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# The experiences of husbands of primiparas with depressive or anxiety disorders during the perinatal period

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ABSTRACT

*Objectives:* During the perinatal period, husbands take the key role as essential supporter of wives with mental illness. The aim of this study was to explore the experiences of husbands of primiparas with depressive or anxiety disorders.
*Methods:* A qualitative descriptive design was used in the study. In-depth interviews were held one to two months after childbirth and results were analyzed using a constant comparative method.
*Results:* We approached ten couples and seven husbands agreed to be interviewed. From interviews, four categories emerged. They are "Husband is committed to decision making by exploring the impact of pregnancy", "The husband's burden depends on his wife's mental status and the relationship between her parents", "The preciousness of baby offsets the new burden," and "Continuous process of trial and error dealing with wife's mental status".
*Conclusions:* For many years prior to pregnancy, husbands had been alone in trying to help their wives through trial and error. After childbirth they accepted the new child-centered lifestyle and supported their wives' mental health. Healthcare providers are needed to become advisors not only to pregnant women but also to their husbands and build a stable support system with members such as psychiatrists, obstetricians and midwives.



## Introduction

Both depressive and anxiety disorders are major mental illnesses, with a lifetime risk of occurrence at 20.8% and 28.8%, respectively, according to global epidemiological data. In particular, women have a 2.3 times greater risk of anxiety disorder than men, and 59.2% of female anxiety disorder patients also have a depressive disorder [1,2]. Therefore, the number of pregnant women with a mental illness in obstetrics clinics is increasing. According to a recent study in Japan, 3.7% of women who gave birth in a hospital had a mental illness before pregnancy [3].

Previous studies showed that depression before or during pregnancy was a predictor of postpartum depression [4]. However, according to an Australian study, it is difficult for patients with mental illness to confide in others about their illness for fear of prejudice and criticism. They tend to be isolated due to the public stigma toward mental illness [5]. Mothers with mental illness in Japan, in particular, often face difficulties in parenting while performing self-care activities. Moreover, during the child-rearing period, 90% of them rely on their husbands as a main advisor and provider of financial and emotional support [6,7].

A Swedish qualitative study revealed that first-time parents face various difficulties, such as lack of sleep and adjustment to increased roles [8]. Husbands of wives with mental illness may encounter even more burdens when coping with their wives' symptoms. Thus, they will be expected to perform more roles and responsibilities when they have their first baby.

In Australia, it is recommended that women with mental illness receive continuous support throughout the perinatal period, through consultations with a multidisciplinary team of obstetricians, psychiatrists, and nurses, and through home visits [9]. In Japan as well, a home visit system for mothers with mental illness has been initiated [10]. Although husbands of women with mental illness are not involved in these support systems, they are nevertheless an important source of support for their wives and face various difficulties when they become fathers.

Recently, in Japan, there has been a gradual increase in husbands' involvement in their wives' pregnancies. Parenting education classes for couples are on the increase and more husbands are present when their wives give birth. For healthcare providers, these are rare opportunities to meet the husbands. However, after childbirth, it is not easy to contact them. This is because it is uncommon

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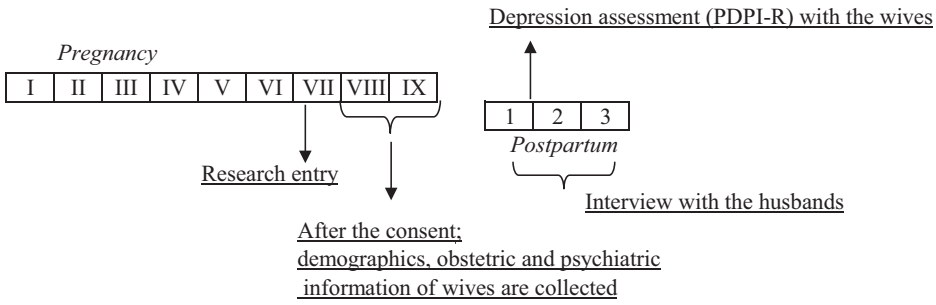


**Fig. 1.** Flow of data collection (numbers indicate month).

for husbands to attend wives' medical consultations or newborn baby visits conducted by public health nurses, since these activities are held on weekdays when husbands are at work [11]. It is also traditional and common for pregnant women to undergo "satogaeri" during the perinatal period, in which they stay at their parents' homes and are cared for by their mothers for about one month after childbirth in Japan [12]. Therefore, after this "satogaeri" period, husbands face living with the baby for the first time and their daily routine of caring for the child commences. According to a Japanese survey, fathers of children under six years of age spend a longer time on childcare than fathers of older children; however, the actual amount of time they spend on a weekday on childcare and housework is only 37 minutes as a result of long working hours [13]. Additionally, in spite of many fathers' hope to have spare time for childcare, only 1.89% of fathers are able to take childcare leave as compared with 83.6% of mothers [14]. Moreover, because their husbands are so busy with work, the wives are even anxious that their husbands may not be present at their baby's birth [12].

Nevertheless, although previous studies have raised the need to support patients' families, the support needs and difficulties of husbands who are supporting a wife with a mental illness have not been examined. Thus, it is necessary to identify the difficulties of husbands and clarify their experiences during their wives' perinatal period.

In our study, we focused on husbands of wives with common mental illnesses and depressive and anxiety disorders to investigate their difficulties and support needs. The aim of this study was to explore the experiences of husbands of primiparas during the perinatal period.

## Methods

### *Design and participants*

We adopted a qualitative descriptive design for this study.

We collected data at an obstetrics clinic and two university hospitals in Japan. Participants were first-time pregnant women with a mental illness and their husbands.

Inclusion criteria for wives were primiparas who self-reported either a depressive or an anxiety disorder in their medical records. Inclusion criteria for husbands were men who lived with their wives and their baby, and men who knew about their wives' mental illnesses. We excluded women who had a physical disability, such as difficulty with sight, hearing, and ability to care for a baby.

We collected data from July 2013 to June 2014. The flow of data collection is shown in Fig. 1. M.M. collected all the data, and she did so in Japanese. The obstetricians selected the pregnant woman and the researchers explained the study during a prenatal checkup. The pregnant women then took the forms – regarding the study's details and informed consent – home and discussed these details with their husbands. Both pregnant women and husbands who agreed to participate in this study completed and sent us the consent form. After receiving the consents of both the women and their husbands, we first collected the couples' ages and the women's obstetric and psychiatric information during the perinatal period from medical records and maternal handbooks. Second, one month after childbirth, we asked the wives to complete a self-report questionnaire when they visited hospitals for their one-month check-ups. After completion of the questionnaire, we reviewed the responses with the mothers to determine the background of their answers. We used the Postpartum Depression Predictors Inventory-Revised Japanese version (PDPI-R)[1] [15] to assess the risk of developing postpartum depression, as well as to identify supporters (partner, family, and friends) in whom the wives could confide and to collect information about the stressors of parenting [16]. These data were used as supporting evidence to determine whether the wives had the potential to become depressed postpartum, if the wives had a good supporter, and who that supporter was.

**Table 1**
Interview guide.

| |
|---|
| 1. Daily life with a new baby |
| 2. Knowledge about wife's mental illness |
| 3. Experiences during perinatal period |
| 4. Meaning of the experiences |
| 5. Wishes for medical care |

Third, approximately one to two months after childbirth, we called the husbands for an in-depth interview in the counseling rooms of the hospitals or in an interview room at the University of Tokyo. All of the interviews were conducted in Japanese, using the interview guide (see Table 1), and were recorded with an IC recorder. We assumed that the time of one to two months after childbirth was appropriate for the interview because this is when husbands first live with the baby after the Japanese "satogaeri" custom. In order to obtain a clear and continuous account from pregnancy to the birth of the child, we asked the husbands to think back and recall their experiences with regard to their wives' pregnancy and to talk about their current life with the baby.

As a token of appreciation for their time and willingness to share their experiences, we gave each husband a gift card worth 5000 yen (approximately 50 US dollars).

### PDPI-R

The PDPI-R, developed by C.T. Beck based on the risk factors related to postpartum depression, was administered to assess the risk of developing postpartum depression as well as to identify supporters and the stressors of parenting. We used the postpartum

[1] Postpartum Depression Predictors Inventory-Revised Japanese version.