

Psychosocial Factors Among Paternal Perinatal Depression and Anxiety: A Scoping Review

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Abstract

Introduction- The perinatal period, which includes pregnancy and the postpartum period, has long been linked to mother mental health issues. Emerging research, however, has provided light on the incidence of prenatal depression and anxiety among fathers. The purpose of this review is to throw light on a critical but frequently ignored part of family mental health by investigating the psychosocial variables that contribute to father prenatal depression and anxiety.

Objective- To identify the psychosocial factors of paternal perinatal depression and anxiety

Methods- The Arksey and O'Malley framework was used to perform the scoping review. To identify scoping review papers, a search was undertaken in nine bibliographic databases and grey literature. Prisma guidelines format used in this study.

Results- Search identified a total of 1579 articles with the keywords which article publish from last seven years (2015-2022). Study completed within the period of 6 months. The reviews differed in terms of objective, methodology, and reporting depth. Study identifies the social factors, psychological factors, parenting factors and factors associated with depression and anxiety.

Conclusion- The study identifies there are only few studies are based on paternal perinatal depression and anxiety, most of the study based on prenatal and postnatal period. Most of the research are review papers.. No studies are examined about paternal stress, anxiety and depression, there will a study gap.

Keywords: Perinatal, Paternal, Fathers, Depression and Anxiety

Introduction

The perinatal period, Begins from week 22 of pregnancy and lasts until seven days following delivery, according to WHO (1992). There is a distinction between prenatal and postnatal, though Fairbrother et al. (2015). Philpott et al., (2020) cover the first year after birth and commences when the paternal partner becomes pregnant. The paternal mentality is also significant. The period needs to be more concerned with their mental and physical well-being. In the absence of that, it results in perinatal depression or anxiety respectively.

Stressful conditions like trauma and life events can exacerbate the symptoms of anxiety and depression. Gavin et al., (2005) conceiving and delivering baby-related symptoms are related to paternal depression and stress. Fathers have gotten far less attention than mothers on early perinatal period's consequences of despair and anxiety on mental health (Dudley et al., 2001). The mental health of fathers has gotten increased attention in recent years, and studies have revealed that throughout the second or third trimester, a sizable percentage of males feel anxiety and sadness (Centre of Perinatal Excellence, 2017; Wee et al., 2013).

In the literature, less emphasis has been given to men's perinatal psychological issues. The perinatal phase has been shown to have high rates of anxiety and depression to vary widely among countries and regions of the world, with high-income nations accounting for the bulk of cases (between 5% and 30%) (Supraja, 2019). 10% of fathers

have perinatal depression (Goldstein et al., 2020). There has recently been an increase in the likelihood of psychological problems during pregnancy, and psychological anguish has many cases; it affects not only males but also children and families. According to studies, fathers in this time have psychological issues, earning them the term "the Mostly Forgotten Parent" (wong et al., 2016).

According to recent studies, the first year after giving birth in the United States, 10% of men report significant mental health issues (Paulson & Bazemore, 2010). According to Kessler (2005), severe depression affects 4.9% of males in the United States, which indicates a higher risk of the condition during the perinatal period. Australian men were observed to have a 10% postnatal depression prevalence rate (Giallo et al., 2012). German fathers were the research subjects by (Gawlik et al., 2014), which revealed that 9.8% of prenatal depression was experienced by dads, and nearly 8% experienced postnatal depression. In Japan, perinatal depression affects about 11.6% of fathers (Nishimura & Ohashi, 2010). Similarly, Mao et al. (2011) said that perinatal depression affects more than 12% of Chinese fathers. Research-based on meta-analyses indicates that 8.4% of men have depression during pregnancy (Cameron et al., 2016). The depression of parental psychological changes, which predominately affects males, is the basis for the majority of the findings (Matthey et al., 2003). Research on anxiety among pregnant and new fathers shows that paternal anxiety symptoms and prevalence range from 4.1% to 16% during pregnancy and from 3% to 18% after childbirth (Bradley & Slade, 2008). These studies demonstrate that among men, anxiety is more prevalent than depression. When males experience depression or anxiety, these masculine gender norms discourage them from getting treatment.

This scoping review examines the significant factors of psychological issues in the paternal perinatal phase. It also detects the gaps in existing literature, informing themes to design further interventions. The existing literature in this area focused on the anxiety and depression among paternal in the perinatal period. In this review, all kinds of psychosocial factors associated with the paternal perinatal period are discussed.

On the other side, a lack of study has been done on perinatal depression and anxiety among fathers. The goal of this research is to provide a review of the existing research on paternal perinatal anxiety and depression. The purpose of this article is 1)To collect and evaluate all empirical research on psychosocial factors of paternal perinatal depression and anxiety. (To identify the nature of existing evidence of the father's perinatal mental health issues).

Materials & Methods

This scoping review process uses the established framework created by (Arksey & O'Malley, 2005). Tricco et al. (2018), The researcher used PRISMA-ScR guidelines. The procedure is comprised of six stages: a) establishing the research question; b) choosing a method for a literature review or search; c) choosing studies; d) evaluating the included studies' quality; and e) compiling, summarising, and reporting the findings.

Define the Research Question

The present study addresses the following question:

“ What are the psychosocial factors of paternal perinatal depression and anxiety ?.”

Identifying Literature Review

A diverse literature search was conducted using different databases: Science Direct, PsychNET, EBSCOhost, Proquest, CINHAL, Google Scholar, Cochrane Library, Pubmed, and Oxford Academic Journals. Researcher used search terms as (paternal[ti]) OR(fathers[ti]) AND (perinatal [ti]) AND (depression[ti]) AND (anxiety[ti]). This study is extracted based on the criterion for inclusion and exclusion. The requirements for entry are a) all conceptual and empirical papers, b) during the period from 2012 to June 2022 (10 years), c) Free access articles, and d) Studies related to paternal perinatal mental health issues, mainly anxiety and depression. The exclusion criteria are 1) the article is not published in English, 2) not available as a full article. It used seven year of time frame for two reasons 1) otherwise find only limited research articles, and 2) depression and anxiety is the common problem among men across the globe(Mirzaei et al., 2019).

Selection of Studies

A total of 1579 items from various databases were discovered during the initial search, and few were found through the references list search and grey literature (180). Duplicate data (417) were removed. The total article screened after duplicates and removed is 1162. Then the title and abstract were screened in 73—this review comprised eight studies.

Charting the Studies

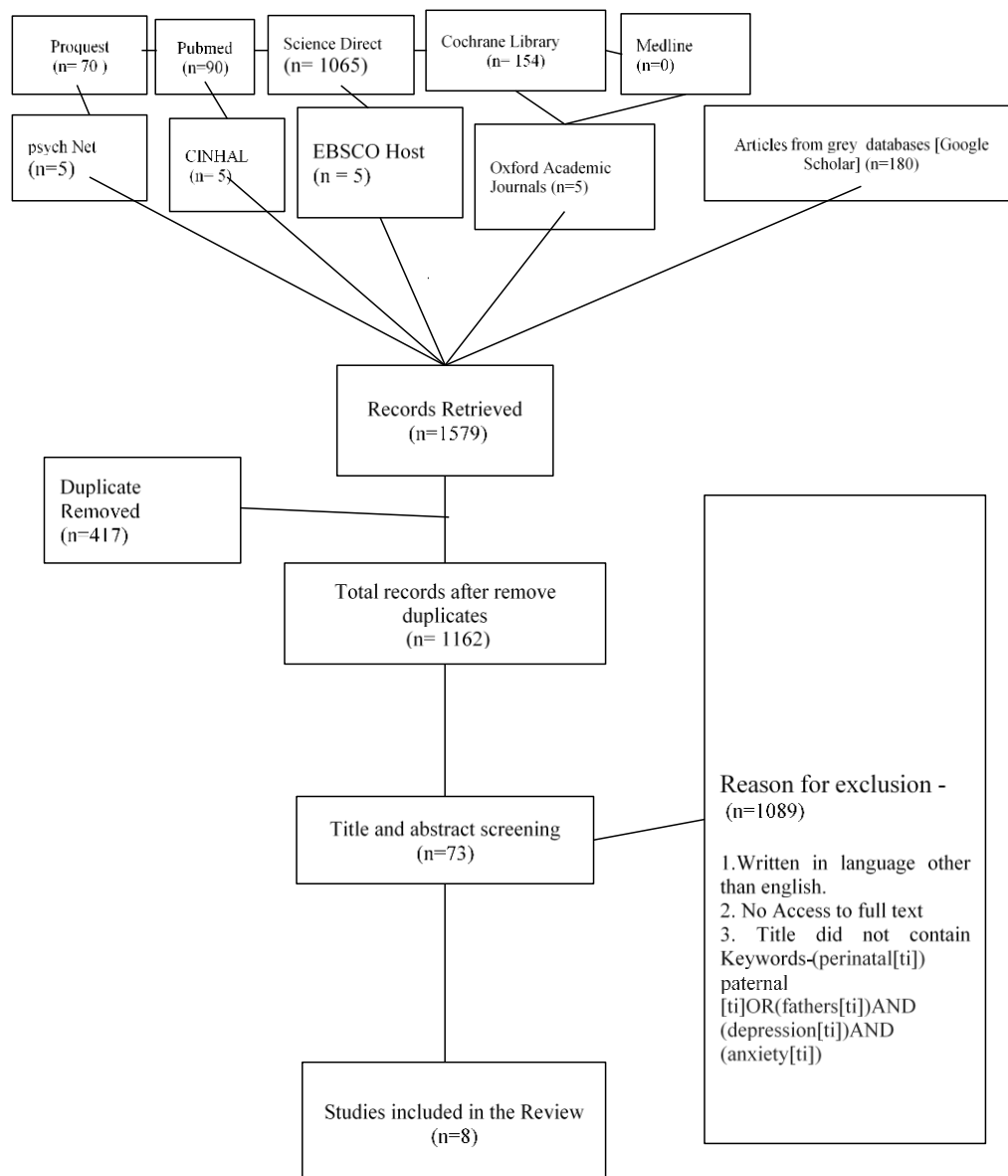


Figure 1. Prisma flow diagram of database Search

Data Items and Synthesis

Data items sought included perinatal depression and anxiety, the studies related to different areas of depression, anxiety and factors. Once the study was selected, each article was reviewed from abstract to implication. The extracted data were

entered into a google sheet, including the details of authors, which country conducted the study, aims, methods, significant findings and future research and limitations.

RESULTS

This review paper includes a total of 8 articles. An overview of the search and screening of the article is illustrated in figure.1. Out of the 1579 articles screened and selected, eight free access articles.

Sample Characteristics

Most of the studies were review papers (Rodrigues et al., 2022) (Shry et al., 2020) (Chhabra et al., 2020) (O'Brien., 2016) like systematic reviews, integrative reviews and mini-review. It includes studies from different countries. Four research are centred on anxiety and depression among fathers during the perinatal period (Singley & Edwards, 2015) (Sockol & Allred, 2017). Australian researchers conducted the majority of the studies (Shry et al., 2020) (Rodrigues et al., 2022) (O'Brien., 2016) (Chhabra et al., 2020 2022) (Fletcher et al., 2020), and two from the United States (Singley & Edwards, 2015) (Sockol & Allred, 2017). The study identified the different factors of depression and anxiety in the paternal perinatal phase. To comprehend the causes of fathers' perinatal mental health problems and the effects that result from them. Researchers highlight below the anxiety and depressive factors that impact the paternal perinatal period.

Factors Associated with Paternal Perinatal Depression

The different factors associated with depression in the paternal perinatal period underline three factors: psychological, social, parental, and demographic factors. The factors associated with the paternal depression in these studies are different and the common factors like maternal depression , sleep disturbance, work-family conflict.

Psychological and Social Factors

Fathers who were separated or divorced, were without an employment, and who admitted to using drugs or alcohol had the highest prevalence of depression. Additionally, maternal depression, the nature of the partner relationship, and low relationship satisfaction (Singley & Edwards., 2015).

Parenting Factors

Father's mental health influences parenting styles. The men have perinatal depression, difficulties engaging with the newborn children and irritable parenting behaviour, which affects the emotional-behavioural difficulties of children (Singley & Edwards., 2015).

Factors Associated with Paternal Perinatal Anxiety

Most fathers have the obsessive-compulsive disorder is common. Fathers' psychological, child, and parenting relationships can all be impacted by perinatal depression. Singley & Edwards, (2015) demonstrate that the risk factors are lack of social support, unemployment, drug use, alcohol use, quality of spouse relationship and poor relationship with the family. Fathers who suffer from depressive illnesses are more likely to have problems with their children than mothers, decreased relationship quality and decreased co-parenting. O'Brien (2016) discussed the treatment option for perinatal mental health. The study suggests a multilayered intervention paradigm for dads based on individual counselling., psychological training in groups or psychoeducation treatment based on fathers' situations. Cognitive behavioural therapy is also mooted. This review says the first-time fathers identified that they experienced anxiety and depression as a result of feelings of loneliness and a lack of support while adjusting to their new role. No demographic variables are connected with anxiety symptoms (Sockol & Allred, 2017); new or current fathers have more depressive symptoms than expectant fathers in the following factors of relationship quality and social support. Fletcher et al. (2020) say a father's negative feelings can lead to depression and anxiety among the paternal due to men's anger and frustration leading to physical violence and affecting the spouse relationship. Work-life and family life tension are also factors. Paternal depression and anxiety show no evidence of affecting the infant negatively (Spry et al., 2020). In this study (Chhabra et al., 2020) identified twelve risk aspects for paternal depression and anxiety -depression in mothers, maternal conflict, peer support, prenatal depression, previous mental health issues, marital conflict, alcohol abuse, unplanned pregnancy, mismatched expectations from pregnancy and childbirth, gender role, domestic abuse, low income. Perceived stress and prenatal depression have a more significant impact on this study. The predictive factors are sleep disturbances

increased mental distress in quantitative data, which is a novel finding, and family and job conflict, depression with mothers, and marital distress are identified in qualitative data (Chhabra et al., 2022). Rodrigues et al. (2022) no intervention study reported having baseline diagnoses of depression. The male perinatal population receives less intervention than female perinatal populations.

Discussion

This is the first scoping review that we are aware of that addresses paternal perinatal depression and anxiety. We found eight papers that documented perinatal factors based on the depression and anxiety variable of paternal. Most of the research considered in this analysis are review papers. To know more about the different variables. The focus of this research was to consolidate the research on the psychosocial determinants of paternal perinatal anxiety and depression. The majority of the research was done in Australia. Researchers discovered a variety of perinatal variables that have an impact on anxiety and depression.

The evidence based on the scoping review findings indicates that anxiety and depression affect fatherhood, which rises from the time of conception through delivery and decreases in anxiety from childbirth to the later postpartum period. Paternal experience helplessness, powerlessness and frustration during the perinatal period. During the perinatal phase, anxiety and depression influenced the father's physical and mental well-being, marital connection, and parenting abilities. The new and expectant fathers experienced more psychosocial risk factors (Chhabra et al., 2020) than previously experienced fathers. This might be because seasoned fathers experience fewer role changes and lifestyle adjustments than fathers expecting their first child (Kowlessae et al., 2014). The mixed-method study's findings indicate that fathers have undergone a lack of sleep during the pregnancy period (Chhabra et al., 2022), which leads to anxiety and depression. The detrimental effects of parental anxiety and depression underline the requirement to investigate efficient treatments to solve the issue. In healthcare, interventions to reduce anxiety and depression are frequent.

Future Research

The review emphasised the presence of paternal depression and anxiety throughout this time. Anxiety and depression are widespread throughout society. Nevertheless, no study has examined the three conditions of stress, anxiety, and depression coexisting. A longitudinal study is required further to understand the connection between attitudes and psychological symptoms. Most research in high-income nations concentrates on middle- and low-income countries to ascertain whether these results are generalisable.

Limitations

There are certain restrictions on this evaluation that should be acknowledged. We pulled data from 9 main databases and one grey literature search, although we may have missed a few databases. Studies that were not in English are not included. Although the extent of the literature would make the latter very challenging, this study is a scoping review of the empirical evidence instead of a thorough, systematic review of the empirical evidence.

Conclusion

This review identified the psychosocial factors affecting anxiety and depression among fathers during pregnancy. There has been very little father-focused perinatal research. Most of the research is based on the prenatal and postnatal periods. Researchers identify the gap for future research. Most of the evidence collected was the review papers. The results of the review point to the necessity of an intervention study and a longitudinal investigation of stress, anxiety, and depression in the paternal perinatal period. According to the available data, depression in males during the perinatal period has no particular therapy.

+Link

<https://docs.google.com/spreadsheets/d/1yLRqNrZZV7ydjEn8uPBMNim5pIKVjJVzMtnF22JhE4/edit?usp=sharing>

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