JURNAL MANAJEMEN INFORMASI KESEHATAN (HEALTH INFORMATION MANAGEMENT)
Volume 11, Issue 1, 2026 | Page 320-335
E-ISSN: 2622-0423 | P-ISSN: 2503-5118
https://ojs.stikessaptabakti.ac.id/jmis
https://doi.org/10.51851/jmis.v11i1.932

Research Dynamics Trends on Paternal Problem Disorders in Good Health and Wellbeing: A Decade Global Analysis (2015-2025)

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ARTICLE INFO

Keywords:
Paternal Mental Health Problem And Disorder; Perinatal; Good Health And Wellbeing; Bibliometrics Analysis

Article History:
Received: 2/11/2026
Revised: 5/13/2026
Accepted: 5/14/2026

ABSTRACT

Background: Perinatal mental health has become a global issue that has gained attention. However, research has focused more on maternal issues than paternal issues, even though paternal play an important role in family dynamics and child welfare. The complexity of this issue requires a more comprehensive and up-to-date study to identify important gaps in understanding paternal mental health as a whole. Therefore, this study aims to map the dynamics of development, trends, and patterns of scientific collaboration in studies related to paternal mental health problems and disorders in good health and wellbeing
Method: using a VOS-viewer based bibliometric analysis method of international publications over the last decade, including co-occurrence analysis (network, overlay, and density visualization) and co-authorship
Result: The result show a significant increase in perinatal publications, but dominance in maternal themes, even though there are already some expansion of studies towards paternal issues and intergenerational mechanisms.
Limitations: still use of a single database and the descriptive nature of the analysis. Further studies are needed to expand the data, deepen qualitative analysis, and explore paternal research longitudinally and cross-culturally
Conclusion: focus of research developing from maternal issues to family perspective, including paternal mental health, intergenerational mechanisms, and child development, although there has been no corresponding strengthening in terms of methodology or contextual considerations.

How to cite this article:
Nisa, F. I., Pratiwi, S. C., Hidayat, A. (2026). Research Dynamics Trends on Paternal Problem Disorders in Good Health and Wellbeing: A Decade Global Analysis (2015-2025), 11(1). 320-335. https://doi.org/10.51851/jmis.v11i1.932

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INTRODUCTION

Mental health has become a major global public health issue and is recognized as a key target of the 2030 Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being). This attention has intensified following the substantial increase in the prevalence of depression, anxiety, and psychosocial stress experienced by the global population over the past decade (United Nations, 2015; Charlson et al., 2019; World Health Organization, 2022). Epidemiological evidence across countries indicates that mental disorders now contribute to more than one-quarter of the global burden of disease, significantly affecting productivity, quality of life, and overall societal well-being (Santomauro et al., 2021; Mental Disorders Collaborators, 2022). Recent studies further demonstrate that social and economic inequalities, together with changing family dynamics, have increased the complexity of mental health problems worldwide (Lund et al., 2018; Patel et al., 2018). Consequently, mental health has become an essential indicator of well-being throughout the life course because it influences not only individual health but also family functioning and child development (Goodman et al., 2011; Howard et al., 2014).

In recent years, research on mental health has expanded considerably, particularly regarding depression, anxiety, and stress during the perinatal period. Global meta-analyses consistently report high rates of mental health disorders among parents, which negatively affect children's social, emotional, and behavioral development (Pierce et al., 2020; Racine et al., 2021). Similarly, longitudinal studies conducted across Europe, America, and Asia have shown that parental mental health during the perinatal period is a strong predictor of family relationship quality and children's cognitive development. Cross-cultural evidence also highlights parenting stress and family psychosocial conditions as key determinants of long-term well-being, reinforcing the importance of parental mental health as a growing focus in international research.

Despite this growing body of literature, existing research has predominantly concentrated on maternal mental health during the perinatal period, leaving paternal mental health relatively underexplored (Fisher & Pruitt, 2020; Paulson & Bazemore, 2010). This imbalance limits a comprehensive understanding of parental mental health as a whole. Evidence suggests that fathers also experience considerable levels of depression, anxiety, and perinatal stress; however, research on these issues remains limited compared with maternal studies (van Eck & Waltman, 2010; Aria & Cuccurullo, 2017; Donthu et al., 2021). Moreover, paternal mental health problems have been shown to directly influence father–child attachment, family functioning, and children's developmental outcomes (Ramchandani et al., 2005; Philpott et al., 2017; Leventhal et al., 2020). Although publications on paternal mental health have gradually increased, there has been no comprehensive global mapping of publication trends, scientific collaboration networks, thematic evolution, or conceptual developments covering the period from 2015 to 2025. This absence of a comprehensive bibliometric investigation represents an important methodological and substantive research gap.

Therefore, this study aims to map the global research landscape on paternal mental health within the framework of Good Health and Well-being (SDG 3) over the period 2015–2025 using a bibliometric approach based on the Dimensions database and visualization analysis with VOSviewer**.** By integrating quantitative bibliometric indicators, including publication output, citation performance, author productivity, and journal distribution, with scientific network visualization such as co-authorship, co-occurrence, overlay, and density analyses, this study provides a comprehensive overview of the development of research on paternal mental health. Furthermore, it identifies major research themes, reveals shifts in scientific focus over time, and highlights promising directions for future research in this increasingly important field

METHOD

Research Design: systematic quantitative bibliometric analysis literature review method

Instrument: publication data extracted from Dimensions databases on 12 December 2025. he Dimensions database was used in this study because it has a broad scope of publications and provides citation and metadata that support comprehensive bibliometric analysis. Then, Flowchart PRISMA at Figure 1 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Page et al., 2021) used to record the selection article process from dimensions databases (Nur Damayanti et al., 2024; Santosa & Damayanti, 2024).

Literature Searching Process

The publication identification process was carried out by extracting all scientific works with the theme "Paternal Problems and Disorders" indexed in the Dimensions database for the period 2015-2025, referring to the PRISMA guidelines using "paternal OR father AND mental health problem and disorder" and focusing primarily on titles and abstracts as the main indicators of thematic suitability in global bibliometric studies.

Literature Selection Process: The selection which were filtered to exclude results that were not relevant based on the eligibility criteria such as specific term of paternal mental health issues, scientific research article, in Good Health and wellbeing scope published in 2015-2025. The initial search yielded 142.015 publications. Then, articles selected to the focus on Good Health and Wellbeing and the field of health in order to minimize thematic bias, resulting in 94.951 publications. The next screening stage aimed to exclude non-scientific articles that were less representative in academic bibliometric analysis, resulting in 70.530 relevant publications. The final stage, quantitative synthesis selection, produced 24.421 articles that met all criteria,= reflecting the trend of scientific attention to paternal mental health over the past decade and confirming that the PRISMA selection process applied.

Analysis plan : using a VOSviewer-based bibliometric analysis method

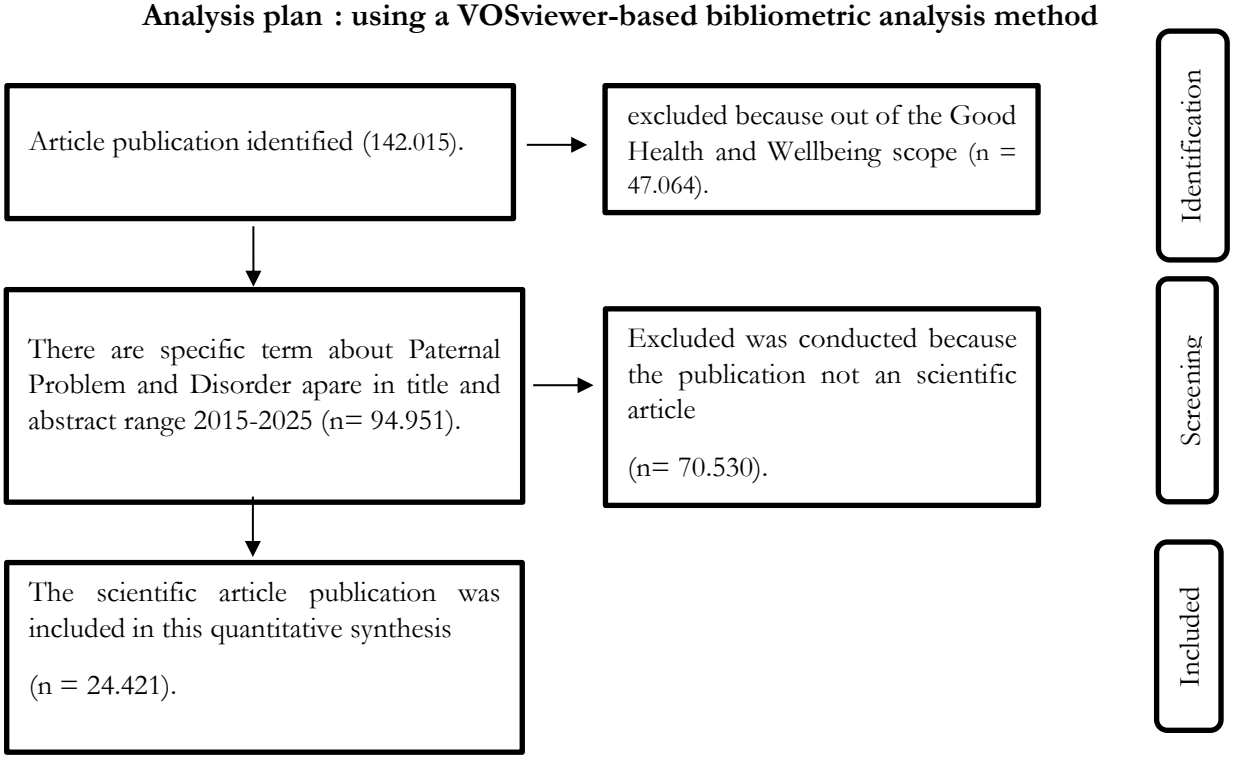

Figure 1 PRISMA Flowchart

RESULTS AND DISCUSSION

Results

Number of publication per year

The number of publications on paternal problems and disorders in good health and wellbeing from 2015 to 2025, total 24.421 scientific articles per year, presented in Figure 2.

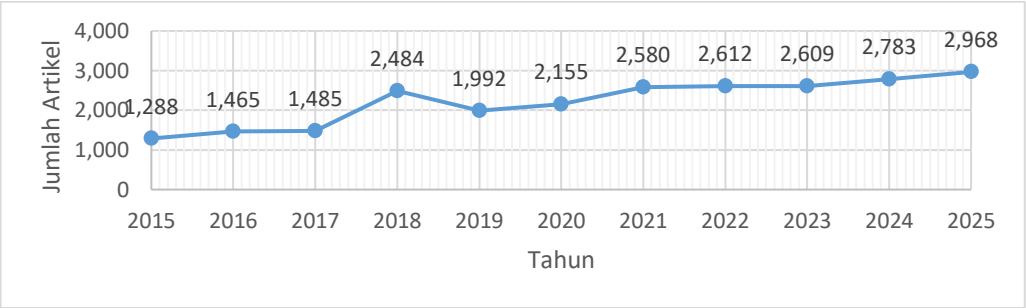

Figure 2 Number of publications on the topic of paternal problems and disorders in good health and wellbeing per year

The number of publications on paternal problems and disorders in good health and wellbeing shows a consistent upward trend during the period 2015-2025, starting from 1.288 articles in 2015, increasing to 1.465 articles in 2016 and 1.485 articles in 2017, then experiencing a significant surge in 2018 with 2.484 articles, marking an increase in researchers attention to paternal mental health. Despite a decline in 2019 to 1.992 articles, the number of publications increased again in 2020 with 2.155 articles and continued to grow in the following years, namely 2.580 articles in 2021, relatively stable in 2022 with 2.612 articles and 2023 with 2.609 articles, before increasing again to 2.783 articles in 2024 and peaking in 2025 with 2.968 articles, which is the highest number during the observation period. Overall, this annual distribution shows sustained growth and reinforces the increasingly strong global research focus on paternal mental health issues and disorders, while also confirming the relevance of this field of study in the context of good health and wellbeing, particularly in relation to family health dynamics and the role of fathers in perinatal wellbeing.

Number of citations

The number of citations for the topic of paternal problems and disorders in good health and wellbeing from 2015 to 2025 was 646.223 citations. Furthermore, the number of citations per year is presented in Figure 3.

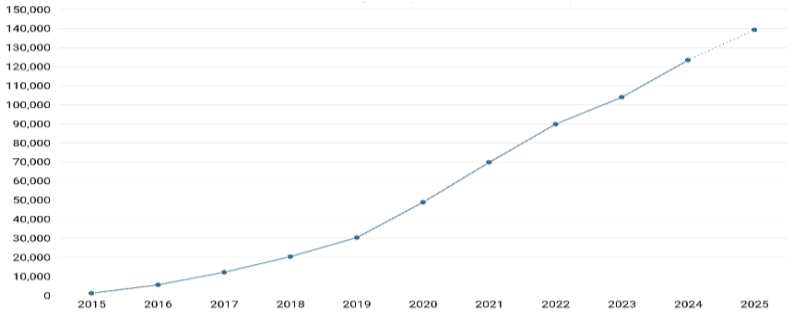

Figure 3 Number of citations on the topic of paternal problems and disorders in good health and wellbeing per year

Citations of paternal problems and disorders in Good Health and Wellbeing increase consistenly during the 2015-2025 period. At first, citations were still relatively low in 2015, but began to show an upward trend after 2018, and were significant from 2020 to 2023 with citation growth nearly doubling compared to the previous phase, reflecting the research community's

growing attention to this focus and its importance regarding fathers' mental health, fathers' roles in child development, and their impact on family well-being. By 2025, the total accumulated citations reached 646.223, indicating the high visibility and scientific impact of this topic over the past decade, while during the 2024-2025 period, the increase in citations continued, albeit at a more stable rate

Indexing Database

Based on distribution publications on the topic of paternal problems and disorders in good health and wellbeing can be grouped. Furthermore, the number of publications based on Indexing database (the 6 largest) is presented in Figure 4.

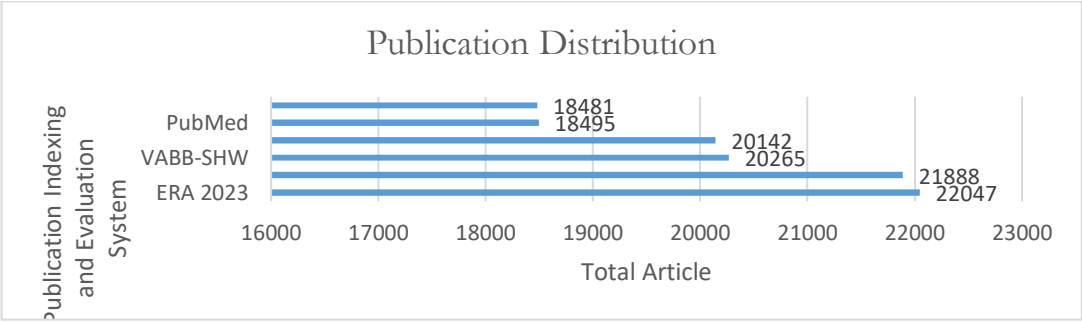

Figure 4 Number of publications on the topic of paternal problems and disorders in good health and wellbeing reviewed indexing database

The results of the study indicate that the distribution of publications related to paternal problems and disorders in the field of health and well-being is relatively even across six publication indexing and evaluation systems, with similar numbers of publications. ERA 2023 ranks highest with 22.047 articles, followed by the UGC Journal List Group II with 21.888 publications, VABB-SHW with 20.265 articles, as well as ERA 2018 and ERA 2015, which cover 20.142 and 18.481 articles, meanwhile PubMed recorded 18.495 articles. Overall, this distribution pattern indicates a relatively balanced contribution across indices with a narrow gap in publication counts, suggesting that the issue of paternal mental health has garnered widespread attention across various interdisciplinary scientific communities and is published in both multidisciplinary journals and those focused on health and social sciences, thereby affirming that research on paternal mental health has gained strong academic legitimacy in diverse scientific forums. In this context, a database plays a crucial role in facilitating clinically and biomedically grounded publications with stricter methodological standards.

Researcher

Publications on the topic of paternal problems and disorders in good health and wellbeing can be grouped based on researchers (6 most numerous) as presented in Figure 5.

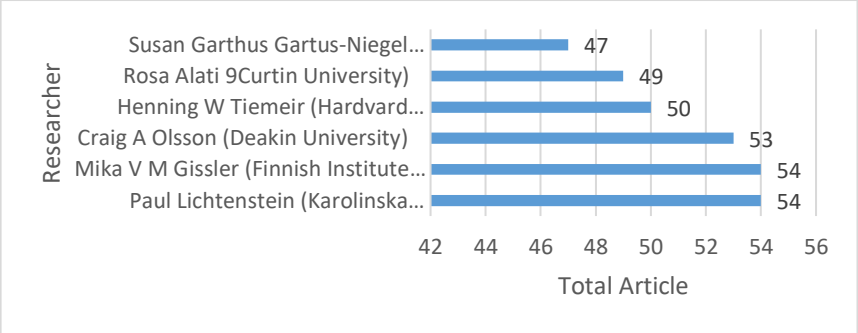

Figure 5 Number of publications on the topic of paternal problems and disorders in good health and wellbeing, reviewed by researchers

The results of the bibliometric analysis indicate that researchers' contributions to publications on paternal problems and disorders in the field of good health and well-being during the 2015–2025 period exhibit varied yet relatively balanced patterns regarding issues of family health, heredity, and paternal mental health. Collectively, this confirms that research on paternal mental health is being developed in a multidisciplinary manner by academics from various institutions and countries. The contributions of prolific researchers are a key determinant in the formation and direction of this field's development, with Paul Lichtenstein, Mika V. M. Gissler, Craig A. Olsson, Henning Tiemeier, Rosa Alati, and Susan Garthus-Niegel serving as dominant figures in the literature on paternal mental health (Olsson et al., 2017; Gissler & Haukka, 2019). This dominance is consistent with the finding that family health research is often driven by academic centers with substantial resources and well-established collaborative networks (Leach & Poyser, 2018; Paulson & Bazemore, 2019)

Network visualization for co-occurrence

Network visualization from VOSviewer for co-occurrence of paternal problem and disorder in good health and wellbeing presented at Figure 6.

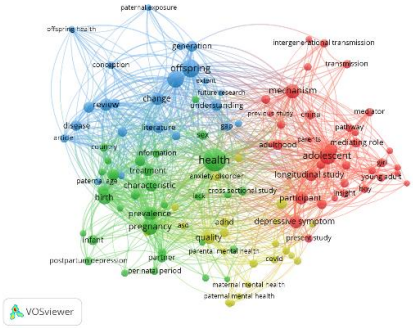

Figure 6 Network visualization of paternal problem and disorder in good health and wellbeing

The bibliometrics show that publications on perinatal health and parental involvement have increased consistently from year to year, as reflected in the dense relationships between keywords and the formation of three large clusters (blue, green, and red). The blue cluster is dominated by the themes of offspring, paternal exposure, and child development; the green cluster focuses on pregnancy, treatment, and quality of health services; while the red cluster highlights the issues of adolescents, depression, and longitudinal studies. The increasing complexity of the density and interconnectedness of keywords indicates that research in this field has not only grown

quantitatively, but has also become more diverse and multidisciplinary. This pattern indicates that researchers' interest in mental and physical health issues during the perinatal period, whether in mothers, fathers, or children, has increased progressively each year, explaining the upward trend in publications in this domain. Cluster analysis and bibliometric visualization indicate that perinatal health research is becoming increasingly integrated, with a sharp rise in publications over the past decade and a dominance of themes such as maternal mental health, pregnancy, and offspring (Shau et al., 2023; Chen et al., 2023; Smith & Zhang, 2024). However, the research gap regarding paternal mental health remains significant, given that paternal perinatal anxiety and depression are still far less studied than maternal aspects (Martins et al., 2024; Anderson et al., 2024). The variability in the findings of cohort studies which often show weaker or inconsistent paternal effects compared to maternal effects underscores the need for more comprehensive longitudinal and multivariate research approaches (O'Donnell et al., 2023).

Overlay visualization for co-occurrence

VOSviewer provides overlay visualization maps. Furthermore, overlay visualization for the co-occurrence of the terms paternal problem and disorder in the field of good health and wellbeing is presented in Figure 7.

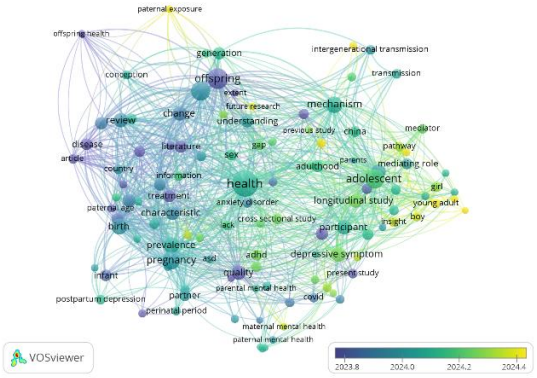

Figure 7 Overlay visualization of paternal problem and disorder in good health and wellbeing

Bibliometric visualization based on year overlays shows that publications related to perinatal health and family mental health have increased sharply in recent years, marked by the dominance of green-yellow nodes representing publications from 2023-2024. Keywords such as offspring, mechanism, adolescent, and depressive symptom appear more frequently in the latest period, indicating an expansion of research focus from maternal issues to paternal aspects, child development, and intergenerational mechanisms. Meanwhile older clusters with blue marker contained basic themes such as pregnancy, prevalence, and maternal mental health, overall it shows the growth research intensity. This trend indicates that scientific literature in the field of perinatal health is increasing not only quantitatively but also thematically, reflecting a global trend that has expanded the scope of research in recent years.

Density visualization for co-occurrence

VOSviewer displays a density visualization map for the co-occurrence of the terms paternal problem and disorder in the field of good health and wellbeing, as shown in Figure 8.

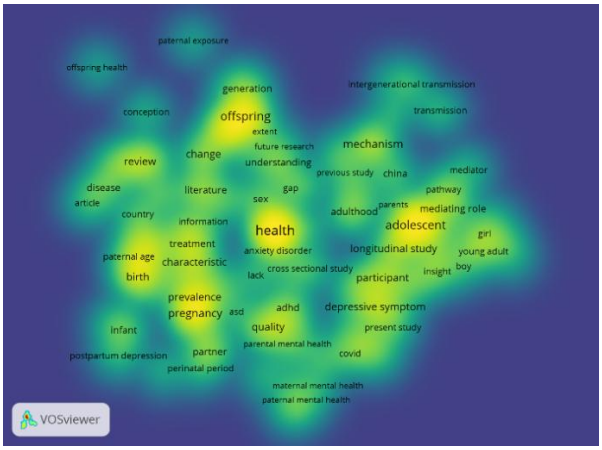

Figure 8 Density visualization of paternal problem and disorder in good health and wellbeing

The density visualization map in Figure 8 shows an increasing concentration of research in recent years. The brightest yellow-green colors indicate that these topics have a high frequency of occurrence and a high level of interconnectedness in recent publications, reflecting a significant surge in the number of articles over the past three to five years. Conversely, the bluish-green areas indicate themes that are still being studied but with lower intensity, suggesting that researchers' interest in these issues is relatively new and developing. The overall color distribution pattern illustrates a shift in research focus from maternal studies as the primary focus toward a broader scope, including intergenerational mechanisms, child development, and the long-term impact of mental health on families.

Network visualization for co-authorship

VOSviewer provides network visualization for co-authorship from 262 authors represented at Figure 9.

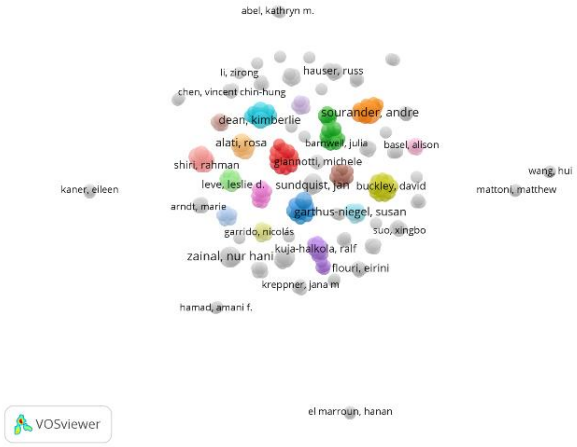

Figure 9 Network visualization for co-authorship of paternal problem and disorder in good health and wellbeing

Collaboration among authors on the topic of paternal problems and disorders in the field of good health and wellbeing has shown a clear increase in recent years, reflected in the formation of a number of co-authorship clusters with increasingly dense node sizes and connection intensities,

where the network structure centered on several core authors indicates the role of groups of scientists who consistently drive publication productivity. The emergence of new nodes around the main network signifies the entry of new researchers who contribute to the increase in the number of publications per year, while the stronger connections between authors reflect the development of cross-institutional and cross-country collaborations that accelerate knowledge production and expand the scope of research.

The increasingly concentrated patterns of author collaboration also indicate that publication growth is still driven by core research networks, while the equitable distribution of global collaboration and geographic representation remain suboptimal (Usman Ali et al., 2022; Smythe et al., 2022; Conti et al., 2025). Overall, these findings confirm that although research on paternal problems and disorders within the framework of Good Health and Wellbeing shows quantitative growth and increasing academic influence, strengthening methodological quality, expanding global collaboration, and deepening the theoretical framework remain crucial research priorities for the future.

Discussion

Paternal mental health, within the framework of Good Health and Well-being, can no longer be viewed as a peripheral issue, but rather as an integral component of maternal and child health. Empirical evidence indicates that psychological distress in fathers directly contributes to The quality of support provided to mothers during the perinatal period (Sulistiani et al., 2022; Baldwin et al., 2018). Fathers experiencing mental health issues tend to be less involved in early parenting, exhibit lower levels of empathy, and are consequently less able to support critical health practices, such as neglecting maternal and child health check-ups, reducing involvement in exclusive breastfeeding, and increasing the risk of impaired cognitive-emotional development in children (Paulson et al., 2017; Bateson et al., 2017). Thus, paternal mental health not only impacts the individual father but also systemically influences the mother's emotional stability and the quality of the child's developmental environment from the very earliest stages of life .

The trend of increasing annual publications on paternal problems and disorders indicates a growing global academic focus on fathers' mental health, in line with the rising emphasis on family mental health research over the past decade (Leach & Poyser, 2018; Sweeney & MacBeth, 2021). This trend not only reflects academic interest but also marks a pivotal shift in family health. The paradigm that centers on maternal mental health reflects a structural assumption that parenting is the mother's domain, so fathers' psychological distress is considered irrelevant and overlooked both clinically and in policy (Darwin et al., 2021; Darwin et al., 2023). Ignoring paternal mental health in the Good Health and Well-being agenda risks creating a blind spot in maternal and child health interventions. A health care system focused almost entirely on mothers risks failing to identify sources of stress within the broader family ecosystem. In fact, the interactions between a father's mental state, a mother's well-being, and a child's development are mutually influential and shape long-term health trajectories (Pratiwi, 2025).

The surge in publications in 2018 and consistent growth since 2020 indicate a growing scientific interest in the role of fathers in perinatal health, as reflected in global reviews on paternal depression and paternal anxiety, which report a significant increase since 2015 (Cameron et al., 2020; Philpott et al., 2021). However, several studies continue to highlight that the quantitative growth in publications has not been fully accompanied by conceptual depth and methodological consistency, given that research on fatherhood is often fragmented and methodologically heterogeneous (Singley & Edwards, 2015; Greenfield & Darwin, 2020; Fisher et al., 2021).

Existing literature indicates a higher prevalence of perinatal paternal depression in low- and middle-income countries, representing a hidden disease burden that goes undetected by national health surveillance systems (Smythe, Petersen, et al., 2022; Roddy Mitchell et al., 2023). This disparity points to an underdeveloped conceptual framework. The majority of studies still

adopt instruments and constructs designed for maternal populations, applying them to fathers without adequate cross-context validation. The prevalence of paternal mental disorders reported in the literature is systematically underestimated compared to actual prevalence, as existing measurement instruments, clinical screening points, and service models are designed based on the phenomenology of maternal distress; consequently, they are insensitive to the unique manifestations of paternal distress, which are more frequently expressed through externalizing, withdrawal, and somatic masking pathways (Levis et al., 2023)

This issue relates to a new theoretical perspective known as "Suppressed Paternal Distress," stemming from compatibility of construct validity concerns. For instance, while the Edinburgh Postnatal Depression Scale (EPDS) has been validated for fathers, it continues to measure distress through the lens of internalization (sadness, anhedonia, crying) a framework more aligned with maternal presentations (Zhang et al., 2021). Therefore, researchers need to develop instruments that specifically calibrate the externalization pathways of paternal distress, such as irritability, increased alcohol consumption, workaholism, and emotional withdrawal (Baldoni et al., 2022; Bruno et al., 2020). The timing of assessment is also an issue, as most studies measure paternal distress during the same period as maternal distress (the third trimester or 6-12 weeks postpartum). In fact, some evidence suggests that the peak of paternal distress may be delayed, often emerging when the baby begins to walk and demands more attention, or during the identity transition into fatherhood, which frequently occurs throughout the first year (American Academy for Pediatric, 2022; Zhang et al., 2021; Ngai and Ngu, 2015; Alghamdi et al., 2020). The issue of help-seeking often introduces significant bias into available clinical and community data. This is because hegemonic masculinity norms actively inhibit fathers from expressing distress. Only fathers who successfully overcome these normative barriers will be identified, making clinic-based prevalence estimates unrepresentative (Reay et al., 2024)

The bibliometric findings in this study support the Paternal Mental Health Ecosystem Model, which posits that paternal mental health is a multidimensional phenomenon that allows for a more comprehensive understanding of the dynamics of fathers' mental health within the context of family and society (Bateson et al., 2017; Darwin et al., 2021; Cabrera et al., 2018). Paternal mental health has its own ecosystem and cannot be equated with maternal conditions or the conditions of men outside the perinatal period (Cameron et al., 2016; Reay et al., 2024); it consists of four interrelated levels, encompassing the neurobiological and hormonal mechanisms underlying paternal distress, including the roles of cortisol, oxytocin, and the father's own attachment history (Feldman, 2015; Gettler, 2016; Saxbe & others, 2018; Atzil et al., 2018). The relational level positions paternal mental health as a dyadic phenomenon inseparable from the quality of the couple's relationship, co-parenting patterns, and the dynamics of intergenerational transmission (Walsh & Garfield, 2024). The Structural-Cultural perspective emphasizes that paternal distress is embedded within masculinity norms that prohibit the expression of vulnerability and social stigmas that limit help-seeking (Reay et al., 2024; Alghamdi et al., 2020; Shafiq, 2024). Therefore, the SDGs Policy Layer must explicitly incorporate paternal mental health into the global structure of the SDGs, with cross-goal implications that have often been overlooked in previous literature.

Policies that promote involved fatherhood not only impact for SDGs Goal 3 (Good Health and Wellbeing) but also serve as an investment in SDGs Goals 5 (Gender Equality), as they strengthen caregiving roles which are correlated with unequal dynamics in couple relationships and lead to increased domestic conflict. The need to provide sufficient psychological time for fathers' role transition also contributes to improved paternal mental health while redistributing the caregiving burden, which impacts the SDGs Goals 10 (Reduction of Inequality) as its effects are greater on vulnerable groups (Fanelli, 2023; Fanelli, 2023; Edlund et al., 2023; Wang et al., 2025)..

The routine inclusion of paternal mental health screening in the perinatal care system needs to be systematically integrated into antenatal and postnatal visits, using instruments specifically designed to identify manifestations of paternal distress. However, the results of the analysis show

that the increasingly concentrated patterns of author collaboration indicate that publication growth is still driven by core research networks, while the distribution of global collaboration and geographic representation remain suboptimal (Smythe, Bower, et al., 2022; Ali et al., 2022). Therefore, the importance of SDG 17 (Global Partnerships) in shaping the development of globally developed disruption models, measurement instruments, and interventions must not be limited to researchers and institutions in developed countries, as this risks fostering epistemic imperialism (the universal application of Western contexts) without contextual validation, thereby ensuring the equitable relevance of the SDGs (Kennedy, 2022; Leach & Poyser, 2018; Paulson & Bazemore, 2019). Countries with universal health coverage are strategically positioned to lead the way (Leach & Poyser, 2018; Mancini et al., 2025). Through community-based destigmatization, the most effective paternal mental health interventions can be provided ones that are not merely clinical in nature but rather transform community norms, including peer support programs for new fathers, mental health literacy campaigns explicitly targeting men, and the integration of paternal mental health topics into childbirth preparation classes (Kennedy, 2022; Seidler et al., 2016; Panter-Brick et al., 2014). In this regard, a robust database plays a crucial role in facilitating clinically and biomedically grounded publications with stricter methodological standards.

Thus, the integration of paternal mental health into perinatal health services is not merely an additional policy measure, but a strategic step toward enhancing the effectiveness of maternal and child health interventions in a holistic manner and ensuring a more inclusive and sustainable achievement of Global Sustainable Development Goals can transform outdated models into a new, reciprocal, and dynamic paradigm. There is an urgent need for future research agendas addressing unanswered questions, including the development of cross-cultural instruments to create and validate paternal distress measurement tools sensitive to externalizing manifestations and cultural contexts including adaptations for low- and middle-income country settings as well as cohort studies tracking fathers from the prenatal period until the child is at least 5 years old, with repeated measurements to identify windows of vulnerability and windows of opportunity for specific interventions to examine the underlying neurobiological mechanisms linking the transition to the father role, paternal distress, and parenting behavior remain poorly understood; and RCT-based interventions evaluating the effectiveness of paternal-specific interventions with outcomes that go beyond symptoms of distress to include parenting quality and child development are needed to provide a more comprehensive and globally relevant understanding.

Research contribution

In addition, this study also highlights the imbalance between maternal and paternal focus in scientific literature, thereby providing a new direction for research and health policies that are more inclusive of all family members. The analysis of author collaboration also provides insight into the structure of scientific networks that drive the development of this domain.

Limitations

The data of this study analysis based on single database, so variations in other publications may not be covered. In addition, bibliometric analysis does not evaluate the methodological quality of each publication, so the findings are more descriptive.

CONCLUSION

This study concludes that scientific publications on paternal problems and disorders in the field of good health and wellbeing have experienced consistent growth, both in terms of quantity and thematic diversity. Findings from network, overlay, and density visualizations show that the focus of research has shifted from maternal issues to a broader family perspective, including fathers' mental health, intergenerational mechanisms, and child development. However, the dominant focus of existing research remains maternal. Studies involving fathers are still relatively limited in both methodological rigor and conceptual development, as many of the frameworks and measurement instruments employed continue to be derived from maternal-centered perspectives.

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