



Post partum depression and the psychosocial predictors in first-time fathers from northwestern China

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ABSTRACT

Background: there is growing evidence that fathers also experience post partum depression (PPD). However, paternal PPD has been less studied than maternal PPD. Very few studies have investigated PPD in first-time fathers from northwestern China.

Objective: the purpose of this study was to investigate the occurrence and predictors of depressive symptoms in first-time fathers from northwestern China.

Methods: a longitudinal study was conducted involving 180 couples who were assessed at three time periods: 3 days, 2 weeks and 6 weeks after childbirth. Self-reported questionnaires including Edinburgh Postnatal Depression Scale (EPDS), Parenting Sense of Competence Scale (PSOC), and Kansas Marital Satisfaction Scale (KMSS) were administered to all participants during each time period.

Findings: after childbirth 35 (21.1%) of the fathers at 3 days, 32 (20.4%) at 2 weeks and 20 (13.6%) at 6 weeks, indicated that they suffered from PPD. Paternal parental sense of competence, paternal marital satisfaction, and maternal depressive symptoms were among the main predictors for paternal PPD.

Conclusion: the study results suggest that paternal PPD is a significant public health concern. Health professionals should focus attention on the psychological health among new fathers during the post-partum period; and, the psychosocial predictors should be considered and incorporated into clinical assessment and intervention of paternal PPD.

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Introduction

Post partum depression (PPD) is a non-psychotic, yet, serious clinical disorder that happens after childbirth. Characterized by the symptoms of emotional lability, sleep disruption, dysphoria, confusion, significant anxiety, and suicidal ideation, PPD represents a major public health concern in many women and has been extensively studied worldwide during the last decade (Letourneau et al., 2011). Compared to maternal PPD, paternal PPD is neither a commonly used term nor a commonly recognised phenomenon (Schumacher et al., 2008). However, adding a newborn infant to the family brings more profound changes than any other developmental stage in the life cycle (Ahlborg et al., 2009). The transition to parenthood is also a challenging and vulnerable period for most first-time fathers. There is indication that fathers also

experience depression after the birth of a child (Anna de Magistris et al., 2013). Goodman (2004b), for example, had reported paternal PPD ranging from 1.2% to 25.5% in community samples, and from 24% to 50% among fathers whose female partners had PPD.

Paternal PPD contributes to negative impacts on the family, the marriage relationship and has implications for healthy child development (Feldman and Eidelman, 2004; Cummings et al., 2005; Solantaus and Salo, 2005). Previous studies indicated an association of paternal PPD with the level of the partner's depression (Bielawska-Batorowicz and Kossakowska-Petrycka, 2006; Gao et al., 2009). Family members can impact one another's emotions on a daily basis (Almeida et al., 1999). It is purported that depression in one partner can reduce happiness and exhilaration in the other (Thompson and Bolger, 1999). Researchers have reported that fathers whose partners had PPD were more likely to have psychological disorders (Matthey et al., 2000; Roberts et al., 2006). Parental PPD can exacerbate parenting stress and incite marital dissatisfaction which may further compromise family health and well-being (Beck, 2001). Moreover,

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the incidence of PPD among fathers has been associated with undesirable parenting behaviours and fewer positive parent–infant interactions (Paulson et al., 2006). Ramchandani et al. (2005) reported that paternal PPD not only had negative effects on early child development, but also on the child's physical growth and healthy socioemotional and psychological development. Several factors have been identified that may precipitate paternal PPD including poor marital relationships, adverse life events, employment status, and insufficient antenatal information and childbirth education (Dave et al., 2005; Boyce et al., 2007; Bronte-Tinkew et al., 2007; Demontigny et al., 2013).

Pregnancy and birth may pose a threat to maternal health among women in China. Therefore, Chinese women implement measures to regain their strength after childbirth through month-long practices including dietary modification, protective rituals, and mandated rest. However, Chinese men are, traditionally, considered strong, 'unbreakable', independent, and resistant to negative emotions. Men tend to conceal their emotions to conform to social and family role expectations. Accordingly, the newborn's father is often ignored by health care workers. Very few studies have been conducted on the psychological health of Chinese first-time fathers, especially in underdeveloped northwestern China. Thus, the purpose of this study was to investigate the existence of paternal PPD and psychosocial predictors among first-time fathers living in northwestern China.

Methods

Research design

A longitudinal study design was employed to investigate paternal PPD and psychosocial predictors of first-time fathers at three time periods: 3 days, 2 weeks and 6 weeks after childbirth. The study was conducted in Xi'an city. The city was selected because it was considered to be representative of the current medicine practices in northwestern China and Xi'an was more accessible. Using a multisampling method, five tertiary hospitals in Xi'an were randomly selected and served as the research settings.

Ethical considerations

Approval was obtained from the university ethics committee before we commenced the study. Potential participants were given written information about the study purpose and procedures (questionnaire completion). Anonymity and confidentiality were assured and participants were told that they could freely withdraw from the study at any point without adverse consequences. Voluntary completion of questionnaires implied participant consent to take part in the study.

Participants

The sample consisted of 180 couples recruited from the five randomly selected tertiary hospitals in Xi'an city at 3 days post partum during September and October 2013. Inclusion criteria for fathers recruited were: (1) mandarin fluency, (2) married and living with partner, (3) full-term infant with healthy newborn examination, and (4) first-time father. Eligibility criteria for mothers included the aforementioned items (1) through (3) as well as (4) first-time mother, and (5) no serious complications during the antenatal period. The participants were Chinese Han first-time fathers and their partners living in Xi'an (see Table 1 for sample characteristics). One hundred and sixty-six couples participated and returned completed questionnaires.

Table 1
Socio-demographic characteristics of the participants.

Variables	Father (166)		Mother (166)	
	N	%	N	%
Age (year)				
< 30	88	48.2	105	69.3
≥ 30	86	51.8	51	30.7
Employment status				
Employed	152	91.6	137	82.5
Unemployed	14	8.4	29	17.5
Education level				
Below Middle school	29	17.5	28	16.8
High school	31	18.7	27	16.3
Baccalaureate and above	106	63.9	111	66.9
Residence				
Urban	120	72.3	123	74.1
Rural	46	27.7	43	25.9
Monthly income (RMB)				
< 1000	15	9.0	19	11.4
1000–3000	31	18.7	54	32.5
3000–5000	62	37.3	62	37.3
> 5000	58	34.9	31	18.7
Mode of birth				
Vaginal	–	–	77	46.4
Caesarean	–	–	89	53.6
Gender of newborn				
Boy	–	–	87	52.4
Girl	–	–	79	47.6
Terms of payment				
Medical insurance	–	–	117	70.5
Free medical care	–	–	47	28.3
Commercial insurance	–	–	2	1.2

Measurement

A package of paternal PPD survey instruments was used in the study. Items in the questionnaires were developed from a comprehensive review of the literature and refined during a pilot study with a small sample of 15 couples. Questionnaires were also reviewed by five experts including two obstetric specialists, two psychological specialists and one specialist in biostatistics. The questionnaires include four categories: socio-demographics, measurement of paternal and maternal depression, measurement of paternal self-efficacy, and measurement of marital satisfaction. The measurement scales have been validated for the Chinese cultural context and have robust psychometric properties.

Measurement of paternal and maternal depression

The Edinburgh Postnatal Depression Scale (EPDS) was used to measure paternal and maternal depressive symptoms at 3 days, 2 weeks and 6 weeks during the postpartum period. The EPDS is a widely used 10-item self-administered questionnaire that enables intensity scores of depressive symptoms (Cox et al., 1987). Responses are scored along a 4-point scale from 0 to 3 with a minimum total score of 0 and a maximum total score of 30. Higher scores indicate more depressive symptoms. The screening cut-off score for depression on the EPDS has been shown to vary for women and men from different cultures (Matthey et al., 2001). EPDS has been validated in China for post partum mothers and fathers (Guo et al., 2009; Xu et al., 2014). We used the cut-off score of 9/10 for both mothers and fathers for a sensitivity of 82% and a specificity of 86%. Reported in the literature is a sensitivity as high as 91% for Chinese mothers (Lee et al., 1998) and a specificity of 94% for Chinese fathers (Lai et al., 2010).

Measurement of paternal parental self-efficacy

The Parenting Sense of Competence Scale (PSOC) was used to measure paternal parental self-efficacy. The PSOC is a 17-item scale that measures parental self-efficacy in the parenting role and

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