BECOMING A FATHER:

INFORMATION AND SUPPORT NEEDS OF EXPECTANT AND NEW FATHERS

BY

CAROLYN HILL-CARROLL

A Thesis

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ABSTRACT

The thesis research project was undertaken to develop an emic description of the anticipated and experienced information and support needs of men in parenting their newborn infants. A qualitative research design, interpretive description, was followed. The study was conducted in a Canadian prairie city. Nine men who were registrants in public health nursing prenatal classes participated in the study. Each man was individually interviewed once during the last three months of his partner's pregnancy and once when his infant was about one month old. Congruency between the anticipated and the experienced information and support needs was described. The dominant study theme was "the forgotten parent" which was supported by five subthemes. The subthemes included: "being invisible," "learning from women," "the unknowns," "balancing" and "voices for change." Best practice in health care may be constrained by the dominance of the mother-baby dyad client paradigm, and will need to be changed before fathers can be provided with the relevant health services to facilitate their parenting of newborns. It is necessary to question current nursing education, nursing practice and health policy with respect to ensuring that health care services to members of the perinatal family are timely and appropriate to each of the family members.

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CHAPTER ONE

Statement of the Problem

Introduction

The thesis research project was undertaken to develop an emic description of the anticipated and experienced information and support needs of men in parenting their newborn infants. That is, the description was developed from the perspectives of expectant and new fathers describing their world (Polit & Hungler, 1995).

The act of fathering has changed throughout history as cultures, societies and families have evolved. During this past century, the role of fatherhood specifically with respect to paternal infant care has been revised in accordance with changes in how the family is viewed, the status of women, economics, health care services and work life (Bozett & Hanson, 1991; Segal, 1993). Often men in Euro-American Westernized society are now expected to take on the role of nurturant fathers (Bozett & Hanson,1991; Lamb, 1997a). There is no clear definition of fatherhood and few studies have been conducted about what it is that fathers contribute to their children's development (McVeigh & Baafi, 2002; Shapiro, Diamond, & Greenberg, 1995). Men are creating and experiencing different fathering responsibilities and activities from their fathers and grandfathers, and the expectations from society about fatherhood are diverse and changing (Cath, Gunsberg & Gurvaitt, 1989; Dowd, 2000).

During the past two decades there has been increased recognition that fathers contribute significantly to their children's development (Bozett & Hanson,1991; Dowd, 2000; Lamb, 1997a; Shapiro, Diamond, & Greenberg, 1999). There has also been

increased attention to and invitation to men's participation in the process of childbirth (Dowd, 2000; Polomeno, 1998; Taylor, 1992). While there has been a fair amount of attention to the changing role of fathers and their overall contribution to their children's health and development, relatively little amount of study has been done with respect to fathering during the neonatal period. Information and support needs of fathers during this time have also been neglected (Stainton, Murphy, Higgins, Nelff, Nyberg, & Ritchie, 1999).

Being a father entails a constellation of behaviours in which a man has complex, multidimensional concurrent roles, where his influences are both direct and indirect in the well-being of his children (Bozett & Hanson,1991; Lamb, 1997a). The social constructions of fatherhood vary across historical epochs and subcultural contexts, and are formed by culture, economic status, educational background, religion, and individual experiences (Bozett & Hanson,1991; Dowd, 2000; Lamb, 1997a). Fatherhood in Western society entails the following: responsibilities of financial security for the family, moral guidance, direct child care and supervision, and emotional support to the child and to the mother. All of these vary in their importance depending upon the families and communities in which those fatherhood responsibilities are enacted; thus generalizability of research findings is somewhat limited (Barclay & Lupton,1999; Lamb, 1997a).

Descriptions of fathering behaviour have been presented in the literature that portray both quantitative and qualitative aspects of childrearing activities, including the provision of economic support as well as paternal involvement with children. Motivation, skills and self-confidence, social supports, and institutional practices have

been identified as four main factors that influence paternal involvement (Pleck, 1997).These factors act cumulatively and interactively to influence paternal behaviour, and they vary in accordance with differing social contexts (Pleck, 1997). Components of the construct of paternal involvement include: paternal engagement, that is direct interaction with children such as in care taking, play, and leisure; accessibility or availability of the fathers to children; and responsibility for child care arrangements, rather than the performance of child care activities (Lamb, Pleck, Charnov, & Levine,1987). For these determinants and components to be of benefit to children, they must be of a positive nature in order to promote healthy child development (Pleck, 1997). Paternal involvement such as responding to infants' cues, expressing positive affection, being attuned to children's capabilities and to their developmental stages enhances children's development (Belsky, 1984; Volling & Belsky, 1991).

Positive paternal involvement or "generative fathering" is described as high engagement with children, being accessible to children, and being responsible to them as demonstrated by positive engagement behaviours (Hawkins, et al. 1993; Pleck, 1997). Paternal involvement varies in accordance with parents' ideology, personalities and work roles (Pleck, 1997). The influence of fathers' involvement with their infants is also affected by the quality and amount of social interaction with other caregivers; that is the quality of the mother-infant interaction and the quality of the mother-father relationship have an impact on the formation of father-infant attachments (Dowd, 2000; Schaffer, 1963; Lamb, 1997a). In turn, mothers' self-confidence in their ability to care for young infants is positively associated with their perception of their partners' preparation for

parenting (Rovers, 1986).

Family systems theory provides the conceptual framework to perceive families as dynamic, living, social systems of small groupings of closely interrelated and interdependent individuals relating as a unit to attain family functions (Freidman, 1998; Sedgewick, 1978). The family is a network or system of relationships, consisting of people who need to learn to live together within an integrated system of interdependent structures and functions (Freidman, 1998; Sherwen, 1987).

Systems theory is therefore a most appropriate framework for this study as the concepts of father, fathering and fatherhood are constructed by society at large, as well as within families, and the enactment of fathering behaviours and tasks influence and are influenced by other members in the family and by societal parameters.

Background

Public health nurses in the study community offer universal, voluntary health education and counselling to postpartum families as well as more limited prenatal health education and counselling. Currently the main opportunities of access with perinatal families are during prenatal classes offered for women and their partners during the last trimester of pregnancy, and during postpartum follow-up telephone calls and home visits which occur during the days and weeks following the birth of an infant. For the most part, prenatal clients refer themselves into the public health nursing prenatal classes while postpartum women and infants are referred by hospital nurses and midwives into postnatal public health services. In the study city, as in many other jurisdictions, most of postpartum care has been moved into the community mainly without consultation or

direction from health care consumers (Stainton et al., 1999). Thus it is possible that public health services are not providing a comprehensive and releveant range of services, and have not fully supported the strengths nor acknowledged the needs of the perinatal families.

Purpose of the Study

The purpose of the study was to describe the anticipated and experienced information and support needs of men in parenting their newborn infants from the following three perspectives:

1. To describe expectant fathers' anticipated needs for information and support related to parenting during the first month of their infants' lives.

2. To describe the fathers' needs for information and support related to parenting that they experienced during the first month of their infants' lives.

3. To describe areas of congruence and lack of congruence between the anticipated and experienced information and support needs of men parenting their infants during the first month after birth.

Definitions

- Information needs - A father's perceived requirements for facts about parenting and related topics such as family dynamics, infant health, child development, and infant care skills.
- Support needs - The requirements that a father perceives related to emotional support, that is the love and interpersonal acceptance that he may experience from the verbal statements or caring actions of others; this may also include the

provision of advice and help with tasks related to parenting, as well as the expression of social expectations about what is appropriate behaviour (Belsky, 1984).

- Congruence- The relationship of agreement between conditions (Little, Fowler, & Coulson, 1973).

Significance of the Study

It was anticipated that the information gained in this study would increase understanding about expectant and new fathers' needs, and provide direction to nurses and other health care professionals who work with perinatal families. There has been little nursing research into how these aspects contribute in the process of adjustment into parenthood during the neonatal period.

There has been fairly extensive research in the fields of psychology and sociology about the determinants of paternal behaviour. How fathers have profound influences upon their children's health and development by the way they treat them and the children's mothers in a positive manner, as well as by their psychological and physical neglect have also been studied (Dowd, 2000; Pleck, 1997; Lamb, 1997a; Shapiro et al. 1995). Further research in the area of fathering was necessary because of the limited generalizability of studies due to the uniqueness of the expression of the fatherhood role by each man (Lamb, 1997a). In particular, research is extremely limited in the study of paternal skills and self-confidence, in the understanding of paternal identity, and in the information about how paternal involvement is embedded in a man's own adult life course and development (Pleck, 1997).

In comparison to maternal or motherhood topics there is relatively little written in the nursing literature about fathers, their experiences during their partners' pregnancies, their parenting of young infants, or their needs related to these aspects of their lives. Nursing researchers have acknowledged that there should be more study of the perinatal experiences of men, and that nursing research has often excluded fathers' perspectives (Barclay & Lupton,1999; Imle, 1990; Daniel & Taylor, 2001; Jordan 1990; Campbell & Field, 1989; Donovan, 1995; Gagnon, 2001; Mercer, Ferketich, May, DeJoseph & Sollid, 1988; Nichols, 1993; Paaavilainen & Astgedt-Kurki, 1997; Polomeno, 2000; Rovers & Fuller, 1986; Rustia & Abbott, 1990; Stainton et al. 1999). It has also been identified that educational strategies about parenting and postnatal health issues need to be directed towards men (Canadian Institute of Child Health & Canadian Association for Community Care, 1998; Dowd, 2000). Most of the focus of research and clinical perspectives has been related to motherhood, with the consequences that effective frameworks to work with fathers are often lacking and that fathers' needs often are not recognized nor support offered (Stainton et al.1999; Taylor & Daniel, 2000).

There is limited knowledge about what and how men perceive their strengths and their needs to be with respect to information about parenting infants and support for their parenting behaviour and responsibilities. There have been few reports of studies that have focused upon men during their first month as parents, with a link to their perspectives prenatally (Jordon,1995; Wylie, 1979). Yet, studies have indicated that there is benefit to infants as well as to the rest of their families when fathers have positive, healthy interaction with their babies.

If the developmental changes experienced by men are not recognized or addressed during the antenatal period, there may be increased stress and impairment of psychological function, which may impair their ability to parent effectively (Campbell & Field, 1989). There is also a synergistic impact of men's preparation for parenthood with women's self-confidence in their ability to parent infants (Rovers, 1986).

In order to realize the full potential of anticipatory guidance interventions in health promotion with perinatal families, it is crucial that perinatal health care practitioners broaden the scope of their practice to include both fathers and mothers, as well as other significant family members (Daniel & Taylor, 2001; Polomeno, 2000; Stainton et al., 1999). Thus it would be beneficial to both mothers' and fathers' parenting ability for health care professionals to be knowledgeable about men's circumstances in their transition to parenthood, and to be able to provide both relevant anticipatory guidance and postbirth information and support to men with respect to knowledge and skills for infant care. In addition, Seward (1991) has proposed that it is critical to support the role of fathers during pregnancy, birth and early contact with their infants through research; and that the scope of interventions should extend to family life education in school where information about the significance of fatherhood in the family and courses to support the development of parenting skills could be taught.

It is apparent from the literature that current prenatal services are not recognizing nor meeting the needs of men with respect to preparation for childbirth and early infant care; nor are the needs of expectant fathers often acknowledged by family members, friends, and employers or health care professionals (Campbell & Field, 1989; Donovan,

1995; Greenhalgh, Slade, & Spiby, 2000; Shecket,1995; Taubenheim & Silbernagel, 1988). It is also evident from documentation systems and guidelines for nursing practice in the study city's public health nursing services, that men are often viewed as secondary child care providers or as supports to women in child-rearing, rather than as parents who have legitimate needs and assets of their own with respect to parenting infants (Winnipeg Regional Health Authority (WRHA) Public Health, 2001). This project is relevant to undertake as each year just under 8,000 infants are born to families in the study community (WRHA Community Assessment Unit, 2001).

The knowledge gained from this study has the potential to influence health care policy regarding service delivery to perinatal families and subsequently have a positive impact on the health of the study community's population. The findings of this research will assist public health nurses and other health professionals to tailor the content, timing and focus of health education and counselling more appropriately through increased awareness about the information and support needs of expectant and new fathers. Thus there is the potential for economic benefits to the health care system and to society in general, with increased relevancy of health promotion strategies and interventions. This study can also contribute to the general understanding and support of men's participation in the parenting of young infants through publication of the results in popular as well as professional literature.

Overview of the Study

The study was a qualitative research endeavour to describe the emic perspective of men regarding their anticipated and experienced support and informational needs when they parent newborn infants. A semi-structured interview approach was used. Qualitative research methods are useful in gaining understanding about individuals' thoughts, beliefs and behaviours, in exploring and explaining peoples' experiences, and in contributing to understandings about determinants of behaviour (Hills, 2000). Qualitative approaches are also advantageous when little is known about the topic of research (Polit & Hungler, 1995).

Nine men were interviewed during the last trimester of their partners' pregnancies, and then re-interviewed when their infants were about one month old. Information was not gathered during labour nor at the time of birth. The prenatal interviews focused on the men's perceptions of their anticipated needs for support and information as they prepared to parent their infants, while responses in the postnatal interviews described the fathers' experiences of their first month of parenting with respect to their support and information needs.

Limitations to the Study

The research was focused upon a time frame that corresponds to the periods when men and their families currently have more opportunity to interact with health care professionals related to the pregnancy of their partners and the birth of their children; that is, during the last trimester of pregnancy and during the first month after birth. During the last trimester, women and their partners attend more frequent primary care appointments

and childbirth education classes. During the first month after birth, nursing interventions of health teaching and counselling occur at the birthing facility, in the home and in other community settings. These are currently the usual times of service delivery to perinatal families. The time frames of the study were chosen to maximize the potential of integrating recommendations from the findings to facilitate changes or safeguard current practice in the provision of relevant health care services to perinatal families.

The time span related to childbirth, the preceding labour and actual birth had been excluded from this research because there has been comparatively more nursing research done on the topics of men's participation during labour and birth. The participation of fathers in the labour and birth are components of the parenting experience. However, there has been relatively little study done with respect to the neonatal time period of fathering (Polomeno, 2000; Sherwen, 1987; Taubenheim & Silbernagel, 1988).

Conceptual Framework

It had been noted that there was a minimum of theory development into describing or understanding paternal behaviours, as well as an absence of frameworks linking theories to the reality of fatherhood (Daniel & Taylor, 2001; Rustia & Abbott, 1990). A variety of theoretical and conceptual frameworks were considered to provide guidance to this study. The framework of systems theory was selected as it provided the most relevant perspective to information and support needs of fathers during this time of their parenting. The relationships in a family and in society provide parameters and definition to fatherhood (Sherwen, 1987). The components of a family system are inter-related, thus one family member's behaviour must be viewed relative to context, in respect to both

antecedent and subsequent behaviours of the other family members (Becvar & Becvar, 1999). As directed by systems theory, it is critical to study people in the context of their environment and their social relationships.

According to family systems theory, each family has an ongoing shared perspective or mythology of the qualities and capabilities of family members, with varying congruence between those perceptions and the perceptions of people outside the family, or reality, of the capacity and description of the family members (Beavers, 1977). In addition, there is a hierarchy of values in systems which direct responses and choices of those within the system (Beavers, 1977). It is extremely useful to look at families within a systems theory perspectives, since it provides a framework for observing and interpreting family activities and the interaction of family members within and outside the family unit (Beavers, 1977; Beavers & Hampson, 1990). Systems theory also provides guidance to health care practitioners to view the family as a whole with respect to interventions related to the promotion of family health and well-being (Sherwen, 1987).

Families can be viewed as subsystems within the suprasystem of a larger network of systems within social and cultural contexts (Becvar & Becvar, 1999). Systems theory guides research with the concepts of reciprocal or circular approaches to causality; that is, components of systems are in continuous dynamic interaction with each other. Information about interdependence and relationships are necessary to the description of the family member or the family (Becvar & Becvar, 1999; Wilson, White, Cobb, Curry, Greene, & Popovich, 2000).

A postmoderist perspective of family systems theory challenges the ideas that

there are absolute truths, the possibility of objective knowledge, and the expertise of the professionals' knowledge of families and their functioning. "From a postmodern perspective it also is assumed that people live in a reality comprised of socially constructed and socially sanctioned narratives or stories" (Becvar & Becvar, 1999, p. 9). Further, there is no one world view of reality, rather there are multiple realities. Also, the behaviour of each person defines both the self and the other in a dynamic relationship in terms of a given context. Thus to develop a description of men's support and information needs related to their parenting their infants, it is necessary to attend to the realization that these needs are within the context of dynamic relationships. (Becvar & Becvar, 1999)

One of the basic constructs of systems theory is that humans construct both the behaviour they observe and the meanings that they assign to their observations (Becvar & Becvar, 1999). With this perspective it is understood that people influence that which they observe by their presence which changes the context, and that meaning is assigned to those observations through their own frames of reference (Becvar & Becvar, 1999). Thus guided by the framework of systems theory, it was necessary to recognize that the interaction with the researcher may have had an impact upon the stories shared by the study participants.

Summary

The research project was undertaken to attain a better understanding of the emic description by expectant and new fathers of their support and information needs that were experienced while parenting their newborn infants. A qualitative approach was utilized, within a family systems theoretical framework. The findings from the research can be utilized to inform health care policy and health care professionals' practice, specifically the service delivery of public health nurses. The study may have a positive impact on the economics of health care through the potential development of more effective and relevant nursing interventions which could facilitate the development of a healthier population.

CHAPTER TWO

Literature Review

Overview

The literature review for this study was drawn from the fields of nursing, psychology and sociology, and it spans the years from the 1970s to the present. In comparison to the other disciplines, there has been somewhat less written about fatherhood and fathering activities in nursing literature. This has been especially evident with respect to the attention spent upon fathers during the first month after the birth of their infants, where the main focus of nurses has usually been on the mother-infant dyad.

It is necessary to be aware of the context within which fatherhood is enacted in order to more fully comprehend the support and information needs of expectant and new fathers. The following literature provides an overview of some of the interrelated and interacting circumstances that contribute to and influence how men are fathers to young infants. The literature review has been grouped into several main categories: fatherhood role, culture, self-efficacy, transitions to parenthood, family systems, maternal self-confidence, paternal self-confidence, health care needs of men, impacts on infant development, and nursing practice research. Varying perspectives from different disciplines have been included to provide a comprehensive view of fathering infants and the information and support needs of fathers.

Fatherhood Role

There is a wide diversity across cultures of how fathers interact with their children and how they perceive their roles as fathers (Harkness & Super, 1992). However, not all of fatherhood seems to be culturally relative. Some aspects of the role are evident in all parts of the world: such as less direct infant and child caregiving than mothers, although there are some fathers within any culture who assume the role of primary caregiver for a variety of unique reasons; expectations to provide economic support for their children; and the expectations to support mothers economically and/or emotionally (Hewlett, 1992).

Within the dominant North American society, there have been four main models of fatherhood that have emerged over the past two hundred years and are in varying evidence today: that of the moral father that began two hundred years; the bread-winner of industrialization times from the mid-1800s to the 1930s; the gender-role model that arose during the Great Depression and the Second World War; and the new nurturant father that began to be noted in the 1970s (Lamb, 1995). Thus it is necessary to understand what being a father means to an individual man and his family in order to provide relevant health services with respect to information and support, since the meaning of what it is to be a good father differs.

Men have become more involved in some aspects of child care over the past twenty years, yet there is discrepancy between the image and reality of the new nurturant father ranging from "approval and celebration to scepticism and derision" (Segal, 1993, p. 269). The status and description of fatherhood is changing, as is the relationship between

fathers and mothers in the parenting of their children which is resulting in stress for men (Dowd, 2000; Segal, 1993). Amidst these changes is also the reactive response by some women who question the new assertion of paternal rights (Dowd, 2000; Segal, 1993).

There has been a shift in public opinion to state that men should be more involved in child care, yet there continues to be social, employment and family barriers preventing the ideal of the new nurturant father to be realized (Barclay & Lupton, 1999; Lamb, 1997a; Segal, 1993; Shapiro, Diamond & Greenberg, 1995). Also, while there have been changes in men's attitudes and experience regarding child care and fatherhood, there has been little evidence in much change in the amount of actual child care work in which men participate (Segal, 1993). Rather than there being an equal distribution of child care responsibilities, fathers tend to select the tasks they are willing to do such as play, and leave the rest to the mothers (Segal, 1993).

The fatherhood role that a man takes is an outcome of the experiences and roles in his life, including the developmental and situational factors within his family and environmental system which have begun in his own childhood; as well the choices that a man makes in his life (Bozett & Hanson, 1990; Marciano, 1991; Sherwen, 1987). A man's participation in the childbearing cycle and the father-infant interaction are also identified as some of the determinants of fatherhood (Sherwen, 1987). In addition, there are intrinsic elements over which there is little control, such as genetics and inherited qualities which predispose men to carry out the father role in unique ways (Bozett & Hanson, 1990; Hewlett, 1992). Cultural definitions of fatherhood, congruent marital role expectations between spouses, families' socioeconomic positions, men's age cohort,

timing of parenthood, and perceptions of their own fathers contribute to the family's culture and to the man's performance as a father (Seward, 1990). The transition into fatherhood is also viewed as a developmental function which is influenced by a complex interweaving of biological, cultural and intrapsychic components of men's lives (Sherwen, 1987).

In order to achieve a positive parental role identity, study findings with mothers suggest that one must experience a cognitive and social developmental process which is characterized by a perception of competence and satisfaction with the role, attachment to one's infant, and a sense of harmony with other roles in life (Mercer, 1985,1990 as cited in Ferketich & Mercer, 1995). Other factors associated with positive feelings regarding paternal role identity include shorter time in a marriage, marital cohesion, marital satisfaction, and positive childhood relationships with their own fathers (Ferketich & Mercer, 1995; Levy-Schff & Isrelashvili, 1988; Nugent, 1991; Tomlinson, 1987; Volling & Belsky, 1991). It was also found that as men's affluence increased, they were less positive or confident about their new roles as fathers (Ferketich & Mercer, 1995; Soule, Standley & Copans, 1979). From a review of the literature Sherwen (1987) concluded that "fathers are often involved and highly interested in pregnancy, infants and their paternal role evolution" (Sherwen, 1987, p. 162). Ferketich and Mercer (1994) conducted a large, longitudinal study that included a sample of 178 men, and used a variety of validated questionnaire instruments for semi-structured interviews and self-completed test booklets. They found that the trajectory of attaining a paternal role is similar to that of maternal role attainment, however different variables are differentially important to men

as compared to women. Family relationship variables impacted upon paternal role competence while not predicting maternal competence (Ferketich & Mercer, 1994).

The three components of parental involvement include: engagement time or interaction such as one-on-one interaction in feeding, helping with a specific task, or playing; accessibility, that is the time when one is accessible to the child but the parent is not directly interacting with the child; and responsibility, that is the time and activities related to the child's welfare and care including worry and contingency planning (Lamb, 1986). It has been found that the largest discrepancy in fathers' and mothers' involvement is with respect to responsibility. It was found that fathers in studies essentially assumed none of the responsibility aspects of parenting related to their children's care or upbringing (Lamb, 1986). Yet, one of the greatest concerns for fathers is that of being able to provide adequately for their children (Shapiro, Diamond & Greenberg, 1995). The responsibilities for providing and protection are intertwined for men with the meaning of nurturance (Shapiro et al. 1995).

Investment and involvement behaviours are viewed as components of fatherhood roles. Investment activities are related to sharing and ensuring access to resources such as food, cultural knowledge, property, a supported mother, and kinship network. Involvement is seen more as one aspect of investment, that is interaction with the child directly, such as care giving behaviours including holding, feeding, cleaning and talking with the child, as well as touching, sleeping with and generally being near the child (Hewlett, 1992).

Fatherhood can thus threaten men's whole perception of themselves as adults,

> arousing jealousy and anxieties of inadequacy, leaving them feeling tired, confused, vulnerable, insecure, and rejected (emotions to which women are likewise prone around childbirth)...Fatherhood may yield men new confirmation of their importance to, or power over, women and children. Yet it also brings with it many new vulnerabilities - feelings of shame and inadequacy for those men who may lack the capacity to support their families in the desired manner and style (Segal, 1993, p. 275).

Culture

Until the mid 1800's fathers had been included in the directed audience for child-rearing advice tracts distributed in Europe and North America (Margolis, 1993). At that time in European and American societies, there appeared to have been a shift from parental to maternal responsibilities for child care which was in response to the changes in household economic systems including men leaving the household to earn the family income, smaller family and living units, and the resultant segregation of female and male spheres of daily life (Margolis, 1993).

During this past century there have been a number of social forces that have been identified as fostering the development of the full-time breadwinner role for men matched to the full-time motherhood and housework role for women. These pressures have included the consumer culture manufactured by advertisers, experts and their publicized advice on parenting, the school systems, popular media of films, employer practices, urban development and governmental policies and legislation (Eichler, 1988). In addition to the external forces which defined the new ideal family of an industrialized capitalist

society, men and women also apparently sought to create a family life which would provide them with meaning, fulfilment and personal community in a society where sense of belonging to a larger community was being eroded (Fox, 1993). The forces that were at work earlier this century that created nuclear families are not as strong today. The ideals of marriage, heterosexual relationships, romantic love, women's economic dependence upon men, and firm ideas about gender roles have all altered somewhat (Fox, 1993).

Cultural variables including how childhood is structured and the expectations and valuing of the paternal role influence individual fathers within their family context (Ferketich & Mercer, 1994; Harkness & Super, 1992; Jordan, 1990). However, men may or may not conform to the role of father prescribed by that culture or subculture. It has been noted that each family creates its own culture resulting in the co-existence of a variety of normative fatherhood roles (Bozett & Hanson, 1991). Gamble and Morse (1993) found that the male participants' fathering style developed in accordance with previously established roles, their work or school situations, and their beliefs about fathering, which in turn had an impact upon the type of relationships that were reported between father and infant.

Two qualitative studies in Canada have noted that the prevailing attitudes about men's involvement with child care and housework have changed little from 1977 to 1989-1990 (Gaskell, 1993; Irwin & Stewart, 1993). While careers for women were described as important, their motherhood roles were viewed as primary, with the expectation that women were the parents with the main responsibilities for child care and housework (Gaskell, 1993; Irwin & Stewart, 1993). Both samples indicated that it would

be unrealistic to expect men to assume an equal or major share of the responsibilities that are entailed with child care and housework, while in the later study there was an equally definite but contradictory statement of belief that responsibilities should be shared between fathers and mothers (Gaskell, 1993; Irwin & Stewart, 1993). Women's and men's options are constrained by society's ideological beliefs about gender and domestic responsibilities which are evident in barriers to change within home and public arrangements for child care and domestic work (Irwin & Stewart, 1993; Segal, 1993). It was described by the Canadian studies' participants that very young children needed maternal care, and that day cares were not adequate environments for young children, nor were fathers viewed as more than helpers to the mothers for child care responsibilities (Gaskell, 1993; Irwin & Stewart, 1993).

In Canada, there are few families which "conform to the presumed cultural norm of a married heterosexual couple who rear their biological offspring to adulthood," which was the description of the majority of families in the 1950s (Achilles, 1993, p. 223; The Vanier Institute of the Family, 2000). By 1996, only 21 % of families in Canada, and in Manitoba the figure was 18% of families, consisted of an employed man married to a full-time at-home woman with children living in the home (The Vanier Institute of the Family, 2000).

The proportion of families with children who have two parents decreased from 87% in 1971 to 78% in 1996, with the proportion of lone parent families rising accordingly from 14% to 22% of all families with children in Canada (The Vanier Institute of the Family, 2000). However, the vast majority of infants are born into families

with both their biological parents present. Thus, fathers and fathering are components of most families in which men are in relationships with the infants and children of that family (The Vanier Institute of the Family, 2000).

Paternal participation in child care has been reported in the literature from a variety of perspectives. Cronenwett (1982) conducted a meta-analysis of the literature and found that men's increased participation in child care was positively associated with a wide range of factors including: their own self-esteem, their involvement in the birth of their child, their perceptions of the birthing experience, if their spouse had a high level of education, if the men expressed positive attitudes regarding childrearing, their positive previous experiences with parenting, their sensitivity to infants' behaviour, if their infants were responsive, and if the spouse was employed. Aspects of this review were supported by Ferketich and Mercer (1994), Levy-Shiff and Israelashvilli (1988) and Tomlinson (1987) who suggested that the factors which positively correlated with fathers' involvement in child care were: preparation for fatherhood, valuing fatherhood as gratifying, marital cohesion and agreement about parenting issues, the father-infant relationship and the employment status of the partner. Fortier (1988) in contrasting findings, determined that fathers' child care activities were negatively related to the number of children they had, the time of first contact with the infant, and the infant's gender.

The determinants of fathers' involvement with their children have been further described by Pleck (1983). Motivation to be a father is a complex determinant. Motivation for parenting also is derived from modeling after or compensating against

their own fathers' child rearing behaviour, as well as attempting to meet expectations of the new nurturant father model. Skills in child care activities, including the ability to be sensitive to children's cues and self-confidence in parenting are a function of motivation, as well as a function of the opportunities to learn such skills. Support, especially support from the mother and from within the family including emotional support and validation, and practical or concrete assistance is fundamental to facilitating fathers' involvement with their children (Lamb, 1986; Pleck, 1983).

However, it has also been noted that many women do not want their husbands to be more involved in child care (Lamb, 1986; Lupton & Barclay, 1997; Pleck, 1983). It has been postulated that the roles of primary care giver and manager of the household are areas in which women have real power and control, and that increased paternal involvement may upset this balance of authority (Lamb, 1986). In addition, fathering has been influenced by the continuing social stigma of child care being viewed as effeminate and demeaning to men, and not part of the definition of masculinity (Lupton & Barclay,1997; Lamb, 1986; Pleck, 1983). There is often tension among many parents in balancing acceptable involvement of fathers in their infants' lives, while defining their own parameters and roles of parenthood (Lupton & Barclay, 1997).

It has been noted that during childhood, it is not so much the extent of involvement by the father with the child that is significant as are the reasons for high involvement and the parents' evaluation of the circumstances (Lamb, 1997a). Men often do not have the essential resources needed to assume the role of primary parent; as well men frequently hold a belief that they lack the necessary biological predisposition to be

more of a parent (Jordon, 1995). There is a lack of social resources supporting this arrangement (Jordon, 1995). In a qualitative, longitudinal study of 15 Australian men it was found that institutional practices such as work schedules and leave policies, specifically employment practices have resulted in men usually experiencing barriers to being available for infant and child care; paternity leave following birth provides only a brief opportunity for increased involvement, and appears to be of limited impact on paternal behaviour and involvement later in children's lives (Barclay & Lupton, 1999). These findings are consistent with the earlier study results of Lamb (1986) and Pleck (1986).

Another perspective about the forces which prevent a more equal sharing of child care responsibilities between mothers and fathers purports that the power differential between men and women perpetuates the continuing discrepancy between men's professed interests in participation in child care and domestic work. There also is the opinion that the limited activity by men in these endeavours actually is due to the exploitation of women by most men in North American society. A related barrier to men's more active parenting is that of economics. Men's employment in the Western world is often higher paying and requires longer hours of work than women's, thus often determining which parent remains employed and therefore absented for much of the time (Segal, 1993). The beliefs of many North American men about the appropriateness of gender roles, including that women have "maternal instincts" hinder more involvement by men in child care; as do the beliefs that men take pride in and have a sense of self as the breadwinner for the family. This is demonstrated by the negative responses that men

often experience from relatives, friends and workmates when they are more involved in child care (Segal, 1993).

Men have been described as having a high paternal interest in and awareness of all the details of their babies' behaviour, which enables them to comfort, stimulate and control their infants, and to be sensitive to the areas in which the mothers were most in need of assistance; although fathers' actual level of direct participation in child care tasks is rather limited (McKee, 1982; Segal, 1993). In the Western world, several factors need to be in place before men are able to accept a primary commitment to child care and domestic work: when the wife is able to earn a higher salary, when the husband already experiences high-levels of personal satisfaction and independence, and/or when there is a support from significant others (Barclay & Lupton, 1999; Segal, 1993). The extent of fathers' involvement with their children's lives has been found to be affected more by the men's attitudes and the attitudes of their spouses than by the amount of time that they are involved in the workplace (McHale & Huston, 1984). In contrast it is the amount of time in the workplace which is a determining factor for the extent of involvement by mothers in their children's lives (McHale & Huston, 1984).

Self- efficacy

The concept of self-efficacy has been viewed as a foundation for the expression of parental behaviours, specifically with respect to mothering (Drummond & Rickwood, 1997; Reece, 1992). Self-efficacy refers to the personal judgement of one's own capability to behave in circumstances, to act in certain way to attain one's goals (Bandura, 1997). Human behaviour, change and adaptation are grounded in social systems. People

are viewed as contributors to their own behaviour rather than being sole determinators (Bandura, 1997). How a person will behave, such being a father, is directed by a dynamic interplay between the individual and their social systems (Bandura, 1997). This interplay has been described as:

> The self is socially constituted, but, by exercising self-influence, individuals are partial contributors to what they become and do. Moreover, human agency operates generatively and proactively rather than just reactively. (Bandura, 1997, p. 6)

The concept of self-efficacy is comprised of two components: outcome expectancy which is the belief that a certain behaviour will produce a particular outcome, and self-efficacy expectancy which is a person's conviction that it is possible to successfully perform those activities needed to produce the desired outcome (Bandura 1982; Drummond & Rickwood, 1997; Lowe, 1993). Bandura's theory is that self-efficacy expectancies directly influence behaviour; that is, to do something successfully, a person needs to both believe that the behaviour will produce the desired outcome and have the confidence to perform the behaviour (Bandura, 1997). It is to be acknowledged that people often believe that a behaviour may help to produce a desired outcome but have little confidence in their own ability to perform that behaviour (Bandura, 1997). The concept of self-efficacy is grounded in social learning theory, which is based upon the premise that behaviours are acquired and that the behaviours and their maintenance may be accounted for through principles of learning (Reece, 1992). Social learning theory acknowledges that there is a systems' perspective of constant interaction between a

person, his/her behaviour, and his/her environment (Bandura, 1997). Perceptions and beliefs about one's capabilities have an impact on behaviour, as opposed to the actual capabilities to perform a given role or task being the determinants of success (Strecher, DeVellis, Becker & Rosenstock, 1986).

Bandura (1997) has proposed that self-efficacy beliefs are constructed from four sources of information:

> ...experiences that serve as indicators of capability; vicarious experiences that alter efficacy beliefs through transmission of competencies and comparison with the attainments of others; verbal persuasion and allied types of social influences that one possesses certain capabilities; and physiological and affective states from which people partly judge their capable-ness, strength, and vulnerability to dysfunction (Bandura, 1997, p.79).

It is upon this foundation that Bandura (1982) first determined that women judge their own capabilities with respect to infant care. Perceived self-efficacy regarding a behaviour is influential since it may influence activity choices and have an impact on the perseverence and coping behaviours once the activity is undertaken. Anxiety and behavioural dysfunction may result from faulty self-appraisal (Bandura, 1986 as cited in Reece, 1992).

While the concept of self-efficacy has been associated with maternal parenting behaviours, no reports of research focused upon self-efficacy and paternal behaviours were found in the literature review for this reseach. The theoretical constructs of self-efficacy however were reported with respect to behaviours of both men and women in a

variety of settings and circumstances (Bandura, 1997).

Rustia and Abbott (1990) referred to a similar phenomenon when they described how role acquisition is the interplay between adopted normative expectations and an individual's own personal preferences for role performance. As early as 1957, Merton proposed that men gain an understanding of fathering behaviours through anticipatory socialization or prior learning, which can occur in supportive formal settings such as parenting classes or by informal reading and study. However, Rustia and Abbott (1990), found that there was no significant relationship between paternal role performance and men's prior learning about the roles of fathers; this they attributed to poor measurement of the variables. They had studied 53 father-mother couples from the American urban mid-west. They did note that as time progressed, fathers considered more infant care activities as appropriate for them and did more of the infant care (Rustia & Abbott, 1990). Fathers' normative expectations were predictive of their paternal role performance, although they did not provide as much infant care as they had anticipated that they would, nor did they meet their spouses' expectations (Rustia & Abbott, 1990).

Transitions to Parenthood

How parents care for their children is related to both their views about children and to their views about parenting. The beliefs, thoughts, and theories that parents have about development and child behaviours reflect an integration of culturally influenced ideas associated with a variety of experiences, as a function of the environmental context of individuals, and are often developed before a person becomes a parent (Humphry & Thigpen-Beck, 1998; Okagaki & Divecha, 1993). Parental values, that is the evaluations

of what is believed to be important, are influenced by work experience, family responsibilities, and the educational backgrounds of the parents (Humphry & Thigpen-Beck, 1998). Yet it would be inadvisable to assume that similarities such as parenthood, educational level or ethnic background would translate to compatibility in values for children or attitudes about parenting since many other factors, as previously mentioned, can influence parental performance (Blanche, 1996; Humphrey & Thigpen-Beck, 1998).

Donovan (1995) in a qualitative, longitudinal study, using a grounded theory approach with six Australian men found that they experienced a disequilibrium during their partners' pregnancies which challenged their sense of self, increased uncertainty, and resulted in their re-examining their beliefs about childrearing. These findings were consistent with those of Ferketich and Mercer (1994). The male role during pregnancy has been proposed as two fold: incorporating a paternal role into a man's identity and the enacting of parental behaviours (Jordon,1990; Polomeno, 1998). Polomeno (1998) determined, based upon a review of the literature and observations from clinical practice in Montreal that men have specific needs connected with their preparedness for parenthood and for their successful adaptation to the transition to being fathers. A similar perspective has been expressed by Shecket (1995). Transitions in family life cycles during pregnancy and upon the arrival of infants tend to be stressful, since new roles are being learned, daily tasks are renegotiated and decision making, affection, and communication patterns change (Polomeno, 1998; Roth, 1996). While it has been found that men are more vulnerable to stress than women, the focus of health care professionals during this time has often been directed towards the pregnant woman to the exclusion of the

expectant father (Beare & Myers, 1990; Polomeno, 1998).

Jordan (1990) proposed that society has an impact on how expectant fathers viewed the relevance of the role of father to their sense of self. Using findings from grounded theory research with a sample of 57 men, Jordon (1990) stated that there were three developmental processes in this search for relevance, beginning with coming to terms with the reality of the pregnancy and child; attaining recognition as a parent from their spouse, co-workers, friends, family and societal agencies; and persevering in the role-making of being a good father. Confidence in the role of being a father is developed through a process of acquiring competence in parenting behaviours and skills in the care of a specific child, and with the integration of the fathering role with other life's roles (Ferketich & Mercer, 1994). Rustia and Abbott (1990) found that fathers assumed more child care tasks over time as the infant aged, due to a process of changing beliefs about the appropriateness of behaviour within the social role of father through the acceptance of new normative expectations and subsequent changes in behavour.

Expectations of men, their partners and their families exert a powerful influence upon the enactment of fathering behaviour. Merton (1968) proposed a self-fulfilling prophecy explanation about the relationship between expectations determining the outcome of the future circumstances: Expectations influence peoples' perceptions of experiences and may have an impact on how those experiences unfold as well as their consequences. Another possible explanation for this phenomenon may be due to the attitudinal component of anticipatory socialization, such that expectant parents assume the perceived values of parents and consequently experience an easier transition into

parenthood (Wylie, 1979). Views of fathers noted in Wylie's (1979) research with 61 urban, mid-western American couples were that expectations of an experience may influence one's perception of that experience; that is positive, optimistic expectations about parenting are likely to result in experiencing positive perceptions of parenthood. Palkovitz observed that "paternal expectations and perceptions of the birth and infant contact may be more important than the events themselves" (1985, p. 400).

It has been found that the expectations that men have about their child care activities prior to the birth of their infants are quite predictive of their parenting behaviour with their infants (McHale & Huston, 1984; Rustia & Abbott, 1990). However, fathers' actual behaviour may not meet their personal expectations of their actions in the role of father nor meet their wives' expectations (Rustia & Abbott, 1990). Attitudes regarding a social role are associated with expectations about the role enactment: attitudes and expectations are both components of anticipatory socialization which may facilitate parental role transition (Wylie, 1979).

Expectant fathers are expected by society to be supportive of their pregnant partner by behaving in a stoic fashion with respect to any of their own discomforts, anxieties or needs (Shapiro, Diamond, & Greenberg, 1995). This expectation has been associated with the findings that men's self-care needs following the birth of their children are often unmet, especially in Canada (Stainton, et al., 1999).

Mothers of children have a powerful influence upon the parenting behaviours of the children's fathers (Jordon, 1995). Pregnant women's expectations of the parenting involvement of their partners more accurately predicted the father's involvement with

child care than did the men's own expectations (Fein, 1976; Humenick & Bugen, 1987; Jordon, 1995). Men have also expressed the belief that women are innately better suited to parenting as a result of biology and socialization, that mothers controlled the parenting activities and the extent to which they as fathers could be involved with their children (Jordon, 1995). While men demonstrate interest and competence in nurturing their first children, it has been observed for some time that they are often only active in child care to the extent that the mothers allow and that their employment responsibilities permit (Barclay & Lupton, 1999).

The dynamic interaction and relationships within a family are in evidence when parenting behaviours and infants' development are studied. The absence of family hostility has been found to be the most consistent correlate of positive child emotional adjustment (Lamb, 1997a). Fathers' parenting behaviours and mothers' own parenting behaviours also affect each others' interaction with their infants (Belsky, 1981; Lamb 1986; Lewis, Feiring, & Weinraub, 1981). It has been suggested that paternal behaviour itself is a consequence of, not just a determinant of, individual differences in child behaviour; while an infant's inherent temperament has a significant impact upon parents' perceptions of their family dynamics (Belsky, 1981; Hakulinen, Laippala, & Paunonen, 1998; Lamb, 1997b).

Family Systems

A healthy family system is often necessary for the development of healthy family members, while healthy family members are usually viewed as the foundation of a healthy family system (Loveland-Cherry, 1989; Polomeno, 1998). Positive paternal influences are also more likely to happen when there is a supportive father-child relationship within a positive family context (Lamb, 1997a). The basic resources of money, time, effort, social support and the family's value systems all influence the processes which define the roles of spouse, parent, and worker within the family system. There is role strain and reorganization at times of transition such as at the birth of the first infant (Duvall, 1977; Ferketich & Mercer,1994; Hall, 1991). Rubin (1984) had proposed another source of strain, in that the exclusivity of the mother-child subsystem in the family preempts the husband-wife system. Ferketich and Mercer (1994) found that family functioning and partner relationships are in turn variables which predict paternal competence; but these variables do not seem to influence maternal competence. In addition, the family climate has been recognized as the most influential determinant which mediates paternal influences on child development throughout childhood (Lamb, 1997a). Additionally, the extent of paternal presence, the quality of interaction between the man, his spouse and children, his perceived competence, strength, self-confidence, and his cognitive style are all known to influence relationships within his family (Radin, 1981).

The value that is placed upon a father's involvement by himself and his partner, and the reasons for his involvement with his children may be more significant than the

extent of a father's involvement with his children (Lamb, 1986). For example, in a review of studies where both fathers and mothers wished for high paternal involvement, Lamb (1986) noted that the children developed with "increased cognitive competence, increased empathy, less sex-stereotyped beliefs, and a more internal locus of control"(p.16-17). It has been proposed that these developments may have occurred because the higher paternal involvement resulted in a family context in which the parents felt good about the relationship arrangements (Lamb, 1986). Fathers' interaction with their infants may be somewhat discretionary as indicated by how these interaction are profoundly influenced by their relationships with their partners (Belsky, Gilstrop, & Rovine, 1984).

An infant's development is affected by the family systems within which the child resides: maternal interaction with infants affect their development which in turn influences paternal behaviour with their infants, which affects infant development (Lamb, 1997b). That is, "paternal behaviour appeared to be a consequence of, not a determinant of, individual differences in child behaviour"(Lamb, 1997b, p. 115). Fathers' and mothers' behaviour with their infants affects each others' parenting behaviour (Belsky, 1981; Lewis, Feiring, & Weinraub, 1981). Also, the level of marital adjustment is associated with positive parental attitudes, parenting behaviour, and with the secureness of infant-parent relationships for fathers (Volling & Belsky, 1991).

Because of the interaction of family members within family systems, it is important to acknowledge the needs of both parents, as they interact with one another within their family and environment (Stainton, et al. 1999). In addition, the behaviour of other family members interacts with the parents and contributes to the context of the

family. Studies have noted that infant temperament, as well as grandparents' behaviour contribute to the feelings of competency and information needs of new fathers and mothers, and have an impact on the relationship dynamics within the new family (Hakulinen et al., 1998; Polomeno, 1999). During the pregnancy of his partner, an expectant father often turns to his own mother for emotional support, as well as to his friends who are already parents. It has been demonstrated that the availability of experienced parents in a man's social environment has a positive impact upon a man's sense of satisfaction regarding fatherhood (Parke, 1996).

The quality of the marital relationship has an impact upon the behaviour of the father that is different than on the mother's behaviour. Paternal and spousal roles seem to be more fused than the roles of mother and wife (Belsky, et al., 1984; Lamb, 1997b). Fathers have more interaction with their infants when they are more involved with their partners; whereas mother-infant interaction has little association with spousal relationships (Belsky, et al., 1984). In addition, the way that parents behave with their infants is influenced by their own personalities, their relationship with the other parent, and the infants' personalities (Lamb, 1997b).

Henderson and Brouse (1991) noted that the transition from nonparent to parent has been the focus of considerable research attention, however the research has mainly focused upon first-time mothers. Family systems scholars have identified the lack of understanding of the interaction among the father, infant and marital relationship to be one of the significant gaps in family research and theory. Their study was one of the few to interview fathers regarding their experiences in the first three weeks of their infants'

lives. Fathers' perspectives included frustration and confusion resulting from conflicting information received from the various health professionals involved in the care of their partner and infant, and the experience of a lack of support especially during the time of transition to mastery of parenting skills (Henderson and Brouse, 1991).

Families have also been described in terms of developmental tasks which have been defined as those responsibilities of a family that must be accomplished in a manner that satisfies biological requirements, cultural imperatives, and families' own aspirations and values (Duvall, 1977). Developmental tasks arise "when the needs of one or more family members converge with the expectations of society in terms of family performance" (Duvall, 1977, p. 177). It has been suggested that:

> the developmental tasks of the family in the childbearing stage are basically concerned with establishing the young family as a stable unit, reconciling conflicting developmental tasks of the various members, and mutually supporting the developmental needs of mother, father and baby in ways that strengthen each one and the family as a whole (Duvall, 1977, p. 231).

When developmental tasks are successfully achieved, the consequences include satisfaction, approval and the potential for success in future tasks (Duvall, 1977). Failure is seen to lead to family unhappiness, society's disapproval, and difficulty with subsequent family developmental tasks (Duvall, 1977). The stage-critical family developmental tasks for childbearing include "having, adjusting to and encouraging the development of infants; and establishing a satisfying home for both parents and infant(s)" (Duvall, 1977, p. 179). Concurrent with the accomplishment of developmental tasks are

the realizations of a family's aspirations which are short-term objectives that are viewed as important at the moment by the family, family goals such as the provision of care, nurture, and facilitating development of its children, and the long-term goals that society has for its families such as standards and expectations (Duvall, 1977). Family goals are viewed as profoundly influencing how a family functions and how developmental tasks are accomplished (Duvall, 1977). Developmental tasks are dynamic and are continually being modified by the interaction of forces within and outside the famiy (Duvall, 1977).

Breastfeeding has also been an influence in the development of father-infant relationships. Morse and Gamble (1993) identified that there was a postponing phenomenon that occurred with respect to the development of the father-infant relationship during the breastfeeding period. Men reported that they experienced a discrepancy between what they had anticipated about breastfeeding and what they felt after the birth of their infants. These inconsistencies between fathers' expectations and their experience of breastfeeding were viewed as the initiators of the postponing process (Morse & Gamble,1993). Expectant and new fathers are, as well, very influential about the decision to have their child breastfed, which may be affected by their resultant feelings of being distanced from their infant. Fathers often provide the most support for women to initiate and continue breastfeeding their infants and are involved in the decisions behind weaning (Bar-Yam,1997; Canadian Institute of Child Health, 1996).

A man's own relationship with his father has been determined to play a larger role in influencing his own parental behaviours than was previously recognized (Dowd, 2000; Mercer, Ferketich, May, deJoseph & Sollid, 1988; Snarey, 1993). A man's childhood

experiences within his family of origin and his relationships with his parents as an adult appear to be influential in his sense of identity and relationship with his own children. Soule, Standley, and Copans (1979) found that men's own relationships with their fathers when they were children were related in a positive manner with their own identities as fathers, but that parental support received in adulthood was negatively associated with their sense of self as fathers. Yet, Mercer, et al. (1988) noted that men scored higher on fetal attachment scores when they were depending upon their own parents for help, often during a time of their partners' hospitalization when the families were experiencing disequilibrium. Perhaps this finding relates to the identification with nurturant parents during a crisis, as well as to the receipt of welcomed supportive assistance (Belsky, 1984). However, Grossman (1988) found that the modelling effect for fatherliness occurred more strongly from men's identification with their spouses who were healthy and nurturant mothers to the couples' infants, rather than to other figures in the men's lives.

Maternal Self- confidence

There has been some controversy about how maternal self-confidence predicts the efficacy of mothering behaviours. Rovers and Fuller (1986) found that mothers who reported that they were less confident than others had more sensitive interaction with their infants than those who rated themselves as highly confident. Mothers who had attended prenatal classes while reporting less self-confidence than mothers who had never attended prenatal classes were observed to have better feeding interaction; however, attendance at prenatal classes was identified as the best predictor of positive maternal-infant interaction

(Rovers & Fuller, 1986). Younger mothers with less education rated themselves higher in maternal self-confidence, and those with the highest ratings were least likely to have acknowledged a need for instrumental or emotional support (Rovers & Fuller, 1986). This is in contrast to the findings of Reece (1992) who described maternal self-confidence in terms of self-efficacy, that is the confidence that a new mother has in her ability to parent. William, Joy, Travis, Gotowiec, Blum-Steele, Aikens, Painter, and Davison (1987) found that confidence during the prenatal period was positively associated with maternal adaptation to the responsibilities of caring for infants and toddlers.

From a meta-analysis of literature conducted by Stainton, et al. (1999) the most common concerns of postpartum mothers were identified as: infant feeding, body image, regulating family demands, fatigue, infant behaviour, maternal physical concerns, infant sleep/crying, infant physical care and behaviour, and time for self. In contrast to health care providers' perceptions that priorized maternal needs as relating to the baby, several researchers have noted that it is their own self-care needs that are prominent in new mothers' concerns, over infant care needs (Canadian Institute of Child Health & Canadian Association for Community Care, 1998; Ruchala, 2000; Stainton, et al.1999).

Mothers in a Canada-wide qualitative study with multiple focus groups identifed the following needs:

> care and comfort while in hospital, less rush; home visits from a public health nurse (and make them longer); twenty-four hour help line (especially for the middle of the night); breastfeeding support that is consistent to ensure success or to help you decide that it may not be right for you (without guilt); hands-on

> breastfeeding support; meals for the whole family; help around the house (laundry, shopping, cleaning); longer paid paternity leave (so that fathers can be of help); affordable day-care and subsidized day-care for low income families; information and resources right from the start; more clinics, more support groups; more breastfeeding-friendly places...mothers need to be valued by society (Canadian Institute of Child Health,1998, p.14).

The emotional support that a father provides to the mother of his children, as well as the the mother's perceived confidence in her partner's parenting skill are important components that facilitate the development and maintenance of positive mother-child relationships, and thus enhance positive children's emotional development. Conversely children suffer when fathers are not emotionally supportive and there is marital discord (Cummings & O'Reilly, 1997; Rovers & Fuller, 1986).

The ability to bear and care for children has been deemed by some researchers to be central to women's identity and self-esteem (Achilles, 1993). Although motherhood may be defined as work, few jobs have such contradicting definitions of status: ranging from a high status role to including many tasks that are not socially respected such as handling excrement (Rosenberg, 1993). For many women, becoming a parent is confusing and not as fulfilling as anticipated because they suddenly find themselves in unfamiliar circumstances of demanding work which is not socially recognized as work (Rosenberg, 1993).

In kin-ordered societies there are postpartum rituals and customs that have concrete social functions which make public statements that the new birth is significant to

the whole community and that the community needs to provide care and attention to the infant (Rosenberg, 1993). Mothers are not required to be immediately proficient in infant care and self-care and are assisted by and tended to by others in the community, usually by other women (Rosenberg, 1993). This is in contrast to the Western society where the community focus and money is mainly directed towards the fetus, doctor and hospital facility for birth (Arms, 1977; Jordon, 1983). Geographical mobility and segmented households, combined with the North American ideology of family privacy, mean that women with babies get very little on-the- job training from other experienced parents; men receive even less opportunity to learn child care skills as they are growing up, nor do they experience learning from their fathers (Gaskell, 1993; Irwin & Stewart, 1993; Rosenberg, 1993).

Paternal Self-confidence

Parents' confidence in their skills and abilities in child care are reflected by their perceptions of their competence in their parenting role (Feketich & Mercer, 1995). The findings from Bullock & Pridham (1988) indicate that maternal confidence regarding parenting affects one's interaction with children, as does the children's responsiveness to those parenting actions. Paternal competence has been found to be significantly related to the paternal attachment of a father to his infant; correspondingly, there is an increase in paternal competence as time progresses (Ferketich & Mercer, 1994; 1995). In earlier research, there were no observed gains in paternal competence over time (Wandersman, 1980 as cited in Ferketich & Mercer, 1995). The differences in these findings may be due to differences in the research methods or due to social changes in the intervening years

between these studies. The differences may also reflect the limited generalizability of findings from studies about fathers.

As with research into maternal self-confidence, there are contradictory reports about paternal self-confidence. Ferketich and Mercer (1995) observed that experienced fathers reported significantly higher perceptions about paternal role competence than inexperienced fathers during the first week after birth and during the early postpartum period; however by one month these differences were no longer in the significant range. Walker, Fleschler, and Heaman (1998) found in contrast to the Ferketich and Mercer findings that parenting confidence was inversely associated with parental experience during the early weeks postpartum. The more experienced fathers had less parenting confidence than the inexperienced fathers.

For inexperienced fathers, sense of mastery was a predictor of paternal competence, while anxiety and depression were negatively associated (Ferketich & Mercer 1995). Family functioning has been noted as having more of an impact than partner relationship on paternal competence during the first four months after birth for inexperienced fathers (Ferketich & Mercer 1995). For experienced fathers, family functioning played a more critical influence during the early postpartum, while partner relationships were more important by one month and onwards (Ferketich & Mercer, 1995).

It has been proposed that there may be two stages of achievement of the identity of fatherhood. The first post-birth month is the role-taking stage during which there is more adherence to the advice of experts (Ferketich & Mercer, 1995; Thorton & Nardi,

1975). Following this first month, an informal stage of role-making occurs when parents begin to respond more to the uniqueness of their infant drawing upon their own creative approaches and decisions about how to respond and care for their infant (Ferketich and Mercer, 1995).

Lamb (1997) has determined that success as a father should be defined in terms of his children's development, and also that a successful father is one whose role performance has matched the demands and prescriptions of his sociocultural and familial context. As well, sensitivity to a child's cues or needs and appropriate responses, and self-confidence in one's parenting abilities have been identified as more important in effective parenting than skills in child care activities (Lamb, 1997a). Infants' responsiveness is an influential component in the dynamics of parenting, and it has been found that while infants develop attachments to both their mothers and fathers at about the same time during their first year of life, they display a preference for their primary care providers who are usually their mothers (Lamb, 1997a).

Research has indicated that during the newborn period, no differences in competency have been noted between mothers and fathers. They can do equally poorly or well; also it appears that parenting skills are usually acquired by doing rather than by instinct (Ehrensaft, 1995; Lamb, 1986). It has been experience rather than maternal instinct that has resulted in mothers being more sensitive to their infants' needs and skilled in caretaking tasks; while fathers become correspondingly less capable, as they defer to and cede parenting involvement to mothers (Lamb, 1986; Lamb, 1997b; Power & Parke, 1983). In turn, mothers have tended to assume more of the parenting activities

and responsibilities over time because they have perceived it to be their role, and as well their partners have not presented themselves as competent care givers (Lamb, 1986).

Caretaking experience has been shown to develop parental responsiveness to infants; thus, depending upon the amount of responsibility taken by the father to care for the infant, the father will have more or less responsiveness capability to an infant's cues (Donate-Baartfied & Passman, 1985). Since mothers interact more with their infants and assume more responsibility for their infants than fathers, fathers tend to display less sensitivity relative to mothers as defined in terms of maternal styles of responses to their infants over time (Lamb, 1997b).

Paternal sensitivity to infants also varies in accordance with fathers' circumstances, their relationships with the infants' mothers, and their individual personalities (Lamb, 1997b). Men who are assessed prenatally with respect to perceptiveness, sensitivity, and a tolerance for external intrusions into their lives tend to be more involved in infant care taking (Levy-Shiff & Israelashvili, 1988).

Walker, Fleschler, and Heaman (1998) found that there was a positive relationship between men who had healthy lifestyles and their self-assessed confidence in their parenting abilities as new fathers. Interpersonal support, as a component of healthy lifestyles, was a contributing factor to the confidence that men experienced regarding parenting, although it was not specifically identified only as support from their partners/spouses (Walker, Fleschler, & Heaman, 1998). This finding is supported by other studies regarding fathers only parenting support groups in which men sought and offered support to one another (Shecket, 1995; Taubenheim & Silbernagel, 1988). There is a lack

of congruence in the literature about the importance of social support for fathers. The concept of social support has been defined as perceived help, received help and the size of the identified support network also termed social embeddedness (Mercer, et al. 1988). In another study it was noted that men tend to rely upon their spouses as their sources of support regarding their parenting (Antonucci, 1985). Stevens (1988) commented that men tended to rely on their wives for assistance with infant problems, and for gaining information about parenting, to the exclusion of other sources of support. Pederson (1981) has suggested that a lack of emotional support for men may be due to sex role stereotypes in which the father is expected to be strong, while the mother is viewed as weak and in need of care. Gamble and Morse (1993) proposed that fathers may thus be in greater need of support than women, whose need for support in mothering is assumed. The differences in how social support is valued may account for some of the differences noted in the literature.

Health Care Needs of Men

It has been recommended that perinatal assessments and interventions should include paternal as well as maternal perceptions in order to meet the needs of the family (Nichols, 1993; Stainton et al. 1999). However, expectant fathers are expected to be supportive of their pregnant partner to the extent that they should behave in a stoic fashion with respect to any of their own discomforts, anxieties or needs; thus resulting in the men's needs often being less evident (Shapiro, Diamond, & Greenberg, 1995). Ferketich and Mercer (1995) comment that seeking information is a major strategy in preparing for the changes needed to assume a new role such as fatherhood. Yet, fathers'

needs for information often are not identified nor addressed by health care professionals (Barclay & Lupton, 1999; Stainton et al. 1999; Taubenheim & Silbernagel, 1988).

Research in general, has been inconclusive as to whether families experience the normal developmental transition to parenthood as a crisis or just a change (Wilson, et al. 2000). It would appear that if men and women were informed early in pregnancy about the potential for ambivalence, anxiety, and increased tension, they would be better able to effectively deal with these occurrences (Donovan, 1995). Barclay and Lupton (1999) found that fathers experienced the first months after the birth of their infants to be uncomfortable and less rewarding than anticipated due largely to their difficulties with trying to meet social expectations of fatherhood and their other roles. In addition, becoming a father, like other major life's transitions introduces much uncertainty into men's lives, challenging their view of reality, their relationship with their pregnant partners, and their self-concepts (Donovan, 1995; Ferketich & Mercer, 1994).

Men may feel isolated during their partners' pregnancies and childbirth, since the focus of attention by family and friends is on the pregnancy and the woman, while health care providers are similarly focused (Donovan, 1995; Nichols, 1993). It has also been noted that pregnancy and childbirth are unsettling times for men as they experience losses during pregnancy, often feel excluded from the pregnancy experience, have difficulty articulating the gains that may occur as their family changes, and encounter many unpredictable experiences in their lives during this time (Donovan, 1995; Nichols, 1993).

Studies into paternal needs post-birth have found that men are most often concerned with caring for their wives and families, their own needs with respect to

household and family functioning, and balancing responsibilities related to financial support of the family and care activities (Stainton et al., 1999). Prenatally, men have been noted to be concerned with having to adjust to the loss of independent recreational time, needing to potential increase their responsibilities the financial security of their family, experiencing changes in their relationship with their spouse, and meeting the needs of their unborn children (Taubenheim & Silbernagel, 1988). A more recent study has found that men are often unprepared for the parenting experiences they have during the first weeks and months following the birth of their infants, and that fatherhood was more difficult and distressing than they had anticipated prenatally (Barclay & Lupton, 1999). Sources of distress and unmet needs included difficulties in meeting societies' expectations about fatherhood, feeling on the periphery of their infants' care, and defining with their spouses what constituted work (Barclay & Lupton, 1999).

The current approach to childbirth preparation and prenatal care does not appear to attend to either the support nor informational needs of expectant fathers (Donovan, 1995; Greenahalgh, Slade, & Spiby, 2000; Nichols, 1993; Palkovitz, 1985). There have been several reports that showed that fathers who did not attend prenatal classes had more positive birthing experiences than those men who had attended (Greenahalgh et al. 2000; Nichols, 1993). It has been suggested, that anticipatory guidance and information about ambivalence regarding pregnancy and parenthood, anxiety and changes in the spousal relationship would be of greater assistance to both men and women in preparation for parenthood than the current content of much prenatal education, which is centered on the physical aspects of birthing (Donovan, 1995; Polomeno, 2000).

Fathers often experience pregnancy and early parenting as emotional times, in which worries about the health of their partners and unborn children, concerns about financial security, anxieties about the marital relationship and uncertainties about themselves as individuals all occur (Shapiro, Diamond & Greenberg, 1995). Men often are not prepared for the intense feelings that may occur at the birth of their children nor the sense of vulnerability that happens with parenting (Shapiro et al.). The issues that men encounter when becoming fathers include changes in their own definitions of fatherhood, uncertain role delineations, unsupportive political and economic structures, and a scarcity of role models (Shapiro et al.). It has been proposed that after the birth of their infants, fathers' relationships of major concern are with their spouses, infants, and the immediate family units (Morse & Gamble 1993).

During pregnancy, expectant fathers have identified the following as concerns: fears about the safety and health of their partners and unborn children, anticipated needs for adjustment to loss of free time after the birth of the infant, questions about how to be a consistently good provider, questions as to how to be a good father and husband, uncertainty about their ability to meet the needs of the child, and adjustments to probable changes in their marriages and in their lifestyles (Shapiro et al., 1995; Taubenheim & Silbernagel, 1988). Expectant fathers have also described the following needs: the permission to acknowledge that they have health concerns; the opportunity to talk about their concerns; the need for support in reconciling traditional male roles expectations with health risks; a focus on their own health related to their occupation, leisure patterns, personal/sexual relationships, and health status; the need for knowledge about transition

to fatherhood; and increased accessibility in health care services (DeHoff & Forrest,1994; Polomeno, 1998).

During the last few decades, there has been an expectation in North American society for fathers to be in attendance at their children's births and to participate in the birthing experience. Various studies have found contradictory evidence about the impact this has on fathering behaviours. Some researchers have found no significant associations between fathers' relationships with their infants and their attendance at their child's birth (Greenahalgh et al., 2000; Palkovitz, 1985). Fortier (1988) found that fathers' self-reported as compared to observed infant care activities were predicted by their presence at their children's birth and early contact with their infants. Ferketich and Mercer (1995) found that there was a positive effect of attendance during the labour and birthing on paternal competence throughout infancy. They recommended that this be taken into account for care providers with families during pregnancy and childbirth, such as acknowledging the needs and feelings of fathers in professional interaction during childbirth. Antonucci and Mikus (1988) reported that a father's presence during labor and birth of his child and parental feelings of satisfaction with the childbirth experience contribute to successful adjustment to the new parenting role. Nichols (1993) proposed that positive childbirth experiences for men and women may contribute to a more satisfactory adjustment to parenting and to the further development of healthy family relationships.

The amount of encouragement and support which fathers receive about parenting such as being taught about newborn care and being encouraged to do these activities has

been shown to be positively related to the extent of involvement that they have with their infants (Haas, 1993; Lamb, 1997b). Fathers' sense of skillfulness with infant care also is positively correlated with the amount and nature of their involvement in child-oriented activities (McHale & Huston, 1984). Perceptions of competence in infant care and the amount of involvement of fathers with infants are mutually reinforcing factors (Lamb, 1997b).

When men embark upon parenthood, they experience an essential feeling of inadequacy about their parenting skills, and also incorrectly assume that their partners and mothers of their children inherently have those necessary infant care skills (Pruett, 1995). Often this discomfort is more due to not meeting social expectations about the fatherhood role than to their capacities in parenting (Barclay & Lupton, 1999). Basically, fathers need time alone with their newborn children to be able to develop confidence and competence with their own styles of child care (Jordon, 1995).

It has been found that new fathers experience more confidence in their parenting abilities, fewer symptoms of ill health, and less perceived stress when they report having healthier lifestyles which include exercise and interpersonal support seeking behaviours (Walker, Fleschler, & Heaman, 1998). Healthy lifestyles may assist new fathers in stress management inherent in parenthood, may enhance fathers' resources and may also contribute to fathers' more positive health status (Walker et al., 1998). Interventions that support healthier lifestyles among expectant and new fathers may have the potential to promote health and well-being which in turn facilitate the transition into fatherhood and enhance the potential for positive parenting (Walker et al.). It has also been determined

that fathers who are involved in the care of their children, have better self-esteem, are physically healthier, have spouses who are more satisfied with their marital relationship, and have children who are more resilient to life's stresses (Lamb, 1995). Thus, prenatal education should encompass more that just preparation for labour and birth and preparation for parenthood should consist more than just attendance at prenatal classes (Seward, 1991). It has been recommended that prenatal education should also provide opportunities for men and women to attend to their health needs, acquire health information regarding sound nutrition and regular exercise, foster interpersonal support, enhance communication skills within the marital relationship, develop skills in how to manage the stresses of daily living, and further develop knowledge and skills for parenting (Polomeno, 1998; Walker et al.). It has also been suggested that more research into the venues and times for preparation for fatherhood is needed because of the lack of information in this area (Gage & Kirk, 2002; Watson, Watson, Wetzel, Bader & Talbot, 1995).

Men tend to use health services more for illnesses than the pattern used by women who are more likely to utilize preventive health care services (Allen & Whately, 1986; Polomeno, 1998). There are opportunities for a change in attitudes towards health promotion and disease prevention as expectant parents are establishing their family roles (Roth, 1989). Men have reported an evolving sense of responsibility towards their family during pregnancy and appear to be more willing to adopt changes in lifestyle for the benefit of their unborn children (Polomeno, 1998). Polomeno (1998) observed that men are beginning to be receptive to health teaching and the evaluation of their health needs in

the second trimester of their partners' pregnancies as they become aware of their new role. Further it has been noted that postnatal fathers are able to be more supportive of health promotion in the family when they have received prenatal health education interventions (Polomeno, 1998). Health promotional interventions with educational information regarding life transitions and the identification of potential sources of support have been recommended as helpful content of perinatal health classes for both men and women (Polomeno, 1998; Roth 1989). Also, life transitions are easier when among other factors there is more time to prepare, fewer new skills to acquire and less environmental obstacles (Cowan, 1991; Polomeno, 1998).

Wylie (1979) found that prenatal positive expectations about parenthood may facilitate role transition into the role of a parent, and as well, that the older the man the more ease of transition. However, education was negatively associated with the ease of transition, and this was proposed to arise from the more educated population desiring more individual fulfillment and thus were feeling constrained due to the physical limits and time demands inherent in caring for an infant (Wylie, 1979).

Impacts on Infant Development

Fathers influence the development of their children both directly and indirectly: they have direct influence through their genetic endowment and their interaction with their infants and children, and indirectly by their impact on the economic, social and emotional dynamics of the family (Dowd, 2000; Lamb, 1995; Parke, 1996). Depending upon the values of the parents and the quality of the fathers' involvement, paternal influences can either be detrimental or strengthening to the development of children. The provision of economic support and emotional support to the mother and others who are providing child care are significant indirect influences by fathers on the development of their children (Lamb, 1995). The resulting access to financial resources and enhanced mother-child relationships facilitate positive adjustment in children (Lamb, 1995). There is also the potential to strengthen family relationships when the needs of expectant fathers are recognized, and they are helped to plan for the upcoming life's changes and to further develop their coping strategies (Taubenheim & Sibernagel, 1988).

Neonatal contact with fathers and infants helps to initially establish parent-infant attachments and has the potential to strengthen their future parent-child relationships, both phenomena which are developmentally enhancing (Ferketich & Mercer, 1994; Long & Smyth, 1998; Rodholm, 1981). Fathers' participation in childbirth and their playful interaction with their infants and children are viewed as important mechanisms for the development of child-father attachments in the Western world (Hewlett, 1992). Infant-father attachment is considered to be an important contributing factor in infants' emotional and social development (Hewlett, 1992). In addition, it is suggested that

fathers' vigourous play with their infants facilitates the development of infants' social competence since fathers' style of interaction is different from mothers and necessitates the learning to participate in different styles of social interaction (Hewlett, 1992). Nugent (1991) determined that paternal participation in child care had positive effects on children's cognitive development as measured at one year. Conversely, it has been observed that many of the clients of social services providers have father-child relationships in their pasts that are characterized as being problematic (Lamb, 1986).

The description of mothering behaviours now closely resembles the description of fathering behaviours in middle-class North American society, and how fathers influence their children appears to be similar to how mothers have an impact on children. It is parental warmth, nurturance and closeness of the involved parent that are associated with positive outcomes in child development, not the gender of the parent. In addition, research has illustrated that it is the characteristics of the parent-child relationship that are most important on positive child development, rather than the gender of the individual parent. Secure, supportive, reciprocal and sensitive relationships are the foundation for a child to be potentially psychologically well-adjusted (Lamb, 1997a).

Some researchers have found that fathers display almost the same interaction as mothers do with very young infants (Parke & Tinsley, 1987; Rodholm & Larson, 1979). Parke and Tinsley (1981) also noted that fathers were as involved in interaction with neonates as were mothers; while Greenberg and Morris (1974) commented that men who were present at their infants' births reported that they were more comfortable holding their infants than those men who were absent. Greenberg and Morris (1974) observed that

fathers have emotional and engaging interaction with their children soon after their birth. Russell & Saebel (1997) argued that research has failed to demonstrate that fathers and mothers nurture their infants differently. However, other researchers have found that the gender of the infant is a determining factor in fathering behaviours. Fathers tend to interact preferentially with their sons even shortly after birth (Woollett, White & Lyon, 1982 as cited in Lamb, 1997b), while mothers stimulated their daughter infants more than their sons (Lamb, 1997b; Parke & O'Leary 1977). It has also been suggested that the absence of fathers has a more pronounced negative impact on the cognitive development of infant boys, while their presence had more influence on the motivational development of infant boys as compared to infant girls during their first year of life (Lamb, 1997b; Pedersen, Rubenstein, & Yarrow, 1979; Yarrow, MacTurk, Vietze, McCarthy, Klein, & McQuiston,1984).

Infants' communication signals of cries and smiles tend to elicit responses in adults, and when adults consistently respond in a prompt and appropriate manner to infants' cues it is proposed that infants then view the adults as reliable, fostering the formation of secure infant-parent relationships (Ainsworth, Blehar, Waters, & Wall, 1978; Lamb 1981; Lamb, Thompson, Gardner & Charnov, 1985). Insecure attachments tend to develop when there is not sensitive responses to the infants' signals, and no attachments may develop if there are only rare responses (Lamb, 1997a). Thus it is important for parents, including fathers, to be able to be appropriately responsive to their infants (Lamb, 1997a). The differences that occur between men and women in their responsiveness to infants' signals appear to be due to societal pressures and expectations

rather than due to biological gender differences (Lamb, 1997a). The anxiousness experienced when leaving an infant with someone else for the first time is apparently equivalent with mothers and fathers (Deater-Deckard, Scarr, McCartney, & Eisenberg 1994).

"Mothers are identified with caretaking, fathers with play" (Lamb, 1986 , p. 12). While there are differences in the proportion of play and caretaking behaviours, there are also differences between mothers and fathers in how they enact play and caretaking. Fathers' type of play with infants tends to be more in the style of bursts of physical and social stimulation, in contrast to mothers' more rhythmic vocal interaction with the babies and more containing behaviours (Yogman, 1981). It has been suggested that fathers have unique contributions to the linguistic development of infants because they tend to use more sentences, imperatives and attention-getting utterances in their speech patterns with their infants and young children (Rondal, 1980). Fathers overall spend less time per day with infants, and proportionately more of their time is in play as compared to the proportion of time spent in feeding, cleaning and play by mothers (Lamb, 1997b). Mothers, however, spend more time in play with babies than do fathers (Lamb, 1997b). Paternal parenting has also been characterized by separateness of parent and child, while the maternal form of parenting is characterized by a sense of connection between parent and child (Ehrensaft, 1995).

Lamb (1981) proposed that infants' social competence development is enhanced when they interact with both fathers and mothers because of the different styles of interaction necessitating a wider range of responses. The security of infant-father

attachments is influenced both by the parents' behaviour and the infants' temperament, as are infant-mother attachments (Lamb, 1997b). Pedersen (1981) noted that six month olds whose fathers had been actively involved with them scored higher on developmental tests than other infants (Shapiro et al., 1999). The benefits of positive father-infant relationships appear to be long lasting. Parke (1981) in a longitudinal study, found that infants whose fathers had been involved in their daily care during their first two months of life tended to be more socially responsive and resilient to stressful situations during school years. However, not all involvement of fathers with their children is beneficial to the families nor the children; individual circumstances must be assessed with respect to their impact on children's health and development (Lamb, 1995).

Nursing Practice Research

Women have been viewed as the key postpartum referral contacts as well as the gatekeepers to the rest of family members by public health nurses and health visitors (WRHA, 2001; Chalmers, 1990). It has also been noted in the literature that often men in general, and fathers in particular, are not engaged with meaningfully by health care providers; consequently, mothers remain the main focus of intervention (Daniel & Taylor, 2001). The dominant role of mothers in the health care provision with families is evident in that fathers may or may not be conceptualized as clients in the delivery of postpartum health services, dependent upon the families' circumstances and the perspective of the health care provider (Chalmers, 1990). Women and mothers have also been perceived as the proxy voice of the family during interviews about family needs, even being asked to describe the families' men's needs (Canadian Institute of Child Health & Canadian

Association for Community Care, 1998; DeFrain, LeMasters, & Schroff, 1991).

The literature reviewed revealed that there has been nursing intervention research during the prenatal time period, but no reports were found for nursing intervention research during the postpartum time with respect to fathering. There has been nursing assessment research which has included or focused upon fathers during both the prenatal and postbirth time periods (Barclay & Lupton, 1999; Gagnon, 2001; Jordon, 1995; Mercer, et al., 1998; Polomeno, 1999,2000; Stainton, et al. 1999; Taubenheim & Silbernagel, 1988; Wilson, White, Cobb, Curry, Greene & Popovich, 2000). The gap in the literature review may be indicative of the need for nursing intervention research in fathering topics and the publication of the findings from those studies. The lack of available research reports may also be reflective of current nursing practices with postpartum families, in which fathers often have not been included nor actively sought out for interventions. Consequently, there may have been limited interest or identified need to pursue nursing intervention research regarding fathers parenting neonates.

Conclusions

There is a wide range of opinions and findings related to the determinants and impacts of fathering of young infants. The research reviewed indicated that fathers are significant in the lives of their infants and children, even though they have traditionally not been the primary care givers. There have been a few examples of nursing researchers and practitioners who have focused upon expectant and new fathers' needs. However these studies have not yet influenced the main-stream health care delivery to perinatal families. Most studies have not examined the congruency between expectant fathers' beliefs about the postbirth experience and the reality that they encounter nor their related needs. This study provided new knowledge that may be of assistance to both families and health care providers. The health of infants and their families could benefit from health care professionals with additional knowledge about fatherhood who could then interact with families in a more holistic approach.

CHAPTER THREE

Methodology

Introduction

This chapter provides the description of the research design that was followed, information about the sample, the recruitment process, data collection, data analysis, the measures that were employed to ensure methodological rigor, ethical considerations, and some of the limitations to the study.

A qualitative research design was followed to describe the support and informational needs men experience when they parent newborns. Qualitative research methods are useful in gaining understanding about individuals' thoughts, beliefs and behaviours, in exploring and explaining peoples' experiences, and in contributing to understandings about determinants of behaviour, within the belief of multiple realities of experience (Hills, 2000; Streubert & Carpenter,1999). Qualitative approaches are also advantageous when little is known about the topic of research; and as has been noted, there is comparatively little known about fathers during the first month after the birth of their infants (Polit & Hungler, 1995).

One of the primary reasons for the selection of qualitative research was the potential to capture rich descriptions of experiences within relevant contexts (Morse, 1991a; Sandelowski, 1996). The selection of a qualitative inquiry has the capacity to challenge the status quo and identify new paradigms, both of which would be advantageous to advancing current nursing knowledge and perspectives about working with perinatal families (Morse, 1991). Qualitative research also has been demonstrated to

provide insights that may quickly be incorporated into practice and thus enhance health service delivery (Morse, 1991a).

Research Design

The qualitative research paradigm was selected for use in this study as it provides the appropriate direction and depth of investigation for the topic of inquiry. The research project focused on the emic perspective of fathers within an inductive qualitative approach to develop description and interpretation of the data (Cobb & Hagemaster, 1987; Streubert & Carpenter,1999). The primary purpose of the project was to develop greater understanding and generate new knowledge about expectant fathers and fathers of newborns. Relatively little is known about fathers' needs for support and information in their parenting of young infants. Thus qualitative research was an appropriate approach to undertake (Hills, 2000; Pope & Mays, 2000).

Qualitative research has been described as a set of interpretive activities, which ranks no methodological practice above another, with no theory or paradigm that is specific to it, nor possessing unique practices (Denzin & Lincoln, 2000). The noncategorical strategy of interpretive description appeared to be the most congruent qualitative approach for this research project, and was therefore chosen as the guiding design. Interpretive description has been described as a generic nursing approach to qualitative research, in which information about a health phenomenon from the emic perspective is described and interpreted (Thorne, Kirkham, & MacDonald-Emes, 1997). Interpretive description as a qualitative research approach preserves the value of the individual experience, while maintaining the respect for knowledge about the aggregate

(Sandelowski, 1996; Thorne, Kirkham, & MacDonald-Emes, 1997).

Sample

The 2000 population of Winnipeg was estimated as being 651,440 of which 67,255 were men between the ages of 20 and 34 inclusive, the age span within which most men become parents for the first time (Dobrin, Wiersema, Loftin & McDowell, 1996 as cited in Dowd, 2000; Winnipeg Regional Health Authority Community Health Assessment Unit, 2001). In keeping with the goal of developing a deep understanding within a case-oriented approach that is guided by "the epistemological thrust of qualitative research," a small sample size was utilized in the project (Sandelowski, 1996, p. 525). Accordingly, a sample of nine expectant fathers was recruited with the following inclusion criteria:

1. Ability to speak and read English: The researcher is fluent only in English, therefore the language of the study was in English as the research resources did not include provision for interpreters.

2. First time fathers: This inclusion criterion had the potential for facilitating homogeneity of the sample as men would be involved in the same developmental task of "learning what it means to be a father" while their families would be in the first phase of the childbearing stage of the family life cycle (Duvall, 1977, p. 207; Okun & Rappaport, 1980).

3. Male, between the ages of 20 to 34: Most adult men become first time parents in their twenties and early thirties (Dobrin et al. 1996 as cited in Dowd, 2000). This time span also corresponds to the age categories utilized by the Winnipeg Regional Health

Authority Community Health Assessment Unit and by Statistics Canada: 20-24, 25-30, and 30-34, and so it provided standardized age categories for the sample (The Vanier Institute of the Family, 2000).

4. Residing in the study city: The place of residency within the city facilitated access between the researcher and the study participants, minimizing travel time involved in connecting with the participants.

5. Normal pregnancy to date, with no anticipated complications: Circumstances regarding the health of the mother and the unborn child contributed to similarities and differences in the participants' experiences of fatherhood.

6. Committed relationship with partner: Principles of fatherhood include that there must be more than just a biological connection to the child, that there must be a demonstration or intention of nurturance (Dowd, 2000). Men who are not co-habiting or married with their partner, are in different circumstances than those who are, and their experiences of fatherhood may differ in accordance with their relationship to the mother of their child (Dowd, 2000).

To maximize the potential of acquiring a homogeneous sample with divergent experiences, the above inclusion criteria were utilized in conjunction with three sampling methods: purposive, volunteer and snowball. A variety of sampling approaches were pursued since expectant fathers were not readily identifiable for direct access. Purposive sampling of key informants, that is researcher selected subjects based upon the researcher's judgement of who would be most representative or knowledgeable, was employed by inviting expectant fathers to participate in the research project who were

registrants in prenatal classes led by public health nurses (Morse, 1991b; Polit & Hungler, 1995) (see Appendices A and B). Purposive sampling of participants facilitates the collection of data that can be utilized in interpretive description for the purpose of generating nursing knowledge (Thorne, Kirkham, & MacDonald-Emes, 1997).

It was acknowledged that expectant mothers might influence access to expectant fathers either by encouraging or discouraging their partners' attendance at prenatal classes or their initial consideration of participation in the project. To complement the recruitment of prenatal class participants and to broaden the potential range of experiences, volunteer sampling was also attempted by utilizing bulletin boards with notices directed to expectant fathers, posted in community settings throughout the study city: in community recreation and sports centres, a shopping mall, libraries, physicians offices, at a community college, and at one of the university campuses. Also postings with the content of the posters were put onto two websites whose intended audiences were expectant parents (Morse, 1991b)(see Appendix C).

Also, study participants and potential participants were asked to refer other expectant fathers in a snowball or networking process (see Appendix D). Snowball sampling is recommended when the research population is difficult to access, such as expectant fathers who are currently not directly identifiable in the health care system or in the public at large (Polit & Hungler, 1995).

Recruitment

Following ethical approval from the Education/Nursing Research Ethics Board at the University of Manitoba, invitational posters were located in several community sites where it was likely that expectant fathers might attend and postings went onto two websites (see Appendix C). In accordance with access procedures, presentations by the researcher were made to prenatal classes, and information handouts were left with the class participants which invited them to contact the researcher to participate in the study (see Appendices A and B). Additional participants were to be elicited through network or snowball sampling.

Potential participants were either to initially contact the researcher by telephone, or the researcher would telephone potential participants utilizing the information noted in the tear-off section of the Handout (see Appendix B).

During the individual contact, as described in Appendix D, the researcher explained the project to potential participants and read the inclusion criteria to the expectant fathers. The researcher asked the potential participant to respond with a general answer whether any of the criteria did not apply. It was expected that this would provide the potential participant opportunity to respond in a confidential manner with respect to the criteria, especially the descriptor of a committed relationship.

The sample was comprised only from men registered in public health nurse led prenatal classes. Eight of the nine men indicated that they had decided to participate in the study after listening to my presentation at their prenatal classes. Only one of the men commented that he had been persuaded by his wife to participate after listening to my

presentation.

The strategies for snowball and volunteer sampling did not result in study participants. Several of the study participants commented that they would pass along the information to men they knew; however no contacts were generated. Three telephone calls arose from the thirty posters that were displayed in the community settings: one from a father who was older than the age criteria, and one from an expectant father who did not continue with the arrangements for the initial interview. The third telephone call came from an organizer of a conference for Aboriginal fathers who had hoped that I could present my findings and connect him with someone who could provide research evidence about fathers. Eight employers with mainly male workforces did not return calls for postings about the study. One employer requested a letter describing the study. However no reply was received about the outcome of the review of the proposal. Three large churches were approached for posting the bulletins in their community notices. The researcher was not a member of their congregations and they declined participation based on this lack of membership. The postings on two websites for expectant parents and an insert into a large company's newsletter also did not elicit participants.

Three of the fathers in the sample commented that men would probably need to meet the researcher first before deciding to participate, since as one of the fathers explained, men would be concerned that someone was going to "*get inside their heads.*" Another study participant commented that "*guys are a lot different...I think a lot of guys are timid about talking about things like that (being a father).*" One of the fathers also indicated that while he would have been interested and would have read a poster, he

would not have followed through with writing down the contact information.

Data Collection

The data for this research project was collected during semi-structured interviews, following an informed consent process with the participants (see Appendices E and F). Additional data sources were the participant demographic forms and the reflections of the researcher regarding researcher-participant interaction as documented in a journal (see Appendix G).

A minimum of structure in the interviews enhanced opportunities for participants to express relevant information in as detailed and comprehensive manner as possible (Polit & Hungler, 1995). The interviews were constructed with open-ended questions that initially defined the parameters of the conversation between the researcher and the participant, and formed the basis for discussion that diverged from the original questions (Britten, 2000).

The utilization of semi-structured interviews provided the opportunity to elicit a much more in-depth and comprehensive description of the men's information and support needs than could have been achieved by a structured interview or quantitative approach. One of the participants commented on how he appreciated the opportunity to answer open-ended questions without direction as to how they should be answered. The utilization of the semi-structured interview with open-ended questions provided flexibility to enhance the conversations during the interviews. This approach appeared to elicit responsiveness in the participants, and facilitated the collection of comprehensive and reflective information.

The interviews were guided by a semi-structured interview guide (see Appendix F). The flow of the interviews was shaped by the participants' responses. Initially more general questions began the interviews before moving onto questions of potentially more sensitivity; as well, subsequent questions that could contribute to confidence in the veracity of previous answers were included (Fontana & Frey, 2000).

The establishment of a trusting relationship is one of the essential foundations for interviewing, especially when the researcher seeks to understand the world of the participant (Fontana & Frey, 2000). Thus it was important for the participants to be assured of the confidentiality of the interview, while at the same time being comfortable about the setting of the interaction. The location of the interviews was negotiated with the participants and the researcher so that both felt safe and comfortable, while affording as much privacy as possible.

The men who participated in the study responded to all the questions posed in the interview. No issues related to child abuse or neglect were identified in the participants' responses. It was not necessary to contact any of the fathers for clarification of the audio-taped conversations with the researcher. The fathers in the project frequently commented on their appreciation to talk about the upcoming births and subsequent experiences with their newborns. Three of the men chose to be interviewed in one of the public health office settings; the other participants preferred the interviews to be conducted in their homes. In seventeen of the eighteen interviews the men's partners were not present in during the interviews.

The gender of the interviewer and the research participant is an important

consideration that needs to be noted in collection, analysis and interpretation of the data from the interviews. It was acknowledged by the researcher that concept of "Gender filters knowledge" was operating during the interviews because of the female researcher and the male participants (Fonatana & Frey, 2000, p. 658).

The participants were interviewed once during the last trimester of their partners' pregnancies and at a second date when their infants were about one month old. The interview guides used during pregnancy and post-birth were similar in content, covering the same topics of discussion, with alterations to reflect the anticipatory perspective prior to birth and the retrospective experiential perspective after the birth of their children. The length of the interveiws ranged from fifty minutes to just under an hour and a half, with all the postbirth interviews lasting an hour or longer.

The interviews were audio-taped and then transcribed. The typed transcriptions were reviewed by the researcher and compared with the original audio-tape to ensure accuracy and to provide opportunity for increased familiarity with the contents of the interviews. It was found that the proofing of the transcripts, while a component of the preparation of the data, also comprised an initial phase of the analysis of the data (Sandelowski, 1995b).

In qualitative research, there is no precise point at which data collection ends and analysis begins, nor are analysis and interpretation distinctively sequential (Patton, 1987). While gathering data, it was anticipated that ideas about analysis and interpretation would develop and they were noted in a reflective journal, since it would be useful "to keep track of analytic insights that occur during data collection" (Patton, 1987, p. 144). The

reflective journal in this study was another source of data. Researcher observations regarding nonverbal communication observed in the interview and the researcher's feelings about the interviews were noted as data, in addition to the ideas about analysis and interpretation of the data that arose during data collection (Donovan, 1995; Fontana & Frey, 2000). Following the conclusion of each interview and after the participant and the researcher had parted, the researcher ensured that time was safeguarded for reflection of the interaction, and for documenting those reflections.

Data Analysis

The case orientation of qualitative research is directed toward understanding an entity as a whole within the relevant context of that entity, and to determine the confluence of variables and their inter-relationships in the experiences described (Sandelowski, 1996). Rather than pursuing a variable-oriented analysis, this study was guided by the qualitative approach of an initial focus on the individual to understand the ensemble of characteristics for that person in a holistic perspective within the context of the individual's circumstances, prior to cross-case comparisons (Sandelowski, 1996). As noted by Sandelowski (1996):

> Looking at and through each case in a qualitative project is the basis from which researchers may make idiographic generalizations and move to cross-case comparisons to construct aggregations, syntheses, or interpretations of data from and faithful to individual cases (p. 525).

Data analysis and collection often occur concurrently in qualitative research and this was the experience in this study with fathers (Polit & Hungler, 1995; Sandelowski,

1995b). However, formal analysis began when the researcher developed an understanding of each transcript as a whole (Sandelowski, 1995b). Because of the longitudinal nature of data collection, a holistic case analysis encompassed both interviews of each participant. The initial case record developed from the first interview with a participant, and was completed after the postbirth interview. Patton's guidelines in constructing case studies were followed including: assembling all the case data, constructing a case record for each participant, and composing a case study narrative (Patton, 1987). Each participant's two narratives were used as a whole case to identify the confluence of variables and contexts (Sandelowski, 1996). The study of each case formed the foundation to move into cross-cases comparisons, which constituted the next phase of analysis (Sandelowski, 1996).

Inductive analysis was utilized in both phases, drawing upon indigenous typologies and analyst-constructed typologies (Patton, 1987). The endeavour of uncovering patterns, themes, and categories required judgements about significance and meaningfulness within the data (Patton, 1987).

The audio tapes were transcribed in their entirety to a written text, with wide margins. The text was proofed with the audio tapes to confirm the accuracy of the transcriptions (Polit & Hungler, 1995). A manual method of content analysis was utilized with coding in the margins and computer memos, to develop themes, categories and to identify the potential relationships amongst the themes (Polit & Hungler, 1995).

As described in the review of literature, it was recognized that the experience of fatherhood is a divergent phenomenon in North American society. It was decided that member-checking of the summaries had a likely outcome of not providing the validation

that would facilitate analysis of the findings. Participants were requested to assist in clarification of the taped transcripts if there had been any difficulties in the auditory quality of the audiotapes. The process of a second interview post-birth with each participant provided an opportunity for validation of the information from the first interview during pregnancy. A summary of the conversation from the first interview was one of the initial topics for discussion in the second interview. This strategy apparently assisted in ensuring congruency between intended communication by the participant and understanding by the researcher, as indicated by the comments of the participants. This approach was similar to the intent of having participants review and comment upon preliminary analysis of the data from interviews (Patton, 1987).

In addition to providing descriptions about their information and support needs and the congruence between what was anticipated and experienced, the study participants described their lives as fathers to newborns, spoke about how they felt other people viewed them, and commented on their perceptions of family focused perinatal health care. This additional contextual information may enhance the transferability of the findings and thus increase the potential for the study to begin influencing the thoughts and behaviour of workers in the perinatal health care field.

Measures to Enhance Methodological Rigor

"Rigor is less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work"(Sandelowski, 1993, p. 2). This research project followed the steps as described in the research proposal, thus providing an auditable trail that ensured trustworthiness. Since the naturalistic paradigm provides for multiple, constructed realities rather than a singular, reliable perspective, value was given to phenomenological and construct validity rather than attempting to demonstrate that validity rested upon reliability (Sandelowski, 1993).

Trustworthiness of qualitative research findings is the extent to which the true state of human experience is reflected by the study (Polit & Hungler, 1995). Four criteria used to describe the trustworthiness of a qualitative data are: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). There was sufficient time accorded to the development of trust relationships with the participants and to data collection; that is, there was sufficiently long engagement to contribute to the credibility of the research findings (Lincoln & Guba, 1985 as cited in Polit & Hungler, 1995). In addition, debriefing sessions between the researcher and the thesis chair provided external checks on the inquiry process.

Transferability, that is idiographic generalizations or time- and context-bound working hypotheses can be supported from the case-oriented approach that was followed in the development of case records for this study (Lincoln & Guba, 1985; Polit & Hungler, 1995 and in Sandelowski, 1996). An audit trail was developed throughout the course of the study and reflexive journally was utilized to enhance the dependability and

confirmability of the findings (Lincoln & Guba, 1985; Polit & Hungler, 1995).

Ethical Considerations

The research project was reviewed and approved by the University of Manitoba Education/Nursing Research Ethics Board and the Winnipeg Regional Health Authority Research Review Committee prior to implementation.

The inherent unpredictability of qualitative research may compromise the intent of informed consent and assurance of confidentiality since information may emerge in the interview that had not been anticipated by the participant (Ramos, 1989). To offset this concern, the participant consent form (see Appendix E) was read to the participant with opportunities for questions provided prior to signing the form. A copy of the consent form was retained by both the participant and the researcher. The voluntary nature of participation was reviewed prior to the commencement of each interview. The researcher was aware that participants might reveal fears or anxieties, as well as previously unrealized concerns during the research interview. If assessed as appropriate, it had been planned that the researcher would encourage the participant to contact a health care professional regarding those issues of concern that were identified in the interview (Ramos, 1989). This occurred twice and relevant support was offered during the interview by way of encouraging the participants to contact their community public health nurse for information and links to community resources regarding infant care issues (Ramos, 1989).

As well, reminders about the voluntary aspect of proceeding with the interview, that is process consent was employed in addition to the initial informed consent in which

there were comments that the opportunity to think about becoming a parent may pose a risk (Cowles, 1988; Kavanaugh & Ayres, 1998; Ramos, 1989). None of the fathers requested the interviews to stop prior to the conclusion of the questions; rather, it was the researcher who initiated the termination of the interviews. Often the researcher had the impression that the men in the study would have liked to continue the conversations, especially during the visits after the births of their infants.

Limitations to the Study

Several parameters were selected for this research project in order to obtain a feasible sized study for the purposes of the researcher's academic requirements. Fathers of other ages, men who had been expectant fathers of previous children, who were in varying distant relationships with the mothers of their children, who were adopting or were in same sex relationships all were excluded in this current research endeavour. The men in the study met the study criteria for participation, and were recruited through purposive sampling rather than through an attempt for them to be representative of first time fathers. The perspectives of the women involved in the parenting relationships and other family members were not sought during this research project, which resulted in a more limited understanding of the family dynamics and context within which the men were parenting. These excluded circumstances all are worthy of study and are recommended for future research.

The difference in gender between the researcher and the participants could have influenced how the participants responded to the questions and with what information they chose to answer. The presence and the absence of the participants' partners may also

have affected the participants' interaction and responses. The gender, professional background and parenting experience of the researcher have contributed to how the researcher understood the data, and interpreted the findings, which may be different from the understandings and interpretation by other researchers with dissimilar backgrounds.

Summary

The methodology for the research project was outlined in this chapter, with references to the appendices in which the informed consent form, information handout and poster, and interview guide are described. The methodology of the interpretive description strategy was an appropriate choice to develop an emic description of the information and support needs of fathers of newborns. The family systems conceptual framework also matched with the topic of the study. The research project consisted of a longitudinal, qualitative research study with nine participants who were initially first-time expectant fathers. The men participated in two interviews, one prenatally and one postbirth. The interviews were audiotaped, transcribed and analyzed to elicit the findings of the research.

CHAPTER FOUR

Findings

Introduction

This chapter portrays the findings of the qualitative study which looked at the anticipated and experienced information and support needs related to parenting newborns, from the perspectives of expectant and new fathers. The chapter begins with a description of the study sample. The depiction of the sample is followed by the findings from the interviews conducted with the fathers who participated in the research project.

Description of the Sample

Ten men self-identified as first time expectant fathers and agreed to participate in the study. The fathers all lived in a prairie Canadian city, were Canadian citizens, and all but one were born in Canada. Nine of the fathers completed both interviews and the findings of the study were drawn from the nine pre-birth and post-birth sets of conversations. The tenth father was not available after the initial interview. The tape recorder had malfunctioned during his interview, and while he had agreed at the time of the home visit to a repeat first interview if needed, he did not respond to telephone messages to arrange it.

The fathers were all employed in full-time occupations, with several of them having additional ongoing volunteer and secondary business endeavours. One of the fathers, in addition to full-time employment, was also a full-time university student. The men reported a range of previous experience about caring for babies, ranging from not recalling when they had handled an infant, to extensive adolescent babysitting of siblings

and other children, to more recent interactive relationships with infant nieces and nephews. One of the fathers had a step-daughter; however, he had not been a parent to the child until she was entering the school system and described himself as a first time expectant father. The characteristics of the fathers are further summarized in Table 1.

Findings: The Forgotten Parent

Several themes emerged from the study data which described the information and support needs of fathers to newborns. In describing these needs, the men spoke about how they acquired information and support, as well as how they were viewed as parents. A consistent topic that was evident in each of the men's stories to a varying degree was the impression that they wanted to be involved in the caregiving for their infants, and be viewed by others as involved in their infants' caregiving. The overall theme in their comments about their information and support needs, met and unmet, can be stated as one father described, as being one of "*the forgotten.*" "The Forgotten Parent"is the main theme in the findings, supported by five subthemes as depicted in Table 2. Each of the participants in the study commented on the times during his partner's pregnancy, the birth of his child, and/or the first month of his infant's life when he felt as though he was not acknowledged as a parent in his family unit. The perceptions of their experiences and their recommendations for changes conveyed the impression that the men did not feel deliberately ignored; rather that they were often overlooked by those who could only see in a paradigm of the mother-baby dyad. Yet the participants all spoke about their intense connections with their infants, their active participation in caring for their partners and their babies, integral importance in the new family relationships,

Table 1

Demographic Characteristics

Current Age of fathers
mean: 28.7 years
range: 22 -34 years

Education Level
High school diploma: 2
Community College: 4
Undergraduate Degree: 3

Currently a Student
yes: 1
no: 8

Employment Status
Full-time: 9
Part-time: 0

Occupation areas using Statistics Canada categories
Natural and applied sciences: 1
Social science, education, government services and religion: 3
Sales and services: 4
Trades, transport and equipment operators: 1

Cultural Identification
Canadian citizenship and born in Canada: 8
Canadian citizenship of 12 years, and born outside of Canada: 1

Annual household income at time of pregnancy
less than $10,000: 1
$10,000 to $20,000: 0
$21,000 to $30,000: 0
$31,000 to $40,000: 0
$41,000 to $50,000: 2
greater than $50,000: 6

and their partners' views of them being significant parents to their infants. They also talked about not being considered as significant by others in various circumstances in which they saw themselves as disregarded, often treated more in the role of bystanders, and that the topic of being a baby's father often was not even discussed amongst men.

Of the five subthemes contributing to the main theme of "The Forgotten Parent," the first subtheme, "Being Invisible," describes how the health care system was focused on the mother-baby dyad, as are the majority of books and videos about infant care, while the topic of conversation among men was rarely about parenting newborns. The second subtheme "Learning from Women" summarizes how the responsibilities of fathers were changing, with the younger men referring to senior female family members and female health professionals to learn about being fathers, and how the language that the fathers used to describe their perspectives may not be the same as used by women. The third subtheme, "The Unknowns" portrays how the men entered parenthood with the question of "*How do I know what I need to know*?" especially when the focus of prenatal information was on labour and birthing, and the men's interests were more on acquiring information about infant development and enhancing their infant care skills. Congruencybetween the men's anticipated and experienced learning and support needs, and how their needs have been met were also summarized. The fourth subtheme entitled "Balancing" describes how the men are striving for balance in their lives as fathers. The final subtheme of "Voices for Change"is an overview of the recommendations expressed by the study participants to other expectant and new fathers and to health care providers for assisting men in being fathers. Each of the subthemes are presented in more detail

Table 2

<table>
<tr><th colspan="2">The Forgotten Parent</th></tr>
<tr><td colspan="2">1. Being Invisible</td></tr>
<tr><td>1.a. Not noticed: The health care system, and books and videos about infant care, are focused on the mother-baby dyad.</td><td>1.b. Not manly: The topic of conversation among men is rarely about parenting newborns.</td></tr>
<tr><td colspan="2">2. Learning from Women: Younger men look to senior female family members and female health professionals to learn about being fathers, while the choice of words and style of questions may be gender specific.</td></tr>
<tr><td colspan="2">3. The Unknowns</td></tr>
<tr><td>3.a.: "how do I know what I need to know?" Prenatal education focuses on labour and delivery, while men's interests are about what happens after the birth.</td><td>3.b. Anticipation versus reality Men's anticipated postbirth information and support needs are not always congruent with their experience.</td></tr>
<tr><td colspan="2">4. Balancing: The men strive for balance in their lives as fathers.</td></tr>
<tr><td colspan="2">5. Voices for Change: Recommendations to other expectant and new fathers, and to health care providers for assisting men in being fathers.</td></tr>
</table>

in the following pages, along with illustrating excerpts from the interview transcripts.

Being Invisible

All the fathers in the study commented to varying degrees about how, with the exception of their wives/ partners, they had not been recognized by health care providers or people in their lives as significant parents to their infants, during the pregnancies and during the month following the birth of the babies. The first subtheme of "Being Invisible" is characterized by two components: firstly, how the health care system was focused on the mother-baby dyad, as were the majority of books and videos about infant care, which resulted in a sense of being "Not noticed." The second aspect of "Being Invisible" is termed "Not manly"which describes how the topics of conversation among men were rarely about parenting newborns.

Not noticed

Most of the participants noted during their partners' pregnancies, during the hospitalization related to the births and with postpartum services in the community that the health care staff appropriately focused on their pregnant partners, and then the mothers and babies. However, this attention happened almost to the exclusion of the men. As one of the fathers explained:

> *the expectations (about being a father) changed but people's assumptions really didn't; I mean like when, like I say, you're talking to the mother to schedule the appointment and it's on the mother's time. I mean people tend to think that the father, you know, he doesn't care about the menial little stuff like that; but yet he's expected to be hands on and all that stuff now. So, I mean there's kind of a*

problem there. So that, I mean, stuff like that's caused me a lot of stress; like not stress but just worry, like why, it makes no sense.

The men spoke of their interaction with the physicians prenatally which made them feel like bystanders, not being spoken to directly unless there was a family history of concern, being asked to physically leave doctors' offices and not being invited into physical examinations when the fetal heartbeat was first heard or information was discussed. One of the fathers explained how he needed to assert himself to be included and then learned from his wife's prenatal physician that he was the only father in the doctor's practice whom the doctor recognized. He described his thoughts in the following manner:

The focus just totally not on the fathers....I think that fathers should be pushed a lot more into what the baby is doing, cause the father is just as important to that baby later in life...maybe a lot of fathers out there don't care, but I'm sure there are some who are like me that do care and they want to know, want to know how things are going, and they view it as a family unit before the baby is born...I'm all excited to be this dad and to have this baby born, but nobody else could give a damn. That's how it feels coming from the health care out there; that some of it, I mean it's rightly geared towards the mother for good reason...but I'm going through a lot of mental changes at this time and this is the hardest time for me to be able to bond with that baby that's inside her stomach.

Fathers also noted that they were often not able to get their own questions asked or answered during the prenatal time with the wives' physicians, even though they viewed the information from health care professionals to be amongst the most credible sources

for information.

All but one of the fathers spoke about the time in hospital when their children were being born as another time when the health care staff did not include them in the care during labour and postpartum. A few of the fathers explained that they sat in on the information sessions about infant care and breastfeeding that were directed to their wives, while another father stated that the hospital nurses ensured that he participate in the educational sessions and learned about infant care by *"kicking me out of bed and making sure that I was up there, doing my share too, and I mean that was great."* Other fathers experienced a lack of attention as evidenced in the following:

> *as far as anything changing towards, pointing towards the father, some things still haven't changed anything...even in the hospital, I expected, because I was staying in the hospital the whole time, that , but the nurses didn't even learn my name.*

Another father described his experience in the hospital this way:

> *I was paying attention of, because of your study, I'm going, you know, I'm going to see if they ask about me at all; for twenty-four hours, not once. ..they were fantastic, otherwise, they were there for everything, you know. My wife sneezed, they were there with a kleenex, they were there. But they never asked the coach, or you know, they never asked me, you know, hang in there... it was so funny just to sit there and watch you know, what was going on.*

The fathers continued to notice that the focus of attention remained centered on the mother and baby during the postpartum weeks, with only one father commenting that

he was directly addressed during one of the public health nurse's home visits:

> *and she also stressed that it was very important for the fathers to um be aware of how to hold the baby and how to bond with the baby and talk to the baby and stuff, and to be there talking so that the baby recognizes the father's voice and the father's presence; yeah, she was actually really good. We liked her a lot.*

The majority of the fathers were present during the public health nurses' home visits and observed and listened while not actively participating in interaction about infant care and feeding. Others did not meet the public health nurses since the visits coincided with their work schedules and they heard indirectly through their partners what the public health nurses had said. One of the fathers who was present gave the following perspective:

> *she never looked at me and said, 'How are you making out?' or or anything. So they gotta, you know, it's kinda like a, you know, a hockey team. You, they watch the whole team when they're coaching, not just the goalie. There's five other people that are part of that. That's probably about the biggest things they've got to check out the partner because what happens if I drop because I wasn't eating too well and no one ever caught it ahead of time, and that's not good for anybody.*

When the men in the study commented on how others viewed them as fathers, they often spoke about how they encountered a lack of acknowledgment regarding their infant care skills from women who were not their partners. These women were described as significant in the men's lives and included female co-workers, friends, and older female relatives. The fathers mentioned that people were surprised at how comfortable

they were with their infants, yet found that female relatives, especially their mothers interacted with them as though they were not competent with infant care skills. One of the fathers described his experiences with this lack of recognition of his development when his mother essentially took over an infant care task while on another occasion women were trying to redo what he had just done with the baby:

> *there was the the butting in, yeah, not helpful. I can do it....like we we can do this. What do you think we do when you're not here....so, and I'm clicking it in (the car seat) and there was three or four women there, they're like, oh it's too tight, oh it's too loose, oh it's too this. Their little hands are reaching in and you know, someone was trying to take pictures and I was just like, I was ready to flip....and I'm sure they're not even thinking that though either. I'm sure they just want to help. They're not thinking, 'Oh, he can't do that.' Like my mom knows I can do it or whatever, she's not thinking that. She just wants to help...Yeah, yeah, he's the kid who peed in his toy box when he was six.*

Another of the fathers described his experience with friends and family in the following account "*You know, immediately after he was born, daddy kind of takes a, a major back seat. Everybody's concerned about mama and the baby; and daddy really no one really cares about him.*"

The impression from the men in the study was that their needs for information and support, as well as their identity as fathers were not readily acknowledged by relatives, friends and health care professionals. In a similar manner, the participants noted that the focus of books and videos and many Internet sites about parenting of newborns are

directed towards mothers. They did find a few books written specifically for fathers, and there are a few websites developed for expectant and new fathers. However, they commented that the general parenting information about infants usually referred only to mothers, and in addition there was much more written or developed for mothers. One of the fathers described a video he saw about after the birth of the baby, and there was no father pictured at all. A few spoke about finding useful information on websites that had been developed for a women's audience.

Not manly

The second component of "Being Invisible" relates to how the participants infrequently spoke about being at ease in talking with other men about being a father and parenting a newborn. One of the men in the study commented that he often did speak about his newborn infant at work and that both men and women with whom he worked often asked him about his family and how he was doing. Two others spoke about how they talked with male friends who had educational backgrounds that included children's development topics, yet one of those men also commented:

> *the boys don't have a whole lot to offer, and I personally don't foresee myself offering a whole lot either unless it's solicited, um because I would feel that they would be like future fathers, um will be able to figure it out and work it out.*

Two of the participants spoke about how they were going to pattern their parenting for their children, once the children became older, after how their siblings and siblings-in-law had done it. However, there was no mention about their talking with these male relatives about being a father to young babies.

Most of the men in the study responded to the question about with whom they talked about being a father and their interaction with other men with variations on the following perspectives, as articulated by two of the participants:

> *It's just not considered manly. You know, that's I wouldn't find anything wrong if somebody said to me or my friend would go, you know this is what we, this is what we have done; this is what we've experienced. But it's ah, I think a lot of it is because, um, the whole role that men have played in the last hundred years or so, you know, they're stereotyped that we were taught even as kids you know, 'till that I think, until that's broken down you're not gonna see a lot of men sharing unless it's, you know, really important to them as fathers*

> *...not the manly thing to do, to talk about the baby, you know. They ask you every now and then how (the baby) is doing, and that's about it, and if you elaborate on it they don't want to hear about it.*

One of the participants categorized the men with whom he worked as ""*they're not, ah, the most intelligent conversations about stuff like that*" when it comes to talking about becoming or being a father, while another man in the study commented:

> *I mean the guys at work have told me how much my life's going to change, and ah they haven't really offered too much constructive; but I've, I've asked a couple questions of them, just how, how they dealt with things when they're ah, when they're parenting, and ah you get the odd straight answer....I mean you don't get a straight answer very often for any subjects, so...just the testosterone thing seems*

a little more in certain professions.

Several of the men conveyed a sense of isolation when describing the lack of opportunities they felt to talk about their experiences as fathers or ask questions with other men, and that the intensity of their relationships with their infants was not something to speak about with other men. This was illustrated in the comments of one of the participants who expressed his reluctance to talk with one of his friends who he thought was parenting in a more old-fashioned manner:

> *so, he'd probably give me more of a hard time. 'Oh you know, she's got you so trained doing this and doing that.' Um, like we haven't seen them so we don't know. He might be doing as much as I am, but he doesn't talk about it, you know. So, that's too bad.*

Learning from Women

The men in the study experienced information and support needs when they parented their newborns, and often noted that it was women with whom they interacted when addressing information and support issues. The second subtheme "Learning from Women" describes how the young men refer to female family members and female health professionals to learn about being fathers. The responsibilities of fathers are changing and the men in the study often did not find senior male relatives very helpful. It was also found that the language which the fathers used to describe their perspectives may not be the same as used by women. These differences have the potential for mis-communication.

Many of the men talked about how their responsibilities as fathers are different

than when they were younger and parented by their own fathers. Participants noted that their involvement with their infants is much more hands on than they believed that their fathers' had been. They questioned whether this was how their fathers had wanted it to be, or whether that is was just the way it was. One of the interviewed fathers described this perspective in the following manner:

> *from my childhood growing up and from friends and stuff, that I talk to and with how the fathers of my group want to be, we want to be different than our fathers treated us. They had different roles in society and they were distant from us; and I find, like me, and my friends and stuff, that we don't want to be distant from our child. We want to be right there. So, I think that that's one of the ah, one of the big things with, with fathers now, and I think that that's why they're overlooked, is because of the old stereotype.*

Another participant explained: "*So, this sharing of care-giving is only changed in the last few years. I think that's why it makes a big difference in my, there's not a whole lot of information out there for us fathers because, evolving.*"

All the men in the study cited their wives/partners as their main sources of information about parenting and their main sources of support in their being fathers. It was their partners who showed them books written for fathers and often initially directed them to websites; and who read to the men information about parenting newborns from books and from websites. Several of the men described themselves in partnerships, or in a "*tag team*" with their wives, in caring for their infants. Wives were who they would often ask first for information about infant care skills. Next to their wives, the men identified

their mothers and mothers- in-law as those who offered information and help in their parenting of their newborns. The information from the grandmothers was not always viewed as credible or safe, and on several occasions the men described their advice as *"outdated"*and *"old-fashioned,"* and would check it against the Internet or what the public health nurse said. Only twice were the grandfathers mentioned regarding information to the new fathers. One of the men in the study referred to his father in the following manner:

> *Well, the obvious answer would be my father but he's not very good with serious talk. He likes to joke a lot. So you try and talk about that stuff with him and he give you ah, you know stupid answers.*

Only one participant described receiving guidance from his own father about interacting with infants, and the guidance related to two aspects of being a father: one was to value children above wealth and other indicators of success; and the second was to advise him not to use *"baby talk."* This participant indicated surprise in his tone of voice when relaying the story about baby talk: *"and my dad came up, and he's a bit of a tough character...so you know, for him to come up and mention that to me, I thought that was, that was pretty good."*

Many of the men in the study identified aunts, sisters and other female relatives as people whom they sought for information or commented upon their unsolicited information as being welcomed. The conversations occurred during visits, telephone calls and e-mail exchanges. Often the women relatives had nursing backgrounds or experience in breastfeeding and were respected by the men for their knowledge. Several times the

participants stated that they had wished they had spoken with these women earlier in their babies' lives to have averted worries or to have been able to deal more effectively with infant feeding difficulties.

One of the men spoke about a female coworker to whom he had spoken about parenting an infant, more frequently than he had talked to all his other co-workers in a mainly male work site. He described her as been very helpful and that it had been beneficial to be able to talk with her to gain some of the wisdom she had acquired in raising her children.

While identifying the women who had assisted them with information and support needs, the men in the study also made reference to missing learning from other men. All the men in the study had attended prenatal classes and all the men's partners and newborns had received telephone calls and home visits from public health nurses. Six of the nine fathers were in attendance during the public health nurses' initial home visits. The public health nurses were all women. The men commented on how the focus of the prenatal classes and the home visits had been on their partners and babies. Eight of the nine men identified that they were more interested during prenatal clasess in learning about the time after the birth and infant care than getting through the labour and birth. During the home visits they often just had listened to the information rather than experiencing the public health nurses directing the conversations towards them to have their questions answered. One of the participants commented:

> *Yeah, I can see that having more advice from a man, if a public health nurse was a man, about caring for the baby as from a male point of view to another male,*

would be good. I'm not sure how a female would take it though.

Another participant stated that at the prenatal class reunion, he was hoping to connect with the other men to arrange some time when they could get together, shoot some pool and just talk about what they were going through, since they would be in similar situations and had been through the prenatal classes together. One of the other study participants suggested a different format for learning for fathers in prenatal classes such as *"a bunch of guys get together on a Saturday, and um, you know, just kinda go over different things and um, especially with the ah, you know, new, newborn."*

While it was women with whom the participants most frequently referenced in their learning to be parents, they did talk with other men as well. Frequently when describing the conversations with men, or when talking about learning interaction with women, they used terms that were more often the language of construction, sports and military topics than are usually evident in texts about parenting. Examples of these include:

-'cause I see it a lot with some parents out there, they just don't eat and they try and do, try and build ah, you know, a bridge in a day so to speak.

-what you learn in class, may use one of the twenty things shown to you, but that might be the game breaker.

-Um, so there's frustration but the only way to combat that one is with, is with patience.

- I armed myself with the knowledge I needed.

-A father, a guy at work told me, he said you go through the, one night you're ten

feet tall and bullet proof, the next thing you know, you're going, what the heck did I do? My life's over 'till back to ten feet tall and bullet proof, he says. But it all changes when, the first time they go here, you're dad and they hand you the baby; 'cause you forget all about all of that he says, now you're back to ten feet tall and bullet proof again, and he says that's where you stay.

In addition to the different terms used to describe becoming and being a father, and the infrequency of this topic in their conversations, several men commented that questions and conversations amongst men were not easy nor straight forward, especially when it comes to a topic like being a father to a newborn. As one of the participants explained:

there's nobody in particular that I talk to. I mean when I have questions that need to be answered, almost anybody who's had the experience can answer those questions. I probably can't ask them. I mean guys, there's not many guys like a guy can talk to from my perspective anyway. Um, so you can't, if you ask straight out questions, you kinda got to beat around the bush a lot and do a lot of winding to get to the answers you want.

The Unknowns

The third subtheme portrays how the men in the study entered parenthood with many unknowns in two main areas. The first component of "The Unknowns" is characterized by the question that one of the study participants posed: "*How do I know what I need to know?.*" The second aspect that contributed to "The Unknowns" was that there was not always congruency between what the men anticipated would be their

information and support needs after the birth of the baby and what they experienced following their baby's birth.

How do I know what I need to know?

Most of the participants commented that the main focus of the information in prenatal classes had been on the topics of labour and birthing. In contrast, the men explained that their interests had been more on acquiring information about infant development, enhancing their infant care skills, and learning what it would be like after birth.

During the pre-birth interviews only one of the men expressed confidence in his knowledge about newborns, his skills with infant care, and how the relationship with his wife would be changing. All the other expectant fathers, including the one with an older stepdaughter, identified to varying degrees that the biggest challenge awaiting them was the unknowns in those topic areas. All nine study participants frequently spoke of the excitement that they envisioned would be experienced in being a father, and how they looked forward to having a family and children of their own. The positive anticipation was often tempered with the apprehensive comments that perhaps they did not know enough. One of the fathers noted this throughout his first interview:

> *I'm really looking forward to it. I do know that it will be difficult. Um, I don't know what to expect really; just, I know that it will be exciting and it will be difficult....I would maybe like to have more baby care information right now. Um you sort of know what to expect at the delivery, but I guess until you get the*

hands-on and the, the actual experience of caring for the baby, that nobody can really tell you exactly what it's going to be like....um, the unknown is going to be a big thing for me.

Another expectant father had wanted to know what he could do after the birth to help make things run more smoothly, while one of the other men described the unknown as the following:"*all of a sudden now I've got two people to look after and I'm the student here. I'm first day on the job, not knowing a whole heck of a lot.*"

Several of the men in the study routinely dealt with stressful and unpredictable emergencies in their employment and their comments bracketted the range of how the unknowns were being viewed: "*it's something which I think is pretty natural, everybody's going to have kids eventually*" to "*so, it'll be kinda like throwing me to, to the wolves, so. But ah, I don't know how I'm going to deal with the challenges; I'll learn from my mistakes, and, and ah make as much time as I can for helping out with, being involved.*"

Some of the men commented on how during their partners' pregnancies that they had experienced the need for changes in their priorities and increased responsibilities to actively care for their wives. They also commented that this had unexpectedly continued on after the birth of the baby. Several fathers acknowledged that birthing is strenuous and that their partners needed time to physically recover. It was the emotional caregiving for which they had not been as prepared. A few of the men in the study explained that in their marital relationships it had been the wives who had been the consoling ones in the relationships. The men explained that they had not realized that this increased emotional and mental caregiving would be part of having an infant in their family. One of the

fathers described the importance of this unexpected giving of support in the following manner:

> *I think some of my main responsibilities are dealing with mom, and just making sure mom's level- headed and not panicking and not overly frustrated. I mean if mom needs to nap for a couple hours, just pump me a bottle and we'll go hang out downstairs and you can have a bath and a nap, just chill out and relax. I think that's probably the most I can do because like I said before, if mom's not up to speed then we're in big trouble because without mom this whole operation is going to go down the tubes.*

Most of the fathers had noted prenatally that while there were going to be changes in their lives and rearranging of priorities, they had not been as prepared as they had anticipated regarding the extent of changes to their lives and the reliance upon them by their partners regarding the running of the households. The match between preparedness and reality ranged from some fathers who described that they had always been active, equal partners in household responsibilities and that there was just a little bit more to be done now, to fathers who commented that they thought that they were now responsible for doing much more than they had anticipated or knew was involved. One of the fathers described his lack of awareness in the following manner: "*it was just like, holy smokes, I didn't know that there was this much to do in a house, so, kinda opened my eyes a little bit, see that, well I actually had it pretty easy.*"

Another father gave his perspective of the responsibilities he was now encountering which he had not mentioned prior to the birth of his infant:

So every minute of rest that she gets is beneficial to her, so you really gotta be there and pickup a lot of the slack. I mean a lot ah, I think a lot of fathers, well I'm pulling this out of the air but I think a lot of dads, um, they sense the responsibility more as time progresses. Like the kid's a couple months older, whatever, but I think it's right at that first initial crunch that, I mean, dad's probably the most important in the first couple of years of the baby's life anyway. Because mom is just exhausted, she's been to hell and back and that's when dad is needed most, is the first couple of weeks especially.

The above sentiment was expressed to a varying extent by all the men in the study. They all commented in terms of individual experiences than what they thought may be the usual experience for new fathers.

The one father who had reported a lot of experience with children, and had received received education about children's growth and development, had been the one to most accurately predict what it was going to be like to parent a young infant. He was the only participant to speak prenatally in detail about how he envisioned being a father of his child while the child was a young baby. He spoke about his envisioned experience as a father to a newborn in the following manner:

It'll probably both be exciting and a lot of work. Um, it's a lot of fun to carry little ones around and to teach them and have them hold onto you and relax. Um, but it's definitely not going to be something you can just stop and start, stop and start. And I think that, that's going to be the big one, is that you have to keep going and constantly putting in and that's about it. That's probably a lot of

it...and um, feel to have it's little fingers wrapped around one of mine and his whole hand doesn't make one of my fingers...Well one of my things revolved around a, the joys of doing things together. In fact we noted that a majority of them revolve around when they're a little bit older. But the a, the fact of having this little one around to carry around um, that will, I hear in the first week or two they will just clench and mould right to you and just sit right there is a, is a, is a great joy and excitement of mine.

The other men spoke in more general terms about being a father to an infant. They described their anticipated relationships with their infants more when the babies were older ranging from several months to several years in age, and spoke of the activities that they would be doing with them.

The eight who entered into being fathers with unknowns about the babies, as well as the father who was more knowledgeable about newborns all expressed their surprise about the unexpected intensity of the feelings they experienced towards their infants. When they spoke about their experiences of being fathers with infants, six of the nine participants became lost in thought, had no words to express their feelings and thoughts or noted their words were inadequate to explain what they wanted to say. During those portions of the conversations, their facial expressions were full of emotion. As one of the men stated with an emotional tone in his voice when talking about his interaction with his infant *"just like they're so human!"* Several of the men stated that they would have appreciated knowing this was going to happen before the babies were born, yet they also commented that this experience would probably be different for each man.

Many of the participants commented on their lack of knowledge following the births of their infants, the various difficulties they encountered, and the varying and sometimes conflicting advice they received from health care professionals. Each of the fathers spoke about the difficulties that his infant and the mother of his infant had experienced with breastfeeding. All the infants had problems with breastfeeding resulting in the need for additional interventions to nourish them to counteract unacceptable weight loss and other signs of dehydration. At the time of the second interviews eight of the nine babies were exclusively breastfeeding successfully, while the ninth baby was being breastfed with complementary formula feedings. As indicated in the descriptions of the circumstances, some of the fathers had not realized the severity of the situation, while the majority of the fathers were aware of the risks that their infants were experiencing. The fathers often expressed frustration at the lack of consistent or timely information and interventions in the hospitals. In several instances the fathers noted that the problems with breastfeeding surfaced when they came home with the infants, and both they and their wives had not had the knowledge to foresee or deal with the difficulties on their own.

By the time that the babies were about one month old, most of the fathers commented that they were developing confidence in fathering their infants, although one of them commented that there was "*still stuff that I have no idea what's going on*," while another described the first month as being "*absolutely terrifying*." One participant commented that the day he brought his infant and wife home from the hospital was the scariest day in his life, and that he still had daily worries about the safety and well being of his infant especially related to sudden infant death syndrome (SIDS) and to choking.

Other men also commented on their unexpected nervousness, their frequent checking on their babies often because the babies were too quiet; and their fears about SIDS. This group of men included one of the fathers who had needed to perform cardiopulmonary resuscitation (CPR) on his infant when the baby choked when being given vitamin drops and stopped breathing.

A few of the fathers noted before their babies were born that they would have liked to have had taken an infant CPR course, while one of the fathers intended to review his first aid and CPR books. Following the birth of their infants, more of the fathers commented on their need for learning infant CPR, including the father who had previously received CPR training and had performed CPR on his infant. Their emphasis on this need for information about infant CPR ranged from considering CPR training to be mandatory for all parents, to encouraging fathers to take the course. As one participant explained: "'*cause I don't think mothers would generally take the time to go and do it, but maybe a father would, you know; as something that they could give would be baby CPR.*"

Half of the men whose infants were male commented on the difficulties they had encountered trying to find information about circumcisions both prenatally and after their infants were born. They reported that health care professionals were not forthcoming with information, that they had not recalled anything discussed in prenatal classes, and that the main source of information they were able to acquire came from the Internet and from friends and relatives. The fathers described how some of their friends and relatives were intrusive with their input on either side of the argument, while the information from the

health care system was elusive: "*It was like I say, it's taboo. Nobody wants to talk about because it's so controversial so it's hard to get information on it.*"

Quite a few of the men spoke about how they were learning about infant growth and development through their experiences with their newborn infants, and that they had not been knowledgeable about the alertness, changeability and responsiveness of babies prior to being with their infants. Four of the fathers commented on how they wanted to ensure that their interaction with their babies encouraged infant development and bonding between the two of them. The other fathers spoke in more general terms about being amazed at their infants' development and how they priorized to be with the babies as much as they could, often just to watch them. The fathers all recommended that other men preparing to be fathers should acquire as much information as possible through whatever means they learn best, to become more knowledgeable about newborn babies. Several of the participants suggested that this learning occur after the birth, as needed. As one father said: "*like I mean, there's a lot of things you just don't know the answers to yet, but ah, I mean you kinda learn as you go.*" The rest of the men encouraged this learning to happen ahead of the birth so that they would be more prepared for being fathers. The following characterized the latter perspectives:

> *I've been listening to everything ah, pros and cons on what they're saying... I try to observe everything and listen to everyone...take the course, take all the information that you can get and...absorb as much as you can.*

Anticipation versus reality

The second component of "The Unknowns" subtheme refers to the congruencies and lack thereof that the men experienced in the information and support needs that they encountered and how those needs were met following the birth of their infants. The participants in the study noted that they anticipated and experienced quite a few unknowns after the births of their infants, mainly relating to their information needs. Prior to the births of their infants they spoke about their envisioned experiences as fathers and their needs for support as well as for information. After their infants were born, the participants talked about what had been their realities as new fathers.

Many of the men commented about the need for more information about infant care skills and knowledge about infant development prior to the birth of their infants. The main sources for meeting their information needs were identified as the hospital nurses' teachings about feeding and infant care skills, the public health nurses' postpartum services, Internet websites, and their partners, other relatives and friends sharing knowledge. Only a few of the men referenced useful books that their wives had given to them or had read sections to them. Several men equated support with having information. One of the men, who noted after the baby's birth that his information needs were met, commented prior to the birth of his baby that he had viewed receiving information about the baby as support:

> *I don't really think about that, the, that kind of support. As much as possible, um, we support each other, my wife and I and the baby. My family is there of course...and aside from that ah, the support that I, that I can think of is in, is more*

of information on how to raise the baby in the, and properly feed the baby. Those, those kind of stuff, but not more, not the 'talking to someone' support.

The above father commented on the inconsistencies in the information that he received from some of his sources, including health care professionals. He explained that he selectively drew from their information, noting that there was value in everyone's ideas and that the people spoke from the realities that they had experienced. Many of the men in the study described how they balanced the source of the information with the credibility of that information when deciding whether to utilize that information or not. Quite a few of the study participants also expressed frustration when there were inconsistencies in the information that was provided by health care professionals:

all that stuff you've gotta take with a grain of salt because everybody and their dog has a different opinion. You talk to three different nurses in the hospital, who you figure they should know, they're nurses and they'll all tell you something different.

Most of the fathers in the study commented that they had received sufficient practical support during the month of their babies' lives. However, the one man who lived a great distance from both sets of grandparents and extended families noted that he had missed "*practical support*" during the past month. For just over half of the men in the study, the timing, content and amount of information received had not alleviated their apprehension and concerns. Many of the fathers conveyed the impression that their unmet information needs often over-weighed the positive impact of the support they had received. One of the fathers also commented how his lack of knowledge about infant

behaviour and infant care affected his interaction with his partner:

> *I mean I've been playing the role of, like she goes to the extreme with worry so I gotta go the other way and 'everything's okay, everything's okay' when I , I really don't know. I just gotta play that role or else she's gonna go off the deep end and then we're in no good shape...I mean 'cause I assume no matter how much the mother knows, she's still gonna worry about stuff like that because that's what moms do. But dad's role I guess is to keep mom from going off the deep end and the best way to do that I guess would be able to say 'Well, that's just baby acne. It happens to every baby. We don't got to put any medication on him. We don't got to do anything. It's natural. It's gonna happen and it'll go away and everything will be fine.' That way we sound like we know what we're talking about, rather than going, 'it's okay, it's okay, don't worry about it' cause that gets repetitive and she stops believing you after a week or so.*

Eight of the nine fathers anticipated that they would be arranging for and/or looking for support after the birth of their infants. The support that they described was of a practical nature and included household help from their mothers and mothers-in-law, respectful behaviour from relatives and friends to give them time alone or privacy with their partners and babies to get established in knowing each other, knowing sources of information and parenting groups, baby-sitting by relatives, and having supportive families and friends. Only one of the participants spoke about talking things over as a need, and he identified his brother as the person to whom he would turn for emotional support. The one expectant father who anticipated that he would not draw upon family or

friends for support described his decision:

> *I don't know, I don't know. I think going to your family and asking for help, um, during that time, like, depending on your relationships I guess, but I, I think it's ah, you, you'd find it more of a bother 'cause they more, more tell you how to do it rather than suggest how you should do things or give you information. So, I don't really bother with that part of it. Friends are better 'cause they don't, they kinda keep themselves separate from it, you know, a little bit. They don't try to guide your life.*

Following the births of their infants, the spoke about the support that they had received and what had been the most helpful to them. The majority of the men spoke about their partners as being their main source of support, even when they identified that they in turn were major sources of support for the mothers of their infants. The father who had planned to be independent from outside supports, and the other eight fathers all reported that it was the reassurance and availability of the public health nurses that were the biggest outside supports for them and their partners:

> *She (the public health nurse) was, the main thing for us, it was just the reassurance. Physically we didn't really need a lot of help. We, we managed pretty good....So, as far as support goes, they, you know, emotional reassurance was the biggest thing.*

Another father described the support he had needed as:

> *they're there if I need them as support, support family and everything, but ah, I haven't really gone to them for too much... (mother-in-law) stayed for a couple of*

weeks after, she was a, an immense help...giving us advice and ah, telling us maybe to use the eyedropper, just to get her to ...take a little bit of milk...Yeah, for the most part, it's I mean, I found the public health nurse was fantastic, ah, with the, the insight she gave us on various things. But, yeah, overall I don't think I went to my family as much as I thought I would.

Another participant spoke about the support that they received from the public health nurse in the following manner:

We got that information from her, which is, you know, helpful because the odd time we had to take her temperature, it's, it's been good.... especially as new parents you know, you're really not too sure. And um, this person does and they, [PHN] you know, it's not even her child but you can see the care and the love even for a stranger's baby. Just kind of neat to see it from a, a stranger. You know, sure it's her job but, you know, I know some people, their jobs it's just kinda like eckhh, you know, it's just another kid. Ah, so it's, it's, it would be neat to see that all Public Health Nurses were able to show that type of love and care toward their clients, I don't know what we're called. Um, and she also gave us ah, like there, when we first called for the appointment we called through the office and they directed us. But we also got her cell phone, her work cell phone number and she said you know, 'Don't worry if something's wrong, you know, call these people, you know. But don't be afraid to call me too'.

All the participants spoke about the beneficial support they and their families had received from the public health nurses, even the one who had specifically commented that

the public health nurse had not noticed him. One of the fathers who spoke about the positive support he had received from a public health nurse, also talked about the "*good-bad*" experience a relative had with a public health nurse who had apparently lectured that family about safety issues.

Several of the fathers in the study spoke about how the practical support of meals and offers for child care were initially difficult for them to accept because they had been essentially independent as couples prior to the births of their infants. They had felt socially awkward in those circumstances, although they did accept the help. In addition, about half of the fathers commented that sometimes the help was too much, that they would have appreciated fewer visits from friends and relatives, and less grandmothers' presence. They described how during the past month they would have liked to shift the balance of time with additional family and friends so that there would have been more time alone with their partners and infants. However, they explained that they not feel they were in a position to decline or limit the offered support.

Balancing

The fourth subtheme entitled "Balancing"describes how the men reported striving for balance in their lives following the birth of their infants. The aspects of this subtheme were related in a reciprocal manner to the other subthemes. Prior to the birth of their infants, the impression received from the men in the study was they anticipated changes to be occurring in their lives upon the arrival of their children. They spoke about looking forward to being fathers and how this period in their lives would be challenging yet rewarding, with no mention of their being challenged beyond their capabilities.

Prior to the births of their infants, most of the men had used the terms "exciting" and "excited" to describe how they envisioned it would be like to be a father of a newborn. They also spoke about sleepless nights, being busy, being stressed, but as well that being a father was something they were all eagerly anticipating. The terms of excitement were used again by some of them to describe the births of their infants, but not at all in their descriptions of being fathers with newborns. With respect to the time after the births, a wide range of descriptions was elicited when the fathers were asked about their experience of being fathers to infants. As one of the fathers explained, *"um, it's more of different things all at once: glad, happy, very emotional and ah, it just get you, so."*

Each of the fathers spoke at least several times during the one month interview about positive aspects of being a father. The range included one man who initially described being a father as turning out pretty much as expected such as being busy and having less sleep; then he became lost for words and his face full of emotion when he tried to explain how much he enjoyed being a father. He commented that this was not something about which anyone other than his wife had sincerely asked him. Another study participant spoke about his time being a father as *"all just pretty natural"* and then lost his train of conversation, looked introspective, and requested to have the question repeated. One of the other fathers also became lost in thought, and seemed to wipe at his eye when describing that *"it's been pretty amazing. I know I'm, I think I'm the epitome of a proud dad."* Later in the same interview, he commented: *"ah, it's everything is, well I shouldn't say, but obviously there's trying parts but, just holding on."*

Another father spoke during the early part of the one month interview about his concerns about infant care and safety, his lack of knowledge about infants and the amount of household responsibilities that he needed to help as *"I didn't think it would be this bad really."* He provided a counter-balancing description of his experience as a father later in the interview when talking about the joys of being a father to a newborn:

> *Oh, what isn't, really! I mean, he's, he's, he's great. It's just a miracle. I can't, sometimes I sit there and look at him and think, wow, I can't believe they let us go home with him. You know, it's, it's just amazing, it's beautiful.*

Many of the men used the terms of "balance" and "balancing" when they spoke about their lives following the birth of their infants. All of the fathers had attended prenatal classes, and just over half of them specifically commented on an element that was missed during prenatal classes. As one father stated:

> *it was kind implied that yes, there will be a lot of work for you um during the actual birth. But they never really said, what she said like, you know, your life will now change as a partner, care giver, once a child was home.*

The fathers all talked about aspiring for balance in their lives. Some of the men, prior to the births of their infants, spoke about how they anticipated that their priorities would change, and that they would need to make some adjustments to their recreational activities including postponing some projects. This was expressed by one of the expectant fathers in the following manner when talking about what he thought it would be like to be a father of a newborn:

> *ah, I really don't have any expectations. Ah, it's um, I'm sure it will, it will ah,*

change my life...Um, everything from the way I do things, um, my priorities, and um , how I deal with things

Following the births of their infants, quite a few of the men spoke about the challenges they were encountering balancing their responsibilities regarding what has to be done with activities that they would like to be doing, such as continued involvement in group sports, practicing musical instruments, and working on reading or building projects. Some of the men commented that they were having to accept that they would be less involved. One of the men spoke about how he and his wife had talked things through so that each of them would have a "*night out*" on their own to continue with their individual interests. Another father was uncertain how he would be able to continue with his recreational activities. Two of the men spoke about the need for scheduling their time: one of them expressed surprise that he needed to continue with the scheduling that he'd initiated during his partner's pregnancy, while the other father talked about how he had wished he had set up a schedule to accommodate his interests before the birth of his infant because now it was almost impossible to make one. Only one father, the one quoted above regarding his anticipated changing of priorities, spoke about his decision to work less overtime and work more from home so that he could spend more time with his infant and still have time to pursue his leisure activity of reading.

The men also talked about balancing the time that they had to be away from their infants because of work and other outside commitments with the time that they had with their infants. When interviewed, all the participants resided in the study city and were also employed in the same city. One of the fathers was going on a six-month international

work assignment when his child would be a few months old. For this father, he was spending as much time as possible at home with his infant and with his wife. The other men spoke about balancing their time in a more ongoing manner. One of the fathers, who had identified ample access to supportive family members who were available to assist in child care described his circumstances in the following manner:

> *Ah, the biggest challenge is balancing work with raising her and ah, just getting to spend time with her. Um, well trying to juggle your work and your other commitments...so, just trying to find the time to do, spend as much time with her as I can and still maintain a balance with my other ah, required ah work and pastimes. So, but ah, we're managing really good actually.*

One of the other fathers, who had prenatally spoken about how important it was for him to be an active participant in the caregiving for his infant, spoke about the difficulties he was encountering:

> *So, I mean I wanna be as hands on as possible, but at the same time if it's going to end up making my working less good, then maybe I should not change diapers in the middle of the night all that often...um so there's some responsibilities that maybe hands on wise aren't that important as opposed to you know, being able to go to work and make money.*

Most of the men commented on their having opportunities to take vacation or time off work for varying lengths of time following the birth of their infants. They spoke about the hands-on care they provided, the times that they had spent just watching their babies, and the developing responsiveness of the babies as they interacted with them. One of the

fathers who had several weeks at home with his partner and newborn commented on now feeling more distant to the baby since he had returned to work:

> *well, the first two weeks I was able to hold him a whole lot because I was here, and that was great because he, he took very well to the style, the , the direction that I hold him....but when I'd been back at work, I'd come home and not sure when, what his pattern has been up to now; if he's been eating every two hours or has slept for the last four and he's going to be up in, and so I feel out of the loop. Um my wife is able to recognize his cry now if it's a wet cry , a happy cry , a sad cry , a talking cry, um and so for myself, I'm not aware of that, ...but also I think part of it is she's aware of his cry, ah, he's taken more to her style of holding now, which is a closer cuddling um, I don't know if that comes part with ah the breastfeeding.*

Two of the men spoke about parental leave. One indicated that he would not be taking the leave unless his wife chose not to take all her time since he was the higher wage earner. The other father commented that he has tentative plans to take parental leave. While he was not nervous about taking parental leave, he did express apprehension about asking for the leave:

> *I haven't told my employer yet, so I'm not too sure how well it's going to go over. You know, they don't have much of a choice. But the way I look at it, you don't get that first year back...we're kinda, I guess I'm more nervous about it than her [his wife] cause I'm not too sure how, we're in an industry where that is not very common at all. So we'll see how, how it goes, how well, well it's taken.*

The majority of men spoke about the challenges they were encountering trying to balance the time devoted to caring for their infant and their other responsibilities with having time 'alone' with their partners. As one of the fathers explained:

> *just because we've been focusing so much on [the baby] we haven't had a lot of the opportunity to spend time just with each other, um, at times. But ah, I mean, I think that will change probably once some, some of the ah, once [the baby] becomes a little bit more, sleeping through the night, and ah, so our sleep patterns get back to normal, 'cause eventually she will I hear. But ah, yeah, right now I think I think that the things have ah, just kinda, it's looking after her has kind of been all encompassing, haven't been able to do anything else really. So, but ah, yeah, I think we'll get a little more of our own personal time after she ages a few months.*

Just one of the fathers commented on how he had been able to address this problem during the time since the baby's birth. He stated that he had made arrangements with his own mother to babysit for him and his partner so that they have *"our little date night every two weeks that we been going to for three years and would like to continue."* However, several other men in the study spoke about the importance of having frequent ongoing opportunities for just talking with their partners as being essential to the well-being of their relationships with their partners. One of the fathers described his perspective in the following manner:

> *I think the communication between both of us is a, is a big thing. When my wife and I aren't communicating enough on how the day's gone or what, or goals or*

aims ... and so the days that we have our, our toughest time between the two of us is the days that there's a lack of communication. To know what each other's agendas are in our efforts to decipher what baby's agenda is. Um, you know, if, if she's aware that the last time he ate, that's her agenda. And if I still have the agenda of being in traffic or wanting to be able to get gas first or hope to spend time earlier in the evening with my family so we can leave earlier because I've got work to do at home um, or whatever. Again, I'm not more in tune with, necessarily baby's needs as much as needs for the hope of the family or the house or the chores. And when we're not talking, communicating, that's the, that's the worse, I would say that those would be, those would be them.

The men in the study spoke about how they thought they had become prepared to be fathers, and how being a father balanced with who they were. The impression received was that their sense of preparedness was a major source of strength for them during their first month as fathers. Two of the fathers mentioned that the pregnancies had been a surprise, one unplanned and one occurring more quickly than anticipated. The others made no mention of the circumstances of this particular pregnancy. However, the comments of all nine men were consistent about how it was that their attitudes for readiness to be a father were important for them in their getting or being prepared to parent an infant. One of the participants talked about getting prepared to be a father in the following manner:

I don't know how I got there. Um, I know I was ready to be a father...I don't think there is a way. I don't think there, there is a, a book that you would, that I can

give you that ah, here is a book that you can read and by the end of this book, you have an exam and you're ready. I don't think that's it at all. That's it ah, I think it's more of ah, how you feel about yourself and ah, your relationship with your partner... it's just, you know it, I think. It's definitely not, not a, not a, a course that you can just take and once you're finished an exam, you're ready for it.

Another father gave a similar perspective:

I think it was our time together which is what really got us ready for parenthood. Because you know, not that we were sick of each other but we needed something, we wanted something more. We always knew we wanted kids, it was just when. It wasn't ah financial readiness; um I think it was ah, just more a mental mature readiness... you want to make sure you have a good um relationship with your wife or your partner before you decide to have a child; because these sleepless nights, the colicky days, the days where everything is going wrong, you know, they're pooing and puking all over themselves, if you don't have a good bond with each other, this little child is gonna you know, has to fit in there somewhere; and if there's no bond then it's just gonna fall apart. It's just sad. And we definitely didn't want that... it's not like we took extra courses to become parents. We just wanted to make sure that we loved each other and were strong together before we decide to have one.

Two of the fathers commented that they had cared for younger siblings and other relatives and had done babysitting when they were younger. They viewed these experiences as helpful in learning to become fathers. As one of them explained:

you start to learn a lot more than patience wise, diapers wise, how to, how to handle the situation...So, I mean they, the groundwork was laid and then it was built upon; and when I realized I was going to be a father um, it was just a matter of changing the mind set that you know, I can do this. I've seen other people do it. You know, I've, I've been a part of it in some stages all the way through my life. So it was just a matter of, of motivating yourself to get knowledge...I got as much information as I could. And I read books and I, you know, I armed myself with the knowledge I needed...for me the groundwork was laid when I was younger and it was kinda built upon as I got older, and then when I was facing becoming a father it was just a matter of, of topping off what I needed on that...

When the men spoke about the changes they experienced in the past month, having new challenges and redefining balance in their lives, they talked about the importance of being flexible, having patience, and remembering to draw on their sense of humour in learning to accept things as they are now. One of the circumstances described by a father illustrated this:

And then a, at one point I, I started laughing cause I had to change a diaper. And I put it on and I was in the dark and I was half asleep, I go, where are the straps, well where are, like, I'm looking everywhere. I turn the light on, I go, I got it on backwards. I went, aw, no. I pulled it out to change it, he pooped everywhere. I mean, I was stinking. I just put my hand on my head, I started laughing. I'm going, no sense getting upset now.

Overall, the impression from the fathers was that prior to the pregnancies and the

births of their infants, their lives had been in comfortable balances for them. During the month following the babies' birth the men had been in the process of redefining, acquiring, and accepting different balances within their lives.

Voices for Change

The final subtheme of the findings, termed "Voices for Change," is an overview of the recommendations from the participants to other expectant and new fathers and to health care providers for assisting men in being fathers of newborns. Many of the men commented that they wanted to help to make a difference for other men becoming fathers, while one of the men explained that he participated in the study because his partner encouraged him since he had things to say. Some of their recommendations arose from their perspectives of what worked well for them. Many of their recommendations are based on their experiences during their partners' pregnancies and the first month of their infants' lives which were less beneficial to them or diminished their sense of being parents to their infants. Each of the study participants had recommendations that they offered regarding changes to mens' lives and to the health care system.

A frequent topic for the men in the study was that they had needed to consider and engage in different priorities in their lives when they became fathers. One of the expectant fathers encouraged men to consider how they would be leading their lives as they became fathers:

> *you kinda prepare yourself for the worst but you hope for the best. And you know, the odds are the best is gonna be what you're gonna get. And just use your common sense. I know you can't ah, you can't go out partying every night. You*

can't, you know you gotta start thinking about your responsibilities. Yeah. Just be smart about it. Be smart, don't, don't over indulge yourself in your, your former life.

Many of the participants suggested that men acquire as much information as they can about infant care and development from a variety of sources, including attendance at prenatal classes. Two of the men specifically advised against watching television programs about births since they gave a false picture of what to expect; and a third man stated that he watched a television program about postpartum and where was no father mentioned at all. Several of the fathers recommended that expectant and new fathers be assertive in working with hospital staff, as described by one of them:

And ask a lot of questions when you're at the hospital, with the labour, ask questions. After the baby's born ask questions. You know, even if you're annoying the nurse, do it anyway.

A few of the fathers recommended that the best time to learn about infant care and being a father was after the baby was born. However, the majority of the fathers stated that prenatally was the best time to learn about parenting and newborns, so as to be familiar with what to expect and know where help could be found. As one of the fathers described his perspective:

Prenatal classes, it was very helpful...and just like I said before, um, whatever people tell you, just listen just absorb it, and ah, and they've been there and ah, you should take advantage of what they, what they advise and say. Ah, even though you don't agree with things at least you know that there's someone who

had that experience. Oh yeah, such and such had this experience and I thought I'm not going to experience it but, I'm experiencing it now. Um, be open.

Some of the fathers recommended that men need be aware that they would be increasing their responsibilities in caring for their partners during the pregnancies in addition to the time after the birth of the babies:

Taking care of your wife is a fair bit of work. Um and helping out with all her needs, and as her body changes and, and ah, the baby grows, is a whole lot of extra time to apply there, both emotionally and ah physically with massages and, and relaxing and listening. I don't know if I would have, I don't know if I have any much, any other advice than that.

In order to help men be more prepared for their lives after the birth of their infants, quite a few of the men suggested that there should be more emphasis in the prenatal classes about the changes that they would be encountering. Changes to process and content were mentioned, with "*knowledge and a feeling of belonging*" specifically identified as being important. Many of the fathers recommended that the public health nurses focus more on engaging the fathers in the classes, that they use strategies to make the men feel more comfortable and safe to ask questions, and that they spend more time on the topics that may be of interest to men. One of the fathers described his thoughts on a suggestion voiced by quite a few fathers:

There's a lot to look after this little child and your wife, you know, and if she's had a normal birth or if she's had a caesarian, there's gonna be different responsibilities as the care giver in the house. There's gonna be a lot more

responsibility that you need to do, and it may not just be with looking after the baby but just looking after the family in general; ...I don't think we really ever said that. And I, for new fathers especially who don't have any other support out there, it would be nice to know that, you know. Oh yeah okay, my life's gonna change, you know, whatever..... So I think that to be emphasized that, you know, not only will your wife's life change, your life will change, you know, so. I think that might be, you know, I say make a class on it, you know. Ah, ask the father how do you think your life will change. You know, make them start thinking before the baby's there. Because it could be a shock to somebody, you know. It was a bit of a, a bit of a, I wouldn't say it was a big shock to me, but, I was more surprised about how much more work she was than I thought at the beginning.

Several of the fathers talked about how people learn in different ways and that they enjoyed the demonstrations and practicing of skills. They recommended that there should be more opportunity for this kind of learning since it is often easier to learn by doing. The men in the study also spoke about other aspects of the content of prenatal classes. Most of the fathers recommended that there be much more information provided on infant behaviour and infant care. " *the more about when the baby comes home the better*" as they explained that there would be health care staff in the hospital to assist during labour and birth, but when the new father and mother are at home without the benefit of in-house experts they need to already have information about baby care. Only one of the fathers spoke about the postnatal information being "*excellent*" that he had received in the prenatal classes. The suggestions for the after-birth topics included: how

to obtain a pediatrician; how to get information about and arrange circumcisions; first aid and infant CPR sessions; more specifics about breastfeeding; information about infant health and development including bonding and stimulation; how to assist mothers with breastfeeding; and the importance of communication between partners. Several of the men also noted that the prenatal classes seemed to focus mainly on the labour and birthing, topics in which their partners were more interested than they were. Some of the fathers recommended there should be men's only sessions before the birth and after the birth on the topic of being fathers, with information about newborns, men being caregivers, and giving the men opportunities to talk about their experiences.

Two of the fathers stated that the public health nurses should hold classes for grandparents so as to update their information on such topics as breastfeeding, SIDS, responding to babies' cries and the importance of holding babies, as there had been changes since they had been parents and some of their information is wrong and unsafe. Also, the fathers explained that the updating of grandparents' knowledge would lead to less stress for them as fathers since they would not have to argue with older relatives who believed they were correct since their children "*had survived.*"

One of the fathers commented that he had not benefitted from attending the prenatal classes and had only participated to support his wife. He also was one of the fathers who recommended that the public health nurses use teaching strategies to encourage "*comaraderie*" among the couples, help share their experiences so that they could learn from one another and have prenatal classes in smaller groups than the two dozen sized class in which he was registered. An indication of the effectiveness of the

prenatal classes for half of the fathers was reflected by the comments that they could not really remember anything specific about what had been taught during the prenatal classes.

The primary care providers for all the men's pregnant partners were physicians, and many of the fathers directed their comments towards physicians and their offices. Several of the fathers commented that it would have been nice for the physicians to have different office hours so that they could have more readily attended the prenatal appointments with their partners. They noted that they would have liked to hear first hand the information from the physicians and also have their questions answered directly. One of the fathers questioned the prenatal appointments in the following manner:

> *doctors' offices, the one they got me, like I'll, I said I wanted to be there for every appointment. I wanted to be, I mean I realize now that they get very monotonous after awhile, it's the same thing over and over again, but the doctor in no way made me feel even welcome. Like I didn't know if I should be in the room when she was there. She didn't acknowledge me, didn't talk to be in any way except to ask about genetic questions. Well I'm sorry, I'm not just a genetic donor okay, I'm involved. And, I mean, it may have something to do with the fact she's a, a general practitioner. And maybe, like I, I've formulated that maybe she's just herding people in, herding people out because the more patients she gets the more money she's gonna make. It kinda look that way, right. So, I mean, maybe that's the reasoning behind it or maybe it's just that she's, that's her way but, that's the feeling I got. And I didn't like it, I mean right off the bat I wanted to change doctors, of course I didn't. That didn't work but, I just felt like I wasn't, she*

didn't help me feel involved at all. Like, you know like how, would it have been harmful in any way to let me hold the heart monitor. I mean once she finds it, sure I'll hold it there while you count the beats per minute or whatever. Just ah, let me do something. Get me in, involved in some way.

Other fathers who attended prenatal appointments with their pregnant partners also suggested some changes in how the office visits were conducted: they wanted to be invited into the appointment for discussion of prenatal questions, they wanted the physicians to speak directly to them, and they wanted to be recognized as part of the family unit. Two of the pregnant partners underwent prenatal testing that could potentially have resulted in the couples needing to decide to proceed with or terminate the pregnancies. The test results were fine, and the subsequent babies healthy. However, both fathers stated that they would have benefitted from speedier reporting of the results, since the waiting time was very stressful to them and their partners.

During the hospital stay for the labour, birth and postpartum recovery all the fathers but one described the nursing care to their partners and infants as extremely good. The father who was concerned about the quality of care spoke about how the lack of sufficient available staffing had resulted in delayed assessments of his infant. The subsequent delayed identification of weight loss and feeding problems were issues that he noted could have been prevented. Only one of the nine fathers related that the hospital nurses specifically included him in their teaching with the mother of his infant, while two of the men described that they were very assertive and pushed their ways into discussions. As mentioned earlier, one of the fathers was never spoken to throughout the hospital stay,

while another commented that the staff never learned his name. The impression from these and other stories, was that the fathers would have liked to have been invited and included in the teaching sessions with the hospital postpartum nurses. They commented that they believed that they had missed learning important information.

Many of the fathers noted that the public health nurses often were very helpful with the information and guidance that they provided, although one of the men stated he would have preferred that the nurse provide a "*straight answer*" or "*definite answers*" to his questions, rather than just confirming his knowledge on the topic. However one of the other fathers stated that he appreciated being given options to try. Several of the men commented that the public health nurses focused appropriately on their partners and infants during the home visits. There were comments, though, that indicated the men would have felt better about the visits and viewed the services as more useful if the public health nurse had directed inquiries and/or comments to them as well as to the mothers. One of the fathers also stated that he would have given permission for the public health nurse to contact his infant's grandparents so that she could get a real picture of how the new family was doing. He suggested that this be something that the public health nurses consider in their assessments:

> *mom knows best...moms know their children ...'cause sometimes the parents may put up a bit of a guard, saying, no, we're fine, we're fine. And the grandmothers go, they're hurting, they don't sleep. So I think if they checked with outside sources that they might find a, a few surprises hidden.*

Another father recommended the following approach be used, rather than a directive style

during home visits:

> *just a more a, understanding approach when, when they come into the home, just um, because not only is there a lot of people out there that just has no background or no a, experience raising a child or knowing what they're supposed to be doing prior to going into it, so a, they may need, need a little bit more direction. A little bit more ah, compassion when it comes to ah, teaching them and, and explaining things, as to the reasons why it's done this way. Not just 'don't do it and do this' kind of thing.*

Two of the fathers commented that they would have appreciated the public health nurses checking to determine when they could have been in attendance for the postpartum home visits, and recommended that the public health nurses consider their availability during the planning for visits. One of the fathers suggested that if the arrangements had been made prior to his partner leaving hospital he would have had sufficient time to make adjustments to his work schedule so that he could have been present. Another father stated that his partner delayed the home visit offered by the public health nurse just so that he could participate in it. Over half of the fathers were familiar with public health postpartum services prior to the birth of their babies, although one of these stated he wasn't sure how to find a public health nurse, commenting that he would begin with looking under "*P*" in the telephone book.

Conclusion

In conclusion, the findings represent the perspectives of nine men during the last three months of their partners' pregnancies and when their infants were approximately one month old. The main thread throughout most of their discussions regarding their information and support needs was characterized by their sense of being "The Forgotten Parent." The men all had encountered situations when they described how they were not acknowledged by friends, relatives and/or health care providers as being relevant to the parenting of their infants. This view that fathers were not important was not shared by them or their partners, and it prompted many of the men to participate in the study. The main theme of being The Forgotten Parent, was supported by five subthemes. The participants described fathers as "Being Invisible" to the health care system which was often focused solely on the mother-baby dyad, as are the majority of books and videos about infant care. This invisibility was also evident in everyday conversation amongst men because the topics discussed are rarely about parenting newborns. The men in the study commented that the responsibilities of fathers have been changing and it was by "Learning from Women" that they learned to be fathers, with the potential risk of mis-understandings since the men may use different terms and ask questions differently than women. The fathers spoke about how they began caring for their infants with "Unknowns" which had an impact on their sense of confidence and comfort in parenting their children and caring for their partners. The congruency between the men's anticipated and experienced information and support needs, and how they met those needs were also components of how the unknowns were being managed. The fourth subtheme of their

perspectives was entitled "Balancing" which described how the men were attempting to achieve balance in their lives as fathers. The final subtheme entitled "Voices for Change" summarized the participants' recommendations to other expectant and new fathers about preparing for some of the changes in their lives and to health care providers about including men in perinatal services to assist them in being fathers.

CHAPTER FIVE

Discussion

Introduction

The final chapter of the thesis report begins with a discussion about the methodological issues that were encountered in the study. The major messages heard from the fathers in this project are presented in relation to results from other studies. The inter-relatedness of the identified information and support needs is discussed, and insights from the findings are then described. Strengths and limitations of the study are next identified. Recommendations for nursing education, nursing practice, health policy and further research are proposed. Concluding remarks for the study end the chapter.

Methodological Issues

Interpretive description provided a useful framework for the design of the study and analysis of the findings. A comprehensive literature review provided a "foundational forestructure" on which to build the study, in addition to orienting the inquiries and parameters of the research project (Thorne, et al., 1997, p. 173). The resultant sampling was done using a purposive strategy, since no participants were elicited with snowball and volunteer sampling, was supported by interpretive description for small preliminary inquiries (Thorne et al., 1997). However, the guidelines within interpretive description also convey caution about the limitations of theoretical or purposive sampling and limited ranges of data sources. An inductive analytical approach, reflection, field notes, repeated immersions into the interview audio recordings and typed transcripts and journalling, together with discussions with my thesis advisor provided confidence in the insights

arising from the data (Thorne et al.)

The success and failures of the various recruitment strategies are important to consider in designing future studies, as well as in noting limitations related to transferability of the findings from this sample. Recruitment strategies that elicit participation that may be less influenced by the mens' partners would be an advantage in reaching a wider selection of expectant fathers. It will be important for future nurse researchers in this topic to design recruitment strategies which men perceive as interesting, safe, welcoming and worth their while to participate. Many of the men who participated in this present study conveyed the impression that one of their main motivations for their involvement was the opportunity for their opinions to be heard in helping to make a difference for future fathers.

For further research about fathering, it will be worthwhile to elicit suggestions from some of the other professional fields of study that have been successful in recruiting men research participants. It is also recommended that working with cultural and religious organizations may provide answers of how to invite men from multicultural backgrounds into study participation. The feasibility of honorariums or gifts for future research participants, in combination with the different recruitment strategies would be useful to explore to increase recruitment success. The use of advertisements in newspapers, may be a potentially effective approach. Also, linking research projects to health services directed towards expectant and new fathers may provide different incentives and benefits to potential and actual participants, resulting in more successful recruitment strategies. This latter approach may also address the apparent gap in nursing

intervention research regarding fathers.

With respect to gender issues related to the difference between the researcher and the study participants, it is proposed that it may have been an advantage for the researcher to be female. The findings from the research project imply that the men in the study experienced more comfort in conversation with women regarding their experiences as fathers, as compared to converations with men on this topic. However, a male researcher may have elicited different findings either because he would have been in a non-traditional role that may have provided permission to speak more openly, or the men may have been more guarded because of the usual social constraints of conversations amongst men on this topic.

Conceptual Framework

The selection of a systems conceptual framework worked well in developing an emic description of the information and support needs of expectant and new fathers. An important aspect of systems theory as it relates to families, is that individual family members are best understood within their contexts which would be the family as well as the larger suprasystems of communities and societies (Wright & Leahy, 1994). It has also been identified that it is necessary to have an understanding of the component parts of a system to better understand and effect changes at the system level, and that the relationships in a family and in society provide definition to fatherhood (Sherwen, 1987; Wright & Leahy, 1994). The focus of the thesis research project has been on developing a better understanding of one of the subsystems of the family system: the father as the focal system, within a family unit which was partially defined by the self-identification of a

committed relationship between a male and a female adult, and whose members included a first time expectant father and a pregnant partner. This family unit was located within larger family and friendship systems, in community systems within an urban setting with universal public health nursing services to postpartum families.

The findings from the interviews with the nine participants illustrated that both the expression of their information and support needs, and how those needs were met, were influenced to a great extent by the perspectives of others within the men's larger family and friends systems and by those staff within the health care system. The men all looked to their larger systems for recognition of themselves as fathers, and often found this to be lacking. The messages from members of the larger systems had a profound influence on the fathers' abilities to meet their information and support needs. Both the structure and the function of the health care system as it relates to perinatal families influenced how the participants' information and support needs were addressed, as illustrated in the timing and content of prenatal physical appointments and prenatal classes, and in the services offered by perinatal health care providers.

Utilizing a systems perspective also provided direction for how to recommend application of the study's findings. The perinatal health care system and the staff within that health care system, often behaved as though this system was closed to fathers (Friedman, 1998). A main focus for future work with expectant and new fathers could therefore be directed towards the larger systems within which fathers and mother-father partners interact. It would be necessary to be cognizant that systems may respond to input and feedback with assimilation and closing of boundaries, as well as with transformation,

and to plan accordingly (Friedman, 1998). Also, it will be important to sustain effort to advance the changes for incorporating fathers into the structures and functions of perinatal health services and to support stability of a truly family focused health care system (Friedman, 1998). This has implications for nursing education, practice and for health policy development and research.

The review of literature for this project provided evidence that the health of the family and the infant have reciprocal influences with fathers' parenting behaviours. The reviewed literature also indicated that when the men's information and support needs were not met adequately, that this had an impact on the men's confidence in their parenting behaviours, which in turn influenced mothers' confidence in parenting and on marital relationships (Rovers & Fuller, 1986; Watson et al., 1995). Many of the study participants spoke about their lack of knowledge and skills regarding infant behaviour, infant developmental stimulation and child care prior to and after the births of their infants. They talked about how they found that they were uncertain about how fragile babies were and how susceptible they may be to dangers such as SIDS. Their minimal knowledge about common newborn variations and about breastfeeding support also impacted on their ability to provide more effective support to the mothers of their infants. Therefore acquiring greater knowledge about the men's information and support needs related to their being fathers of newborns is critical knowledge in the provision of relevant health care services to all members of perinatal families.

Major Themes

The major message heard from the fathers is that they need to be acknowledged. The major message, as expressed by the main theme of the findings, "the forgotten parent" was a consistent subject in each of the men's stories, and was a constant for most men from prior to the birth of their infants and to following the births. The intensity of this expressed need was an unexpected finding. The original intent of the thesis research project had been to describe areas of congruence and lack of congruence between the anticipated and experienced information and support needs of men parenting their infants during the first month after birth. The identification of these topic areas and the level of congruence would then provide the text for discussion, in addition to the comparison from previous studies, regarding implications for teaching and anticipatory guidance with perinatal families.

What I learned in addition to these topic areas was that there is a more fundamental and important need that crosses both information and support issues, and that is: There is a need for men to be acknowledged as parents of newborns by people other than their wives/partners and to be acknowledged as legitimate clients by perinatal health service providers. The need for acknowledgment was articulated through the five subtheme perspectives in the findings as 'being invisible," "learning from women," "the unknowns," "balancing" and "voices for change."

Altschul (1983) noted that there appears to be a paradox in that patients appear to want to talk, but staff seem to be reluctant to listen, especially in the area of emotionally charged topics. It was apparent from the conversations with the men in the study that they

determined that they were often not perceived as clients of perinatal health care providers, and thus had even less opportunity to be heard. Participation in the study provided the men an opportunity to be listened to, and the messages that they conveyed were both more basic and complex than I had envisioned. Their answers to the questions took the findings from a fairly straight-forward level to a more insightful and relevant understanding of their needs.

Other studies about perinatal families as described in Chapter Two often made reference to the missing voice of fathers in research and practice related to this population. The difference between the findings from this study and the majority of previously reported findings is the major emphasis that the participants placed upon their perspectives that they were not acknowledged as involved, nurturing caregivers to their infants and not acknowledged as legitimate health care clients, as were the mothers of the infants; and so they were not direct recipients of health care assessments and services regarding parenting newborns. Only one other study reported findings of similar strength regarding the need for recognition: Jordan's "Labouring for relevance: Expectant and new fatherhood" (Jordan, 1990). Thirteen years later, the circumstances appear to be relatively the same. The lack of acknowledgment is a need that the participants in this study wanted addressed, and several spoke about their desire to change the system to remedy this for future fathers and for themselves when they had their next children.

Another difference in the findings between this study and that of others are the sources of information and support that were identified by the fathers. The Internet was frequently identified as a ready source of information for the study participants. They

directly accessed information from the web, and their partners spoke about or printed web-based information for them. The impression received was that the Internet is a usual information tool for the men at their work, studies, and at home. The utilization of the Internet had not been noted in previous reports about fathers' information needs.

The reviewed literature had indicated that the roles of fathers are changing with the co-existence of several acceptable models for being a good father within Western society, with the expectation of being a nurturant father to some extent. How the men learned or were supported in this role had not been highlighted in the previous studies. During this project it was noted that it was women who were providing the bulk of the information and support to the new fathers as they parented newborns, and that other fathers of the same age as the study participants and older fathers were often inaccessible to the expectant and new fathers for a variety of reasons. Parke (1996) had noted that it was to their own mothers, and male friends that expectant fathers turned to for emotional support, while the fathers in this study looked to their spousal partners for emotional support during the pregnancy and after the birth of their infants.

The men in the study participated in public health nursing prenatal services, and all the families received postpartum public health nursing services. The reassurance provided by the public health nurses in their postpartum services was a support that was mentioned by most of the fathers as having been of great significance to them and their partners. Involvement with public health nursing services and public health nurses as providing support had not been described in the findings of the other studies about fathers of newborn infants.

When comparing the findings of this thesis study with the topics of information and support identified in previous reports, many similarities were noted. The similarities provide confidence in the dependability of the findings from this research project. The participants identified topics for information needs and for support when responding to the open-ended questions during their interviews. In comparing their comments to the findings from previous work with fathers, the frequent matches confirm that the topics for information needs are continuing to be present, and often unmet (Barclay & Lupton, 1999; Stainton et al., 1999; Taubenheim & Silbernagel, 1988).

With the exception of the support coming from public health nursing, the context for support needs and how support is acquired was similar in this study as in other studies' reports. The main source of support for the fathers was identified by them as coming from their partners, while there were mixed views about the benefits of the support from grandparents. It was noted that the information and support needs of the fathers in this study were inter-related, with several of the men identifying the acquisition of information as receiving support.

With respect to congruence between anticipated and experienced needs in the areas of information and support, many of the men described how they had become fathers with many unknowns about infant behaviour and care and that they were continuing to learn about these topics. Several of the men spoke about how they were not prepared for either the intensity of the emotions that they had experienced following the births of their infants nor for the strength of the relationships that they felt with their infants. This finding is similar to that described by Shapiro et al. (1995) and Stainton et

al. (1999), who noted the amazement and unpreparedness that fathers described regarding the intensity of their emotions in parenting their infants.

The fathers in the study also indicated that they would have appreciated more preparation to the potential extent that their lives would be re-prioritized. While male friends of the study participants had teased them prenatally that their lives would be "*over*," they had dismissed these comments and had talked about how they viewed being fathers to newborns as an exciting "*next step*" of their lives. Between the negative comments and the positively anticipated next phase, was a large gap of the unknowns regarding the reality of parenting a newborn, and the impact that this would have on their relationships with their partners and their responsibilities for running of their households. That the men found the first few weeks of fatherhood more uncomfortable than expected was consistent with the findings from previous research about fathers (Barclay & Lupton, 1999; Henderson & Brouse, 1991). However this discomfort appeared to be related to knowledge deficits specifically around infant care, breastfeeding, caring for their partners and household responsibilities rather than the "difficulties with meeting social expectations and roles" as described by Barclay and Lupton (1999, p. 1013). The men in the current study spoke about expecting to receive this information at the prenatal classes, from the hospital nurses and/or from the public health nurses. However, the men's knowledge deficits were usually not assessed nor addressed. This finding is consistent with the findings by Donovan (1995), Greenahalgh et al. (2000) Nichols (1993), Palkovitz (1985) and Stainton, et al. (1999) who observed that the current approaches in prenatal education and care did not appear to attend to either the support or informational

needs of expectant fathers, and that fathers may be underestimated in how valuable they are in the supportive role they play in postbirth family systems.

When reflecting about how it is that the men in the study expressed their perceptions of being "the forgotten parent," I realized that this may be due to a mother-baby dyad client paradigm that is operating in most perinatal service delivery systems. By adopting the perspectives of Kuhn's (1970) concepts about scientific revolution related to paradigms, the changes that are required to occur in order to include expectant and new fathers into the role as client in perinatal health services, specifically for public health nursing, need to be viewed in the following manner: the necessity for the nursing community to reject a time-honoured theory or way of practice in favour of another incompatible with it; the production of a consequent shift in the problems to be dealt with and in the standards by which the profession determines who should count as an admissible client health issue or what is a legitimate intervention; and the transformation of the imagination of practitioners in ways that transform the reality within which health care work is done. These are the changes, together with the controversies that almost always accompany them, that are the defining characteristics of scientific revolutions; and are necessary to be undertaken for the information and support needs of fathers to be addressed with relevancy (Kuhn, 1970). The introduction of a different way of viewing expectant and post-birth fathers, that is as legitimate clients themselves in addition to being part of the support system to expectant and postpartum mothers, requires new ways of working, as well as a reconsideration of previous work that was considered to be successful. Assimilation of new ideas requires the reconstruction of prior ways of

thinking and practicing, and requires attention and time (Kuhn,1970).

Strengths and Limitations to the Study

One of the main strengths of the study was the opportunity to conduct a research project on the topic in this urban community. There had been no reports found during the literature search of previous studies on the city's population to elicit the emic description of anticipated and experienced information and support needs of first time expectant and new fathers in this age group.

The study was not built to be a replication study of other research about needs of expectant and new fathers. There is, however, much similarity in the fathers' descriptions of the information and support needs and their context with reports from previous work. The findings of this study viewed together with the body of knowledge from the previous studies about the importance of fathers in the health and well-being of infants and about the men's information and support needs, may provide sufficient evidence-based rationale for advocating a new paradigm.

The findings from the current research project combined with findings from other studies provide much information that is consistent, lending strength to the usability of the findings to question current health policies, nursing education and practice, and to foster future research. In addition, the close comparisons of the present study with the findings from previous work may lend sufficient confidence in the usability of the findings to explore and pilot the study's insights and recommendations in guiding the development of health policy, revisions to education of health care professionals, especially nurses; nursing practice changes; and further research.

There is recognition, though, that there are limitations in the findings from the study. The demographics of the nine men in the study do not match the demographics of the population of the city in which they live, and thus the transferability of the findings will need to be employed cautiously and in pilot approaches. The sample was developed from one recruitment strategy, that of responding to presentations in prenatal classes. It is unknown how many men participate in group prenatal education sessions, nor how comparable the prenatal participants are with respect to first time fathers in the city. Several of the men who had responded to the prenatal classes recruitment presentations were older than the age-range criteria for the study or had fathered previous infants. They expressed interest in participating in future research sessions, and conveyed the impression that they too had opinions to express about their experiences as fathers. A further research project with a sample that is more representative of the city's population, and developed with different sampling strategies including random sampling at an appropriate power may be needed to provide sufficient evidence to change the current perinatal client paradigm.

The cultural context of this study is another limiting factor to be considered. There has been increased involvement by fathers in the direct care of their children in much of Westernized societies in Europe, America, and Australia during the recent past, but it is not possible to generalize this fatherhood behaviour as the norm in these cultures or in other cultures and countries (Barclay & Lupton, 1999; Hewlett, 1992; Lamb, 1997a). While Stainton, et al. (1999) noted in their report that there were more similarities than differences across societies, their sample was not described sufficiently enough to

determine whether the sample was drawn mainly from Westernized dominant cultures. Mothering behaviours have appeared to be more consistent amongst differing cultures than are fathering roles which are enacted with much diversity between and within cultures (Biller, 1995; Harkness & Super, 1992). The urban setting for the study is a multicultural city. There was minimal variation in cultural identities of the study participants, which contributes further to potential limits of the transferability of the findings.

There is wide diversity in current Canadian family structures with only a minority of families conforming to the presumed cultural norm in which a married heterosexual couple rear their biological offspring to adulthood (Achilles, 1993). The study criteria restricted participation to families in which the father and mother were in a self-identified committed heterosexual relationship. When men have more distanced relationships with the mothers of their infants, they are in different family circumstances and tend to be involved differently with their children (Dowd, 2000). It is recognized that there are other paternal and family configurations to which these findings may not be transferable.

When the findings from this study, and their major themes are viewed in context of the study's strengths, there could be confidence that the results of the research project have the potential to have an impact on health care for perinatal families. However, restraint must be employed with respect to acting upon the findings and recommendations until the limitations in the study are addressed with further research.

Implications for Nursing Education

Education, discussion, and trying new ways of working are required for the transitions needed in order for fathers to be included as clients in the provision of perinatal health care service. "Unless transition occurs, change will not work" is a concept that is used in organizational change strategies and is one that needs to be addressed when changing health care systems related to perinatal services (Bridges, 1991, p. 4). Transition is viewed as the personal psychological process that people go through in accepting new situations, while change relates to the external new circumstances (Bridges, 1991). The transition to acknowledging fathers as clients means letting go of the comfort, confidence and frameworks that have developed for working with mother-baby dyads (Bridges, 1991). For fathers to be considered as perinatal clients, changes will necessitate: additional learning on the part of nursing faculty, and nurses working with perinatal families; a more active holistic focus when directing nursing assessments, interventions, and evaluating nursing care; charting of interaction with fathers as client documentation; and further development in program evaluation of nursing services.

The strategies recommended by change and transition theorists need to be utilized to facilitate the development of a different paradigm for the perinatal family client. Information about the new paradigm of the perinatal client grouping that includes the father, that is the mother-baby-father triad, will need to be incorporated into nursing education material. The research findings about the significance of positive fathering on the health of the man, his partner, their children, and families will also need to be communicated to the general public and to many of the health care professions to help

people recognize the problem that exists with the current mother-baby dyad paradigm. As well, there needs to be directed changes in behaviour through the development and implementation of professional standards and clinical practice guidelines related to the expected nursing practice to facilitate the acceptance of fathers as clients in their own right (Bridges, 1991; Samuel, 2001).

Education for nursing students and practicing nurses to assist them to work with fathers will need to include a review of the basics regarding working with clients. This includes reminding students and nurses to learn the clients' names, including the fathers', and address their clients by name rather than by the impersonal 'dad' or 'you' terms. It will also be necessary for nursing students and nurses to assess both the strengths and needs of fathers related to information and support. The fathers in this study described how these few simple activities were usually omitted by the nurses whom they encountered.

It is recommended that the above implications for nursing education be explored in conjunction with further research and program pilot projects prior to making decisions about long-lasting changes regarding the involvement of fathers in education topics for nurses.

Implications for Nursing Practice

The findings from this study have potential to change practice and improve the health of the population; and yet it is necessary to use the findings and the recommendations with restraint because of the limitations with the study. With acknowledgment of the limited transferability of the findings and that the voice of the fathers comes from just nine men, there is still utility to explore the feasibility of a paradigm shift for public health nursing practice. As in the discussion about the implications for nursing education, further research and program pilot projects are needed before decisions can be made about public health nursing services.

While the use of a father's name will have minimal impact on the time required to provide care to the perinatal family, inviting the father into the therapeutic interaction may require additional time expenditures at the beginning of the work with families. This prediction is based upon the study participants' responsiveness to the opportunities to talk about the births of their infants, their experiences, joys and concerns during the research interviews. In addition, health care practitioners may want to ensure that they have the opportunity to speak privately with each of the parents as well as in a couple setting to ensure that there is safety in disclosure of concerns such as family violence.

However, this initial increase in investment of time may result in an overall decrease in the time necessary for nurses to work with the perinatal family. The family's own strengths and ability to access resources may be enhanced through relevant and more timely interventions related to the information and support needs of both expectant and new parents. The enhancement of fathers' confidence regarding infant care through

addressing his information and support needs has been proposed to have a synergistic impact on the competence of mothers' infant care skills, in addition to facilitating his ability to directly provide positive care to his infant and partner (Rovers & Fuller, 1986; Watson et al.,1995). Also, as noted by Volling and Belsky (1991), the level of positive marital adjustment is associated with positive parental attitudes, parenting behaviour and secureness of infant-parent relationships for fathers.

It is recognized that a paradigm shift will need to occur before public health nurses are able to work with fathers as legitimate clients in their perinatal health practice. While public health nursing has professed to be family focussed, documentation and interventions have mainly been defined by the mother-baby dyad circumstances. The recommendations for change referenced above in nursing education also need to be applied in the practitioners' work for the following recommendations to be viewed as necessary or practical.

It has been observed that more emphasis has been given to preparing people for the birth of their infants than has been given to preparing them for parenting (Gupton & McKay, 1995). The fathers in this study echoed this perspective, and conveyed this as a critique of the public health prenatal services available to them. The opportunities for provision of teaching and anticipatory guidance regarding parenting are present during the prenatal time and after the birth of the infants, and there was an expressed readiness to learn as indicated by the comments of the current study participants. It has also been proposed that during the first month after the birth of an infant, during the role-taking stage, that men are receptive to the advice of experts (Ferketich & Mercer, 1995; Thorton

& Nardi, 1975). Previous research has noted the significant contributions that positive fathering can have on the health and life course of infants (Dowd, 2000; Hewlett,1992; Lamb, 1995; Nugent, 1991; Parke, 1996; Shapiro et al., 1999; Volling & Belsky, 1991). Therefore it is critical in this era of rising health and social services costs to be cognizant of opportunities for health promotion and illness prevention, such as including fathers early and throughout the provision of perinatal health services.

The fathers in this study expressed their readiness to learn. They also expressed their willingness to be involved in 'hands-on' infant care, caring for their partners and attending to household chores, in addition to their responsibilities for the financial security of their families. It will be necessary to assess each father's willingness and interest to be involved in these activities prior to providing the appropriate teaching and anticipatory guidance. Therefore it is recommended that public health nurses address and respond to both expectant couples and the parents of the newborn as family-level clients, and each parent at an individual client level, and evaluate the impact of this changed approach. This broadening of perspective could facilitate the public health nurses' accountability in the provision of evidence-based information and support.

It is further recommended that public health nurses chart their interaction with fathers in client records. Besner (2000) wrote about the power that documentation frameworks have on practice in a public health nursing setting when noting that public health nurses interaction with postpartum clients appeared to be strongly influenced by the postpartum program's recording system and guidelines. Therefore, in order for the father to be perceived as a client, it will be necessary to include specific references to him

in the public health nurses' documentation systems. Individual client records should be assigned each to the mother, to the infant, and to the father. If a family client record is utilized, there will need to be a line each for the name of the father of the baby, the mother of the baby and the baby, and assessment and intervention guides for each of the three as well as strategies to document the dynamics and description of the family unit as a client. The format for documenting nursing services with perinatal families is an important aspect of nursing practice. Expected standards of behaviour in a workplace, such as documentation guidelines and forms, will result in accelerated changed behaviour with accompanying altered attitudes and more accountable transition to changes (Bridges, 1991; Samuel, 2001). Therefore, revisions to documentation guidelines and forms may facilitate the acknowledgment of fathers as clients.

Privacy legislation, while providing a challenge to maintain the integrity of family focused interventions to the family client, and documentation at this level of work, is also providing the impetus to challenge ways of thinking by requiring public health nurses to develop documentation systems for individual family members in individual client records. In the past, the family client record was often the repository of the perinatal service documentation related mainly to maternal and infant focused interventions. Rarely were there directed efforts to assess the expectant or post-birth father or invite him into client-nurse interaction at the same level of legitimacy as the client-nurse interaction with the expectant or postpartum woman. With the introduction of individual client records, it will be necessary to develop a documentation system that not only can capture the essence of family focused nursing, but also will provide a framework in which the

identity of each individual family member with whom the nurse provides client services is required.

Another consideration is that health care providers need to be aware of the possibility that their work to alter health care systems can have a significant impact in health promotion. In addition, health care providers must work to facilitate empowering processes for clients so that they can work within, and as well, alter health care systems (Butterfield, 1996). To maximize the effectiveness of these strategies it will be important for there to be understanding by the nurses and clients as to how systems respond to feedback and input (Friedman, 1998). It would be beneficial to remind public health nurses of these concepts when they begin to more actively work with fathers. An understanding of this aspect of health promotion may assist nurses and managers in the transition to working with fathers as clients, along with the mothers and newborns and the rest of the family members in perinatal public health nursing interventions.

Olson (2000) has commented that nurses can learn about their clients' perceptions regarding received health care services when they listen to perinatal women and their families. Following this direction, public health nurses will need to learn from a new client, the expectant and new father, who often has been in the milieu of an interaction but not viewed consistently as the client. There is an invaluable opportunity for health care providers to learn about themselves and their work through the eyes and perceptions of the people whom they serve: "Service is all about relationship!" stated Olson (2000, p. 64). It is recommended that public health nurses begin to expand their therapeutic relationships beyond the mothers in their perinatal services to invite the fathers into the

nurse-client team.

The findings from the study highlighted an unexplored venue for the study community's public health department to consider for parenting information and anticipatory guidance. The use of the Internet is recommended as a setting to provide evidence-based information about infant growth and development, infant stimulation, infant care-giving, breastfeeding support, how to access health services such as physicians and pediatricians, and what the contributions of fathers are to the health and well-being of children and families. The men in the study were very familiar with learning from the Internet. The health department in the study community has a website, which has an electronic version of a handout about circumcision. None of the study participants spoke about accessing this site, nor were they aware of the health department's circumcision handout. It would be beneficial to men and their families to have access to a reliable source of information on the identified topics, along with descriptions of community resources and links to other credible sources of information. Communication of such a resource to the general public will be necessary. It is recommended that some of the key words to find this site include father or fatherhood and that the text be inclusive of both fathers and mothers.

The men in the study had several recommendations regarding public health nursing services. It is encouraged that their suggestions for topics of learning and teaching strategies be explored and piloted with program evaluation frameworks. The above mentioned topics for Internet postings, information about the realities of life after the birth of a baby in a family and tactics for patience are recommended as agenda for

discussions in male only parenting sessions, prior to the birth of their children and following the babies' births.

Strategies for advertising group education sessions could build on the learning acquired during the recruitment phase of this study. Posters are not an effective mechanism to attract expectant fathers. Consultation with media and communication staff would be useful. Public health staff could also coordinate these initiatives with other agencies that provide prenatal services. Men currently register through 'leisure guide' publications for sport and recreation activities. It is recommended that 'expectant fathers only' sessions be advertised in these publications, as well as following the media experts' other suggestions and evaluate the responses. The recommendation for men only sessions is supported by the findings of Polemeno (1998) and Shecket (1995) who observed that men have specific needs associated with becoming prepared to be fathers and by Stainton et al. (1999) who noted that men's needs do not appear to be met with the current set of prenatal and postpartum education and health services.

Another recommendation that arose from the findings is to address fathers' information needs regarding infant safety. It is suggested that CPR sessions be provided in association with the prenatal education that is offered for expectant parents. Promotion of the availability of CPR through the current registration process for prenatal education should be explored, as well as utilizing the other communication strategies as noted above. It would be worthwhile to work in collaboration with other agencies, such as those that currently provide CPR education to the public.

Three other recommendations arising from this study that indicate changes in

nursing practice are consistent with findings and recommendations from previous research, including the work that has been reported by a Canadian research practitioner (Polomeno, 1998; 2000). It is recommended that the topics for couples' prenatal education series include awareness and enhancement of positive communications skills between the two expectant partners. The men in the study frequently spoke about their main sources of support being their partners and that they in turn were supporting their partners, and how a critical component of their relationships were the opportunities they had to talk and listen with each other. A positive family context with the father-mother system communicating well has been noted to augment the potential for the development of supportive father-child relationships with the attendant advantages to the health and development of that child (Lamb, 1997a).

It is also recommended that the topic of 'support to the father' be presented in prenatal education and assessed and facilitated during postpartum nursing services. All the men in the study responded to the questions about support by identifying their sources of support and how appropriately their needs for support had been met by the time their infants were a month old. The impression received was that the majority of the study participants would have benefitted by nursing interventions to facilitate accessing relevant support; in a similar manner to how the public health nurses assess and work with this component of health in providing services to postpartum mothers. Previous studies have indicated that the transition to parenthood can be stressful, and that men are more vulnerable to stress than women and more in need of support; yet the focus of health care professionals more often is toward the pregnant mother to the exclusion of the expectant

father (Beare & Myers, 1990; Gamble & Morse, 1993; Polomeno, 1998; Roth, 1996). The participants in the present study strongly expressed their experiences of exclusion and often referred to a sense of vulnerability related to the unknowns regarding care and safety for their infants and the responsibilities they were encountering as fathers. Expectant fathers-only and fathers-only sessions may provide a venue for men to receive guidance about identifying and seeking support. It would also be important for the topic of support to fathers to be discussed in mixed gender prenatal classes, since spouses are identified as the people to whom fathers first turn to for support regarding parenting skills. It would be beneficial to assist couples in enhancing their skills related to supporting each other (Antonucci, 1985; Polemeno, 1998; Stevens, 1988).

The fathers in this study suggested that grandparents would benefit from attending updating educational sessions related to changes in infant care and feeding. I support this recommendation and note that it is congruent with Polomeno's work in researching and providing grandparent prenatal sessions (Polomeno, 1999). While the grandmothers were frequently cited by the fathers as sources of support, they were also identified as sources of stress when their advice conflicted with the information that the men had been given by nurses, especially regarding infant sleeping positions, responses to infant crying and breastfeeding. It is recommended that the public health nurse unit in this urban centre contact Polomeno in Montreal to inquire about the feasibility of adapting the strategies and curriculum that are utilized with expectant grandparents.

Implications for Policy

Valuing fathers as legitimate clients when they are parents to newborns would necessitate a shift in focus by policy makers who set program directions and funding decisions. It would also require additional research and pilot program evaluation results before new policy would be enacted.

Altschul (1983) recognized twenty years ago that the creation of supportive systems to nurses is essential to facilitate their being more receptive to patients. That work noted the apparent paradox in which patients wanted to talk, but staff seemed reluctant to listen, especially in the area of emotionally charged topics (Altschul,1983). This was true for the fathers in the present study, who either needed to be very assertive to be noticed and heard, or who expressed how they were overlooked by nursing staff. The policies of perinatal health service delivery facilities including public health units will need to be altered to direct staff to include fathers as clients, within the same infrastructure components that are used to recognize mothers and infants as clients. The changes in the infrastructure will facilitate the legitimization of fathers as clients to nurses providing perinatal services. The previously mentioned strategies to support transition and change will also need to be implemented.

However it is recommended that prior to changes in health and social policies that there be further research about the circumstances that can benefit fathers in their parenting infants. The limited transferability of findings from studies about fathers requires careful planning before those findings are implemented into policy.

The problem with focusing so much attention on predominantly white middle-

> class fathers from highly stratified societies is that the studies often suggest, implicitly or explicitly, that the patterns that are identified in the research are universal and natural, and, consequently, often become the basis for public policy... Cultural contexts in non-Western populations are often dramatically different (Hewlett, 1992, p. xi- p. xii).

It is therefore recommended that further studies occur in an urban setting which would utilize strategies to elicit a more multicultural sample, with a combination of quantitative and qualitative research approaches, so that there is sufficient power to apply the findings to the larger, diverse population.

Recommendations for Research

The findings from the study raise many questions about the effectiveness of the current services provided to perinatal families and provide multiple avenues to pursue future research. Nine men provided descriptions of their anticipated and experienced information and support needs when they became fathers to newborns and how those needs were met. As noted in the above sections regarding implications for nursing education, nursing practice and policy, there are many initiatives that can be implemented within program pilot and research approaches that should be pursued.

It is apparent that public health nurses are not often developing client-nurse relationships with fathers. Yet fathers want to be viewed as parent- clients. It would be opportune to explore how to best provide services and support families with newborns by extending the nurses' focus to fathers. Paavilainen and Astedt-Kurki (1997) in their study into the experiences of public health nurses as to what constituted the main conditions for

successful relationships of collaboration with clients determined that a key condition for successful collaboration is that client and public health nurse more fully understand each other. They recommended that future research examine how clients experience their relationship with public health nurses. I recommend that research be conducted to more fully understand how fathers experience their relationships with public health nurses and how public health nurses view their relationships with fathers of newborns. The findings from this present research indicate that expectant fathers and fathers of newborn infants are often an enigma to public health nurses in the study community.

Another topic for future study would be to investigate the time periods which correspond to the significant times for teaching and supporting men's transition into parenthood, specifically when they are parenting infants. This in turn may influence the sequencing of service delivery to perinatal families. This recommendation is consistent with those of Gage and Kirk (2002) and Watson, et al. (1995) who suggested that research occur into the venues and times for preparing men to be fathers. Currently the timing of perinatal services is in accordance with the identified health needs for the pregnant woman and the postpartum mother-baby dyad. As recommended by Bond and Thomas (1991) health outcomes should be viewed in terms of the clients' wants and needs in order to be relevant. It will be important to explore with fathers when they would best like to enhance their knowledge and skills related to parenting. Strategies to evaluate the effectiveness of these new services should seek the perspectives of fathers and their parenting partners, as well the perspectives of health care providers.

Research is also recommended to examine how health care workers, such as

public health nurses, can work with expectant fathers throughout the pregnancy of their partners and during the first month after the birth of their infants. Dowd (2000) has proposed that in North America, "The dominant pattern of fatherhood, however, is one of abandonment or lack of connection" (p. 23). It is apparent from the perceptions of the fathers in this study that many of the health care professionals whom they encountered had treated them as though there were little or no connection between the men and their infants, nor was there encouragement for those connections to be developed. When health care professions learn how to recognize, respect and enhance positive connections between fathers and their children, these strategies may provide benefits for the children and their families. Research is needed to provide information and guidelines for health care professionals to work with fathers in this manner and to determine the impact of more holistic interventions. The findings from this current study could be used as a basis to set up pilot initiatives for programming services and research initiatives. Such research may yield extremely valuable information that could be applied to primary prevention of family dysfunction.

There may be the potential to engage in primary and secondary prevention related to domestic violence when fathers are included in the scope of developing therapeutic relationships during pregnancy and after the birth of their infants (Tyler, 1986). It would be important for the practitioners and the researcher to enter into this work with the goal of health promotion that would focus on the needs of children while emphasizing the "men's presumed ability to nurture," for the initiatives to be effective with healthy as well as more apparently needy parents (Dowd, 2000, p. 176). Such an approach would explore

how health professionals can acknowledge both the strengths and the needs of the expectant and new fathers, and engage with them as clients in their own right.

Another question for research that arises from these findings is how the changing family configurations with fewer children per mother and father, and the often distant locations of extended family members are affecting men's opportunities to learn child care skills. It is during their own childhood and adolescence that men would have been looking after younger siblings and relatives, as well as seeing other men parent in family situations. Bozett and Hanson (1990), Marciano (1991) and Sherwen (1987) noted that the fatherhood role is an outcome of the experiences and roles begun in childhood within men's family systems in addition to men's later choices. A research project to look at this phenomenon would be appropriate for collaboration between the fields of family studies, education and nursing in developing and implementing the study.

The final recommendations for research that will be suggested from the findings are for further exploration in the differences of language that may be operating when men talk about being fathers. Understanding what clients are saying is fundamental to understanding what their strengths and needs may be and how clients perceive their circumstances. The men in the study described their perspectives by sometimes employing terminology that is commonly not used by public health nurses in the delivery of perinatal health services. The participants in the study also mentioned that aspects of being a father are not often discussed amongst men, nor has there been much opportunity for them to model their parenting of newborns from older fathers. A study into language and culture of fatherhood would be extremely beneficial to facilitate more relevant

nursing services to fathers and their families. A component of that proposed research, or an additional study is recommended to explore gender issues related to the provision of perinatal health services to men by male and female public health nurses.

Conclusions

The thesis research project was undertaken to develop a description of the emic perspectives of expectant and new fathers' anticipated and experienced information and support needs when they parent their newborns. The central finding of the study was the identification that the major need of the fathers is the need for acknowledgment, as depicted by the main theme title of "The Forgotten Parent." The main theme was supported by five sub-themes: being invisible through the aspects of not being noticed and fathering not being manly to talk about; learning from women about how to be a nurturant father; having unknowns regarding information and support when beginning to parent their infants; balancing many aspects of their lives; and hoping that their voices will effect change for other fathers and future children. Best-practice in public health nursing perinatal health services is constrained by the dominance of the mother-baby dyad client paradigm, and will need to be changed before fathers can be provided with relevant health services to facilitate their parenting of newborns.

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Appendix A

Presentation Notes to Prenatal Class Participants

Hello, As _____ mentioned, my name is Carolyn Hill-Carroll. I am a Master's of Nursing student at the University of Manitoba. I have completed all the course work involved in the master's program which included courses about community health and research methods. I am beginning my thesis research project and would like to invite you to consider participating in it. The project is being supervised by three faculty members of the University of Manitoba : Dr. Karen Chalmers, Dr. Maureen Heaman and Dr. Carol Harvey, and has been approved by the Education/Nursing Research Ethics Board.

My thesis research project is focussed on expectant fathers, their experiences as they prepare for and then parent their new babies, and what they identify as their information and support needs during this time. I have worked with many families during their pregnancies, and then with them after their babies were born, and have noticed that most of the focus of my work and others has been mainly directed towards the mothers and babies. So there is a lot for nurses and other health professionals to learn from fathers, just by listening to them.

The thesis research project is designed to pose no risks or benefits to those who want to participate. The project will consist of me interviewing expectant fathers once before the baby is born, and a second time when your baby is about a month old. Each interview will last about an hour, and we will talk about your experiences as an expectant father, the advice that you've found useful or not so helpful, and your experiences as a new father after the baby comes home. The interviews will be audio-taped, and then typed

so that I can review what was said more easily. The information from the interviews will be grouped together so that your privacy will be assured. I will be then be reviewing all the information, and developing a paper or report about what you have told me. It is anticipated that what I learn from you, will be useful to help in providing more meaningful health care services to future families during pregnancies and when their babies are born.

Participation in the study is entirely voluntary and will not affect one way or another, your participation in the prenatal classes or other health care that you receive. If you agree to participate, I'll be giving you a written explanation of the study and a consent form to sign. I will leave you handouts that outline the study and which have a tear-off sheet that you can fill in .

The expectant fathers that I'm hoping will volunteer are those who are first time fathers, between the ages of 20 and 34, who live in Winnipeg, and understand English. I would like to meet with them when their partners are in the last three months of their pregnancy. Also, if there are other expectant fathers who you know of who are not in this class, and perhaps would be interested, please take an information handout for them.

Thank you for letting me attend your class. I look forward to hearing from you. Please call me with any questions, and either call me or complete the tear-off section of the handout to indicate your interest in participating in the project or learning more about the study.

Appendix B

You are invited to participate in the research project **"On Becoming a Father: Information and Support Needs of Expectant and New Fathers"** that is being done by Carolyn Hill-Carroll, a Masters of Nursing student from the Faculty of Nursing at the University of Manitoba. The research project will be supervised by three faculty members of the University of Manitoba: Dr. Karen Chalmers, Dr. Maureen Heaman, and Dr. Carol Harvey, and has been approved by the Education/Nursing Research Ethics Board.

The goal of the project is to gain a better understanding about first-time fathers' parenting experiences during the first month of their children's lives. Expectant fathers who live in Winnipeg, are between the ages of 20 and 34, and whose partners are approximately six to nine months pregnant are asked to contact Carolyn for more information. The research project will be conducted in English, so participants will need to be able to speak and understand English.

The knowledge gained from this study will assist nurses and other health care professionals in providing appropriate health services to men and their families during pregnancy and soon after birth as they begin to parent their new infants.

Your time commitment would involve two interviews: once for about an hour during the last few months of your partner's pregnancy and once, again for an hour, when your baby is about a month old. You will be asked about what you want to learn about as you become a father, as well as what you find to be most helpful in parenting your child. You will also be asked several other questions about yourself, such as your age and education level.

The interview may occur in your own home or in another location that is suitable to you and Carolyn. The interview will be audio-taped and later typed. As well, Carolyn may write some additional notes to herself after the meetings with you about her observations. She may also contact you after the interviews to clarify her understandings from your discussion with her.

The information from your interview will be grouped with information from Carolyn's other interviews with expectant and new fathers. The information from the interviews will be written so that it will not be possible to identify you or the other individuals in any of the reports or papers that come from the study. Findings from the study may be published in a professional journal, parent education printed material, or used in staff development for nurses and other health professionals.

Participation in the study is completely voluntary. You can withdraw from the project whenever you like, have the tape recorder turned off or have the interview stopped at any time, and decide not to answer some of the questions. Your health services or your family's health care will not be affected whether you choose to take part in the study or not.

You may find that taking part in the study will give you an opportunity to think about becoming a parent. The study is designed so that there are no health risks for you. Indirectly, you may benefit in the future from changes in health care services that may occur because of the study's findings.

All the information discussed in the interviews will be kept confidential, with the

exception of information that is reportable by law such as about child abuse. The only people who will be able to listen to the tapes of the interviews are Carolyn Hill-Carroll, the chair of her thesis committee who is Dr. Karen Chalmers, and the typist who will be typing from the tapes. A code number will be used to identify the information from the interviews. During and after the research study, all the tapes and documents will be securely stored. The tapes and typed copies of the interviews will then be destroyed in accordance with the Research Ethics Board guidelines.

I hope that you consider participating in the project. You can contact **Carolyn** at

for more information about the research project, and also to indicate that you would like to be in the project. Or you could fill in the tear-off sheet below and give it to the prenatal instructor who will send it to Carolyn.

Thank you for your interest in this project

Becoming a Father: Information and Support Needs of Expectant and New Fathers.

Name_____

Telephone number _____ _____

or _____

Appendix C

Are you a first-time expectant father?

Do you have opinions and questions about what it is going to be like to be a father of a young baby?

Would you like to participate in a study?

If *yes* to the above questions, I would like to talk with you.

I am a Master's of Nursing student at the University of Manitoba. I am conducting a research project to gain a better understanding of men's information and support needs when they become fathers, and what expectant and new fathers find to be helpful in getting ready to parent their young infants.

Call
for more information and to sign up to participate.

Appendix D

Information guide to telephone conversations with potential participants

a)For potential participants who call into the researcher:

The researcher will answer the caller's questions, and will enquire about the eligibility of the caller to participate using the following guide:

A script such as the following will be used: "Thank you for calling and expressing interest in the research. I need to ask you a few questions to see if you match with the description of the fathers that I'm looking to include in the study. I"ll read through the characteristics of the fathers that I'm hoping to work with: They are first time fathers, aged between 20 and 34 years of age, are in a committed relationship with that pregnant partner, are able to understand and speak English, and are residing in Winnipeg. Would you say that you fit with this description?"

If the answer to this last question is yes, the researcher will proceed to ask if the pregnant partner is in the last three months of her pregnancy. If the answer is yes, then the researcher will review the information in the Information handout with him. The caller will be asked if he has further questions and whether he would like to participate in the study if he has not already indicated. If he declines, the researcher will thank him for his interest and time. The researcher may ask if he knows of other expectant fathers who may be described by the inclusion criteria and may be interested in participating. The researcher will then request that he pass along the researcher's name and telephone number to potential participants.

If the partner is earlier in her pregnancy than the last trimester, the potential

participant will be asked to consider being called later to confirm if he still would be interested to participate, depending upon whether the research project is still accepting new participants. The researcher will ask the caller which month she should call, the name of the caller and what telephone number to reach him.

If the answer is no, that is he does not meet the inclusion criteria, then the caller will be thanked for his interest, and explained that because of the topic of the project and its small size that the researcher needs to limit the interviews with fathers who are described by those characteristics. The caller will be asked if he knows of other expectant fathers who may be described by the inclusion criteria and may be interested in participating. The researcher will request that he pass along the researcher's name and telephone number to potential participants.

For those eligible callers who indicate that they would like to participate, the researcher will make arrangements with them for the first interview. The caller will be invited to visit with the researcher at a mutually agreeable location, such as at one of the WRHA community offices, at a University of Manitoba interview room, another community location, or at the caller's residence.

b) For potential participants who are called by the researcher in response to information on the Handout tear-off sheets:

The researcher will introduce herself, answer the potential participant's questions, and will enquire about the eligibility of the caller to participate using the following guide:

A script such as the following will be used: "Thank you for your expressing interest in the research. I need to ask you a few questions to see if you match with the description of the fathers that I'm looking to include in the study. I'll read through the characteristics of the fathers that I'm hoping to work with: They are first time fathers, aged between 20 and 34 years of age, are in a committed relationship with that pregnant partner, are able to understand and speak English, and are residing in Winnipeg. Would you say that you fit with this description?"

If the answer to this last question is yes, the researcher will proceed to ask if the pregnant partner is in the last three months of her pregnancy. If the answer is yes, then the researcher will review the information in the Information handout with him. The expectant father will be asked if he has further questions and whether he would like to participate in the study if he has not already indicated. If he declines, the researcher will thank him for his interest and time. The researcher may ask if he knows of other expectant fathers who may be described by the inclusion criteria and may be interested in participating. The researcher will then request that he pass along the researcher's name and telephone number to potential participants.

If the partner is earlier in her pregnancy than the last trimester, the potential participant will be asked to consider being called later to confirm if he still interested to participate, depending upon whether the research project is still accepting new participants. The researcher will ask the expectant father which month she should call, and clarify which telephone number to reach him.

For those eligible callers who indicate that they would like to participate, the

researcher will make arrangements with them for the first interview. The caller will be invited to visit with the researcher at a mutually agreeable location, such as at one of the WRHA community offices, at a University of Manitoba interview room, another community location, or at the caller's residence.

Appendix E

Consent Form for Study Participants

I have been invited to participate in the thesis research project "Becoming a Father: Information and Support Needs of Expectant and New Fathers" that is being done by Carolyn Hill-Carroll, a Masters of Nursing student from the Faculty of Nursing at the University of Manitoba. The goal of the study is to gain a better understanding about fathers' parenting experiences during the first month of their children's lives, specifically their information and support needs. If I agree to take part in the study, I will be interviewed once for about an hour during the last few months of my partner's pregnancy and once, again for an hour, when my baby is about a month old. I will be asked about what I want to learn about as I become a father, as well as what I find to be most helpful in parenting my child. I will also be asked several other questions about myself, such as my age and education level.

The knowledge gained from this study will assist nurses and other health care professionals in providing appropriate health services to men and their families during pregnancy and soon after birth as they begin to parent their new infants. The study has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. Any complaint about a procedure in the research project may be reported to the Human Ethics Secretariat

The interview may occur in my own home or in another location that is suitable to me and the researcher. The interview will be audio-taped and later typed. In addition, Carolyn may write some additional notes to herself after the meetings with me about her

observations to assist her in remembering information about our conversations. I may be contacted after the interviews to clarify details from conversations with Carolyn.

The information from my interviews will be grouped with information from Carolyn's interviews with other expectant and new fathers. The information from the interviews will be written so that it will not be possible to identify me or the other individuals in any of the reports or papers that come from the study. Findings from the study may be published in a professional journal, parent education printed material, or used in staff development for nurses and other health professionals.

Participation in the study is completely voluntary. I can withdraw from the project whenever I like. I can ask to have the tape recorder turned off or have the interview stop at any time. I can also decide not to answer some of the questions. Whether I choose to take part in the study or not, it will not change any health services my family or I receive.

There are no direct benefits for me to participate in the study. However, I may find that taking part in the study will give me an opportunity to think about becoming a parent which may be viewed as a benefit or a risk for myself. The study is designed so that there are no health risks for me. Indirectly, I may benefit in the future from changes in health care services that may occur because of the study's findings.

All the information discussed in the interviews will be kept confidential, with the exception of information that is reportable by law such as about child abuse. There will be no reference to my participation in the study in any of my health records. The only people who will be able to listen to the tapes of the interviews are Carolyn Hill-Carroll, the chair of her thesis committee who is Dr. Karen Chalmers, and the typist who will be

typing from the tapes. No specific information from the interview will be shared by Carolyn with anyone other than with her thesis committee. My name will not be used on any of the tapes, typed copies of the conversations, Carolyn's notes, reports or any publications. A code number will be used to identify the information from the interviews. During and after the research study, all the tapes and documents will be securely stored. The tapes and typed copies of the interviews will then be stored in a locked filing cabinet and destroyed 7 years after the completion of the research project.

My signature below indicates that I agree to participate in the research project and that I have had my questions about the project answered to my satisfaction. I will be given a copy of this Consent Form for my personal reference. This consent form is only part of the consent process. I can ask for more detail about something mentioned here, as well as for information that has not been included. I can ask for explanations and new information at any time during my participation in the study. I can contact Carolyn at 940-2175 or her thesis committee chair, Dr. Karen Chalmers at should I have any further questions about the thesis research project.

I,_____ agree to participate in the study: Becoming a Father/ Information and Support Needs of Expectant and New Fathers.

Date:_____ Signature of participant_____

Date:_____ Signature of researcher_____

After the study is completed, would you like to receive a summary of the project findings?

_____ yes _____ no

Please write your name and mailing address below so that a summary can be mailed to you.

Send to: _____

(name)

_____

(address)

Appendix F

I. Last Trimester Interview Guide

Hello! Thank you for meeting with me for the research project about fathers. I am looking forward to learning about your opinions and experiences. Before I turn on the tape recorder I want to remind you that whenever you would like the recorder turned off you can just let me know, and we can take a break or end our conversation. Also, please answer the questions that you are comfortable with; you may choose not to answer all the questions. As described in the consent letter, all information will be kept confidential except that which is reportable by law. You may withdraw from the study at any time. Any questions before we begin the interview?

1.Please tell me, what do you think it will be like to be a father of a newborn?

Probe: Describe how you envision being a father to a one month old baby.

2 a) What information and advice have other people told you about becoming a father?

Probes: Who has given you information and/or advice? What do you think about their comments? 2b) What advice and information has been helpful in getting ready to be a father? What has not been helpful?

3. Who do you talk with to learn about becoming a father?

Probes: Please tell me about that. Has this been helpful?

4.What information and support would you have liked to have had by now to get ready to become a parent?

Probe: What have you noticed as gaps in information, or inconsistent advice or support?

5.What do you think is important for you to know before your baby and partner return

home from the hospital?

Probe: How will you get the support and information that you will need before your baby arrives home?

6. What are you looking forward to in being a father of a new infant?

7. What do you think will be the challenges of being a father of a new infant?

Probes: How do you think you will handle these challenges? What do you think will be helpful? What do you think will not be helpful?

8. What supports do you consider that you will need to parent your new infant?

Probes: What kind of support do you think that you would like or need to help you parent your newborn baby? Who will be providing this support? How will you get the support that you want?

9.What advice would you like to give to other fathers about getting ready to be a parent?

10. From your perspective as an expectant father, what suggestions do you have for public health nurses who contact families when they come home from the hospital with their new baby? Probe: What do you think will be important for the public health nurse to talk about or do when she/he comes to visit you and your partner after your baby comes home?

11. From your perspective as an expectant father, what suggestions do you have for nurses teaching prenatal classes?

12. Is there anything else you would like to tell me about your experience as an expectant father?

13. Now, I have just a few questions that are more descriptive in nature (Demographic

Guide)

14. Those are all my questions for this interview. What questions do you have for me?

Thank you for speaking with me about your thoughts and experiences about fatherhood. I may need to call you to help explain some of the details of our conversation- would this be alright with you?

Thank you again. Please call me if you have any thoughts or questions you would like to talk about regarding our interview.

II.First Month Interview Guide

Hello! Thank you for meeting with me again for the research project about fathers. I am looking forward to learning about your opinions and experiences. Before I turn on the tape recorder I want to remind you that whenever you would like the recorder turned off you can just let me know, and we can take a break or end our conversation. Also, please answer the questions that you are comfortable with; you may choose not to answer all the questions. As described in the consent letter, all information will be kept confidential except that which is reportable by law. You may withdraw from the study at any time. Any questions before we begin the interview?

1. When we last met, you talked about what you thought it would be like to be a father. You mentioned (researcher will provide brief summary of previous response to this question). What has it been like for you to be a father now that the baby has arrived?

2a) Since your baby was born, what have other people told you about being a father?

Probes: Who has given you advice? What do you think about their comments?

2b) What information and support has been helpful? What has not been helpful?

3. Who do you talk with to learn about being a father?

Probes: Please tell me about that. Has this been helpful?

4.What information and support would you have liked by now to help you in being a father?

Probe: what information and support has not been available to you?

5. What was important for you to know before your baby and partner returned home from the hospital?

6.What have been the joys of being a father of a newborn?

7.What have been the challenges of being a father of a newborn?

Probes: How have you handled these challenges? What's been helpful; not helpful?

8.What are you responsible for since your baby and partner came home re child care, supporting your partner, housework, financial security, other? What do you think about this?

9. How did you get ready to be a father?

Probe: How did these arrangements happen?

10. What has happened that you didn't expect now that you're a father?

11. What do you wish people would say or do that would be helpful or supportive to you?

12.What have people said or done that is helpful to you as a new father? That has not been helpful?

13.Who/ what are your sources of information and/or support about being a father during this past month?

Probes: What has been helpful for you in your new role as a father during the past month? Who do you see as helping you in being a father? What kind of help have you and your partner needed during the first month that your baby has been home? How did you get that support?

14. What advice would you like to give to other fathers about getting ready to be a parent?

15.What was important for the public health nurse to talk about or do when she/he came to visit after your baby came home?

Probe: From your perspective as a father, what suggestion do you have for public health nurses who contact families when they come home from the hospital with their new baby?

16. From your perspective as a new father, what advice do you have for nurses teaching prenatal classes?

17. What else would you like to tell me about your experience as a new father?

18. Thank you. Those are all my questions for the interview. What are your questions for me?

Thank you for speaking with me about your thoughts and experiences about fatherhood. I may need to call you to help explain some of the details of our conversation- would this be alright with you?

Please call me if you have any thoughts or questions you would like to talk about regarding our interview.

Appendix G

Demographic Information

Code Number_____

1. Your age_____

2. Highest level of education you have completed_____

3. Are you currently a student? Yes____ No____

   If yes; :Full-time_____ Part-time_____

   What are you studying?_____

4. Are you: Unemployed _____Employed_____ Full-time_____Part-time_____

   What is your occupation?_____

5. What culture would you describe yourself as having?:

   _____

   Where were you born?_____

   Are you a Canadian citizen? Yes_____ No_____

   How long have you lived in Canada?_____

6. What is your annual household income? Card sort

(Less than $10,000
$10,000 to $20,000
$21,000 to $30,000
$31,000 to $40,000
$41,000 to $50,000
greater than $50,000)

7. What is the expected date for the birth of your baby?_____

Appendix H

Budget

Expenditures for postage, stationary, photocopying, transcription from audiotapes to print, audiotapes, telephone, computer and transportation incurred during recruitment, data collection, analysis and development of the thesis report were the responsibility of the principal investigator, Carolyn Hill-Carroll.