



[原著]

Japanese fathers' parenting experiences and mental health: A qualitative study

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Summary

Purpose: This study aims to clarify the actual parenting practices of fathers raising infants and their mental health status. **Methodology:** This qualitative descriptive research involved interviews with husbands of pregnant women who visited maternity hospitals in a rural city any time after childbirth. Semi-structured interviews were conducted with nine fathers who agreed to participate. **Findings:** The average age of the nine participants was 34 (range: 28–44); five had their first child, while four had two or more children. The fathers' mental health was generally good, and they showed active involvement in childcare during infancy. A total of 90 codes were extracted from the narratives of all participants, from which the following six themes were identified: 'good communication with wife and cooperation in childcare', 'actively practicing what I can do as a father', 'work-family conflict', 'wondering what kind of parenting I can do', 'no childcare support for fathers', and 'resistance to consulting about childcare'. **Research limitations:** The study sample was small. The participants in this study had relatively good mental health. **Practical implications:** These findings suggest the need for support for fathers to prevent perinatal paternal depression. **Originality:** This study revealed the thoughts, experiences, and confusion of fathers raising their infants, and their perceptions of receiving parenting support. In Japan, interventions targeting depression in men providing childcare have not yet been initiated. However, it is essential that professionals first recognise fathers as potential recipients of childcare support, as they do mothers.

Keywords: Paternal depression, perinatal depression, parenting support

Introduction

In Japan, a number of initiatives have sought to strongly promote father–mother co-parenting, and men are increasingly being

encouraged to take childcare leave (1). However, only approximately 30% of Japanese men do so, which is significantly lower than the rate of childcare leave for women (2). In

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addition, most child-rearing households in Japan are nuclear families. When grandparents live far away and cannot provide assistance, couples have to raise their children on their own. When men do not cooperate in childcare, women end up shouldering childcare and housework alone, thereby increasing their childcare burden. It was expected that men's active participation in childcare would reduce the burden on mothers, lower the hurdle to having a second or subsequent child, and increase the birth rate (3). However, increased childcare time by men is not necessarily correlated with decreased burden of housework and childcare on women. Therefore, it is crucial to consider whether men's actual involvement in childcare genuinely helps women (4). The underlying aim is for fathers to actively participate in childcare to prevent postpartum depression in mothers and the suicides it can trigger, thereby reducing the burden on mothers (5). Therefore, while research has been conducted on promoting fathers' participation in childcare to reduce the burden on mothers, no studies have examined how fathers perceive childcare (6). However, men also have their own careers to manage, and active participation in childcare can potentially place a significant physical and mental burden on them. Fathers may also develop distressing childcare concerns, potentially leading to mental health issues. For example, fathers, like mothers, are reportedly at high risk of perinatal depression.

Postpartum depression has been the focus primarily in women(7); however, there has been growing attention to the fact that men also experience depressive states after having children, and the need for intervention is being discussed.(8) Recent findings indicate that the prevalence of perinatal depression among Japanese men is 8.5% during pregnancy, 9.7% within one month after birth, 8.6% between one and three months after birth, 13.2% between three and six months after birth, and 8.2% between six and twelve months after birth, revealing that the risk of postpartum depression

is highest between three and six months after birth(9).

Difficulties in forming attachments due to impaired parenting abilities and neglect may occur in mothers with postpartum depression (10). Similarly, men who experience postpartum depressive states may exhibit passive parenting behaviours and increase physical punishment toward children; they may also have adverse effects on children's language development (10). As such, postpartum depression in mothers and postpartum depressive states in fathers negatively impact parenting behaviours toward children. Postpartum depression in mothers can lead to difficulties in forming attachments due to factors such as neglect and a decline in parenting abilities (11). However, men who experience depression following childbirth have also been reported to exhibit passive parenting behaviours and increased physical punishment of their children (12); they have also had negative effects on their language development (13). This suggests that postpartum depression in mothers and depressive states in fathers after childbirth may negatively impact parenting behaviour (14,15).

No studies have reported on how fathers actually assume childcare responsibilities and carry them out jointly with mothers. Additionally, in Japan, there have only been a few studies on the perceptions of fathers raising infants regarding childcare and their mental health. Therefore, this study aimed to clarify the actual parenting practices of fathers raising infants and their mental health status. The results of this study will provide a basis for identifying what kind of parenting support is necessary for men raising infants to prevent postpartum depression in men.

Methods

Research design

This study uses a qualitative descriptive research design.

Participants

We asked husbands of pregnant women at hospitals with obstetric units in rural cities to participate in our study. The recruitment form explained that participants would be interviewed at any time after their child's birth. Semi-structured interviews were conducted with nine fathers who agreed to participate in this study.

Study period

The study period began from the date of approval by the Ethical Review Committee of the Kagawa Prefectural University of Health Sciences to the end of March 2023.

Interview topics

The questions asked during the interview are as follows.

How many months have passed since your partner (wife) delivered the baby? Have you ever heard that men also experience depressive moods after their wives' childbirth? Are you currently experiencing depressive symptoms (feelings of sadness, emptiness, loneliness, insomnia, etc.) due to raising your child? (Including coping methods for when feeling depressed); Are you able to communicate with your partner like you normally do?; Do you feel confused about the changes in your environment due to having a child?; If you are feeling depressed, do you think that your work situation, financial concerns, or other factors contribute to your feelings of depression?; Do you feel that the support system provided by professionals (nurses, midwives, doctors) for men experiencing depression during childcare is satisfactory?

Measures/scales for assessing mental health

The Edinburgh Postnatal Depression Scale (EPDS) (16) and the Patient Health Questionnaire-9 (PHQ-9) (17) were used to assess fathers' mental health. This study used the EPDS because of its applicability to assessing paternal postpartum depression. The EPDS is a 10-item questionnaire scored from 0 to 3 points per question, with a total score ranging from 0 to 30 points. In Japan, a score of 9 or higher out of 30 points indicates a high risk

of postpartum depression (18). However, the EPDS was originally developed to evaluate the risk of maternal postpartum depression. We considered that using a scale capable of also assessing mental health status would enable a more accurate evaluation of fathers' mental health. As the PHQ-9 has been confirmed as a useful scale for assessing the severity of depressive symptoms, we also adopted it in this study. The PHQ-9 is a 9-item questionnaire scored on a scale of 0 to 3 points per question, with a total score ranging from 0 to 27 points. A score of 10 or higher indicates depression.

Analysis Method

We created a verbatim transcript from the collected audio data and performed line-by-line open coding. After open coding, we categorised similar items and organised the themes extracted from the narratives. We used NVivo 14.0 for qualitative data analysis.

Ethical considerations

Participation in the study was purely voluntary. This study was approved by the Ethics Review Committee of the Kagawa Prefectural University of Health Sciences (No. 279).

Results

Participants' attributes and their current mental health status

Participants' attributes and their current mental health status are summarized in Table 1. The average age of the nine participants was 34 (range: 28–44); five had their first child, while four had two or more children. One participant responded that his wife had remarried and had three children from a previous marriage. None of the participants had any risk of postpartum depression or depression as measured by the EPDS and PHQ-9.

Themes generated from the fathers' narratives

A total of 90 codes were extracted from the narratives of all participants, from which the following six themes were identified: 'good communication with wife and cooperation in

Table 1. Participants' attributes and their current mental health status

Participants	Age	Paternity leave	Job type	Newborn child's age (current)	Number of children	Marital relationship	Sibling's age	EPDS	PHQ-9
A	31	None	Full-time worker	1 year and 4 months	1	Good		2	2
B	28	None	Full-time worker	11 months	2	Good	2 years 10 months	2	1
C	33	None	Full-time worker	1 year and 1 month	2(twin)	Good		3	4
D	28	None	Full-time worker	9 months	2	Good	2 years	0	9
E	30	None	Full-time worker	4 months	2	Good	2 years	0	1
F	44	None	self-employed	4 months	1 (After infertility treatment)	Good		0	0
G	30	None	Full-time worker	8 months	4*	Good	17 years, 16 years, 10 years	0	2
H	42	None	Full-time worker	5 months	1	Good		2	5
I	40	None	Full-time worker	4 months	3	Good	7 years, 3 years	1	3

Note: *step-family

childcare', 'actively practicing what I can do as a father', 'work-family conflict', 'wondering what kind of parenting I can do', 'no childcare support for fathers', and 'resistance to consulting about childcare'. The participants' actual narratives for each theme are discussed below.

Good communication with wife and cooperation in childcare

The participants felt that they cooperate in childcare because they are able to maintain good communication with their wives. Therefore, the theme of 'good communication with wives and cooperation in childcare' was extracted. Notably, however, the underlying premise here is that the couples have good marital relationships. The following is a partial transcript of the men's statements:

'With the birth of our baby, we started fighting more. We argue about things like who should do the housework or take care of the child. Even though I think I'm doing a good job, my wife feels like it's not enough. Our apartment is small with only two rooms, so we can see each other everywhere, and we often end up taking our frustration out on each other. We've been talking about moving to a bigger house, and I think the environment will be better than now. (Mr. E, EPDS:0; PHQ-9:1)

'I believe I am able to communicate well with my wife'. (Mr. A, EPDS:2; PHQ-9:2)

'My wife and I shared childcare responsibilities and also took care of our second child. I think we communicate well with each other'. (Mr. I, EPDS:0; PHQ-

9:0)

'When I feel anxious about something, such as our baby, I always talk with my wife and we discuss how to deal with it'.

(Mr. B, EPDS:2; PHQ-9:1)

'Since we have twins, while my wife is out shopping, I play with our kids or look after them. When my wife goes to her health checkup, I take care of the kids at home and give them a bath. Since there are two of them, I bathe one of them, and then my wife dries them off after they get out of the bath'.

(Mr. C, EPDS:3; PHQ-9:4)
It's not like we discuss and decide on a division of roles. For example, when my wife is preparing dinner, I play with our son or take care of him, give him a bath, and feed him when my wife is busy... I think my wife and I talk about everything. We communicate well and talk about anything. I think things are going well'.

(Mr. D, EPDS:0, PHQ-9:9)
'I have always accompanied my wife to all her prenatal checkups. We've been together since we started infertility treatment... I guess you could say it's a division of roles between my wife and me, and I think we have a good balance at home. This kind of balance is quite important.

(Mr. F, EPDS:0; PHQ-9:0)
'With the birth of a child, it's natural to prioritize them, and that's normal... I'm working remotely every day now, but I don't feel any stress. Raising our child together is a common goal for my wife and me, and her parents feel the same way'.

(Mr. F, EPDS:0; PHQ-9:0)

Actively practicing what I can do as a father

Men actively shared their parenting responsibilities soon after childbirth. They woke up at night to help their wives breastfeed, which meant that they were not getting enough sleep. We identified the theme, 'actively practicing what I can do as a father'.

'It's more like a division of roles with my wife. When it comes to raising our child, I just do whatever I can because I love her so much. Right now, everything is enjoyable. I don't feel like it's hard or anything'.

(Mr. F, EPDS: 0; PHQ-9:0)

'At night, I didn't breastfeed, only my wife did. I was awake, but I just lay there watching. At daytime, we used a bouncer to breastfeed both babies at the same time, and we did that together'.

(Mr. C, EPDS: 3; PHQ-9:4)

'Since we are exclusively breastfeeding, my wife feeds him, so even at night when he cries, I wake up too, but if I wake up first, I change his position or change his nappy'.

(Mr. G, EPDS: 0; PHQ-9:2)

'Now, when my child wakes up at night to breastfeed, I make sure to get up myself. At one point, my wife was so exhausted from nighttime feedings that I started to think sleep was important, so I began taking over. [I also]... get sleepy during the day, so before, my sleep time was from midnight to 6 a.m., but now I try to go to bed at 9 p.m'.

(Mr. H, EPDS:2; PHQ-9:5)

'I take care of bathing and nappy changing. I also feed the baby with a bottle of milk'.

(Mr. I, EPDS:1; PHQ-9:3)

Work-family conflict

The participants spoke about the difficulties they faced in balancing childcare and their jobs. Therefore, we extracted the theme, 'work-family conflict'.

'There are times when I get frustrated about things related to our baby, but I've gradually come to think, "Well, it can't be helped", and I don't dwell on it too much. I think it's important to be able to switch gears and move on'.

(Mr. D, EPDS:0, PHQ-9:9)

'At first, my wife said she had a high

postpartum depression score. She was sleep deprived and so on. The first month was the hardest, but now she can breastfeed for about seven hours at night, so I think things have gotten much easier since about two or three months ago... My job is in IT, and when it's busy, I can't go home much, or rather, I'm away from home more than I'm at home. Now, I try to make a clear distinction between work and life, so I do exercises on the radio or take my older child for a walk or go out'. (Mr. G, EPDS:0; PHQ-9:2).

'Until now (before my child was born), I had time for both work and leisure, but now I get messages from my wife like, "Our baby bumped his leg on the sofa, is he okay?" and my work gets interrupted. But when I'm working, I just reply casually, "He'll be fine". I feel depressed because my work performance has declined and I'm not able to take care of my child properly'. (Mr. C, EPDS3; PHQ-9:4)

Wondering what kind of parenting I can do

Men feel a sense of distance from their children because their wives are primarily responsible for childcare. Even simple tasks such as putting their children to sleep, seem very difficult for men. This led to the theme, 'wondering what kind of parenting I can do'.

'Men don't give birth, so to be honest, I don't really know what to do when it comes to childcare. For example, putting my child to sleep is difficult, so if someone could teach me some tips on how to do it, I could do it at home and feel like I can do it'. (Mr. E, EPDS:0; PHQ-9:1)

'I do feel a little depressed or down sometimes when taking care of my child. There are two reasons for this. First, my child is very attached to my wife, and since she spends a lot of time with him, I sometimes feel lonely and wonder if my

child doesn't like me. The other is that I wonder if the help I'm providing is really beneficial to my wife. I feel unsure about whether I'm fulfilling my role properly or not'. (Mr. C, EPDS3; PHQ-9:4)

'... I think it might be good to know what kind of meals to prepare and in what order to feed the baby, in case my wife gets sick and can't do it. I don't feel the need to do it now, and I haven't studied anything about it yet'. (Mr. D, EPDS:0; PHQ-9:9)

'Trying to see things from my partner's (wife's) perspective and thinking about what I can do'. (Mr. E, EPDS:0; PHQ-9:1)

'Despite having another child who requires care, there are times when I return home at night, and I feel guilty that my wife has to take care of everything (childcare) until I return...'. (Mr. I, EPDS:1; PHQ-9:3).

No childcare support for fathers

During infant health checkups, health providers did not interact with fathers, indicating that they did not expect fathers to seek advice on childcare. Additionally, there were no places where fathers could seek advice on childcare, suggesting that they were not receiving any support. Based on the above, we extracted the theme, 'no childcare support for fathers'.

'(When I went for a baby checkup) the health provider didn't talk to me. I felt like she wasn't really paying attention to me. She said, "Oh, is that your husband?" and I felt a little left out. I go to parenting support groups with my wife, but I feel like those are places for mothers and their children'. (Mr. B, EPDS:2; PHQ-9:1)

'I don't necessarily want to talk to a health provider or anything like that... I just wanted to talk to someone with parenting experience who could give me some advice'. (Mr. I, EPDS:1; PHQ-9:3)

'... I would like to go to a parenting

support group for fathers if there was one. There aren't many places like that. But it's not that I want to talk about parenting or anything like that, or that I have any problems I want to discuss. I just think it might be good to talk to someone to help me sort out my thoughts. However, I'm not sure if that's really what I want'. (Mr. B, EPDS:2; PHQ-9:1)

'Even if it's not talking to a childcare professional, I think it would be a good way to relax if fathers could have opportunities to talk about things other than childcare. I don't have any dad friends, but I do have opportunities to talk to the men who are friends with my wife, so I think that would be nice'. (Mr. A, EPDS:2; PHQ-9:2)

'If there were childcare consultation services for men, I think I would go. It would be easier to talk to a male health provider who is also a father'. (Mr. G, EPDS:0; PHQ-9:2).

'I have a full-time job, so I would like to use a service that allows me to talk on the phone or via email, or even online when I have free time, so that I can ask questions about parenting whenever I need to'. (Mr. I, EPDS:1; PHQ-9:3)

Resistance to consulting about childcare

There are few opportunities for fathers to discuss childcare with other fathers. Furthermore, some fathers felt that they did not need support for childcare. Thus, we identified the theme 'resistance to consulting about childcare'.

'Fathers don't talk about childcare with each other. I don't actually have any friends like that. ... I don't think fathers do much childcare'. Mr. D, EPDS:0, PHQ-9:9)

'Men don't need to be advisors on child-rearing. Childbirth is something only women do, only women experience

physical changes, and only women experience the physical hardship, so men don't need to provide support'. (Mr. F, EPDS:0; PHQ-9:0).

Discussion

The number of mothers who choose to continue employment after their first birth has been rapidly increasing in Japan since 2010(19). A previous study showed that men's involvement in daily childcare increases when their wives work, when they are the sole caregivers of their children, when their wives work long hours, and when their wives' income accounts for a large proportion of their household income(20). In Japan, the phenomenon of "ikumen" (a neologism referring to men who actively participate in childcare) has been praised, and men taking childcare leave is encouraged in society. However, it has been reported that men also exhibit depressive symptoms during childcare, similar to postpartum depression in women. Therefore, promoting childcare support to maintain the mental health of men involved in childcare is necessary. However, little has been clarified about the experiences and thoughts of men who participate in childcare. The six themes extracted from this study were 'good communication with wife and cooperation in childcare', 'actively practicing what I can do as a father', 'work-family conflict', 'wondering what kind of parenting I can do', 'no place to consult about childcare', and resistance to consulting about childcare'. This study revealed the thoughts, experiences, and confusion of fathers raising their infants, and their perceptions of parenting support. The following sections focus on the thoughts, confusion, and perceptions of parenting support held by fathers raising infants.

Thoughts and confusion of fathers raising newborn infants

The following themes were extracted from the participants' narratives regarding the thoughts and confusion experienced by fathers

raising newborns: ‘good communication with my wife and cooperation in childcare’, ‘actively practicing what I can do as a father’, ‘work-family conflict’, and ‘wondering what kind of parenting I can do’.

This study revealed that good communication with wives plays a key role in enabling men to provide childcare. Furthermore, to maintain good communication with wives in parenting, fathers were thought to be making an effort to ‘actively do what they can as fathers’. There is a clear relationship between the level of emotional intimacy and communication between wives and husbands during the process of becoming parents(21). An increase in the level of emotional intimacy between spouses leads to improved communication, enhanced cooperation, and reduced hostile exchanges(22). Furthermore, co-parenting is related to communication and marital satisfaction. Therefore, if fathers communicate with mothers while raising children, it may create an optimal parenting environment for children. Maintaining good family functioning is important in preventing child abuse and neglect (23).

However, Mr. E stated, ‘We argue about things like who should do the housework or take care of the child. Even though I think I'm doing a good job, my wife feels like it 's not enough’. This suggests that, even though he is trying his best, his wife is not satisfied. The existence of maternal gatekeeping, which weakens fathers’ involvement in childcare and hinders the development of coparenting, cannot be ignored(24). Maternal gatekeeping, characterised by women's controlling tendencies and dominant role in childcare, hinders fathers’ involvement in childcare and has the potential to worsen men's mental health(25).

This study revealed that as fathers become more actively involved in childcare and housework, it becomes more difficult for them to balance work and family life, a phenomenon known as work-family conflict. If this work-

family conflict becomes severe, it may have a negative impact on fathers' mental health and family relationships(26). For example, even after returning home tired from work, fathers may not be able to devote sufficient time or energy to childcare and housework, leading to the deterioration of family relationships. Alternatively, spending excessive time on childcare and housework may make it difficult for them to concentrate on work, potentially delaying their career advancement. In this study, Mr. C's statement, ‘I feel depressed because my work performance has declined and I'm not able to take care of my child properly’, reveals his feelings of guilt about being unable to concentrate on work and childcare. The participants in this study were presumed to have good mental health and were not in a severe state of work-family conflict. However, while the issue of work-family conflict and mental health has been more prominently addressed in relation to women(27), this study suggests that men also face significant challenges in balancing work and childcare, which can affect their mental health.

Perceptions of parenting support

The following themes were identified regarding perceptions of parenting support for fathers: ‘no childcare support for fathers’ and ‘resistance to consulting about childcare’.

Approximately 10% of fathers experience perinatal depression(28), which can have negative effects on the emotional and behavioural development of children(29,30). In order to prevent perinatal depression in fathers, it may be necessary to provide parenting support specifically for fathers. However, as Mr. B said, ‘I felt a little left out’, it seems that fathers felt excluded by professionals when receiving parenting support. In the UK, men also report feeling excluded by professionals when receiving perinatal services, while in Japan, healthcare providers may not perceive fathers as targets for parenting support (31). Mr. I’s statement, ‘I just wanted to talk to someone with parenting experience who could give me

some advice', indicates that fathers, like mothers, need someone to provide advice when they are struggling with childcare. However, they did not necessarily view healthcare providers as advisors. Nevertheless, childcare support is necessary for fathers, and it is essential to identify their support needs.

In Japan, support for fathers raising children has not yet begun, but we believe that recognising that fathers can also develop perinatal depression will lead to an increasing awareness of the need to support them. Few intervention studies have aimed at preventing perinatal depression in fathers(32). However, there are reports suggesting that psychosocial interventions and massage-technique interventions may be effective(33) . While sufficient evidence is lacking, studies have been conducted in which birth preparation education was implemented to prevent perinatal depression in fathers (29) . Additionally, fathers sought both formal (from professionals) and informal support (from friends and family members). Ideal support interventions should include several key topics, such as information about paternal perinatal depression and practical tips for addressing postpartum depression in partners (34).

Men desire to be more actively involved in childcare (35) and support during the process of becoming fathers is essential for this (36). However, this study found that fathers may not necessarily want or feel they need childcare support. Mr. F's statement, 'Childbirth is something only women do, only women experience physical changes, and only women experience the physical hardship, so men don't need to provide support', is one reason for this. Women undergo physically demanding changes when becoming mothers, such as pregnancy, childbirth, and breastfeeding, and require maternity services, which makes them more likely to receive professional support. On the other hand, fathers do not undergo physical changes, such as pregnancy, childbirth, and breastfeeding, and therefore have no

opportunity to use maternity services, meaning that they have no opportunity to receive support. However, it is essential to prevent fathers from foregoing support because they believe that seeking childcare support is shameful (37), as it can lead to deteriorating mental health. In the future, surveys in Japan should be conducted to identify the specific childcare support needs of fathers and establish a healthcare system that can provide the necessary support to men seeking it.

Conclusion

The mental health of the fathers in the study was generally good, and they showed active involvement in childcare during infancy. From the narratives of fathers providing childcare, we extracted the following six themes: 'good communication with their wives and cooperation in childcare', 'proactively doing what they can as fathers', 'work-family conflict', 'no childcare support for fathers', 'reluctance to seek advice on childcare', and 'lack of awareness that they are eligible for childcare support'. Fathers were actively involved in communication with their wives and engaged positively in childcare, but they also expressed difficulties in balancing work and childcare as well as experiencing feelings of isolation due to not being recognised as recipients of childcare support. However, some fathers expressed resistance to childcare counselling. In Japan, interventions targeting depression in men during childcare have not yet been initiated. However, it is essential that professionals first recognise fathers as potential recipients of childcare support, as they do mothers. In the future, we will expand the sample size to explore the impact of factors such as the number of children and their ages on fathers' parenting behaviours and mental health.

Limitations

This study focused on a small number of men providing childcare and does not represent

the opinions of all Japanese men. However, a few studies have examined men's thoughts and perceptions regarding support during parenting; thus, this study provides valuable insights. The participants in this study had relatively good mental health. ; therefore, it is unclear what kind of involvement in childcare and support that men who develop perinatal depression require. In the future, it will be necessary to focus on men who develop perinatal depression to clarify the actual circumstances of their childcare, the background of their struggles, and their support needs.

Conflict of Interest

The authors declare that they have no competing interests.

Author's contributions

YO and KK designed and conceived the study. KK, MS, and YM collected data. YO, KK, MS, and YM analysed and interpreted the results and drafted the manuscript. All the authors have read and approved the final version of the manuscript.

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本邦における父親の育児実践とメンタルヘルスに関する質的研究

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要旨

目的：本研究は、乳児を養育する父親の育児実践の実態と精神的健康状態を明らかにすることを目的とした。

方法：本研究は質的記述的研究であり、地方都市の産科医療機関を受診した妊産婦の夫を対象に、出産後の任意の時点で、研究参加に同意が得られた父親 9 名に対し、半構造化面接を行った。

結果：対象者の平均年齢は 34 歳 (28~44 歳) であり、初めての子どもの父親が 5 名、2 人以上の子どもを養育している父親が 4 名であった。すべての対象者の精神的健康状態は概ね良好で、育児に積極的に関与していた。全対象者の語りから 90 のコードを抽出し、以下の 6 つのテーマ「妻との良好なコミュニケーションと育児における協力」、「父親として自分にできることを積極的に実践する姿勢」、「仕事と家庭の両立に伴う葛藤」、「自分にどのような育児ができるのかと思いを巡らす」、「父親に対する育児支援の不足」、「育児について相談することへの抵抗感」を生成した。

研究の限界：本研究は対象者数が 9 名と少ないこと、すべての対象者が精神的健康状態が良好な父親に限られていたことから、結果の解釈は限定的である。

実践への示唆：本研究の結果は、周産期における父親の抑うつを予防するための支援の在り方について検討する必要性を示唆している。

本研究の独創性：本研究は、これまでにあまり脚光を浴びることがなかった乳児を養育する父親の育児に関する思い、戸惑い、そして育児支援を受けることに対する認識を明らかにしている。本邦において、育児を期間中の男性の抑うつを予防するための介入が十分に行われていない現状も浮彫りになった。本研究成果により、今後は、母親と同様に、父親も育児支援の対象であると専門職が認識する必要があることを示唆している。

キーワード：父親産後うつ、周産期うつ病、育児支援