

Paternal depression amongst expectant fathers in a suburban area in Sri Lanka

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The transition to parenthood is an important time that necessitates adjustments for both parents, which may result in depression. Paternal depression, though significant, remains less studied locally and globally, compared to maternal depression. Raising awareness of paternal depression in society will reduce the impact on social health. Expectant fathers (N=120) were recruited via stratified sampling to this descriptive cross-sectional study in the post- and antenatal clinics in the Gothatuwa Medical Officer of Health (MOH) area. Data were collected via interviewer-administered questionnaires. Edinburgh-Postpartum-Depression-Scale (EPDS) was used to assess paternal depression, and the pre-tested and modified questionnaire was used to assess the risk factor. Data were analyzed using SPSS. Prevalence of paternal depression, socio-demographic, psychological, behavioural, and pregnancy-related factors were evaluated via frequency distributions. The chi-square test was used to examine associated factors. Ethical clearance was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Colombo. Of the sample, 11.7% (n=14) were found to have an Edinburgh-Postpartum-Depression-Scale (EPDS) score of 9 or higher, with the mean score being 6.31(SD=2.49). There were no high-risk depression cases (EPDS>12) reported. There was a statistically significant correlation between paternal age (p=0.003), marital satisfaction (p=0.004), family support (p=0.012), smoking (p=0.015), and having other children (p=0.034). Paternal depression needs attention and action. The range of paternal depression throughout pregnancy and its impact on the spouse and family should be further researched. Greater efforts at creating awareness and tackling paternal depression through the public health system are recommended.

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