



Assessment of Fathers' Postnatal Sense of Security and Depression Situations

Babaların Doęum Sonu Gvenlik Hisleri ve
Depresyon Durumlarının Deęerlendirilmesi

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ASSESSMENT OF FATHERS' POSTNATAL SENSE OF SECURITY AND DEPRESSION SITUATIONS

ABSTRACT

Aim: The research was carried out to assess the fathers' postnatal sense of security and depression situations.

Method: The research was conducted as descriptive. The research was carried out with 335 fathers whose spouses gave birth between 01 July 2016 and 31 December 2017 in the Postpartum/Caesarean section of a Gynecology Hospital in the Eastern Black Sea Region. The data were collected using the personal information form, the Fathers' Postnatal Sense of Security Scale and Edinburgh Postpartum Depression Scale. Percentage of distributions, mean, t test, one-way variance analysis and Pearson Correlation Analysis were used for evaluating the data.

Results: The mean of the total score obtained from the Fathers' Postnatal Sense of Security Scale is 37.78 ± 7.25 and the mean of the total score obtained from the Edinburgh Postpartum Depression Scale is 6.88 ± 4.13 . It is determined that there is a weak relationship in the negative direction between the postpartum depression status of the father and the postnatal sense of security ($p < 0.001$, $r = -0.298$). It was determined that the difference between all descriptive characteristics of the fathers and the mean scores of the Fathers' Postnatal Sense of Security Scale and Edinburgh Postpartum Depression Scale mean scores were not statistically significant ($p > 0.05$).

Conclusions and Suggestions: It was concluded that fathers' postnatal safety feelings were at a good level and fathers did not have postpartum depression. It was determined that fathers' descriptive features did not affect postnatal safety feelings and postpartum depression of fathers. As the fathers' postnatal feelings increased, the depression symptoms decreased. It is important to evaluate both the sense of security and depression in fathers in the postpartum period.

Keywords: Fathers; Depression; Postnatal; Sense of Security.



BABALARIN DOĞUM SONU GÜVENLİK HİSLERİ VE DEPRESYON DURUMLARININ DEĞERLENDİRİLMESİ

ÖZ

Amaç: Bu araştırma babaların doğum sonu güvenlik hisleri ve depresyon durumlarının değerlendirilmesi amacıyla yapılmıştır.

Yöntem: Araştırma, tanımlayıcı olarak yapılmıştır. Araştırma, Doğu Karadeniz'de bir Kadın Doğum Hastanesinin Postpartum/Sezaryen servislerinde 01 Temmuz 2016–31 Aralık 2017 tarihleri arasında eşleri doğum yapan 335 baba ile yürütülmüştür. Veriler; Kişisel Bilgi Formu, Babaların Doğum Sonu Güvenlik Hisleri Ölçeği ve Edinburgh Doğum Sonrası Depresyon Ölçeği kullanılarak toplanmıştır. Verilerin değerlendirilmesinde; yüzdelik dağılımlar, ortalama, t testi, tek yönlü varyans analizi ve Pearson Korelasyon Analizi kullanılmıştır.

Bulgular: Babaların Doğum Sonu Güvenlik Hisleri Ölçeği'nden aldıkları toplam puan ortalaması 37.78 ± 7.25 ve Edinburgh Doğum Sonrası Depresyon Ölçeği'nden aldıkları toplam puan ortalaması ise 6.88 ± 4.13 olarak bulunmuştur. Babaların doğum sonu güvenlik hisleri ile postpartum depresyon durumları arasında negatif yönde zayıf ilişki olduğu belirlenmiştir ($p < 0.001$, $r = -0.298$). Babaların tüm tanıtıcı özellikleri ile Babaların Doğum Sonu Güvenlik Hisleri Ölçeği puan ortalamaları ve Edinburgh Doğum Sonrası Depresyon Ölçeği puan ortalamaları arasındaki farkın istatistiksel olarak anlamlı olmadığı saptanmıştır ($p > 0.05$).

Sonuçlar ve Öneriler: Babaların doğum sonu güvenlik hislerinin iyi düzeyde olduğu ve postpartum depresyon yaşamadıkları belirlenmiştir. Babaların tanıtıcı özelliklerinin doğum sonu güvenlik hislerini ve postpartum depresyon durumunu etkilemediği bulunmuştur. Babaların doğum sonu güvenlik hisleri arttıkça depresyon görülme durumları azalmaktadır. Doğum sonu dönemde babalarında hem güvenlik hissi hem de depresyon durumlarının değerlendirilmesi önemlidir.

Anahtar Kelimeler: Baba; Depresyon; Doğum Sonu; Güvenlik Hissi.



INTRODUCTION

Pregnancy and birth give strength to the family, self and integrity to the mother, trust and authority to the father, and impose important roles and responsibilities on both mother and father. The paternity process causes the father to play an important role in the development of the child. These new roles and responsibilities,

especially activities such as creating a safe environment for the baby, learning and practicing baby care, create emotional and psychological changes in both parents (Güleç et al., 2014; Zeybekoğlu, 2013). The postpartum period is important for a positive parenting experience and a sense of security (Persson et al., 2007). It is a sensitive process for the developing of a sense of security in fathers, especially in the first days of the postpartum period (Koçak et al., 2015).

In Maslow's hierarchy of human needs, safety is defined as an important need to be met, second only to physiological needs. The sense of security in the first postpartum week is as important for fathers as it is for mothers (Erbaş & Demirel, 2019; Persson et al., 2007; Persson & Dykes, 2009;). The first week after birth is very important for the emergence of a father's sense of security (Erbaş & Demirel, 2019; Koçak et al., 2015; Persson et al., 2007). In the postpartum period, the general health status of the mother and the baby, the support of family members and especially midwives support the trust of fathers (Persson & Dykes, 2009). It is important for the feeling of security that the father exhibits positive behaviors in newborn care after birth and achieves new roles, such as supporting the mother (Persson & Dykes, 2002). In the postpartum period; parents' active management of this period shapes their future well-being and relationships (Geçkil et al., 2016).

After becoming a father, men adapt to many changes both physiologically and socio-culturally. These changes cause new roles and complex emotions for the father, as well as conflict with the mother and sometimes stressful for the father (St John et al., 2005). If men cannot cope with this stress, depression may occur in the postpartum period (Kara et al., 2017). Studies reported that while the psychiatric disorders experienced by the father in the postpartum period negatively affect infant care, the child also experiences psychological problems at a certain period of his life (Güleç et al., 2014; Ramchandani et al., 2008).

Although studies on postpartum depression focus on the mother, recent studies identified that the father is also affected (Ceyhun Peker et al., 2016; Serhan et al., 2013; Tarsuslu et al., 2020). In a study, 11.9% of fathers had postpartum depression (Pinheiro et al., 2006), while Paulson et al. reported that postpartum depression was seen in 10% of fathers (Paulson et al., 2006). Some studies have revealed that men do not accept this situation as depression due to the fear of being stigmatized by the society, and as a result, they do not seek help from their friends or a specialist, which causes postpartum depression to worsen. If postpartum depression in the father is not recognized and treated, it can cause recurrent dangers as in the mother, as well as affect the development of the baby (Bielawska-Batorowicz & Kossakowska-Petrycka, 2006; Castlea et al., 2008; Humenik & Fingerhut, 2007; Moran & O'hara, 2006; Spector, 2006).

In the postpartum period, several studies have been conducted on the evaluation of fathers' sense of security, especially in the first days (Koçak et al., 2015; Persson et al., 2007; Suid 2017; Erbaş & Demirel, 2019). There are several studies being conducted in our country to evaluate the depression levels of postpartum fathers (Serhan et al., 2013; Tarsuslu et al., 2020). However, no research was found on the evaluation of fathers' postpartum security feelings and fathers' depression status together. This research was conducted to evaluate the postpartum security feelings and depression status of fathers.

METHODS

Study Design and Sample

The research was conducted as descriptive. The spouses of the puerperal women hospitalized in the Postpartum/Caesarean section of a Gynecology Hospital in the Eastern Black Sea region of Turkey constituted the universe of the research. GPower analysis was performed considering the tests to be used to calculate the minimum sample size to be included in the research. The sample size was calculated as 335 fathers at a significance level of 0.05 with a 95% confidence interval and the study was completed with 335.

Inclusion Criteria in Research

To be at least a primary school graduate

Not having any mental problems

No health problems in the spouse and the baby

Exclusion Criteria in Research

Having any mental problems

Spouse and baby have any health problems

Data Collection Tools and Data Collection

The personal information form created by the researchers, the Fathers' Postpartum Sense of Security Scale and the Edinburgh Postpartum Depression Scale were used to collect the data. The data were collected by the researcher based on self-report from the fathers before their spouses were discharged between 01 July 2016 and 31 December 2017.

Personal Information Form: The form consists of questions that include socio-demographic characteristics of fathers (Koçak et al., 2015; Suid 2017).

Fathers' Postnatal Sense of Security Scale (FPSSS): The scale was developed by Persson et al. to determine fathers' postpartum security feelings (Persson et al., 2012). The Turkish validity and reliability study of the scale was conducted by Koçak et al. in 2015 (Koçak et al., 2015). The scale was graded as a 4-point Likert containing 13 items in total. The lowest 13 points and the highest 52 points are taken from the scale. High scores indicate that fathers have a good sense of security in the postpartum period. The Cronbach Alpha reliability coefficient of the scale was stated as 0.74 (Koçak et al., 2015). In this study, the Cronbach Alpha reliability coefficient was determined as 0.82.

Edinburgh Postpartum Depression Scale (EPDS): This scale, developed by Cox et al., was prepared for screening purposes to determine the risk of depression in women in the postpartum period. The Edinburgh Postpartum Depression Scale is a 10-item, 4-point Likert-type self-report scale (Cox et al., 1987). The Cronbach Alpha reliability coefficient of the scale was stated as 0.79 and people with a cut-off point of 13 points and above were considered as the risk group (Engindeniz et al., 1996). In this study, the Cronbach Alpha coefficient of the scale was found to be 0.74.

The scale is widely used in studies investigating postpartum depression in women. However, in some studies, EPDS was used and recommended in the evaluation of postpartum fathers' depression levels (Edmondson et al., 2010; Madsen & Juhl, 2007; Matthey et al., 2001).

Data Evaluation

The data were evaluated in the SPSS 18.0 package program. In the analysis of data; Percentage distributions, mean, t-test, one-way analysis of variance and Pearson correlation analysis were used.

Ethical Considerations

For the research, approval from the Ethics Committee of the Faculty of Health Sciences of Ataturk University (decision dated 23.05.2016 and numbered 2016/05/2) and permission from the hospital were obtained. In the study, importance was given to the 'Informed Consent Principle' and the principles of the Declaration of Helsinki.

RESULTS

The total mean score of the fathers from the Postnatal Sense of Security Scale was 37.78 ± 7.25 and the total mean score from the Edinburgh Postpartum Depression Scale was found to be 6.88 ± 4.13 (Table 1).

Table 1. Distribution of min-max scores and average scores of fathers received FPSSS and EPDS

Scales	Minimum	Maximum	Score Average
FPSSS	21.00	52.00	37.78 ± 7.25
EPDS	0.00	22.00	6.88 ± 4.13

It was found that there was a weak negative correlation between the FPSSS and EPDS score averages used in the study (Table 2, $r = -0.298$; $p = 0.000$).

Table 2. The relationship between mean score of FPSSS and mean score of EPDS

Scales	EPDS
FPSSS	$r = -0.298^*$ $p = 0.000$

* $p < 0.001$

The descriptive characteristics of the fathers are presented in Table 3. It was found that the difference between all the descriptive characteristics of the fathers and the mean scores of FPSSS was not statistically significant ($p > 0.05$).

Table 3. Comparison of the descriptive characteristics of the fathers with mean scores of FPSSS

Descriptive Characteristics	n	%	FPSSS $\bar{X} \pm SD$	Test and p value
Age (years)				
18-30	158	47.2	37.32 ± 7.31	$t = 1.08$
31 and above	177	52.8	38.19 ± 7.19	$p = 0.27$
Education				
Primary School	60	17.9	37.41 ± 8.15	$F = 0.25$ $p = 0.85$
Secondary School	107	31.9	37.94 ± 7.08	
High School	119	35.6	37.54 ± 7.21	
University	49	14.6	38.46 ± 6.69	
Working Condition				
Employed	276	82.4	37.86 ± 7.14	$t = 0.46$
Unemployed	59	17.6	37.38 ± 7.77	$p = 0.64$

Living Place				
Village	69	20.6	37.57±7.50	F=0.22
Town	68	20.3	38.30±7.01	p=0.79
County	198	59.1	37.67±7.25	
Family Type				
Nuclear Family	223	66.6	38.06±7.15	t=1.00
Extended Family	112	33.4	37.22±7.43	p=0.31
Duration of Marriage (years)				
1-5	166	49.6	37.40±7.07	F=0.44
6-10	91	27.2	38.10±6.86	p=0.64
11 and above	78	23.2	38.20±8.07	
Number of Living Children				
1	121	36.2	37.48±7.21	F=0.45
2	110	32.8	38.32±6.61	p=0.63
3 and above↑	104	31.0	37.55±7.94	
Birth Order of the Born Child				
1	116	34.7	37.32±7.20	F=0.58
2	110	32.8	38.36±6.78	p=0.55
3 and above	109	32.5	37.68±7.76	
Gender of the Born Child				
Male	161	48.1	37.95±7.62	t=0.41
Female	174	51.9	37.62±6.90	p=0.67

It was found that the difference between all descriptive characteristics of the fathers and the EPDS score averages was not statistically significant (Table 4, $p>0.05$).

Table 4. Comparison of the descriptive characteristics of the fathers with mean scores of EPDS

Descriptive Characteristics	n	%	EPDS $\bar{X} \pm SD$	Test and p value
Age (years)				
18-30	158	47.2	6.58±4.10	t=1.22
31 and above	177	52.8	7.14±4.15	p=0.22
Education				
Primary School	60	17.9	7.25±3.86	
Secondary School	107	31.9	7.25±4.57	F=1.12
High School	119	35.6	6.68±3.89	p=0.34
University	49	14.6	6.10±3.96	

Working Condition				
Employed	276	82.4	6.75±4.13	t=1.25
Unemployed	59	17.6	7.49±4.09	p=0.21
Living Place				
Village	69	20.6	6.92±4.18	F=0.05
Town	68	20.3	6.73±3.62	p=0.94
County	198	59.1	6.91±4.29	
Family Type				
Nuclear Family	223	66.6	6.60±4.03	t=1.75
Extended Family	112	33.4	7.43±4.29	p=0.08
Duration of Marriage (years)				
1-5	166	49.6	6.89±4.25	F=1.39
6-10	91	27.2	6.37±3.59	p=0.25
11 and above	78	23.2	7.43±4.42	
Number of Living Children				
1	121	36.2	6.42±3.68	F=1.88
2	110	32.8	6.80±4.31	p=0.15
3 and above†	104	31.0	7.49±4.38	
Birth Order of the Born Child				
1	116	34.7	6.40±3.74	F=1.34
2	110	32.8	6.97±4.44	p=0.26
3 and above	109	32.5	7.29±4.18	
Gender of the Born Child				
Male	161	48.1	6.88±4.18	t=0.01
Female	174	51.9	6.87±4.09	p=0.99

DISCUSSION

The postpartum period is an important turning point in the development and protection of family health, where family members experience intense stress, especially the father, where there are many psychological changes due to socio-cultural and economic reasons (Dellmann, 2004; David et al., 2009; Letourneau et al., 2012). These newly developing changes may cause psychological problems in fathers like mothers. The psychological problems experienced by the father after the birth of a child have been dealt with less scientifically. The findings of this study, which was conducted to evaluate the fathers' sense of security and depression in the postpartum period, were discussed with the existing literature.

It was determined that the fathers' sense of security was good according to the total average score they got from the FPSSS (Table 1). Similar results were reported in Suid's study (Suid, 2017). The study conducted by Persson et al. in 2012 revealed that midwives play an important role in the development of feelings of security, especially in the postpartum period, by taking into account the feelings of fathers in the prenatal period, being able to empathize with them and giving fathers responsibilities regarding care. They emphasized that midwives can relieve fathers' concerns with good communication after birth (Persson et al., 2012). In another study, it was stated that fathers experienced the transition to fatherhood more easily and felt safer with the support they received from family, close friends and especially health workers (Poh et al., 2014). It is thought that the education of fathers during pregnancy, birth and postpartum period will contribute to the development of postpartum security feelings.

In the study, it was found that the total mean score of the fathers in EPDS was 6.88 ± 4.13 (Table 1). The findings of our study show similarities with the total mean score obtained by the fathers in the previous studies. These results suggest that fathers do not experience depression (Okutucu, 2013; Serhan et al., 2013). In their study with 100 fathers in 2018, Philpott and Corcoran reported the rate of depression in fathers as 28% when they took the postpartum depression cut-off point of 9 or above (Philpott & Corcoran, 2018). In their study, Molgora et al. investigated the depression status of fathers at different times in the prenatal period and identified that the highest depression value occurred one year after birth (Molgora et al., 2017). In our study, it was determined that the fathers did not experience depression because their mean scores were below the cut-off score.

In the study, it was found that there was a weak negative correlation between the mean score of FPSSS and EPDS (Table 2). In the study, it was determined that as the average score from FPSSS increased, the average score from EPDS decreased. In a previous study, it was stated that if fathers do not feel safe, they may experience psychological problems such as depression after birth (May & Fletcher, 2013), while in the study of Gao et al., they emphasized that postpartum depression is high in fathers in the absence of social support (Gao et al., 2009). Philpott and Corcoran stated in their study that social support and trust in health professionals are protective factors in the prevention of postpartum depression (Philpott & Corcoran, 2018). Studies have generally focused on the social support that fathers receive in the postpartum period and their relationship with their spouses (Oommen et al., 2011; Gawlik et al., 2014; Suto et al., 2016). When the literature was examined, no studies were found in which fathers' feelings of security and depression were evaluated together in the postpartum period. In this study, it is thought that as fathers' postpartum security feelings increase, the incidence of depression decreases.

It was found that the difference between the age groups of the fathers and the FPSSS total score averages was not statistically significant (Table 3). Similar results have been reported in studies (Persson & Dykes, 2009; Suid, 2017;). In a study conducted in Sweden, it was stated that as fathers get older, they experience positive feelings in the postpartum period and their relationships with health professionals progress positively (Schytt & Bergström, 2014).

It was found that there was no statistical difference between the FPSSS total score averages according to the education level of the fathers (Table 3). In the studies conducted, it was determined that there were similar results to the research findings in their studies (Persson & Dykes, 2009; Suid, 2017;). According to another study conducted in Singapore, it was reported that fathers who graduated from higher education perceived their feelings of security more positively (Poh et al., 2014), however, in a study conducted in our country, there was a statistically significant difference between educational status and father's feelings of security (Erbaş & Demirel, 2019). This different result may be due to the individual characteristics of the participants.

It was determined that the difference between the working status of the fathers and the FPSSS total score averages was not significant (Table 3). It was observed that similar results were obtained in Suid's study (Suid, 2017). In the traditional structure, the father is seen as an individual who supports the family economically and provides authority in the family (Belli et al., 2021). Therefore, the work of fathers may have made them feel safe.

It was determined that the difference between the place of residence and the FPSSS total score averages was not statistically significant (Table 3). However, studies have reported that the difference between the place of residence of the fathers and the total mean score is statistically significant (Erbaş & Demirel, 2019; Suid, 2017). This difference is thought to be due to the fact that the fathers live in different regions.

It was determined that the difference between the FPSSS total score averages according to the family type of the fathers was not statistically significant (Table 3). In the study of Suid, it was stated that the difference between fathers' family type and total score averages was not statistically significant (Suid, 2017). The findings of this study and the research do not show similarity.

In the study, it was found that the difference between the duration of marriage and the FPSSS score averages was not statistically significant (Table 3). Similar results were seen in Suid's study (Suid, 2017). It is thought that as the duration of marriage increases, the spouses get to know each other better, as a result, they achieve a harmony between them and this harmony gives confidence to the spouses.

It was determined that the difference between the number of living children and the FPSSS total score averages was not statistically significant (Table 3). The same result was appointed in Suid's study, and the findings are similar (Suid, 2017). These similar results suggest that it stems from the general characteristics of the society in which the fathers live.

When the birth order of the child was compared with the FPSSS total score averages, it was found that the difference was not statistically significant (Table 3). The research finding is similar to Suid's study (Suid, 2017). It shows that the birth order of the born child does not affect the fathers' postpartum security feelings.

It was found that the difference between the sex of the fathers' birth and the FPSSS total score averages was not statistically significant (Table 3). Similar results were reported in Suid's study (Suid, 2017). These similar results suggest that the gender of the born child does not affect the fathers' postpartum security feelings.

The study, it was found that the difference between the age of the fathers and the EPDS total score averages was not statistically significant (Table 4). In another study, it was stated that age did not have an effect on depression score averages. (Ramchandani et al., 2011). A similar result was determined in Okutucu's study (Okutucu, 2013).

The research was found that the difference between the educational status of the fathers and the EPDS total score averages was not statistically significant (Table 4). Studies have reported similar results (Ceyhun Peker et al., 2016; Serhan, 2010).

When the fathers' working status was compared with the EPDS total score averages, it was found that the difference was not significant (Table 4). In the study of Serhan, it was stated that there was a significant difference (Serhan, 2010). This discrepancy between the findings may be due to the characteristics of the fathers in the regions where the studies were conducted.

In the research was determined that the difference between the place of residence and the EPDS total score averages was not statistically significant (Table 4). Similar results were defined in the studies conducted (Okutucu, 2013; Ceyhun Peker et al., 2016;), and the findings show parallelism. It was determined that the difference between the EPDS total score averages according to the family type of the fathers was not statistically significant (Table 4). In the study conducted by Serhan on the determination of the frequency of postpartum depression and related factors in mothers and fathers, the fathers' family type EPDS total score averages were not compared (Serhan, 2010). However, in the same study, mothers' family type EPDS total score averages were compared and it was stated that the difference was not statistically significant.

In the study, it was found that the difference between the duration of marriage and the EPDS total score averages was not statistically significant (Table 4). In the study conducted by Okutucu, it was stated that the difference was not statistically significant (Okutucu, 2013). In the study of Ramchandani et al., it was stated that the duration of marriage did not have an effect on the EPDS score averages (Ramchandani et al., 2011).

Research was determined that the difference between the number of living children and the birth order of the child and the EPDS total score averages was not statistically significant (Table 4). In the literature review, no studies were found showing the effect of the number of living children and the birth order of the child on the depression status. The number of living children and the birth order of the born child suggest that studies should be conducted on whether it is effective on the depression status of fathers.

This research was found that the difference between the sex of the father's child and the EPDS total score averages was not statistically significant (Table 4). However, in the studies conducted by Serhan and Okutucu, it was stated that there was a statistically significant difference between the EPDS total score averages (Serhan, 2010; Okutucu, 2013). It is thought that this difference between the presented studies and the research may be due to the characteristics of the fathers.

CONCLUSIONS AND SUGGESTIONS

This research has been determined that the fathers' postpartum security feelings are generally good and the risk of postpartum depression decreases as the feelings of security increase. It was found that the difference between all the descriptive characteristics of the fathers and the mean scores of FPSSS and EPDS was not statistically significant.

Considering the research results; In the postpartum period, it is important that midwives approach the family holistically and provide training/consulting. During pregnancy, childbirth, and especially in the postpartum period, midwives should allow fathers to express their feelings and thoughts while adapting to their new roles, and they should always remember that fathers are a part of care. We would like to emphasize that the risk of depression in the postpartum period of all health professionals can be seen in candidate fathers and mothers. It is important to evaluate this issue. In addition, it may be recommended to conduct studies with high levels of evidence that will contribute to the literature on the development of fathers' sense of security in the postpartum period and the determination of depression levels.

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Author Contribution

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