A VIEW FROM INSIDE THE FAMILY—BECOMING A FATHER

A change in life as experienced by first-time fathers

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Research suggests that the attitude of men towards pregnancy, childbirth and child-caring is different from that of women. Up to now, research has focused mainly on motherhood. The aim of this study was to explore first-time fathers’ experiences during early infancy of their children. Grounded theory and constant comparative method were used and 20 fathers aged 20–48 participated. Interviews were carried out in 2002–2003. ‘Changing life’ emerged as the core category consisting of the categories: becoming a father, alternating between work and home, changing relationship towards partner and developing relationship with their child. Changing life implied that they have left bachelor life and become responsible for a child. Becoming a father was much more fantastic than they could have imagined and they suggested that they performed childcare to the same extent as the mother when both parents were at home. Still fathers viewed the mother as the main parent, partly because of their alternating between work and home and because the mothers breast-feed the infants. Fathers’ attitude towards breast-feeding seemed to be ambiguous; it was a matter of necessity, but made them feel insignificant. Changing relationship towards partner was common but it was not necessarily for the worst and often resulted in a more closely united relationship. However, tiredness because of lack of sleep could result in increased irritability towards problems. Developing relationship with their child implied increasing possibilities to learn to know the infant’s signals. Fathers are one of two parents, and hence are important for their child’s growth and development, emotional health and cognitive development. Knowledge about first-time fathers’ experiences during the early infancy of their children may bring about increased support from midwives and child health nurses.

Keywords: grounded theory, qualitative approaches, family care, health visiting, parenting.

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Introduction

In several western countries, men’s position in the family appears to change after childbirth (1, 2) from their being purely breadwinners to being significant participators in child-caring (3). Nowadays, fathers’ roles probably differ from that of their own fathers’ (4) and is sometimes hard to manage even for fathers who involve themselves in childbirth (5). Midwives and nurses are in most cases women, but their professions exist to support expectant and new fathers (6–8) thus they ought to be attentive to both mothers’ and fathers’ needs (9). Currently, midwifery and nursing knowledge to support fathers is lacking and this study investigates the experiences of first-time fathers’ perceptions of fatherhood during the infancy period.

Background

In the past, expectant fathers were sometime described as the forgotten parent (10). It has been suggested that expectant and new fathers are labouring for relevance, as they may see themselves only as helpers or breadwinners rather than as parents. However, many of them desire to be active parents if they were prepared (11).

Transition to parenthood is considered to influence men and women in different ways (7, 12). It is suggested that men view fatherhood in relation to work, while women are supposed to view motherhood in relation to home and family (13). Despite the differences in couple’s transition to parenthood, up to now, research has focused mainly on motherhood (14, 15).

Published research involving new fathers and their engagement in childcare has increased. A study of childbirth experiences shows that men often felt unprepared for the actual delivery (16). Fathers may view new fatherhood as a balancing act where competing factors influence their child-caring opportunities (17). New parents’ awareness for each other and their relationship

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is considered to be important for the stable development of their marital satisfaction after the first child arrives (18).

Fathers and mothers are jointly responsible for bringing up a child (19). Fathers have been particularly found to spend less time with their 0- to 2-year-old children than the mothers, but the fathers’ involvement was increasing (20). In Sweden, fathers are stimulated by society to participate through paid parental leave. They are entitled to 10 days’ specific paternal leave directly in connection with childbirth. Moreover, the total of 480 days’ leave should be shared equally between the parents, but not at the same time. The compensation for paternal leave and the first 390 days parental leave is 80% of their salary up to a certain level, which means a cut in salary for those in a high income bracket, after which it is reduced further (21). As this is the case, there is a need to explore first-time fathers’ experiences to provide a better understanding of their views and encourage more appropriate support for them from midwives and nurses to facilitate their participation in child-caring. The aim of this study was to explore first-time fathers’ experiences during early infancy. This study is a part of a larger research project focusing on fathers’ experiences and interaction with the child healthcare services.

Methodology

A grounded theory approach was chosen for the study. Grounded theory emanates from symbolic interactionism; people in social interaction act towards others in accordance with the value they apply to them (22). Grounded theory is also influenced by factor analysis; each piece of data is examined together with every other piece of data (23). In this study, concepts and theory were generated from data acquired as a way of gaining a deeper understanding of how fathers perceived and interpreted their experiences and achieve knowledge (24–26). The findings can have transferability to other settings, if sample characteristics are described and there are similarities between the areas (27).

Participants

Two regional social insurance offices in southern Sweden provided names of first-time fathers of infants on the basis that nobody could know who participated and coupled to a guarantee of confidentiality. These offices are responsible for paying out parental leave compensation and were allowed to divulge names as the study had received ethical permission. The researcher included fathers with varying characteristics, telephoned them and sent them written information about the study. The participants ranged from 20 to 48 years old and their infants from 5 to 9 months old, 13 girls and seven boys. They all worked full-time and their partners had parental leave. Thirteen fathers lived in urban areas and seven in rural areas. Their highest level of education was: compulsory school (2), upper secondary school (11) and college/university (7).

Data collection

Data were collected over a 13-month period during 2002–2003. One researcher interviewed fathers at a place convenient for them, mostly in their homes. The leading question was: ‘How do you view your new role as a father?’ Follow-up questions such as ‘How was that?’ and ‘Can you tell me more about that?’ deepened the interview to yield a variety of data. Before and after the interview, they talked shortly about the study (28). The interviews varied in content and length, from 30 to 55 minutes, and were tape-recorded and transcribed verbatim (29). In accordance with the grounded theory and constant comparative method, each transcript was analysed before the next participant was selected. Sampling was controlled by the emerging theory as in theoretical sampling (25). After 17 interviews, no new categories were identified and nothing new was added to the categories, but 20 interviews were performed to confirm saturation of the categories.

Data analysis

The transcripts were analysed using the constant comparative method; each interview was analysed and compared with the earlier interviews in an ongoing process (25). At first, open coding was used line-by-line where data were broken down into analytical pieces, i.e. codes. Codes with similar substance, substantive codes, were compared with one another to build categories, which in turn were compared and revised among themselves. Among the identified categories, changing life emerged as the core category. During the whole process of analysis, memos, theoretical ideas about codes, categories and their relationships were written down and used in the analysis. The findings were compared with the literature in the field, to see if they supported the findings or not (25).

Credibility

Credibility of this study is supported by describing the research process (27). The participants could talk freely within the study topics; the interviewer listened carefully and tried to minimise influence (23). Two participants were asked to confirm the credibility of the findings as Glaser (25) stresses that the credibility of a grounded theory study is that the findings fit the data, work by explaining what occur in data, and that the
pattern of core category and categories has relevance to the participant group.

**Ethical considerations**

The fathers were informed about the purpose of the study, verbal and written, and of the confidential and voluntary nature of the study, the possibility of withdrawing without explanation, and that the interviewer was a nurse. They gave their verbal informed consent to participate. Participants could express their own thoughts about the topic, which could uncover personal thoughts the participants probably did not express earlier (29). The regional research ethics committee approved the study.

**Findings**

**Changing life**

The core category, changing life implied that bachelor life was behind them and that the father had an increasing sense of responsibility towards the newborn infant. Their changing life was a new situation where everything was turned upside down for them; a revolution, unpredictable, more difficult or easier than expected but mostly connected to positive feelings. The reality of fatherhood might come apparent very rapidly if complications occurred for the mother and the infant could not lie at the mother's breast but was placed on the father's chest instead. Changing life consisted of the categories: becoming a father, alternating between work and home, changing relationship towards partner and developing relationship with their child. Becoming a father was overwhelming and the participating fathers wanted to share infant caring. After childbirth, they had 10 days paternal leave and mother and father could experience early parenthood together. Forthcoming fathers must alternate between work and home, changing relationship towards partner and developing relationship with their child. Becoming a father was overwhelming and the participating fathers wanted to share infant caring. After childbirth, they had 10 days paternal leave and mother and father could experience early parenthood together. Forthcoming fathers must alternate between work and home; consequently the mother, who was usually breast-feeding, was seen as the main parent. The changing life also included a changing relationship towards partner, not necessarily for the worse; often it became a more closely united one. However, lack of sleep could result in increased irritability towards problems. The fathers developing relationship with their child was described with great pride and happiness. In the infant they saw a likeness to themselves and their partner.

**Becoming a father**

Becoming a father could be overwhelmingly ‘enormous, much bigger than you could imagine’. Even though the infant kept both parents awake during nights, fathers were happy about a healthy infant. A young father described his experiences: ‘It’s fun, completely amazing, it’s so exciting, everything’ and he continued ‘Tough too, but more exciting than tough’. However, fathers were insufficiently prepared for the period immediately after their child was born. In general, the midwives at antenatal clinics focused more on the woman and the technical aspects of delivery, and less on the man and his feelings. Hence, the delivery could be associated with alarm and uncertainty, especially if parents were left alone, in the delivery room, without information. Abnormal events in connection with childbirth were frustrating and alarming:

The midwife had her arms around the mother’s stomach, the child didn’t come out...he did come out in the end, they cut the umbilical cord then ran off with him without saying anything...I felt very upset, I couldn’t let it go.

Fathers were seeking for information and making comparisons through talking and sharing mutual experiences with male working friends in particular. All participants had taken their 10 days paternal leave in connection with the birth to support the mother and care for the infant. Younger fathers wanted to be a father early in life. Older fathers talked about their maturity and the increased opportunity to be a good father, by which they meant taking part in child-caring. The participants compared themselves with their own fathers who had seldom participated in childcaring but however had played with them. Several participants suggested that they performed care in the same amount as the mother when both parents were at home, except for breast-feeding. Almost all mothers were breast-feeding at the time of the interview. During breast-feeding, fathers took care of the mother by helping her into a comfortable position and assisting her as needed, as the midwives and child health nurses had recommended. Fathers appeared to feel jointly responsible for breast-feeding as they talked about ‘we’ when describing breast-feeding and related problems. Two fathers said: ‘we tried in vain to breast-feed’ and ‘the baby didn’t suck at the breast but we still tried’. However, in general, fathers seemed to have an ambiguous view of breast-feeding. They wanted the infant to receive the best food, i.e. mother’s milk, but they felt breast-feeding made them feel insignificant. One father was struggling with this paradox. He felt that although breast-feeding was the best, he nevertheless recognised the advantages of bottle feeding and stated:

I’m lucky...from the time she was little I’ve got up at night to give her food...I’ve taken care of her a lot earlier, so I’m one step ahead of the other fathers (whose children are breast-fed). I can take her to town, and when she’s hungry I have a bottle with me to feed her with.

Caring activities could be divided between parents; however, fathers often performed bathing. Although fathers were involved in caring activities in varying degrees, they saw themselves mainly as an important complement to the mother.
I need to be a role model, especially since he’s a boy, a man as a role model... when he gets older there are things you do with your father and things you talk to your father about.

Fathers thought they must play a more physically active role and be more involved in mischief compared with mothers. These suppositions seem to correspond with their statements that mothers should be gentle, whereas fathers should be more determined. These suggested differences between fathers’ and mothers’ roles maybe affect their transition to parenthood.

**Alternating between work and home**

After childbirth the fathers had 10 days paternal leave. Thereafter, fathers had to alternate between work and home, which sometimes caused conflict. During the first month fathers could feel insignificant regarding child-caring because they worked outside the home while the mothers took care of the infant at home.

At first I felt like it was her baby... she could be at home with him whereas I worked... I felt very outside... but then it was better.

Realising this, fathers viewed mothers as the main parent and therefore more important for the infant. Nevertheless, fathers emphasised that they are irreplaceable for their child.

At the time of the interview, very few fathers had taken any parental leave days, but they planned to. Their decision was dependent on the family’s financial position, the mother’s attitude, and if their employers were sympathetic to fathers’ taking parental leave. Fathers thought they might not always lose financially but took this into consideration. Most of the participants noted that their partners desired equality and therefore wanted them to take parental leave: ‘my partner enjoys being at home with the baby but she wants equality... that I shall take parental leave’. The fathers stated the mothers thought it could help the fathers to build up a good relationship with their child.

On thecontradiction, fathers thought that mothers might have difficulties leaving child-caring to the father for a whole day. Other fathers thought their role was to work and the mothers to stay at home with the baby. However, these fathers did not want to talk about the question of whether their partner shared this opinion. Employers’ attitudes towards fathers taking parental leave was said to be encouraging, at least some days’ leave now and then: ‘there is no difficulty to get parental leave from my job’.

Other employers were considered not to be aware of the fathers’ right to parental leave: ‘I don’t think my boss knows anything about parental leave for fathers’.

**Changing relationship towards partner**

After childbirth, a changing relationship towards partner seemed to be common; this was not the same as a worse relationship. The infant’s requirements had to come first. Mostly, midwives at antenatal clinics prepared fathers for this change. Some fathers had been informed incorrectly that 50% of couples actually separated during the infant’s first year. One father was very alarmed by this false information:

They (midwives) said: try to keep the relationship together, half of all relationships go to pot when the first child arrives... that’s all I remember.

That particular father was very determined that his relationship with his partner should hold together for the benefit for the child. Some fathers did not expect any changes in their relationship and were therefore surprised when their otherwise positive relationship did change. During the delivery, fathers often realised just how capable their partner was and this led to an increased admiration for her. It was suggested that childbirth could strengthen the couple’s relationship and facilitate a more closely united relationship. The child was their mutual interest.

The greatest difference in the new situation was lack of time for the couple themselves, and that they could not be as spontaneous as before.

Life has become somewhat divided, we don’t have as much time for each other... our little girl is in the centre of things until nine at night, then it’s our turn and when you’ve been busy all day... it’s not the same, the love is still there but it’s not the same as before... we talk about this a lot.

Tiredness because of lack of sleep could result in increased irritability towards problems. To prevent and solve problems, fathers would talk to their partners after a meal, when they felt settled. Couples usually had a baby sitter on hand but they seldom used this opportunity during the first year. Only grandparents and special friends were seen as capable of being baby sitters rather than just anyone who offered.

**Developing relationship with their child**

The infants were described with great pride and happiness, independent of their being a girl or a boy. The child was one of the best things that had happened. There was no doubt about the positive feelings. In the newborn period, it could be hard for parents to recognise the infant’s signals but later it became clearer. Fathers often described their infant as easier to care for than expected, such as: ‘extremely good and sleeps the whole night’. Even though his nightly sleep was disturbed during the first few weeks, one father noted:

We were lucky to have such a good child... in the beginning he was quite trying, didn’t want to sleep, we had to carry him around the whole time, but now he sleeps well.

For this father, the newborn period, to some extent, seemed to be forgotten. Fathers had heard shocking
Discussion

During early infancy, first-time fathers had experienced a changing life. Several of the participants did not appear to be fully prepared for this change. This seemed to be because of the fact that midwives at antenatal clinics mostly focused on the delivery and the woman who gave birth, and rarely about the man and his feelings. Bartlett (30) found that fathers may feel psychologically excluded from the delivery in spite of the fact that their participation is generally valuable.

At the antenatal clinic, very little had been talked about the period following childbirth, or the participants did not absorb the information they received because they were more focused on the delivery. Consequently, midwives at antenatal clinics might give more attention to, and discuss more how fathers can manage parenthood and support after childbirth. Fathers do not usually increase their involvement in household work and child-caring after childbirth. The reason for this was interpreted to be the fact that the extended maternity leave may reduce the perceived need for fathers’ involvement (31). It has been shown that men with realistic expectations regarding parenthood during pregnancy have shown a greater degree of child-caring involvement once the child was born (32).

Fathers’ alarming experiences during delivery would have been partly avoided by their receiving better advance information e.g. that a newborn could need rapid care that may take place in another room. Alarming events, coupled with fathers’ insecurity during the birth process can hardly facilitate a positive transition into fatherhood. However, such situations are not unusual (16, 30). When complications set in, during the delivery, fathers were quickly thrust into taking care of the infant. This indicates that, after delivery, midwives should take the initiative to talk to the father about his delivery experiences and explain what had happened. Despite the complications and actions of the staff, being alarming for the fathers at the time, they saw it as an advantage. By this time, they appeared to view, themselves as real fathers and not just helpers (11). The distinction suggested between fathers’ and mothers’ transition into parenthood is consistent with other studies (12). None of the participants talked about physical symptoms during their partner’s pregnancy, which may occur, and is referred to as couvades (30).

Fathers saw breast-feeding as a matter of course. The rate of breast-feeding in Sweden is high; at the time of the interviews, approximately 67.5% of infants being exclusively breast-fed at 4 months of age (33). However, some ambiguous thoughts could be noted when fathers talked about the feeding of the infant, as they meant that parents became more equal once breast-feeding had finished. In a recent study (34), it was suggested that women may use breast-feeding as a matter of power over men. This did not seem to be the case among the participants in this study as they attended the mothers and appeared to share the responsibility for breast-feeding. Still the participants probably wanted to be more active in nurturing the infant. However, fathers do nurture their child by offering a warm emotional environment for the mother, holding the baby to burp or helping towards successful breast-feeding (34). Midwives and nurses should continue to educate fathers concerning what they can do to help towards successful breast-feeding as they are in a position to be an important supporter (35).

The participants thought themselves to be a complement to the mother in caring for the child and a gender model for a son, especially. A review study showed similar results; paternal acceptance like father’s love, has positive implications for the child’s psychological well-being and health (36). These results maybe interpreted, as even if a couple’s relationship has broken down, parents must be aware that a child, at any age, requires a close relationship with both parents (37).

Another study conducted during 1989–1990 in Georgia, USA, showed that fathers appear to be vital for their infant as an unknown father may be a risk factor for infant mortality. The researchers studied 217 798 fathers; the overall mortality rate was 10.6 per 1000 live births. 19.8 for infants with their father’s name on their birth certificate (38) and 10.6 for children where the fathers name was on their birth certificate (38). Infants with their father’s names missing on their birth certificates, a measure of paternity, had a mortality rate of 19.8 per 1000 live births compared with 8.6 for children where the fathers name was on their birth certificate (38).

The participants seldom had their own fathers as a role model, because their fathers had only been involved in their care to a limited extent. It is suggested that such fathers had missed the positive experiences of being a father (39). Nevertheless, some participants had happy memories of how their fathers had played with them as children.
However, as grandfathers they can be unique contributors to their grandchild’s development during childhood and progression to a healthy adult life (40).

Several participants thought that they equally shared caring for their infant at home, except for breast-feeding. At the same time, they saw the mother as the main parent and probably the one most responsible for child-caring. This seems to be consistent with an interview study of parents of preterm infants at 1–2 weeks and 2, 6 and 18 months after childbirth. The mothers experienced having responsibility and control over the infant’s care, even at the hospital. While the fathers described having confidence in leaving the care to the nursing staff, as the fathers needed to find a balance between work and family life (41). These findings are confirmed by other studies (13, 17). However, fathers may compensate for their relative lack of influence on child-caring through their impact on the mothers’ attachment and sensitivity towards their child (8, 42).

Participants suggested that mothers might have difficulties leaving infant-care to the father for a whole day. The reason for this attitude may be father’s long working hours with limited time to take care of their child. Mothers may be gatekeepers for fathers’ involvement in child-caring but mothers’ extended working hours outside the home may increase fathers’ participation (43). Fathers can have the same importance as mothers in nursing the child, if they can interpret the infant’s signals and respond to them (44).

Parental leave was supposed to give the participants an opportunity to get to know their child and to follow its development. In a study from the USA (45), fathers who took leave to take care of their children were presumed to share child-caring with mothers, more than fathers who did not take leave. All countries each have their own traditions regarding parental leave. In a comparison study, it was revealed that fathers in Great Britain (2) had no right to paid parental leave, whereas Swedish men were financially promoted to share evenly parental leave with their partner. The authors suggest that it is therefore easier for Swedish men to meet the latest expectations for fatherhood (2). However, traditions remain, and at the time of the interviews, Swedish fathers, in fact, took only approximately 19.5% of their half of the parental leave (21).

A few participants thought they should be the sole breadwinners and that mothers should stay at home. Such a point of view was probably only from these men’s personal expectations for both themselves and the mother. However, the father might feel pressed by his partner and the environment into accepting a new fatherhood role, which includes shared child-caring. A child needs both its parents (19) and a study has shown that separation among couples is less common in families where fathers have taken parental leave (46). It has been discussed whether fathers lose money by taking parental leave. However, several fathers in this study did not think they would, which is quite contrary to the result of another study that proposes that women take most of the leave, because men usually earn more (2). Surprisingly, according to a study made within the European Union, parental leave may improve the fathers’ status on the labour market. Some employers in that study considered that fathers, after returning from parental leave, were more competent in handling stress, balancing multiple responsibilities and developing interpersonal skills, than previously (47).

The relationship of the couple after childbirth was seen as having changed and in many cases, they had become more closely united. Nevertheless, fathers described a lack of time for themselves as a couple, and tiredness could result in increased irritability toward occurring problems. No one expressed a worsened marital relationship, quite contrary to a Swedish study, which shows that marital problems were common postpartum (48). At antenatal clinics, participants had been informed about the high increased risk of a couple separating which alarmed the fathers. This assertion is incorrect, even though the vulnerability of marriages may increase after childbirth. In 2003, approximately 3% of couples in Sweden separated during their infant’s first year (49). This is far from the 50% that a few fathers had been told. Separation is not a common solution to relationship problems. Shared parenting (21) and increased awareness of the partner (18) are presumed to strengthen a couple’s relationship during the first months, postpartum, while low marital quality may have a negative impact on the father–infant interaction (50). During the delivery, participants noted their partner’s capabilities, which had increased their admiration for them. This is in agreement with a study that found that fathers often expressed feelings of admiration and affection towards their partners in connection with childbirth. Previously, they had not shown them those feelings (5).

The participants were very proud of their infants, irrespective of whether they were girls or boys, quite contrary to a study of fathers at 12–16 weeks after childbirth, where fathers of boys had significantly higher parenting satisfaction scores than fathers of girls (51). The participants in this study preferred children with a lively temperament. They noted the importance of their task of playing with their child because they were more physically active than the mothers. This corresponds with a study where fathers tended to engage in more physical and rough-and-tumble play and they often interacted with their children in a way different from that of mothers (36). There are ethnic and cultural conceptions of fatherhood and personal differences, as there is hardly an ideal fatherhood. It is suggested that the most important thing is that the father is available for his child, as he is of great importance for the child’s growth and development, emotional health and cognitive development (52).

Limitations to this study may be a lack of feminist perspective. Instead, the study has a nursing perspective to
receive knowledge that is valuable for midwives and nurses. The study does not focus on different kind of families despite the fact that there are other family constellations. However, the participating fathers belonged to a ‘nuclear family’. This study is part of a larger research project including fathers’ interaction with child healthcare services; consequently, grounded theory was a suitable method.

Conclusions
First-time fathers experienced a changing life, which included becoming a father, alternating between work and home, changing relationship towards partner and developing relationship towards their child. Fathers seemed to be insufficiently prepared for this changing life; midwives at antenatal clinic focused more on the woman and the delivery than on the man and his feelings. Although becoming a father was a fantastic experience, they sometimes could feel insignificant; nevertheless, they thought they took an active part in child-caring. Fathers are by nature one of the two parents and by that, are important for their child’s growth and development, emotional health and cognitive development. Knowledge about first-time fathers’ experiences during early infancy may increase support to both mothers and fathers from midwives and child health nurses.

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Author contribution
I am the only author and contributor; however, the analysis has been discussed with a colleague, whose role has been acknowledged.

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