Exploring Parental Knowledge of Fathers' Mental Health and Its Relation to Children's Development

By

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A thesis submitted to the BRAC Institute of Educational Development in partial fulfillment of the requirements for the degree of Master of Science in Early Childhood Development

BRAC Institute of Educational Development

BRAC University

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Declaration

It is hereby declared that

1. The thesis submitted is my/our own original work while completing a degree at BRAC University.

2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.

3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.

4. I/We have acknowledged all main sources of help.

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Approval

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Ethics Statement

Title of Thesis Topic: Exploring Parental Knowledge of Fathers' Mental Health and Its Relation to Children's Development

Student name: Sumaiya Akter

1. Source of population: Parents of children aged 0-3 years

2. Does the study involve (yes or no)
   a. Physical risk to the subjects (no)
   b. Social risk (no)
   c. Psychological risk to subjects (no)
   d. Discomfort to subjects (no)
   e. Invasion of privacy (no)

3. Will subjects be clearly informed about (yes or no)
   a. Nature and purpose of the study (yes)
   b. Procedures to be followed (yes)
   c. Physical risk (N/A)
   d. Sensitive questions (yes)
   e. Benefits to be derived (yes)
   f. Right to refuse to participate or to withdraw from the study (yes)
   g. Confidential handling of data (yes)
   h. Compensation and/or treatment where there are risks or privacy is involved (N/A)

4. Will signed verbal consent be required (yes or no)?
   a. from study participants (N/A)
   b. from parents or guardians (yes)
   c. Will precautions be taken to protect the anonymity of subjects? (yes)

5. Check documents being submitted herewith to the committee:
   a. Proposal (yes)
   b. Consent Form (yes)
   c. Questionnaire or interview schedule (yes)

Ethical Review Committee:
Authorized by:
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Abstract

This study aims to explore parental knowledge of fathers' mental health and its relation to children's development. This study especially focuses on fathers' mental health following childbirth, which is relatively an under-researched area compared to mothers'. This study adopted a qualitative approach to explore the knowledge of parents of children aged 0-3 years regarding the mental health of fathers and its influence on children's development. Data were collected through in-depth interviews with mothers and fathers from a middle socio-economic background. The findings indicate that both parents are aware that fathers can experience mental health problems after a child is born and that fathers' mental health influences children's development. Hence, this study offers a direct path for future research on fathers' mental health while underscoring the importance of raising awareness among parents and implementing routine mental health screening by professionals in Bangladesh.

Keywords: Fathers' Mental Health; Children's Development; Parental Knowledge; Mental Health Awareness; Bangladesh

Dedication

First and foremost, I am deeply grateful to Almighty Allah for giving me the strength, willpower, and patience to complete my master's degree successfully. I want to dedicate this thesis to my beloved parents, Md Dulal and Amena Sultana Baby, whose unconditional love, support, and encouragement have helped me throughout my academic journey. I want to express my gratitude to my former mentor, Ismat Zerin, Senior Lecturer at the University of Asia Pacific, who sparked my interest in Early Childhood Development and encouraged me to pursue this degree at BRAC University.

Acknowledgement

I am grateful to Almighty Allah, the Most Merciful, for His countless blessings and for giving me the strength and patience to do well throughout this journey. I could complete and achieve my master's degree only through His guidance and mercy. It is only by His grace that I could come so far on my own and be able to complete this research.

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I would also like to thank the BRAC Institute of Educational Development, BRAC University, for providing me with the resources, environment, and opportunity to conduct this research. The support I received from the institution has greatly enriched my research knowledge and experience.

Finally, I am deeply thankful to my parents, whose unconditional love, support, and prayers helped me to achieve my dream and made me the person I am today.

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List of Acronyms

UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
GBD	Global Burden of Disease Study
ADHD	Attention-Deficit/Hyperactivity Disorder
DSM	Diagnostic and Statistical Manual of Mental Disorders

Chapter I: Introduction & Background

Introduction:

Poor mental health is a pervasive issue affecting parents globally, where stress, depression, and anxiety are some of the most common mental health problems. The transition to parenthood is a major life-changing event, and adapting to new responsibilities and challenges can place considerable strain on parents' mental health. According to a study, about 7.1% of mothers suffer from severe depression in the first three months after giving birth, while 4.89% of fathers also go through this severe depressive period (Yesmin et al., 2023). However, the mental health of fathers is often overlooked compared to mothers' mental health.

The occurrence rate of mental health disorders, such as depression and anxiety, is more common in women than men after the birth of a child, with an estimated range of rates between 10% and 20% globally (Jeong et al., 2024; Khamidullina et al., 2025). Similarly, the prevalence of depression among fathers during 3-6 months after childbirth ranges from 10% to 24%, which is substantially higher compared with 4.8% of non-parenting males (Ryan, 2026). Research reveals that approximately 8% to 10% of fathers experience depressive symptoms, where up to 8% of fathers experience clinical depression, 11% experience anxiety, and 6% to 9% experience elevated stress (Barker, n.d.; Pine, 2025; Scarff, 2019). This indicates that fathers may develop stress, anxiety, and depression during the transition to fatherhood, just like mothers do. However, fathers' mental health is often neglected and understudied; symptoms may go undetected and untreated, increasing the risk of chronic mental health problems (Isacco et al., 2015). As a result, long-term effects of poor mental health not only affect fathers' own health outcomes but also the well-being of their families and children, negatively influencing children's emotional, behavioural, and

social development by the age of 36 months (Gebuza et al., 2021). One study reported that children with depressive fathers are more likely to develop anxiety, defiance, emotional dysregulation, poorer academic outcomes, and aggressive behaviour (Cimino et al., 2024). Therefore, supporting and addressing fathers' mental health problems is crucial for children's holistic development. Research has shown that fathers have direct and indirect influence on children's development, and their engagement in their children's lives is associated with positive outcomes for both children and families, and reducing mothers' stress (Khan, 2017; Leitao, 2022; Petts & Knoester, 2018; Zheng et al., 2026). In addition, fathers' involvement during the first 1,000 days of a child's life is important because this period represents a critical window for brain development, with 90% of a child's brain developing before age 5 (UNICEF, 2015, 2018). So, fathers' involvement in children's lives from early years supports children's growth and development across five key domains: academic, cognitive, socio-emotional, behavioural, and language (Wang & Chen, 2024). Despite the importance of fathers' mental health in children's lives, fathers' mental health remains understudied in low- and middle-income countries (LMICs) (Jeong et al., 2024). This may be partly due to the difficulty differentiating the symptoms of poor mental health, such as anger, violent behaviour, withdrawal from relationships and responsibilities, irritability, etc., from normal fatigue (Darwin et al., 2017). In addition, fathers may show emotional distress differently from mothers, often through avoidant or harmful behaviours, such as suicide, aggression, substance use, or smoking (Akalin et al., 2025; Cimino et al., 2024). Hence, this study is important to recognise fathers' mental health issues following childbirth, as well as to raise knowledge and awareness globally, so that fathers' mental health challenges can be addressed and diagnosed as early as possible.

Statement of the Problem

Over the past decade, parents have consistently experienced and reported higher stress than non-parent adults. According to the U.S. Surgeon General's advisory report, 33% of parents report high levels of stress, compared with 20% of other adults (Office of the Surgeon General, 2024). So, mental health issues can affect both parents, since research has shown that about 10% of pregnant women and 13% of mothers suffer from depression after giving birth; likewise, 5% to 15% of fathers may experience depression, and 5% to 10% may experience anxiety after the birth of a child (Fisher et al., 2011; Jeong et al., 2024; WHO, n.d.). Even an article published by The New York Times found that approximately 10% of fathers may suffer from depression, with the highest rate occurring during three to six months following childbirth (Belluck, 2026). Yet, fathers' mental health is often underestimated, and professionals have rarely examined and talked about it globally, since depression among fathers was largely viewed as uncommon in the 1990s (Edward et al., 2014). But in reality, the problem is far more widespread than it may initially appear. According to DSM-5 criteria, the prevalence of depression among mothers ranges from 15% to 20%, while its reported rates among fathers range from 1.2% to 25.5% (Gebuza et al., 2021). Research conducted in Sweden has revealed that around 28% of fathers show a higher level of depression, 4% show moderate depression, and fewer than 1 in 5 of those affected seek help (Dillner, 2017). Mental health issues typically emerge in fathers 4 to 6 months after childbirth and can last up to a year, varying in the year following the child's birth: 8% in the first 3 months, 26% between 3–6 months, and 9% from 6–12 months (Barry et al., 2023). Even fathers can experience depression and anxiety at the same time, with Fisher (2016) reporting that 10% of fathers experience depression, while 9.7% and 4.4% experience pure anxiety, with 11.7% and 6.3% experiencing

mixed anxiety and depression. In addition, it has been found that fathers' mental health problems increase by 31% to 130% when both anxiety and depression often occur together (Fisher, 2016). Consequently, fathers' poor mental health can adversely affect their emotional well-being, which can influence the quality of their involvement in children's lives and their confidence in their parenting abilities (Reeb et al., 2010). Children of fathers with poor mental health conditions may be at higher risk of developing depression, anxiety and prolonged functional impairment from early years. One study reported that children are more likely to experience poor physical health (5.1% vs 1.3%) and are twice as likely to develop mental, behavioural and developmental disorders (41.8% vs 21.0%) compared with children whose fathers have good mental health (Office of the Surgeon General, 2024). Besides, fathers' mental health illness can increase the risk of developing internalising (anxiety, stress, depression, sadness) and externalising (destructive behaviours, aggression, and irritability) symptoms in children (Ryan, 2026). The reasons why fathers experience mental health problems after childbirth are related to several factors, such as poverty, unemployment, financial difficulties, poor marital relationships, lack of support from society and health care, and having a depressed partner, which can increase the likelihood of developing mental health disorders (UNICEF, 2025). In addition, biological mechanisms that alter the levels of hormones in fathers, such as testosterone, cortisol, prolactin, estrogen, and vasopressin, may cause fathers' mental health problems (Kim & Swain, 2007; Scarff, 2019). Despite the growing evidence of fathers' poor mental health, there is limited research in low- and middle-income countries. As a result, there is a substantial gap in knowledge regarding fathers' mental health in LMICs, where 70% of households have a father present (Jeong et al., 2024; Lopez Garcia et al., 2022). This gap is particularly concerning because no

extensive research has been conducted on fathers' mental health in Bangladesh, listed as a low- and middle-income country by the World Bank (World Bank, n.d.). Hence, fathers' mental health remains under-recognised in Bangladesh, with substantial gaps in research and evidence.

Purpose of the Study

This study aims to explore mothers' and fathers' knowledge regarding the mental health of fathers in Bangladesh. It also intends to understand their knowledge of the relationship between fathers' mental health and children's development.

One study reported that about 1 in every 10 fathers experiences mental health problems during pregnancy and a year after the birth of the child (Yesmin et al., 2023). It is clearly evident that fathers can suffer from depression, anxiety, stress and even burnout following childbirth. But fathers are not aware of their mental health problems because it is often seen as a maternal concern (Qiu et al., 2026). Research has revealed that children whose fathers have poor mental health may face a 33% to 70% risk of developing emotional and behavioural problems (Assefa et al., 2025; Scarff, 2019). So, it is necessary to explore both mothers' and fathers' knowledge of fathers' mental health, as well as their understanding of its influence on children's development. Therefore, understanding parents' knowledge in this area may help improve the recognition of fathers' mental health difficulties and promote timely support for fathers.

Significance & Justification of the Study

Studies on fathers' mental health after childbirth have received special attention from high-income countries because research evidence indicates that fathers' poor mental

health negatively impacts children's well-being (Baldwin et al., 2018; Jeong et al., 2024). So, fathers' mental health is important because their engagement in children's lives can enhance children's cognitive and motor skills, emotional resilience, strong self-esteem, and social skills, while reducing behaviour problems and increasing life satisfaction ("Keeping Fathers in Sight," 2023). Furthermore, the interaction between fathers and children is crucial for building children's social-emotional skills, including social competency and peer relationships. Even father-child interaction fosters children's language skills more than mother-child communication (Zheng et al., 2026). Hence, this study is significant in recognising and addressing fathers' mental health needs, as studies have reported that 18% of fathers experience psychological distress following the birth of a child (Qiu et al., 2026). In addition, the depression rate among fathers is likely to be twice as high as that among non-fathers, where the rate is around 5% (Scarff, 2019; Wedajo et al., 2023). Furthermore, 11% of fathers have reported suicidal thoughts, which is 45% higher among fathers with poor mental health compared to those without psychological problems (Richardson et al., 2025; Yesmin et al., 2023).

This study is justified as it will address a critical research gap by focusing on fathers' mental health following childbirth and contributing to the greater recognition of fathers' mental health needs. Additionally, this study will increase knowledge among parents and help them to identify the symptoms of poor mental health among fathers. It will assist health professionals in developing targeted training for early screening and identification. Ultimately, this study will help policymakers and government authorities to raise awareness of fathers' mental health difficulties, thereby promoting better mental health outcomes for fathers and improving the well-being of children and families.

Research Questions

RQ1: What do parents understand about the mental health of fathers?

RQ2: Why do fathers fail to express their mental health issues?

RQ3: What are the consequences of fathers' poor mental health on children's development?

Research Objective

The objective of this study is to explore parents' knowledge about fathers' mental health difficulties and their knowledge regarding the consequences of fathers' poor mental health on children's development.

Operational Definitions

Mental Health: Mental health refers to a person's emotional and psychological well-being, including positive feelings (e.g., good self-esteem, resilience) and negative feelings (e.g., depression, anxiety, stress). It is crucial to maintain strong mental well-being for life satisfaction, physical health and emotional regulation.

Fathers' Mental Health: Fathers' mental health encompasses their emotional, social and psychological well-being. It depends on how well they can manage their responsibilities effectively and adjust to parenthood after becoming a father, as fathers may experience depression, anxiety, stress, and burnout during pregnancy and the first 12 months after childbirth (Watkins et al., 2024).

Child Development: Child development is the process by which a child grows and develops physically, cognitively, emotionally and socially from birth until adulthood. This is the golden period in children's lives for healthy growth, and it can be enhanced through responsive parenting and a positive environment.

Biological Mechanism: Biological mechanisms are generally driven by rapid shifts in hormones during pregnancy and for several months after childbirth, and explain the biological processes underlying mood dysregulation during the postpartum period (Scarff, 2019).

Chapter II: Literature Review

A growing body of literature and studies has focused on postpartum depression among mothers. At the same time, the mental health of fathers during this period has received comparatively less attention and is often ignored. Hence, this literature review will present the concept of fathers' mental health during this period, which will be discussed in both the global and the Bangladeshi contexts, as well as the importance of fathers' mental health in children's development.

Fathers' Mental Health in Global Context

A systematic review of studies conducted from 1990 to 2019 found that 10% of fathers are likely to have depression, which can last from several months to a year (Edward et al., 2014). According to a study, the prevalence rates of depression among fathers within the whole year are 8.75%; 8.98% within one month; 7.82% during one to three months; 9.23% during three to six months; and 8.40% during six to twelve months after childbirth, with the highest rate occurring between three to six months (Rao et al., 2020). Even fathers' mental health difficulties can increase from 24% to 50% if their partner is diagnosed with postpartum depression (Tuszynska-Bogucka & Nawra, 2014). Furthermore, cross-sectional studies in both high- and low-income countries reported rates ranging from 9% to 27.9% (Fisher, 2016; Wedajo et al., 2023). In addition, based on the estimation of the Global Burden of Diseases Study

(GBD), approximately 6% to 13% of fathers in high-income countries experience symptoms of depression after the birth of a child, while the rate in low- and middle-income countries (LMICs) is 18.4% (Dabala et al., 2024; Yesmin et al., 2023). Country-specific studies further support these findings, reporting prevalence rates of depression among fathers: 16.6% in Saudi Arabia, 17.0% in Japan, 7.8% in Germany, 14% in Turkey, and 16% in China. In contrast, studies from LMICs reported higher rates of prevalence, including 24% in Pakistan, 17.8% in Nigeria, 24.06% in India, 19.3% in Addis Ababa, Ethiopia and 25% in Ghana, with severe depression and 42% with elevated stress levels (Dabala et al., 2024; Dwaan et al., 2025; Jeong et al., 2024). This indicates that fathers' mental health problems are a global health concern and should be recognised globally.

Fathers' Mental Health in the Bangladesh Context

Although the mental health of fathers has received significant attention from high-income countries, it remains a neglected, underscreened and underdiagnosed area in Bangladesh, as part of low- and middle-income countries (Jeong et al., 2024; World Bank, n.d.). Evidence from Bangladesh is limited, with one study reporting that 47.67% of Bangladeshi fathers had mild depression, 35.24% had moderate depression, and 17.09% had severe depression (Yesmin et al., 2023). Several factors may contribute to fathers' poor mental health, such as poverty, low wages, financial difficulties, unemployment, social stigma, and limited access to health care and social support (UNICEF, 2025). However, fathers may not seek treatment or help for their mental health problems due to deeply rooted cultural expectations of masculinity that discourage men from showing any weakness. Consequently, fathers expressing mental health problems are perceived as a sign of weakness (Lindinger-Sternart, 2014). That

is why many fathers have to suppress their emotions, contributing to emotional repression and avoiding help-seeking behaviour. According to Hinch (2017), about 29% of men feel embarrassed to talk about mental health problems; 20% avoid due to stigma; 18% do not acknowledge the need for help; 16% fear appearing weak. These findings clearly indicate the presence of deeply rooted cultural practices and stigma in Bangladeshi society and portray the condition of Bangladeshi men. As fathers may face strong expectations of masculinity and stigma, they may be discouraged from expressing their mental health problems, leading them to internalise the belief that they should appear strong and hide their emotions (Tushin, 2026). As a result, it jeopardises fathers' mental health, leading to depression, stress, and anxiety, which is detrimental to children's holistic growth and development. Therefore, increasing parents' knowledge of fathers' mental health is necessary to ensure fathers' positive mental health and well-being, as it remains a socially neglected issue and receives less attention in our country compared to the mental health of mothers.

Importance of Fathers' Mental Health in Childhood Development

Fathers' mental health is crucial both for mothers' and children's mental well-being. Good mental health among fathers fosters father-child interaction, strengthens the co-parenting alliance, improves the quality of the couple's relationship, and provides mothers with additional time to pursue activities for themselves, which benefits maternal mental well-being (McCann et al., 2024). Besides, fathers' positive mental health may facilitate lower maternal depressive symptoms and a quicker return to the labour force for working mothers (Petts & Knoester, 2018). In addition, fathers' good mental health is associated with more positive parenting behaviour and higher-quality father-child interaction, which creates a more stimulating, arousing, and vigorous

environment for children (Sethna et al., 2017). Children develop better academic skills, empathy, self-esteem, and social competency when their fathers are more emotionally attached and involved in their lives (Cimino et al., 2024; Spielberger et al., 2015). Significantly, children of involved fathers show greater confidence, stronger peer relationships, greater adaptability, and healthier risk-taking behaviour, which can contribute to their cognitive development (Sethna et al., 2017; Zheng et al., 2026). Notably, children are likely to experience fewer emotional and behavioural problems, show increased activity levels, and demonstrate greater interest in exploring the outside world (Neshteruk et al., 2017; Spielberger et al., 2015). Research reveals that fathers who are playful and engaged in their children's lives from an early age are likely to have children with better educational outcomes, verbal skills, intellectual functioning, higher IQs, and linguistic and cognitive capabilities. Fathers can foster critical thinking and curiosity in children by engaging them in problem-solving, outdoor exploration, and hands-on activities (Rosenberg & Wilcox, 2006). In addition, fathers' positive mental health also influences children's emotional well-being and social behaviour. According to Rosenberg & Wilcox (2006), children who have responsive fathers from an early age tend to feel secure, be highly sociable, form strong bonds with others, exhibit strong self-control, resilience, and pro-social behaviour and are less likely to experience depression, anxiety, addiction, or disruptive behaviour.

On the other hand, fathers' poor mental health can negatively impact their own health outcomes. According to research, fathers who have mental health issues exhibit symptoms of anger, irritability, withdrawal behaviour, acting indecisively, substance use, suicidal thoughts, and impaired cognitive functioning, such as difficulty concentrating (Kitil et al., 2024; UNICEF, 2025). Moreover, fathers' poor mental

health can affect their children's mental health from an early age. It is also associated with increased negative parenting behaviours (e.g., psychological control, hostility, intrusiveness) and decreased positive parenting behaviours (e.g., affection, positive involvement, supportiveness) (Fisher, 2016). As a result, negative father-child interaction can contribute to child antisocial behaviour, aggression, domestic abuse, and suicide attempts in adulthood, which can be passed through across generations (Fisher, 2016). Moreover, poor father-child interaction may limit verbal input and turn-taking among children, thereby constraining the learning experiences that support cognitive growth (Sethna et al., 2017). Besides, children of fathers with substance use are likely to develop a range of emotional and behavioural problems, symptoms of ADHD, and difficulties with communication skills, negative temperament and risk of developing internalising (e.g., sadness, anxiety, depression) and externalising (e.g., aggression, violence, destructive behaviour) behaviour problems (Fisher, 2016). That is why fathers' warmth and emotional responsiveness play a crucial role in children's socio-emotional development and psychological well-being, as insufficient engagement may increase children's psychological vulnerability (Setiawan & Agustian, 2025). One study reported that fathers with poor mental health have fewer father-child interactions, lack of bonding, and impaired parenting behaviour (incidence of spanking), increasing the risk of developing anxiety, depression, and aggression in children aged 0 to 4 years, and delaying in developing emotional, behavioural and social skills in children aged 4-5 years (Assefa et al., 2025; Cimino et al., 2024; Philpott & Corcoran, 2018; Reeb et al., 2010; Scarff, 2019). Studies have further emphasised that children whose fathers are not involved emotionally may experience psychological distress and impaired adaptive functioning (Setiawan & Agustian, 2025). Moreover, children may lose their self-esteem, confidence,

motivation and interest in learning, which can hamper the quality of learning, and they may develop aggression, anxiety, depression, and become irresponsible (Alfat, 2025). Without a doubt, the mental health of fathers plays a crucial role in enhancing children's development because a lack of fathers' involvement in children's lives can negatively affect children's psychological well-being, even into adulthood.

Chapter III: Methodology

Research Approach

A qualitative approach was applied in this study. Through this approach, in-depth interviews were possible to conduct to see whether both fathers and mothers know about fathers' mental health and its influence on children's development, as well as to allow parents to share their experiences in detail. Participants were asked to complete a semi-structured questionnaire designed to collect the required information.

Research Participants

The study included parents of children aged 0-3 years. Both fathers and mothers aged 20-40 years participated in this study and were from a middle-class socioeconomic background. Parents who have children aged 0-3 years were chosen because this is a period when both fathers and mothers are adapting to new parenthood, which can pose challenges to their mental health. So, to better understand the mental health of fathers during this period, parents with children aged 0-3 years were selected for this study.

Research Site

The study was conducted in Gendaria, Dhanmondi, Rampura and Mirpur in Dhaka City.

Participant Numbers

The study involved 10 participants, including 5 mothers and 5 fathers.

Participants Selection Procedure

This study involved parents of children aged 0-3 years. Due to time constraints, a total of 10 participants were selected. A purposive sampling method was used based on the following inclusion criteria:

- Both parents are aged 20-40 years.
- Parents who have children aged 0-3 years.
- Parents from a middle-class socioeconomic background.
- Parents who live in Dhaka city.

Data Collection Procedure

This study adopted a qualitative approach, and data were collected through semi-structured in-depth interviews. Firstly, the in-depth interview guideline was developed based on the research questions and the study objective. The experts reviewed the IDI guideline for validity. Before conducting the final interviews, a pilot study with two participants was conducted to verify the tool's accuracy in data collection and to refine the IDI guidelines based on the pilot data. The objective of the pilot study was: **i)** to ensure the questions are well-defined and easy for the participants to understand, **ii)** to ensure the reliability of the questions to the research

questions and objective, and **iii)** to ensure the accuracy of the data collection. The pilot study was conducted with two mothers aged 20-30 years, who have children aged 0-3 years. The interviews were conducted over the phone and were recorded. Based on the pilot interview data, participants faced difficulty understanding the two questions. The first question was, "Which factors do you think are the cause of mental distress in fathers? Can you elaborate?" and the second question was, "In what ways, if any, can fathers' mental health affect children's cognitive development (e.g., learning, thinking, problem-solving)?" These two questions were ambiguous for the participants because of the terms "factor" and "cognitive". So, the in-depth interview guide was revised, and these two questions were refined based on the participants' feedback. After piloting, the study's objective was shared with the participants. Then, a written informed consent form was sent to the participants to obtain their voluntary consent to participate in the study. Then the interview started at a time convenient for each participant. All interviews were conducted individually online via phone calls. Each participant was interviewed for 45-60 minutes. Interviews were audio-recorded using a mobile phone with the participants' permission, and relevant notes were taken during data collection. Lastly, the interviewer concluded each interview by expressing gratitude to the participants for their valuable time, cooperation, and friendly responses.

Data Management & Analysis

Data were managed and analysed using content analysis. At first, all data from interview recordings were transcribed into written text to ensure their accuracy. Then, the transcribed data were read and reviewed several times to familiarise and gain a thorough understanding of the data. After that, the data were divided into smaller

parts, labelled with codes and grouped to summarise them. Next, all the coding was categorised to identify the key themes and sub-themes. After that, themes were interpreted and explained using quotes from the participants' interviews to support the findings. Lastly, the findings were shared and discussed.

Validity and Reliability of the Research Tool

An expert in Early Childhood development checked the semi-structured questionnaire to validate whether the questions were appropriate and relevant to the study objective. The researcher reviewed the data several times to ensure its accuracy and maintain the study's trustworthiness and integrity. Furthermore, a pilot study was conducted to assess the reliability of the semi-structured questionnaire to identify the ambiguous questions. After piloting, the research tool was finalised.

Ethical Issues

1. Ethical Approval: Ethical approval of this study was obtained from BRAC Institute of Educational Development, BRAC University.

2. Informed Consent: Participants were informed about the study and its procedures. Each participant was assured that their information would be used only for the research, and informed consent was obtained before data collection.

3. Voluntary Participation: Participants were assured that their participation was fully voluntary and they had the right to decide whether to participate in the study. They were also informed of their right to withdraw at any time without facing any consequences.

4. Confidentiality and Anonymity: Each participant's confidentiality and anonymity were maintained strictly by using pseudonyms. Participants were assured that their

personal information would remain confidential and would not be disclosed to anyone outside the study.

5. Potential Risks: Each participant was assured that there were no physical or psychological risks involved in this study.

Limitations of the Study

This study had some limitations related to participant access and scheduling, as well as the use of a single data collection method.

- ➢ Face-to-face interviews were challenging because parents were outside of Dhaka due to Eid vacation. So, it was not possible to conduct face-to-face interviews due to difficulties coordinating distance and scheduling interviews.
- ➢ Accessing fathers for interviews was challenging due to their busy schedules, making it difficult for researchers to reach fathers and conduct the interviews.
- ➢ Only the in-depth interview method was used; FGD or other methods were not used due to time constraints and the sensitivity of the topic because fathers may feel uneasy discussing their mental health concerns in the presence of other fathers. So, they may avoid discussing the topic and may be less likely to share their true feelings.

Chapter IV: Findings & Discussion

Findings:

The study was conducted with 10 parents who had children aged 0-3 years. The findings presented in this study aim to answer the research questions by exploring parents' knowledge about fathers' mental health and its influence on children's development. The findings identified two main themes and one sub-theme. The first

theme was parents' knowledge of fathers' poor mental health, with a sub-theme focusing on the causes, signs, and consequences of fathers' poor mental health. The second main theme was parents' understanding of the consequences of fathers' poor mental health on children's development.

Theme 1: Parents' Knowledge of Fathers' Poor Mental Health

Parents perceived the mental well-being of fathers as fathers' emotional, social and psychological health, and consistently expressed their understanding of fathers' mental well-being as handling daily stresses, taking care of family responsibilities and relationships, spending time with family and children, and adapting to a new life. One parent explained,

"Fathers' mental well-being means being emotionally and mentally healthy. It affects how fathers handle stress, family care, and manage daily life" (IDI#7, 23rd May 2026).

Besides, parents expressed that fathers' mental well-being is very important, as becoming a father is a major life-changing event, which may affect their mental health as well. As one parent stated,

"Father's mental well-being is very important … they go through a huge change when they become fathers, and I think hence the mental changes come as well. So, yeah, I think it's very important." (IDI#1, 9th May 2026).

All parents acknowledged that fathers can experience poor mental health following childbirth. They believed that fathers may experience emotional challenges after the baby is born, such as depression, anxiety, stress, burnout, and frustration. They attributed these challenges to a lack of sleep, new responsibilities, financial pressure, or the challenges of balancing work and family life. As one parent explained,

"I think fathers can experience mental distress after childbirth, just like mom, because of the stress, lack of sleep and new responsibilities" (IDI#2, 23rd May 2026).

Though all parents agreed that fathers may go through depression, anxiety, and stress following childbirth, one parent expressed a contrasting view that depression is not common among fathers, but stress and anxiety are more common, stating,

"I don't think depression is something they go through usually … And in our society, men are known as the providers. So, I think there is a lot on their shoulders. So, I think, yeah, they go through a lot of stress and anxiety" (IDI#1, 9th May 2026).

Sub-Theme#1.1: Causes, Signs, and Consequences of Poor Mental Health of Fathers

Parents mentioned several causes of poor mental health in fathers. They shared that the causes of poor mental health in fathers were related to financial problems, work stress, adjusting to parenthood, lack of support from family and society, relationship issues, and sleep deprivation. However, among these, financial pressure stood out because two parents emphasised financial matters from different perspectives. One father linked fathers' stress to the childbirth process, particularly delivery-related expenses. He felt that fathers experience greater financial pressure when a child is delivered by C-section than through a normal delivery, noting,

"Yes, this can definitely cause mental pain or mental stress for the fathers. Isn't this normal? … It can be seen that at the time of the C-section, the financial pressure caused mental pain, and it is normal" (IDI#6, 23rd May 2026).

In contrast, one mother emphasised the financial burden following the birth of a child. She expressed that the ongoing expenses of raising a child, including daily necessities and medical costs, put greater financial pressure on fathers, stating,

"Especially after having a child, financial matters become much more complex … So, it puts pressure on fathers" (IDI#5, 16th May 2026).

However, an important finding was that all parents were unaware that hormonal changes can also contribute to fathers' poor mental health. They mainly associated hormonal changes with mothers. Regarding this matter, one parent stated,

"I'm not sure about the hormonal changes, because I don't really know that part. I only know that hormonal changes affect women" (IDI#1, 9th May 2026).

Regarding the symptoms of poor mental health among fathers, parents talked about the signs of irritability, lack of sleep, anger, inattentiveness, lack of interest in activities, and avoiding family or social interaction. They further explained that fathers' way of expressing their emotional distress is quite different from that of mothers. They shared that fathers often become silent, hide their emotions, or get angry or stressed to express their distress, unlike mothers. One mother shared her experience on this matter, stating,

"Yes, definitely. It's pretty different from what we as women experience. I think they're not used to talking about their feelings, and they really suppress their feelings as they grow older. As a woman, I can say that whenever I'm having a meltdown, I show anger. Then I cry … But what happens with men is they stop talking about it; they just keep themselves in a corner, and then they would just burst once, and it would be one hell of a thing. I think that's how they express their feelings. It's pretty different from what we as women experience. I think they're trained like this" (IDI#1, 9th May 2026).

In terms of consequences, parents expressed that fathers' poor mental health can affect their mood, work, family relationships, ability to care for their child and their daily lives, except one mother who also mentioned a different point, stating,

"I think their food habits change when they go through mental distress, and maybe some of them smoke more than usual" (IDI#1, 9th May 2026).

Theme 2: Barriers to Fathers Expressing Mental Health Concerns

Parents expressed that fathers face several barriers when it comes to expressing their mental health concerns. They felt that fathers try to cope with poor mental health by suppressing their feelings or keeping everything to themselves instead of seeking help. Parents believed that fathers in our society are unable to disclose their emotional difficulties due to social stigma and the fear of judgement for being weak. As one mother stated,

"No, they're not really comfortable talking about their feelings. I think men struggle more than women with their mental health, but it's like a taboo in our society … men are trained to be only strong, and stronger and stronger. So, they're not really comfortable talking about their feelings" (IDI#1, 9th May 2026).

So, parents discussed self-care practices that can support fathers' mental health and well-being, such as spending time with family, sharing feelings, and taking rest, which can help reduce stress and improve parenting. However, two parents mentioned different self-care practices. One mother emphasised the wife's role, stating,

"The wife's role is the most important. I mean, let's say he is very tired or upset about something. So, the children shouldn't go near him now. I mean, let him be alone for a while … " (IDI#5, 16th May 2026).

In contrast, one father highlighted the importance of parenting education, noting,

"If we actually understand what the responsibility towards our child is, or how we can raise a child, if we can only gain this education, then I think these things will be a lot easier for us." (IDI#9, 11th May 2026).

Theme 3: The Consequences of Fathers' Poor Mental Health on Children's Development

Parents believed that fathers' poor mental health can negatively affect children's development, except two parents expressed different views about its impact. One mother mentioned the indirect pathway, noting,

"I think the father needs to be mentally healthy because he has the most influence on his children and his wife as well. If he is angry about something, then he behaves badly with me. Then, if I am in a bad mood, it will affect my child as well. If he is okay, then I am okay. That is why a father's mood affects everyone" (IDI#5, 16th May 2026).

Another mother described that the extent to which fathers' poor mental health affects children's development depends on whether the father is the child's primary or secondary caregiver, noting,

"If the father is the first caregiver, then it definitely affects the child a lot. But if the father is like a second caregiver … I think the impact on the child's physical or mental development is a lot less" (IDI#1, 9th May 2026).

Besides, parents believed that fathers' poor mental health can affect children's cognitive, social-emotional, behavioural and academic development. They expressed that fathers' poor mental health negatively affects children's learning, thinking, problem-solving abilities, and ability to focus, which are part of cognitive development. Parents also expressed that fathers' poor mental health affects children's social-emotional domain, stating,

"Yes, it can affect children's confidence, emotional control and social skills. Children may become anxious, less sociable and emotionally sensitive if they grow up in a stressful environment." (IDI#4, 17th May 2026).

Parents further discussed that fathers' behaviour when experiencing mental health difficulties can influence their children's behaviour as well. They expressed that children observe their fathers very closely and tend to imitate their behaviours, as children love to imitate. Regarding this matter, one mother shared her experience,

"Yes, of course. Suppose my husband looks at the mobile phone. Then my child will say that Baba is looking at the mobile phone, and then we will also see. If their father prays, they may also come to pray" (IDI#5, 16th May 2026).

Parents also discussed that fathers' poor mental health can affect children's academic outcomes. As one parent stated,

"Yes, children's academic performance can be affected because stress at home may reduce concentration and motivation. Lack of emotional support can also influence their confidence and school participation" (IDI#4, 17th May 2026).

Beyond discussing their knowledge, parents shared their experience that provides further insight into how fathers' poor mental health can affect children's development. One father shared a story on this matter, noting,

"My neighbour used to discipline his daughter a lot. At one point, it was seen that he even raised his hand to his daughter. As a result, her studies were hampered due to excessive discipline. I mean, the way she used to study or the results she used to get are no longer the same. It was seen that maybe the right discipline was not given at the right time, or overdoing it" (IDI#6, 23rd May 2026).

Discussion

This study explores mothers' and fathers' knowledge regarding the mental health of fathers and their understanding of how fathers' mental health can influence children's development. The findings reveal parents' basic understanding of fathers' mental

health, poor mental health of fathers following childbirth, its symptoms, causes, and consequences in fathers' lives, barriers for fathers to express their mental health concerns, and the influence of fathers' poor mental health on children's development. This section discusses these findings in relation to the existing literature to provide a broader discussion on fathers' mental health difficulties following childbirth and their influence on children's development.

1. Parents' Knowledge of Fathers' Poor Mental Health

The study findings show that both mothers and fathers know about fathers' mental health and well-being. They believe that fathers' good mental health means being emotionally and psychologically healthy, and being able to take care of their responsibilities while adapting to the changes. So, parents' understanding aligns with the World Health Organisation's definition of mental health as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community (WHO, 2025). Moreover, parents acknowledge that fathers can experience depression, anxiety, and stress following childbirth. This finding aligns with previous studies reporting that about 8% to 10% of fathers suffer from depression and anxiety within the first month of a child's birth, and 9% of fathers face serious psychological problems in the first month of a baby's life (Kienhuis & Matthews, 2021; Speer & Trahan, 2026).

The study findings also indicate that parents identify financial instability, new responsibilities, lack of sleep, work-life pressure, and other factors as contributing to poor mental health among fathers. This aligns with the existing literature, which has reported that financial instability, stress, low marital satisfaction, new responsibilities,

adjustment to life changes and lack of sleep are strongly associated with poor mental health among fathers (Dabala et al., 2024; Speer & Trahan, 2026). However, an interesting finding from the study indicates that parents do not know about the biological factors, particularly hormonal changes, that may contribute to fathers' mental health difficulties following the birth of a child. They believe that hormonal change is something that mothers go through after childbirth, not fathers. However, in contrast, research has shown that hormonal changes can occur among fathers during pregnancy or following the birth of a child, and lower levels of testosterone, prolactin, estrogen, cortisol, and vasopressin have been linked to depression and reduced father-child bonding (Kim & Swain, 2007; Scarff, 2019). Parents also recognize the signs of poor mental health in fathers, including irritability, lack of sleep, anger, and avoiding family or social interaction, which is consistent with previous research by Berg et al. (2022). Even parents acknowledge the consequences of fathers' poor mental health, highlighting that fathers' mental health difficulties not only affect their own well-being, but also their relationships with their partner and children. Berg et al. (2022) and Humes (2025) reported that fathers' mental health difficulties can affect their lives, including irritability, low mood, difficulty concentrating at work, as well as reduced tolerance towards their children and difficulties in family relationships.

2. Barriers to Fathers Expressing Mental Health Concerns

The study findings reveal that both mothers and fathers are aware that Bangladeshi fathers may not feel comfortable expressing their mental health difficulties and may try to keep their feelings to themselves. This is due to the cultural expectations surrounding masculinity and the perception of mental health difficulties after childbirth, primarily affecting mothers. This finding aligns with the existing study,

which has reported that fathers' mental health is often overlooked due to the traditional perception of depression as a condition that primarily affects women, while prevailing masculinity norms (Dabala et al., 2024). The study findings also show that both parents identify self-care practices as ways for fathers to cope with mental health difficulties, including taking rest, spending time with family, exercising, and sharing feelings. These findings are broadly consistent with Darwin et al. (2017), who found that fathers try to manage their mental health difficulties through strategies, such as being a strong provider and protector, being a good father to their child, and providing emotional support to their partner.

3. **The Consequences of Fathers' Poor Mental Health on Children's Development**

The findings of the study show that parents acknowledge that fathers' poor mental health can negatively affect their children's development. This perception is supported by existing literature, which has reported that the risk of negative developmental outcomes in children is 50% higher than in children who are not exposed to their father's mental health problems (Scarlett et al., 2023). Therefore, parents view fathers' mental health as an important part of supporting children's overall development. Similarly, Alfat (2025) reported that fathers' mental health is significant for children's healthy growth and development, including cognitive, physical, social-emotional, language development, moral formation, and academic achievement.

Regarding cognitive development, parents believe that fathers' mental health can influence children's cognitive development, including problem-solving skills, academic outcomes, learning abilities, creativity, and critical thinking. This finding is consistent with previous research showing that fathers' good mental health is associated with higher-quality father-child interaction and healthier risk-taking

behaviour, thereby contributing to children's cognitive development and related skills (Khademi et al., 2025). Additionally, one aspect of children's cognitive development that some parents identified was language development. Parents acknowledge that fathers' engagement in children's lives can enhance children's language development, particularly through communication. Similarly, Yogman et al. (2016) reported that father-child communication promotes better language development in children by age 3 compared to mother-child communication. Although mothers may provide greater language exposure, fathers may contribute uniquely by introducing new words during interaction. However, the study findings also reveal that parents are aware that fathers' poor mental health can hinder children's language development, which is consistent with a previous study by Sethna et al. (2017).

Regarding socio-emotional development, parents believe that fathers' poor mental health can affect children's socio-emotional development. This finding is consistent with Alfat (2025), who reported that fathers' poor mental health can negatively affect children's social and emotional development, leading to lower self-esteem, poorer self-regulation skills, impaired social relationships and reduced confidence.

Regarding behavioural development, parents recognize that fathers' mental health difficulties can negatively affect children's behavioural development, including aggression, disruptive behaviour, and violence, and children may face a higher risk of developing mental health issues, such as anxiety, depression, and stress. Similarly, Fisher (2016) and Scarff (2016) reported that fathers' poor mental health may increase the risk of both internalising and externalising behaviour problems among children, as well as anxiety, depression, and aggression among children aged 0 to 4 years. Regarding academic development, parents are aware that fathers' mental health difficulties can contribute to poorer academic outcomes in children. Brophy et al.

(2021) reported that children whose fathers have mental health difficulties are more likely to experience difficulties at school, including failing exams that may eventually contribute to lower educational attainment.

Overall, the study findings are consistent with the existing literature and demonstrate that both mothers and fathers have knowledge of fathers' poor mental health and understand that fathers' mental health difficulties can negatively influence children's development. However, an important finding of this study was that a gap remains in parents' understanding of the hormonal changes that may influence fathers' mental health during pregnancy and up to 1 year after childbirth, which highlights the need to increase parents' awareness and knowledge of the biological mechanisms associated with fathers' mental health.

Conclusion

It is apparent from the study findings that fathers may experience depression, anxiety, and stress, with the highest prevalence occurring between three and six months; however, it may persist up to one year after the child is born. The findings provide valuable insights that mental health concerns should not be regarded solely as a maternal concern because fathers may experience significant mental health challenges. This study highlights the importance of recognising fathers' poor mental health.

The study findings indicate that both mothers and fathers are aware that fathers may experience mental health difficulties following the birth of a child, and identify several causes that may contribute to fathers' poor mental health, including financial problems, work-related stress, adjustment to parenthood, lack of healthcare and social support, relationship issues, and sleep deprivation. However, their limited knowledge

of the underlying biological mechanisms, particularly hormonal changes, remains an important gap. Hence, the findings highlight a gap in parents' understanding of the biological mechanisms, particularly hormonal changes that contribute to fathers' mental health.

The study also reveals that fathers try to suppress their mental health difficulties due to deeply rooted societal stigma surrounding masculinity. Such societal expectations may discourage fathers from expressing emotional difficulties and encourage them to appear strong, as fathers may fear being perceived as weak or inferior by others. Thus, the findings highlight the influence of prevailing societal stigma, which may prevent fathers from expressing and acknowledging their mental health difficulties.

The findings indicate that fathers' mental health plays a crucial role in children's lives and affects children's development either positively or negatively. Positive mental health may promote positive parenting and paternal engagement from the early years, thereby contributing to children's holistic growth and development. In contrast, fathers' mental health difficulties may negatively affect children's cognitive, physical, social-emotional, behavioural and language development, highlighting the importance of prioritising fathers' mental health needs.

Overall, the study highlights that fathers' mental health is an important part of family well-being and children's development. So, increasing awareness and knowledge among parents about fathers' mental health difficulties may help fathers access appropriate support on time, and may contribute to reducing societal stigma, ultimately benefiting the well-being of children and families.

Recommendations

1. Awareness Programs: Awareness programs should specifically address fathers' mental health and raise awareness that fathers may experience mental health difficulties, such as stress, anxiety, and depression following childbirth. Community-based campaigns, social-media campaigns, parenting workshops, and education on postnatal care should provide information on the symptoms of poor mental health among fathers and emphasise that mental health difficulties following childbirth are not concerns affecting mothers alone. These approaches can help parents recognise fathers' mental health difficulties, and encourage fathers to seek appropriate support on time. Furthermore, these initiatives may help to eradicate deeply rooted stigma and cultural expectations surrounding masculinity that prevent fathers from expressing their mental health concerns.

2. Expand Research on Fathers' Mental Health: Future research on fathers' mental health, particularly in Bangladesh and other low- and middle-income countries, should be large-scale and highlight the importance of recognising fathers' mental health difficulties. Future research should focus on larger and more diverse samples from different socioeconomic backgrounds, including both urban and rural communities.

3. Strengthen Healthcare and Social Services: Healthcare and social services need to be strengthened to provide appropriate and accessible mental health support for fathers. Healthcare professionals should receive training for early identification of the symptoms of fathers' poor mental health and prevention strategies. Routine mental health screening should be incorporated into primary health care and followed religiously, so that fathers are not left out of mental health check-ups.

4. Expand Policies and Programs: Employers should implement policies, such as flexible working hours and paid paternity leave, to support fathers in the workplace. They should also collaborate with other organisations to raise awareness and improve their understanding of fathers' mental health.

References

Assefa, A., Werkie, A., Assefaw, M., & Belay, A. (2025). Paternal Postpartum Depression and Associated Factors among Partners of Women Who Gave Birth in the Last 12 Months in Dessie Town, Northeast Ethiopia, 2023: Community Based Cross-Sectional Study. *International Journal of Mental Health & Psychiatry*, *11*(1) https://doi.org/10.4172/2471-4372.1000293

Alfat, F. H. (2025). THE INFLUENCE OF MEN'S (FATHERS') MENTAL HEALTH ON IMPROVING CHILDREN'S EDUCATION AND FAMILY HARMONY. *Didaktika: Jurnal Kependidikan*, *19*(2). https://doi.org/10.30863/didaktika.v19i02.10773

Akalin, A., D'haenens, F., Tricas-Sauras, S., Vermeulen, J., Demedts, D., Buyl, R., & Fobelets, M. (2025). Awareness, knowledge, and attitudes of the Belgian general population towards paternal perinatal depression: a descriptive cross-sectional study. *Frontiers in Psychiatry*. https://doi.org/https://doi.org/10.3389/fpsyt.2024.1455629

Belluck, P. (2026, June). Dads Get Postpartum Depression, Too. *The New York Times*. https://www.nytimes.com

Barker, M. (n.d.). *Men Get Postpartum Depression Too: Breaking the Silence and Finding Support*. Ellie Mental Health. https://elliementalhealth.com

Barry, K. M., Gomajee, R., Benarous, X., Dufourg, M.-N., Courtin, E., & Melchior, M. (2023). Paternity leave uptake and parental post-partum depression: findings from the ELFE cohort study. *The Lancet*, *8*(1). https://doi.org/10.1016/S2468-2667(22)00288-2

Baldwin, S., Malone, M., Sandall, J., & Bick, D. (2018). Mental health and wellbeing during the transition to fatherhood: a systematic review of first-time fathers'

experiences. *JBI Database System Rev Implement Rep*. https://doi.org/10.11124/JBISRIR-2017-003773

Berg, R. C., Solberg, Beate Larsen, Glavin, K., & Olsvold, N. (2022). Instruments to Identify Symptoms of Paternal Depression During Pregnancy and the First Postpartum Year: A Systematic Scoping Review. *American Journal of Men's Health*, *16*(5). https://doi.org/10.1177/15579883221114984

Brophy, S., Todd, C., Rahman, M. A., Kennedy, N., & Rice, F. (2021). Timing of parental depression on risk of child depression and poor educational outcomes: A population-based routine data cohort study from Born in Wales, UK. *PLoS One*, *16*(11). https://doi.org/10.1371/journal.pone.0258966

Cimino, S., Tafà, M., & Cerniglia, L. (2024). Fathers as Key Figures Shaping the Foundations of Early Childhood Development: An Exploratory Longitudinal Study on Web-Based Intervention. *Journal of Clinical Medicine*, *13*(23). https://doi.org/https://doi.org/10.3390/jcm13237167

Dillner, L. (2017, November 13). *Can men get postnatal depression?*. The Guardian. https://www.theguardian.com

Dabala, O., Abdulahi, M., & Worku, B. T. (2024). Paternal Postpartum Depression and Associated Factors Among Partners of Women Who Gave Birth in Seka Town, Southwest Ethiopia. *American Journal of Men's Health*, *18*(5). https://doi.org/https://doi.org/10.1177/1557988324127710

Darwin, Z., Galdas, P., Hinchliff, S. *et al.* (2017). Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. *BMC Pregnancy Childbirth*. https://doi.org/10.1186/s12884-017-1229-4

Dwaah, P. K., Awua-Boateng, N. Y., Owusu, P., Serwaa, F. O., Amissah, P., Lumor, P., Edze, P., & Ntow, C. A. N. (2025). Paternal mental health and its influence on parenting and child well-being in Sunyani West Municipality, Ghana: A cross-sectional study. *Journal of Biomedical Research & Environmental Sciences*. https://doi.org/10.37871/jbres2223

Edward, K., Castle, D., Mills, C., Davis, L., & Casey, J. (2014). An Integrative Review of Paternal Depression. *American Journal of Men's Health*. https://doi.org/https://doi.org/10.1177/1557988314526614

Fisher, S. D. (2016). Paternal Mental Health: Why Is It Relevant? *American Journal of Lifestyle Medicine*, *11*(3). https://doi.org/10.1177/1559827616629895

Fisher, J., Cabral de Mello, M., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2011). Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. *Bull World Health Organ*, *90*(2). https://doi.org/10.2471/BLT.11.091850

Gebuza, G., Kudziełko, P., Kaźmierczak, M., Dombrowska-Pali, A., Gierszewska, Małgorzata & Mieczkowska, E. (2021). Paternal postpartum depression, its relationship to maternal postpartum depression and to insufficient income. *Polish Annals of Medicine*. https://doi.org/10.29089/2020.20.00168

Hinch, W. (2017, November 13). *Men's mental health: 40% of men won't talk to anyone about their mental health*. Priory. https://www.priorygroup.com

Humes, E.-L. (2025). *A qualitative exploration of depressive symptomatology involving fathers who experience depression during their child's first 1000 days of Life: Implications for practice, research, policy and intervention development* [Doctoral dissertation, Edge Hill University]. Edge Hill University Research Repository. Edge Hill University Research Repository – full thesis

Isacco, A., Hofscher, R., & Molloy, S. (2015). An Examination of Fathers' Mental Health Help Seeking: A Brief Report. *American Journal of Men's Health*. https://doi.org/https://doi.org/10.1177/1557988315581395

Jeong, J., McCann, J. K., Joachim, D., Ahun, M. N., Kabati, M., & Kaaya, S. (2024). Fathers' mental health and coping strategies: A qualitative study in Mwanza, Tanzania. *BMJ Open*. https://doi.org/10.1136/bmjopen-2023-080933

Kim, P., & Swain, J. E. (2007). Sad Dads: Paternal Postpartum Depression. *Psychiatry (Edgmont)*, *4*(2). https://pmc.ncbi.nlm.nih.gov

Kitil, G. W., Hussen, M. A., Chibsa, S. E., & Chereka, A. A. (2024). Exploring paternal postpartum depression and contributing factors in Ethiopia: a systematic review and meta-analysis. *BMC Psychiatry*. https://doi.org/https://doi.org/10.1186/s12888-024-06206-z

Khademi, M., Yazdanshenas, S., & Yavari Kermani, M. (2025). Fathers' Involvement in Child Rearing: Psychological Outcomes for Children. *KMAN Counselling and Psychology Nexus*. https://doi.org/http://doi.org/10.61838/kman.fct.psynexus.3.1

Khamidullina, Z., Marat, A., Muratbekova, S., Mustapayeva, N. M., Chingayeva, G. N., Shepetov, A. M., Ibatova, S. S., Terzic, M., & Aimagambetova, G. (2025). Postpartum Depression Epidemiology, Risk Factors, Diagnosis, and Management: An Appraisal of the Current Knowledge and Future Perspectives. *Journal of Clinical Medicine*, *14*(7). https://doi.org/10.3390/jcm14072418

Khan, L. (2017). *Fatherhood: The impact of fathers on children's mental health* (Briefing 50). Centre for Mental Health. https://www.mhfi.org/FathersAndChildMentalHealth.pdf

Kienhuis, D. M., & Matthews, D. J. (2021, October 1). *Fathers' mental health and parenting: Implications for promoting children's mental health*. Emerging Minds.

https://emergingminds.com.au

Leitão, C. (2022). *Engaging Fathers in Early Childhood: An overview of best practice, policy and insights from the Island of Ireland.* Childhood Development Initiative. https://www.cdi.ie

Lopez Garcia, I., Fernald, L. C. H., Aboud, F. E., Otieno, R., Alu Edith, & Luoto, J. E. (2022). Father involvement and early child development in a low-resource setting. *Social Science & Medicine*. https://doi.org/10.1016/j.socscimed.2022.114933

Lindinger-Sternart, S. (2014). Help-Seeking Behaviours of Men for Mental Health and the Impact of Diverse Cultural Backgrounds. *International Journal of Social Science Studies*. https://doi.org/10.11114/ijsss.v3i1.519

McCann, J. K., Freire, S., Oliveira, C. V. R. de, Ochieng, M., & Jeong, J. (2024). Father involvement is a protective factor for maternal mental health in Western Kenya. *SSM - Mental Health*. https://doi.org/https://doi.org/10.1016/j.ssmmh.2024.100318

Neshteruk, C. D., Nezami, B. T., Nino-Tapias, G., Davison, K. K., & Ward, D. S. (2017). The influence of fathers on children's physical activity: A review of the literature from 2009 to 2015. *Preventive Medicine*. https://doi.org/10.1016/j.ypmed.2017.06.027

Norfolk Safeguarding Children Partnership. (2023). *Fathers and outcomes for children: Keeping Fathers in Sight: Good practice toolkit for engaging and working with fathers*. https://norfolklscp.org.uk/media/fudlgewy/kfis_fathers-and-outcomes-for-children_press_ready.pdf

Office of the Surgeon General. (2024). *Parents under pressure: The U.S.*

Surgeon General's advisory on the mental health & well-being of parents. U.S. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf

Petts, R. J., & Knoester, C. (2018). Paternity Leave and Parental Relationships: Variations by Gender and Mothers' Work Statuses. *J Marriage Fam*, *81*(2). https://doi.org/10.1111/jomf.12545

Pine, L. (2025, June 16). *The Link Between Paternal Stress and Child Development*. The Educated Patient. https://www.theeducatedpatient.com

Philpott, L. F., & Corcoran, P. (2018). Paternal postnatal depression in Ireland: Prevalence and associated factors. *Midwifery*. https://doi.org/https://doi.org/10.1016/j.midw.2017.10.009

Qiu, L., Wang, Y., Li Yingqi, Deng, S., Liu, Jie, Zhou, Q., & Wang, M. (2026). Psychological health experiences and help-seeking barriers: a qualitative study of Chinese new fathers within 12 months postpartum. *BMC Public Health*. https://doi.org/https://doi.org/10.1186/s12889-026-27452-8

Richardson, T. N., Graf, M. D., Hicks, L., & Caiola, C. (2025). "Whispered on Only the Darkest Corners of the Internet": A Qualitative Descriptive Study Exploring Fathers' Experiences with Paternal Postpartum Depression on Reddit. *Global Qualitative Nursing Research*. https://doi.org/https://doi.org/10.1177/23333936251374618

Rosenberg, J., & Wilcox, W. B. (2006). *The importance of fathers in the healthy development of children*. U.S. Department of Health and Human Services.

Reeb, B. T., Conger, K. J., & Wu, E. Y. (2010). Paternal Depressive Symptoms and Adolescent Functioning: The Moderating Effect of Gender and Father Hostility. *Fathering*, *8*(1). https://doi.org/10.3149/fth.0801.131

Rao, W.-W., Zhu, Xiao-Min, Zong, Q.-Q., Zhang, Q., Hall, B. J., Ungvari, G. S., & Xiang, Y.-T. (2020). Prevalence of prenatal and postpartum depression in fathers: A comprehensive meta-analysis of observational surveys. *J Affect Disord*. https://doi.org/10.1016/j.jad.2019.10.030

Ryan, T. (2026). *Exploring the mental health experiences of first-time parents: A qualitative study* [Doctoral capstone project, University of Louisville]. University of Louisville Institutional Repository. https://ir.library.louisville.edu/kent_capstone/16

Scarff, J. R. (2019). Postpartum Depression in Men. *Innovations in Clinical Neuroscience*. https://pmc.ncbi.nlm.nih.gov

Spielberger, J., Gouvea, M., Dinata, E., & Fleischman, L. (2015). *Father involvement in early childhood development: A brief report from the Palm Beach County Family Study*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Father-Involvement-in-Early-Childhood-Development.pdf

Scarlett, H., Moirangthem, S., & van der Waerden, J. (2023). The impact of paternal mental illness on child development: an umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry*. https://doi.org/ttps://doi.org/10.1007/s00787-023-02261-1

Setiawan, B., & Agustian, A. (2025). Father wound and its impact on children's psychological well-being: A literature review. *Professional Guidance and Counselling Journal*. https://doi.org/10.21831/progcouns.v6i2.93048

Sethna, V., Perry, Emily, Domoney, J., Iles, J., Psychogiou, L., Rowbotham, N. E. L., Stein, A., Murray, L., & Ramchandani, P. G. (2017). FATHER–CHILD INTERACTIONS AT 3 MONTHS AND 24 MONTHS: CONTRIBUTIONS

TO CHILDREN'S COGNITIVE DEVELOPMENT AT 24 MONTHS. *Infant Mental Health Journal*, *38*(3). https://doi.org/https://doi.org/10.1002/imhj.21642

Speer, S. R., & Trahan, M. (2026). Parent–Child Closeness as a Mediator Between Mental Health and Parenting Behaviours: An SEM Study of Racially Diverse Fathers. *Families in Society: The Journal of Contemporary Social Services*, *107*(3). https://doi.org/ https://doi.org/10.1177/10443894251405306

Tushin, N. N. (2026, June 16). *"The Silent Struggle: Men's Mental Health in Bangladesh."* Daily Country Today. https://dailycountrytodaybd.com

Tuszyńska-Bogucka, W., & Nawra, K. (2014). Paternal postnatal depression – a review. *Archives of Psychiatry and Psychotherapy*. https://www.archivespp.pl/pdf-57930-2580?filename=2580.pdf

UNICEF. (2015, November 28). *10 facts about early childhood development you need to know!* https://www.unicef.org

UNICEF. (2018, June 7). *Fathers are one of the best, yet most underutilized child development resources*. https://www.unicef.org

UNICEF. (2025, March 10). *Can men get postnatal depression?* https://www.unicef.org

Wang, S., & Chen, L. (2024). Father involvement in centre-based early childhood programs: A systematic review. *Children and Youth Services Review*, *157*. https://doi.org/https://doi.org/10.1016/j.childyouth.2023.107407

Wedajo, L. F., Alemu, S. S., Tola, M. A., & Teferi, S. M. (2023). Paternal postnatal depression and associated factors: Community-based cross-sectional study. *Sage Open Medicine*. https://doi.org/https://doi.org/10.1177/2050312123120826

Watkins, A. E., Zerbi, C. E., McGovern, R., & Rankin, J. (2024). Exploration of fathers' mental health and well-being concerns during the transition to

fatherhood, and paternal perinatal support: scoping review. *BMJ Open*. https://doi.org/10.1136/bmjopen-2023-078386

World Bank. (n.d.). *World Bank country and lending groups*. World Bank Data Help Desk. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

World Health Organization. (2025, October 8). *Mental health*. https://www.who.int

World Health Organization. (n.d.). *Perinatal mental health*. https://www.who.int

Yesmin, S., Muhammad, Faisal, Haque, M. I., & Chowdhury, A. B. M. A. (2023). Prevalence of Postnatal Depression among Fathers of Newborn Babies in Bangladesh. *OIRT Journal of Scientific Research*. https://www.researchgate.net/publication/368358399_Prevalence_of_Postnatal_Depression_among_Fathers_of_Newborn_Babies_in_Bangladesh

Yogman, M., Garfield, C. F., & COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. (2016). Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians. *Pediatrics*. https://doi.org/10.1542/peds.2016-1128

Zheng, Q., Cai, L., Huang, P., Huang, W., & Ni, Y. (2026). Father's involvement is critical in social-emotional development in early childhood: A meta-analysis. *Early Childhood Research Quarterly*, *74*. https://doi.org/https://doi.org/10.1016/j.ecresq.2025.08.001

Appendices

Appendix 1 (Consent Form)

Title of the Study

Exploring Parental Knowledge of Fathers' Mental Health and Its Relation to Children's Development.

Purpose of Study

The purpose of this study is to explore parents' knowledge of fathers' mental health and their understanding of its influence on children's development, which I need to fulfil the degree requirement from the Institute of Educational Development, BRAC University.

Risks and Discomforts

No physical or psychological risks or significant discomforts are anticipated from participating in this study. The information provided by parents of children aged 0-3 years will be used solely for the study purpose.

Benefits of the Study

There may be no direct benefit to participants from taking part in this study. However, the study may increase parents' awareness and understanding of the mental health of fathers, particularly during the period following childbirth and their influence on children's development.

Privacy, Anonymity and Confidentiality

Participants' privacy will be respected throughout the study. Anonymity and confidentiality of participants will be maintained strictly, and all information provided by the participants will be kept confidential and handled ethically.

Future Use of Information

The information collected from this study may be saved and shared with researchers for future research purposes. However, participants' information and privacy will be kept confidential and will not be shared with anyone outside the research team.

Voluntary Participation

Participation in this study is voluntary. You may decide whether or not to participate in this study. You will be asked to sign a consent form before participating in this study. However, if you decide not to participate or wish to discontinue your participation, you may withdraw from the study at any time without facing any consequences. If you withdraw during the data collection period, any data collected from you will be destroyed.

Thank you very much for your cooperation.

Consent

I have read and understood all the terms. I agree that my participation is voluntary and I can withdraw at any time without any consequence. I am willing to take part in this study voluntarily.

Participant's signature: _____ **Date:** _____

Investigator's signature: _____ **Date:** _____

Appendix 2: In-Depth Interview Guide

This IDI guide aims to explore Bangladeshi parents' knowledge regarding fathers' mental health difficulties following the birth of a child and their understanding of how fathers' poor mental health may influence children's development.

Section A: Parents' Knowledge of Fathers' Poor Mental Health

1. How would you describe the term fathers' mental well-being?
2. Do you believe mental distress can occur in fathers after childbirth?
3. In your view, what kinds of emotional challenges (depression, anxiety, stress) might fathers experience?
4. What are the reasons you think are the cause of mental distress in fathers? Can you elaborate?

   Probe: Do you think changes in hormones could affect fathers' mental well-being? Can you explain?
5. What are the signs or symptoms to recognise poor mental health in fathers?
6. In your view, do you think fathers usually express their emotional distress differently from mothers when experiencing poor mental health?
7. How does poor mental health affect fathers' daily lives? Can you give some examples?
8. How do fathers usually cope or respond when they experience poor mental health?

9. In your view, do you think fathers feel comfortable seeking help for emotional distress?

10. As a parent, what is your opinion about self-care for fathers' mental health and well-being?

Section B: Parents' Knowledge Regarding the Consequences of Fathers' Poor Mental Health on Children's Development

1. In your opinion, does fathers' poor mental health affect children's developmental domains? If the answer is yes, how?

2. In what ways, if any, can fathers' mental health affect children's cognitive/brain development (e.g., learning, thinking, problem-solving)?

3. Do you believe fathers' poor mental health can affect children's social-emotional development (e.g., sociability, self-regulation, resilience, self-esteem)? Can you explain how?

4. How do you think fathers' emotional distress influences children's behavioural outcomes? Explain.

5. Do you think children's academic outcomes can be affected by fathers' poor mental health? If yes, how?

6. Can you share any examples or experiences that illustrate these influences?