Role of Men in Supporting their Women Partners with Postpartum Depression (PPD): A study among Bangladeshis in Southern Ontario, Canada | Text Transcript | CIRCLE

This is a text transcription for the recorded event “Role of Men in Supporting their Women Partners with Postpartum Depression (PPD): A study among Bangladeshis in Southern Ontario, Canada” presented by the Canada India Research Centre for Learning and Engagement (CIRCLE) at the University of Guelph. The event was recorded on October 24, 2024, and was moderated by Ayesha Ali. The guest speaker was Muhammad Salim Miah.

Transcript:

Ayesha Ali:

I'm going.

Canada India Research:

Yep, all good.

Ayesha Ali:

Okay. Good morning, everyone, and thank you for attending or coming to today's webinar. I'm Ayesha Ali. I'm a faculty or professor in the Department of Mathematics and Statistics at the University of Guelph, and I'm happy to have you come to this CIRCLE Webinar.

Established in February 2020, at the University of Guelph, the Canada India Research Center for Learning and Engagement or CIRCLE aims to be an interdisciplinary nucleus in Canada for cutting-edge research on India and the Indian diaspora to showcase, advocate, catalyze and foster an equitable, respectful, and sustained exchange of knowledge between Canadian and Indian scholars on complex and emerging and unexplored topics related to sustainability and social and economic well-being.

CIRCLE is now on social media, Twitter X and Instagram. So do follow us, please. Today I would like to introduce our webinar speaker. The speaker has approximately 30 minutes to present, and then we'll have 20 minutes for questions and answers, or more hopefully stimulating discussion. However, we do have a hard stop at 60 minutes, at 11:30.

So, Muhammad Salim Miah is a graduate of the Public Issues Anthropology program in the Department of Sociology and Anthropology. He is the recipient of the CIRCLE Master's

research fund in 2023, and I'm told he's now seeking to pursue a PhD. The title of his Webinar is "Role of Men in supporting their women partners with postpartum depression", with a study among Bangladeshis in Southern Ontario, Canada.

Now, just before we begin, a few notes on etiquette or logistics, please ensure that you are on mute and that your video is off while the speaker is presenting, however, during the Q.&.A, you can feel free to wave your hand, or at that point, you can also turn on your screens if you like, and indicate that you have questions, but try to keep them brief comments or questions depending on the time.

Just to note, this event is being recorded with the intention that we will make it available via the CIRCLE website. And at this point I would like to turn things over to our speaker. So, Salim, please take over.

Muhammad Salim Miah:

Thank you, Dr. Ayesha, for providing me with the floor, and welcome all of you to my webinar. My name is Mohammad Salim Miah. Today I'll be presenting some of my Ma research experiences and some key findings in this session.

Before we start, let me introduce my background to you. I started my organization in 2022, in public issues anthropology at the University of Guelph, and I finished my organization in August 2024. This is my second master's. Before that, I had a master's in Anthropology at Shahjalal, University of Science and Technology City in Bangladesh, and I had a bachelor's in anthropology, from the same university.

Back, from Bangladesh, I was serving as an [.] in anthropology, at the same university. Currently I am staying in Canada and researching for my PhD. Program, and I think we can now delve into our discussion. And before that I'd like to share my screen. Can you see my screen?

Canada India Research:

Yeah, it looks good.

Ayesha Ali:

Yeah, maybe you can just put it in the present mode.

Muhammad Salim Miah:

Perfect. Yeah. There you go. These are my discussion outlines, but before the discussion outlines, I would like to introduce my study, my Ma. The thesis title is "the role of Men in supporting their women partners in postpartum depression". I study among Bangladeshis in Southern Ontario, Canada.

These are the study headlines. The professor, Dr. Ayesha said that we'll have discussions at the end of the session. So there is a question and answer session. So let's get started.

Acknowledgement at the beginning of these presentations. I'd like to offer my thanks to the Canada India Research Center for Learning and Engagement (CIRCLE) for funding this project, as well as for inviting me to these sessions.

I'd like to extend my gratitude to Professor Dr. Sharadha Srinivasan, who supervised me for this research, as well as Professor Dr. Candace Johnson from the Political Science department. She was serving the role of Co-Advisor. Last, but not least. I would like to extend my gratitude to all the study participants who participated in this study spontaneously and helped me a lot. Otherwise, it could not have happened.

About my study: it was an exploratory qualitative research, and I did it between November 26, 2023, to January 5, 2024. The study participants were men living in Toronto, Guelph, Waterloo, and Kitchener, whose women partners have recently given birth in the last 2 years, and are assumed to have had or be having postpartum depression experience.

I used purposive and snowball sampling for choosing my study participants in my study. I used 18th in-depth interviews following semi-structured interview guidelines, and I obtained informed consent from every participant, detailing my study and their spontaneous participation.

I have a couple of research questions first, so for today's discussions, I will restrict to the past research questions like, "How do different types of masculinity (like 'hyper hybrid and caring' masculinity) influence men's understanding and their support strategies in their partner's postpartum depression management.

I had five research questions for today's discussions. I would say the last three are the most relevant. Q3: explore the role men play in managing their women partner's postpartum depression; Q4: analyze the challenges men face in supporting their women partner's postpartum depression; Q5. Determine the resources needed for men to effectively support their partners.

Let's get an idea of postpartum depression. Postpartum depression is a significant health concern characterized by depressive episodes that can start immediately after childbirth, and last up to one year after childbirth. Globally, postpartum depression among mothers ranges from 0.5% to 61%. Among immigrant women, the rate is higher at 20% compared to 13% for non-immigrants.

In Canada, more than 12% of immigrant women experience postpartum depression compared to 6% of Canada-born women. Let's look at the symptoms. Common symptoms of postpartum depression are sadness, lack of energy, difficulty in concentrating, anxiety, feelings of guilt and hopelessness. And in cases of severe symptoms, suicidal attempts,

and infanticide. Can we imagine a woman wanting to kill her child? Seems impossible, and how could it even happen? But yes, it has happened in cases of extreme issues.

I can share news from The New Yorker. The New Yorker published the news on October 14th, 2024, it was an article based on women like Patrick Clancy's wife who killed her children during the postpartum Mental health crisis. A husband shared how his wife killed their children during her postpartum depression. So yes, it happens, and it's happening due to the extreme cases of postpartum depression.

It revealed that, yes, postpartum depression is a health concern and particularly a public health concern, and it needs great attention. What interested me in studying postpartum depression among Bangladeshis in Canada: The prevalent state of postpartum depression among Bangladeshis is 22%, which is significantly higher.

Besides that, I am talking about the high prevalence rate of postpartum depression in the context of Bangladesh, where the society is mostly patriarchal and predominantly practices hegemonic or hyper-masculinity behaviour towards women. So in Bangladesh, there is, despite all of this, this support that you know there is in the patriarchal society like Bangladesh.

The senior male member, basically holds the position of key decision maker, like the decision-making regarding the family issues and the healthcare issues, and is also considered the head of the family and the household. Despite having this patriarchal structure of society, there is an opportunity for women in Bangladesh to receive support from family members.

There is extended family support in Bangladesh, particularly from female family members. Besides that, there is a paid service, where the woman can work in the home and support her all the time, like during postpartum or pregnancy time to the women and help them in childcare home activities, cooking, or all other activities. And besides, after this, having all of this support,

There is a practice in Bangladesh, you know, sometimes women move to their parents' home during their pregnancy and childbirth, or even after the childbirth period, there is still a long time to stay at their own parents' home, which, provides them with great emotional support it and helps them to reduce their workload childcare and all other domestic activities.

At the same time, in some rural areas in Bangladesh, after childbirth, there is a 40-day confinement practice in Bangladesh where it helps them to restore their previous status of previous physical status and gain strength for re-starting life.

But when I moved to Canada in 2022, I witnessed a different scenario: there is no extended family support in Canada. So it stuck with me a lot that although the postpartum depression rate is higher in Bangladesh, despite having extended family support; in

Canada, you know, there is no extended family support. Families consist of like nuclear family, like a husband, wife, and child.

So what is happening here? How do they deal with these complicated issues? So it made me interested in studying Bangladeshi men, actually particularly Bangladeshis, about postpartum depression management, their attitude, and their role.

Let's talk about the behind-the-scenes of these selections. Why focus on men in postpartum depression management, you know, when postpartum depression is related to women? But why did I focus on men? It's a great question. So, I analyzed the questions. And yeah, the answer is like that, you know.

As I already mentioned, in Canada, the family structure, particularly the immigrant family structure, is predominantly nuclear (husband, wife, and child). And most of the time, if they are from Bangladesh and a male member, they'd hold the key responsibilities of being the breadwinner. On the other hand, the women partners, sometimes play the role of housewives, therefore men become key decision makers in terms of different family issues and health care issues. It focuses that men are very crucial in this context.

At the same time for the patriarch. You know, I said, that Bangladesh is a predominantly patriarchal society, and there are some hegemonic practices or hyper-masculinity practices there. My question was if they are from the same background staying in Canada. And you know, men can play a role in influencing the fueling factor of postpartum depression and can play the role of minimizing their postpartum depression.

Because if the man just practice their patriarchal or hegemonic hyper-masculinity, characteristics like manly characteristics, and a strong gender division of labour, they will impose on women all the unpaid work, like childcare domestic activities, cooking, all activities which will increase their burden.

They will be overburdened, and they will be stressed. So, on the other hand, if the man can adopt a very caring, sensible, responsible rule, it can just help as a medicine for reducing postpartum depression. There's the point I made: that men can play a significant, important role in dealing with their partner's postpartum depression.

There is another reason behind these selections. That is the research gap. You know, most of the time, current studies are focused on women's experiences - their sufferings, their health-seeking behaviour, health-seeking challenges, and all other issues. There are few studies actually about male suffering.

But there is a gap between this that there is little study about how men approach is there regarding their women's postpartum depression, their role and their activities, and their involvement in helping or reducing their women participants, postpartum depression. This altogether inspired me to work focused on the man regarding postpartum depression management.

These are the theoretical approaches I used in my research for greater understanding. [On screen: Patriarchy; Gender Division of Labour; Masculinities; The Three Bodies Concept; Medical Pluralism]. But I would say we can discuss all of this when I talk about my findings from these studies. I'll try to discuss patriarchy, gender division of labour and masculinity in today's discussions. Patriarchy - the male dominance leading to the subdivisions and exploitation of women.

On the other hand, I discussed gender division and labour from 2 contexts - the traditionalist view and the egalitarian perspective, basically - domestic work, childcare, and all of the other unpaid work assigned to the women, and men appear as the key breadwinners.

On the other hand, the egalitarian perspective focuses on the combined or more balanced gender division of labour and a greater understanding of gender purpose and masculinity - this is one of the key areas of my research. I used masculinity in 3 different terms, like hegemonic or hyper-masculinity.

These are the characteristics of the man, masculinity itself is like being a man, showing the main characteristics of masculinity for the hegemonic, or hyper-masculinity has some characteristics like hiding one's emotions, showing emotional toughness and disrespectful words towards women, taking risks - these are all characteristics of hyper-masculinistic character.

On the other hand, hybrid masculinity embraces both hyper-masculinity characteristics and progressive masculinity characteristics like caring masculinity which focuses on the more cooperative, more supportive role, in terms of gender roles.

Let's move to the key findings of the study. In the next few slides. I'll just share with you my key findings of this study. 1st of all, regarding the fueling factors of postpartum depression, my study participants revealed different types of factors which they assume influenced and increased their women participants' postpartum depression.

I categorize them into 2 different issues. 1st of all: lifestyle and daily functioning disruptions. Factors are: feelings lost in normal life, including sleep disruptions, overburdening with childcare and household activities, frustrations due to the inability to breastfeed or insufficient breastfeeding, and excessive concern about the baby.

The second category is social and emotional support, and factors are: lack of extended family support, the burden of fulfilling traditional community expectations, financial uncertainty - including career and academic hurdles, and gaps in marital understandings, like pauses in sexual life.

What strategy is taken by the men or women for reducing their women partners' postpartum depression? In my study, I found that most of the study participants relied on a non-formal support system, which means support from the non-professional party/ the

non-official sources of support/the traditional community help: community support, and family support, spiritual support and virtual help. Sometimes healthcare, in terms of formal support, receives support from the healthcare providers in the form of formal support.

Let's delve into the non-formal support system. They receive different types of support from their community, particularly from their neighbours, friends, and their colleagues. In terms of advice, guidance, information, shared experiences and provided food help in cooking.

Interestingly, sometimes neighbouring women came to the study participants' homes and cooked their food for 3, 5, or 7 days, and sometimes they provided ready-made food, to the women, during their postpartum time. Based on my study. It helped a lot to reduce their workload, which made them more relatively relaxed than on other days.

Secondly, they receive support from the family, too. As I already mentioned, their family support, I mean practical family support, is no longer available in Canada for immigrant people, particularly for my study participant. I found only one participant out of 18 who had their parents with them and supported them. Otherwise, they received support from the family members, basically from the female family members over the telephone, or video call.

And like this, sometimes relied on virtual sources for search, the postpartum depression issues and seeking strategies. What should be the recovery strategies? All of this is learned through YouTube and Google.

The most interesting thing is the religious guidance in my study, a considerable amount of study participants relied on religious guidance in relieving their postpartum depression. There is an interesting practice like they sometimes in my study. It should be mentioned that out of 18, only one participant was from another religion, and 17 participants were Muslim.

Their background is Muslim, so they relied on faith, Allah, like God and practice that involved prayer, seeking help from Allah and listening to what they call religious speech. They watch this on YouTube and other sources, and on particular issues like how to manage stress, family issues, responsibilities, husband and wife rules all of these issues and get information regarding their concern. The most interesting practice I found in my study they call 'Halaqua.'

Halaqua is a very interesting practice. My study participants revealed that Halaqa helped them reduce their female partners' postpartum depression. Halaqua is a family kind of religious discussion in a family like on Halaqua day. They basically do this Halaqua - a religious discussion bi-weekly, or once a month they invite their similar-minded friends and family, and they also declare a topic to discuss on the day earlier.

Once they are on the Halaqua day, particularly for postpartum women, house people. From their near and dear. With a similar-minded background, they visit their home get-together, they discuss, they discuss openly their family issues, personal issues, their sufferings, and how to deal with this, and they get guidance from other people based on religion and based on their experiences.

They explained that it helped a lot because it opened the window to discuss their issues with other people having no other, considering other issues, what other people will think like this? Because they chose this group based on their same mentality, same religious background, and who has a very good understanding.

So, after the 1st sessions, they had some boards, and they declared the next session to other houses with the topic. They researched this topic, and on the day of the next session, they started discussing this issue. I find it very interesting because I didn't get it in Bangladesh. I didn't hear about it in Bangladesh. I guess because in Bangladesh they have extended family support, have friends and families, and all other members are there, so they might not need such a discussion. But here, I think this Halaqa played a role as a substitute family, I guess.

Next is the formal support. I said they received a little bit of formal support. They didn't really in my study. I didn't get anyone who received it. Anyone who visited healthcare supporters in receiving their postpartum nutrition-related support. They visited their healthcare providers for other issues like their child issues, breastfeeding issues and other issues and discussed their healthcare providers while visiting for other purposes.

The healthcare provider offered them preventive approaches like counselling them by providing them with some leaflets and other supportive documents rather than providing any prescriptions, and I asked the reason behind that, because, you know, in Canada, the mental health support system is very strong.

I asked them, why didn't you take the support from the formal support healthcare Provider? I got diverse responses. Among all others. I characterized the main few results. Most of them said that most of the time physicians, like healthcare providers, prioritize physical health rather than mental health.

Sometimes the healthcare provider didn't ask them about mental health issues. Once they ask about their mental health issues, they just ignore or sometimes give them superficial answers or try to ignore or avoid these issues because they said that they didn't get proper attention from the service providers, and therefore, they didn't feel it necessary.

So sometimes they say that this is a personal issue, and we should figure out this, we should talk about it with each other, help each other. We don't need to go to the service provider. There are other issues like the stigma, which is a social barrier. They found what other people would think if I went to seek help for my partner. Mental health issues they consider a very stigmatized word.

I can share one quotation that reveals the situation. "I wanted my woman partner to visit a psychologist but didn't feel comfortable. If other people knew about the depressive symptoms of my wife, I might have been questioned about the different family-related issues, and I didn't want to disclose my family issues to others".

That's the issue. That's the issue with why they didn't go for the formal support. This is one of the key sections of my study. I tried to interlink different types of masculinity in terms of their support system and their understanding of postpartum depression; I utilized caring masculinity, masculinities, and hybrid masculinity. In my study, most of the study participants rebuilt their caring attitude by enhancing support and sharing responsibility with their women partners.

Men sometimes offered quality time, providing them with emotional support, took them to lunch or any meal together discussed openly something going out for an outing, and discussed meeting with other people like inviting people for the discussions. As I only mentioned, these types of activities help reduce their women partners for postpartum depression.

They sometimes assisted with child care, child caring support, their women partners taking care of the babies and spending time with the babies, and sometimes helped women in cooking, like cutting some vegetables or other issues, other supportive stuff.

Women made healthcare decision-making in my study participant. Most of them, I mean 5 out of 18. I can say a considerable amount of people consider several people who provide support to their women, respect to their women partners, and decisions, and my study revealed that in terms of health care, this is, quite different from the Bangladeshi contest.

My study found that in terms of seeking healthcare support, women appeared as the key decision-makers. Most of the study participants revealed that their women partners decide to go or not, or to seek the services or not.

This is interesting and different from Bangladeshi. Contrast hyper-masculinity, masculine characteristics and patriotism. This is one of the areas where I found some of my study participants adopted hypermasculinity and patriarchal characteristics, which challenges in adopting equitable gender rules like the caring rule as a man because, in different activities, we revealed that yes, they have some hyper, masculinist and patriarchal characteristics as they reduced to they were, they were reluctant to involve in domestic activities.

Considering these are the women's jobs, they weren't involved in it to a greater extent, and they show emotional toughness to the women, particularly when they I mean, sometimes they're playing their women partners for their postpartum depression, and sometimes in my study I found that one of the concerning idea of women is the inability to breastfeed or struggling to breastfeed enough. So sometimes male partners blame the women partners and their inability.

‘Why are you not able to produce enough breast milk? Other women are doing the same. You're not a good mom.' These are huge mental pressures for the women, and sometimes they take the unilateral decision-making authority, they decide if they will seek services or not, and they are the key authority.

They played a key authority in the decision-making of health and sometimes other issues that they were hesitant to share and disclose their domestic role. They played with other people, particularly with their friends and family in Canada and Bangladesh. They are connected with, you know, with Bangladesh, with our phone. And they never feel uncomfortable.

What they're doing at home, particularly when they involve themselves in cooking, domesticating like cleaning or washing, or washing dishes or washing clothes. They don't like to share with other people, particularly with their neighbours, friends, families, and colleagues. These are the symptoms that they are still practicing hypermasculinity characteristics, and they are adopting better attitudes.

Lastly, the hyper hybrid masculinity. These are the actual combinations of both the traditional and the cultural masculine role here that they promote in a few studies, participants promoted flexible gender division of divisional labour. They said that we don't divide our domestic activities among us. Because it's our joint responsibility. We do it together.

So sometimes they make their healthcare decision collaboratively, by discussing with each other. And the last question issue is like struggling, giving up the traditional mindset. That's why they are in between hybrid, not the hyper, not the caring, they told. They are still, adopting their mindset like these: 'I am a man. I have to show mainly attitudes, and she's a woman. She needs to do some caring responsibility.'. They are struggling to give up this attitude.

Still, now we are just pushing to the close end of this session. Now, I want to discuss a little bit the challenges faced by the men in supporting the women partners and a suggestion for their improvement in terms of challenges. Of the study participants, almost all of them said that they struggled a lot in balancing their professional careers, life earnings, and family responsibilities, particularly after childbirth.

The additional responsibility towards the baby and partners as well as earning income, all put them into financial struggle. They face a huge struggle, to manage their financial stability, due to the limited job leave and job security also. All the issues lead to the deterioration in marital relationships which is one of the factors of postpartum depression. If the relationship between husband and wife is not good, there might be negative consequences for the event.

My participant also mentioned, 1/3rd of participants mentioned that they also had gone through huge mental and physical stresses, and they mentioned that most of the time

people ask about their women partners, mental issues, physical issues, child issues, but never asked about us - the men.'What are you doing? And how are you adapting? How are you balancing all of these issues? Everything is okay. Are you good, man?'

Sometimes they claim that even their women partners don't ask that - 'Are you good, man? Are you feeling better?' - or they didn't make enough effort to reduce their men's mental stress. Lastly, a few study participants said that yeah they had to sacrifice their careers and their professional lives due to the involvement of their childcare or family responsibilities.

One participant revealed: "As an average person, not a prophet, I tolerated it as much as I could. I tried to understand her problems and explore solutions, but when nothing worked after multiple attempts, I reached my limit, and started reacting, leading to the deterioration in our relationship". These are the conditions, like all other factors actually turn into deteriorations in marital relationships and impact women and men both badly.

The suggestions for improving the support systems. Most of the study participants explained or stated that they feel like they[men] should have better understanding and positive approaches to getting their women partners, they should be more cooperative and supportive and understanding. Some participants particularly mentioned that Bangladeshi people don't like to go to the kitchen to do work, I mean cooking, childcare, or other domestic activities.

They suggested that every man should know about cooking and all other stuff like doing domestic work, helping their women partners and having a better understanding, positive understanding, good understanding to their women partners, which can help as the medicine for the women partners to reduce their postpartum depression. The second issue is important, as the 1st one is also important. The second issue is unique in terms of Canada.

They asked for mandatory parental leave and reforming employment insurance policy. This is a policy issue. They ask that in Canada, if after childbirth, both parents can take or enjoy 12 months, or 18 months of parental leave. But these are not mandatory, you know. These are conditional. Once you go on parental leave, you will earn 55% of your salary without working the job.

But they explain that this is not sufficient because once they are used to 100% of their salary, they are still running out of money for their limitation. So they said that, yeah, this 55% salary is not enough. And some huge conditions are getting this 55%. I mean getting EI, they called employment insurance, you need to have some working hours, some other job offer and other conditions. They said that these are very, very unrealistic and complicated and need to be made easier.

They asked for comprehensive mental health support from the formal healthcare support, as it revealed that they, although they didn't receive greater support from the former

healthcare providers. But they said that if these concern issues are addressed properly, they might receive the services from the healthcare providers.

Particularly considering their religious background, their belief system, their cultural practices, and their family structure. They ask not to prescribe only or just suggest impractical solutions. One participant said,

'If I go to the healthcare providers she will say, Spend quality time with your partner.' However, my study participant said "I am earning for my two babies, two babies and my wife and me. There are 4 members in our family. I am earning a lot. I am doing a hard job, spending a lot of time outside. How can I be involved in supporting my partners? So if I go to the healthcare providers, they will guide me. Suggest you spend quality time with your spouse. This is unrealistic," he said.

So study participants said that it should be in consideration. They should have a comprehensive idea, give a holistic view, provide support to the patient and enhance community support. They also asked community people to enhance their support, although in my study participant, we, I found use support.

Participants mentioned that they received huge community support, and they asked to come to keep this support, continuing in future for the other couples so that it can help to ease their postpartum depression. And lastly, ensure support from the women's mothers. They asked the government to make it easy to bring their women partners' mothers to Canada, so that they can come here and provide them with emotional and all other support.

Lastly, in conclusion, I will wrap up my discussion with three key points. As I mentioned, caring masculinity seems to be most of the study participants in my study. Rebuilt caring, adopted caring masculinity. But there is some other reality inside because I witnessed and from my study.

It also found that their caring attitude and caring activity are partial, and occasional not regularly, but based on their availability of the time. If they have enough time. Then they spend their time with their child involved in domestic activities. But this is not regular. This is a concerning issue, although they have a caring attitude, these are not regular.

The second persistence of patriarchal norms and hyper-masculinity. Although they are living in Canada, they are still adopting in their subconscious mind the patriarchal norms and hyper-masculinity, characteristics they still holding the decision-making or sometimes imposing decisions or sometimes holding the key earning positions, and therefore women partners completely rely on their partner's decisions, so women partners lose their bargaining authority.

So even though they still considered caring jobs, childcare, domestic work, and cooking were still only solely women's jobs. I can add a few words from my study like this: I know, Professor Aisha, we are running out of time. Right? We are running out of time. Yeah.

Ayesha Ali:

Yeah, it's 11:13 now.

Muhammad Salim Miah:

What I said is the persistence of patriarchal norms and hybrid masculinities. Because, you know, they said in terms of after the child delivery. Sometimes people visit their homes, and they say that once anybody visits their home, the women partner needs to be well dressed and prepare food, clean the rooms, it all puts an extra burden on them. Look at all the responsibilities assigned to the women they asked.

They suggested that the women partners mothers to come and support them. Still, the caring job is for women, I mean. Women protest it as a person, but they're expecting she will come and support them. And yes, that's the issue that in our mind, they are still considering all the domestic work, all the caring work all of the women's jobs which put women into a burden and stresses them a lot.

Finally, the fluidity of the masculinity. Yeah, I found it interesting because those people who are adopting caring masculinity, aren't always caring. The people who are caring sometimes adopt the hyper-masculine characteristic, or the other way around, and vice versa. Sometimes, those who have masculinistic characteristics, like aggressively showing toughness to women, adopt caring masculinity. So masculinity is like a fluid issue that is transferable from one form to another form.

Lastly, what can I offer from my study? It's for the women and the men. I say that from their suggestions and my study, it's like they need to have a better understanding, adopt more caring masculinity, growth, masculine role and making a balance between work and family like this is very, very crucial. They need to focus on these issues to make it more smooth for women. Yeah, I say, as earlier mentioned in my study, most of the study participants are housewives.

Only a few of them, 5 out of 18, were involved in a part-time job, but during their pregnancy and childbirth, there was no income, so they completely relied on their male partners. Therefore, it puts the men in authority to make all the decisions, and women become completely dependent on their male partners. If they have some earning sources, they could have the space to bargain in domestic work and childcare or on all other issues, which will help them to reduce their stress.

Lastly, like community support, as I mentioned, the community played a significant role in reducing their women's stress. But at the same time, community people stress a lot with

some other issues like stigma or put some other additional advice which puts them into more stressful situations, so they need to be sensible.

Lastly, the service provider, as I already mentioned in the suggestion that the service provider and all the policymakers should have a comprehensive idea about the particular community like the Bangladesh community or other South Asian or any other immigrant community. For all other issues, they should have a holistic approach, and holistic understanding before providing their support. Thank you very much, and I am welcoming all of you to the questions and suggestions discussion portion.

Ayesha Ali:

Okay, thank you for a very interesting discussion. At this point, I'll open the floor to questions from the audience. You can write them in the chat or raise your hand, and we'll start with Ahmed. You can go ahead. I think you're muted still.

Muhammad Salim Miah:

Please unmute.

Ayesha Ali:

Okay. So maybe while you figure out the -, there we go.

Taief Ahmed Chowdhury:

Hello! Sorry. Some network problems. Thank you very much, Mr. Salim Miah, for your excellent presentation. It was tremendous. And recently I have become a father, and from your valuable discussion I have learned a lot, and it makes me impressed that you are thinking a lot, and your presentation give us a vast knowledge about PPD. Thank you very much for such an arrangement.

Will you kindly tell me more about Halaqua? Where do you find in Canada, Halaqua? How does it work? Because we know it is not practiced in Bangladesh. Then how we can could play a role in our societies.

Muhammad Salim Miah:

That's a very good, very good question. You know, I mentioned in my discussions that, yeah, Halaqua is a religious practice. They invited their similar-minded people at home, and they declared an issue before the session and everybody prepared. They discuss their issues, and they learn.

They search the knowledge, and once on Halaqua day, they discuss any questions they have in a question-and-answer session. One keynote speaker - he delivers the key issues. And after that, they started discussing their issues like, it's all about their personal

experiences. And they try to get out the information. I mean the solution from based on the religious guidelines and their experiences. So my study participant in Canada, the sphere of study participants revealed that.

Yes, it helped a lot because it opened the door for open discussions, and they find that they are not that alone. They are getting the same experiences from other people and that's why they feel better. But yeah, you know, we can add up. I don't know. From my knowledge, I haven't heard about a similar practice in Bangladesh. But yeah, maybe it could be a good start if somebody finds a similar group and starts discussing. It could be a good idea.

Taief Ahmed Chowdhury:

Okay, thank you very much. Thank you so much.

Muhammad Salim Miah:

You're welcome.

Ayesha Ali:

Okay. So next we have Nazma. And then we have one from the chat, Razwal, and then Seifel.

Nazma Khatun:

Oh, thank you so much. 1st of all, I appreciate highly your intriguing presentation and exploring the almost unexlored areas. Thank you so much. And I'm just wondering, though it's not the central issues of your research like you have mentioned, men should come up with their caring masculinity, and that they should have more understanding.

I was just wondering if their mental health could be an issue like if there is any chance that men are also suffering from their postpartum, you know, may not be a diagnosis of depression, but is there any possibility that they're also suffering from some sorts of mental health issues.

Nazma Khatun:

And is there any chance, or what could be your suggestion like? What makes the men to be hyper-masculine, not caring about masculinity rather than our, you know, patriarchal structure. And so, based on the findings, did you have any recommendation or any understanding of that?

Muhammad Salim Miah:

That's a great question. That's a very relevant question, too. In my study, I found that 17 out of 18 participants revealed that they struggled a lot with balancing their family responsibilities and their careers, and they had a great stressful time. And you know, yeah, there is a high probability, and there are some studies regarding the postpartum depression of man, too.

Yeah, although it's an issue about women. But at the same time, men also take some huge extra load, extra responsibility and extra mental stress, which is unexplored and unseen. Participants said, "Oh, nobody asked me about my mental health issue, even my wife. But I and everybody are concerned about my wife and my child". So yeah, that's the issue.

There are some diverse issues, men adopting masculine characteristics, you know, I said as hyper masculinist characteristic. I said that my study participants mostly are the key earning members, So they hold the key decision-making authority. So they have less time to spend on family and childcare. So they're influencing them to practice their hyper-masculinistic characteristics as women are more or less morally dependent. And they're doing their caring jobs and domestic activities - childcare, cooking.

Muhammad Salim Miah:

But yeah, there are huge factors. Men being mentally depressed and postpartum depression of men are also a few great areas of interest.

Ayesha Ali:

Okay, let's move to someone in the chat. I think it was Rezaul.

Rezaul Karim:

Yeah.

Ayesha Ali:

Rezaul. Yes.

Rezaul Karim:

Thank you, Salim Miah, for your presentations. So actually, this is a very interesting topic from CIRCLE and I am joining from Germany. I'm from Bangladesh I finished my PhD in agriculture, sociology and ecology. So it is the part of sociology so nice to hear something from a different aspect, especially post maritime departure in case of Canada.

Rezaul Karim:

So you put it that formal support is good, but I want to know more about how, in the end, you discuss the parental leave/maternal leave. You know in the case of Germany, here we also have formal support, like the midwife. So midwife insurance policy covers if the mother needs any support after childbirth. So midwife comes and it's happened. So what about the midwife in the policies of incidents in Canada. In Bangladesh, in the case of Bangladeshi, so can they bring their mother or father, because from Bangladesh what is the visa policy at this moment? So just, I am thinking about the formal regulation.

And I just want to comment on one thing. You put the research methodology. It is an explorative quality tip. But in the case of the [], I found. Most of them are quantitative. Just you explained a number, as, for example, 9 out of 18 get from community support. But if you explain it in percentages.

Also, in the case of the pyramid graph 3.1 3.2 in the case of percentage. So it will be good. So how many? Suppose 9 out of 18, it is difficult to understand. But in this case, if you put in percentage 9 means 50% so it is easy to guess the result. So maybe you can explain in case in terms of percentage instead of number. So this is my one comment. So thank you very much.

Muhammad Salim Miah:

Thank you very much, Dr. Rezaul Karim, I appreciate you for attending this session from Germany. Your questions and suggestions are truly invaluable.

Yes, the question is that yeah, there is a midwife system in Canada, too. But you know, everybody's health insurance doesn't cover this support. For those who can avail of these services, they get services up to 6 weeks delivery. Yeah, they sometimes visit home.

And yeah, there are some support, like there are some support workers, too. They visited the home and provided, some support as they helped with domestic work, child care and all other issues. But you know, these are for those who are highly salaried people and their insurance covered. But most of the time it doesn't cover.

That's the issue. And yeah, for the insurance policy. These are not mandatory, you know, you can take it. I mean, EI, they call it employment insurance, I mean, parental leave. But there are some conditions where you can both, both mother and father both can take together or one after another, until 12 months to 18 months. But then they will receive like 55% of their salaries, which deducts their income drastically. They're used to that 100% salary, you know.

With this 54%, none of my study participants received this EI, because they mentioned that these are not realistic, and it's not easy to survive with this little amount. Yes, in terms of visa policy. There is a reunification of Canada for the parents in terms of supporting women in Canada. This policy is time-consuming and long, lasting and uncertain.

Everybody is not getting a visa, so these are not certain. If you wish to have your parents in your during the postpartum time. If it doesn't happen, I said, that only one parent, one couple could do this out of the out of 18 in my study.

Yeah, in terms of method. Yeah, you pointed out the great issues like, yeah, as I already mentioned that it was a qualitative study. Therefore, I didn't focus on the percentage. You know, in a qualitative study we explain the situation, how much, rather than how percentage to, to reveal.

They are qualifying their experiences rather than quantifying the issues. So after that for the understanding, I just put it into the packet like 7 out of 18 to have an idea. But, in a quality qualitative study, we focus on the description narratives, or the portion of the people like some people, few people, or a considerable amount of people. But for understanding. I just put the packet and edited the number. So yeah, you're true. If it could have been a mixed method study like the quality quantity that could have been under.

I could say, this is one of the limitations. If the study was like the mixed method study, I could just incorporate all the statistical issues as well as the qualitative explanation that could have made this study stronger. Thank you for your suggestion. I truly appreciate it.

Rezaul Karim:

So I think once I listen more, just, you can put your research questions. Not what you can also include why or how. Maybe I found it in the research questions. starting with what? Only. So you can start your research question with why or how? Maybe it will be good.

Muhammad Salim Miah:

That's a good suggestion.

Ayesha Ali:

So we have about 1 minute left, and we have one more question. So I think I'll pass it over to Saiful. Let her ask her question, as we have a hard stop at 11:30.

Muhammad Salim Miah:

And just lastly, I can share my thesis inbox. You can just go through my thesis and get a good idea. And I'll share my email with you. If you have any issues, you can just contact me. Thank you very much.

Ayesha Ali:

Okay, so Saiful Alam? Your question?

Saiful Alam:

Thank you for giving me the opportunity to make a query, and it's really a moment of pride for me as I am from Bangladesh, and a researcher from Bangladesh with such amazing topics. Amazing, I should say I am telling. For this reason, as a student of internal medicine, I have seen.

We are emphasizing more on physical health, keeping mental health far behind. And then in these topics, the wave solution, the main wave solution has been. Put it in highlight. It's very crucial, because, in this postpartum period, most of the antidepressant or antipsychotic drugs are contraindicated, or create some deformities in the baby.

So my question is, though it is a social research and clinical medicine in perpetual psychiatric disorders is divided into 3 types, depending on the duration and presentation like postpartum, blue depression and psychosis. How have you defined postpartum depression in your research?

Muhammad Salim Miah:

A great question. Yeah, that's a great question in the clinical trial. Yeah, you're right that yeah, postpartum depression can be classified into 3. But for my study, I focus on, you know, postpartum depression is the very clinical word. So it's very difficult for the public people must let them understand the clinical issues. So I tried to explore them with a similar kind of Bengali. You know, I conducted my research in the Bengali language. So I tried to use similar language.

There are symptoms they witness after the child's delivery which they assume are due to their stress or which is unusual, they assume, they consider that these are for the additional stress, or some depression or some issues which is not they consider as the as usual time. So they use different types of Bengali words into in explaining their postpartum depression, like they say. Hotasha monk Arab. These are all similar words, you know, to express the depressive depressive aspect of postpartum depression.

Yeah, that's a great question you raise. Yeah, for the social science research, we don't explore the clinical issues a lot. So it was my focus to understand their narratives and how they explain their postpartum depression experiences. Thank you.

Ayesha Ali:

Okay, we're a couple of minutes over. But I think, Saline said, that he, you know you can always check out his thesis, and if you have other questions or comments, you can certainly email or put them in the chat and we'll see them after. But thank you very much for a very enlightening discussion. And yeah, I hope everybody has a good day.

We'll close it here. So, Emmerson, you could maybe stop recording.

[End of Transcript]