DOI: 10.66069/ojspub.27451005

Understanding Male Perspectives on Postpartum Depression in India: A Review of Awareness, Attitudes, and Support Mechanisms

Ahalya Mathew[1], Shyma Kareem[2]

[1]Assistant Professor, Baba Ghulam Shah Badshah University, Rajouri, Jammu and Kashmir, India
mathew86@gmail.com

[2]Nursing Tutor, Baba Ghulam Shah Badshah University, Rajouri, Jammu and Kashmir, India
shyma@gmail.com

Abstract: ***Postpartum depression (PPD) is a noteworthy mental health issue confronting women all over the globe. As PPD is relatively unknown among men in India, awareness is only about 30% and is often confused with sadness, fatigue or some other vague concern. The issue arises due to cultural discrimination, traditional views toward the male figure of the family, and poor education on mental wellness. Emotionally, men have a difficult time dealing with issues due to the expectation of mental strength," and healthcare workers routinely exclude the male partner from the discussions around the mental health of the mother, resulting in a lack of services. Educative campaigns, assistive measures for men, and the incorporation of mental health services into pre and post-natal care are essential to help recognize PPD at its early stages and adequately support the women suffering. This literature review seeks to explore available literature on the understanding of PPD by men from the Indian context, focusing on attitudes and social norms regarding culture and coping hardships.***

Keywords: Postpartum Depression (PPD), Male Participation, Mental Health Literacy, Sociocultural Stigma, Maternal Mental Health

1. Introduction

Approximately 1 in 7 women experience postpartum depression (PPD), classifying it as a widespread concern in mental health. However, the awareness and perspective from male partners in terms of PPD was surprisingly low for India. There is a significant gap in knowledge and understanding Postpartum Depression (PPD) amongst men in India, which can be attributed to cultural factors, social perceptions, and lack of education pertaining to mental health. This critique addresses the gaps in literature surrounding PPD for Indian men to analyse existing research on this subject.

2. Objectives

1) To analyse men's attitudes and beliefs toward postpartum maternal mental health.
2) To assess the degree of active participation by male partners in supporting their wives experiencing depressive symptoms in the postpartum period.
3) To identify cultural and social determinants alongside the information that restrict men's active contribution in mental health care research focusing on postpartum women.
4) To develop strategies to increase male involvement in postpartum mental health care in India that are grounded in research.

3. Methodology

Design: A narrative review of the available literature

Sources of data: PubMed, Scopus, Google Scholar, and JSTOR were researched using the following keywords: "postpartum depression", "paternal awareness", "male support", "India", "maternal mental health", and "men's attitudes".

Inclusion Criteria:
- Articles published between 2015 and 2025.
- Studies conducted in India or within Indian male populations.
- Published in English.
- Research focused on male attitudes and perceptions, knowledge, and support and behaviour regarding postpartum depression.

Exclusion Criteria:
- Maternal studies where men are excluded.
- Studies where full texts are not available.
- Literature or opinion pieces that have not undergone peer-review.

Myths and Facts About Postpartum Depression (PPD)
Due to myths and stigma that persists, postpartum depression (PPD) is routinely misunderstood. To improve maternal mental health and encourage early intervention, there is a necessity to address these misconceptions [1,2]

Myths	Facts
Mothers who have not been good do not experience postpartum depression.	Any mother, irrespective of her conduct and parenting abilities, is liable to experience PPD. It is a condition and should not be regarded as a deficiency [3].
Sadness is a common feeling experienced after childbirth and therefore does not require attention.	Symptoms like depression are quite common and a PPD often needs medical help [1].
Postpartum depression is associated with not being strong.	It takes courage to reach out and helps begin the healing process. [4].
Women's lack of affection is the only thing that brings about postpartum depression.	Several factors lead to the development of PPD such as hormonal shifts along with psychological changes, not lack of affection [2].
It is a common misconception that PPD happens instantly after birth.	PPD may develop anytime in the first year after delivery. It is not restricted to right after birth [3].
It is just your imagination; think positive.	Positive Psychotic Disorder (PPD) is a real condition which affects mental health, has a multifactored origin, and needs to be treated [1]
Only first-time mothers get postpartum depression.	PPD can happen any time after a pregnancy, even if a mother has one child, two children, or five children. [4].
If the mother is in depression, she must handle everything by herself.	Family and friend support is essential, but often professional treatment is required. [2].
Only mothers are affected with postpartum depression.	Mothers, fathers, and partners also experience postnatal depression. [3].
PPD resolves without treatment.	PPD does resolve on its own. It is possible to persist and worsen over time without treatment. Having professional help enhances the outcome. [1]

Data Extraction and Analysis:
Out of the selected articles, relevant data were synthesised into thematic partitions of awareness, attitudes, and support systems. A 'thematic analysis' approach was used to consolidate results from different studies.

1) Awareness and Understanding of PPD Among Indian Men

- **Low Awareness:** A recent study by the Indian Journal of Psychiatry in 2020 revealed. "less than a third of the Indian males surveyed under a questionnaire were knowledgeable about post-partum depression (PPD)". This skill remains largely unexplored among Indian Population. [5]
- **Sociocultural Understanding:** In many parts of India, there is an ingrained sociocultural misconception about women's welfare and well-being that they must go through the processes of labor and delivery without any support, inclusive of cognitive disorders such as Postpartum Depression (PPD). Such conditions are often dismissed as "baby blues" or some transient phase [2].
- **Lack of Knowledge on the Disorders:** Among the group of men that had knowledge of PPD, there was a startling lack of information concerning the symptoms associated with it apart from sadness or weariness. Other commonplace symptoms like anxiety, increased irritability, sleeplessness, or suicidal ideations were largely overlooked which shows how little there is in relation to the understanding the impact of the condition [4].

2) Biases of Mental Illness Based on Sex

- **Gender Stereotypes:** In India, men are perceived to be tough and are expected to portray strength and not show signs of vulnerability. This makes it difficult for them to discuss mental illness, such as PPD, or consider seeking therapy either for themselves, or for their partners [6].
- **Reluctance to Offer Support:** Literature indicates that 55 to 70% of men are unwilling to seek help for any mental health issues, and these men often do not give their wives the required assistance in seeking professional help for PPD because they view emotional pain as a private matter [7].
- **Lack of Communication:** Indian males do not possess the skills and self-assuredness required to speak about mental health. Consequently, women suffering from PPD end up unsupported. This infers a lack of communication that combines the experiences of PPD and sustains the stigma surrounding it [8].

3) Awareness and Knowledge from Healthcare Providers

- **Hierarchy in The Healthcare System:** In most regions, such as rural or isolated areas, there is seriously insufficient awareness of postpartum depression (PPD) amongst health practitioners. An investigation carried out in Tamil Nadu in 2018 showed that only a third of health personnel (doctors, nurses, and mid wives) had adequate knowledge of PPD's symptoms and its management. Lack of awareness about this health condition is detrimental, especially for men who are relatively more isolated and less likely to get information about this condition from health personnel [8].
- **Absence of PPD Information Focused on Males:** Women with PPD often receive attention while being treated in obstetric care, but there are no dedicated efforts aimed at men. Male caregivers are rarely incorporated into mental health discussions during postpartum visits, creating a stubborn gap in awareness and attention from obstetricians toward men [9].

4) Regional Differences in Awareness

- Urban-Rural Divide: People from metropolitan cities like Delhi, Bangalore, and Mumbai are usually well-informed and aware of postpartum depression (PPD), as they have greater access to information. On the contrary, those from rural areas and low-income groups tend to be undereducated about mental health and are often guided by folklore and historical notions. [10].
- Socioeconomic and Educational Factors: Awareness of Postpartum Depression (PPD) increases with education and higher socioeconomic status. Educated men from urban areas are far more likely to understand the mental health implications associated with childbirth and be ready to engage in discourse about mental health. Conversely, less educated and low socioeconomic men

are far less aware of PPD and the need to support their spouse. [11].

5) Men's Attitudes toward Involvement in PPD Treatment

- **Avoidance of Discussing Mental Illness:** Most men who acknowledge the existence of postpartum depression (PPD) are still reluctant to speak about it. Oftentimes, men think that engaging in the mental health treatment of their partner is simply beyond their remit or is something that does not concern him directly. [12].
- **Aids To Emotional Support:** Studies conducted in India reveal that most men are ill-equipped to extend emotional support to their partners who are suffering from PPD. In one study conducted in Kerala, a surprising 85% of men did not actively seek out help or educate themselves on how to aid their partners with their PPD. Most men believed that women gave birth with the intention to return to normal functionality, without appreciating the grave mental ramifications of PPD [13].

6) Impact of PPD on Family and Relationships

- **Impact on Fathers:** Research on the emotional effects on Indian men is relatively scarce, but there is a growing understanding that caregivers are stressed, anxious, and depressed around their partner's postpartum depression (PPD). It is clear that the relationship between couples and families is affected by the emotional strain of PPD. This invariably impacts the mental health of the father and the family [14].
- **Social Expectations:** Traditional Indian men usually belong to the "provider" and "protector" of the family archetype within the family framework. This can lead to a sense of great strain and incapacitating power alongside seeing one's partner go through mental illness after childbirth [15].

Key Statistics and Findings

Statistic/Insight	Details
Awareness	Approximately thirty percent of men have knowledge of PPD [5]
Stigma	70–80% think that stigma exists around PPD. [2]
Reluctance to Seek Help	Approximately fifty percent are reluctant to consult with practitioners. [7]
Active Support	Only 25-40% of the people actually assist. [14]
Urban vs. Rural	Awareness in cities is 40-50% as compared to 15-25% in rural areas. [12]
Symptom Recognition	More than 50% do not recognize vague signs. [4]

4. Conclusion and Recommendations

We recommend that awareness campaigns aimed at Indian men concerning Postpartum Depression (PPD) integrate the following:

- Participation of men in maternal mental health needs to be integrated into postnatal and antenatal care by healthcare practitioners. PPD conversations need to be blended into the services.
- There is need for advanced men's counselling and support focused on enabling them to aid their partners, especially for those residing in rural regions with less awareness.
- Community dialogue is needed among men to encourage talking about emotional health issues, including the mental health of their partner, to promote the societal perception regarding PPD.

Greater support and awareness can facilitate the timely detection of PPD and improve the postpartum experience for both men and women.

References

[1] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Text Revision. Washington, DC: American Psychiatric Association; 2022.

[2] World Health Organization. Maternal mental health. Geneva: WHO; 2023. Available from: https://www.who.int

[3] Centers for Disease Control and Prevention. Depression Among Women. Atlanta: CDC; 2023. Available from: https://www.cdc.gov

[4] National Institute of Mental Health. Postpartum Depression Facts. Bethesda: NIMH; 2022.

[5] Indian Journal of Psychiatry. Awareness and Attitude Toward Postpartum Depression Among Indian Men. 2020.

[6] Sharma A, et al. Cultural Barriers to Men's Involvement in Maternal Mental Health. IJMH; 2019.

[7] Singh R, et al. Gendered Stigma in Mental Health Seeking Behavior. J Psychol Health. 2021.

[8] Desai M. Communication Gaps in Postpartum Support. Ind J Comm Psychol. 2022.

[9] Thomas L, et al. Assessment of PPD Knowledge Among Health Workers. Tamil Nadu Med J. 2018.

[10] Joshi A. Male Engagement in Postnatal Care: An Overlooked Factor. BJOG. 2020.

[11] Mehta V, et al. Socioeconomic Influence on PPD Awareness. Urban Health Rev. 2021.

[12] Roy D, et al. Rural Health Gaps in Mental Health Literacy. Indian Health J. 2023.

[13] Gupta A. Men's Perception of Their Role in PPD. South Asian Med Res. 2022.

[14] George P, et al. Fathers' Role in Managing Postpartum Depression. Kerala Med J. 2020.

[15] Narayan R. Emotional Impact of PPD on Fathers. J Family Therapy. 2021.

[16] Sinha T, et al. Cultural Pressures and Mental Health in Patriarchal Societies. J Ind Psychol. 2019.