

Postnatal depression: fathers have it too



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In a meta-analysis of 43 studies, published in *JAMA* on May 19, James Paulson and Sharnail Bazemore concluded that the overall rate of paternal depression between the first trimester and 1 year after birth was 10.4%—more than double the background rate of depression in men. The rates were highest in the 3–6 months after birth (25.6%) and overall higher in US studies than in international ones (14.1% vs 8.2%). Unsurprisingly, there was a positive correlation between maternal and paternal depression. There are caveats to these figures. Few studies included the 3–6 month period and most studies used as diagnosis self-reported depression via questionnaires only.

Maternal postnatal depression has long received much attention and the rates are more than double that reported for men but background rates of depression in women are also about double that of men.

Two main messages should be taken away from this study. First, the finding of an international difference needs further research. Perhaps there are cultural and societal differences that have preventive effects at a population

level. For example, in some European countries there are generous provisions of paternal leave, which allow fathers to be involved at an early stage after birth. Second, these findings highlight a frequently overlooked area of mental health, which has been shown to have serious effects on children's psychosocial development.

Recognition of depression in men can be difficult. Stressors in the postpartum period, such as change in marital relationship, financial concerns, and sleep deprivation, are risk factors for maternal depression but are likely to have a similar effect on fathers. The symptoms of depression in men, however, are different and might lead to withdrawal, anger, and irritability. Screening, prevention, and treatment needs to take the whole family into account. Fathers are now often involved in antenatal classes and the birth itself. They should be equally included in any postpartum contact with health professionals. The start of a family is too important a life event with far-reaching consequences for future generations to miss this opportunity for intervention. ■ *The Lancet*

For further info on the *JAMA* paper see *JAMA* 2010; 303: 1961–69
DOI:10.1001/jama.2010.605

For further info on effect of paternal depression on children see *Lancet* 2005; 365: 2201–05

Attention to HIV prevention in Asia Pacific



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On May 17, the International Day against Homophobia, a draft report, *Laws affecting HIV responses among men who have sex with men and transgender persons in Asia and the Pacific: an agenda for action*, was presented for discussion in Hong Kong, China. Prepared by the UN Development Programme, the Asia Pacific Coalition on Male Sexual Health, and the Centre for Comparative and Public Law at the University of Hong Kong's Law Faculty, the report reviews the effect of punitive laws on HIV programmes in men who have sex with men (MSM) and transgender people in the Asia-Pacific region.

A 2005 survey of 11 Asian countries showed that targeted HIV prevention programmes reached just 8% of MSM. Punitive laws and discriminatory policies marginalise MSM and transgender people and prevent access to HIV services. Antidiscrimination laws, such as China's 2006 Regulations on the prevention and treatment of HIV/AIDS, protect the rights of people with HIV and lead to greater use of prevention services in MSM—almost 60% when legal protection is present, compared with 38% when absent. However, 19 of 48 countries in the Asia-

Pacific region criminalise homosexuality in men, resulting in vigilantism and human-rights violations. Other laws often violate the rights of MSM and transgender people along with arbitrary and inappropriate law enforcement, thereby obstructing HIV advocacy and service delivery.

To help countries define a national agenda for action, the report makes wide-ranging recommendations—that governments should repeal laws that criminalise sex between adult men; train law enforcement personnel on HIV, sexuality, and human rights; address discrimination in health care; introduce laws that protect people from discrimination and recognise transgender status; organise public programmes to raise awareness of the rights and needs of MSM and transgender people; and combat stigma.

The HIV epidemic in MSM in the Asia-Pacific region is an urgent public health priority. If only 10% of Asian MSM have access to HIV prevention services, a massive scale-up is required. Greater coordination between health and justice sectors within governments in the Asia-Pacific region would be a welcome start. ■ *The Lancet*

For the 2005 survey see <http://www.constellafutures.com/Documents/3482HIVCoverage2005.pdf>