

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Fathers' depressive symptoms, psychosocial stressors, and coping strategies: a qualitative study in Mwanza, Tanzania
AUTHORS	Jeong, Joshua; McCann, Juliet; Joachim, Damas; Ahun, Marilyn; Kabati, Mary; Kaaya, Sylvia

VERSION 1 – REVIEW

REVIEWER	Shaheen, Naila King Abdullah International Medical Research Center, Biostatistics and Bioinformatics
REVIEW RETURNED	21-Nov-2023

GENERAL COMMENTS	<p>Thank you for the review request. The paper has tackled an important public health aspect, which is not only affecting the fathers, but also affecting the complete family unit. Overall, it is a nice work and well written paper. Some modifications are suggested for improvement purposes.</p> <p>Title: The current title is missing a keyword PPND. Suggested title: Paternal perinatal depression, psychosocial stressors and coping strategies among fathers of young children: a qualitative study in Mwanza, Tanzania</p> <p>Abstract: Looks fine.</p> <p>Introduction: The introduction is well described.</p> <ul style="list-style-type: none"> • Page 4; line 8. At what time point the prevalence is reported? 6 months? 1 year? • There are list of newly published studies and systematic reviews please add the references. E.g. Prevalence of Perinatal Depression in Low- and Middle-Income Countries, A Systematic Review and Meta-analysis https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9996459/ • I also suggest adding the different prevalence based on the confounders. • Is there a standardized definition for PPND? • Page 4; line 18: at what time period? Please specify. • Page 4; line 47. Paternal depression. Is it a paternal postnatal depression? or paternal perinatal depression? <p>The introduction could be structured in a more logical flow e.g. (i) definitions of PPND in mothers and fathers. (ii) Most common period of getting PPND. (iii) Then the prevalence and (iv) prevalence based on different sub-groups (v) Followed by reported domains of PPND in high income countries (vi) similar domains in the LMIC and (vii) then new domains.</p> <p>Methods:</p>
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	<p>The inclusion criteria: Did you exclude (i) the parents with past history of depression? (ii) parents who were receiving anti-depressants?</p> <p>Little more elaboration is needed on the interview questions, the breakdown of themes.</p> <ul style="list-style-type: none"> • Page 5; line 21: This is to suggest stating “A qualitative, exploratory, and descriptive study was conducted to explore fathers’ caregiving practices, couples’ relationships, and caregiver mental health”. • How did you define caregiving practices? <p>Results:</p> <ul style="list-style-type: none"> - None of the descriptive results were tabulated. I suggest summarizing the identified key themes in a table form as well. - Page 8; Line 44: “Children can cause so much stress to their fathers. For example, I have a child who can be stubborn. Even when I talk to him, he doesn’t listen. I realized that he was not disciplined. So, children can really stress their fathers.” <p>The family size is not reported. Besides, child who is being reported as stubborn and does not listen, I assume is older than 2 years. Kindly add additional factor of family size which is impacting/ adding in the PPND. As PPND is due to the child who is 2 years or less.</p> <ul style="list-style-type: none"> - Page 9; coping strategies. Negative strategy is a sub-heading please move Line 48 under sub-heading negative strategy. <p>Discussion:</p> <ul style="list-style-type: none"> - Well written. <p>Conclusion:</p> <p>Sounds good!</p> <p>References:</p> <p>The references are partially updated. Still few references could be added. I have provided an example.</p>
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REVIEWER	Dunn, Kirsty University of Glasgow, Health and Wellbeing
REVIEW RETURNED	22-Nov-2023

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript. This study addresses an under researched area of father mental health in LMICs. I have made some suggestions to improve the quality of the paper below.</p> <p>Abstract- As the paper is focussing on fathers, it would be best to make it clearer in the abstract that mothers were interviewed about their partner’s mental health. This is explained in the methods section of the full paper but at present this is not clear in the design/setting section of the abstract, and this section reads as though mothers were interviewed about their own mental health.</p> <p>Introduction- Since only two references are cited at the end of the second sentence (to demonstrate higher rates of mental health problems in LMICs, the percentages for both studies should be included.</p> <p>The sentence at the end of the second paragraph implies that ‘constrained family relationship dynamics’ are the only reason for ‘negative direct effects between poor paternal mental health and early child behaviour and development outcomes’. This should be rephrased to make it clear that this is one mediator/moderator of this relationship, rather than the only cause.</p>
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	<p>The third paragraph emphasises that there is a gap in knowledge of father mental health in LMICs, but the following paragraph details five studies which do address this topic. More information should be provided about the limitations of these studies and how the current study will overcome some of these difficulties or fill the gap in knowledge.</p> <p>Methods- It would be helpful to provide some information about the amount of agreement over codes in the data analysis section.</p> <p>Results- Since data is coming from both individual interviews and focus groups, it would have been interesting to include a section highlighting if any findings occurred only in interviews or only in focus groups. For example, if a certain topic came up in individual interviews but not focus groups this might suggest there was a stigma attached to discussing that topic openly.</p> <p>Discussion- Gender Role Strain Theory is mentioned in passing in the discussion. It would be beneficial to include a description of this theory, since the authors say that their results support the theory.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Naila Shaheen, King Abdullah International Medical Research Center

Comments to the Author:

Thank you for the review request. The paper has tackled an important public health aspect, which is not only affecting the fathers, but also affecting the complete family unit. Overall, it is a nice work and well written paper. Some modifications are suggested for improvement purposes.

- Thank you for your time and helpful comments!

Title:

The current title is missing a keyword PPND.

Suggested title:

Paternal perinatal depression, psychosocial stressors and coping strategies among fathers of young children: a qualitative study in Mwanza, Tanzania

- Thank you. We have added the term “depressive symptoms” to the title.

Abstract:

Looks fine.

- Thank you.

Introduction:

The introduction is well described.

- Page 4; line 8. At what time point the prevalence is reported? 6 months? 1 year?
- There are list of newly published studies and systematic reviews please add the references. E.g. Prevalence of Perinatal Depression in Low- and Middle-Income Countries, A Systematic Review and Meta-analysis
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9996459/>
- I also suggest adding the different prevalence based on the confounders.

- Is there a standardized definition for PPND?

- Thank you for these comments. We have added how we've defined perinatal depression as the period from pregnancy and up to 1 year after birth. We have added three more recently published reviews (including the one that was shared by the reviewer) to our list of citations about global prevalence. We have also added a sentence that presents the different prevalence rates for low- and middle-income countries vs. high-income countries.

- Page 4: line 18: at what time period? Please specify.

- In this sentence, we have included how the cited studies measured fathers' mental health problems across the early parenting period, or specifically among fathers with children 0-5 years of age.

- Page 4; line 47. Paternal depression. Is it a paternal postnatal depression? or paternal perinatal depression?

- Both cited studies estimated rates of paternal perinatal depression. We have added this detail to the revised sentence.

The introduction could be structured in a more logical flow e.g. (i) definitions of PPND in mothers and fathers. (ii) Most common period of getting PPND. (iii) Then the prevalence and (iv) prevalence based on different sub-groups (v) Followed by reported domains of PPND in high income countries (vi) similar domains in the LMIC and (vii) then new domains.

- Thank you for this comment. We have made some edits to the structure of the Introduction, such as streamlining the third paragraph on what is known from prior studies in LMICs and expanding the second to last paragraph of the Introduction to highlight the limitations of prior studies and motivate our study contributions. However, because our study is a qualitative study focused on the lived experiences of fathers' mental health rather than a quantitative study aimed at estimating prevalence of fathers' depression or the timing of perinatal depression, we did not dive into the epidemiology of depression, the most common period, different sub-groups, or domains of depression.

Methods:

The inclusion criteria: Did you exclude (i) the parents with past history of depression? (ii) parents who were receiving anti-depressants?

- Our sampling approach neither restricted to nor excluded caregivers with past histories of depression or those who were on any sort of treatment. We have added a sentence in the Methods about this.

Little more elaboration is needed on the interview questions, the breakdown of themes.

- We have expanded the methods section to provide more details about the topic guides and types of questions we included as it pertained to mental health.

Page 5; line 21: This is to suggest stating "A qualitative, exploratory, and descriptive study was conducted to explore fathers' caregiving practices, couples' relationships, and caregiver mental health".

- We have revised this sentence as suggested.

How did you define caregiving practices?

- We have added more details about our definition for caregiving practices.

Results:

- None of the descriptive results were tabulated. I suggest summarizing the identified key themes in a table form as well.

- We did not tabulate the results because the goal of our qualitative study and qualitative data analysis aimed to explore the diversity and range of perspectives surrounding fathers' mental health experiences and unpack the underlying reasons (i.e., why, how), rather than tabulating specific concepts which would be better suited through a quantitative study design and analysis.

- We appreciate the reviewer's suggestion and have created a new table that outlines the key themes that emerged from our study.

- Page 8; Line 44: "Children can cause so much stress to their fathers. For example, I have a child who can be stubborn. Even when I talk to him, he doesn't listen. I realized that he was not disciplined. So, children can really stress their fathers." The family size is not reported. Besides, child who is being reported as stubborn and does not listen, I assume is older than 2 years. Kindly add additional factor of family size which is impacting/ adding in the PPND. As PPND is due to the child who is 2 years or less.

- We did not systematically collect information about family size from every household, and this aspect did not emerge as a theme in the context of this specific quote or in our analysis more broadly. Therefore, in this study we are not able to comment on the impact of family size. We have added a sentence at the end of the Discussion highlighting how future research should explore the impact of family size on fathers' mental health.

- All caregivers were asked about the index child 0-2 years of age, and researcher assistants were trained and repeatedly reminded caregivers to focus on the index child aged 0-2 years by using that index child's names as much as possible in the interviews. Therefore, we believe this caregiver is referring to a child younger than 2 years as this was made explicitly clear at the outset of the study and throughout the interview.

- Page 9; coping strategies. Negative strategy is a sub-heading please move Line 48 under sub-heading negative strategy.

- We have moved that line down to the sub-heading on negative coping.

Discussion:

- Well written.

- Thank you.

Conclusion:

Sounds good!

- Thank you.

References:

The references are partially updated. Still few references could be added. I have provided an example.

- We have updated our reference list by adding 6 new references (including the helpful reference that was suggested by the reviewer) that have been published in the past 5 years. Specifically these references are: Glasser et al., 2019; Philpott et al., 2019; Reidy et al., 2018; Rao et al., 2020; Roddy et al., 2023; and Wang et al., 2021.

Reviewer: 2

Mrs. Kirsty Dunn, University of Glasgow

Comments to the Author:

Thank you for the opportunity to review this manuscript. This study addresses an under researched area of father mental health in LMICs. I have made some suggestions to improve the quality of the paper below.

- Thank you for your time and helpful comments!

Abstract- As the paper is focussing on fathers, it would be best to make it clearer in the abstract that mothers were interviewed about their partner's mental health. This is explained in the methods section of the full paper but at present this is not clear in the design/setting section of the abstract, and this section reads as though mothers were interviewed about their own mental health.

- We agree and have clarified in the Abstract that all stakeholders provided their perspectives about specifically fathers' mental health.

Introduction- Since only two references are cited at the end of the second sentence (to demonstrate higher rates of mental health problems in LMICs, the percentages for both studies should be included.

- We have added a new sentence that presents the different prevalence rates for low- and middle-income countries vs. high-income countries.

The sentence at the end of the second paragraph implies that 'constrained family relationship dynamics' are the only reason for 'negative direct effects between poor paternal mental health and early child behaviour and development outcomes'. This should be rephrased to make it clear that this is one mediator/moderator of this relationship, rather than the only cause.

- We have revised this sentence to clarify that family relationships dynamics is one mediator but not the only explanation.

The third paragraph emphasises that there is a gap in knowledge of father mental health in LMICs, but the following paragraph details five studies which do address this topic. More information should be provided about the limitations of these studies and how the current study will overcome some of these difficulties or fill the gap in knowledge.

- Thank you for this comment. We have revised the fourth paragraph to clarify that these five studies are the only known exceptions with respect to this overall body of evidence on fathers' mental health that is predominantly based in high-income countries. We have added a new sentence at the end of this paragraph to highlight the gap in these three prior qualitative studies to better clarify how our study fills these gaps.

Methods- It would be helpful to provide some information about the amount of agreement over codes in the data analysis section.

- In the Methods section, we have added more details about the inter-rater reliability, including our Cohen's Kappa statistic that was calculated during the piloting before the full team embarked upon official coding of transcripts.

Results- Since data is coming from both individual interviews and focus groups, it would have been interesting to include a section highlighting if any findings occurred only in interviews or only in focus groups. For example, if a certain topic came up in individual interviews but not focus groups this might suggest there was a stigma attached to discussing that topic openly.

- Thank you for this comment. We have systematically gone through all the topics to double check whether results emerged from individual interviews and/or focus group discussions. Overall, the majority of themes were expressed in both individual interviews and focus group discussion. Only two of the topics were mentioned through a particular data collection method, and we have added a sentence that this was the case in each of the respective sections.

Discussion- Gender Role Strain Theory is mentioned in passing in the discussion. It would be beneficial to include a description of this theory, since the authors say that their results support the theory.

- We have added a description of gender role strain theory in the Discussion where we refer to this theory.

VERSION 2 – REVIEW

REVIEWER	Shaheen, Naila King Abdullah International Medical Research Center, Biostatistics and Bioinformatics
REVIEW RETURNED	31-Dec-2023
GENERAL COMMENTS	Thank you for incorporating reviewers comments. All the best!