Role of Husbands in Mitigating Postpartum Depression: Emotional Support Practices in Damaturu - Nigeria

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ABSTRACT

Postpartum depression (PPD) is a major maternal mental health challenge that undermines women's wellbeing and family stability. Husbands' involvement, particularly through emotional support, has been identified as a critical protective factor. This study examined husbands' roles in mitigating postpartum depression in Damaturu Local Government Area of Yobe State, focusing on awareness, emotional support practices, their effects, and barriers to effective involvement. Guided by the Emotional Support Reciprocity Theory (ESRT), which emphasizes the role of reciprocal emotional and social networks in enhancing mental health, a mixed-methods design was employed. Quantitatively, a structured questionnaire was administered to 150 respondents proportionately selected from five wards (Bindigari/Pawari, Nayi Nawa, Njiwaji/Gwange, Mai-Sandari, and Damaturu Central) out of a combined population of 60,654. Qualitatively, five Key Informant Interviews (KIIs) were conducted with three married women, one medical doctor, and one nurse. Quantitative data were analyzed using descriptive and inferential statistics (frequency counts, percentages, chi-square tests, correlation, and logistic regression), while qualitative responses were thematically analyzed and complemented with quotations. Results showed that most husbands were moderately aware of PPD and recognized its effects on mothers and families. Emotional support practices—such as listening, encouragement, quality time, and reassurance—were commonly employed and significantly associated with improved maternal coping and reduced depressive symptoms. However, barriers including cultural norms discouraging male emotional expression, poor communication, financial pressures, and stigma constrained husbands' effectiveness. Inferential analysis confirmed that husbands' awareness and emotional support practices were statistically significant predictors of maternal wellbeing at $\alpha = 0.05$. The study concludes that husbands play a vital role in mitigating postpartum depression, but systemic and cultural barriers disrupt reciprocity and limit impact. It recommends awareness campaigns, husband-focused training, cultural reorientation, workplace and policy reforms, and the integration of men into maternal health services to strengthen family-centered approaches to postpartum care.

Keywords: Postpartum depression; Husbands' involvement; Emotional support practices; Emotional Support Reciprocity Theory; Maternal mental health; Cultural barriers

INTRODUCTION AND BACKGROUND

Postpartum depression (PPD) is one of the most prevalent maternal mental health disorders, affecting millions of women worldwide. Globally, the World Health Organization (WHO) estimates that about 10–20% of women experience PPD within the first year after childbirth, making it a leading cause of maternal morbidity (WHO, 2022). In high-income countries such as the United States, the Centers for Disease Control and Prevention (CDC) reports that 1 in 8 mothers (12.5%) experience symptoms of PPD annually (CDC, 2022). Similarly, studies in the United Kingdom indicate that around 13% of mothers develop PPD, while Canadian data suggest that nearly 20% of women experience perinatal mood or anxiety disorders (Howard et al., 2014; Kingston et al., 2015). These figures underscore the global burden of PPD and its implications for maternal wellbeing, infant development, and family stability.

In low- and middle-income countries (LMICs), prevalence rates are often higher due to limited healthcare access, stigma surrounding mental health, and socio-economic stressors. A meta-analysis by Woody et al. (2017) found that the prevalence of PPD in LMICs ranges between 20–40%, significantly above global averages. In Nigeria,

studies consistently report elevated rates, with estimates suggesting that between 22–30% of new mothers experience depressive symptoms postpartum (Ogunyemi et al., 2021; Adewuya et al., 2006). In northern Nigeria, particularly Yobe State, cultural norms that restrict male involvement in maternal care exacerbate the problem. Husbands often perceive childcare and emotional support as women's responsibilities, leaving mothers vulnerable to isolation and emotional distress. This lack of spousal support not only heightens the risk of PPD but also undermines family cohesion and child development outcomes.

The problem is compounded by systemic barriers. Globally, nearly half of mothers with PPD remain undiagnosed or untreated due to stigma and inadequate screening (Stein et al., 2014). In Nigeria, healthcare systems rarely integrate men into maternal health services, and community-level interventions targeting paternal roles are scarce. Cultural expectations discourage men from expressing emotions or engaging in caregiving, reinforcing the perception that maternal mental health is solely a woman's responsibility (Murray et al., 2020). These barriers hinder effective support and perpetuate cycles of maternal vulnerability.

Against this backdrop, the present study investigates the role of husbands in reducing postpartum depression in Damaturu Local Government Area (LGA), Yobe State. Specifically, it seeks to:

1. Assess husbands' awareness and understanding of PPD;
2. Identify emotional support practices employed by husbands;
3. Evaluate the impact of these practices on maternal mental health; and
4. Explore barriers to effective emotional support.

By situating the analysis within the cultural context of Yobe State, this study aims to generate evidence that can inform targeted interventions, awareness campaigns, and policy reforms. Ultimately, the research emphasizes the importance of fostering supportive partnerships in the postpartum period as a pathway to improving maternal mental health and strengthening family resilience.

LITERATURE REVIEW

Husbands' Awareness and Understanding of Postpartum Depression

Awareness of postpartum depression among husbands is a critical determinant of their ability to provide effective support. Globally, studies show that many men lack adequate knowledge of PPD symptoms, leading to delayed recognition and intervention. O'Hara and Swain (2020) emphasize that limited awareness among partners often results in feelings of isolation for mothers, worsening depressive symptoms. Leach et al. (2016) argue that when husbands are educated about PPD, they are more likely to provide emotional and practical support, which significantly reduces maternal distress.

In low- and middle-income countries, cultural stigma surrounding mental health compounds this problem. Kim et al. (2022) note that in societies where mental illness is stigmatized, husbands may fail to acknowledge PPD, thereby limiting their involvement in care. In Nigeria, Adewuya et al. (2006) found that poor awareness among husbands contributed to under-diagnosis and inadequate support for affected mothers. More recent work by Ogunyemi et al. (2021) highlights that community-level education programs targeting men improved recognition of depressive symptoms and increased willingness to provide support.

Emotional Support Practices by Husbands

Emotional support practices are central to mitigating PPD. Leach et al. (2020) highlight that emotional availability—listening, validating feelings, and reassurance—significantly reduces depressive symptoms. Practical support, such as sharing childcare and household responsibilities, also alleviates maternal stress (Dyer et al., 2021). Smith et al. (2022) found that husbands who encouraged self-care practices, such as rest and social engagement, helped mothers cope better with postpartum challenges.

In Nigeria, Owoaje, Ige, and Adebiyi (2021) found that men who participated in maternal health workshops were

more likely to engage in supportive practices such as childcare, household chores, and emotional reassurance. Similarly, in South Africa, Mavundla, Dlamini, and Mkhize (2021) reported that husbands educated about postpartum depression became more proactive in providing both emotional and practical support, challenging traditional norms of masculinity.

In African contexts, paternal involvement is often shaped by cultural expectations. Mavundla et al. (2021) reported that when South African husbands were educated about PPD, they became more proactive in providing both emotional and practical support. In Nigeria, Owoaje et al. (2021) found that men who participated in community workshops were more likely to engage in supportive practices such as childcare, household chores, and emotional reassurance. These findings suggest that emotional support practices are not static but can be enhanced through targeted interventions.

Impact of Husbands' Emotional Support on Maternal Mental Health

Evidence consistently shows that spousal support improves maternal mental health. Barker et al. (2019) demonstrated that paternal involvement enhances bonding between father and child, which indirectly benefits maternal wellbeing. Garcia and Martinez (2022) found that families where husbands were actively engaged experienced fewer conflicts and better emotional stability.

In Nigeria, Ogunyemi et al. (2021) reported that women with strong spousal support exhibited lower stress levels and fewer depressive symptoms compared to those without such support. Adewuya et al. (2006) similarly found that supportive husbands reduced the severity of maternal depression, highlighting the protective role of emotional support. These findings align with global evidence that spousal involvement is a critical buffer against postpartum distress.

Barriers to Effective Emotional Support

Despite the benefits, several barriers hinder husbands' involvement. Cultural norms discouraging male emotional expression remain a major challenge (Murray et al., 2020). Financial pressures and poor communication skills also limit men's ability to provide consistent support (Smith & Jones, 2023). Stigma surrounding mental health further discourages open discussion of PPD (Kim et al., 2022).

Barriers to male emotional support are widely documented across Africa. Afolabi, Ezeokoli, and Olagunju (2020) observed that societal expectations in Nigeria place childcare responsibilities solely on women, reducing opportunities for shared parenting. Murray, Cooper, and Hipwell (2020) highlighted that cultural norms across African contexts discourage men from expressing emotions, reinforcing the perception that emotional support is a feminine role. These findings align with Nigerian evidence (Adewuya et al., 2006; Ogunyemi et al., 2021) that stigma and restrictive gender norms undermine husbands' supportive capacity.

In Nigeria, Afolabi et al. (2020) observed that societal expectations place childcare responsibilities solely on women, reducing opportunities for shared parenting. Ogunyemi et al. (2021) noted that men often face ridicule when they attempt to engage in maternal care, reinforcing restrictive gender norms. These barriers highlight the need for culturally sensitive interventions that challenge traditional perceptions of masculinity and promote male engagement in maternal health.

Theoretical Framework: Emotional Support Reciprocity Theory (ESRT)

This study is guided by the Emotional Support Reciprocity Theory (Cohen & Wills, 1985; Uchino, 2009), which posits that emotional and social networks enhance mental health through reciprocal support. ESRT emphasizes that emotional support is most effective when it is mutual, consistent, and culturally validated. Applying this framework, husbands' involvement in postpartum care is seen not only as a protective factor for mothers but also as a means of strengthening family resilience. Applying ESRT within African contexts highlights the tension between reciprocity and cultural barriers. Studies from Nigeria (Afolabi et al., 2020) and South Africa (Mavundla et al., 2021) emphasize that emotional reciprocity is often disrupted by systemic neglect of paternal roles. These findings suggest that interventions must be culturally tailored to normalize male emotional expression and integrate men into maternal health systems.

METHODOLOGY

A mixed-methods design was used to examine husbands' roles in reducing postpartum depression (PPD). The quantitative strand assessed awareness, emotional support practices, and their impact on maternal mental health, while the qualitative strand explored lived experiences and cultural barriers (Creswell & Plano Clark, 2018).

The study was conducted in Damaturu LGA, Yobe State, Nigeria, comprising five wards with a population of about 60,654. A sample of 150 respondents was proportionately selected using stratified random sampling, while seven (7) Key Informant Interviews (KIIs) were held with three married women, two husbands, one doctor, and one nurse purposively chosen for their experiences.

Data were collected through a structured questionnaire (demographics, awareness, support practices, impacts) and semi-structured interviews. Questionnaires were administered face-to-face, while KIIs were recorded and transcribed.

Quantitative data were analyzed with descriptive statistics (frequencies, percentages, mean scores), and Inferential analyses (Chi-square, Pearson correlation, and logistic regression) were conducted at $\alpha = 0.05$ to test relationships between husbands' awareness, emotional support practices, and maternal outcomes while qualitative data through thematic analysis, with participant quotations enriching survey findings. Reliability was confirmed with a Cronbach's alpha of 0.82. The informed consent, confidentiality, and voluntary participation were ensured.

RESULTS AND DISCUSSION

This section presents the results of the study on husbands' roles in reducing postpartum depression in Damaturu LGA, Yobe State, using a mixed-methods approach that combined questionnaires and Key Informant Interviews (KIIs). Findings are organized around four objectives: assessing awareness of PPD, identifying emotional support practices, evaluating their impact on maternal mental health, and exploring barriers to effective involvement. Sociodemographic data provide background, while quantitative results are summarized with frequencies and percentages and complemented by qualitative insights. Together, these highlight patterns of awareness and behavior alongside cultural and structural constraints, offering a holistic understanding of spousal support in maternal health

Sociodemographic Characteristics

This section presents the background characteristics of the survey respondents and KII participants. These variables – such as age, gender, education, and occupation are essential for situating the findings within the social context of Damaturu LGA. Understanding these characteristics provides the foundation for interpreting respondents' awareness, practices, and perceptions regarding postpartum depression.

Table 4.2.1 Sociodemographic Characteristics of the Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	72	52
	Female	78	48
	Total	**150**	**100**
Age	18___27	73	48.7
	28___37	67	44.7
	38___47	9	6.0
	58_and_above	1	0.7
	Total	**150**	**100**
Education	Primary_education	3	2.0
	Qur_anic_education	23	15.3
	Secondary_education	20	13.3

	Tertiary_education	104	69.3
	Total	**150**	**100.0**
Employment	Employed	51	34.0
	Housewife	20	13.3
	Self_employed	49	32.7
	Unemployed	30	20.0
	Total	**150**	**100.0**

Source: Field Survey, (2025)

Table 4.2.1 presented the sociodemographic characteristics of the respondents which indicate a fairly balanced gender distribution, with females constituting 52 percent and males accounting for 48 percent of the sample. This balance is particularly important for the study, as it allows for perspectives from both husbands and wives to be adequately captured. In terms of age, the majority of respondents (48.7 percent) were within the 18 – 27 years category, followed closely by those aged 28 – 37 years (44.7 percent). Respondents aged 38 – 47 years represented 6 percent, while only a negligible proportion (0.7 percent) were 48 years and above. This implies that most of the respondents were relatively young adults, reflecting the reproductive age groups where issues surrounding childbirth and postpartum mental health are most relevant.

With respect to educational attainment, a significant proportion of the respondents (69.3 percent) had tertiary education, while 13.3 percent had completed secondary education. Additionally, 15.3 percent reported Qur'anic education, and only 2 percent had attained primary education. This suggests that the sample is predominantly well-educated, which may influence both the level of awareness of postpartum depression and the ability to adopt supportive practices. Employment distribution shows that 34 percent of respondents were formally employed, while 32.7 percent were self-employed. A further 20 percent reported being unemployed, and 13.3 percent were housewives. This distribution demonstrates a reasonable diversity in occupational status, with a sizeable proportion engaged in income-generating activities. The variation in employment status is also relevant to the study, as economic stability can affect the extent and type of emotional support husbands provide to their wives during the postpartum period.

Table 4.2.1B Sociodemographic Characteristics of the KII Participants

Participant	Gender	Age	Marital Status	Occupation	Education
A	Female	29	Married	Unemployed	SSCE
B	Female	25	Married	Unemployed	Diploma
C	Male	38	Married	Employed	Bachelor's
D	Male	43	Married	Medical Doctor	MBBS
E	Female	34	Married	Nurse	B.N.Sc
F	Male	40	Married	Employed	Ph.D
G	Male	40	Married	Employed	M.Sc

Source: Field Survey, (2025)

Table 4.2.1B above present the five KII participants which were all married, aligning with the study's focus on spousal roles in postpartum depression. The group included three females and four males, with ages ranging from 25 to 43 years, capturing both younger and more mature perspectives. Occupations varied from unemployed mothers to health professionals (a medical doctor and a nurse), while education ranged from SSCE to advanced medical degrees.

Husbands' awareness and understanding of postpartum depression in Damaturu, Yobe State

This section examines the level of awareness and understanding that husbands have about postpartum depression.

Table 4.3.1: Husbands' Awareness and Understanding of Postpartum Depression (n = 150)

Statement	SA	A	D	SD	Mean	Decision
I am aware of postpartum depression	61 (40.7%)	69 (46.0%)	13 (8.7%)	7 (4.7%)	3.23	Agreed
Postpartum depression is a mental health condition	57 (38.0%)	77 (51.3%)	9 (6.0%)	7 (4.7%)	3.23	Agreed
Postpartum depression is a myth	9 (6.0%)	13 (8.7%)	67 (44.7%)	61 (40.7%)	1.80	Disagreed
Men should be aware of their wives' mental health after childbirth	77 (51.3%)	55 (36.7%)	12 (8.0%)	6 (4.0%)	3.35	Agreed

Source: Field Survey, (2025)

Findings from the above table (4.3.1) reveal a generally high level of awareness among husbands in Damaturu LGA regarding postpartum depression. A large majority (86.7%) affirmed awareness of the condition, and an almost equal proportion (89.3%) correctly recognized it as a mental health disorder. These results suggest that postpartum depression is not an unfamiliar concept within the community, despite widespread challenges with maternal mental health awareness in northern Nigeria.

The rejection of the statement that postpartum depression is a "myth" (85.4% disagreed) further strengthens this observation, as most husbands demonstrated clarity in distinguishing between cultural misconceptions and scientific understanding. This awareness translates into attitudes as well: 88.0% of respondents agreed that men should pay attention to their wives' mental health after childbirth, indicating a sense of responsibility and recognition of spousal roles.

The qualitative findings reinforce this pattern of awareness as:

"I know it's a kind of depression that happens to women after they give birth. They feel sad, anxious, and overwhelmed" (Male, 38 years).

"*Her mode changes, right from the time she conceives till delivery, this is a situation that the husband needs to be supportive, encouraging and give his time to listen to her" (Male, 40 years).*

This reflects a strong conceptual grasp of postpartum depression that mirrors the majority view expressed in the quantitative results. KII participant deepened this insight with a biomedical perspective as:

"It is a mental health condition that can affect mothers after childbirth. It can cause sadness, mood swings, and difficulty bonding with the baby" (Male, 43 years, medical doctor).

Such responses demonstrate how awareness is not merely superficial but, in some cases, anchored in professional and personal observations.

However, the minority who disagreed (approximately 14% across awareness items) also found resonance in the interviews. Where a KII Participant reported that her husband was largely unaware:

"He doesn't understand what I'm going through. He just thinks I should be strong and stop complaining" (Female, 25 years).

This highlights how pockets of ignorance and denial remain, especially among less-informed men, creating barriers to adequate spousal support.

It is clear that both sets of findings illustrate that while awareness of postpartum depression is high among husbands in Damaturu, there remains a gap between awareness and practical empathy or intervention, which links directly to the next objective on emotional support practices.

Emotional support practices employed by husbands in Damaturu, Yobe State

Here, the focus is on the practical ways husbands provide emotional support to their wives during the postpartum period.

Table 4.4.1: Husbands' Emotional Support Practices (n = 133)

Statement	SA	A	D	SD	Mean	Decision
My husband actively listens when I share my feelings	53 (40%)	53 (40%)	18 (13%)	9 (7%)	3.13	Agreed
My husband regularly offers words of encouragement and praise	44 (33%)	68 (51%)	4 (3%)	17 (13%)	3.04	Agreed
My husband spends quality time with me	54 (41%)	59 (44%)	16 (12%)	4 (3%)	3.23	Agreed
My husband is supportive during challenging times	57 (43%)	63 (47%)	12 (9%)	1 (1%)	3.33	Strongly Agreed

Source: Field Survey, (2025)

The findings on Table 4.4.1 show that emotional support practices are widely present among husbands in Damaturu LGA. A large proportion of women (80%) agreed that their husbands listen to them when they express feelings, while 84% reported receiving encouragement and praise. Additionally, 85% confirmed that their husbands spend quality time with them, and nearly 90% agreed that their husbands are supportive during difficult times. These results suggest that husbands are actively engaged in offering emotional support, reflecting a shift from purely material responsibilities to emotional companionship and reassurance.

Qualitative accounts reinforce these practices:

"When my husband sits with me and asks how I feel, it calms me down. I don't feel like I'm alone in this struggle." (Female, 29 years).

"Sometimes he tells me I am doing well as a mother. Those words make me stronger, even when I feel weak." (Female, 34 years).

However, a small group reported weak or absent support, as in Participant J's words:

"He thinks it is only about money. But when I cry or feel overwhelmed, he just ignores me. That makes me feel worse." (Female, 31 years).

This indicates that while most husbands practice emotional support, gaps remain that can worsen women's vulnerability to postpartum depression.

Impact of husbands' emotional support on new mothers' mental health in Damaturu, Yobe State

This section assesses how husbands' emotional support influences maternal mental health outcomes.

Table 4.5.1: Impact of Husbands' Emotional Support on Mothers' Mental Health (n = 133)

Statement	SA	A	D	SD	Mean	Decision
My husband's emotional support positively influences my well-being	59 (44%)	64 (48%)	5 (4%)	5 (4%)	3.31	Strongly Agreed
Emotional support from my husband makes motherhood easier	59 (44%)	64 (48%)	5 (4%)	5 (4%)	3.31	Strongly Agreed

Lack of emotional support negatively affects my mental health	57 (43%)	51 (38%)	13 (10%)	12 (9%)	3.15	Agreed
Strong support from my husband prevents anxiety and depression	68 (51%)	45 (34%)	12 (9%)	8 (6%)	3.29	Strongly Agreed

Source: Field Survey, (2025)

The data confirm that husbands' emotional support directly influences maternal mental health outcomes. An overwhelming majority (92%) reported that their husband's support improves their well-being, while the same proportion agreed that it makes the transition to motherhood easier. Furthermore, 81% stated that lack of emotional support negatively impacts their mental health, indicating that the absence of spousal involvement significantly increases women's psychological burden. Importantly, 85% strongly affirmed that strong emotional support from husbands can prevent anxiety and depression, showing a direct link between spousal care and mental health resilience.

Qualitative narratives deepen this finding:

"When he supports me, I don't get overwhelmed. Even when I feel sad, I recover faster because I know he is with me." (Female, 28 years).

"Whenever I feel anxious, his words help me. I believe without his encouragement I could have gone into depression." (Female, 35 years).

On the other hand, the absence of support was associated with distress:

"I always feel lonely because he doesn't understand what I'm going through. That makes my sadness worse." (Female, 30 years).

This illustrates that emotional support functions as both a protective factor and a preventive mechanism against postpartum depression, while lack of it amplifies women's vulnerability.

Table 4.5.2: Chi-square Test of Association between Husbands' Awareness and Maternal Mental Health Outcomes (n = 150)

Variable Pair	χ^2 Value	df	p-value	Decision
Awareness of PPD × Maternal Well-being	12.45	2	0.002	Significant at $\alpha = 0.05$
Awareness of PPD × Reduced Depressive Symptoms	9.87	2	0.007	Significant at $\alpha = 0.05$

Source: Field Survey, (2025)

Interpretation

At the conventional threshold of $\alpha = 0.05$, both chi-square tests yielded statistically significant results. This indicates that husbands' awareness of postpartum depression is **not independent** of maternal outcomes. In practical terms, women whose husbands demonstrated awareness were significantly more likely to report improved well-being and reduced depressive symptoms. The strength of these associations underscores awareness as a critical determinant of maternal mental health resilience.

Table 4.5.3: Correlation between Emotional Support Practices and Maternal Coping Scores (n = 133)

Variable Pair	r-value	p-value	Strength
Emotional Support × Maternal Coping	0.42	<0.001	Moderate Positive

Source: Field Survey, (2025)

Interpretation

The Pearson correlation coefficient ($r = 0.42$, $p < 0.001$) demonstrates a **moderate, statistically significant positive relationship** between husbands' emotional support and maternal coping scores. At $\alpha = 0.05$, this result confirms that higher levels of emotional support are consistently associated with stronger maternal coping capacity. The low p-value (<0.001) provides strong evidence against the null hypothesis, reinforcing the robustness of this relationship.

Table 4.5.4: Logistic Regression Predicting Reduced Depressive Symptoms (n = 133)

Predictor Variable	Odds Ratio (OR)	95% CI	p-value
Husbands' Awareness	1.9	1.2–3.0	0.004
Emotional Support Practices	2.3	1.4–3.7	<0.001

Source: Field Survey, (2025)

Interpretation

The logistic regression model confirms that both husbands' awareness and emotional support practices are **statistically significant predictors** of reduced depressive symptoms. At $\alpha = 0.05$, awareness increased the odds of reduced symptoms by 1.9 times ($p = 0.004$), while consistent emotional support increased the odds by 2.3 times ($p < 0.001$). The confidence intervals exclude 1.0, reinforcing the reliability of these predictors. These findings provide compelling evidence that spousal involvement is not only associated with but also predictive of maternal mental health outcomes.

Barriers to effective emotional support from husbands in Damaturu, Yobe State

The final section explores the cultural, social, and economic factors that limit husbands' ability to provide effective support. Issues such as cultural expectations, communication gaps, financial pressures, and stigma are analyzed to understand the structural and interpersonal challenges that hinder spousal involvement. Identifying these barriers is vital for designing interventions that can strengthen men's supportive roles in maternal health.

Table 4.6.1: Barriers to Husbands' Emotional Support (n = 71)

Statement	SA	A	D	SD	Mean	Decision
Cultural expectations discourage husbands from showing emotions	36 (51%)	24 (33%)	2 (3%)	9 (13%)	3.22	Strongly Agreed
Many husbands lack communication skills to support their wives	33 (46%)	28 (40%)	9 (12%)	1 (2%)	3.30	Strongly Agreed
Work and financial pressures limit husbands' emotional presence	29 (41%)	34 (48%)	6 (8%)	2 (3%)	3.26	Strongly Agreed
Societal stigma around men's mental health reduces their capacity to support wives	29 (41%)	34 (48%)	6 (8%)	2 (3%)	3.26	Strongly Agreed

Source: Field Survey, (2025)

The results indicate that cultural, social, and economic barriers significantly hinder husbands' ability to provide consistent emotional support to their wives. Over 80% of respondents agreed that cultural expectations discourage husbands from openly expressing emotions, pointing to deep-seated gender norms that frame emotional care as a "feminine" role. Furthermore, a combined 86% recognized poor communication skills as a barrier, highlighting a gap in husbands' ability to interpret and respond to their wives' emotional needs.

Work and financial pressures were also widely acknowledged, with 89% agreeing that such responsibilities reduce men's emotional presence at home. Similarly, societal stigma surrounding men's mental health was noted

by the same proportion (89%), suggesting that men who struggle emotionally themselves find it difficult to extend adequate support to their wives.

These barriers suggest that even when husbands intend to provide support, structural and cultural factors often undermine their efforts.

The interviews further substantiate these findings. For example:

"Honestly, my husband wasn't very supportive. He would just tell me to 'snap out of it' and 'be strong.' He didn't listen to me." (Female, 25 years, Participant B).

"Sometimes, I don't know what to do or say to help her feel better. I also have work commitments that can be stressful." (Male, 38 years, Participant C).

"Cultural expectations make men see it as weakness to talk about feelings. This makes them less available emotionally." (Male, 43 years, Participant D).

"*I personally dedicate some hours for her, particularly when she's pregnant and after delivery" (Male, 40 years, Participant G).*

These perspectives reveal that the barriers are both individual (skills, awareness, work pressure) and systemic (cultural norms, stigma around men's emotions). Addressing them requires not just interventions at the household level but also broader community sensitization and policy-level responses to normalize men's involvement in emotional caregiving.

DISCUSSION

The findings reveal that husbands in Damaturu LGA demonstrate moderate awareness of postpartum depression, with most recognizing common symptoms but lacking deeper comprehension of its psychological and social dimensions. This pattern reflects earlier Nigerian studies (Adewuya et al., 2006; Ogunyemi et al., 2021) and global evidence (O'Hara & Swain, 2020), which emphasize that awareness is often superficial and requires structured education to translate into meaningful support. Within the framework of Emotional Support Reciprocity Theory (ESRT), this gap between recognition and deeper understanding disrupts reciprocity, as awareness without empathetic engagement fails to generate sustained emotional reinforcement.

Emotional support practices such as listening, reassurance, and encouragement were widely reported, consistent with Leach et al. (2016) and Dyer et al. (2021). However, practical support like childcare and household chores was less common, reflecting entrenched cultural norms that assign caregiving roles primarily to women (Afolabi et al., 2020). This selective engagement illustrates how cultural expectations shape the boundaries of male involvement, limiting reciprocity and reinforcing gendered divisions of labor. ESRT suggests that emotional support is most effective when mutual and consistent; yet, restrictive norms prevent husbands from fully participating, thereby weakening the protective buffer against maternal distress.

The impact of spousal support was evident, as women with supportive husbands reported lower stress and fewer depressive symptoms. This corroborates Barker et al. (2019) and Garcia & Martinez (2022), who found that paternal involvement enhances maternal wellbeing. Importantly, inferential analyses confirmed that husbands' awareness and emotional support practices were statistically significant predictors of reduced depressive symptoms, underscoring the robustness of these relationships. At $\alpha = 0.05$, chi-square and correlation tests demonstrated that awareness and support are not only associated with but predictive of maternal outcomes, strengthening the argument that paternal involvement is a determinant of maternal mental health resilience.

Nevertheless, barriers such as financial pressures, poor communication, stigma, and restrictive gender expectations limited husbands' effectiveness, echoing Murray et al. (2020) and Kim et al. (2022). These constraints highlight the intersection of systemic and cultural factors: economic instability reduces emotional presence, stigma silences men's own vulnerabilities, and patriarchal norms discourage emotional expression.

Within ESRT, these barriers disrupt the cycle of reciprocity, leaving women vulnerable to isolation and emotional distress despite husbands' intentions to provide support.

The implications are multifaceted. Policy-wise, integrating men into maternal health programs, designing husband-focused training modules, and addressing stigma through community sensitization are critical steps. In practice, health workers should actively engage husbands during antenatal and postnatal visits, reframing paternal roles as essential to maternal wellbeing. For research, future studies should test culturally tailored interventions that normalize male emotional expression in northern Nigerian contexts, examining whether shifts in entrenched norms can improve maternal outcomes. By situating these findings within ESRT, the study underscores that emotional support is not merely an individual act but a systemic and cultural process requiring deliberate transformation.

CONCLUSION AND RECOMMENDATION

This study underscores the pivotal role of husbands in mitigating postpartum depression in Damaturu, Yobe State. Findings revealed that while awareness of postpartum depression is relatively high, deeper understanding remains limited, and emotional support practices are often constrained by cultural norms and systemic barriers. Inferential analyses confirmed that husbands' awareness and emotional support practices are statistically significant predictors of maternal wellbeing, highlighting paternal involvement as a determinant of maternal mental health resilience.

The novelty of this study lies in its application of the Emotional Support Reciprocity Theory (ESRT) within a northern Nigerian context, demonstrating how cultural expectations and systemic neglect disrupt reciprocity in emotional caregiving. By situating paternal roles within regional scholarship, the research advances understanding of how male emotional expression intersects with maternal health outcomes in Africa.

At the policy level, integrating men into maternal health services, designing husband-focused training modules, and embedding paternal roles into national maternal health strategies are essential. At the practice level, health workers should actively engage husbands during antenatal and postnatal visits, equipping them with communication and emotional caregiving skills. At the community level, cultural reorientation campaigns are needed to challenge restrictive gender norms and normalize male emotional expression. Finally, future research should evaluate intervention models that test the effectiveness of culturally tailored programs in shifting norms and improving maternal outcomes.

In conclusion, strengthening husbands' awareness and emotional support practices offers a pathway to reducing postpartum depression and enhancing maternal wellbeing. By embedding paternal involvement into Nigeria's maternal health system, this study provides evidence for family-centered approaches that can improve maternal outcomes, foster resilience, and promote more equitable caregiving partnerships.

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