

**CHILDBIRTH EXPECTATIONS:  
THE FATHER'S PERSPECTIVE**

by

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submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
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M. KATHLEEN TAYLOR

A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

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## ABSTRACT

Paternal childbirth expectations can influence the way a father perceives the childbirth experience, and ultimately the consequences the experience will have for him. However, little is known about the expectations men hold for the childbirth experience.

The purpose of this qualitative research study was to explore and describe expectations for childbirth from the perspective of the expectant father. Two research questions guided the study: (1) What expectations do expectant fathers have regarding the childbirth experience? and (2) What are the factors influencing the development of these expectations? Symbolic interaction theory provided the conceptual framework for this research.

An exploratory design was used to conduct the study. Ten expectant fathers were interviewed once during the third trimester of pregnancy. Latent content analysis was used to analyze the data.

During data analysis, three categories of expectations emerged: (1) fathers' expectations for themselves; (2) fathers' expectations for significant others; and (3) fathers' expectations regarding the childbirth process. Five factors appeared to influence the development of fathers' expectations for childbirth. These included: (1) experience; (2) timing; (3) perception of self; (4) meaning attached to the childbirth experience; and (5) normative expectations. "Being there" and control emerged as two important concepts in this research.

The results of this study have implications for childbirth educators, and for nurses working with expectant fathers during labor and delivery. Based on the findings of this study, recommendations are made for nursing practice, education and future research,

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# CHAPTER I

## STATEMENT OF THE PROBLEM

### Introduction

The "new father ideology" endorsed by Western society evokes an image of men as active participants in the childbirth process. The role of "father" or "expectant father" conjures certain expectations in the minds of men as to what the experience will be like. The way these expectations are realized can have important consequences for the father's evaluation of both the experience and of himself.

According to symbolic interaction theory, the way people perceive or define situations partially determines the effect that situations have for them (Burr, Leigh, Day, & Constantine, 1979). The way a childbirth experience is perceived can have important consequences for the father's self-esteem, social and psychological development, parental role attainment, and marital satisfaction (Broome & Koehler, 1986; Fein, 1976; May & Perrin, 1985; Mercer, Hackley, & Bostrum, 1983; Sherwen, 1986; Wylie, 1979).

Expectations can be a strong determinant of the way one perceives an experience, and can have a significant impact on the outcome of a situation (Wylie, 1979). Numerous examples are cited in the childbirth literature where unmet expectations have resulted in negative outcomes such as postpartum anger, guilt, depression, and overall disappointment (Clark, 1975; Grace, 1978;

Sandelowski, 1984). Broome and Koehler (1986) have suggested that unmet expectations could lead to dissatisfaction with both the event and the spouse, that could later affect perceptions of parenting and marital satisfaction.

According to Sandelowski (1984), childbirth expectations have been raised to such unrealistic heights that "failed expectations" has emerged as a new diagnostic category. Sandelowski has suggested that, with an increased emphasis on childbirth preparation and natural childbirth, the process of birth is no longer considered merely a means to parenthood, but is often seen as an end in itself.

The number of fathers at risk for "failed expectations" has increased dramatically over the past several decades. As a result of social trends - particularly changes in obstetrical health care and sex-role expectations - more men are participating in the childbirth process (May & Perrin, 1985). Father's attendance at birth now appears to be the norm, rather than the exception (Kennedy, 1989; Lemner, 1987; May & Perrin, 1985; Palkovitz, 1987).

Participation in the birthing process brings with it heightened expectations for both partners. Scripting a delivery is becoming an increasingly familiar phenomenon for men, as well as for women (Brucker & McMullen, 1987). Fathers, as well as mothers, are at risk for the guilt, anger and disappointment which can result when the script does not match reality (Broome & Koehler, 1986).

Health care professionals can assist fathers to distinguish between realistic and unrealistic expectations, and possibly avoid some of the negative consequences associated with not having their expectations met. However, despite the important implications for nursing practice, little is known about the expectations men hold for the childbirth experience. To date, research examining childbirth expectations has focused primarily on the expectant mother (Astbury, 1980; Beaton & Gupton, 1990; Bramadat, 1990; Clark, 1975; Levy & Mc Gee, 1975; Stolte, 1987).

Beaton and Gupton (1990), in their research with expectant mothers, found that women held high expectations for their partner regarding his ability to help them cope with the pain of labor. Yet, little is known about fathers' expectations in this regard. Beaton and Gupton have suggested that more consideration needs to be given to the experience of the father, and how he feels under the pressure of the expectations placed upon him.

Bramadat (1990) found that spouses of women in her study expressed disappointment that their childbirth expectations were not considered. These fathers believed that their expectations would differ significantly from those of their partner. According to symbolic interaction theory, incongruence of expectations between partners increases the possibility that childbirth expectations will not be met for one or both partners, which could result in disorganized, inefficient behavior during childbirth (Stryker, 1972).

Researchers have begun to explore the childbirth expectations of childbearing women. However, more consideration must be given to childbirth expectations from the perspective of the expectant father.

Certain biological and psychological differences between men and women do not permit generalization of research results, from studies conducted with childbearing women, to fathers. Men do not carry fetuses; consequently, they can choose their level of involvement (Diamond, 1986). This fact, as well as differences in the socialization of males and females, may affect the expectations men hold for the childbirth experience. Further research is required before any conclusions can be drawn.

Just as results from studies conducted on women cannot be extrapolated to men, Boyd (1985) cautions researchers against using the same tools to study fathers that have been used to study mothers. These tools may not be reliable when used on different populations.

Although instruments have been developed to measure childbirth expectations for women, such as the Childbirth Expectation Questionnaire (Beaton & Gupton, 1991), instrument development was based on qualitative interview data with expectant women. Therefore, its appropriateness for expectant fathers is questionable, particularly given the uncertain state of knowledge regarding fathers' expectations for childbirth. To date, no such tool exists for men; examination of paternal expectations for childbirth remains an

important, yet unexplored area.

Given the impact of expectations on one's perceptions, and recognizing the importance of cognition in influencing behavior and adjustment to change, consideration of men's expectations as they approach the delivery setting is essential (Palkovitz, 1987). The purpose of this study, therefore, is to explore and describe expectations for childbirth from the expectant father's perspective.

### **Conceptual Framework**

The conceptual framework upon which this study was based is symbolic interaction theory (SI). SI theory provides an approach to the study of human behavior that focuses on perceptions and the meaning of experiences to the individual. According to this theory, the reality or meaning of a situation is created by people, and this meaning guides behavior (Blumer, 1969).

SI theory is based on three premises: (1) Human beings act toward things on the basis of the meaning things have for them; (2) the meaning of such things arises out of social interaction; and (3) these meanings are modified by individuals through an interpretive process (Blumer, 1969). Two concepts of the theory that have particular relevance to this research are "mind" and "self".

Mind is considered an important intervening variable between external stimuli and behavior. Emphasis is placed on the "mentalistic variables", which

include the definitional process, and the meanings and values attached to phenomena (Burr et al., 1979). Interactionists recognize the influence of other variables, including significant others (such as the father's wife/partner and caregivers in the situation); generalized others (such as peers and/or other expectant fathers); and contextual factors (such as social norms).

However, interactionists would not use these variables to explain behavior without recognizing the intervening, defining impact of mind (Burr et al., 1979). Normative expectations regarding childbirth, for example, would be subject to individual interpretation before behavior would be determined.

Self, another central concept of SI theory, is comprised of several parts. These parts include that which is unique to the individual ("I") and that which is determined by social interaction with others ("me") (Burr et al., 1979). Included in the "me" component of self is one's definitions of the roles to be enacted in a given situation. An individual's behavior is the result of internal negotiations between the "I" and the "me", rather than a simple reaction to environmental stimuli.

Behavior is also a product of the individual's past history. Any form of social action has a career, or historical dimension which must be taken into account. Participants bring to a situation a world of objects, set of meanings and schemes of interpretation that they already possess (Blumer, 1969). Thus, the expectations set by the prospective father will be affected by his past, as

well as present, experiences.

Although antecedent conditions can be helpful in understanding a phenomenon, SI theory requires the researcher to catch the process of interpretation through which people construct their actions (Blumer, 1969). The fundamental methodological principle underlying the interactionist approach is that the researcher must see the world from the point of view of the subject (Burr et al.)

According to SI theory, any interaction (such as a father's experience during childbirth) involves a particular process or sequence of events. Expectations are an integral part of this process. The experience of childbirth can be more clearly understood, from a symbolic interactionist perspective, by examining the interactional process itself.

This sequence of events begins when one enters a social situation (such as childbirth), and responds by defining the situation (Stryker, 1972). Definition of a situation refers to "how or what the individual perceives something to be" (Burr et al., 1979, p.64). Certain factors - such as normative expectations and the symbolic meanings associated with childbirth - will influence how the father defines the situation.

Included in this definition of the situation is the assignment of positions to oneself and others. Attached to these positions are certain expectations regarding behavior. Thus, a father sets up expectations regarding his own role

and the role of significant others.

The next step in this sequence involves role-taking, that is, anticipating the responses of others in a social situation (Stryker, 1972). This is somewhat analogous to an "imaginative rehearsal" of what the experience will be like (Turner, 1986). Role-making then occurs, based on the interaction, when the father seeks to validate his role and perception of self through the responses of others (Stryker, 1972).

All phenomena and people are subject to redefinition and new meanings following the interaction (Chenitz & Swanson, 1986). Thus, a father may redefine the childbirth situation and his perception of self based on his perception of the outcome. Expectations can be a strong determinant of that perception.

In summary, SI theory provides a comprehensive framework for the exploration of paternal expectations for childbirth. The capacity of the human mind to set expectations for actors in a social situation is recognized in this theory, as well as the mind's ability to employ imaginative rehearsals for what the experience will be like. Individual differences are emphasized, yet commonly held expectations for incumbents of a role are acknowledged (Burr et al., 1979).

### **Research Questions**

The following questions guided this research study:

1. What expectations do expectant fathers have regarding the childbirth experience?
2. What are the factors influencing the development of these expectations?

### **Definition of Terms**

For the purpose of this study, the following definitions are provided:

1. Childbirth experience refers to interactions and/or events that occur during labor, delivery and the immediate postpartum period (first few hours after delivery). The immediate postpartum period was included in this study, as fathers may have certain expectations regarding father-infant bonding during this time.
2. Expectations are defined here as that which a person believes, or hopes, will happen during the childbirth experience.

### **Assumptions of the Study**

This research was based upon the following assumptions:

1. Expectant fathers have expectations regarding the childbirth experience.
2. Expectant fathers are able to articulate these expectations.

### Summary

As a result of changing social norms, more men are becoming involved in the childbearing process. Expectant fathers approach childbirth with certain expectations for what the experience will be like.

The way these expectations are realized can affect the father's perceptions of both the experience and of himself, and ultimately the consequences that the experience will have for him. Numerous examples are cited in the childbirth literature where unmet childbirth expectations have resulted in negative outcomes.

Some fathers will not have their expectations met because these expectations are unrealistic. Health care professionals can assist fathers to set realistic expectations, and avoid some of the negative consequences associated with not having their expectations met. Despite the important implications for nursing practice, little is known about the expectations men hold for the childbirth experience. Research, to date, has focused primarily on expectations from the women's perspective.

Similarly, little is known about the factors that influence the development of these expectations. All participants bring to a situation a past history that will influence the nature of the interaction. Thus, an expectant father's past as well as his present life circumstances could have an impact on the expectations he sets for the childbirth experience.

The influence of these factors will be modified by the father through an individual interpretive process. Therefore, any attempt to understand paternal expectations for childbirth must do so from the perspective of the expectant father. SI theory supports this fundamental methodological principle, and provided a conceptual framework for this research study.

## CHAPTER II

### REVIEW OF THE LITERATURE

A review of the literature revealed little research upon which to build a comprehensive knowledge base regarding fathers' expectations for childbirth. Findings of the literature review are discussed here under three main headings: (1) relationship between expectations and perceptions of the childbirth experience; (2) normative expectations for the father's role in childbirth; and (3) father's expectations for the childbirth experience.

#### **Relationship between Expectations and Perceptions of the Childbirth Experience**

A relationship appears to exist between the expectations one holds for the childbirth experience and the way one perceives the outcome. Two factors influencing this relationship include: (1) congruence between expectations and the reality of the experience; and 2) congruence of expectations between actors in the situation.

Several researchers have examined the relationship between women's childbirth expectations and the actual birth experience (Astbury, 1980; Bramadat, 1990; Bhutani & Hodnett, 1980; Clark, 1975; Levy & McGee, 1975; Stolte, 1987). "Empirical evidence strongly suggests that a woman's expectations for childbirth play an important role in influencing her perception and evaluation

of the experience" (Bramadat, 1990, p.63). Some researchers have suggested that discrepancies between maternal expectations and the actual childbirth can result in a negative perception of the experience (Astbury, 1980; Clark, 1975; Levy & McGee, 1975). To date, this relationship has not been examined with men.

However, researchers have addressed the issue of congruence of expectations between fathers and other actors in the childbirth situation. In an exploratory study with 20 expectant fathers, May (1982) found that lack of consensus between fathers and caregivers regarding fathers' roles during childbirth resulted in diminished self-esteem for the father, and an overall perception of the experience as negative. However, caution must be exercised in making generalizations based on these results due to small sample size and homogeneity of the population (predominantly middle-class Caucasians).

Similar results have been found in research examining consensus of role expectations between parents. Although researchers have not specifically examined parents' expectations for each other during childbirth, they have studied consensus between partners in other situations, such as parenting. Results suggest that consensus of role expectations between parents may be more important than the form a role may assume, or the amount of paternal involvement (Dickie, 1987; Fishbein, 1984; Nicholson, Gist, Klein, & Standley, 1983). Such consensus has been related to a more positive perception of the

experience (Lamb, 1987; Nicholson et al., 1987), socialization into a new role (Fishbein, 1984), and parental role competence (Dickie, 1987). Thus, consensus of role expectations between the father and significant others in the childbirth situation could influence the father's overall perception of the experience.

### **Normative Expectations for the Father's Role in Childbirth**

Over the past several decades, Western society has witnessed a change in cultural norms; as a result, more men are becoming involved in the childbearing process. Paternal involvement has been linked with a more positive birth experience, attachment to the newborn, attainment of the paternal role, a strengthened marital relationship, and enhanced self-esteem (Fein, 1976; Hanson & Bozett, 1987; Moore, 1983; Nicholson et al., 1983; Sherwen, 1986). Although many claims attest to the benefits of fathers' involvement in pregnancy and birth, few have been substantiated by research (Moore, 1983; Nicholson et al., 1983; Palkovitz, 1986).

Nicholson and colleagues (1983) conducted a study with 40 primiparous couples to test the assumption that increased paternal involvement in pregnancy and birth would result in "more positive" birth and fathering experiences. These researchers assumed that fathers who exhibited high levels of involvement in pregnancy and birth would have a more positive childbirth experience, and

would report more confidence in the fathering role, than fathers who exhibited low levels of involvement.

Results did not support this assumption; greater father involvement did not result in a more positive birth experience, attachment to the newborn, adaptation to fathering, or better marital adjustment. Rather, the consequences of father involvement appeared to be related to the way that involvement was conceptualized by the couple. Caution must be exercised, however, in interpreting these results since data were based on maternal ratings of the fathers' experience.

Despite contradictory research results and lack of empirical support, cultural beliefs about the benefits of paternal involvement in childbirth prevail. These beliefs are perpetrated by the media, popular literature and many health professionals. Results of a survey research study conducted by Palkovitz (1985) indicated that, out of 244 volunteer subjects, the majority believed that father's birth attendance, as well as early extended contact with the newborn, would have a profound effect on the father-child relationship.

As a follow-up to this survey research, Palkovitz (1988) conducted in-depth interviews with 17 of the subjects to determine the strength and source of these beliefs. General knowledge was the information source most frequently cited, followed by mass media, classes (typically in high school or college), and popular readings. Only one participant in the study had direct exposure to a

scientific journal.

Results indicated that the majority of people approached the childbirth experience with moderately strong, pre-formulated beliefs, which they believed to be supported by sound, scientific studies. According to Palkovitz, although the interview sample was small, demographically it was representative of the larger population (N=244).

Generally speaking then, normative expectations appear to support active involvement of fathers in the childbearing process. One may wonder, however, how these expectations compare with those of the fathers themselves?

#### **Fathers' Expectations for the Childbirth Experience**

Contrary to popular belief, one researcher found that not all fathers wanted to be involved in the childbearing process. Based on grounded theory research, May (1980) developed a typology of detachment/involvement styles adopted by first-time expectant fathers during pregnancy (N=20). Three distinct styles evolved, which included:

1. Observer styles, in which the man maintains a certain emotional distance, and sees himself largely as a bystander (9 out of 20).
2. Expressive styles, in which the man reports a highly emotional response, and sees himself as a full partner (7 out of 20).
3. Instrumental styles, in which the man maintains an emphasis on tasks

to be accomplished, and sees himself largely as a caretaker or manager (4 out of 20).

These results suggest that expectant fathers may differ in their desires for involvement during pregnancy. It is possible, therefore, that men may also differ in their desires to become involved in the birthing process. The manner in which men choose to become involved could affect the nature of the expectations they hold for the childbirth experience.

May's research suggests that men's involvement in childbirth can assume either an expressive or an instrumental style, which could be indicative of one's sex-role orientation. Sex-role orientation refers to the notion that men and women adopt gender-specific behaviors and traits (Markstrom-Adams, 1979). Traditionally, conceptualization of sex roles equated the expressive (nurturing) role with females, whereas males were expected to assume an instrumental (protector/provider) role.

More recently, the concept of psychological androgyny has been proposed: An individual may possess both expressive and instrumental characteristics (Bem, 1974). Some authors have suggested that men's attitudes toward childbearing may contain both nurturant and protective qualities (Leonard, 1977; Ross, 1982).

Sherwen (1986) conducted research to determine whether sex-role orientation was related to the fantasy patterns exhibited by expectant fathers.

Fantasy has been described as an "imaginative rehearsal" for how one would function in a social situation (Levy & McGee, 1975; Sherwen, 1986). Sherwen found that childbirth fantasies differed for men and women.

One could postulate, therefore, that men and women may hold different expectations for the childbirth experience. These results also suggest that research conducted regarding maternal childbirth expectations may not be generalizable to men.

In general, research specifically examining the nature of fathers' expectations for childbirth is limited. Researchers made no clear distinction between fathers' "expectations", "motives", "needs" and "concerns" (Gabel, 1982; MacLaughlin, 1980; MacLaughlin & Taubenheim, 1983; Palkovitz, 1986).

None of the research examined provided operational definitions for the term "expectations", despite possible differences in conceptualization. Dictionary definitions suggest that expectations may have a cognitive component (ie. that which one believes will happen) or an affective component (ie. that which one desires will happen) (The Oxford Paperback Dictionary, 1983). Miller (1976) has suggested that there are four types of expectations people may respond to when asked questions about their expectations: (1) the ideal; (2) the expected; (3) the minimum tolerable; and (4) the deserved.

This lack of conceptual clarity was noted in a study conducted by Palkovitz (1987). Although Palkovitz concluded that "fathers have multiple

motives for and expectations about birth attendance" (p. 123), he did not define what he meant by "expectations". Similarly, the nature of the fathers' expectations were not clearly identified.

However, Palkovitz (1987), did identify fathers' motives for birth attendance in this research study. The study sample consisted of 37 married, primiparous couples in their third trimester of pregnancy. Data collection methods included an open-ended interview with the couple and a series of questionnaires completed independently by husband and wife. Results suggested that a father may be motivated to attend the birth by his spouse, peers, friends, professionals, family, unborn child, or for reasons of self-fulfillment.

A discrepancy was noted in Palkovitz's study between data collected in open-ended interviews and data collected via questionnaires. For example, in open-ended interviews, only 38 percent of fathers said they were planning to attend the birth to support their wives whereas, in response to questionnaire items, 92 percent identified partner support as the most important reason for their birth attendance.

This discrepancy raises questions about the validity of the fathers' responses. Confidence in the results of this study is further undermined by the fact that no mention was made regarding reliability or validity of the instruments used.

Based on a review of nursing literature, Lemner (1987) summarized the

identified "needs and expectations" of fathers during childbirth as follows:

(1) to be knowledgeable about labor, delivery, and when to go to the hospital; (2) to be kept informed of the status of mother and baby; (3) to have a sense of control during labor; (4) to be able to relieve their wives' pain and discomfort; (5) to be able to nurture and protect their wives; (6) to have behavioral guidelines during childbirth; (7) to have an experienced birth attendant near; (8) to be reassured that they were good coaches; (9) to be personally cared for and nurtured; and (10) to experience personalized care (Gabel, 1982; MacLaughlin, 1980; MacLaughlin & Taubenheim, 1982; Shannon-Babitz, 1979).

Identified needs/expectations in these studies related to fathers' expectations for themselves and caregivers. However, they did not address fathers' expectations for the mother, or for the nature of the childbirth interaction.

In addition, most researchers examining the experience of childbirth from the father's perspective have focused on men who attended prenatal classes, and/or fathers who participated in the actual labor and delivery. Palkovitz (1986) attributed this to the increased popularity of the "natural childbirth" movement, which emphasizes the role of a coach (usually the father) to assist the mother through delivery. He cited examples of researchers who reported difficulty in obtaining samples of fathers not planning to attend the birth of their children.

Some researchers, however, have explored the experiences of fathers who did not attend childbirth education classes (Gabel, 1982; MacLaughlin & Taubenheim, 1983). In these studies, fathers who had not attended formal prenatal classes were referred to as "unprepared fathers".

Gabel (1982) conducted a descriptive, retrospective study to determine the needs of 20 unprepared fathers. The men were interviewed as soon as possible after attending the birth of their child. They were asked a series of open-ended questions regarding their expectations for delivery, their actual experience, and what they would have liked to know.

Results indicated that most fathers (70%) described their expectations in negative terms (such as "ugly" or "scary"). However, the exact nature of these expectations was not identified. According to Gabel, although these men had negative expectations prior to labor and delivery, 90% reported positive perceptions of the experience. Areas of concern identified in previous research with prepared fathers (related to the childbirth environment and information provided by health care workers) were not problematic with this sample.

Based on these results, Gabel concluded that unprepared fathers possibly had lower expectations of the care they would receive than prepared fathers. Caution must be exercised, however, in drawing any conclusions based on this study due to limitations in sample size and the bias inherent in retrospective recall.

MacLaughlin and Taubenheim (1983), on the other hand, found no difference in the needs of prepared and unprepared fathers. These researchers interviewed 11 first-time fathers who had not attended prenatal classes to determine their needs during childbirth. The results were then compared to those of a previous study conducted by MacLaughlin (1980) in which the needs of fathers who had attended classes (N=20) were determined. In both studies, men were administered the same 50-item questionnaire both before and after birth attendance.

A comparison of results indicated that fathers' "expectations and needs" were similar whether they attended classes or not. These results suggest that variables other than prenatal classes can influence the expectations men set for the childbirth process; men approach the childbirth setting with certain expectations regardless of whether or not they have had formal preparation.

In addition, MacLaughlin and Taubenheim (1983) reported that both prepared and unprepared fathers came to the childbirth experience with realistic expectations of their roles. One might question, given the background of the participants, whether these fathers were really "unprepared", or had received some type of informal preparation ie. through reading, contact with health professionals, etc. Most participants in MacLaughlin and Taubenheim's study were highly educated professionals, in the middle to high-middle socioeconomic bracket. Caution must be exercised in making generalizations based on such a

small, homogeneous sample.

Based on this comparison study, MacLaughlin and Taubenheim concluded that fathers' needs and expectations were similar whether they attended classes or not. Although these results suggest that factors other than prenatal classes can influence expectations, little is known about the nature of these factors.

### **Summary and Conclusions**

In summary, examination of fathers' expectations for childbirth remains an important, yet unexplored area. Although researchers have suggested that expectations can influence one's perceptions of the childbirth experience, little is known about the expectations fathers hold for the experience.

Cultural norms appear to support paternal involvement in the childbearing process. However, empirical evidence suggests that not all fathers want to be involved. Additional research is required to determine fathers' expectations regarding their level and style of involvement during childbirth.

In general, research examining fathers' expectations for childbirth is sparse, and lacking in conceptual clarity. Based on this review of the literature, the researcher identified two areas for further investigation: (1) examination of the nature of father's expectations for childbirth, and (2) exploration of the factors influencing the development of these expectations.

## CHAPTER III

### METHODOLOGY

As little is known about fathers' expectations for childbirth, a qualitative research methodology was chosen for this study. Wilson (1985) has argued that qualitative research methods must be used when an investigator is dealing with a research subject about which little or no prior information exists.

In this chapter, implementation of the research methodology is addressed. Discussion is focused on the following: Research design; study participants; data collection; data analysis; trustworthiness of the study; ethical considerations; and limitations of the study.

#### **Research Design**

An exploratory design was used to conduct this study. An exploratory design functions to provide an exploration and description of a phenomenon about which little is known; it is purposefully flexible to allow the researcher to discover new phenomena, and explain the phenomena from the perspective of the persons being studied (Brink & Wood, 1989; Wilson, 1985).

#### **Study Participants**

##### **Sample**

The population of interest for this study was comprised of expectant fathers whose wives/partners were approximately six to nine months pregnant.

Research conducted by May (1982b) indicated that most men began to focus on their partner's pregnancy and impending birth at about this time.

A non-probability, convenience sample was recruited from fathers attending prenatal classes in a midwestern Canadian city, as well as through "word of mouth". Sample size was limited to ten fathers, given the time and resource constraints of the study.

Men admitted to the study were required to meet the following criteria:

1. Have a wife/partner who was approximately six to nine months pregnant.
2. Be able to read, write and speak English.
3. Have access to a telephone in order to arrange interviews.
4. Live within 20 miles of the city limits.

Inclusion criteria in this study were designed to permit as broad a sample as possible from within the target population. Therefore, eligibility criteria included the following:

1. Both first-time fathers and those who had previously fathered a child.
2. Fathers who were planning to attend the actual childbirth and those who were not planning to attend the birth.
3. Fathers who had attended classes where labor and delivery had been discussed, as well as fathers who had not attended classes on labor and delivery. That is, timing in the prenatal class series did not affect eligibility.

### Recruitment of Participants

Initially, an informal request for access to participants was made to the director of an organization that provided prenatal classes. Once approval for this research had been granted by the Ethical Review Committee at the University of Manitoba, a formal request for access was submitted (Appendix A), with verification of ethical approval and a copy of the research proposal.

Once permission for access had been obtained, the researcher approached potential research participants, as a group, at prenatal classes. Two different groups of fathers, each attending a different series of prenatal classes, were approached. The researcher explained the study to potential participants using prepared guidelines (Appendix B), and invited them to participate in the study.

Those men who volunteered to participate received a written explanation of the study (Appendix C). At that time, fathers were asked to sign a sheet and provide certain identifying information, in order that an appointment for an interview could be made. Identifying information included: Name; address; phone number (home/work); expected date for delivery; and a question "When is the best time to contact you re: scheduling of the interview ie. day/evening, home/office?"

Information regarding expected date for delivery proved to be invaluable. Several fathers indicated expected delivery dates that fell within the next one to two weeks following the initial contact. This information allowed the

researcher to prioritize the scheduling of appointments.

Initially, ten fathers were recruited from prenatal classes. Three of these respondents were not included in the sample for the following reasons: Two wives had experienced premature births, and had already delivered at the time of contact; one father chose not to participate due to time constraints associated with his employment.

Additionally, three fathers were recruited through word of mouth; that is, the researcher obtained names of potential participants from individuals not involved in the research study. The researcher contacted these men by telephone, and provided a verbal description of the study according to the prepared guidelines. All three fathers agreed to participate. These respondents received a written explanation of the study at the time of the interview.

### **Data Collection**

Exploratory designs call for unstructured data collection methods, as little is known about the phenomenon under investigation (Brink & Wood, 1989). In this study, data were collected using an in-depth, open-ended interview. Field and Morse (1985) have described the open-ended interview as a "process of exploration"; as this process unfolds, informants' responses may direct the researcher into areas previously unanticipated (p.65).

In an open-ended interview, questions start at a superficial level and

increase in depth as relationships within the data are identified (Field & Morse, 1985, p.65). In this study, initial interview questions were of a broad and general nature, facilitated by the use of probes and follow-up questions. As more interviews were carried out, questions began to focus on emerging themes and concepts.

An initial interview schedule was developed based on a review of the literature, the research questions, and the conceptual framework (Appendix D). This schedule served as a guide only. An exploratory design requires a flexible approach whereby the questions, as well as their order, may differ from subject to subject (Brink & Wood, 1989).

One preliminary interview was conducted to determine the ability of the questions to elicit data, and to acquaint the researcher with the research process. These data were included in the analysis.

The interview guide was modified several times during the research process. As data collection and analysis were ongoing, previous interview data gave form and substance to subsequent interviews (Schatzman & Strauss, 1973).

The interview guides used in the study may be found in Appendix E. However, strict adherence to these guides was not practised. The format of the interview used in this study was non-standardized; this allowed discussion to focus on what the informant regarded as relevant, instead of relying on the investigator's notion of relevance (Lincoln & Guba, 1985).

All participants in the study were interviewed once, at a time and place convenient to the father. Two fathers chose to be interviewed at their place of employment, and eight fathers chose to be interviewed at home. In all situations, except one, fathers were interviewed without their partner. In one situation, the husband and wife requested that both partners be present for the interview.

Interviews lasted approximately one to one and one-half hours. Although the researcher informed participants that the interview could be conducted over two sessions if desired, no fathers chose this option. All interviews were tape-recorded to facilitate researcher recall.

Interviews were conducted in three phases. The first phase involved a brief period of social conversation to enhance the father's level of comfort with the researcher. At this time, the researcher reviewed the written explanation of the study with the father, and offered to answer any questions the father might have. Following this, the father was asked to sign a written consent form. In addition, participants were asked to fill out a demographic data sheet (Appendix F), in order that the researcher could describe the sample.

During the second phase of the interview, the tape recorder was turned on, and formal information gathering occurred. When the interviewer felt confident that no new information was forthcoming, this phase of the interview was terminated, and the tape recorder was turned off.

The third phase of the interview consisted of a debriefing session which occurred between the father and researcher. In four cases, the fathers' partner was also present at this time. The purpose of the debriefing session was two-fold. First, it provided the researcher with an opportunity to address any questions or concerns which arose as a result of the interview process. The intent here was to protect the psychosocial well-being of the participants.

Second, the debriefing session allowed the nurse to keep her role as researcher separate from her role as nurse. For example, during one interview, a father asked the researcher questions related to his wife's recently diagnosed pregnancy-induced diabetes. The researcher was able to address these concerns at a later time without interfering with the research process.

Data obtained during the debriefing session were recorded in the form of field notes, provided the information was not specified by the father to be confidential. The researcher recorded field notes in a reflexive journal.

Lincoln and Guba (1985) have recommended the use of a reflexive journal in qualitative research - that is, a personal diary in which the investigator records information about self, method, and contextual variables. The researcher recorded in this journal immediately after each interview. Recording continued throughout the analysis process. The format used for the reflexive journal may be found in Appendix G.

In addition, data were summarized and recorded on a separate summary

sheet. This form was later used as a top sheet for the interview file (see Appendix H).

Prior to each subsequent interview, the researcher listened to the tape and coded the interview transcript. Data collection and data analysis occurred simultaneously. The process used in data analysis is described in the following section.

### **Data Analysis**

Qualitative analysis involves the organization and interpretation of unstructured data in order to identify themes and categories that describe meanings (Roberts & Burke, 1989; Wilson, 1985; Woods & Catanzaro, 1988). In this study, latent content analysis was used to analyze the data.

Latent content analysis seeks to determine the underlying meaning of units of analysis within the context of the entire text (Field & Morse, 1985; Wood & Catanzaro, 1988). Units of analysis are the smallest units that provide some understanding for the researcher (Lincoln & Guba, 1985; Wood & Catanzaro, 1988). In this study, units of analysis consisted of words, sentences or phrases that provided the researcher with some understanding about fathers' expectations for childbirth.

Content analysis was achieved through the analytical procedure of "open coding". Strauss & Corbin (1990) described open coding as "the process of

breaking down, examining, comparing, conceptualizing, and categorizing data" (p.61). Open coding involved the procedures of applying conceptual labels to data, and grouping concepts into categories.

Data were read line by line and each unit of analysis coded. Initial codes were primarily descriptive in nature. However, as analysis progressed, codes became more refined to reflect concepts. In this study, inductively-generated codes were used; that is, codes were not predetermined, but rather emerged from the data (Woods & Catanzaro, 1988).

Themes or patterns in the data were identified. Concepts that seemed to pertain to the same phenomena were grouped together to form categories. Throughout analysis, constant comparison across interviews was done to facilitate category development and saturation. A category was considered saturated when no new information was forthcoming (Field & Morse, 1985).

Data analysis in this study was facilitated through the use of analytical memos. Based on the recommendations of Schatzman and Strauss (1973), the researcher used three types of memos or notes. These memos included observational, theoretical, and methodological notes.

Observational notes are statements about an event experienced through watching or listening. In this study, observational notes consisted of the interview transcripts and field notes. Theoretical notes represented the researcher's personal attempts to derive meaning from the data. Methodological

notes reflected an operational act either completed or planned; in this study, the researcher recorded instructions and reminders to herself, as well as concerns about tactics used to collect data.

Data analysis was facilitated through the use of a computer software program, the Ethnograph (Qualis Research Associates). This program assisted the researcher in organizing data analysis by allowing for the input and retrieval of coded segments of data.

### **Trustworthiness**

Several authors have argued that qualitative research cannot be evaluated using the same criteria established for conventional (quantitative) studies, because of differences in the goals and methods of the two approaches (Field & Morse, 1985; Lincoln & Guba, 1985; Sandelowski, 1986; Yonge & Stewin, 1988). In quantitative research, the criteria of internal validity, external validity, reliability, and objectivity are used to establish the scientific merit, or rigor, of a study.

Scientific rigor in qualitative research is determined by assessing a study's trustworthiness - that is, the degree to which the findings of the inquiry are worth considering (Lincoln & Guba, 1985). Lincoln and Guba have suggested that four criteria be used to establish trustworthiness: (1) truth value (internal validity); (2) applicability (external validity); (3) consistency

(reliability); and (4) neutrality (objectivity). Each of these criteria were addressed in this research study.

### **Truth value/Credibility**

The truth value, or credibility, of a study reflects the accuracy of the descriptions and interpretations of the phenomenon being studied (Lincoln & Guba, 1985). Lincoln and Guba have recommended several strategies to enhance the truth value of a study. Strategies employed in this research study included persistent observation, member checking, and use of a reflexive journal.

The purpose of persistent observation is to identify elements in a situation that are most relevant to the issue being pursued, and to focus on them in detail (Lincoln & Guba, 1985). Persistent observation was accomplished in this study through in-depth data collection and analysis. Code and re-code procedures were employed, and recurrent themes were attended to until categories appeared saturated.

Member checking refers to the process whereby data, and interpretation of data, are tested with members of the group from which the data was originally collected. Member checking can be informal or formal, and occurs continuously throughout the research process (Lincoln & Guba, 1985). Informal member checking was employed throughout this study using several techniques: (1) summarizing (both during and at the end of each interview); (2) clarifying (referring data and interpretations of data back to informants for validation or

correction); and (3) validating emerging themes (included statements such as "Other fathers have told me... what do you think about that?").

Formal member checking usually occurs after data analysis is complete; the researcher then goes back to the original informants to validate the findings. Formal member checking did not occur in this study due to the nature of the research. Fathers were interviewed during the later stage of pregnancy (37-40 weeks). Following the completion of data analysis, all fathers had already experienced childbirth. Therefore, the effects of history (childbirth) could possibly bias fathers' responses at that time.

Sandelowski (1986) has suggested that a major threat to the truth value of a qualitative study involves the researcher-subject relationship. A reflexive journal can provide the means by which an investigator may examine the nature of this relationship. Credibility in this study was enhanced through a description and interpretation of this relationship in the researcher's reflexive journal.

#### **Applicability/Transferability**

The second criterion, applicability or transferability, refers to the extent to which the findings are transferable to other contexts and subjects (Lincoln & Guba, 1985). To address this criterion, the researcher provided a complete and clear description of the participants, context, and sampling procedures used.

Sandelowski (1986) identified two threats to the applicability of research findings: "elite bias" and "holistic fallacy". Elite bias refers to reliance on

informants who are "frequently the most articulate, accessible or high-status members of their groups" (Sandelowski, 1986, p.32). Elite bias was acknowledged and attended to in this study. To address the threat of elite bias, the researcher provided a rich description of the sample, in order that other researchers could assess the transferability of the findings to other contextual settings.

Holistic fallacy refers to a tendency, on the part of the researcher, to make data look more congruent than they actually are (Sandelowski, 1986). To address the threat of holistic fallacy, care was taken to provide both supporting and nonsupporting examples. In addition, all theoretical statements made by the researcher are supported with objective data derived from the interview.

### **Consistency/Dependability**

The third criterion, consistency or dependability, is concerned with whether the findings of the inquiry would be repeated given similar subjects and similar contexts (Lincoln & Guba, 1985). Lincoln and Guba have proposed that auditability be the criterion of rigor for consistency; that is, could another researcher follow the same "decision trail" as the researcher and arrive at the same, or comparable, conclusions?

To address this criterion, procedures of the study and methodological decisions were described in sufficient detail, so that another researcher could follow the original investigator's research process. The decision trail used by

the researcher was verified with members of the researcher's thesis committee.

### Neutrality/Confirmability

Lincoln and Guba (1985) have argued that, in addition to examining the process of an inquiry, the external audit must also examine the product - that is, the data, findings, interpretations, and recommendations. Confirmation that the product is supported by the data, and is internally coherent, establishes the neutrality or confirmability of the research (Lincoln & Guba, 1985, p.318). In this study, members of the researcher's thesis committee audited both the process and the product of the research study.

Neutrality refers to freedom from bias in both the research process and product (Sandelowski, 1986). According to Lincoln and Guba (1985), neutrality is achieved when truth value, applicability, and confirmability are established. Thus, the strategies employed in this study to address the criteria of truth value, applicability and consistency, also served to establish the neutrality of the research.

In summary, several strategies were employed to ensure the trustworthiness of this research study. These strategies included: persistent observation; member checking; use of a reflexive journal (to record personal observations, contextual factors, interpretations of data and methodological decisions); and an external audit of the research process and product by members of the researcher's thesis committee.

### **Ethical Considerations**

Measures were taken to ensure the rights of participants during all phases of the research process. These measures included informed consent, ensuring the physical and emotional comfort of participants, and maintenance of confidentiality.

Written informed consent was obtained from all respondents prior to their participation in the study (Appendix I). The researcher provided participants with a detailed written and verbal explanation of the study prior to their signing the consent form. A duplicate copy of the signed consent form was left with the father.

Participants were informed that they could withdraw from the study at any time, and that refusal to participate would not influence their prenatal care in any way. Fathers were told that they need not answer any questions they felt uncomfortable with, and that the tape recorder would be turned off any time they so requested.

Confidentiality was maintained at all times. Identifying data were not included on tapes or transcribed notes; participants were identified by code numbers only. Only the researcher had access to the identifying data/code number combination.

All information sources - including tapes, transcribed notes, consent

forms, and demographic data sheets - were kept in a locked filing cabinet. Following completion of the study, the researcher erased all tapes of the interviews.

Care was taken to ensure the anonymity of all respondents during presentation of research results. Participants provided written permission for future publication through their informed consent. The researcher offered all participants a written summary of the research results following completion of the study.

### **Limitations of the Study**

Several limitations of this research study are acknowledged:

1. Time constraints were imposed on data collection and analysis due to expected delivery dates of the prenatal couples. More time for data analysis between interviews may have allowed the researcher to explore some concepts in more depth.
2. Participants in this study were predominantly Caucasian, middle-class, married men who had attended prenatal classes. The demographic characteristics of these respondents are not characteristic of all expectant fathers. Therefore, results of this study cannot be generalized to all expectant fathers.
3. Given the nature of qualitative research, with its emphasis on the

uniqueness of human experience, findings of this study are not replicable.

However, the purpose of this qualitative research study was not to provide replicable or generalizable results. Rather, this study represents a beginning attempt to understand expectations for childbirth from the perspective of the expectant father. Knowledge generated in this study could provide a basis for future theory development and hypothesis testing. In addition, this knowledge could be used to develop a research instrument to investigate further paternal expectations for childbirth.

### Summary

In this study, an exploratory research design was used to explore and describe childbirth expectations from the fathers' perspective. Ten expectant fathers were interviewed during the third trimester of pregnancy. Latent content analysis was used to analyze the data.

In this chapter, implementation of the research methodology was discussed. Issues pertaining to the trustworthiness of the study, and the rights of the participants were addressed. Finally, limitations of the study were presented. In the following chapter, findings of the study will be presented.

## CHAPTER IV

### FINDINGS OF THE STUDY

In this chapter, findings of the study are presented in four sections. First, a description of the sample is provided. In the second section, fathers' conceptualization of the term "expectations" is discussed. In the third section, findings of the study are presented as they relate to each of the identified research questions, and the concept of control. Finally, additional findings of the study are presented. The chapter concludes with a summary of the research findings.

#### Description of the Sample

Ten fathers participated in the study: Seven fathers were recruited through prenatal classes and three fathers were recruited through word of mouth. Eight of these men were experiencing fatherhood for the first time (primiparous). Two men had experienced childbirth previously (multiparous); each father had one child (ages one and two years respectively). Of the two multiparous fathers, both had been present at the birth of their first child.

All ten fathers had attended prenatal education classes at some point in time. Although neither of the multiparous fathers had attended prenatal classes with this pregnancy, both had done so with their first child. Out of a total of ten fathers, five different series of prenatal education classes had been attended.

All series appeared similar in structure and content; classes focused on pregnancy, birth and the postpartum period (including the newborn), and included breathing and relaxation techniques for labor and delivery. All fathers had attended at least one class during which labor and delivery had been discussed.

The men in the sample ranged in age from 23 to 36 years, with a mean age of 28.8 years. All were married and living with their spouse. Gestational age of the spouse ranged from 30 to 40 weeks, with a mean of 37.5 weeks. Therefore, all fathers were in the third trimester of pregnancy at the time of the interview.

The ten men participating in the study were urban-dwelling Caucasians. One father described his ethnicity as Caucasian, but stated he had "one-quarter Chinese ancestry". English was the primary language spoken for nine of the fathers; French was the primary language for one father, although he was fluent in both English and French.

Educational background of the study participants included: one father who had completed a university degree at the graduate level; four fathers who had completed trade school or community college programmes; four fathers who had completed Grade 12; and one father who had completed Grade 11.

Nine fathers were employed full-time at the time of the interview, and one was employed part-time. Occupational status included: two fathers employed

in professional status occupations; two fathers employed as tradesmen; and six fathers employed in the public service sector (two of these positions were managerial). Demographic data are summarized in Table 1.

**TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE**

<b>AGE</b>		
Range		23-36 years
Mean		28.8 years
<b>GESTATIONAL AGE OF SPOUSE</b>		
Range		30-40 weeks
Mean		37.5 weeks
<b>EDUCATION</b>		
University degree (PhD)		1
Trade school/community college diploma		4
Grade 12		4
Grade 11		1
<b>OCCUPATION</b>		
Professional		2
Public service sector		6
Tradesmen		2
<b>MARITAL STATUS</b>		
Married		10
Not married		0
<b>ETHNICITY</b>		
Caucasian		10
Other		0
<b>NUMBER OF OTHER LIVING CHILDREN</b>		
None		8
One		2
More than one		0

### **Fathers' Conceptualization of "Expectations"**

Most fathers in this study had difficulty articulating how they defined, and used, the term "expectations". The original intent of the study was to describe fathers' expectations for childbirth from a cognitive perspective, that is, what fathers believed would happen during the childbirth experience. However, the difficulty inherent in this approach soon became evident during the interview process; fathers described their expectations both in terms of what they thought would happen (cognitive) and what they hoped would happen (affective).

In an attempt to clarify fathers' conceptualization of expectations, the researcher introduced the following question after the third interview: "Can you describe for me what you mean by the term expectations?" All but one father had difficulty answering this question. Most fathers required further probing by the researcher ie. "Some people see expectations as something they believe will happen; others see expectations as something they desire or hope will happen. How do you see expectations?"

Even with the use of probes, some fathers had difficulty articulating how they conceptualized, and used, the term expectations. Of the four fathers who were able to articulate a definition, three stated that they viewed expectations in a cognitive sense. Another father saw expectations as a combination of what might happen and what he hoped would happen. This father stated:

Well, for me it's a combination of both. You know, I try to think positively. So, in that sense, it's the things I want to happen... But I think, too, expectations have to do with realizing the options that are involved... I mean, I have those expectations sort of on one side of my head knowing that those are things that might happen, as opposed to the other trying to think positively and those things that I want to happen, and trying to balance the two...

Fathers' definitions of the term expectations did not always correspond with their use of the term during the interview. For example, one father defined expectations as what he believed would happen (cognitive), yet frequently made reference during the interview to what he "hoped" would happen (affective) during childbirth.

Most fathers stated that they saw a difference between what they wanted to happen during childbirth and what they believed would happen. However, the researcher found it difficult, at times, to decipher whether fathers were referring to the cognitive or affective components of their expectations. Fathers often used cognitive and affective aspects of the term interchangeably when describing their expectations for childbirth.

Therefore, in order to enhance the richness of the data, no attempt was made to limit discussion to fathers' cognitive expectations, as was originally intended. Fathers' expectations for childbirth, as described in this research study, reflect the viewpoint of the participants themselves.

### **Presentation of the Findings**

Findings of the study are discussed in this section as they relate to the following research questions:

1. What expectations do expectant fathers have regarding the childbirth experience?
2. What factors influence the development of these expectations?

#### **RESEARCH QUESTION #1:**

##### **Description of Fathers' Expectations for the Childbirth Experience**

During data analysis, three categories of expectations emerged. Fathers' expectations for childbirth are discussed here according to each of these three categories: (1) fathers' expectations for themselves; (2) fathers' expectations for significant others; and (3) fathers' expectations regarding the childbirth process.

##### **Fathers' Expectations for Themselves**

Fathers appeared to have certain expectations for themselves regarding: (1) the role they expected to enact during childbirth (role expectations); (2) how they expected to feel; and (3) how they expected to react.

### Role Expectations

Role expectations, as used here, refers to fathers' beliefs about what they would be doing during the childbirth process. Fathers' role expectations were classified according to three identified roles: (1) Support role; (2) caretaker role; and (3) spectator role.

Support role refers to fathers' beliefs about what they would do to assist their partner through labor and delivery with a minimal amount of pain and discomfort. All fathers expected to assume a support role; fathers perceived partner support to be their primary function during childbirth. Two dimensions of the support role were identified: physical support and emotional support.

Physical support encompassed two aspects: comfort measures (such as back massage, walking with wife, and getting drinks of water); and coaching activities (such as assisting wife with breathing and relaxation techniques). Emotional support was often referred to as "being there for my wife", and consisted of activities such as the father holding his wife's hand, talking to her, calming her down, and trying to distract her from the pain of childbirth.

All fathers described elements of both emotional and physical support when describing their supportive role. However, not all fathers expected to be able to fulfill all aspects of this role. For example, one father felt he would be unable to provide physical comfort for his wife, but still expected to be an emotional support for her. This father perceived his role as "trying to make

her happy", but stated "I don't think I'm going to be able to... you can't comfort someone when they're going through that". However, this same father commented "I think I'd still be a support... I know I would be a support".

Although most fathers saw support as primarily their role, some fathers were willing to abdicate various aspects of this role under certain conditions. One father stated: "If we don't need them (health care providers) fine, but if we do need them then we'd like them to be there". Another father, whose attendance at birth was uncertain due to career commitments, described two scenarios. In the event of his presence during the childbirth process, this father expected to assume responsibility for both emotional and physical support for his wife. However, in the event of his absence, he expected health care professionals to assume responsibility for the physical support, and his wife's friend (labor coach) to provide emotional support. His expectations in this regard assumed both a cognitive and an affective nature, as indicated by the following comments:

It's basically the hospital's responsibility to supply the juice and the medicine, etc. Her friend's there as an emotional support to her, not as a physical support. (COGNITIVE)

Well, I hope that they're supportive because I won't be there... And I hope that they're there to administer any drugs that need to be administered or if she needs a drink of apple juice that they bring a drink of apple juice in. (AFFECTIVE)

In addition to assuming a supportive role during childbirth, four fathers expected to assume a role of caretaker. This caretaker role involved activities fathers expected to undertake in order to ensure that their wife's needs were met during the childbirth experience. Two dimensions to this role were identified: an advocate function and a protective function.

The advocate function usually involved some form of interaction between the father and caregivers, initiated by the father on behalf of his wife. This function was indicated by comments such as "I'm going to have to really stand up for her at that point (late labor) because she'll be sort of incapacitated." This same father saw his role as "making sure the birth plan is upheld... the soldier, I guess, plus the rule enforcer." Another father commented "I'm going to have to... be there to express any of the wife's wishes."

The protective function involved activities fathers expected to undertake in order to protect their wife from unnecessary harm or discomfort. Both multiparous fathers in this study expected to assume a protective function. For both men, this appeared to be related to their previous experience with childbirth. For example, one father stated "I wouldn't leave (wife) alone again. I would insist that someone come and take over whatever I was doing, massaging or whatever."

The other multiparous father compared his wife's first childbirth experience to that of a "guinea pig", with too many people (health care

professionals) "prodding her". This father attempted to protect his wife from this happening again by providing a substitute, or coach, in his absence. He stated:

I was worried about her because she had such a bad time with the first one that I didn't want the same thing to start happening, and for her to be all stressed out... You don't like people prodding in your wife... So, we had someone fill in for my spot, one of her good friends.

In general, a father's expectations regarding his role as caretaker involved some form of active participation undertaken on behalf of his wife. However, not all fathers expected to be actively involved in the childbirth process. Several fathers (n=5) expected to assume a spectator role.

Spectator role, as used in this study, refers to fathers' expectations that they would function as a participant observer during childbirth, rather than an active participant. These fathers expected the focus of attention to be on the mother; they saw themselves as being "on the sidelines" and "of secondary concern". One father commented "I don't think they (health care providers) will talk to me. I think they're mostly going to talk to (wife)." When asked why he felt this way, he stated "because... isn't the woman the patient?"

Comments made by another father clearly illustrate this notion of "father as spectator":

I have thought about this on occasion, not often, but the idea that you are just a spectator there. If you want to be sort of a participant you can't...

she's having it, someone's delivering it, and you're basically watching. I mean, you're being supportive in the fact that you're there or whatever, but you are a spectator so you are behind the glass or on the sidelines. Sometimes that can be a hard role, because you don't know what to say or do or you're lost. So I've thought about that. But, on the other side of that, I wouldn't want to be anywhere else but watching. I mean, you'd feel even more outside if you weren't.

This father felt that you could be a spectator and still be involved. He stated "You know, it's like watching your kid play soccer. You're on the sidelines but you're there. You know they can see you. They know you're there". All five fathers who expected to assume a spectator role shared the belief that they could support their partner by "being there". Thus, these fathers expected to assume a spectator role in addition to a support role.

In summary, all ten fathers perceived their primary role during childbirth to be a supportive one. In addition, some fathers (n=4) expected to take on the role of caretaker. Other fathers (n=5) saw themselves as spectators or participant observers. None of the fathers in this study expected to assume all three roles, and one father identified only a support role for himself.

Generally speaking, fathers' expectations for a supportive role seemed to coincide with the early to middle phases of labor; expectations for the caretaker or spectator role usually coincided with late labor or the delivery stage.

## Feelings

In addition to what they expected to be doing during childbirth, fathers had expectations for how they would be feeling. All fathers expected childbirth to be a time of intense emotion. Fathers' comments generally reflected a positive affect; only one father added the proviso "as long as it (baby) is healthy".

Labor presented a somewhat different picture. Some fathers (n=3) expressed feelings of nervousness, fear, and even panic during labor. One father stated: "Anybody who doesn't tell you they feel panic, fear and uncertainty is lying".

However, the predominant feeling expressed by most fathers in this study related to a feeling of helplessness. Six fathers expressed a feeling of helplessness related to their perceived inability to relieve their wife's pain. When asked how he expected to feel during labor, one father replied "useless". Another father commented:

The part about my wife being in pain through the process, that bothers me... I don't like to see anybody in pain, especially my wife... I guess I feel in a way helpless. I would like if there was something I could do to ease her pain... but I guess there's not really much you can do, just to go through it the best you can.

## Reaction

Although fathers generally had a notion of how they would feel during childbirth, they were not always able to articulate how they would react. For three fathers in particular, this uncertainty caused considerable anxiety. One father repeatedly mentioned his fear of "passing out". He stated: "I figure by the time it's over I'm going to be a basket case... I'm looking forward to it, but I'm not looking forward to it because I don't know how I'm going to react. It's kind of trial by ordeal for me".

Another father initially stated that he did not know how he would react. However, he then went on to describe reactions for both himself and for his wife. This father stated: "I can already see our faces at that point (delivery)".

One father identified both affective and cognitive expectations regarding his anticipated reaction during childbirth. This father both desired to, and believed he would, be strong and "in control" during labor. However, he expected to lose control over his emotions at the time of delivery. He stated:

The labor... hopefully (AFFECTIVE)... I think (COGNITIVE) I'll be strong, because I really want to be a coach. I want to really help her along. I think when the baby arrives I'll be a mess... I think at that point I'll just take a few minutes and just bawl my eyes out, and laugh and cry and whatever happens. Just totally get lost in the emotion of it all and then try and get back in control.

Three other fathers expected to react with "tears of joy" at the time of

delivery. Generally speaking, fathers were able to articulate their reactions during delivery more clearly than their reactions during labor. Fathers' reactions during labor appeared to be one of the "unknowns" associated the childbirth experience. Fathers' expectations did not appear as vague, however, with regard to the anticipated reaction of their partners.

### Fathers' Expectations Regarding Significant Others

In addition to expectations for themselves, fathers described expectations for significant others involved in the childbirth process. Significant others, as used here, refers to the father's partner (wife) and health care providers involved in the childbirth experience. In this study, health care providers included nurses and medical doctors, which is reflective of the present Canadian health care system.

#### Partner

Fathers' discussion of expectations for their partner focused primarily on two phenomena: (1) the pain their partner would experience during childbirth, and (2) the partner's expected reaction to that pain. Most fathers (n=7) believed that their wife would experience a great deal of pain during childbirth. Of these seven fathers, six expected their wives to have difficulty coping with the pain. Fathers used terminology such as "freak out", "flip out", "screaming and hollering", "telling me off" and "saying things they wouldn't normally say" to

describe their partner's reaction.

For some fathers, expecting the mother to "freak out" seemed to be a way of preparing for such a reaction and "not taking it personally". As one father stated, "I think the key is knowing that they're going to freak out though. I mean, if you don't know and they do, you take it personally. So I know she will".

Although most fathers appeared to have clear expectations regarding pain and their partner's reaction to the pain, this did not appear to hold true with regard to pain relief. Only two fathers were able to articulate their expectations with regard to their partner's use of analgesia/anaesthesia during childbirth. These two men indicated that their partner "would not use any medication at all".

Other fathers indicated they were aware of the options available. However, five of the fathers expected their wife to make this decision, and two were "leaving it up to the doctor". Thus, although fathers were aware of the alternatives, they did not appear to have preconceived expectations regarding their partner's use of medication for the relief of pain.

### Health Care Providers

In addition to expectations regarding their partner, fathers had certain expectations regarding health care providers. These expectations related to the attitudes, presence, and expected roles/functions of both doctors and nurses.

Both multiparous fathers based their expectations for health care providers on their previous childbirth experience. One father stated:

We also know a bit more what to expect this time, so I think we can make use of the people that are there for the benefit of everyone. If we don't need them, then fine, but when we do need them then we'd like them to be there.

First-time fathers, however, were not so clear on what to expect, nor what would be expected of them. One father commented "I don't know if they (health care professionals) will expect as much from myself personally, being a first-time father". Another commented:

I'm assuming since they're professionals and they've gone through it lots of times, they're going to be a little bit more aware of what to expect from us than we will to expect from them.

Not knowing what to expect did not prevent fathers from developing expectations. Fathers expressed certain expectations regarding the attitude of health care professionals. One father envisioned himself in a partnership with health care providers. He stated:

I think in this day and age... they like having a coach there, or a partner of some kind... I think they like to have that liaison... I think they respect it... I think they appreciate it as long as someone's not too rude... I think it's going to be me working with them.

Other fathers (n=4) believed that health care professionals would see them as "getting in the way". One father commented: "I think their attitude is

going to be just stay out of the way. We've got a job to do and you can be there, but just don't get in the way". All four fathers perceived this attitude to be acceptable. One father stated:

Certainly I don't want to get in the way in any way... I have to be prepared that I may be asked to leave, or that I may have to be put aside or whatever. I mean, that's just taking a common sense approach to it.

Another father commented: "They're professionals, and I feel they have a right to call the shots".

Other fathers (n=4) expressed similar feelings of confidence in health care providers. This confidence related to the perceived expertise and experience of health care personnel. However, one father felt that health care professionals were probably more confident dealing with mothers than fathers.

He stated:

I think they (health professionals) are used to it and probably know how to handle it. They know how to handle a mother for sure. Maybe sometimes they don't know how to handle the partner, depending on their attitude and their point of view.

Four fathers expressed a desire (affective expectation) for health care professionals to keep them informed during the childbirth experience. This desire for information related to two areas: roles (what the father and his partner were "expected to do"), and process (what was "going on"). All four fathers believed that this expectation would be met, either by the nurse (n=2);

the physician (n=1) or "hospital professionals" in general (n=1).

In addition to providing information, fathers expected nurses to carry out several other functions. These included: monitoring functions (such as checking vital signs and checking the progress of labor), and supportive functions (providing comfort measures and assisting with breathing/relaxation techniques).

Four fathers saw the nurses' primary role as that of a support person. Of these four, two fathers saw the nurse as the "biggest support person" and "the ones doing most of the comforting"; the other two men saw the nurse's supportive function as secondary to that of the father. Although nurses were perceived primarily as support persons for the expectant mother, two fathers expressed a desire for nurses to attend to their needs during labor and delivery, as well as those of their partner.

With regard to the nurses' presence, most fathers (n=6) expected the nurse to be "on call", "going in and out of the room", but "available if needed". Generally speaking, this was considered satisfactory "as long as everything was okay". One father stated: "I'd be quite happy if they left us alone as far... if we're doing fine, if we're managing the breathing and I can make (wife) comfortable". However, this desire for independence was not shared by all fathers. One father stated: "I really think the ideal thing in any birth is to have one of your prenatal type instructors there going 'okay it's time to...' ".

Thus, fathers differed in their affective expectations regarding the nurses' presence. However, cognitive expectations generally reflected the belief that nurses would "be around more than the doctors". Most fathers (n=8) envisioned the physician as "just showing up for the delivery". Only two fathers saw monitoring the progress of labor as the physician's function. One father stated:

I imagine the nurse will be more like a coach... talking to my wife and calming her down. The doctor I guess will be monitoring to make sure the delivery's coming on fine.

Hopefully, I'm expecting to hear a lot from the doctor she's with now. I'm sure he'll have a lot to say, and I'm sure he'll be filling us in on more of what to expect and what to do.

Although most fathers expected the physician to be present only for delivery, fathers still perceived the physician to be the ultimate authority. Nurses, on the other hand, were expected to function as "assistants to the physician", particularly during delivery. One father stated: "Well, you obviously have the doctor calling the shots". Another commented: "The nurse can't be really helpful with the pain unless the doctor specifies for an epidural or whatever".

In summary then, expectant fathers in this study were able to articulate certain expectations for both themselves and significant others involved in the childbirth experience. In addition, fathers were able to describe expectations regarding the actual childbirth process.

### Fathers' Expectations Regarding the Childbirth Process

Fathers' expectations regarding the childbirth process included: expectations about labor, delivery, and the immediate postpartum period; as well as expectations regarding the birth environment. Although four fathers initially stated that they did not know what to expect, all fathers were able to articulate expectations regarding various aspects of the childbirth process.

Some fathers were able to articulate their expectations more clearly than others. Five fathers stated that they had clearly envisioned the childbirth event in their minds. These fathers provided a detailed picture of what they believed was going to happen during childbirth - a process similar to an "imaginative rehearsal" for the childbirth experience.

For most fathers, this imaginative rehearsal for childbirth occurred during the third trimester. One father, however, recalled his thoughts when he first learned his wife was pregnant: "... I was probably thinking about how (wife) would react and how I would react to her, you know, to try to be the so-called coach or supportive spouse." For this father, imaginative rehearsals began in the first trimester, but became "more detailed" as the pregnancy progressed (particularly during the third trimester).

This father perceived imaginative rehearsals as important components of planning for any event. He stated:

I think you have to have a plan in your mind  
about how you want to try to approach situations,

and different options, so that when a situation presents itself you aren't totally lost... I think it's good to think about it ahead of time because sometimes if you were just put in a situation and a lot of things were happening quickly, you might not have all your wits about you. You might not be making the right decision.

Thus, for this father, imaginative rehearsals provided a form of mental preparation. Another form of mental preparation employed by several fathers (n=5) involved consideration of a "worst case scenario". These fathers thought about the worst possible situation that could happen to them during childbirth. One father stated: "I kind of look at it from best case, worst case, and hope that we'll find a middle ground in there someplace".

One father described this process as "preparing for the worst." He stated:

I don't think it would have been good if I heard nothing but good stories all the time, and then you go in there and 'wait a minute, this isn't supposed to happen'. So, when you kind of hear the bad side, and obviously you know some of them go very good, and you're prepared for everything. Then, I think, I'm better off that way.

Preparing for the worst sometimes involved fathers' consideration of possible complications. Although six of the fathers mentioned the possibility of complications during labor and delivery, four did not. Similarly, only half of the fathers (n=5) had considered the possibility that their wife might undergo a Caesarean Section birth, even though all fathers stated that Caesarean births had been discussed at prenatal classes.

One father, when asked if he and his wife had considered the possibility of a Caesarean birth, replied:

No. We're sort of going by what has happened in her family - well, her sister anyway - and they are both big girls, big-boned. I know that has nothing to do with the size of the hips and stuff, and the pelvic area, but we'll see. I mean, we're going to hopefully not have to do that. We haven't talked about it that much. I guess we should. That's a good point.

Similarly, another father had not considered the possibility of a Caesarean birth because his wife had delivered their first child vaginally.

Only three fathers discussed their expectations for themselves in the event of a Caesarean birth. Two fathers expressed a strong desire to be present during the birth. One had already discussed the matter with his doctor, and the other stated: "I'd do my damndest to try and be there. I'd wear any sort of clothing or masks or headwear or anything". Another father, however, was totally adverse to being present. This father stated: "... if something goes wrong and she has to have a C-Section, I'm out of there. Like, that would be too much for me... I'm not too happy about being there for a normal birth, let alone if they start cutting".

Two fathers stated they would be disappointed if their wives had to undergo a Caesarean Section. However, most fathers tended to put more emphasis on the product of birth (healthy mother and child) than on the process of birth. For example, one father remarked: "... as long as the baby comes

out of it healthy and without any problems, then if a C-Section is necessary, it's necessary".

Two fathers commented that having a vaginal delivery seemed to be more important to women than men. One father stated: "We're hoping that it's a vaginal delivery and that everything's okay... I mean, I don't know, I think once the baby comes out, it doesn't really matter in the end. But a lot of women want that experience".

The issue of control appeared to influence fathers' expectations with regard to Caesarean birth. Generally speaking, fathers expressed a fatalistic attitude, indicated by comments such as "if that (Caesarean birth) happens, it happens, and it's beyond our control".

Length of labor was another aspect of the childbirth process that fathers perceived as beyond their control. Eight fathers identified approximate lengths of time they believed their wife would be in labor, although all acknowledged an element of unknown in this regard. Expectations regarding length of labor ranged from 6-8 hours to 12-48 hours. Both multiparous fathers expected labor and delivery to be shorter this time than previously, based on a belief or feeling that subsequent labors are shorter than the first. One father stated: "We just have this feeling that this time... and generally it's faster the second time around... but we think that this time it's going to go very fast".

In addition to expectations regarding the type of delivery and the length

of labor, fathers also identified expectations regarding the birth environment. All ten fathers expressed a desire that their wives would deliver in a birthing room. Three fathers expressed the belief that this environment would be more comfortable "than being on a girly in a hospital room".

One father believed that a birthing room environment would ease the pain associated with childbirth. He stated: "the more comfortable you are (in a birthing room compared to a labor room), the easier to take pain and stuff". Another father stated that a birthing room "would put the father, as well as the mother, at ease... rather than the cold stainless steel look of the old style delivery room".

Thus, fathers perceived numerous benefits to be associated with a birthing room environment. However, fathers' generally expressed their expectations in an affective sense, rather than a cognitive sense. That is, although fathers expressed a desire for a birthing room environment, most stated that this depended upon the availability of a birthing room within the health care institution.

Another expectation that emerged regarding the birth environment related to fathers' beliefs about "blood and gore". Four fathers expressed the belief that childbirth would be a "bloody and gory" experience. One father described his expectations in the following manner: "... there's sort of all this fluid and blood and things all over the place. And you know, if you don't work in a

hospital or a slaughter house, I mean, you're not used to that... the blood gushing, the mucous and everything". Based on this belief, the father expected the experience to be a "little bit scary". Only one father, however, expressed concern about being able to "handle the blood and gore" associated with childbirth.

Generally speaking, all fathers had formulated expectations regarding some aspect of the labor and delivery experience. Not all fathers, however, could envision the entire childbirth process. Two fathers stated that they could see the beginning of labor, but not the end. One father stated: "I picture it at just the beginning of the labor, not the giving birth. I've never pictured that. But the first stages of labor, yes, I can see ourselves...".

Two other fathers stated they had "not thought much past the actual delivery". Some fathers, however, were able to articulate clear expectations for the immediate postpartum period. Five fathers described expectations relating to physical aspects of care during the postpartum period. These included: "delivering the placenta"; "checking the baby"; "cleaning the baby"; as well as "cleaning up" (the environment).

Most fathers expected health care professionals to carry out these functions. Only one father expected to participate in any of these activities. This father described his role as "washing the baby up... if they (health care professionals) will let me". Two other fathers described their role during this

time as "being there"; these men fantasized about family scenarios which included themselves, their wife and child, and extended family members.

Other fathers did not identify any perceived role for themselves during the immediate postpartum period. Generally speaking, fathers expected the focus of attention during the immediate postpartum to be on the mother and infant. Although several fathers stated they were uncertain as to who would hold the baby first, three men thought that it would probably be the mother. None of these fathers appeared upset by this, and expressed comments such as "I think it would be more appropriate to go into her arms right away".

Four fathers mentioned the topic of parental-infant bonding. Of these four, three fathers believed that father-infant bonding would occur in the immediate postpartum; one father believed that paternal-infant bonding would not occur at all. One multiparous father believed that father-infant bonding had occurred immediately after birth of his first child, and expected that the same would happen during this childbirth experience.

The other multiparous father believed that father-infant bonding does not occur during the postpartum period, because of the focus on the mother-child relationship. He stated:

It doesn't happen. Well, right after it doesn't happen that much, because the first thing they do is they give it to the mother. Then an hour or so later it's put on the breast of the mother so it gets it's first colostrum and stuff. So there's really not much bonding to go on with the father. It's mostly the mother-child.

This same father thought that men should be present at childbirth in order to fully understand the nature of the maternal-child relationship. He commented:

I think it's good for the fathers to be there because then they get to see what really goes on. And they get to see why the mother gets so attached to the child, why the child is so attached to the mother and not to him.

Thus, some fathers appeared to have clearly articulated expectations regarding the nature of the father-infant relationship. Fathers' expectations regarding the infant, however, were not as clearly formulated. Two fathers mentioned that the child "might" not come out looking "like a doll". However, no fathers provided a clear description of what the infant "would" look like. Similarly, fathers did not specify their expectations (either affective or cognitive) regarding the sex of the child. Fathers seemed to regard the child's sex and appearance as two of the "unknowns" associated with the childbirth experience.

In summary, fathers in this study were able to articulate expectations for both themselves and significant others involved in the childbirth process. In addition, fathers appeared to have expectations regarding what the actual experience would be like. Fathers' expectations assumed both a cognitive and an affective nature. In response to the first research question, fathers' childbirth expectations have been described as portrayed by the respondents themselves.

The second research question is addressed in the following section. Factors which appeared to influence the development of fathers' expectations for childbirth are discussed.

**RESEARCH QUESTION #2:  
Factors Influencing the Development of Fathers' Expectations  
for Childbirth**

Five factors appeared to influence the expectations held by the expectant fathers in this research study. These included: (1) experience; (2) timing; (3) perception of self; (4) meaning attached to the childbirth experience; and (5) normative expectations.

**Experience**

Two types of experience appeared to influence fathers' expectations for childbirth: (1) direct experience, and (2) indirect experience.

**Direct experience**

Direct experience refers to fathers' participation in, or contact with, an actual event or situation. Two types of direct experience seemed to influence fathers' childbirth expectations: (1) fathers' previous experience with childbirth, and (2) fathers' experience with other life events (either past or present).

For both multiparous fathers in this study, their previous experience with childbirth appeared to exert the most influence on their present expectations.

Whether discussing anticipated feelings, reactions, or expectations regarding the process itself, fathers frequently made reference to their past childbirth experience. Both multiparous fathers expected this birthing experience to be similar to the first. The only exception involved the length of time spent in labor, and both fathers expected this labor to be faster than the first.

Both fathers acknowledged the impact that their previous childbirth experience had on their current expectations. One father stated: "... you have nothing else to pick your brains for. You've seen it done once, and that's what keeps flashing back into your mind every time you've got to go do it again".

Similarly, the influence of past experience became evident in other situations. For example, although one father had not experienced childbirth, he had experienced a previous spontaneous abortion. This father had been reluctant to set any expectations until the "magic period of 20 weeks". He stated:

I guess I had flashbacks to the first pregnancy and what happened, how disappointing it was and that sort of thing...we were a little reserved about everything because of the miscarriage the year before. We didn't want to get too excited about it, kind of thing, in case we were let down again.

This father's direct experience with spontaneous abortion appeared to influence when he began to think about, and set expectations for, this childbirth experience. Similarly, other fathers' direct experience with events not directly related to childbirth appeared to influence their expectations as well.

Three fathers, who had not yet experienced childbirth, frequently made analogies to other life events when discussing their expectations. For example, one father stated: "I guess I kind of have to go by my own experience (in the work setting). If you're really concentrating on something, you're kind of oblivious to who's around you and what's around you and just focusing on what's at hand".

Another father stated: "I don't want to get too many expectations about it (childbirth) because I found from my experience, for me anyway, that most things, if you get too many expectations, sometimes it doesn't live up to it". Thus, fathers' direct experience with both childbirth and other life events appeared to influence the expectations they set for this childbirth experience.

### **Indirect Experience**

In addition to direct experience, indirect experience appeared to influence fathers' expectations for childbirth. Indirect experience refers to information about childbirth that expectant fathers were exposed to through a variety of informational sources, excluding direct involvement in a childbirth situation. Indirect experience is discussed here according to two types: formal and informal informational sources.

Formal information sources consisted primarily of information obtained at prenatal education classes. Only one father had discussed his plans for the childbirth experience with the physician, and this occurred on only one

occasion. All other fathers stated that their wives were the ones who "talked to the doctor" about any matters concerning childbirth.

All but one father had favorable comments regarding prenatal classes. These fathers believed that the classes had prepared them for "knowing what to expect". Positive aspects/advantages were cited, including: provision of new information; clarification and/or confirmation of information heard previously; alleviation of fears; reassurance (regarding breathing techniques); mental preparation for childbirth; preparation for parenting; facilitation of discussion about childbirth between husband and wife; and group support.

The one father who expressed disappointment with prenatal classes had not attended classes with this pregnancy, but had done so with the first. This father's disappointment related to the fact that his expectations did not match the reality of the experience. This disappointment is illustrated by the following comments:

We went through all these prenatal classes, and learned about focal points and breathing techniques, which you don't use when you go into labor... The whole thing was a waste of time. The whole prenats were a waste of time, because I was trying to do what they said to do in the prenatal class, and I wasn't doing anything for my wife.

Like I said, I was disappointed with the classes. They had built you up to make it like it was, everything was going to go on the time clock, and that all this breathing and stuff was going to be good. And it wasn't. It wasn't what she needed at the time and that perturbed me. So we spent 6

weeks going to these things, and there wasn't really anything relevant to the class as to what happened in the delivery room.

According to this father, prenatal classes had not prepared him for "knowing what to expect", and were viewed unfavorably. Whether prenatal classes were perceived as favorable or unfavorable, all ten fathers believed that the classes had influenced their expectations for childbirth in some way.

Several fathers indicated, however, that they had certain expectations before attending prenatal classes. For example, one father, when asked whether or not he thought prenatal classes had influenced his expectations, replied:

I would have to say yes. More on a confirmation thing. Most of the information I'd heard about or had previously. But, sort of when it's given to you in a package, and when you can actually see things like films as opposed to people just describing it, it adds a little bit of a more realistic idea to the whole thing.

For this particular father, and others (n=7), audiovisual materials appeared to have a strong influence on childbirth expectations. Audiovisual materials identified as particularly influential included videos/films about birth that fathers had seen in class (n=7), as well as television shows depicting labor and delivery situations (n=3). One father stated: "There's a lot of pain involved (in childbirth), and I never had any idea until I started seeing the videos in class. I mean, it was a real shocker".

Reading did not appear to have as strong an influence with this

particular group of fathers. No fathers mentioned reading when asked to identify variables that they felt had influenced their expectations for childbirth. However, with further probing, four fathers stated that reading "might" have influenced their expectations. Reading material, for these fathers, consisted primarily of lay literature (such as popular magazines), and materials distributed at prenatal classes. Only two fathers stated they had read about childbirth prior to class attendance.

Nine fathers believed that verbal information provided at class had influenced their expectations. Most fathers described this information as "useful" and "informative". However, a few fathers (n=3) stated that they would have liked more content about fathers. Two men identified a lack of content about men's feelings. One father stated:

You don't really seem to talk about it (father's feelings). A lot of times I feel, other than the fact like the films and the information you get, you almost feel like a fifth wheel in a lot of those classes, because they're dealing with how the woman's feeling, how you know this is going to happen and that's going to happen, and these are the breathing exercises. And you're going 'well, breathing exercises aren't going to do a darn thing for me. So you almost feel like the classes are structured for the women and how the women are feeling and what the women are going to be going through... But you've also got your husband going 'what do I do when she starts screaming', and 'what do I do... ?'

Generally speaking, most fathers believed that prenatal classes had

prepared them for "knowing what to expect". Formal information provided through prenatal classes appeared to influence the expectations fathers held for the childbirth experience.

Informal information sources appeared to influence fathers' expectations as well. Reference group relationships of the father provided the primary source of informal information. Fathers' reference group relationships included significant others (such as family and friends), and generalized others (such as peers and other expectant fathers).

Most fathers (n=7) believed that stories told by others had influenced their expectations. One father, when asked to identify what he thought had influenced his expectations for childbirth, stated "experiences from my friends and the Lamaze classes, definitely". When asked if the other men in the class had influenced his expectations, this father responded negatively. He commented: "A lot of them seemed to be as naive as I was, and they were asking questions. And I really could care less what they thought". In this instance, and others, the amount of influence attributed to a particular information source appeared to parallel closely the perceived credibility of the source.

For some fathers, seeking information from members of one's reference group appeared to be an important part of preparing for the childbirth process. One father stated that he had been "asking questions to everybody... how it

was during labor, how did they feel, is it really like they say it is, and stuff like that?"

Similarly, some fathers commented that once they were "in the situation" (expecting a child), people tended to volunteer information, and would tell them stories about their own childbirth experience, or that of others. Expectant fathers described these stories as follows: Fifteen were told by men and related to the experience of fathers during childbirth; three were told by women and related to the women's personal experience; and four were told by "friends" (gender unknown) and related to the childbirth experience in general.

In all instances but one, stories told by other men were told by men of the same cohort group as the expectant father. Only one expectant father had discussed childbirth with his own father and grandfather. Another father commented that, although he had a close relationship with his father-in-law, the topic of childbirth had never been discussed. This father stated:

It's funny. Like, I'm really close to (wife's) father, but the subject never seemed to come up. I never raised it, and he never brought it up either. A couple of fathers I talked to were...friends of mine.

Thus, informal information sources that appeared to have the most influence on fathers' expectations were generally from the same generation as the father, and were perceived by the father to be a credible source. Information provided by others, both formally and informally, appeared to

influence father's expectations for the childbirth experience.

In summary, experience was identified as one variable which appeared to influence the development of paternal expectations for childbirth. Two types of experience were identified: direct and indirect experience. Expectations set by multiparous fathers appeared to be heavily influenced by their previous experience with childbirth (direct experience). Two factors appeared to influence the expectations of primiparous fathers. These included: (1) direct experience in life events other than childbirth, and (2) indirect experience, provided through information received from others.

### Timing

Timing was another variable found to influence paternal expectations for childbirth. Timing, as used here, refers to the time when expectant fathers began to think about, and set expectations for, the childbirth process. Two aspects of timing found to have particular relevance in this study included: "being in the situation" and the stage of pregnancy.

Being in the situation refers to fathers' being in the position of expecting a child. Fathers appeared to have an increased susceptibility to certain influences at this time. Information about childbirth appeared to take on a new significance, or personal relevance, for fathers once they were expecting a child.

Some fathers (n=3) mentioned feeling differently about childbirth stories

at this time, as compared to before their wife became pregnant. One father stated:

I probably wasn't as interested, or I probably couldn't or didn't want to relate as much as now, because I'm an expectant father. I take much more interest in what they're saying, and ask more questions and am more curious...

Actually anything - whether it be in the papers, magazines - any information about childbirth or raising a baby caught my eye. I'm in that situation and I feel I should know as much as I can and so I pay more attention to it.

This father summed it up by saying "I think it's like anything else. Once you're affected by something, you tend to pay more attention".

Although fathers appeared to be more receptive to information about childbirth during this time, "being in the situation" did not automatically preclude fathers' developing expectations for their own experience. Stage of pregnancy appeared to be an important factor here.

Most fathers stated that they did not begin to "think seriously" about, or develop expectations for, the actual birthing experience until their third trimester. For seven fathers, this corresponded with their taking prenatal classes (third trimester). Three fathers mentioned having thoughts about labor and delivery when they first learned their wife was pregnant. However, they stated they did not "get into the details of it" until the third trimester. One father, when asked when he began to think about labor and delivery, responded:

From my standpoint, probably not until just around the prenatal classes starting. (Wife) had seemed to be talking about it more, and I had a general idea in my head about it, 'cause I know she's quite concerned about the pain involved and a little bit apprehensive... You know now there's no turning back, and I would sort of think about that in a round about way, but not seriously. And then, when we started the prenatal thing (prenatal classes) and all of a sudden, you know, they're describing everything, and they show these films, and babies are popping out left and right... I mean, it sort of hits home. Oh my goodness, it's going to happen. So... since then, I mean, it's sort of that picture in your head. And that started about two and a half months ago (beginning of third trimester).

This father's comments reflect a difference noted between when men and women began to develop expectations for the childbirth process. Several fathers (n=4) commented on how their wives began thinking about, talking about and reading about childbirth soon after learning they were pregnant. However, these fathers stated they could not "get into it" until closer to the time. One father stated "it seemed like it was so far away". Another father, who stated he did not think about labor and delivery until the second last prenatal class, commented: "I never got into it (labor and delivery) too much before that... everything else I needed to learn was more important".

Although fathers did not often think about the actual birthing experience until the third trimester, they did think about other aspects of their impending parenthood during the first two trimesters. For the most part, fathers tended to

focus on finances and the responsibility of becoming a father during the first trimester. Health of the mother and babe also appeared to be a concern for fathers at this time, particularly if the mother was experiencing any physical discomforts (such as nausea or fatigue).

During the second trimester, fathers' thoughts tended to focus on preparations for the baby. Only one father mentioned thinking about labor and delivery during this time. Another father commented: "I guess we figured once we start taking these classes (third trimester) there'll be plenty of time to think about the actual experience".

As well as a time to think about the impending birth experience, one father identified the third trimester as a time for finalizing plans. This father described his thought processes during pregnancy as follows:

I guess the first things (first trimester) were like the whole family picture. The second trimester was more personal things, like what we were going to call him or her, and what we were going to do for a car seat, and if she was going to breastfeed or not, circumcise...and oh, there was a bunch of things like that... And the last (third trimester) is now deciding. That's what we're trying to do, is just decide on everything.

In general, most fathers began to think about some aspects of their impending parenthood during the first two trimesters of pregnancy. However, fathers did not appear to develop specific expectations for the childbirth experience until around the third trimester of pregnancy. Fathers' thoughts and concerns during the three trimesters of pregnancy are summarized in Table 2.

**TABLE 2: FATHERS' THOUGHTS AND CONCERNS DURING THE THREE TRIMESTERS OF PREGNANCY**

**TRIMESTER 1**

- "the family picture"
- finances
- father's job security
- health of mother (nutrition, rest/activity)
- physical discomforts of mother (nausea, fatigue)
- continuation of pregnancy (related to spotting and previous miscarriages)

**TRIMESTER 2**

- "personal things" (name for baby, car seat, decisions about breastfeeding and circumcision)
- health of mother (nutrition, rest/activity)
- "started noticing" physical and emotional changes in mother
- "started making plans" (prenatal classes, financial planning, physical preparations for baby)

**TRIMESTER 3**

- time for "finalizing plans"
- characteristics of unborn child (sex, temperament)
- labor and delivery

### Perception of Self

Perception of self was another factor which appeared to influence fathers' childbirth expectations. Perception of self refers to fathers' beliefs about their own personality attributes and characteristics. Fathers' perceptions of themselves were often related to their beliefs about how they would act, and react, during childbirth. This is illustrated in the following comments made by one of the fathers. This father stated:

I think it has to do with your own personality. I mean, I try to be fairly calm and not get too worked up about things generally, so I'm not the type to overreact.

It (childbirth) is like anything in life. If there's anything to be learned or experienced, I want to stick my nose in.

Seven fathers used adjectives to describe personality traits which they felt would influence their actions and reactions during childbirth. These included: sensible; logical; calm; sensitive; a worry wart; not always patient; and demonstrative about emotions at certain "highlighted" times. One father described himself as a "chicken with a yellow stripe down his back" and a "real suck when it comes to medical experiences". Based on this perception of himself, the father expected to pass out during the childbirth experience, particularly if there were any complications.

In general, fathers tended to associate personality factors with their

anticipated actions and reactions. However, fathers' perception of self did not appear to influence their expectations regarding the outcome of the interaction. An element of unknown appeared to exist in that regard. For example, one father perceived himself as "relatively calm" under stress, but was not sure whether this personality trait would help his wife cope during labor. He stated:

I try to consider myself a fairly calm person, so that if I'm under stress or whatever, I can stay relatively calm or cool. And I think that'll help her... I don't know, to be perfectly honest. I don't know if that's going to matter.

To summarize, fathers' self-perceptions appeared to influence the expectations they set for themselves in the childbirth process. The expectations most affected were those related to their anticipated actions and reactions during childbirth; expectations least affected were those relating to outcomes of the interaction.

### **Meaning of Childbirth**

In addition to fathers' perceptions of self, the way fathers perceived the childbirth event also appeared to influence their expectations. The meaning of childbirth was identified in this study as another variable which appeared to influence paternal childbirth expectations.

Fathers (n=4) who envisioned childbirth as a "miracle" expressed strong desires (affective expectations) to "be there" for the experience. The following

comments made by one of the fathers illustrate how the meaning attached to the childbirth experience influenced his desire to be there:

I expect that it (childbirth) could be pretty dramatic or enlightening... I mean, people talk about it like it's a miracle. And to think that this is another human being that you created as such.

I want to see the actual event happening. I mean, it's pretty significant...probably one of the, if not the, most significant thing that happens to people. And to see the actual event. I mean, even though it might not be as attractive as people might think, it really is a miracle...an amazing thing.

On the other hand, one father who did not want to be present at the birth, associated childbirth with "blood and gore" and "the worst pain experience a woman can choose to go through". The meaning attached to childbirth for this father related to "horror", rather than the "miracle of birth".

He stated:

I'm not looking forward to labor and delivery. I hear other guys saying 'Oh ya, I'm looking forward to it, and it's the greatest thing'. And I'm going 'Ya, and I bet you like horror pictures, too'.

Another father described the meaning childbirth had for him as follows:

My interest in the medical part of it (childbirth) really made me remember what all these things mean. And to me it's just like a medical procedure. I mean, it's the joy of life and all that stuff, but to get to that point when the baby arrives ...basically it's a medical procedure. You got to make sure the patient is taken care of and the result will be good, hopefully, and successful.

For this father, the meaning attached to the childbirth experience (ie."basically a medical procedure") appeared to influence the expectations he held for his own role during childbirth. This father saw himself functioning primarily in a caretaker role, ensuring that all medical procedures were carried out according to the couple's birth plan. Such a role would appear to correspond to his notion of "making sure the patient is taken care of" in order to ensure a "successful outcome" (protective function) .

In this situation, childbirth was seen as a "means to an end". Emphasis appeared to be on the product of birth (healthy child) rather than on the process of birth. This theme was evident across all ten interviews. However, the emphasis on "product over process" did not prevent fathers (n=9) from wanting to participate in the actual childbirth process.

Whether fathers perceived childbirth as miraculous, bloody and gory, or a medical procedure, all fathers expected to "be there". However, their reasons for wanting to be there appeared to differ. For example, fathers who saw childbirth as miraculous wanted to be there for the personal experience. On the other hand, the father who saw childbirth as a bloody and gory experience did not want to be there, but believed he should be there in order to support his wife.

To summarize then, the meaning attached to the childbirth experience appeared to influence fathers' affective expectations, or desires to be there, as

well as their reasons for wanting to be there. In addition, the meaning of childbirth appeared to influence fathers' cognitive expectations regarding: (1) what the experience would be like, and (2) the father's own role in the childbirth process.

### Normative Expectations

Normative expectations was another factor which appeared to influence fathers' expectations regarding their presence at birth. Normative expectations refer to fathers' beliefs about what society, or people in general, think about paternal involvement in the childbirth experience.

Six fathers expressed the opinion that society has changed over the past ten years to support fathers' involvement in childbirth. One father described this change as follows:

I think it's changed dramatically in the last 10 years. Certainly, when my father or his father... I mean, once the wife was pregnant their role was done. They're out earning a living, that's the stereotypical thing... She takes the cab to the hospital, he might show up in the waiting room ... that idea.

Now I think the expectations of society are such that the husband is totally involved: right through being involved with the actual prenatal care...being in the actual delivery, and acting in a supportive role, coach or whatever.

I know that from my generation...most of the people I work with or my friends...probably 80-

90% have been in the delivery room. So, now it's an expectation that the father will be there, I think. For the most part, I welcome it.

Whereas this father estimated that 80-90% of his reference group had been in the delivery room, another father estimated that 60-70% of his peers had attended the birth of their child. Similarly, another father stated he did not have any friends who chose not to participate.

Thus, for this particular group of fathers and their cohorts, being present at birth appeared to be the norm. Only one father acknowledged having peers who chose not to be present for the birthing experience. This father believed that a man's decision about whether or not to be present at birth was a matter of "personal choice". In his opinion, either choice was deemed acceptable by society, and he stated "I don't think society really cares".

The belief that "society doesn't care" was not shared by all respondents, however. One father believed that societal norms put pressure on fathers who might otherwise choose not to be present. He stated:

I think there's probably a lot of pressure on a lot of guys nowadays to actually go in there...even if they're not...if they don't want to see it, if they're squeamish at all...(there is pressure) to actually go in there and see it.

When asked where he thought the pressure came from, this father responded:

"I think peer pressure. I think it's just examples from other couples, and that's the thing to do now".

This notion of "the thing to do now" was shared by other fathers as well. The common consensus among respondents (n=9) appeared to be "the father's there...that's just part of my generation". As one father stated:

That's sort of the way I've been brought up, so that is my way of thinking. I don't think there was ever any other option for me in that, in my generation, people are doing it. I don't always follow the crowd, but it seems to make sense.

Thus, this particular group of fathers appeared to believe that societal norms support fathers' presence at birth. However, fathers' beliefs in this regard did not always match their personal desires; that is, although most fathers believed that society expected fathers to "be there" at birth, not all fathers desired to do so.

Three fathers stated that, initially, they did not want to be present for the birth of their child. Of these three, two fathers changed their mind as their wife's pregnancy progressed. One father stated:

I didn't really want to be there...but the more I went to the classes, and the more (wife) progressed, I kind of thought 'well, all right, I might as well'. I kind of got more used to the idea, and so far I'm still okay on being there.

For another father, his desire to be there did not change. He stated: "Right from day one...I just wanted to be pacing back and forth in the waiting room". However, this father was planning to be present during childbirth, based on his commonly-held belief that "being there" would provide "comfort and

support" for his wife.

In this situation, normative expectations appeared to influence the father's cognitive expectations with regard to his presence at birth, but not his affective expectations. For most fathers in the study, however, normative expectations appeared to influence both their cognitive and affective expectations regarding birth attendance.

Among all ten fathers, there appeared to be a normative expectation that paternal presence at birth would provide maternal support. "Being there" emerged as an important concept for participants in this study.

Control was another concept that appeared to have particular relevance for expectant fathers. The concept of control is discussed here in relation to the research findings.

### **Control**

Control, as used here, refers to fathers' ability to influence events or outcomes associated with the childbirth experience. Fathers' conceptualizations about control appeared to influence the expectations they set for the childbirth experience in both the cognitive and affective domains. Fathers appeared to have certain expectations about which aspects of childbirth they could control, as well as which aspects they wanted to control.

Two properties of control were identified, which included: (1) perceived

ability to control (cognitive); and (2) desire for control (affective). Both properties can be dimensionalized; that is, fathers' beliefs about and desires for control seemed to fall somewhere along a continuum. This continuum can be diagrammatically represented as follows:

ABILITY TO CONTROL.....INABILITY TO CONTROL

DESIRE TO CONTROL.....DESIRE TO RELINQUISH CONTROL

Fathers' expectations seemed to vary in relation to several aspects of control. These included: (1) control by whom (ie. father, wife, or health care provider); (2) control of what (ie. process or outcome); and (3) amount of control. Although fathers' expectations about control varied, control was thematically represented throughout all interviews. Fathers' expectations regarding control are discussed here as they relate to both the cognitive and affective domains.

#### **Fathers' Perceived Ability to Control (COGNITIVE)**

Five fathers perceived themselves as being able to control certain aspects of the childbirth process. These aspects related primarily to various procedures (n=2) and activities of health care personnel (n=3). One multiparous father, based on past experience, described how he would exert more control over the activities of health care providers during this childbirth experience. He stated:

"This time, if I need a break...I would insist that someone come and take over for whatever I was doing, massaging (wife) or whatever".

Another father believed that he and his wife could control certain procedural aspects of childbirth (such as episiotomy, use of analgesia, and positioning for birth). However, this father believed that, in order to assume control, he and his wife needed a clearly outlined, written birth plan. He stated: "It seems like they (health care providers) have to be told. Otherwise they go through a standard birthing procedure".

Similarly, another father believed that he and his wife would have control over all procedural decisions, including Caesarean birth. This father based his beliefs about control on his interpretation of what had been presented at prenatal classes. He stated:

That's one thing she (prenatal class instructor) stressed in the classes was you have a say in whether you'd like to have some medication given to her (wife), instead of the doctor telling us that she should have it... Even as well as doing a Caesarean Section, that we could tell the doctor that, at this time, we don't think it's right for her to have that.

When asked how he would feel telling the doctor that a Caesarean birth was not necessary, this father responded:

"I don't know. I think I'd just more or less offer my opinion and say 'maybe you could wait for five minutes or so'... I think mainly I'll be relying on what the doctor will have to say".

Thus, what this father perceived as being able to control was different from what he believed he would control during the actual childbirth situation.

Other fathers (n=3) shared this belief that ultimate control of decision-making regarding the type of birth (vaginal versus Caesarean) resided with the physician. Although physicians were perceived to have control over this decision-making, neither they, nor anyone else, were seen to have control over the physiological events responsible for a Caesarean birth. Some fathers (n=3) expressed a fatalistic attitude in this regard, indicated by comments such as "if that (Caesarean birth) happens, it happens, and it's beyond our control".

Similarly, fathers perceived other physiological events, such as the length of labor, to be beyond anyone's control. One father described this inability to control the process of childbirth in the following way:

You've got no way to influence the situation one way or the other. It's going to happen, and whether you like it or not, that's the way.

They (health care professionals) really don't have any control of it either... They're really at the mercy of time and how things are going to work out. I don't see them as having any more control of the situation than I do, or even (wife) does.

Pain, however, was one physiological process which fathers did perceive as amenable to control. Although no fathers expected childbirth to be a painless process for their wife, some relief of pain was anticipated through the use of analgesics. Five fathers believed that their wife would have control over

decisions regarding the use of medication, whereas two fathers felt this control belonged to the physician. Only one father felt he had any control over this decision. He stated:

I really think a lot of it's her decision. Although, if she wanted to use a heavy painkiller, something that passes the placenta and could affect the baby, I'd probably be a little bit more firm.

Control of pain through other supportive measures was an aspect of childbirth laden with uncertainty for most fathers. Six fathers reported feeling helpless related to their perceived inability to control the pain associated with childbirth. Three fathers expressed doubt that they would be able to provide effective pain relief for their wife. One father commented:

I would like if I could control her through it. But I can't, you know... You see your wife going through that - the labor and the pain - and you kind of hope to make it better for her. But it doesn't matter what you do, it's not going to make it better.

Although fathers did not always believe they would be able to control their wife's pain during childbirth, this did not appear to influence their desire to try. One father stated: "Either I'm going to or I'm not, but I'm going to try. I just don't know if I'm going to help".

Five fathers mentioned control over various aspects of the childbirth experience. However, only one father mentioned control over his own emotions. This father stated:

I think at that point (delivery), I'll just take a few minutes and just bawl my eyes out, and laugh and cry and whatever happens...just totally get lost in the emotion of it all, and then try and get back in control.

In summary, half of the fathers in this study perceived themselves as being able to control various aspects of the childbirth experience (such as certain procedures and activities of health care personnel). All fathers perceived physiological processes, such as length of labor and need for a Caesarean Section delivery, as beyond their control. Pain was one physiological process that fathers perceived as amenable to control. However, relief of pain was generally attributed to the use of analgesia, rather than the fathers' ability to relieve pain through supportive measures.

#### **Fathers' Desire to Control (AFFECTIVE)**

Thus, fathers appeared to have certain cognitive expectations about which aspects of childbirth they could control. In addition, fathers (n=6) expressed affective expectations, or desires for control, related to various aspects of the childbirth experience.

Of these six fathers, three wanted control over certain medical procedures or activities of health care personnel. Another father, although emphatic about his desire for control, did not clearly articulate which aspects of the childbirth experience he wished to control. His comments were vague, such as: "I like to be able to determine what I'm doing, rather than have

situations determine what's going to be doing".

One father described his desires for control as "dependent on the situation". This father wanted control over the amount and type of involvement he would have during childbirth, as long as labor was progressing normally. However, in the event of complications, he was willing to abdicate this control to health care professionals. He stated:

I'd want them to be able to do their job. That's why they're there, and I don't want to hinder them ... I guess in some sense you use your judgement at the time. I mean, I want to be reasonable about it.

Another father, however, wanted to relinquish all control to the physician, regardless of whether there were complications or not.

The amount of control desired by these six fathers could be dimensionalized along a continuum: At one end of the continuum, one father desired total control over all decisions; at the other end, one father wanted to relinquish total control to the physician. The other four fathers' desires for control fell somewhere in between.

The one father, who desired total control over decision-making, described how he and his partner planned to formalize their desires in the form of a written birth plan. He described this birth plan as follows:

We've got one book that we're going to follow for the birth plan, and we're going to make it easy for the nurses to read, and the doctors. And it's got to be able to be read in 45-seconds, double-spaced and typed.

When asked what he was going to put in this birth plan, the father responded:

...(that we want health professionals) to tell us if they think they need to do an episiotomy; anything to do with drugs; that she wants to be squatting and walking most of the time; and to let her get out of bed and all that stuff.

...just to make sure...if they're going to do anything medically with drugs or anything, that they should let us know, and why they're recommending it. We want everything to be told to us before they do anything. No surprises.

Control, for this couple, appeared to be related to informed decision-making about certain procedural aspects of the childbirth process. This father's comments reflect a strong desire for information, and a desire to be part of the decision-making process.

The one father at the other end of the continuum, however, wanted no part of decision-making. The following comments reflect his desire to relinquish all control to the physician:

We're leaving it (any decisions regarding the childbirth process) in the doctor's hands. If he recommends this should be done, then we'll do it ... We have so much faith in him that we haven't really made a birthing plan. We'll go along with any decisions that he makes.

In general, fathers' conceptualizations about control appeared to influence their expectations with regard to their own role, as well as the role of significant others. Fathers who believed they had some control over decision-

making expected to assume a different role than fathers who believed they had no control. For example, one father, who believed he had control over procedural decision-making, expected to assume an active, collaborative role with health care personnel. Another father, who believed this control belonged to the physician, expected to assume a passive, spectator role during childbirth.

In summary, fathers appeared to differ regarding the amount of control they desired during childbirth, as well as the amount of control they believed they would have. Fathers' conceptualizations about control appeared to influence the expectations they held for the childbirth experience.

### **Additional Findings**

Two additional findings of this research study are addressed in the following section. These include: (1) communication between partners regarding expectations for childbirth, and (2) fathers' unexplored expectations.

#### **Communication Between Partners**

Generally speaking, communication between partners regarding their expectations for childbirth appeared to be lacking with this particular group of expectant couples. Five fathers stated that they had not discussed their expectations for childbirth with their partner. Of these five men, four fathers indicated that they had talked about labor and delivery in general terms with their partner, but had not discussed specific expectations for the experience.

Another father stated that he and his wife did not talk about labor and delivery; this father believed that he and his wife had a "shared understanding" regarding childbirth expectations, based on the fact that they had attended prenatal classes together. He stated:

We haven't really talked about labor and delivery that much. I think because we were at the prenatal (classes) together and sort of watched it that we understood that each other saw it with their own eyes, so they know. If we hadn't gone through that, I think maybe it might have been different in that talking about what was going to happen.

Two fathers in this study described "open" patterns of communication between themselves and their partner. One father commented: "...we talk together, and we've learned how to communicate and everything else, and say whatever's on our mind...talk and share feelings". However, both of these fathers, when asked whether they had discussed their expectations for childbirth with their partner, responded negatively.

Three fathers stated that they had discussed, with their partner, their partner's expectations for them during childbirth. For two of these men, these expectations related to the father's ability to support his partner during labor. The other father described his partner's expectations for him as "making sure the birthplan is upheld".

Although these fathers indicated that, as a couple, they had discussed the wife's expectations for the father during childbirth, they did not indicate

whether they had discussed expectations with regard to other aspects of the childbirth experience. Similarly, two other fathers in this study made no mention of having discussed any aspect of childbirth expectations with their partner.

### **Unexplored expectations**

For some fathers, certain aspects of the childbirth experience had never been considered. Four fathers commented that the researcher had raised their awareness about aspects of childbirth that they "had never thought of".

One father remarked: "These are all questions I never thought of...you caught me off guard here". Another father stated:

I never really thought about the negative things (possible complications), the delivery, or birth of the child... I'd like to be more aware than I am now, but that's something I never really gave a thought to. But I think that would be fairly important.

Another father identified use of analgesia as an area of "unexplored expectations". Following the interview, this father commented to his wife: "You know, honey, it was good. She (researcher) made me think of things I hadn't thought about before...like medication". For this father, raising his consciousness about expectations not previously considered was viewed positively.

Similarly, another father commented on the benefits of having discussed

'his expectations for childbirth with the researcher. He stated: "It'll be interesting to see, now that I've talked a little bit more about it with someone ...this is what I expected and this is what really happened".

In summary, several fathers identified unexplored expectations related to various aspects of the childbirth experience. Generally speaking, discussion of expectations appeared to raise fathers' awareness of areas not previously considered, and was viewed positively by the fathers.

### Summary

The sample for this study consisted of ten, middle-class Caucasian fathers, all of whom had attended prenatal classes. Fathers were interviewed once to determine: (1) what expectations they had for the childbirth experience, and (2) what factors appeared to influence the development of these expectations.

During data analysis, three categories of expectations emerged. These included: (1) fathers' expectations for themselves; (2) fathers' expectations for significant others; and (3) fathers' expectations regarding the childbirth process.

Fathers' expectations for themselves included how they expected to feel, how they expected to react, and the role they expected to assume during childbirth. Three roles were identified, which included: (1) support role; (2) caretaker role; and (3) spectator role. All fathers expected to assume a support

role. In addition, some fathers expected to assume a role of caretaker or a role of spectator.

Fathers' expectations regarding significant others included expectations for their wife/partner, as well as expectations for health care providers. Fathers' expectations regarding their wife focused on the pain she would experience during childbirth, and her expected reaction to that pain. Fathers' expectations regarding health care providers focused on the attitudes, presence, and roles/functions of doctors and nurses.

More than half of the fathers in this study had envisioned in their minds what the childbirth experience would be like. Fathers' expectations regarding the childbirth process included expectations about labor, delivery, and the immediate postpartum period, as well as expectations about the birth environment. In addition, some fathers were able to identify aspects of the childbirth experience that they had not previously considered.

Five factors appeared to influence the development of fathers' expectations. These included: (1) experience (direct and indirect); (2) timing; (3) perception of self; (4) meaning attached to the childbirth experience; and (5) normative expectations. Most fathers identified the third trimester as the time when they began to think about, and develop specific expectations for, the childbirth experience.

Several themes became evident during data analysis. One of these

themes related to fathers' conceptualization of expectations. Fathers in this study appeared to have difficulty articulating how they defined, and used, the term "expectations". Fathers made no clear distinction between what they believed would happen (cognitive expectations), and what they hoped would happen (affective expectations), during childbirth.

A second theme related to an "element of unknown". Most fathers stated they did not know what to expect, that is, they did not know what would actually happen during childbirth. However, not knowing what to expect did not prevent fathers from developing a fairly detailed set of childbirth expectations.

A third theme related to the concept of "being there". All fathers perceived their primary role during childbirth as "being there" for their wife. Fathers expected to provide support for their partner by virtue of their physical presence.

Finally, control was identified as a concept which had particular relevance in this study. Fathers' conceptualizations about control appeared to influence the expectations they set for the childbirth experience.

## CHAPTER V

### DISCUSSION

In this chapter, a discussion of the research results is presented in four sections. In the first section, findings of the study are discussed and related to other empirical and theoretical literature. In the second section, findings are discussed in relation to the conceptual framework for the study, symbolic interaction theory. In the third section, implications for nursing practice, education, and research are presented. Finally, the chapter concludes with a summary of the research study.

#### **Discussion of the Findings**

In this section, findings are discussed as they relate to each of the identified research questions, and the concept of control. In addition, results from this qualitative study are compared to another qualitative study examining childbirth expectations for women (Beaton & Gupton, 1990).

#### **Fathers' Expectations for Childbirth**

Fathers in this study had certain expectations regarding their own role in the childbirth process. All fathers expected to assume a supportive role during childbirth; in addition, four fathers expected to assume a role of caretaker, and five fathers expected to assume a role of spectator.

These results are similar to those of a study conducted by May (1980). May identified three styles of involvement/detachment for expectant fathers: (1) observer styles (man sees himself as a bystander); (2) expressive styles (man sees himself as a full partner); and (3) instrumental styles (man sees himself as a caretaker or manager). In this study, spectator role paralleled observer styles; support role paralleled expressive styles; and caretaker role paralleled instrumental styles.

However, a difference was noted between the two studies. Men in May's study assumed only one of the three involvement styles, whereas men in this study (n=9), expected to assume a support role (expressive style) in addition to either a caretaker role (instrumental style) or a spectator role (observer style).

This finding supports other researchers' findings that fathers' roles in childbirth may assume characteristics of both an expressive and an instrumental nature (Leonard, 1977; Ross, 1982). In addition, this finding supports Bem's (1974) concept of psychological androgyny, that is, an individual may possess both expressive and instrumental qualities.

Several researchers have suggested that men's style of involvement in the childbearing process may be related to their sex-role orientation (Antle, 1975; Block, Norr, Meyering, Norr, & Charles 1981; Leonard, 1977; May, 1980; May & Perrin, 1985; Orzbut, 1976; Sherwen, 1986). Data obtained in this research study did not permit the researcher to make any conclusive statements in this

regard. Further research is required before any such conclusions can be drawn.

All fathers in this study believed that their primary role during childbirth was to support their partner. In addition, fathers believed that the focus of health care providers would be on the mother and/or child. This finding is similar to that of a study conducted by Jordan (1990). Jordan also found that fathers believed the focus of health care providers would be on the mother and/or child, and that the father would be "relegated" to a support role.

However, an interesting difference was noted between the two studies. Whereas fathers in Jordan's study were upset by this fact and expressed feelings of exclusion, the majority of fathers in this study believed that was "the way it should be".

Generally speaking, fathers expected to assume a support role during the early to middle phases of labor; expectations for the caretaker or spectator role usually coincided with late labor or the delivery stage. The one father who identified only a support role for himself stated that he "had not thought much past the first part of labor". Perhaps this could account for the fact that only a support role was identified by this father.

Although two fathers stated they had not thought much past the beginning of labor, half of the fathers stated that they had envisioned the entire childbirth process in their minds. These fathers provided a detailed picture of what they believed was going to happen during childbirth. This process is

similar to the "imaginative rehearsals" for childbirth described by Sherwen (1986) in his study with expectant fathers. Similarly, Brucker and MacMullen (1987) claimed that "scripting a delivery" is a phenomenon which is becoming increasingly familiar for men as well as for women.

Another interesting finding of this study relates to the fact that all fathers expected their partner to have a normal, vaginal delivery. Although all fathers stated that Caesarean births had been discussed in prenatal classes, only half of the men considered this a possibility in their personal situation. No fathers mentioned expectations related to Caesarean birth until probed by the researcher.

Similarly, no mention was made of expectations relating to the use of medical equipment and machinery (such as electrical monitoring devices or forceps). This finding is similar to findings reported by Maloney (1985). Maloney found that, during prenatal classes, both men and women showed little interest in information about Caesarean birth, electrical monitoring devices for labor, or new tests and procedures.

Maloney suggested that this fact "may be partially related to the prevailing childbirth philosophy which downplays complications and emphasizes the naturalness of the birth process, and partially due to a denial mechanism" (p. 247). The possibility also exists that fathers in this study were stating their preferences, or desires, for a natural birth rather than their actual beliefs that this would occur.

Although all fathers stated that they expected their wife to have a vaginal delivery, only two fathers stated that they would be disappointed if their wife had to undergo a Caesarean birth. Fathers appeared to put more emphasis on the product of birth (healthy mother and child) than on the process of birth. Several fathers identified a difference between themselves and their wives in this regard; they commented that having a natural childbirth appeared to be more important to women than to men. Although some authors have claimed that women perceive the process of birth to be as important as the outcome (Sandelowski, 1984), this claim was not substantiated for men.

#### **Factors Influencing the Development of Expectations**

Findings of this study suggest that both direct and indirect experience can influence fathers' expectations for childbirth. Multiparous fathers identified direct experience - that is their previous involvement in childbirth - as having the most significant impact on their expectations. Both multiparous fathers expected this labor and delivery to be similar to the first; both believed that labor would be shorter this time, and that their wife would have a normal, vaginal delivery. This finding suggests that multiparous fathers may need to be encouraged to recognize the uniqueness of each childbirth experience.

Primiparous fathers, on the other hand, were influenced primarily through indirect experience. Fathers identified two sources of indirect experience that

they believed had an impact on their expectations: prenatal classes and what they had been "told by others".

All fathers, except one, expressed favorable impressions of prenatal classes, and believed that prenatal classes had prepared them for "knowing what to expect". The one exception was a multiparous father who was not currently attending prenatal classes, but had done so with the first pregnancy. This father expressed disappointment with prenatal classes related to the fact that his expectations did not match the reality of the childbirth experience.

This finding raises several interesting questions: Would fathers perceive the influence of prenatal classes differently following childbirth? Would fathers' perceptions of prenatal classes be altered if their childbirth expectations were not met? And finally, are prenatal classes preparing fathers with "realistic" expectations?

Although fathers identified prenatal classes as having a significant impact on their expectations, fathers appeared to have expectations for the childbirth experience before coming to prenatal classes. This raises the question of what effect, if any, did prenatal classes have on those expectations? All of these questions have implications for future research.

An interesting finding of this study related to fathers' beliefs that reading had a minimal influence on their childbirth expectations. No fathers identified reading as a variable that they felt had influenced their expectations. With

further probing, four fathers stated that reading "might" have influenced their expectations. Reading material for these fathers consisted of lay literature (popular magazines) and materials distributed at class. Only two fathers had read about childbirth prior to coming to childbirth education classes.

This finding is similar to that of a study conducted by Palkovitz (1988). Palkovitz identified information sources that fathers believed had influenced their beliefs about father-infant bonding. "General knowledge" was the information source cited most frequently, followed by mass media, classes, and popular readings; only one father (N=17) had exposure to a professional journal.

Several fathers in this study identified differences between themselves and their wives related to reading about childbirth: Women read more than men, and women began reading much earlier in their pregnancy. This difference between men and women may be related to the fact that women experience the "reality" of pregnancy much earlier than men. Some researchers have suggested that pregnancy does not become "real" to fathers until approximately the third trimester (May, 1982; Zayas, 1988).

Maloney (1985) found that, although men attending prenatal classes were interested in factual information about pregnancy and birth, women had usually gathered this information elsewhere during pregnancy. Maloney suggested that this difference may reflect a "cultural difference" between men and women. However, the fact that reading had a minimal influence in this study could also

be related to the nature of this particular group of fathers.

Although reading appeared to have a minimal influence on paternal expectations, fathers identified audiovisual material and verbal information provided at prenatal classes as having a significant impact on their childbirth expectations. In addition, fathers identified informal information (or information they had been told by others) as influential.

An interesting finding of this study was that only one man had discussed childbirth with his father and grandfather; childbirth stories were usually shared with members of the same cohort group as the expectant father. According to Kennedy (1989), young fathers agree more readily than older fathers about the importance of participating in the labor and delivery experience. Kennedy has suggested that the 'new look' in fatherhood may have some 'cohort dimensions' in its acceptance (p.368).

The possibility exists that, because attendance at birth is a relatively new phenomenon, no male role models for this particular group of fathers exist. Fathers in this study described their own father's involvement as "showing up in the waiting room". Perhaps as more fathers participate in the childbirth experience, future generations will see more intergenerational sharing of information between fathers and sons.

Although sharing of information about childbirth appeared to have some cohort dimensions, one father made a definite distinction between what he had

been told by friends and what he had been told by other fathers in the prenatal class. This father identified friends as having a significant impact on his expectations, whereas other expectant fathers were seen as having little impact.

Two reasons appeared to account for this fact: (1) lack of credibility ("other fathers were just as naive as I was"), and (2) lack of value attached to their opinion ("I didn't care what they thought"). Although some researchers attest to the benefits of prenatal groups "for fathers only" (Barnhill, Rubenstein, & Rocklin, 1979; Maclaughlin & Taubenheim, 1980), this finding suggests that such a group may not be appropriate for all expectant fathers.

Generally speaking, the amount of influence attributed to information appeared to be related to two factors: (1) perceived credibility of the source; and (2) timing, that is, personal relevance of the information at the time it was presented. Fathers appeared to be more receptive to information about childbirth when they were "in the situation" (expecting a child). However, stage of pregnancy appeared to be an important factor.

Other researchers have identified stage of pregnancy as an important factor related to the thoughts and concerns of expectant fathers (Maloney, 1985; May, 1982b; Zayas, 1988). According to May (1982b), expectant fathers progress through three distinct phases of involvement in pregnancy: (1) an announcement phase; (2) a moratorium phase; and (3) a focusing phase.

May (1982b) found that men did not begin to "feel the pregnancy

personally" until they entered the focusing stage (approximately the third trimester of pregnancy). Role preparation for involvement in the birthing process usually occurred during this phase as well. Similarly, most fathers in this research study began to think about, and develop expectations for, the childbirth experience during the third trimester of pregnancy.

Fathers in this study identified common thoughts and concerns specific to each trimester of pregnancy; thought processes changed as the pregnancy progressed. This finding parallels the findings of Zayas (1988) and Maloney (1985). Zayas (1988) examined the manifest dreams of expectant fathers, and found that dream themes fluctuated in accordance with the progression of pregnancy. Similarly, Maloney (1985) found that interest in topics at prenatal classes followed pregnancy chronology for both men and women. These findings suggest that fathers' expectations for childbirth may vary, depending on stage of pregnancy.

### Control

The emergence of control as an important concept in this study was an unanticipated finding. Although researchers have recognized the importance of control for childbearing women (Bhutani & Hodnett, 1980; Bramadat, 1990; Green, Coupland, & Kitzinger, 1990; Gupton, Beaton, Sloan, & Bramadat, 1991; Humenick & Bugen, 1981; Willmuth, 1975), this remains a relatively unexplored

area for men.

Control, as used in the context of childbirth, often refers to self-control by women, that is, women developing and maintaining control over their bodies and their behavior (Green, Coupland & Kitzinger, 1990). Control, as used in this research study, refers to fathers' ability to influence outcomes or events associated with the childbirth experience.

Fathers appeared to have certain expectations about which aspects of childbirth they believed they could control, as well as which aspects they wanted to control. Control, in this study, could be operationalized as: (1) control over procedural decision-making; (2) control over activities of health care professionals; (3) control over the partner's pain experience; and (4) control over the father's emotional response.

This finding parallels that of other researchers. Schroeder (1985) and Willmuth (1975) operationalized control for women during labor as: (1) control of pain; (2) control of emotions; and (3) control of interpersonal relationships with staff. Brewin and Bradley (1982) operationalized control for childbearing women as: (1) control over self, and (2) control over staff or environment. Green, Coupland, and Kitzinger (1990) identified two aspects of control important for childbearing women: (1) control over decision-making and (2) control over what staff were doing to them.

All of these attributes of control identified for childbearing women were

identified by fathers in this study. This finding suggests that operationalization of control during childbirth may be similar for men and women.

Results of this study suggest that control during childbirth may be an important concept for men, as well as for women. However, caution must be exercised in making generalizations based on such a small sample. Further research is required before any conclusions can be drawn.

### **Comparison Between Childbirth Expectations for Men and Women**

Although the intent of this study was not to compare childbirth expectations of men and women, a brief discussion of similarities and differences is warranted. The results of this qualitative study, which examined childbirth expectations for men, can be compared to the results of another qualitative study which examined childbirth expectations for women (Beaton & Gupton, 1990).

Based on qualitative data obtained in their study, Beaton and Gupton developed a tool, the Childbirth Expectations Questionnaire (CEQ), to measure childbirth expectations for women (Gupton, Beaton, Sloan & Bramadat, 1991). Four subscales of expectations are included in the CEQ: (1) coping with pain; (2) support by partner/coach; (3) nursing support; and (4) interventions.

In this research study with expectant fathers, three categories of paternal

expectations for childbirth were identified: (1) expectations for self; (2) expectations for significant others; and (3) expectations regarding the childbirth process. Although conceptual labels for categories differed, both men and women expressed expectations related to: pain and coping ability of the mother; role of the father (partner/coach); role of health professionals; and medical interventions.

With regard to pain, women appeared to be more optimistic about their ability to cope than fathers; most men expected their wives to have difficulty coping with the pain of labor. Both men and women perceived the support role of the husband/coach as most important. Women held high expectations of the coach to help them maintain control during labor. However, most men expressed doubt in their ability to help their partner cope with the pain of labor.

Both men and women expressed similar expectations regarding the role of health professionals. However, a major difference was noted between men's and women's expectations related to medical interventions.

Whereas women identified expectations related to 'shave prep', enema, intravenous infusion, and fetal monitoring, none of these procedures were mentioned by men. Only two fathers identified expectations related to medical procedures (episiotomy). Similarly, only two fathers had clearly articulated expectations regarding their partner's use of analgesia, whereas most women expressed clearer expectations in this regard.

This finding suggests that men may not have as clearly formulated expectations as women with regard to the use of medical interventions during childbirth. This fact could be related to a lack of forethought by men about this particular aspect of childbirth. One father commented to his wife, following the interview: "She (researcher) made me think about things I hadn't thought about before...like medication".

Maloney (1985) has suggested that this fact could be related to a lack of interest by men in the medical interventions associated with childbirth. The possibility also exists that this difference is related to different interviewing techniques used in the two studies. Whereas expectant fathers in this research study were asked primarily open-ended questions, questions in Beaton and Gupton's (1990) study appeared to be more focused. For example, Beaton and Gupton stated that "when asked what kind of treatments and procedures they expected to have during labor and delivery, women were able to enumerate a lengthy list" (p.137).

In summary, men and women appeared to have different expectations regarding the mother's ability to cope with pain, the father's ability to provide support during labor, and medical interventions. Although the nature of these expectations differed, conceptual categorization of expectations between the two studies appeared similar.

In addition, several common themes were identified between the

childbirth expectation studies conducted with men and those conducted with women:

1. Both men and women initially stated that they did not know what to expect during childbirth, yet both were able to articulate a fairly detailed set of expectations for what the experience would be like.
2. Both men and women had already developed expectations for the childbirth experience before attending childbirth education classes.
3. Both multiparous men and multiparous women expected this labor and delivery to be similar to previous labor and delivery experiences.
4. Both men and women expected the father/coach to assume a supportive role during labor and delivery, by virtue of his physical presence; "being there" emerged as an important concept for both men and women.
5. Control during childbirth appeared to be an important concept for men, as well as for women.

#### **Discussion of the Findings Related to the Conceptual Framework**

Symbolic interaction theory (SI) is the conceptual framework upon which this research study was based. SI theory provides a broad, theoretical approach to the study of human behavior. According to this theory, individuals involved in a social situation (such as childbirth) evoke expectations with regard to their

own behavior, and the behavior of others (Blumer, 1969). Thus, SI theory provided an appropriate framework for the exploration of fathers' expectations for childbirth.

In the following section, the findings of this study are related to the conceptual framework. Mind and self, two concepts of SI theory which had particular relevance to this research, are discussed. In addition, the sequence of events that occurs during any interactional process is applied to childbirth, and to the experience of fathers in this study.

"Mind" is considered an important intervening variable between external stimuli and behavior. Interactionists recognize the influence of factors (such as generalized others, significant others, and social norms) in determining behavior; however, all factors are subject to individual interpretation before behavior is determined (Burr et al., 1979).

In this study, all of these factors appeared to influence the expectations fathers set regarding their anticipated behavior during childbirth. In addition, the significance of the interpretive process became evident. For example, all fathers believed that normative expectations supported paternal involvement in childbirth; however, the manner in which fathers interpreted normative expectations differed significantly. For one father, paternal involvement meant being there for his wife, but assuming a passive, spectator role. For another father, paternal involvement meant being there and assuming an active

"partnership" with health care providers.

Thus, the interpretive process - or concept of mind - appeared to be an important intervening variable between external stimuli and fathers' expectations. The concept of mind possibly could be used to explain why some fathers in this study were influenced by certain factors, and others were not.

"Self" proved to be another important concept in this study. According to SI theory, included in one's definition of self is one's definition of the roles to be enacted in a given situation. All fathers in this study expressed expectations for the roles they would enact during childbirth.

Another component of self is determined by one's social interaction with others; each individual has a social history that must be taken into account in subsequent interactions. Participants bring to a situation a set of values, meanings and interpretations which will influence their behavior (Blumer, 1969).

In this study, fathers' expectations appeared to be influenced by their past, as well as present, experiences. In addition, symbolic meanings attached to the childbirth experience appeared to influence fathers' expectations.

According to SI theory, there is a particular process, or sequence of events, that occurs during any interaction (such as childbirth). This sequence of events can be applied to the experience of fathers in this study.

Fathers entered the childbearing process with a past history, and a set of values and meanings that they already possessed. Fathers defined the situation

of childbirth in terms of what they perceived the experience would be like. They defined who would be involved, and set up expectations regarding their own behavior and the behavior of others. In addition, several fathers developed pictures in their mind ("imaginative rehearsals") of what the experience would be like.

A summary of the interactional process and its related concepts can be found in Figure 1. Fathers in this study experienced this sequence of events up to, and including, the setting of expectations. At the time of this research, fathers had not yet experienced the interaction (childbirth) or consequences of the interaction.

In summary, SI theory provided an appropriate framework for the exploration of paternal expectations for childbirth. In this theory, the capacity of the human mind to set expectations for actors in a social situation, such as childbirth, is recognized. The influence of external factors on fathers' expectations is acknowledged, yet individual differences are accounted for through the process of interpretation.

**FIGURE 1: THE PROCESS OF SYMBOLIC INTERACTION  
AND RELATED CONCEPTS**

**PRE-INTERACTION**

- self
- history/experience
- values/meanings



**ENTER SOCIAL SITUATION (CHILDBEARING)**



**DEFINE SITUATION**

- normative expectations
- symbolic meanings associated with childbirth



**ASSIGN POSITIONS TO ONESELF AND OTHERS**

- husband/coach; wife/partner; health care professionals



**SET UP EXPECTATIONS FOR ONESELF AND OTHERS**

- role expectations
- role-taking ("imaginative rehearsals")
- influence of significant others; generalized others



**INTERACTION (CHILDBIRTH)**

- role-making (father seeks to validate roles and perception of self through response of others)



**CONSEQUENCES OF INTERACTION**

- redefine situation on basis of perception of outcome
- new meanings attached to experience
- influences perception of self

## **Implications for Nursing Practice, Education, and Research**

The findings of this study have implications for nursing practice, education, and research. Each of these areas is addressed in the following section.

### **Implications for Nursing Practice**

Nurses interact with expectant fathers in a variety of settings. The findings of this study have implications for nurses working with expectant fathers in labor and delivery, as well as in childbirth education settings.

Fathers in this study expressed varying expectations for the role they expected to enact during the childbirth experience. Not all men expected to be involved in childbirth to the same extent as others.

Nurses need to recognize and support the fact that expectant fathers have different styles of involvement. May and Perrin (1985) have argued that there may be fathers who are not well suited to participate in the birth event because of previous life experiences, emotional conflicts, and fears (p.87). Health care professionals can facilitate optimal adjustment in childbearing families by helping expectant fathers establish a style of participation in birth that best meets their needs, as well as the needs of their partner (May, 1982a, p.322).

Childbirth educators can encourage fathers to find appropriate styles of

involvement for themselves. According to May (1982a), "it is just as inappropriate to pressure fathers to become involved in a particular way in pregnancy and birth, as it is to restrict fathers from any kind of participation" (p.322). In some instances, fathers may not be the most appropriate labor coach. Childbirth educators can present alternatives to father-coached childbirth, such as the use of another support person as coach.

Childbirth educators need to be aware of the overt and covert messages that they convey in their classes. Reading materials and other audiovisual aids should be evaluated, as some materials present a "hard sell" approach to father attendance at birth (May, 1982a). Some discussion accompanying the use of audiovisual material may be warranted.

In addition, nurses need to examine their own beliefs with regard to fathers' involvement during childbirth. May (1982a) found that care-providers had certain expectations regarding the quantity and quality of involvement necessary for fathers during labor and delivery. Rather than react in stereotypical ways, nurses must respect the individual differences and varying capabilities of each father (May, 1982a).

Because fathers' expectations regarding styles of involvement are so diverse, fathers need to be treated as individuals during the labor and delivery process. By assessing fathers' physical and emotional comfort during labor and delivery, health care providers can assist fathers to establish a level of

involvement appropriate to their situation.

All expectant fathers in this study expected to assume a support role during childbirth. Although expectant fathers expressed a desire to support their partner, many felt helpless regarding their ability to do so. Extra support and guidance by labor and delivery nurses may be indicated.

Just as care-providers may have expectations for fathers, fathers may have expectations for care-providers as well. Fathers in this study expressed varying expectations for the role they expected health care professionals to assume during labor and delivery.

Clarification of these expectations by the nurse and the childbearing couple could facilitate congruence of expectations, and promote a more satisfactory birth experience for both the nurse and the couple. Driedger (1991), in a study with childbearing women, found that "when expectations were met by significant others/caregivers, subjects experienced satisfaction with childbirth. Conversely, when expectations were not met, subjects experienced dissatisfaction" (p.121). Some researchers have suggested that dissatisfaction with the childbirth experience could affect subsequent family relationships (Broome & Koehler, 1986; Mercer, 1985). However, further research in this area is needed.

Fathers expressed a desire that health care providers keep them informed with regard to what was going on during labor and delivery, as well as what

they were expected to do. Thus, a need for provision of information by labor and delivery personnel may be indicated. May (1982a) has suggested that, even though a father may appear to be a capable labor coach, he may require information about what is going on around him.

Findings of this study, when compared to findings of a study examining the childbirth expectations of women (Beaton & Gupton, 1990), suggest that men and women may have different expectations regarding certain aspects of the childbirth experience. Fathers identified a lack of communication between themselves and their partner regarding their childbirth expectations.

This finding has important implications for nursing practice. Nurses need to encourage prenatal couples to discuss their childbirth expectations with each other. Several researchers have suggested that congruence between partners may be more important than the form a role may assume, or the amount or style of involvement (Dickie, 1987; Fishbein, 1984; Nicholson, Gist, Klein, & Standley, 1983; Lamb, 1987). Discussion of expectations between partners could facilitate congruence of expectations which, in turn, could result in a more satisfying birth experience.

Childbirth educators need to recognize that fathers attending prenatal classes may already have expectations regarding the childbirth experience. This was true for both multiparous and primiparous fathers in this study. Childbirth education classes can provide a forum for the exploration of these expectations,

and provide a means for promoting expectations that are "realistic".

Promoting childbirth expectations that are "realistic" poses somewhat of a dilemma for health care professionals, as all childbirth situations are different. However, health care professionals can help fathers to explore a range of "normal" expectations, and dispel some of the myths associated with the childbirth experience.

Health care professionals need to determine whether fathers are talking about their desires (preferences), or their beliefs when describing childbirth expectations. Morcos, Snart, and Harley (1989) found that parents' preferences regarding the childbirth experience differed significantly from their beliefs. Beaton and Gupton (1990) found that expectant mothers distinguished, at times, between what they would like to have happen during childbirth, and what they thought would actually occur. Similarly, fathers in this study expressed expectations about what they thought would happen during childbirth (beliefs), as well as expectations for what they hoped would happen (desires or preferences).

The question of whether fathers are referring to desires or beliefs has important implications for nursing practice. Expectations (beliefs) can be manipulated, whereas desires cannot. Bramadat (1990) has suggested that two options for health care professionals exist: (1) the childbirth experience can be manipulated to become more aligned with expectations (desires); or (2)

childbirth expectations can be manipulated to reflect more "realistic" expectations (beliefs). That is, either the childbirth experience or fathers' expectations for childbirth can be changed.

Changing fathers' childbirth expectations to reflect more realistic expectations could be facilitated by childbirth educators. However, not all men attending childbirth situations will have attended prenatal classes. Expecting labor and delivery personnel to assess all aspects of couples' childbirth expectations seems somewhat unrealistic and impractical. However, an understanding of typical belief patterns and expectations could assist health care providers and childbirth educators in the designing of appropriate programs and interventions for expectant parents (Palkovitz, 1987).

The second alternative - changing the experience to reflect childbirth preferences - goes beyond the scope of individual nurse-client interaction, and may require change in organizational policies and practices. As more becomes known about men's and women's expectations for childbirth, health care administrators may need to examine the current system of health care delivery in terms of its appropriateness in meeting the needs of childbearing families.

Thus, examination of fathers' childbirth expectations has implications for nursing practice at the service delivery level, program development level, as well as implications for policy development. The question of whether childbirth expectations (beliefs) or preferences should be the primary focus for health

care professionals is a question that warrants further investigation (Bramadat, 1990).

### **Implications for Education**

The findings of this study have implications for the education of expectant couples, as well as for the education of nurses. Many of the recommendations for education parallel the recommendations for nursing practice.

Findings suggest that expectant fathers would like more content on expectant fathers to be included in childbirth education classes. In addition to being recognized as a support person for their partner, fathers wanted recognition given to their own feelings and the impact that the childbirth experience has for them.

Expectant fathers in this study did not begin to think about, or develop expectations for childbirth until the third trimester of pregnancy. This finding could have implications for the timing and content of prenatal education classes. Although this finding might suggest that classes not be offered until the third trimester of pregnancy, childbirth educators must be cognizant of the fact that expectant mothers usually begin to think about, and seek information about, pregnancy and childbirth much earlier in their pregnancies. Similarly, fathers in this study identified some common thoughts and concerns specific to the first

two trimesters of pregnancy.

Perhaps a series of prenatal classes offered in two segments might better meet the needs of expectant parents. An early segment could provide information about pregnancy, and address some of the concerns of fathers as well as mothers.

Antle (1975) has suggested that, although some common concerns exist, many of the emotions and concerns that pregnancy induces are sex-specific. Antle identified four common concerns specific to the expectant father: (1) protective feelings toward his partner; (2) anxieties concerning his role as provider; (3) fears regarding the vulnerability of his partner and child; and (4) the father's own dependency needs and nurturant emotions. Fathers in this study identified similar concerns.

Thus, a discussion of fathers' concerns might be included during an early segment of prenatal classes. Discussion of parents' expectations for labor and delivery could be addressed more appropriately in a later segment (approximately third trimester).

In addition to implications for the education of expectant couples, the results of this study have implications for the education of nurses. These findings could be used to further the development of practicing nurses.

Similarly, these findings have implications for the education of nursing students. Nursing students need to be aware that the role of the father is

changing - both within the broad context of societal roles, as well as within the family. An understanding of the process of fathering, and of men's changing roles within the family, should be included in nursing curricula.

The focus in nursing curricula must go beyond the traditional emphasis on "maternal-child health" to include the experience of the father. Clinical nursing practice should provide an opportunity for nursing students to work with fathers in a variety of contexts, including the context of the childbearing family. If nurses are to provide family-centered care to childbearing families, the experience of the father must be considered.

### **Implications for Research**

This qualitative study represents a beginning attempt to understand expectations for childbirth from the perspective of the expectant father. Further research is needed to increase the depth of this knowledge. Recommendations for future research are provided in the following section.

This research study was based on a small, homogenous group of expectant fathers. Future studies should include fathers with a broader range of ethnic backgrounds. May and Perrin (1985) have suggested that "men's attitudes and behaviors regarding pregnancy and birth are strongly influenced by culture" (p.65). Similarly, fathers with different socioeconomic backgrounds and different educational levels might present different expectations from the

homogenous group represented in this study.

The possibility exists that expectations of multiparous fathers could differ from those of primiparous fathers; multiparous fathers in this study appeared to rely heavily on their previous childbirth experience in terms of "knowing what to expect". However, conclusions cannot be made about similarities and differences between the two groups, based on a limited number of multiparous fathers in this study (n=2). Future studies should address a comparison between the childbirth expectations of primiparous and multiparous fathers.

Similarly, future studies should address a comparison between fathers who attended prenatal classes and those who did not attend classes. The fact that all fathers in this study had attended prenatal classes suggests that a possible "elite bias" may exist. Attendance at prenatal classes was voluntary; therefore, participation in classes may have been an indicator of support (Bramadat, 1990). The finding that all fathers in this study expected to assume a supportive role during labor and delivery may not hold true with other expectant fathers.

Reading appeared to have a minimal influence on the expectations of this particular group of fathers; only two men had read about childbirth before attending classes. However, the possibility exists that fathers in this study knew that they would obtain information about childbirth at the classes, and therefore did not seek out other sources of information. This finding could be quite

different for fathers who did not attend childbirth education classes. Therefore, future studies need to examine the childbirth expectations of fathers who did not attend prenatal classes, as well as fathers who did attend classes.

Participants in this study believed that prenatal classes had a significant impact on their childbirth expectations. A comparison of fathers' expectations before and after attending childbirth education classes could show some interesting differences. However, the true impact of prenatal classes cannot be determined without a comparison group of men who did not attend classes.

Findings of this study suggest that fathers' expectations may vary with the chronology of pregnancy. Utilization of a longitudinal design in future studies could be used to elucidate this phenomenon. Future research could address a comparison of fathers' expectations at various stages of the childbearing process.

Although several recommendations have been made for future studies, the ease with which these recommendations can be implemented is dependent upon the development of an appropriate research instrument. Qualitative studies can produce rich and informative data; however, they are time-consuming and utilize relatively small sample sizes.

At present, no research instrument has been developed to measure childbirth expectations for expectant fathers. The Childbirth Expectations Questionnaire has been developed to measure childbirth expectations of

expectant mothers. However, researchers are cautioned against using the same tool to study men that has been developed to study women (Boyd, 1985). Boyd states that "this can be done, but one must consider reanalysis of instrumentation data, because the tool may not be reliable or valid when used on a different population" (p. 120).

The findings of this study suggest that the CEQ, in its present form, is not appropriate for use with fathers. However, basic similarities between the conceptual categories of expectations for men and women suggest that modification of this questionnaire, to reflect the experience of expectant fathers, is a possibility.

Therefore, a final recommendation of this study relates to the development of a research tool which could be used to measure the expectations of prospective fathers. Researchers have suggested that future studies should compare the childbirth expectations of both partners (Beaton & Gupton, 1990; Bramadat, 1990). Development of such an instrument could facilitate this goal.

In summary, the findings of this study have been discussed as they relate to nursing practice, education, and research. Implications for nursing practice affect nurses working with expectant fathers, in particular childbirth educators and nurses working in labor and delivery settings. Nurses need to facilitate the exploration and discussion of fathers' expectations for childbirth.

These research findings have implications for the education of practicing

nurses and nursing students, as well as for the education of expectant parents. Several recommendations were made with regard to education.

Additional research is required to enhance the depth of knowledge regarding fathers' expectations for childbirth. Recommendations for future research included: use of a more heterogeneous sample; comparison of the expectations of fathers who attended prenatal classes and those who did not attend classes; comparison of multiparous and primiparous fathers; and a comparison of fathers' expectations at various stages of the childbearing process. Finally, development of a research instrument was recommended in order to facilitate the collection of data in future studies, and to promote a more comprehensive knowledge regarding fathers' expectations for childbirth.

### **Summary and Conclusions**

The purpose of this qualitative research study was to explore and describe expectations for childbirth from the perspective of the expectant father. Symbolic interaction theory provided the conceptual framework for the study.

A convenience sample of ten expectant fathers in their third trimester of pregnancy was recruited through childbirth education classes and through word of mouth. Interviews were conducted, and content analysis was used to analyze interview data.

Results indicated that expectant fathers had expectations for both

themselves and significant others involved in the childbirth experience (partner and caregivers), as well as expectations regarding the childbirth process. Five factors appeared to influence the expectations of expectant fathers: (1) experience (direct and indirect); (2) timing; (3) father's perception of self; (4) meaning attached to the childbirth experience; and (5) normative expectations.

The implications of these findings were discussed with regard to nursing practice, education and research. Several recommendations were made for future research.

Childbirth is a cultural experience that has far-reaching ramifications for feelings about oneself and the transition to parenthood (Bassett-Smith, 1988). The time has come to consider the impact of this experience on fathers.

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## APPENDIX A

## LETTER REQUESTING ACCESS TO STUDY PARTICIPANTS

September 28, 1990

Kathy Taylor  
34 Woodfield Bay  
Winnipeg, Manitoba  
R3R 3B1  
Telephone 889-9922

Dear Supervisor:

Subject: Research project

I am a graduate student in the Master of Nursing program at the University of Manitoba. I have completed the required course work, and am currently preparing to conduct my thesis research. I am planning to conduct an exploratory study examining expectations for childbirth from the fathers' perspective.

The purpose of this letter is to request access to research subjects. I am approaching your department because of your involvement with expectant fathers through prenatal classes. My intent is to interview prospective fathers during the third trimester of pregnancy regarding their childbirth expectations.

With your permission, I would like the opportunity to approach fathers attending prenatal classes and invite them to participate in this study. This will not involve any direct costs to your department. Indirect costs will involve approximately five minutes of time taken before or after a prenatal class during which I will describe the study to class participants.

All class participants will be informed that the decision to participate is entirely voluntary and will not influence the course of their prenatal classes. Fathers who volunteer to participate will be provided with a written explanation of the study and requested to sign a consent form. An interview will be arranged at a time and place convenient to the subject.

The rights of participants will be upheld at all times. Any information obtained will be held in the strictest confidence; at no time will participants' names be associated with interview data or publication of results. Results of this study will be used to inform prenatal educators and health care professionals about the expectations men hold for the childbirth experience.

At the present time, I am preparing a research proposal for submission to my thesis committee and the University of Manitoba Ethical Review Committee. Once approval has been obtained, I will make a formal request for access through your department. I will include a copy of my proposal and documentation of ethical approval at that time.

My research will be supervised by three faculty members at the University of Manitoba. Dr. Ina Bramadat is the chairperson of my thesis committee. She may be contacted in writing at the School of Nursing, University of Manitoba or by telephone at 474-6222.

Thank you for considering this request. I look forward to receiving your response, and any information you could provide regarding times and locations of prenatal classes. If you have any further questions or concerns, please do not hesitate to call me.

Sincerely,

Kathy Taylor, R.N., B.N.

## APPENDIX B

### INVITATION TO PARTICIPATE IN RESEARCH STUDY:

#### PRESENTATION TO PRENATAL CLASS PARTICIPANTS

Hello, my name is Kathy Taylor. I am a Master's of Nursing student at the University of Manitoba. I have completed the required course work for the program and am now beginning my thesis research. This research will be supervised by three faculty members at the University of Manitoba.

My prior work experience and area of interest has included promoting the health of childbearing families. The topic I have chosen to research is fathers' expectations for childbirth. Specifically, the purpose of this study is to explore and describe expectations for childbirth from the expectant father's perspective.

Prospective fathers attending prenatal classes through (name organization) are being invited to participate. Men who volunteer to participate must meet the following criteria:

1. Have a wife/partner who is approximately 6-9 months pregnant.
2. Must be able to read, write and speak English.
3. Must have access to a telephone in order to arrange interviews.
4. Live within 20 miles of the city of Winnipeg limits.

Men may be experiencing fatherhood for the first time or may previously have fathered a child. They may or may not be planning to attend the actual birth of the child.

All men who agree to participate in this study will be asked to participate in a tape-recorded interview. This interview will take approximately 1-1 1/2 hours, but could be conducted over 2 sessions if you prefer. It will be arranged at a time and location convenient to you. In addition, you will be asked to fill out a brief form asking for background information about yourself.

The interview tapes will be transcribed into notes by an assistant. All information obtained will be kept confidential. At no time will your name appear on the tapes or transcripts; a code number will be used to identify all information. Only I will have access to data/code number combinations. Tapes,

transcripts and identifying data sheets will be kept in a locked filing cabinet. Upon completion of the study, the tapes will be erased.

Although my thesis advisors may read the transcript notes, your identity will not be revealed. Similarly, any publications resulting from the study will be written in such a manner that statements could not be linked to you.

This study does not involve any direct risks or costs to you. Although it may not benefit you directly, hopefully this information may assist prenatal educators and health care providers to meet the needs of expectant fathers.

Participation in this study is entirely voluntary. If you choose not to participate, your decision will not influence these prenatal classes or the care you receive.

If you agree to participate, you will be provided with a written explanation of the study and asked to sign a consent form. You may refuse to answer any questions or choose to withdraw from the study at any time. Upon completion of the study, you may receive a summary of the study results if you like.

Thank you for your time and consideration. If you have any questions or concerns, please feel free to ask me.

## APPENDIX C

## WRITTEN EXPLANATION OF STUDY PRIOR TO CONSENT

Kathy Taylor, a Master's of Nursing student at the University of Manitoba, is conducting a study to describe the expectations prospective fathers hold for the childbirth experience. This research will be supervised by three faculty members at the University of Manitoba. Her thesis chairperson is Dr. Ina Bramadat, who may be contacted by telephone at the School of Nursing at 474-6222.

Prospective fathers attending prenatal classes through Manitoba Health are being invited to participate in this study. Participation is entirely voluntary. Refusal to participate will not influence prenatal classes or care received.

Men volunteering for the study must:

1. Have a wife/partner who is approximately 6-9 months pregnant.
2. Be able to read, write and speak English.
3. Have access to a telephone in order to arrange interviews.
4. Live within 20 miles of the city of Winnipeg limits.

Participants may be experiencing fatherhood for the first time or may previously have fathered a child. They may or may not be planning to attend the actual birth of the child.

Fathers who volunteer will be asked to fill out a brief form asking for background information about themselves, and to participate in an interview. The interview will last approximately 1 - 1 1/2 hours, and may be conducted over 2 sessions if desired. The interview will be arranged at a time and place convenient to the participant.

During the interview, the researcher may ask several questions regarding the father's expectations for the childbirth experience. There are no right or wrong answers; the researcher is simply interested in hearing the father's viewpoints on the subject. Fathers may refuse to answer any of the questions and may terminate the interview at any time. After the interview, the researcher may need to contact the father by telephone to clarify any questions resulting from the interview.

The interview will be tape-recorded to assist the researcher in recalling answers. Tapes will be transcribed into notes by an assistant. All information obtained will be kept confidential. At no time will the participant's name appear on tapes or transcripts; a code number will be used to identify all information. Only the researcher will have access to data/code number combinations. Tapes, transcripts and identifying data sheets will be kept in a locked filing cabinet. Upon completion of the study, all tapes will be erased.

The researcher's thesis advisors may read the transcript notes; however, the participant's identity will not be revealed. Similarly, any publications resulting from the study will be written in such a manner that statements could not be linked to participants. A summary of study results will be provided to those requesting it.

This research does not involve any potential risks to participants. Although the study may have no direct benefits to participants, hopefully this information may assist prenatal educators and health care professionals to meet the needs of expectant fathers.

Any prospective father who chooses to participate in this study will be asked to sign a consent form. He may choose to withdraw from the study at any time. Any questions or concerns regarding this research project may be directed to Kathy Taylor at 889-9922.

## APPENDIX D

## INITIAL INTERVIEW SCHEDULE

1. As you know, I am interested in learning about your expectations for the childbirth experience. Thinking back to when you first learned \_\_\_\_\_ (wife/partner) was pregnant, what were some of your thoughts and feelings at that time?  
Probes: a) How did you feel when you first learned you were going to be a father?  
b) Was this pregnancy planned?  
c) What does becoming a father mean to you?
2. What previous experience have you had with childbirth?
3. What have others told you about childbirth?  
Probes: a) Told by whom?  
b) Do you think that will be true in your situation? Why or why not?
4. What other things have influenced your thoughts and ideas about childbirth?
5. When did you start to think about what the childbirth experience will be like for you?
6. Can you describe for me what you think the experience will be like?  
Probes: a) What do you expect to be doing during: labor; delivery; immediately after birth?  
b) What do you expect \_\_\_\_\_ (wife/partner) will be doing during: labor; delivery; immediately after birth?  
c) Can you describe the number and variety of health professionals that will be involved?  
d) What will these professionals be doing?
7. How do you expect to feel emotionally during childbirth?  
Probe: Please describe these emotions during: labor; delivery; immediately after birth.
8. Have you and \_\_\_\_\_(wife/partner) discussed your expectations for the childbirth experience? How similar/different are these expectations?
9. Is there anything else you would like to add about your expectations for childbirth that we have not discussed?

## APPENDIX E

## REVISED INTERVIEW SCHEDULE #2

1. As you know, I am interested in learning about your expectations for the childbirth experience. Thinking back to when you first learned \_\_\_\_\_ (wife/partner) was pregnant, what were some of your thoughts and feelings at that time?  
 Probes: a) How did you feel when you first learned you were going to be a father?  
           b) Was this pregnancy planned?  
           c) What does becoming a father mean to you?
  
2. What previous experience have you had with childbirth?
  
3. What have others told you about childbirth?  
 Probes: a) Told by whom?  
           b) Do you think that will be true in your situation?  
               Why or why not?  
  
       \* Probe: Other expectant fathers/men who have experienced fatherhood.
  
4. What other things have influenced your thoughts and ideas about childbirth?
  
5. When did you start to think about what the childbirth experience will be like for you?  
 Probe: What did you think about prior to that?
  
6. Have you ever pictured in your mind what the actual childbirth experience will be like? Can you describe this picture for me ... OR ... what you think the experience will be like?  
 Probes: a) What do you expect to be doing during: labor; delivery; immediately after birth?  
           b) What do you expect \_\_\_\_\_ (wife/partner) will be doing during: labor; delivery; immediately after birth?  
           c) Can you describe the number and variety of health professionals that will be involved?  
           d) What will these professionals be doing?  
           e) How do you expect these individuals will be interacting with you?

7. How do you expect to feel emotionally during childbirth?  
Probe: Please describe these emotions during: labor; delivery; immediately after birth.
8. Have you and \_\_\_\_\_(wife/partner) discussed your expectations for the childbirth experience?  
How similar/different are these expectations?
9. Do you think your wife has certain expectations of you?  
Probes: a) What are these expectations?  
b) Do you think you will be able to meet these expectations?
10. Do you think health professionals have certain expectations for the father's role in childbirth?  
Probe: Could you describe these expectations?
11. Do you think society has certain expectations for what the father's role in childbirth should be?  
Probe: Can you describe what you think these expectations are?  
How similar/different are these to your expectations?
11. Do you think men's roles in the family are changing in general?  
Probe: How would you describe the roles in your family?
12. Can you describe for me what you mean by the term "expectations"?  
Probe: Some people see expectations as something they believe will happen, while others see expectations as something which is desired? How do you see expectations?
13. Is there anything else you would like to add about your expectations for childbirth that we have not discussed?

## REVISED INTERVIEW SCHEDULE #3

1. As you know, I am interested in learning about your expectations for the childbirth experience. Thinking back to when you first learned \_\_\_\_\_ (wife/partner) was pregnant, what were some of your thoughts and feelings at that time?  
Probes: a) How did you feel when you first learned you were going to be a father?  
b) Was this pregnancy planned?  
c) What does becoming a father mean to you?
2. What previous experience have you had with childbirth?
3. What have others told you about childbirth?  
Probes: a) Told by whom?  
b) Do you think that will be true in your situation? Why or why not?  
  
\* Probe: Other expectant fathers/men who have experienced fatherhood.
4. Did anyone tell you anything about childbirth before you were expecting this child?  
Probes: a) How did you feel about this information at that time?  
b) Do you think you would feel differently about this information if you heard it now?
5. Can you identify anything else which might have influenced your thoughts and ideas about childbirth?
6. Some fathers have identified prenatal classes as having an effect on the expectations they have for the childbirth experience? Would you say this is true in your situation?  
Probe: What was it about prenatal classes that you feel influenced you the most? ...the least?
7. Can you tell me what was discussed about fathers in your prenatal classes?  
Probes: a) Was the father's role during childbirth discussed?  
b) How did this content compare with your previous expectations for the father's role in childbirth?  
c) Was there something else you felt should have been covered about fathers?

8. Have you ever pictured in your mind what the actual childbirth experience will be like? Can you describe this picture for me ... OR ... can you describe what you think the experience will be like?  
Probes: a) What do you expect to be doing during: labor; delivery; immediately after birth?  
b) What do you expect \_\_\_\_\_ (wife/partner) will be doing during: labor; delivery; immediately after birth?  
c) Can you describe the number and variety of health professionals that will be involved?  
d) What will these professionals be doing?  
e) How do you expect these individuals will be interacting with you?
9. Do you think that you will have any control over what will happen during childbirth?  
Probes: a) What do you see as being able to control?  
b) What do you see as not being able to control?  
Under whose control? Why?
10. Some fathers have talked about "worst case scenarios" - that is, the worst situation that could happen to them during childbirth. Have you thought about that at all?  
Probes: a) Could you describe this scene to me?  
b) What would be the best situation that could happen?  
c) How do you think these will compare to your actual situation?
11. Have you ever considered the possibility of a Caesarean Section birth?  
Probes: a) How do you feel about that?  
b) Have you thought about what the experience would be like?  
c) Could you describe this picture for me?
12. How do you expect to feel emotionally during childbirth?  
Probe: Please describe these emotions during: labor; delivery; immediately after birth.
13. When did you start to think about what the childbirth experience will be like for you?  
Probe: What did you think about prior to that?

14. Have you and \_\_\_\_\_(wife/partner) discussed your expectations for the childbirth experience?  
Probe: How similar/different are these expectations?
15. What expectations do you think your wife has for you?  
Probe: Do you think you will be able to meet these expectations?
16. Do you think health professionals have certain expectations of the father during childbirth?  
Probe: Could you describe these expectations?
17. Do you think society, or people in general, have certain expectations for what the father's role in childbirth should be?  
Probe: Can you describe what you think these expectations are?  
How similar/different are these to your expectations?
18. Do you think men's roles in the family are changing?  
Probes: a) How would you describe these changes?  
b) How would you describe the roles in your family?
19. Can you describe for me what you mean by the term "expectations"?  
Probe: Some people see expectations as something they believe will happen, while others see expectations as something which is desired? How do you see expectations?
20. Is there anything else you would like to add about your expectations for childbirth that we have not discussed?

APPENDIX F  
DEMOGRAPHIC DATA

CODE NUMBER \_\_\_\_\_

1. Age: \_\_\_\_\_
  
2. Education:  
Highest grade achieved in grade or high school \_\_\_\_\_  
If you have completed education beyond the high school level, please indicate your highest educational level attained?  
Trade school/vocational training/community college \_\_\_\_\_  
University degree \_\_\_\_\_  
Graduate degree \_\_\_\_\_  
Other \_\_\_\_\_
  
3. Occupation: \_\_\_\_\_  
Full time \_\_\_\_\_ Part-time \_\_\_\_\_  
Unemployed at present \_\_\_\_\_
  
4. Ethnicity: \_\_\_\_\_  
Are you a Canadian citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, how long have you lived in Canada? \_\_\_\_\_
  
5. What is the expected date of delivery for your wife/partner? \_\_\_\_\_

**APPENDIX G**  
**REFLEXIVE JOURNAL**

Recording in the reflexive journal included the following:

1. A daily schedule and logistics of the study.
2. A personal diary that provided the opportunity for catharsis and reflection of the researcher's own values, personal thoughts and insights.
3. A methodological log, indicating methodological decisions made regarding the collection of data and accompanying rationale.
4. Analytic memos (theoretical and methodological notes).

APPENDIX H  
SUMMARY SHEET

CODE NUMBER:

DATE OF CONTACT:

LENGTH OF CONTACT:

CONTEXT:

MAIN THEMES OR ISSUES:

COMMENTS REGARDING NEXT CONTACT:

