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Fathers in the Shadows: The Systemic Neglect of Paternal Mental Health in Perinatal Care

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Abstract

Paternal perinatal mental health is an emerging but often neglected aspect of family well-being. While maternal mental health has historically received substantial attention, fathers also face significant emotional and psychological challenges during pregnancy and the first year after childbirth. Despite this, healthcare systems, policies, and research remain predominantly mother-centred, leaving fathers invisible within perinatal care. The paper argues that paternal mental health matters because of its profound impact on maternal recovery, child development, family stability, and wider social outcomes. Yet systemic neglect reflected in healthcare guidelines, policy gaps, research bias, and clinical practices perpetuates fathers' exclusion. Cultural and structural barriers, including stigma tied to masculinity norms, limited involvement of fathers in perinatal care, low provider awareness, and weak health infrastructure, further constrain recognition and support. To address these gaps, the paper makes a case for family-centred perinatal care in Nigeria. This includes screening fathers alongside mothers, training health workers to engage men, designing culturally inclusive interventions, and embedding paternal mental health into national health policies. A call to action emphasizes the role of health education in policy reform, clinical practice, future research, and community-level change to bring fathers out of the shadows. In conclusion, the paper emphasises that promoting paternal mental health is not optional but a public health imperative. Among others, it was recommended that government and policy makers should integrate paternal perinatal mental health into Nigeria's national reproductive and maternal health policies by mandating screening and support services for fathers alongside mothers in all healthcare facilities.

Keywords: Paternal mental health, Perinatal care, Fathers, Systemic neglect, Family-centred care

Introduction

The perinatal period is usually celebrated as a time of joy and anticipation, yet it often casts fathers into the shadows, leaving their mental health struggles unseen, unspoken, and unsupported by healthcare systems that focus almost exclusively on mothers. According to Ghaleiha et al.(2022), fathers, like mothers, face emotional, psychological, and social challenges during the transition to parenthood, yet their struggles are seldom recognized in clinical practice

or policy. This silence not only undermines men's health but also has ripple effects on maternal recovery, child development, and overall family well-being(Ghaleiha et al., 2022).

Globally, fathers face considerable mental health challenges during the perinatal period. Philpott et al. (2019) reported that anxiety symptoms are common in fathers, with prevalence rates ranging from 3.4 to 25.0 per cent during the antenatal period and from 2.4 to 51.0 per cent in the postnatal period. Similarly, Rao et al. (2020) found antenatal depression prevalence of 9.76 per cent across all trimesters, while postpartum depression ranged from 7.82 to 9.23 per cent within one to twelve months after childbirth in fathers. Non-specific psychological distress has also been documented, with Lara et al. (2022) reporting that about 25 per cent of fathers experienced emotional distress during their partner's pregnancy and 29.5 per cent in the postpartum period. While these global findings underscore the significant burden of paternal perinatal mental health challenges, emerging studies from Africa reveal a similarly concerning trend.

Fathers in African also experience significant perinatal distress. In Ethiopia, paternal postpartum depression has been reported at high levels, with a systematic review and meta-analysis estimating a pooled prevalence of 20.86 per cent and a community-based study in southwest Ethiopia reporting an even higher rate of 29.37 per cent (Kitil et al., 2024; Wedajo et al., 2023). Although data on paternal anxiety and general stress in African settings are scarce, evidence points to social exclusion, financial pressure, and stigma as contributors to poor paternal mental health (Drysdale et al., 2021; Cumber et al., 2024). These regional patterns of paternal perinatal distress are also evident in studies conducted in Nigeria.

Fathers in Nigeria experience meaningful levels of perinatal psychological distress, though research remains limited. Ayinde and Lasebikan (2019) reported that the prevalence of depression in fathers at the time of their infant's birth was three per cent, rising to an incidence of 5.9 per cent at six weeks postpartum bringing the overall paternal postpartum depression rate to 8.8 per cent. Additionally, Philpott et al. (2022) found that during the early postnatal period, fathers experienced moderate-to-high stress symptoms (41.1%), state anxiety (20.8%), trait anxiety (25.9%), and depression symptoms (13.4%). Despite this evidence globally, in African, and in Nigeria, perinatal mental health remains framed as a maternal issue, leaving fathers largely invisible in screening protocols, interventions, and policy discussions.

Perinatal mental health refers to the emotional and psychological well-being of individuals during pregnancy and the first year after childbirth. According to Seedat (2020), perinatal mental health is the state of psychological functioning that influences parental capacity, bonding, and child development during the perinatal period. Howard and Khalifeh (2020) defined perinatal mental health as encompassing a spectrum of mental health conditions, including depression, anxiety, and stress, which can significantly affect both parents and infants. The importance of perinatal mental health cannot be overstated, as poor maternal or paternal mental health has been associated with adverse outcomes for parental well-being, partner relationships, and child development (Antoniou et al., 2021). Although much of the attention has historically focused on mothers, there is growing recognition that fathers also face considerable mental health challenges during the perinatal period.

During the transition to fatherhood, men often undergo profound psychological and emotional changes that can significantly influence their well-being, often referred to as paternal perinatal mental health. According to Darwin et al. (2017), paternal perinatal mental health refers to the emotional and psychological well-being of fathers during their partner's pregnancy and the

first year after childbirth. Fisher et al. (2021) defined paternal perinatal mental health as the psychological state of men influenced by biological, social, and relational changes occurring during the perinatal period. Darwin et al. (2021) emphasized that paternal perinatal mental health encompasses a wide range of emotional challenges, including depression, anxiety, stress, and adjustment difficulties, which may affect father–infant bonding and family dynamics. More so, Copland and Hunter (2025) described paternal perinatal mental health as the presence or absence of depressive and anxiety symptoms that fathers may experience during the transition to parenthood. Therefore, a father's mental well-being during the perinatal period is not only vital for his own health, but also central to the overall stability and functioning of the family, which accentuates why fathers' mental health truly matters.

Why Fathers' Mental Health Matters

Fathers' mental health during the perinatal period is a critical but often overlooked component of family well-being. Traditionally, maternal mental health has received greater attention, yet growing evidence demonstrates that paternal mental health difficulties have wide-ranging consequences for mothers, children, and family dynamics (Darwin et al., 2021).

One of the most significant areas of impact is on maternal well-being. Research has shown that paternal perinatal depression and anxiety are strongly associated with higher risks of maternal psychological distress and postnatal depression (Ayinde & Lasebikan, 2019; Copland & Hunter, 2025). When fathers experience untreated mental health challenges, they may be less emotionally available or supportive, which can exacerbate mothers' sense of isolation, stress, and exhaustion (Ghaleiha et al., 2022). In contrast, fathers who are emotionally stable and engaged contribute to maternal recovery, improve relationship satisfaction, and buffer against maternal depression (McCann et al., 2024). This demonstrates that fathers' mental health is not an isolated issue but deeply interconnected with maternal health outcomes.

The implications for child development are equally profound. Fathers experiencing perinatal depression, anxiety, or stress are more likely to have difficulties bonding with their infants and may engage less in nurturing or stimulating activities (Howard & Khalifeh, 2020). These early interactions are crucial for infant socio-emotional and cognitive development. Studies indicate that children of fathers with untreated perinatal depression are at increased risk of behavioural problems, anxiety, and later mental health challenges (Gentile & Fusco, 2017; Cumber et al., 2024). Moreover, paternal anxiety has been linked to difficulties in child emotional regulation, highlighting how paternal well-being directly shapes the developmental trajectory of the child.

Beyond the direct effects on mothers and children, paternal mental health significantly influences family stability and relationships. For instance, poor paternal mental health is associated with increased marital conflict, strained partner communication, and in some cases, relationship breakdown (Antoniou et al., 2021). Such instability not only undermines the co-parenting alliance but also creates an emotionally volatile environment for the child. Conversely, when fathers receive adequate mental health support, family cohesion tends to improve, creating a more nurturing home environment that promotes resilience for all members of the household (Fisher et al, 2021).

In addition to the effects of paternal mental health on immediate family members, paternal mental health also has wider societal implications. Fathers with unresolved mental health problems are at greater risk of reduced work productivity, absenteeism, and substance

misuse (Jeong et al., 2023). This not only strains family finances but can also perpetuate cycles of stress and conflict within households. On the other hand, promoting paternal mental health contributes to healthier work–life balance, greater community involvement, and long-term social stability.

The Systemic Neglect of Paternal Mental Health

Perinatal services in many countries were built with an almost exclusive focus on mothers, which has inadvertently rendered fathers peripheral to routine screening, referral pathways, and support (Howard & Khalifeh, 2020). Many perinatal guidelines usually scopes women who are planning a pregnancy, are pregnant, or have had a baby, indicating how service design and quality standards have historically been written around the gestational parent rather than the family unit (Tunçalp et al., 2017). This orientation shapes resource allocation, staff training, and clinical workflows, and it helps explain why fathers frequently report feeling invisible in perinatal settings (Darwin et al., 2021).

This maternal-first architecture is mirrored in frontline screening policies. The American Academy of Paediatrics (AAP, 2022) recommended universal depression screening for mothers at the one-, two-, four-, and six-month well-child visits an important evidence-based step, but comparable, routine screening for fathers is not yet standard. In practice, the AAP reported that fathers' symptoms are often addressed only if they surface incidentally during maternal or infant encounters, reinforcing a reactive rather than preventive approach.

Policy gaps cascade into clinical guidelines and commissioning. Where documents do acknowledge partners, the language is frequently advisory (e.g., offer information or involve where appropriate) rather than directive (e.g., screen, refer, treat), which weakens accountability for father-inclusive care (Onyeze-Joe & Godin, 2020). Recent health-policy analyses similarly argue that father inclusion remains inconsistent across local, state, and national frameworks, calling for explicit standards (e.g., routine paternal screening, data reporting by parent role, and funded referral pathways) to move systems beyond tokenistic engagement (Small et al., 2025).

Research practices have also contributed to fathers' invisibility. Measurement tools validated and operationalized in services were initially developed for mothers and adopted system-wide before robust validation among fathers; consequently, men's symptoms may be under-detected or present differently (e.g., irritability, substance use, withdrawal) (Darwin et al., 2021; Seedat, 2020). Evidence syntheses note that universal and specialist perinatal services usually focus on the mother, and that studies on fathers are fewer, smaller, and methodologically heterogeneous, limiting translation into guidelines and commissioning (Kitil et al., 2024).

The service consequences are tangible. Fathers report barriers such as lack of direct invitation to screening, limited appointment times outside working hours, and assumptions that men are supporters, not patients, which depresses help-seeking and delays care (Darwin et al., 2021; Rao et al., 2020). Emerging qualitative and implementation studies indicate that when services proactively screen and signpost fathers using father-appropriate wording, flexible access, and warm handoffs, engagement improves and families benefit (AAP, 2021; Gonzalez et al., 2023).

Importantly, neglecting fathers is not just a fairness issue; it is a clinical quality and outcomes issue. Paternal depression and anxiety are linked with higher maternal distress, relationship strain, and less optimal infant bonding and development, effects that compound

when maternal symptoms co-occur (Kitil et al., 2024; Rao et al., 2020; Wedajo et al., 2023). Interventions that structurally include fathers, such as paternity leave, father-tailored digital supports, and integrated screening in paediatric or primary-care touchpoints, show promise in reducing paternal symptoms and improving family outcomes (Gonzalez et al., 2023). This strengthens the case for reframing perinatal mental health as a family service line, with fathers as named, routine recipients of assessment and care.

Barriers to Recognition and Support of Paternal Mental Health

A major barrier to the recognition and support of paternal mental health during the perinatal period in Nigeria is stigma rooted in masculinity norms. In many Nigerian cultures, men are expected to embody strength, resilience, and emotional control, leaving little room for vulnerability (Mogano et al., 2025). Mental health struggles are often equated with weakness or failure to fulfil masculine roles, thereby discouraging fathers from expressing their emotional difficulties or seeking professional help. This social expectation reinforces silence, making paternal distress invisible within both families and healthcare systems (Staiger et al., 2020). Consequently, fathers may internalize their struggles, increasing their risk of depression, anxiety, and substance misuse while reducing the likelihood of timely intervention.

Another significant barrier is the limited involvement of fathers in perinatal care. In many Nigerian healthcare settings, maternal and child health services remain largely mother-centred, with antenatal clinics, delivery rooms, and postnatal follow-ups primarily designed for women (Aluko et al., 2019). Fathers are often relegated to the role of financial providers or passive companions, with minimal opportunities to engage meaningfully in care processes. This structural exclusion diminishes men's sense of responsibility in emotional caregiving, perpetuating the notion that perinatal health is exclusively a woman's domain (Jeong et al., 2023). It also reduces fathers' opportunities to access information and psychosocial support that could help them navigate their own mental health challenges during this critical period (Cumber et al., 2024).

Closely tied to this is the lack of awareness among health professionals regarding paternal perinatal mental health. In Nigeria, healthcare providers often receive training that emphasizes maternal and neonatal outcomes, while the psychological well-being of fathers is overlooked (Jidong et al., 2021). As a result, healthcare workers rarely screen men for depressive or anxiety symptoms during their partner's pregnancy or after childbirth. Instead, male concerns are frequently dismissed or minimized, reinforcing the invisibility of paternal struggles. This neglect is compounded by the absence of routine guidelines or standardized protocols for addressing men's mental health in perinatal settings, leaving fathers without formal entry points into the healthcare system (Wainwright et al., 2023).

Beyond the clinic, cultural beliefs and societal expectations further shape the neglect of paternal perinatal mental health. In many Nigerian communities, fatherhood is closely tied to economic provision and authority, while emotional expression is undervalued (Salami & Okeke, 2018). Men experiencing psychological distress may therefore turn to maladaptive coping strategies such as alcohol use, aggression, or withdrawal, which worsen family dynamics and obscure underlying mental health needs (Onyeze-Joe et al., 2020). These cultural norms make it

difficult for fathers to openly discuss their experiences, reducing visibility and perpetuating the cycle of silence.

Furthermore, structural and resource barriers also contribute to the lack of recognition and support. Nigeria's mental health infrastructure is underdeveloped, with a limited number of professionals and resources allocated to maternal mental health, let alone paternal concerns (Atewologun et al., 2025). The scarcity of specialized services, combined with high out-of-pocket healthcare costs, restricts men's ability to access care. In rural areas especially, perinatal care remains underfunded and understaffed, further reducing the likelihood that paternal mental health will be addressed in clinical or community settings.

Collectively, stigma, cultural expectations, limited father involvement in care, inadequate health professional awareness, and structural challenges form a web of barriers that silence paternal mental health struggles in Nigeria. Unless these barriers are dismantled, fathers will continue to remain invisible within perinatal health discourse, undermining family well-being and perpetuating intergenerational consequences.

A Case for Family-centred Perinatal Care

Before family-centred perinatal care can be effectively implemented, there is a need to create awareness among fathers regarding their role in perinatal health and the importance of their own psychological well-being. In many Nigerian communities, prevailing sociocultural norms define pregnancy, childbirth, and postnatal care as predominantly women's responsibilities, while fathers are expected primarily to provide financial support (Arisukwu et al., 2021; Mbadugha et al., 2019). Consequently, many fathers do not perceive their limited involvement in perinatal care as exclusion but rather as the culturally accepted norm. Despite this perception, fathers often experience anxiety, emotional distress, uncertainty, financial pressure, and role adjustment during the transition to parenthood without recognizing these experiences as legitimate mental health concerns or appreciating the value of seeking support (Baldwin et al., 2018; Ghaleiha et al., 2022). Therefore, public health campaigns, antenatal education sessions, workplace programmes, media advocacy, and community sensitization initiatives ought to emphasize that fathers are integral partners in maternal and child health rather than passive supporters. Such awareness efforts would help reshape traditional perceptions, reduce stigma surrounding paternal mental health, and increase fathers' willingness to participate in family-centred perinatal services, thereby facilitating the successful implementation of father-inclusive care.

The growing recognition of the role of fathers in perinatal well-being calls for a shift from mother-only health approaches to family-centred perinatal care. In Nigeria, perinatal services have historically emphasized the mother and child, inadvertently excluding fathers from active participation (Aluko et al., 2019). Yet, evidence shows that when fathers are engaged in perinatal care, outcomes improve not only for mothers but also for infants and family dynamics (Jeong et al., 2023). Family-centred models acknowledge that both parents experience significant psychological and social transitions during pregnancy and after childbirth, and that supporting them as a unit creates a more resilient caregiving environment (César-Santos et al., 2024). For Nigeria, where family structures remain central to social life, adapting health services to include fathers would align with cultural values of collective responsibility and shared parenting.

One practical strategy is screening fathers alongside mothers during routine antenatal and postnatal care. Currently, Nigerian healthcare services rarely consider men's mental health in the

perinatal context, despite evidence that paternal perinatal depression and anxiety are prevalent and can affect family outcomes (Philpott et al., 2019). Incorporating simple, validated screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) adapted for men would enable early detection of mental health challenges (Howard & Khalifeh, 2020). In the Nigerian context, where fathers often attend antenatal visits as financial supporters or companions, this presents a unique opportunity to normalize male mental health assessment. By positioning screening as part of comprehensive family health rather than individual weakness, healthcare providers can mitigate stigma while expanding preventive care.

Equally important is the training of healthcare professionals to engage fathers effectively. In many Nigerian hospitals, health workers primarily interact with mothers, while men are side-lined or treated as secondary participants (Howard & Khalifeh, 2022). This practice reinforces the invisibility of paternal mental health. Training programmes can equip healthcare workers with skills to invite fathers into discussions, address their concerns, and provide information about psychological adjustment to fatherhood. As Jidong et al. (2021) noted, maternal and child health initiatives in Nigeria have historically neglected psychosocial dimensions, making capacity-building in this area urgent. By reorienting healthcare workers to recognize fathers as active stakeholders, perinatal care becomes more inclusive and responsive to the needs of the entire family.

Another critical step is designing inclusive interventions and support systems that address both maternal and paternal well-being. Interventions such as couple-focused counselling, peer support groups for fathers, and family education programs have been shown internationally to reduce psychological distress and strengthen co-parenting relationships (Lara et al., 2022). In Nigeria, these could be tailored to reflect cultural realities such as extended family involvement, religious community structures, and patriarchal norms. For instance, faith-based organizations which play a significant role in Nigerian society could host programs that destigmatize paternal mental health and promote shared caregiving responsibilities. By embedding interventions within culturally familiar structures, uptake and sustainability are likely to be higher.

Moreover, a family-centred approach necessitates policy reforms and institutional commitment. Nigerian health policies have predominantly focused on maternal and child survival, with little emphasis on psychosocial dimensions of family health (Aluko et al., 2019). Incorporating paternal mental health into national perinatal health guidelines would create formal structures for recognition and intervention. Policies could mandate father-inclusive health education, couple-based antenatal sessions, and mental health screening during perinatal visits. These changes would not only enhance health outcomes but also signal a systemic commitment to family well-being, challenging the notion that fathers' needs are secondary.

More so, community-based strategies are essential in ensuring that family-centred perinatal care is both culturally sensitive and accessible. In many Nigerian communities, decision-making about healthcare is influenced by cultural norms, elders, and religious leaders (Mogano et al., 2025). Community health workers could be trained to provide psychoeducation for both mothers and fathers, highlighting the importance of paternal mental health in child development and marital stability. Engaging influential community figures could also reduce stigma and encourage men to participate openly in perinatal health initiatives. Such grassroots strategies would complement institutional reforms and ensure that family-centred care is grounded in Nigeria's cultural realities.

On the whole, advancing a case for family-centred perinatal care in Nigeria requires screening fathers alongside mothers, training healthcare professionals to engage men, designing culturally inclusive interventions, and embedding paternal mental health into policy frameworks. This holistic approach acknowledges the interconnectedness of maternal, paternal, and child well-being while aligning with Nigeria's family-oriented cultural values.

Bringing Fathers Out of the Shadows: The Role of Health Education

A critical step toward addressing paternal perinatal mental health is policy reform that explicitly recognizes fathers as key stakeholders in maternal and child health. Current health policies in Nigeria and many low- and middle-income countries focus predominantly on maternal and infant outcomes, inadvertently side lining fathers (Ayinde & Lasebikan, 2019). Integrating paternal mental health into national reproductive health frameworks would ensure that fathers are screened, supported, and empowered throughout the perinatal period. Health education can serve as a powerful policy tool by shaping national strategies that highlight the interconnectedness of maternal, paternal, and child well-being, making the case that fathers' mental health is not optional but essential to family health outcomes (Salami & Okeke, 2018).

Beyond policy, clinical practice must evolve to systematically include fathers in perinatal care. Currently, antenatal and postnatal services in Nigeria primarily target mothers, with little structured involvement for men beyond financial provision. Health education interventions can train healthcare providers to identify signs of paternal depression, anxiety, or stress, and to engage fathers in discussions on emotional well-being (Fisher et al., 2021). Simple, culturally appropriate strategies such as inviting fathers to attend antenatal classes, incorporating paternal health questions into routine assessments, and offering couple-based counselling can normalize father involvement. These changes in clinical practice would help dismantle the pervasive belief that perinatal care is women's business, creating space for fathers to seek help without stigma.

Future research directions must also reflect a stronger commitment to understanding paternal mental health in Nigeria. Much of the existing research disproportionately focuses on mothers, leaving a gap in evidence-based strategies for supporting fathers (Small et al., 2025). Expanding research through large-scale surveys, longitudinal studies, and culturally adapted tools can generate local data on prevalence, risk factors, and effective interventions. Health education plays a dual role here, equipping researchers with frameworks to ask the right questions while also disseminating findings to policymakers, clinicians, and communities to drive evidence-informed decisions.

Another key area for action is community-based health education campaigns tailored to Nigerian cultural norms. Masculinity ideals in many Nigerian communities discourage men from expressing vulnerability, often framing emotional distress as weakness (Staiger et al., 2020). Health education campaigns using faith leaders, community chiefs, and local media can challenge these norms, encouraging men to prioritize their mental health as a strength that benefits the entire family. For example, community dialogues emphasizing that a father's psychological well-being supports maternal recovery and healthy child development can shift perceptions and reduce stigma.

Moreover, designing inclusive interventions and support systems grounded in cultural realities is essential. Fathers in Nigeria often face pressures related to financial provision, extended family expectations, and patriarchal structures that dictate gender roles (Mogano et al., 2025). Health education must therefore not only raise awareness but also advocate for practical

support, such as workplace policies granting paternity leave, peer-support groups for fathers, and counselling services integrated into primary healthcare facilities. By normalizing paternal care within existing cultural frameworks, these interventions can foster a supportive environment where fathers feel acknowledged and empowered.

In sum, bringing fathers out of the shadows requires a multi-pronged approach anchored in health education. Policy reform can institutionalize paternal mental health as a national priority, clinical practice changes can make father-inclusive care routine, research can close evidence gaps, and culturally sensitive health education campaigns can shift societal norms. In the Nigerian context, where family and community structures are highly influential, these strategies hold the promise of transforming paternal mental health from an overlooked issue into a central pillar of family health. Ensuring that fathers are no longer invisible in perinatal care is not just an act of inclusion, it is a public health imperative that strengthens families and communities.

Conclusion

The evidence reviewed in this paper highlights that paternal perinatal mental health remains an overlooked but essential component of family health. Fathers often experience depression, anxiety, stress, and other emotional challenges during the perinatal period, yet health systems, policies, and research have largely focused on mothers while neglecting men's needs. This systemic invisibility undermines not only paternal well-being but also maternal recovery, child development, and family stability. Addressing paternal mental health is therefore not optional but necessary for achieving holistic family-centred perinatal care in Nigeria and beyond.

Recommendations

To bring fathers out of the shadows and strengthen family health, the following actions are recommended:

1. Government and policy makers should integrate paternal perinatal mental health into Nigeria's national reproductive and maternal health policies by mandating screening and support services for fathers alongside mothers in both primary and tertiary healthcare facilities.
2. Healthcare Professionals (nurses, midwives, doctors, and community health workers) should be trained to routinely screen fathers for depression, anxiety, and stress during antenatal and postnatal visits, and provide culturally sensitive counselling and referral services for those in need.
3. Researchers and academic institutions should conduct large-scale, context-specific studies to generate robust evidence on the prevalence, determinants, and outcomes of paternal perinatal mental health challenges in Nigeria, to inform tailored interventions.
4. Community and religious leaders should play a key role in public education by challenging stigma, promoting shared caregiving roles, and supporting awareness campaigns that normalize men's involvement in perinatal care.
5. Employers and labour institutions should develop workplace support structures, such as paternity leave, flexible schedules, and mental health resources, to enable fathers to balance financial responsibilities with emotional involvement at home.
6. Public health educators and non-governmental organisations should design and implement targeted health education initiatives that raise awareness among families and

communities about paternal mental health and its link to maternal recovery, child development, and family well-being.

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