

Perceptions and Experiences of Men Supporting Maternal Mental Health in Southern Malawi A Qualitative Exploratory Study

Omero G. Mwale

omwale@cunima.ac.mw

The catholic university of Malawi
kabwe chitundu
University of Zambia

Research Article

Keywords: Men, gender roles, Maternal mental health, Malawi

Posted Date: April 19th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-9019020/v1>

License:   This work is licensed under a Creative Commons Attribution 4.0 International License. [Read Full License](#)

Additional Declarations: No competing interests reported.

Abstract

Introduction: Maternal mental health is crucial for the well-being of mothers and their children, yet it remains under-addressed in Southern Malawi due to traditional gender roles. This study aimed to explore the role of men in supporting maternal mental health.

Methods: A qualitative exploratory research design was employed, involving in-depth interviews with 30 participants, including fathers, healthcare providers, and community leaders. The participants were purposively sampled for the study. Thematic analysis was used to analyse the collected data. The study gathered insights on the perceptions, barriers, and opportunities for men's involvement in maternal mental health. The ethical principles of human integrity, beneficence and justice were upheld throughout the study.

Results: Findings revealed that men can significantly contribute by providing emotional support, sharing caregiving responsibilities, and advocating for mental health awareness. However, cultural norms and stigma often hinder their participation. Fathers highlighted the importance of emotional availability and communication, while healthcare providers noted that shared responsibilities enhance family dynamics. Community leaders emphasized the necessity of initiatives that engage men in maternal mental health discussions.

Conclusion: Engaging men in maternal mental health initiatives can lead to improved outcomes for mothers and families. Community-based interventions promoting shared responsibilities and education are essential for fostering this involvement. Addressing cultural barriers and encouraging active participation can enhance maternal and child well-being in Southern Malawi.

Introduction

Maternal mental health is essential for the overall well-being of mothers and their children, significantly influencing child development and family dynamics [1]. Mental health issues during the perinatal period can lead to adverse outcomes, affecting not only the mother but also the child's emotional and developmental aspects [1]. In Southern Malawi, traditional gender roles often position men as primary providers and women as caregivers, which can create barriers to effective maternal mental health support [2]. These societal expectations may limit men's involvement in maternal care, exacerbating challenges faced by mothers during this critical period.

Maternal mental health encompasses a range of emotional disorders that can occur during pregnancy and after childbirth, including depression and anxiety. Globally, about 10–20% of women experience mental health issues during the perinatal period [3]. In low-income countries, these rates can be even higher due to various socio-economic factors.

In Malawi, studies estimate that approximately 15–30% of women experience postpartum depression [4]. Postpartum depression affects approximately 10–20% of postpartum women [1][3]. Post-traumatic stress disorder (PTSD) after childbirth is estimated to occur in 2–7% of women [3][4], postpartum anxiety may affect up to 17% of postpartum women [5] and postpartum psychosis is a rare condition, affecting 1–2 in every 1,000 women after childbirth [5]. Factors contributing to these high rates include poverty, limited access to healthcare, and social stigma surrounding mental health. The World Health Organization emphasizes the need for integrated mental health services in maternal care to address these challenges effectively [5].

In many cultures, including Malawi, societal norms dictate distinct roles for men and women. For instance, traditionally, men are viewed as the primary breadwinners, while women are expected to handle household responsibilities and caregiving [4]. This division often results in men neglecting the aspect of helping women during the perinatal period for fear that they will be looked down upon in society, which then leads to women feeling isolated and overwhelmed with the pregnancy in the perinatal period or caring for the baby and adapting to the new changes and roles as a new mother in some cases particularly during the perinatal period when mental health issues may arise.

Cultural expectations can hinder men from engaging in maternal care, as their involvement is often not socially sanctioned. This lack of support can exacerbate mental health problems for mothers, as they face the dual burden of societal expectations and personal challenges [5]. Changing these perceptions requires community engagement and education to foster a more supportive environment for maternal mental health.

Addressing maternal mental health is critical not only for the well-being of mothers but also for the healthy development of children. Maternal mental health issues can lead to adverse outcomes such as impaired mother-child bonding, developmental delays, and increased risk of emotional and behavioral problems in children [6].

Research indicates that children of mothers with untreated mental health issues are more likely to experience health complications and developmental challenges [7]. Therefore, enhancing maternal mental health can contribute to healthier families and communities. Effective interventions that support mothers can reduce the incidence of mental health disorders and promote overall family well-being [8]. Therefore, this study was guided by the following research questions: (1) What role do men play in supporting maternal mental health? (2) What are the barriers and opportunities for men's involvement in maternal mental health?

Methods and Materials

Study Design and Context

This study employed a qualitative exploratory research design to investigate the roles men played in supporting maternal mental health in Southern Malawi. This approach proved particularly effective for gaining insights into the complex social and cultural dynamics surrounding maternal mental health. By capturing the perspectives of men and their involvement, researchers aimed to illuminate the factors that influenced support systems within the community [9]. Qualitative research employed various data collection methods, including in-depth interviews and focus group discussions, which allowed for an in-depth exploration of participants' thoughts, feelings, and experiences.

In this study, researchers chose a qualitative approach to delve into the experiences of men and their roles in supporting maternal mental health. Engaging participants through in-depth interviews and focus groups aimed to uncover nuanced insights that quantitative methods may not have captured [10]. The flexibility of qualitative methods allowed researchers to adapt inquiries based on the responses of participants, facilitating a dynamic and responsive data collection process.

This study was guided by the Social Ecological Model. The Social Ecological Model (SEM) provides a comprehensive framework for understanding the multiple levels of influence on health behaviors and outcomes [11][12][21][22]. This model posits that individual behaviors are shaped by the interaction of intrapersonal, interpersonal, organizational, community, and policy factors [13][14]. Applying the SEM to the context of men's role in supporting maternal mental health in Southern Malawi allows for a nuanced exploration of the various factors at play [15][24][26].

At the individual level, men's knowledge, attitudes, and beliefs about maternal mental health influence their support behaviors [16]. These individual factors are shaped by interpersonal relationships within the family and community, including the dynamics between the man and his partner, as well as social support networks [17].

Community-level factors, such as cultural norms and stigma surrounding mental health, can either facilitate or hinder men's involvement in supporting maternal mental health [18][19]. Organizational factors, including healthcare services and workplace policies, also play a crucial role [12]. For instance, the availability of male-friendly mental health services and supportive workplace policies can enable men to provide better support [15].

Finally, policy-level factors, such as national mental health policies and gender equality initiatives, create an overarching context that shapes men's roles and responsibilities in maternal mental health [20]. By examining these interconnected levels, the SEM offers a holistic understanding of the challenges and opportunities for engaging men in supporting maternal mental health in Southern Malawi [11][16][23][29]. As illustrated in Fig. 1.

Figure 1. *Social Ecological model underpinning the study*

The study was conducted in the villages surrounding the traditional authority of Likoswe in Southern Malawi. This area is characterized by a rich cultural heritage and a close-knit community structure. Predominantly rural, it features rolling hills and fertile farmland, with subsistence farming serving as the primary economic activity. The community is organized under traditional leadership, with the chief playing a pivotal role in governance and social cohesion, influencing health perceptions and practices.

The district hospital, located nearby, serves as a crucial healthcare facility, providing essential maternal and child health services. Staffed by healthcare professionals, the hospital faces challenges such as resource limitations and high patient volumes, making it a focal point for maternal health care and education.

Recruitment of Participants

In total, the study recruited ($n = 30$) participants, comprising ($n = 10$) fathers, ($n = 10$) healthcare providers (nurses and midwives), and ($n = 10$) community leaders. This balanced representation allowed for an in-depth exploration of various perspectives, contributing to a comprehensive understanding of the roles men play in supporting maternal mental health in Southern Malawi. The demographic diversity of the sample, including age, gender, and professional background, enriched the data collected and provided a robust foundation for the study's findings.

The participants in this study were selected based on specific inclusion and exclusion criteria to ensure a diverse and relevant sample. For fathers, inclusion criteria required that they be at least 18 years old and have at least one child, ensuring they could provide informed insights regarding their experiences in supporting maternal mental health. Additionally, fathers needed to demonstrate some level of involvement in maternal health, whether through direct support of their partners or participation in community health initiatives. Exclusion criteria included fathers who were not actively engaged in their children's lives or who had no experience discussing maternal health issues and those not in sound frame of mind.

Healthcare providers were also carefully selected for their professional roles. Participants had to be qualified healthcare professionals, specifically nurses or midwives, currently working in maternal and child health services. They were required to have a minimum of two years of experience in this field to ensure they possessed adequate knowledge and insights into the challenges faced by mothers and families. Providers who had not actively participated in community outreach or health education programs were excluded from the study, as their perspectives might not reflect the broader community dynamics.

Community leaders were chosen based on their recognized authority and involvement in local health initiatives. To qualify, they had to hold a leadership position within the community, such as village chiefs or heads of organizations focused on health. Their active engagement in promoting maternal and child health was crucial, as it provided valuable insights into cultural norms and practices affecting maternal mental health support. Leaders who were not respected or influential within their communities were excluded, as their perspectives might not accurately represent community attitudes.

Data Collection

The researchers collected data from the fathers, healthcare providers and the community leaders.

The fathers were interviewed using a semi-structured interview guide. The interview took place in their own homes. A tape recorder was used to record the interview with their permission, so that no data was missed. The questions in the interview guide were translated into Chichewa for those community leaders who could not understand English. However, the responses were translated back into English for data analysis. At the end, all the fathers were thanked for their participation. Each interview session lasted for 45 minutes (Appendix 1).

The healthcare providers were interviewed face to face using a semi-structured interview guide. They were invited into a room within the hospital, where there was privacy. Likewise, a tape recorder was also used so that no data was missed. First, participants were asked to define maternal mental health in their practice and explain why they believed it was critical for both mothers and families. At the end, each participant was asked if they had any questions and was thanked for participating. Each interview took almost 30 minutes (Appendix 2).

Focus group discussions were employed to gather collective insights from community leaders. Firstly, permission was sought from the village headman who called all the men who were available to participate in the study. The group discussion was held under a tree, where the researcher felt comfortable and all the participants were requested to switch off their phones. The participants were asked to feel free and express themselves in vernacular, since the majority did not attend school. All the participants were encouraged to contribute. The discussion lasted for 45 minutes. At the end the participants were thanked for their contribution (Appendix 3).

Data Analysis

The analysis of qualitative data from the interviews and focus groups involved several systematic techniques to ensure a thorough understanding of the participants' perspectives. The researchers employed thematic analysis as the primary method for coding and interpreting the data. This approach allowed for identifying, analyzing, and reporting patterns [10].

The coding process began with familiarization, where researchers immersed themselves in the data by reading and re-reading the transcripts. This step facilitated a deep understanding of the content and context of the participants' responses. Next, initial codes were generated using an open coding approach, where segments of text were highlighted and labeled based on emerging ideas related to men's roles in supporting maternal mental health.

Once initial codes were established, the researchers organized them into broader themes that encapsulated the key findings. This thematic framework was refined through an iterative process, where researchers reviewed and adjusted themes to ensure they accurately represented the data. The final themes were validated by cross-referencing with the original transcripts to maintain fidelity to participants' voices.

Additionally, the research team held regular meetings to discuss coding decisions and analyses, fostering collaborative interpretation of the data. This process enhanced the reliability and validity of the findings by incorporating diverse perspectives within the research team.

Ethical Considerations

Ethical considerations were paramount throughout the study to ensure the rights and well-being of participants were protected. The researchers obtained approval from the Catholic Research Faculty Ethics Committee before commencing the study. This approval ensured that the research adhered to ethical standards and guidelines for conducting research involving human subjects.

Informed consent was a critical aspect of the ethical process. Participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits. They were assured that participation was voluntary and that they could withdraw at any time without penalty. Written consent was obtained from all participants before their involvement, ensuring they understood their rights and the confidential nature of their contributions.

Confidentiality was strictly maintained throughout the research process. Participants were assigned unique identifiers to ensure anonymity in the data analysis and reporting stages. All data were securely stored, with access restricted to the researchers. Ethical

safeguards were also in place to protect sensitive information, particularly regarding discussions related to maternal mental health.

Lastly, the researchers were committed to providing participants with feedback on the study's findings and how their contributions would be utilized to inform future initiatives aimed at enhancing support for maternal mental health.

Trustworthiness of the Study

To enhance the trustworthiness of the study, various strategies were implemented based on Guba and Lincoln's criteria as cited by [30]: confirmability, transferability, credibility, and dependability.

Confirmability was strengthened through the incorporation of reflexivity in the research process. Researchers documented their biases, experiences, and perspectives regarding maternal mental health in a reflective journal. This practice not only promoted transparency but also ensured that the findings were shaped more by participants than by the researchers' preconceptions. Furthermore, an audit trail was maintained, which included detailed records of all research activities, such as data collection methods, analysis techniques, and decision-making processes.

Transferability was achieved by employing thick descriptions in the reporting of the study. Comprehensive contextual information about participants—such as demographics, cultural backgrounds, and community characteristics—was provided to allow readers to assess the relevance of the findings to other settings. Additionally, comparisons were drawn between the study's findings and other research in different cultural contexts.

To establish credibility, the study utilized triangulation by employing multiple data collection methods, including interviews, focus groups, and community observations. This multifaceted approach allowed for cross-checking findings from different participant groups, thereby ensuring consistency in the data collected. The study implemented member checking, allowing participants to review and provide feedback on the findings, which ensured their voices were accurately represented.

Dependability was supported by ensuring methodological rigor throughout the study. Researchers clearly outlined the research design and provided justifications for their choice of qualitative exploratory methods. Consistent data collection practices were enforced across all participant groups, and training was provided for data collectors to maintain a uniform approach during interviews and focus groups.

Study Findings

Demographic Characteristics of Participants

The study involved (n = 30) participants, evenly divided into three groups: fathers, healthcare providers, and community leaders. This balanced representation allowed for a thorough exploration of the roles men play in supporting maternal mental health in Southern Malawi. The fathers, aged 25 to 50 years, came from diverse professional backgrounds, including farming, business, and teaching, providing insights into familial and community dynamics.

The healthcare providers, consisting of six (6) female and four (4) male nurses and midwives aged 28 to 50 years, contributed valuable perspectives on healthcare practices and maternal support systems. Meanwhile, the community leaders, all male and aged 35 to 60, held various roles such as local chiefs and NGO coordinators. Their influence underscored the intersection of cultural beliefs and health practices impacting maternal mental health in the region. Tables 1, 2 & 3.

Table 1
Demographic Characteristics of Fathers (n = 10)

Participant ID	Age (years)	Occupation	Marital Status	No. of Children
F1	32	Farmer	Married	3
F2	28	Business	Married	2
F3	35	Farmer	Married	4
F4	40	Teacher	Married	3
F5	29	Business	Married	1
F6	45	Farmer	Married	5
F7	38	Farmer	Married	4
F8	27	Business	Married	2
F9	50	Teacher	Married	5
F10	25	Business	Married	1

Table 2
Demographic Characteristics of Healthcare Providers (n = 10)

ID	Age	Gender	Profession	Years Experience	Setting
HC1	35	Female	Midwife	7	Hospital
HC2	42	Female	Nurse	12	Hospital
HC3	30	Male	Nurse	5	Hospital
HC4	38	Female	Midwife	10	Hospital
HC5	45	Female	Nurse	15	Hospital
HC6	28	Male	Nurse	3	Hospital
HC7	50	Female	Midwife	20	Hospital
HC8	33	Female	Nurse	8	Hospital
HC9	40	Male	Nurse	11	Hospital
HC10	36	Male	Midwife	9	Hospital

Table 3
Demographic Characteristics of Community Leaders (n = 10)

ID	Age	Role	Organization/Affiliation	Years in Role
L1	45	Village Headman	Traditional Authority	10
L2	55	Group Village Headman	Traditional Authority	15
L3	40	NGO Coordinator	Health NGO	8
L4	60	Senior Chief	Traditional Authority	20
L5	35	Community Health Worker Supervisor	District Health Office	6
L6	50	Village Headman	Traditional Authority	12
L7	38	NGO Coordinator	Women's Rights NGO	7
L8	48	Church Leader	Religious Organization	18
L9	42	Village Headman	Traditional Authority	9
L10	53	Community Development Officer	District Council	14

The key themes that emerged from the transcribed data from fathers, healthcare providers, and community leaders were: Emotional Support: Importance of Emotional Availability and Communication; Shared Responsibilities: Benefits of Shared Caregiving Tasks; Advocacy and Awareness: Role of Men in Promoting Maternal Mental Health.

Emotional Availability and Open Communication as Pillars of Perinatal Support

The theme 'Emotional Availability and Open Communication as Pillars of Perinatal Support' reflected the importance of emotional availability and communication of men to the mothers during the perinatal period. This theme was informed by 2 major subthemes namely: the Importance of Emotional Availability and Communication.

Emotional Availability

The subtheme 'emotional availability' reflected the ability of men to be emotionally present from the time the woman gets pregnant until delivery and a year after that. This theme highlighted that emotional support plays a crucial role in maternal mental health as it leads to the mothers feeling loved and cared for. Further, it showed that emotional support involves actively listening, validating feelings, and providing reassurance during challenging times. The participants stated that men who showed emotional support to their partners during the perinatal period witnessed some changes in partners' emotional states. This is how one of them expressed themselves:

"When my wife delivered she lost her self-confidence and was sad about it, after noticing, I kept reminding her to believe in herself as much as I believed in her, I also constantly reminded her that she was doing great anytime she tried something. After sometime I saw some improvement in the way she carried herself" (F1)

From what the participant shared, it shows that the emotional support the husbands render helps mothers to build their confidence and emotional strength during their perinatal journey.

Communication

The subtheme 'Communication' elucidated the importance of good communication from the fathers to their partners during the perinatal period. Effective communication was highlighted as essential for fostering a supportive environment. Participants reported that fathers who engaged in open dialogues about emotions reported stronger connections with their partners and a better understanding of their experiences. By being present and attentive, men can help alleviate anxiety and stress, contributing positively to maternal mental health. This is how one of them expressed himself:

"Sometimes I would observe my wife struggling but would fail to open up to me so I would ask her to tell me how she is feeling and to be free to express herself, or maybe just offer to do things for her, then ask her later" (F1)

Most participants reported that it was helpful to be there for their partners and communicate effectively, as this helps them to be attuned to their needs and builds emotional safety and agency making it easier for their partners to explain how they feel and ultimately makes them feel supported.

Men's Proactive Participation as a Catalyst for Maternal Well-being

The second major theme, Men's Proactive Participation, reflected the active male engagement as a catalyst for maternal well-being. It also explained that men's participation in maternal well-being extends beyond financial provision to include hands-on caregiving, including emotional presence and shared household responsibilities during the perinatal period. This consequently leads to a reduction in maternal stress and promotes healthier adjustment to parenthood. This theme was informed by two subthemes namely, Shared Responsibility and Advocacy and Awareness.

Shared Responsibilities: Benefits of Shared Caregiving Tasks

The subtheme 'shared responsibilities' emerged as a significant factor in promoting maternal mental health. Participants noted that sharing caregiving tasks not only lightened the burden on mothers but also fostered a sense of partnership and teamwork. When fathers took an active role in childcare and household duties, it allowed mothers to have time for self-care and mental wellness. This collaboration enhanced family dynamics and reduced feelings of isolation among mothers. Moreover, fathers expressed that their involvement in caregiving tasks enriched their relationships with their children, creating a more balanced family environment. This is how participants expressed themselves:

"In our culture, people expect the woman to do most of the baby care, but I chose to be more involved. Bathing the baby, helping with cooking, even carrying the baby on my back sometimes it has made my wife happier and less stressed, and our family feels more united." (F2 and F6)

"Some relatives were surprised to see me fetching water and looking after the baby, but I know it gives my wife time to rest. Since I started helping more, she seems happier and we enjoy more time together as a family." (F7)

In addition, participants highlighted that sharing responsibilities in the home is not just about helping with work but also about caring for each other. When fathers take part in looking after the baby and doing chores, mothers have time to rest and care for their minds. It makes the home more peaceful, strengthens relationships, and helps them raise children together.

Advocacy and Awareness: Role of Men in Promoting Maternal Mental Health

The second subtheme 'Advocacy and Awareness: Role of Men in Promoting Maternal Mental Health' explained the role of men in advocating for maternal mental health. Most participants reported that advocacy was very vital in promoting maternal health. Fathers discussed the importance of challenging societal norms that often discourage male involvement in maternal health issues hence paving the way for more equitable participation. In addition, fathers stated that by openly discussing maternal mental health, men help normalize the topic, reducing shame and barriers to seeking help and also encourage other fathers to be supportive. Further, participants highlighted the need for community initiatives that involve men in discussions about maternal mental health, thereby fostering a culture of support. This advocacy can lead to increased resources and programs that benefit not only mothers but families as a whole. This is how one of them expressed himself:

"In our community, many people believe pregnancy and childbirth issues are only for women, but I speak openly about maternal mental health at church and village meetings though not so easy to do it. When men hear it from another man, they start to understand it's also their responsibility. This has the potential to encourage more husbands to support their wives, and even the elders are beginning to see the importance of men being involved. Though not so many do it but it is something we need to continually discuss and advocate for." (F9)

Additionally, participants agreed that responding well to advocacy could lead to strengthening support systems and foster collective responsibility in families, which will ultimately lead to improvement in outcomes.

Barriers to Involvement

The major theme 'Barriers to Involvement' reflects the social, cultural, and informational obstacles that limit men's active participation in supporting maternal mental health. It also illustrates how deeply rooted gender norms and stigma discourage emotional expression and caregiving roles among men, while limited knowledge and education about maternal mental health hinder their ability to recognize signs of distress and respond effectively. This subtheme highlights the need for cultural shifts and targeted educational interventions to empower men to engage more fully and confidently in maternal health support. The theme was informed by two subthemes namely: Cultural Norms and Stigma, and Lack of Awareness and Education.

Cultural Norms and Stigma

The subtheme 'Cultural Norms and Stigma' expounds how deep-rooted cultural expectations and stigma restrict men's emotional expression and involvement in maternal mental health. In addition, it highlights the pressures that men go through to embody strength and suppress vulnerability, which can discourage open communication, emotional support, and active caregiving during the perinatal period. Most of the participants stated that men in their society were expected to be strong and not show their weaknesses to others. Therefore, this puts men in a position to think that if they start helping their wives do house chores or take care of the babies, they will be considered weak in the community. This is how some of them expressed themselves:

"I grew up seeing that looking after babies was for women. Even when I wanted to help, I felt ashamed because other men would joke about it." (F3)

"People think that a man who spends time with his wife after childbirth is neglecting his 'real duties' as a man, so many avoid it." (F7)

"Here, men are told to be tough. If you show emotions or ask about your wife's feelings, some will call you weak." (F10)

Furthermore, participants stated that there is a need for cultural transformation, which will help with normalising men's emotional engagement and redefining men's strength in the African context to also encompass showing empathy and care to their partners.

Lack of Awareness and Education

The second subtheme 'Lack of Awareness and Education' reflected the gap in men's knowledge and understanding of maternal mental health, including the signs, symptoms, and appropriate ways to offer support. It highlights how limited exposure to information and absence of targeted education hinder men's ability to recognize maternal distress, respond effectively, and engage confidently in perinatal care. Further, it points to the need to have more awareness campaigns, training, and community-based education to equip men with the skills and knowledge necessary to actively promote maternal well-being [27]. This is how some of them expressed themselves:

"I didn't know postpartum depression was even a thing until my wife went through it. No one had ever talked to me about it. Also my wife needed help but I didn't know what signs to look for or what to say when she's feeling sad." (F4)

"At the hospital, we are told how to prepare for the baby's arrival in terms of baby layette, but there is no mention of how men should take care of their wives when they go home." (F6)

Opportunities for Engagement

The major theme of opportunities for engagement reflected the potential of structured, community-based initiatives to equip men with the knowledge, skills, and confidence needed to support their partners during the perinatal period. It also highlights men's willingness to learn when given accessible and culturally appropriate platforms, such as workshops, that foster open discussion, practical training, and peer support. This theme also suggests that community programs can serve as entry points for breaking down stigma, promoting shared caregiving, and strengthening family relationships through informed male involvement. The theme was informed by two subthemes namely: Community-Based Education and Skills-Building Initiatives and Men's Mental Health and Parenting Support Groups.

Community-Based Education and Skills-Building Initiatives

The subtheme 'Community-Based Education and Skills-Building Initiatives' describes men's recognition that accessible, community-based learning opportunities can enhance their capacity to support their partners during the perinatal period. It shows an openness and willingness among men to engage in structured education such as workshops that provide practical skills, emotional awareness, and culturally relevant knowledge. In addition, it also highlights the potential of such programs to bridge knowledge gaps, challenge traditional gender norms, and foster more equitable caregiving roles, ultimately benefiting maternal mental health and family well-being. This is how some of them expressed themselves:

"If there were classes in our community about pregnancy and how to help, I would attend because I want to know the right way to support my wife." (L1)

"Workshops would help us men understand what our partners go through emotionally, not just physically, so we can be more present." (L6)

"I didn't know men could also play a role in things like preparing for birth or supporting after delivery until I heard about these community programs." (L7)

"Community meetings where men and women learn together could change how we think about roles in the family during pregnancy." (L9)

Furthermore, participants reported that men expressed willingness to learn, adapt, and take a more active role in perinatal care, hence contributing to stronger partner relationships, improved maternal mental health, and better outcomes for children.

Men's Mental Health and Parenting Support Groups

The subtheme 'Men's Mental Health and Parenting Support Groups' clarifies the recognition that creating safe, male-focused spaces for open dialogue, shared experiences, and peer support can significantly enhance men's emotional well-being and parenting capacity during the perinatal period. It underscores the need for platforms where men can discuss mental health challenges, stressors, and fatherhood roles without stigma or judgment. Such groups not only provide practical parenting strategies and coping mechanisms but also challenge harmful stereotypes that discourage men from expressing vulnerability. Ultimately, they promote healthier family dynamics, strengthen partner relationships, and contribute to improved maternal and child health outcomes. This is what some of them had to say:

"Hearing from other men about how they cope with sleepless nights and work pressure would help me manage better and also teach us how to deal with our emotions so we don't take out our frustrations on our families." (F6)

"We need a safe place to talk about things we can't say in public or to our wives and I have noticed that being in groups like these helps men to see that taking care of their mental health makes them better fathers and partners." (F10)

"Meeting other fathers could give me ideas on how to be more involved with the baby and support my wife better, and also I think it's easier to open up when you're with other men who understand your situation." (F5)

In addition, participants highlighted that supporting men's mental health is not only beneficial for the men themselves but also serves as a catalyst for stronger, healthier families and better maternal and child health outcomes. See Tables 4, 5 and 6.

Table 4
Themes and Subthemes Emerging from Fathers' In-Depth Interviews

Major Theme	Subtheme	Key Supporting Quotes
1. Emotional Availability and Open Communication	Emotional Availability	"When my wife delivered she lost her self-confidence..." (F1)
	Open Communication	"Sometimes I would observe my wife struggling..." (F1)
2. Men's Proactive Participation	Shared Responsibilities	"In our culture, people expect the woman to do most of the baby care..." (F2, F6)
	Advocacy and Awareness	"In our community, many people believe pregnancy... is only for women..." (F9)
3. Barriers to Involvement	Cultural Norms and Stigma	"I grew up seeing that looking after babies was for women..." (F3)
	Lack of Awareness and Education	"I didn't know postpartum depression was even a thing..." (F4)
4. Opportunities for Engagement	Community-Based Education	"If there were classes in our community... I would attend..." (F5)
	Support Groups	"Hearing from other men about how they cope..." (F6)

Table 5

Themes and Subthemes Emerging from Healthcare Providers' In-Depth Interviews

Major Theme	Subtheme	Key Perspectives
1. Role of Fathers in Maternal Mental Health	Emotional Support	Fathers who actively listen reduce maternal anxiety and stress
	Shared Caregiving	Shared responsibilities improve family dynamics and maternal outcomes
2. Healthcare System Barriers	Limited Male Engagement in Antenatal Services	Most antenatal education does not address fathers' roles
	Stigma Around Mental Health	Cultural stigma prevents mothers and fathers from seeking help
3. Opportunities	Father-Inclusive Antenatal Education	Including fathers in perinatal education improves outcomes
	Support Groups for Fathers	"Support groups can help reduce isolation and stigma among fathers" (HC4)
4. Policy and System Recommendations	Inclusive Healthcare Policies	"We need more community initiatives... educating men" (HC6)
	Staff Training	Healthcare staff need training to engage fathers effectively

Table 6

Themes and Subthemes Emerging from Community Leaders' Focus Group Discussion

Major Theme	Subtheme	Key Perspectives
1. Cultural Context and Gender Norms	Traditional Role Expectations	Men are expected to be breadwinners; caregiving seen as women's role
	Stigma Around Male Caregiving	Men who engage in caregiving may face ridicule from peers
2. Community Engagement Strategies	Community Workshops	"If there were classes in our community... I would attend" (L1)
	Mixed-Gender Learning	"Community meetings where men and women learn together..." (L9)
3. Leadership Role in Advocacy	Community Leaders as Change Agents	Chiefs and leaders can normalise male involvement in maternal health
	Religious and NGO Support	Faith and civil society organizations key in driving cultural change
4. Opportunities for Policy Change	Gender-Responsive Policies	Need for national policies recognising men as stakeholders in maternal health
	Resource Allocation	Community programs need adequate resources and government backing

Discussion

This study explored the roles of men in maternal mental health, focusing on the perspectives of fathers, healthcare providers, and community leaders. The findings revealed significant themes: emotional support, shared responsibilities, advocacy, barriers to involvement, and opportunities for engagement, all of which highlight the multifaceted role of men in promoting maternal mental health.

The importance of emotional support emerged as a prominent theme among fathers and was echoed by healthcare providers and community leaders. Fathers emphasized their role in being emotionally available and communicative, which is essential for enhancing maternal mental health. Healthcare providers noted that when fathers actively listen and validate their partners' feelings, it can significantly reduce maternal anxiety and stress. One of the fathers (F5) expressed that 'Meeting other fathers could give me ideas on how to be more involved with the baby and support my wife better, and also I think it is easier to open up when you're with other men who understand your situation.' This aligns with existing literature, which highlights that emotional support from partners is vital for improving maternal well-being [1]. Community leaders also recognized this aspect,

suggesting that community initiatives should focus on promoting open dialogues about emotions among men to foster supportive environments [2].

Shared caregiving responsibilities were identified as a crucial factor in promoting maternal mental health. Fathers reported that their active involvement in childcare alleviated the burden on mothers and fostered a sense of teamwork. Healthcare providers supported this view, as one healthcare provider echoed that 'support groups can help reduce isolation and stigma among fathers' (HC4), indicating that shared responsibilities contribute to better family dynamics and improved maternal mental health outcomes [3]. Community leaders emphasized the necessity of promoting shared caregiving as a means to enhance family resilience, as it was recommended by one of the community leaders who said, 'we need more community initiatives that focus on educating men about maternal mental health' (HC6), reinforcing findings from previous research that highlights the benefits of collaborative parenting in supporting maternal mental health [4].

The role of men as advocates for maternal mental health was another significant theme. Fathers expressed the need to challenge societal norms that discourage male involvement, a sentiment echoed by healthcare providers and community leaders. They argued that increasing awareness about maternal mental health can help reduce stigma and encourage men to effectively support their partners. For example, one of the fathers (F2) pointed out that 'having a support group would make a big difference; we could share and learn from each other.' This observation aligns with literature suggesting that advocacy can lead to improved resources and programs for maternal mental health [5]. Community leaders emphasized the importance of creating initiatives that engage men in discussions about maternal mental health, thereby fostering a culture of support [6].

Several barriers to men's involvement in maternal mental health were identified, including cultural norms and a lack of awareness. Fathers reported feeling constrained by traditional beliefs that dictate emotional stoicism in men (F4). Healthcare providers noted that these cultural expectations often prevent fathers from seeking help or fully engaging in maternal mental health discussions [7]. Community leaders reinforced this finding, highlighting the need for educational programs that address stigma and promote understanding of maternal mental health issues [8]. Moreover, barriers to the use of maternal health services have been widely documented across sub-Saharan Africa [27], underscoring the systemic nature of these challenges. This gap in knowledge can lead to isolation among men, hindering their ability to support their partners effectively [9].

Finally, the study revealed opportunities for enhancing men's engagement through community programs and support groups. Fathers expressed interest in workshops that educate them about maternal mental health, a need recognized by healthcare providers who suggested that such programs could facilitate greater involvement [10]. Community

leaders emphasized the value of support groups for men, providing safe spaces for sharing experiences and reducing feelings of isolation [11]. This aligns with literature advocating for community-based interventions to educate fathers and encourage their participation in maternal mental health initiatives [12].

Limitations of the Study

The study has several limitations, including a small sample size of 30 participants that may not represent the broader population, and the qualitative design, which limits generalizability. Additionally, potential biases from purposive sampling and social desirability might have affected the authenticity of participants' responses. These factors suggest a need for further research to explore maternal mental health support dynamics more comprehensively.

Implications for Practice

Healthcare providers play a pivotal role in fostering men's involvement in maternal mental health. It is essential for providers to actively engage fathers during prenatal and postnatal care by creating inclusive environments that encourage open discussions about maternal mental health. Encouraging fathers to attend medical appointments with mothers can facilitate discussions about mental health and caregiving roles. Additionally, developing and distributing tailored educational resources for fathers can help them understand the signs and symptoms of maternal mental health issues and ways to provide effective support. Training healthcare staff to address men's concerns and promote their involvement in maternal mental health discussions is also crucial.

Community-based interventions are vital for enhancing men's engagement in maternal mental health. Programs that involve fathers can help build supportive networks, reduce stigma, and promote awareness. Implementing community workshops aimed at educating fathers about maternal mental health can foster supportive peer networks. Public awareness campaigns are also necessary to challenge societal norms regarding masculinity and emphasize the importance of male involvement in maternal mental health. Collaborating with local organizations can further create programs that engage men in maternal mental health discussions and activities.

Policy Recommendations

There is a pressing need for policies that promote gender equality in healthcare settings. Advocacy efforts should focus on developing inclusive healthcare policies that recognize men as important stakeholders in maternal mental health, thereby encouraging their participation in care processes. Allocating resources to research on men's roles in

maternal mental health and supporting programs that educate and engage fathers is essential.

To address the stigma around mental health and improve support for mothers, mental health training programs specifically designed for men should be implemented. Incorporating mental health education into educational curricula for men will emphasize the importance of emotional expression and seeking help. Additionally, offering workshops that develop men's communication skills around sensitive topics such as maternal mental health can foster better support for their partners.

Further Research

Future research should focus on several key areas to deepen the understanding of men's roles in maternal mental health.

Academics and researchers should conduct longitudinal studies to assess how paternal involvement evolves throughout pregnancy and the postpartum period, while exploring diverse populations to provide insights into cultural influences on engagement.

Healthcare professionals are encouraged to investigate specific barriers that prevent men from participating in maternal mental health discussions, as well as to evaluate the effectiveness of community-based interventions designed to support fathers. By addressing these areas, these stakeholders can significantly improve maternal mental health outcomes for families.

Conclusion

In conclusion, this study highlights the critical roles that fathers, healthcare providers, and community leaders play in supporting maternal mental health. The findings underscore the importance of emotional support, shared responsibilities, and advocacy while also identifying barriers to involvement and opportunities for engagement. By implementing practical recommendations for healthcare providers and advocating for supportive policies, stakeholders can enhance men's involvement in maternal mental health. Community-based interventions and mental health training for men are essential for creating a supportive environment that benefits not only mothers but families as a whole. Addressing these areas will ultimately contribute to improved maternal mental health outcomes and promote a more equitable approach to maternal healthcare.

Abbreviations

PTSD

Post-traumatic stress disorder

SEM

Declarations

Acknowledgement

The community leaders, fathers and healthcare providers who participated in this study need to be recognized for their time and willingness to share their experiences, since this research would not have been possible without them. We sincerely thank these participants for their informative replies.

Author Contributions

MOG conceived the idea, developed the protocol, analysed and interpreted the results. MOG also drafted, reviewed and revised the manuscript for the study, while KC reviewed the manuscript. All authors read and approved the final manuscript.

Funding

None

Data Availability

The data that support the findings of this study are not publicly available due to ethical restrictions and the need to protect participant confidentiality. The study involved sensitive qualitative data collected from human participants, and sharing raw transcripts or identifiable information could compromise participant anonymity. However, de-identified summary data may be made available from the corresponding author upon reasonable request and subject to ethical approval.

Declaration statement

Ethical Approval

Ethical approval for this study was granted by the Catholic Research Faculty Ethics Committee prior to the commencement of data collection. The study was conducted in accordance with the ethical principles outlined in the revised Declaration of Helsinki, including the principles of respect for persons, beneficence, and justice.

Consent to Participate

Written informed consent was obtained from all participants prior to their involvement in the study. Participants were provided with comprehensive information regarding the study's purpose, procedures, potential risks, and benefits. They were assured that participation was entirely voluntary and that they could withdraw at any time without consequence. Confidentiality and anonymity were guaranteed throughout the research process.

Consent to Publish

Informed consent to publish was obtained from all participants prior to their involvement in the study. Participants were explicitly informed that anonymised excerpts, including direct quotations, may be used in academic publications. All participants provided written informed consent for both participation and publication of their anonymised data..

Competing Interest

The authors declare no competing interest.

Clinical Trial number -not Applicable

Authors' Details

- a. The Catholic University of Malawi. Senior Lecturer. Senior Lecturer Community and Mental Health. Faculty of Nursing and Midwifery. Limbe, Malawi.
- b. School of Nursing, Lecturer, The University of Zambia. Lusaka, Zambia.

References

1. O'Hara MW, Swain AM. Rates and risk of postpartum depression—a meta-analysis. *Int Rev Psychiatry*. 1996;8(1):37–54.
2. Chikaphupha K. Isolation and Mental Health: The Experience of Malawian Mothers. *Malawi Med J*. 2020;32(2):112–8.
3. World Health Organization. Mental health in the context of maternal health. Geneva: WHO; 2018.
4. Makhwate M. Gender Roles and Mental Health in Malawi. *J Community Health*. 2019;44(3):467–73.
5. Nyirenda A. Barriers to Mental Health Care for Women in Southern Malawi. *East Afr Med J*. 2022;99(4):254–60.

6. Glover V. Maternal depression, anxiety and stress during pregnancy and child outcome. *J Clin Psychiatry*. 2011;72(2):4-10.
7. Field T. Postpartum depression effects on early interactions, parenting, and safety practices: A review. *Infant Behav Dev*. 2010;33(1):1-10.
8. Dennis CL, Ross LE. Relationships of postpartum depression to child development: A systematic review. *J Child Psychol Psychiatry*. 2010;51(5):512-20.
9. Creswell JW, Poth CN. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 4th ed. SAGE; 2017.
10. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77-101.
11. Kvale S. *Doing Interviews*. SAGE; 2007.
12. Rubin HJ, Rubin IS. *Qualitative Interviewing: The Art of Hearing Data*. 3rd ed. SAGE; 2012.
13. Morgan DL. *Focus Groups as Qualitative Research*. 2nd ed. SAGE; 1997.
14. Krueger RA, Casey MA. *Focus Groups: A Practical Guide for Applied Research*. 5th ed. SAGE; 2015.
15. Leach LS, Poyser C, Fairweather-Schmidt AK. The role of partner support in maternal mental health. *BMC Pregnancy Childbirth*. 2016;16:10.
16. O'Brien M. The role of fathers in family life: A review of the literature. *Child Fam Soc Work*. 2004;9(3):267-75.
17. Schoppe-Sullivan SJ, et al. Fathers' involvement and mothers' well-being: The role of father involvement in maternal mental health. *J Fam Psychol*. 2006;20(4):677-84.
18. Giallo R, et al. The role of fathers in the development of children's mental health: A review of the literature. *J Child Psychol Psychiatry*. 2015;56(3):261-78.
19. Houghton R, et al. Engaging fathers in parenting programs: The role of community initiatives. *Fam Relat*. 2013;62(2):175-88.
20. Bronfenbrenner U. *The ecology of human development*. Cambridge, Mass: Harvard University Press; 1979.
21. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351-77.
22. Sallis JF, Owen N, Fisher EB. Ecological models of health behavior. In: Glanz K, Rimer BK, Viswanath K, editors. *Health behavior: theory, research, and practice*. 5th ed. San Francisco: Jossey-Bass; 2015. pp. 43-65.
23. The Kids. *Mental Health and Well-being: A Socio-Ecological Model* [Internet]. thekids.org.au. 2021 [cited 2025 Jul 25]. Available from: <https://www.thekids.org.au/globalassets/media/documents/projects/sew---arts/the-social-ecological-model-2.2021.pdf>

24. Harris K, Choongo J, Chopak-Foss J. Applying the Socio-Ecological Model to Improving Maternal Mental Health in Georgia. *Eagles Talking About the Public's Health* [Internet]; 2020. [cited 2025 Jul 25]; Spring.
25. Morgan L, Geraty M, Salinas M, Riley K, Abrahamsen N, Muvuka B. A Review of the Socio-ecological Determinants of Maternal Mortality among African American Women. *Liberty University Digital Commons* [Internet]. 2020 [cited 2025 Jul 25];69(2):1-18.
26. Taylor J, Pearson ER, Hall J, Belcher HME. Social ecological approach to factors influencing perinatal mental health service provision among providers in Bulloch County, GA. *J Rural Health* [Internet]. 2023 Jan 29 [cited 2025 Jul 25].
27. Agbemenu K, de Souza Santos MA, Creanga AA, Queiroz AB, et al. Barriers and facilitators to the use of maternal health services in Africa: a systematic review and meta-analysis. *Reprod Health*. 2019;16(1):110.
28. Vahdat M, Hamzehgardeshi L, Hessami Z, et al. Social Determinants of Mental Health. *Iran J Psychiatry* [Internet]. 2014 Oct;9(4):143-8. [cited 2025 Jul 25];.
29. Number Analytics. The Ultimate Guide to Socio-Ecological Model [Internet]. *numberanalytics.com*. 2025 [cited 2025 Jul 25]. Available from: <https://www.numberanalytics.com/blog/ultimate-guide-socio-ecological-model-womens-health>
30. Polit DF, Beck CT. *Nursing research: generating and assessing evidence for nursing practice*. 11th ed. Wolters Kluwer; 2021.

Figures

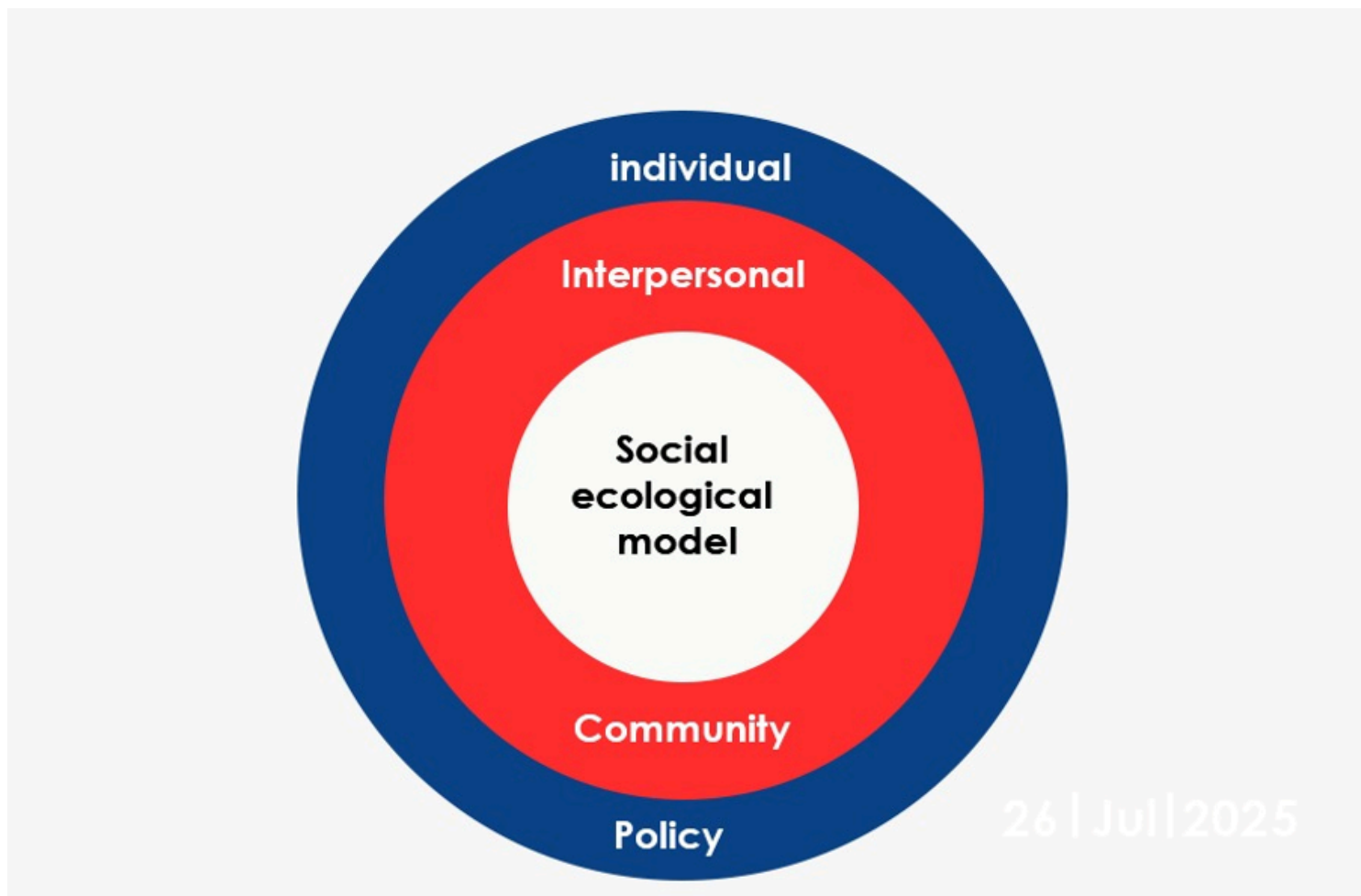


Figure 1

Social Ecological model underpinning the study

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [SupplementaryMaterial.docx](#)