Islamabad, and social media platforms like Facebook and Instagram were used, where potential participants who met the inclusion criteria were provided with comprehensive information about the study objectives, procedures, and confidentiality. The fathers who visited the 'Shifa' clinic with complaints of depression were recruited for the study. Informed consent was obtained from all participants before they participated in the study. A semi-structured in-depth interview guide was developed based on the study objectives and existing literature on PPD in fathers. Field notes were taken during the interviews to capture any non-verbal cues and contextual information that could enhance the understanding of participants' responses. Throughout the study, participants were assured that their shared information would be kept confidential and given the right to withdraw from the study at any time without facing any repercussions. For data analysis, thematic analysis was employed to identify patterns, themes, and categories within the interview transcripts. Thematic analysis was

effective in identifying common themes across a range of personal experiences, which allowed researchers to explore how different fathers experience postpartum depression. An inductive approach was adopted to allow for the emergence of new themes from the data. Two researchers independently coded recorded transcripts, and any discrepancies were resolved through thorough discussion and consensus. Subsequently, themes were refined and organized into a coherent framework to elucidate the socio-cultural determinants of PPD in Pakistani fathers. Themes were evaluated by two experts who have interest in this area and have provided a clinical help to those patients.

Results

This section presents the outcomes of the research, focusing on the social determinants of postpartum depression (PPD) in fathers within the Pakistani cultural milieu.

Participants expressed a spectrum of perspectives regarding fatherhood and gender roles, which profoundly influenced their encounters with PPD. Conventional gender norms highlighting stoicism and the provider role were frequently cited, with participants feeling compelled to meet societal expectations of masculinity. Many participants reported experiencing inner conflict between their aspiration to provide financial support for their families and their necessity for emotional support and self-care during the postpartum phase.

As a participant reported, "I felt the need to exhibit strength for my family, yet internally, I grappled with feelings of inadequacy and being overwhelmed."

The existence and access to social support networks emerged as crucial elements for the mental health of the fathers. Respondents who stated they have well-established systems that included partners, family, or friends showed low evidence of having PPD symptoms. On the other hand, those who lack sufficient social support networks indicated feelings of disconnection, loneliness, and raised levels of stress.

One of participant shared experience; The presence of my wife and family members around me made a significant difference. They aided me in navigating the challenges of fatherhood and offered emotional

support whenever needed. Participant 2. Cultural beliefs and attitudes concerning mental health significantly shaped participants' experiences of PPD. The presence of stigma surrounding mental illness and the reluctance to seek professional assistance due to fear of judgment or social repercussions were commonly reported. Moreover, cultural norms emphasizing resilience and self-reliance often dissuaded participants from acknowledging their struggles and seeking help.

As stated by participant "In our cultural context, mental health issues are perceived as a sign of weakness. I hesitated to burden my family or be perceived as incapable; thus I chose to keep my feelings to myself.

The quality of the marital relationship became a significant predictor of paternal mental health during the postpartum period. Positive and supportive marital bonds were typically associated with reduced symptoms of PPD. Those who experienced marital conflict, marital dissatisfaction, or a lack of intimacy reported elevated levels of depression and anxiety.

My relationship was also strained with my wife after giving birth to our baby. Often, we used to have quarrels as I felt she could not understand what I had faced. - Participant 4

Participants pointed out how societal and economic stressors impact their mental health during the postpartum period. Economic pressure, unemployment, and financial instability were commonly identified sources of stress and anxiety among those from low socioeconomic backgrounds. Furthermore, societal expectations surrounding fatherhood and parental responsibilities added to the stress of adjusting to parenthood.

I lost the job the next day my son was born. And it had a huge psychological impact on me. Maybe because I felt unable to feed my family, and depression set in. Participant Verbatim.

Discussion

The findings from this study depict how deeply societal expectations surrounding fatherhood and gender roles influence paternal mental health during the postpartum period in Pakistan. As revealed by fathers' experiences in my study, there is a strong preference for male children in the Pakistani

culture.¹² Fathers acted in accordance with these cultural traditions. They were at times also associated with feelings of disappointment or inadequacy upon the birth of a daughter and often experienced depressive symptoms.¹³ One of the most significant insights I learned is how these fathers hide their emotions, considering emotional expression a weakness. In observing their perceived masculinity, they repress feelings of inadequacy, which is consistent with the traditional belief in the roles of sons over daughters. This cultural framework molds a father's feelings about having a female child into distress, which can be converted to depressive symptoms.¹⁴

From my study, I found that social support networks are essential in buffering against the negative emotional effects that fathers experience.¹⁵ Fathers who lacked such networks described feeling isolated, which intensified their feelings of disappointment and inadequacy. This lack of support led to prolonged periods of low mood, hopelessness, and depression. These findings are similar to previous research that emphasizes the fact that in the absence of emotional validation and coping resources, there is potential for significant emotional distress.¹⁵ Contrary to that, those with solid support systems noted that these networks provided practical aid and emotional bolstering, assisting them in handling the stress and responsibilities of fatherhood better.¹⁶ This is an important insight I learned, which illustrates how support systems can be protective factors against depression.

The stress of becoming a father also came out in fathers feeling overwhelmed by their new responsibilities, especially when these were compounded by cultural expectations around gender. For some, the birth of a daughter added extra stress, which, if not managed, resulted in depressive symptoms.¹⁷ This finding reflects the strong societal pressure fathers face in cultures that value sons over daughters. Furthermore, in the Pakistani context, fathers often avoid seeking professional help due to the stigma surrounding mental illness, viewing it as a weakness. My study resonates with previous research, which found that cultural beliefs that mental illness signals weakness serve as barriers to help-seeking behaviors. The

cultural emphasis on resilience and self-reliance further exacerbates the reluctance to seek help, particularly in Pakistani culture, where men are discouraged from being vulnerable.

I also looked at how the transition to parenthood strained the marital relationship. Fathers reported feeling neglected or emotionally disconnected from their spouses, which added to their emotional distress. This highlights the importance of addressing not just the individual father's mental health but also the dynamics within the family structure.¹⁸ Additionally, economic pressures, particularly in lower socioeconomic groups, were frequently cited as major stressors. Fathers experiencing financial instability often felt inadequate, unable to meet their family's financial needs, which intensified their depressive feelings. Significant emotional burdens were placed on these fathers by the monetary concerns, such as healthcare, education, and food.¹⁹ Economic pressures—especially among lower socioeconomic groups—emerged as another critical stressor. Financial instability left fathers feeling inadequate, unable to meet familial needs like healthcare and education, intensifying depressive symptoms.²⁰

However, my research has certain limitations. I realize that participants might have originated from a particular demographic or geographic region, which could be a limit to generalization. For instance, the nature of collecting data from self-reports may have led to biases because fathers tend to perceive or report fewer and more extreme emotions due to social pressures. Thirdly, I acknowledge that my study did not fully interrogate all aspects of factors influencing paternal postpartum depression, such as psychopathology and social support. Future studies may therefore use a mixed-method approach to identify how these elements interact and make contributions to paternal mental health.

Finally, this study contributes important socio-cultural perspectives on the issue of paternal postpartum depression in Pakistan. Interventions to counter these multifaceted challenges have to challenge gender role norms, build social support, remove stigma about mental health issues, strengthen the marital bond, and help reduce economic pressure. It will be best possible if such

interventions are formulated considering the distinctiveness of Pakistani culture.

Conclusion

In conclusion, the findings of this study provide valuable insights into the socio-cultural determinants of paternal postpartum depression within the Pakistani context. Addressing traditional gender norms, enhancing social support networks, challenging cultural stigmas surrounding mental health, strengthening marital relationships, and alleviating economic stressors are crucial steps in promoting paternal psychological well-being and welfare during the postpartum period. Interventions tailored to the unique cultural and societal dynamics of Pakistan are warranted to effectively address the multifaceted challenges faced by fathers during this critical transitional phase.

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MF: Conception and design of the work, writing original draft (methodology, investigation), revising, editing and supervising for intellectual content

NA: Data acquisition, curation and statistical analysis, validation of data, interpretation and write-up of results

NR: Validation of data, interpretation and write-up of results, revising, editing and supervising for intellectual content