

# Postpartum Depression - Not a Gender-Specific Psychiatric Illness

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Dear Editor

Postpartum depression (PPD), a common psychiatric complication of pregnancy, may be defined as persistent sad behavior, melancholic mood, anxiety, and lethargy within a year after childbirth<sup>1</sup>. PPD is considered an exclusively female psychiatric illness, however, recent research shows that PPD affects males too. A meta-analysis published recently reveals that around 10% of new fathers experience depressive symptoms around the time of their child's birth, especially after 3 to 6 months of having a baby<sup>2</sup>.

There is very little data on the prevalence of paternal PPD in Pakistan. A study conducted in 2020 in Karachi estimated a prevalence of 23.8 %, out of which 25.8% experienced mild, while 2.5 % experienced severe depressive symptoms<sup>3</sup>. There is very little awareness about maternal PPD, let alone paternal PPD. This can be attributed to mental health stigma and stereotypical mindsets of the population. In our country and society, males who display vulnerability (by their feelings of incompetence, pressure, and melancholy, which are associated with the stress of responsibilities of a new family member and the added strain on their marital relationship) are considered weak or "feminine" by their peers<sup>3</sup>. These societal norms force men to suppress their feelings and continued cycles of suppression cause emotional dysregulation, resulting in frustration and anger outbursts; also causing delayed medical evaluation and treatment.

Interestingly, the main risk factor for paternal PPD is found to be maternal PPD and the father's prior history of depression<sup>4</sup>. Other risk factors include age, education, marital satisfaction, monthly income, undesired pregnancy, pregnancy with infertility, infant gender, etc<sup>5</sup>. In patients with paternal PPD, an associated shift in hormone levels of cortisol, testosterone, and prolactin has also been observed<sup>4</sup>. At-risk mothers, and fathers, should be screened and educated about the symptoms of PPD by doctors. Paternal PPD also predisposes new mothers to stress, and depression and may even contribute to abuse<sup>2</sup>. If symptoms are observed, immediate psychiatric evaluation and management should be sought.

This article aims to highlight the fact that PPD is not a gender-specific illness and why men must speak up and pursue professional help when symptoms of PPD are displayed. The social stigma against men expressing emotions must also be eliminated to do so. This article calls for more research to explore the prevalence, risk factors, prevention, and management of paternal PPD in a country like Pakistan.

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## CONFLICT OF INTEREST

All authors agreed to the publication of this manuscript.

## AUTHORS' CONTRIBUTION

AZ, AF, and MA contributed to manuscript writing and editing. All authors read and approved the final manuscript.

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