



Fathers Experience of Paternal Postpartum Depression : A Scoping Review

Alvina Dewi Maharani¹, Amatullah Mufidah¹, Anjani Nur Azizah¹, Arina Dinal Haque¹, Siti Nurhidayati^{1*}, Yuli Puspita Devi^{2,3}, Dessy Pratiwi⁴

¹ Midwifery Study Programme, Faculty of Medicine, Universitas Sebelas Maret, Surakarta, Indonesia

² Department of Epidemiology, Biostatistics, Population, and Health Promotion, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia

³ Varians Statistik Kesehatan, Indonesia

⁴ Indonesia Health Development Center, Jakarta, Indonesia

Corresponding author:

E-mail: sitinurhidayati@staff.uns.ac.id

ABSTRACT

Background: Postpartum Depression (PPD) is a mental disorder that occurs within the first year after childbirth, affecting both mothers and fathers. Fathers also experience mood changes during the transition to parenthood, with a significant prevalence of paternal PPD. and a history of mental illness contribute to the occurrence of PPD. Further research is needed to better understand the experiences of fathers dealing with PPD. PPD in fathers has negative effects on family health, including child development, quality of life, and partner relationships. Risk factors such as unemployment, low social support, and a history of mental illness contribute to the occurrence of PPD. Further research is needed to better understand the experiences of fathers dealing with PPD.

Objectives: Reviewing the literature discussing fathers' experiences with postpartum depression.

Methods: This study is a scoping review using PRISMA to process the article selection. This study for databases source from Pubmed, Wiley, and ScienceDirect, 1.188 articles were obtained from all databases and 4 articles were selected for analysis

Results: Based on 4 selected articles with qualitative study design. The results of the study revealed 3 themes containing the, perceptions and emotional experiences of fathers, social support and father relationships, and the search for fathers' mental health support.

Conclusion: Postpartum depression (PPD) in fathers has a significant impact on their psychological well-being, resulting in feelings of distress and isolation. Stressors such as work issues and masculinity stigma exacerbate this condition. Therefore, it is important to increase awareness and support from health professionals so that fathers can overcome these challenges.

Keywords: *paternal postpartum depression, postpartum depression, mental health*

INTRODUCTION

Parenthood is widely recognized as one of the most meaningful yet challenging phases of life^[1]. The transition into the role of a father or mother often brings joy, enthusiasm, and a sense of purpose^[2]. At the same time, this transition can also generate stress, anxiety, and various psychological changes that are not always easy to manage^[3]. For many parents, adapting to the demands of caring for a newborn requires significant adjustments in daily routines, financial responsibilities, and social roles^[4]. Although parenthood can provide profound satisfaction, the accompanying emotional and psychological challenges should not be underestimated^[5].

Over the past few decades, research on postpartum mental health has primarily focused on mothers, particularly in relation to postpartum depression (PPD)^[6]. Maternal PPD has been identified as a serious mental health condition with high prevalence, significantly affecting maternal well-being, the mother infant bond, and child development^[3,7,8]. This condition also carries broader implications for overall family functioning and long-term outcomes^[6]. In fact, maternal PPD is often described as one of the most common complications of childbirth, with prevalence rates varying across countries and healthcare systems^[6,7]. While this strong emphasis on maternal mental health has generated valuable knowledge, it has also left an important gap concerning fathers' experiences during the same period^[9].

Attention to paternal PPD remains relatively limited. Nevertheless, the phenomenon of paternal postpartum depression has gained increasing recognition in the global literature^[6]. Several studies indicate that approximately 8.75% of fathers experience postpartum

depression within the first year following their child's birth^[10]. Although this prevalence is lower than that of mothers, it still represents a substantial proportion, particularly when considering the long-term consequences for family health and child development^[3,10].

Interestingly, the symptoms of PPD in fathers often present differently than in mothers. While mothers more frequently report sadness, frequent crying, or withdrawal, fathers may instead display symptoms such as anger, irritability, aggressive or impulsive behaviors, and risk-taking tendencies^[11]. Other commonly reported manifestations include alcohol or substance abuse and social withdrawal^[11]. Fathers with PPD may also report drastic changes in work patterns, along with unexplained physical complaints such as headaches or digestive issues^[11]. These differences in symptom manifestation make paternal PPD more difficult to detect in clinical practice, increasing the risk of underdiagnosis and inadequate treatment^[3].

A number of psychosocial and demographic factors are known to increase the risk of paternal PPD, including a history of prior depression, lack of social support, low education and income levels, financial difficulties, marital dissatisfaction, and poor relationships with one's own parents^[3,12,13]. Furthermore, multiple studies have demonstrated a strong correlation between maternal and paternal PPD, with maternal PPD serving as the strongest predictor of paternal PPD^[3,11]. This highlights the close interconnection between the mental health of both parents, where one partner's condition can significantly influence the other's well-being^[14]^[15].

The impact of paternal PPD extends beyond individual well-being to affect family dynamics^[16,17]. Fathers



experiencing depression tend to have lower-quality relationships with their partners and children and are at higher risk of marital conflict ^[12]. Marital strain, in turn, can exacerbate maternal depressive symptoms, creating a cycle that further destabilizes the household environment. Father and child relationships are also affected, with paternal depression linked to reduced emotional involvement, less effective parenting practices, and diminished father and infant interactions ^[7,12]. Ultimately, these conditions may negatively influence children's emotional, behavioral, and social development ^[3]. Thus, paternal PPD is not only an individual concern but also a broader public health issue ^[3].

Despite its significant prevalence and wide-ranging consequences, research on fathers' experiences with PPD remains limited. Most postpartum mental health interventions still focus on mothers, while fathers are frequently overlooked ^[6,7]. The lack of understanding regarding fathers' subjective experiences with PPD hinders the development of effective prevention strategies, early detection, and appropriate management ^[3,18]. Moreover, fathers may face structural and cultural barriers that make seeking help difficult. Gender norms and cultural expectations often discourage men from openly expressing emotional vulnerability. Many fathers perceive depression as a sign of weakness or fear stigma if they acknowledge their struggles ^[11,16]. Others may prioritize their role as financial providers, feeling guilty for experiencing psychological distress during a period when their partner and child also require substantial support ^[14].

These barriers contribute to the low recognition of paternal PPD, with routine screening for fathers rarely included in healthcare services ^[7]. The lack of acknowledgment of fathers' mental health needs often results in missed opportunities

for early intervention. Therefore, a more inclusive and family oriented approach to perinatal healthcare is required to ensure comprehensive mental health support ^[16]. Given these challenges, there is growing recognition that paternal PPD requires more serious attention from both researchers and healthcare providers ^[23]. A deeper exploration of fathers' lived experiences may provide valuable insights into how they perceive and cope with difficulties during the postpartum period ^[3,13]. Such knowledge is crucial for developing interventions that are sensitive to men's unique needs and that encourage help-seeking behaviors in culturally appropriate and accessible ways ^[6,11].

Accordingly, a comprehensive review is needed to systematically map existing evidence on how fathers experience, express, and cope with postpartum depression. A scoping review is considered an appropriate method for this purpose, as it enables researchers to identify, categorize, and analyze diverse findings related to paternal PPD experiences from the existing literature. Based on available evidence, such a review can enhance awareness, inform clinical practice, and support the development of more effective family centered interventions, thereby strengthening both maternal and paternal mental health while promoting better outcomes for children and families overall ^[14,16].

METHODS

The research method used is a scoping review. The scoping review method is a way to collect and summarize knowledge about a topic using a systematic and iterative approach to map the extent, diversity, and types of existing literature, as well as to identify potential gaps or deficiencies in research on a topic ^[19,20]. The steps in a scoping review are Identifying the Problem and Research



Questions, Identifying Relevant Literature, Study Selection (Article Selection), Data Charting, Data Mapping ^[20].

Stage 1: Identifying Research Problems and Questions

The initial step of a scoping review is to identify research questions that align with the research objectives. At the initial stage, researchers formulate questions that will be used as a guide in searching for articles. This research uses a question format that includes population, exposure, outcome, study (PEOS). Based on this format, the research question is "What is a father's experience of postpartum depression?"

Table 1. PEOS Framework

PEOS Framework	
Population	Father
Exposure	Paternal Postpartum Depression
Outcome	Experience of Paternal Postpartum Depression
Study	Qualitative Study

Stage 2: Identify The Relevant Literature

For the selection of journal studies, researchers use inclusion and exclusion criteria. The inclusion and exclusion criteria are as follows:

Table 2. Inclusion and Exclusion Criteria for Scoping Review.

Inclusion Criteria	Exclusion Criteria
An original article.	Article in the form of opinion, comment
Articles in the last five years between 2019 – 2024.	
The article open access).	
Study design is <i>qualitative study</i> .	
Written in English.	

Stage 3: Literature Selection

Literature is taken from a number of selected databases. The databases include Pubmed, Wiley, and ScienceDirect. The search limited to article published in English between 2019-2024, free accessible, and only qualitative study. Then, easier for reader to finding that article can use a following keywords:

(((((father) OR fathers) OR dad) OR daddy)) AND (('paternal postpartum depression') OR 'paternal postnatal depression')) AND (((experience) OR perception) OR suggestion) OR perceive)) AND 'qualitative study'

The selection of literature was conducted based on predetermined criteria and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

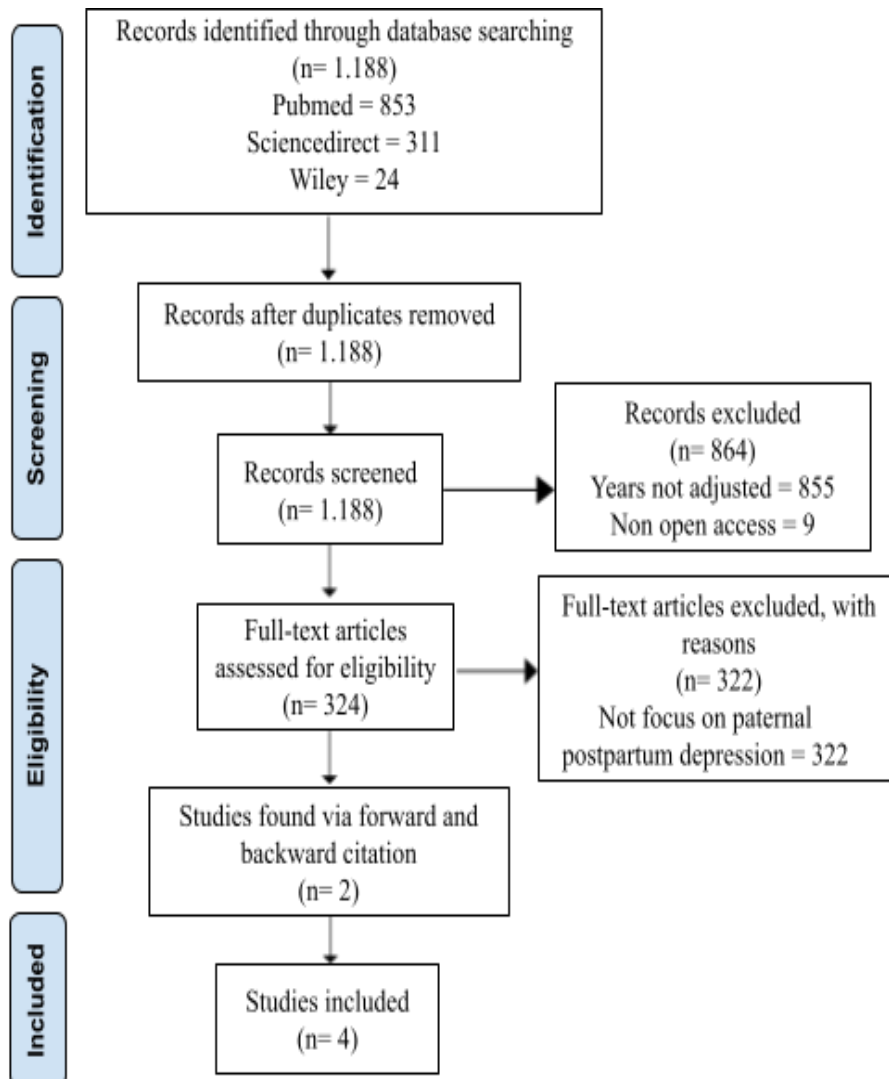


Figure 1. PRISMA Flowchart

The results of the article search are analyzed based on the research objectives and questions. Articles will be selected if they meet the established inclusion and exclusion criteria. From the literature screening process, 4 articles were obtained as the final result. The selected articles are

then subjected to Critical Appraisal to evaluate their quality. The tool used for Critical Appraisal in this Scoping Review is the Critical Appraisal Skills Programme (CASP).



Stage 4: Data Grouping

At this stage, the 4 selected articles are processed by grouping them into a table that contains the title, researcher's name, sample, and research results.

Step 5: Data Mapping

After selecting literature from 4 articles originating from the European continent, specifically from Denmark, Sweden, and England. Then, a review was conducted on each journal to identify several themes and subthemes that can be used to address the research objectives.

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RESULTS

The selected literature sources that meet the inclusion criteria are displayed in the Prisma diagram shown in Figure 1. The selected articles then undergo Critical Appraisal to evaluate their relevance and produce accurate conclusions in problem-solving. Critical Appraisal applied in this review uses the Critical Appraisal Skills Programme (CASP) guidelines.

The identification results obtained from the search method in the online libraries Wiley, PubMed, and ScienceDirect yielded up to 1,188 search results. The search included various options, including duplicate search results and results with the same search title. After the screening stage is completed, the inclusion stage is conducted by matching the study data with the inclusion criteria set by the researchers, which are original articles using qualitative design studies in English that are freely accessible, with full-text articles from the years 2019–2024 obtained from international journals. The research results were collected and selected to include documents that meet the research criteria. The results show that there are 4 articles that meet the criteria, and the process continues with providing important reflections to obtain the highest quality evidence-based outcomes. The



Author	Title	Objective	Year	Sample	Result
Maude Johansson, Ylva Benderix, Idor Svensson	Mothers' and fathers' lived experiences of postpartum depression and parental stress after childbirth: a qualitative study	The study aims are to explore the lived experiences of mothers and fathers of postpartum depression and parental stress after childbirth.	2020	10 mothers and 5 fathers	The research results show that both fathers and mothers feel incapable of fulfilling their roles as parents, with fathers more often highlighting pressure from external factors while mothers focus on internal factors. The presence of complications during pregnancy or traumatic childbirth experiences is associated with an increased risk of depression and anxiety in mothers and negatively impacts the psychological well-being of fathers. Identifying postpartum depression through the Edinburgh Postnatal Depression Scale shows that mothers have diverse experiences related to support from child healthcare services. This condition also affects the quality of the couple's relationship, where both parties report feelings of loneliness and relational disturbances. Additionally, a history of emotional problems or dysfunctional parenting in the family of origin also has the potential to increase vulnerability to past trauma, as well as contribute to long-term depression symptoms, particularly in mothers.
Sarah Christine Pedersen, Helle Terkildsen Maindal, and Knud Ryom	"I Wanted to Be There as a Father, but I Couldn't": A Qualitative Study of Fathers' Experiences of Postpartum Depression and Their Help-Seeking Behavior	The purpose of this study is first to explore the lived experiences of fathers' with PPD and, second, to understand the barriers and facilitators of help-seeking behavior.	2021	8 participants	This research explores the experiences of fathers who have experienced postpartum depression (PPD) and their behaviors in seeking help. This study was conducted through in-depth interviews with eight fathers in Denmark who had experienced PPD. The research results show that the fathers felt overwhelmed, incapable, and powerless in their new role as a father. Many of them have high expectations of themselves that do not align with reality, leading to feelings of failure and inadequacy as fathers. The background of negative relationships with their father figures in childhood also influences this experience. Some fathers even admit to experiencing intrusive thoughts, including the desire to harm themselves or their child, which causes feelings of shame and guilt. Other factors that worsen their condition include complications during their partner's pregnancy and childbirth, difficulties in breastfeeding, and pressure from work or economic conditions. In terms of seeking help, most



Author	Title	Objective	Year	Sample	Result
					fathers do not recognize the symptoms of depression as a disorder and consider them to be normal. The lack of knowledge about PPD in men, social stigma, and masculinity norms are the main barriers in the process of seeking help. The role of partners and healthcare workers, such as midwives or child health officers, has proven to be important in helping fathers recognize their condition and encouraging them to seek help. Screening by healthcare workers also plays an important role, but unfortunately, it has not been implemented evenly, especially due to the minimal involvement of fathers in postnatal services. This research emphasizes the importance of enhancing education, awareness, and support from the healthcare system regarding fathers' mental health after the birth of a child.
Hambidge, Amy Cowell, Emily Arden-Close and Andrew Mayers (2021)	"What kind of man gets depressed after having a baby?" Fathers' experiences of mental health during the perinatal period	This research aimed to explore fathers' perceptions of the support they received for mental health problems during the perinatal period.	2021	29 fathers	This research describes the mental health support received by fathers during the perinatal period. The thematic analysis resulted in 3 main themes, including: factors affecting fathers' mental health, the negative impact of fathers' mental health, and solutions to improve fathers' mental health. This research shows that fathers feel their mental health does not receive adequate support compared to mothers. During the perinatal period, fathers need to be given attention and informed that there is support available for them to reduce the likelihood of mental health issues. During the perinatal period, fathers need to be given attention and informed that there is support available for them to reduce the likelihood of mental health issues
Margareta Johansson, Petra Östlund, Cecilia Holmqvist, and Michael B Wells.	Family life starts at home: Fathers' experiences of a newly implemented Swedish home-based postnatal care model - an interview study	To explore and describe fathers' experiences of a newly implemented Swedish home-based postnatal care model.	2022	16 fathers	This research explains how postpartum care begins in the home environment, highlighting the involvement of the father's role. It was found that when fathers feel more involved in home care, it can strengthen family bonds, create a more relaxed atmosphere within the family, thereby minimizing stress for both mothers and fathers when caring for a newborn, and the role of midwives during the postpartum period at home increases fathers' desire to participate in caring for their baby. Thus, this research concludes that when the father's role is involved at



Author	Title	Objective	Year	Sample	Result
					home during the postpartum period, with a sense of ownership and recognition as the head of the family, it can prevent the father from experiencing depression, stress, and feelings of insecurity.

Table 3. The themes and sub-themes

Themes	Sub-themes	No. of articles (Author)			
		1 (Johansson et al, 2020)	2 (Pedersen et al, 2021)	3 (Hambidge, 2021)	4 (Johansson, 2022)
Father's perception and emotional experience	Father's feeling	V	V	V	
	The Affected Stressor	V	V	V	
	Knowledge and beliefs about Paternal Postpartum Depression		V		
Social support and relationship	Relationship with partner	V		V	V
	lack of support	V		V	V
	Father-baby relationship				V
Seeking mental health support for my father	Father's perspective on paternal postpartum depression healthcare services	V	V	V	V
	Self-awareness in seeking professional help				V
	Professional experience in handling Paternal PPD		V		

DISCUSSION

From the analysis of four articles on a father's experience with postpartum depression, they have been grouped based on three main themes and several subthemes that will be clearly discussed as follows:

1. Perception and emotional experience of the father

- a. A father's feelings when experiencing paternal postpartum depression

In general, fathers who experience PPD have poor mental health, such as stress, anxiety, and even personality disorders. Some feelings that are often experienced by fathers with PPD include feeling burdened, feeling incapable, and feeling powerless when they first become parents ^[3]. Additionally, some fathers also feel that their expectations are not met. Most fathers expect their first experience of being a dad to be positive, but it does not match what they imagined ^[18].

a. Stressor that affects paternal postpartum depression

Physical or psychological stimuli that disrupt the body's balance are known as stressors. The response to these stressors includes physiological and behavioral changes, referred to as stress response ^[15]. There are several stressors that can influence the occurrence of paternal postpartum depression, including uncertain work situations, maternal depression towards their partner, and relationship problems. Additionally, it was found that the father's experience during their child's pregnancy, which was stressful, caused the father to feel traumatized and affected their depression symptoms. Breastfeeding experiences are also a concerning subject for many fathers, yet not much attention has been given to fathers' breastfeeding experiences, even though this has the potential to impact fathers' mental health ^[3].

b. Father's knowledge and beliefs about Paternal PPD

Knowledge is the result of human efforts to understand and know something. Meanwhile, belief encompasses all the knowledge possessed by an individual as well as all the conclusions drawn by an individual regarding objects, attributes, and their benefits ^[15]. Most research only focuses on postpartum depression in mothers. Postpartum depression in fathers is currently still rarely given attention. Even fathers still do not know about postpartum depression in fathers. Most fathers only know and believe that postpartum depression is only experienced by mothers. They assume that only mothers experience pregnancy, so the ones who are likely to experience postpartum depression are mothers. That is a misunderstanding of the condition of postpartum depression. Therefore, education and information about postpartum depression in fathers need to be addressed ^[3].

2. Social support and father-child relationship

a. Father's relationship with their partner

The transition to parenthood is a major event in life that requires couples, both individually and together, to navigate significant changes in personal, family, social, and professional aspects. The birth of a child, especially the first child, is a special moment in a couple's life and often impacts the quality of the relationship for many couples ^[21].

After the birth of a child, fathers also feel changes in their relationship with their wives. The changes in the relationship experienced by fathers with wives who suffer from postpartum depression are varied, but many show negative aspects, including reduced time spent with their wives, lack of intimacy and desire for sexual relations, communication difficulties, and challenges in coping with their wife's depression, leading to provocation and frustration. These conditions have an impact that increases the occurrence of arguments, creates pressure in the marriage, and even poses a risk of divorce [7,18].

b. Lack of support from the surrounding environment

Being in an environment focused on women makes men feel challenged and affects their sense of masculinity, causing them to question their role as fathers. Fathers feel that everyone only focuses on mothers, including healthcare facilities, families, and even themselves. So, fathers feel that no one provides information on how to seek help or even support for themselves when experiencing mental health issues [18]. Fathers want special antenatal classes for fathers to boost their confidence in their roles in a female-dominated environment [18]. Additionally, fathers feel that they receive little support in the workplace. The high demands of work have caused fathers to experience dilemmas several times, such as when a child is sick but a meeting cannot be postponed. That condition causes stress and depression for the father. Therefore,

support for fathers in the workplace can be considered with the provision of postpartum leave^[7].

c. The father's relationship with the baby

At the beginning of the postpartum period for the mother, the father's role in the family is focused on the newborn baby. Because the father is experiencing the feeling of being a parent again, whether for the first time or with the addition of more than 2 children in the family [22]. As time goes by, there will inevitably be a division of parenting tasks that can affect the father's interaction with his baby. From that, it can also cause frustration because the father might feel overshadowed if the baby or other children are more attached to the mother.

3. Seeking mental health support for fathers

a. Fathers' views on paternal postpartum depression healthcare services

Fathers feel that healthcare professionals are less concerned about their mental health, making them feel less validated and ignored. Additionally, fathers often feel they receive minimal support or even no support at all during the perinatal period. Fathers describe the limited support they receive compared to their partners. Fathers feel like they are merely support mechanisms, and the well-being of the mother is the focus. Fathers appreciate this, but they question their role during the perinatal period, which causes feelings of isolation for them. These mental health issues make them doubt their masculinity, reflecting the existing stigma. Fathers feel that



healthcare professionals will only consider supporting their mental health if they are perceived to be at risk of danger. This is what makes the father feel insecure in seeking help^[18].

b. Self-awareness in seeking professional help

In facing the experience of PPD, most fathers dare to share it with their partners and psychologists because they fear being seen as weak. On the other hand, the stigma surrounding fathers is that they are strong, protective, and able to provide for their families. When feelings of inadequacy and helplessness arise, it challenges the expressive masculinity of fathers. Therefore, it can be concluded that psychological assistance as a discussion platform for fathers experiencing PPD is an appropriate action in a father's self-awareness^[23].

c. Professional experience in handling Paternal PPD

Perinatal health nurses and healthcare professionals often do not recognize fathers' mental health^[18]. Therefore, screening by healthcare workers is an important tool for every father in the process of recognizing symptoms and seeking professional help. Nursing professionals need specialized training on paternal postpartum depression and information and treatment options tailored to the needs of fathers with paternal postpartum depression^[3].

The limitation in this qualitative research in the context of perceptions and experiences of Paternal Postpartum Depression globally, as most strong evidence-based studies available come

from European countries. Although recent literature shows an increase in research related to paternal postpartum depression, there are only a few studies that use qualitative methods on the topic of perceptions and experiences of paternal postpartum depression. Similarly, there are still few studies that specifically discuss the perceptions and experiences of paternal postpartum depression in regions outside of Europe. The strength of this study lies in fact that the topic addressed is relatively new and still rarely explored. So far, most research has focused on mothers, making this study a significant scientific contribution to the understanding of perinatal mental health from the father's perspective. Furthermore, the quality of the articles analyzed is ensured, as the researchers used the Critical Appraisal Skills Programme (CASP) to assess the relevance and accuracy of the studies and findings obtained can be scientifically justified.

CONCLUSION

The perception and emotional experience of fathers experiencing postpartum depression (PPD) have a significant impact on their psychological well-being. PPD, which appears within four weeks after birth, is characterized by feelings of depression and loss of interest, often making fathers feel burdened when the expectations of parenthood do not align with reality. Stressors such as work problems and partner depression, along with a lack of knowledge and social support, make them feel isolated and reduce interaction with their partner and



child. The stigma surrounding masculinity also prevents many fathers from seeking professional help. Therefore, increasing awareness and support from healthcare professionals is crucial to help fathers face these challenges.

SUGGESTION

Healthcare professionals are suggested to conduct mental health screenings for fathers during the perinatal period, as well as provide education and counseling regarding their role in parenting and stress management. For fathers, it is essential to maintain emotional and mental well-being and to proactively look for support from partners, family, or professionals if symptoms of depression arise. Families are expected to create a supportive environment, while society plays a role in improving literacy, reducing stigma, and facilitating access to mental health support for fathers. Furthermore, future researchers are encouraged to expand studies on fathers' experiences using diverse approaches to gain a deeper understanding of the social and psychological dynamics related to paternal postpartum depression.

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