

Mind the Gap: The Expectation and Reality of Involved Fatherhood

It is now the expectation within the UK that fathers will be actively involved in the birth and care of their offspring; they will be “involved fathers”. However, studies have shown that a gap exists between this expectation and the reality. Using qualitative and quantitative techniques this study aims to explore the reasons for this disparity by documenting the experiences of 15 first-time fathers over an 8 month period from 7 months gestation to 6 months post-birth. Analysis of questionnaire and interview data produces five key themes which give insight into some of the reasons for the gap: the role of the father, bonding and co-parenting, experience of the National Health Service (NHS) and father wellbeing, work life and government and society. While fathers are keen to fulfil the role of the involved father they are prevented from fulfilling this desire by societal attitudes, issues relating to the development of their baby, economic barriers, a lack of support from healthcare practitioners and government policies which do not provide realistic prospects for fathers to be involved. Fathers experience considerable tension when trying to balance their desire to be involved with their baby with the economic necessity to work. This situation is exacerbated by a lack of targeted support. Implications for future practice are considered.

Keywords: involved father, role of father, transition, father well-being

In the past decade it has become routine, indeed it might be said it is the expectation, that fathers within the United Kingdom (UK) will attend the births of their children and partic-

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This study was supported by a Small Research Grant (SG101668) from the British Academy awarded to the author. The author would like to thank the National Childbirth Trust for their invaluable assistance in recruiting participants and providing comments on questionnaire design, Tas Felstead for her assistance during data collection, and two anonymous reviewers for their constructive comments.

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ipate actively in their care. According to National Health Service (NHS) and government statistics 98% of fathers who reside with the birth mother will attend the birth of their child, 91% will take time off after the birth of their child and the number of men who act as their children's primary carer has risen tenfold in the last decade to over 700,000 men (Aviva, 2011; Chanfreau et al, 2011; NHS, 2005). Such a change in culture has been driven in part by the realisation of the importance of a father's involvement in their child's care and development, by economic conditions which require both parents to financially support the family and by significant changes in postpartum care: fathers have had to fill the gap left by greatly reduced hospital care and the absence of extended families (Ellberg, Hogberg & Lindh, 2010; Giallo, D'Esposito, Cooklin, Mensah, Lucas, Wade & Nicholson, 2013; Goodman, Crouter, Lanza, Cox & Vernon-Feagans, 2011). Such a revolution has led to the emergence of a culture of "involved fathering" within the UK, a term first coined in the 1980s to describe a new type of father, one who promoted nurturing, practical care and co-parenting above the traditional role of the breadwinner (Ranson, 2001; Wall & Arnold, 2007) However, some have argued that men's involvement in fathering is less extensive than the imagery might suggest (LaRossa, 1988; Ranson, 2001) a conclusion supported by the low take up of extended paternity leave in the UK in 2011/2012: a mere 0.6% of eligible fathers took advantage of this option (Trade Union Congress [TUC], 2013). However, the question remains whether this gulf between the expectation and reality is due to a simple male reluctance to assume the mantle of involved fatherhood or whether there are other more personal, societal, familial, economic or cultural reasons for this apparent divide. While previous quantitative studies may provide us with hard data regarding the extent of father input this is but one measure of father involvement. They fail to extend their focus to consider the impact the transition to fatherhood has on the man emotionally, psychologically and practically which may provide a fuller explanation of the apparent disparity between the ideal and the reality. With growing evidence that men may face some of the same struggles during the transition to parenthood as mothers, including problems relating to work/life balance, loss of control and post-natal trauma or depression. (Bergström, 2013; Buist, Morse & Durkin, 2003; Genesoni & Tallandini 2009; Paulson & Bazemore, 2010; Ranson, 2001) it is important for the man, his family and society that we understand their experience. It is only by collecting both quantitative and qualitative data regarding the reality of fatherhood today that we can begin to understand why the concept of involved fatherhood has been quicker to catch on as a concept in the media or as the focus of government pledges than in the reality of everyday life.

There is a growing body of evidence concerning the subjective experiences of fathers during pregnancy (e.g., Fenwick et al., 2012; Finnbogadottir, Svalenius & Persson, 2003), birth, (e.g., Hildingsson, Cederlöf & Widén, 2011; Longworth & Kingdon, 2011; Premberg, Carlsson, Hellström & Berg, 2011) and postnatally (e.g., Ellberg, Högberg & Lindh, 2010; de Monitgny & Lacharité, 2004; Persson, Frudlund, Kvist & Dykes, 2012; Steen, Downe, Bamford & Edozien, 2012). Studies have focused on father attachment to foetus and baby, to his role and experience during birth, his experience with healthcare practitioners and his attempt to balance work and home life (e.g., Goodman et al., 2011; Ranson, 2001; Greenhalgh, Slade & Spiby, 2000). However, many of these studies tend to be limited in scope either relying upon indirect reports from mothers or mother-mediated recruitment (e.g. Halle et al., 2008; Redshaw & Henderson, 2013), being of limited time span or focusing upon a limited aspect of the fatherhood experience (e.g., Bäckström & Hertfelt Wahn, 2011). Further, even amongst those who profess to support the need for father-centred research the ultimate aim appears to be to encourage shared parenting, to improve the father's ability to

support the mother or to enhance the father's understanding of the mother's experience rather than to provide a focus upon the father's experience as a worthy topic of study in its own right (e.g., May & Fletcher, 2013; Premberg, Carlsson, Hellström & Berg, 2011; Redshaw & Henderson, 2013). The aim of this study was to collect both quantitative and qualitative data across an eight month period, commencing two months pre-birth and finishing when the baby was 6 months old, from first-time fathers with a view to providing a picture of the reality of involved fatherhood in the UK today. It was hoped that by presenting such a picture it would begin to become clear why the disparity exists between the ideal and reality of this phenomenon within this population.

An understanding of the father's experience is obviously of considerable importance to the father but with the realisation that the father/infant relationship is unique and separate from that between the mother and infant, that fathers contribute positively to healthy child psychological, cognitive and behavioural development, and that poor paternal mental health can negatively impact upon the partner and child, it is also of relevance to the wider family and society at large (Amato & Rivera, 1999; Goodsell & Meldrum, 2010; Grossmann, 2002; Grossman, Grossmann, Kindler & Zimmermann, 2008; Ramchandani et al., 2013; Ramchandani et al., 2011; Ramchandani et al., 2005; Sarkadi, Kristiansson, Oberklaid & Bremberg, 2008). Indeed, a recent meta-analysis of the impact of paternal depression on parenting behaviour found effect sizes which matched, if not exceeded, those for maternal depression with the impact of depression upon positive behaviours being greater in fathers than mothers (Wilson & Durbin, 2010). But without having an understanding of the experiences of UK fathers we are unable to assess how we can support fathers and their families during this period of transition and empower them to adopt their preferred fathering role.

METHODS

Participants and Procedure

The participants in this study were recruited as part of a larger, longitudinal pilot study exploring the psychology and biology of new fatherhood. Criteria for inclusion in the study were heterosexual men who were over the age of 18, about to become a first time father, co-habiting with the mother of their first child and expecting a single birth. Exclusion criteria were individuals who were currently living with children or had co-habited with children beyond the age of 18 with the exception of their own siblings. Recruitment occurred within the Oxfordshire region via local National Childbirth Trust (NCT) classes, newspaper and radio advertisements and interviews. Informed consent was taken from the participants at the commencement of the study when the participant's partner was between 7 and 8 months pregnant.

Fifteen first time fathers were recruited. Five were within the age range 26–30 years, 7 in the range 31–35 years, 2 in the range 36–40 years and 1 between 41–45 years. Twelve self-classified as White-British, 1 as White Other, 1 as Mixed-White and Black Caribbean and 1 as Indian or British-Indian. Thirteen of the 15 participants were married to the mother of their child while 2 had never been married. All participants worked full-time: 14 were employed and 1 self-employed. 4 participants had A-levels or equivalent as their highest level of qualification, 4 had undergraduate degrees and 7 had postgraduate degrees or a professional qualification of equivalent status.

Quantitative Data Collection

Participants were asked to complete online questionnaires at five time points during the course of the study: a pre-study questionnaire at sign up, which asked for routine demographic and socioeconomic information, and within-study questionnaires at 8 months gestation and 2 weeks, 3 and 6 months post-birth. Participants were provided with a unique ID at the start of the study to enable identification of their answers during analysis while protecting their anonymity. Questionnaires consisted of sections which were unique to that particular time point, for example questions regarding the birth at the 2 week stage, and sections which were repeated across the four within-study questionnaires to assess any change over time. Repeated measures covered their relationship with their partner (Kansas Marital Satisfaction Scale [KMS]; Schumm, Jurich & Boliman, 1990), friends and family; their physical and mental health, including the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer & Williams, 2001), Generalised Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams & Lowe, 2006), Impact of Events Scale-Revised (IES-R; Weiss, 2007); their baby's health, development and temperament; the frequency and experience of interacting with their baby; their perception of the father's role (Schoppe, 2001); and the development of the bond with their baby (Yale Inventory of Parental Thoughts and Actions [YIPTA]; Leckman et al., 1999).

Qualitative Data Collection

Semi-structured interviews occurred in the participant's home when the baby was 6 months old and lasted up to 1 hour. Participants were told that the aim of the interview was to discuss their experience of new fatherhood over the preceding 6 months and they should feel free to discuss any aspects of this which were of relevance to them. They were informed that the interviewer may ask questions but these were merely to prompt discussion or request clarification. A list of the possible "prompting" questions is given in Table 1. Interviews were carried out by the Author and recorded and transcribed verbatim. Participants were given a pseudonym to protect their anonymity when reporting results. Transcripts were read and re-read to enable the identification of themes; re-reading and coding continued until all themes had been identified. This resulted in 57 separate themes. These were then grouped as to topic to enable a summary of the output from the interviews to be produced. The topics are summarised in Table 2.

RESULTS

Analysis of the qualitative and quantitative results revealed five themes which related to the question of involved fatherhood: Father's Role, Experience of the NHS and Father Well-being, Bonding and Co-parenting, Work Life and Government and Society.

Father's Role

Both qualitative and quantitative results, the latter of which were not significantly different across time, indicated that our fathers believed the concepts of involved fathering – presence, practical care, nurturance and affection – were central to the role of the father (Figure 1). At all four time points fathers were asked to indicate their agreement to a list of statements describing the role of the father: a score of 5 indicated strong agreement and a score of 1 indicated strong disagreement. They believed that a father should provide equal

Table 1
Prompting Questions Used During Interview

- Would you give me your impressions/tell me your experience of the last six months?
- What, if anything, have you particularly enjoyed?
- What, if anything, have you found difficult?
- What is your role within this family? What is your role as the father?
- Will your role change in the future? If so, how?
- Have your ideas about the role of the father changed since you became one?
- What are you looking forward to in the future?
- Do you worry about anything in the future? If so, what?
- What was your experience of the birth?
- Did you have a role in the birth? If so, what?
- When did you hold your baby for the first time? How did you feel?
- What has the experience of forming a bond with your baby been like?
- How was your return to work?
- Does your baby view you and your partner differently?
- How have you found combining work and home life?
- Is there anything about becoming a father that has surprised you? Has becoming a dad been what you expected?
- Do you think you have changed since becoming a dad? If so, how?
- Do other people treat you differently since you became a father?
- How has becoming parents affected your relationship with your partner?
- How have you experienced moving from a couple to a family?
- How do you think British society views and treats fathers?

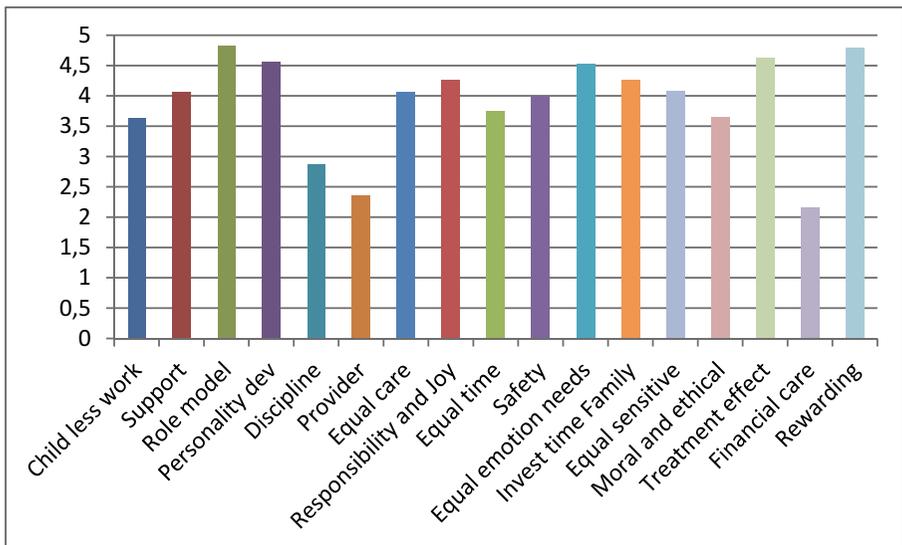


Figure 1. Chart of mean importance score for father’s perception of their role across the study’s four data collection time points (pre-birth, 2 weeks 3 and 6 months).

Table 2
Prompting Questions Used during Interview

A New Identity	F1 Change in character F38 Baby as point of life F43 Impact of expectations F44 Baby as impetus for change F45 Having someone depend upon you F50 Becoming a member of the “dad club” F51 How one is viewed by others
A Special Relationship	F3 A special relationship F4 Ability to influence baby behaviour/emotions F5 Searching for a unique role F10 Importance of first hold or nappy change
Supporting Fathers	F6 Lack of support F9 Being excluded
Life Change	F7 Attitude to change in lifestyle F17 The first few weeks F19 Fatherhood as life changing F24 The transition to fatherhood F38 Baby as point of life F56 Always being busy
Birth Experience	F8 Father’s role in the birth F9 Confidence in Medical Staff F11 Thoughts and feelings at point of birth F25 Dealing with partner’s pain F27 Thoughts and emotions during first hold F42 Feeling involved in the birth F46 The birth in retrospect F58 Experiencing traumatic birth
Father’s Role	F13 Dad’s role today F29 Dad as role model and teacher F32 Promoting the child as a confident, independent individual F35 Importance of being present F39 Desire to be involved F41 Being the primary carer F45 Having someone depend on you F47 Bringing up a “good person”
Enjoyment	F14 Looking forward to in the future F30 Involving the child in sport F32 seeing child emerge as an individual F36 Sharing dad’s interests F37 What dad enjoys doing now
Difficulties	F15 Worries and concerns F20 Loss of control F43 Impact of own expectations Competence as a father F53 Achieving a balance between good and bad experiences
Forming the Bond	F16 Building a bond F35 Importance of being present F48 Importance of interaction
Moving from Couple to Family	F21 Being the “second” parent F22 The parenting team F23 Prioritising other’s needs above own F26 The transition from dyad to triad F33 Impact on couple’s relationship
Work/Life Balance	F28 Attitude to work F31 Returning to work F34 Society’s treatment of fathers
Fathers in Society Mental and Physical Health	F40 Mental and Physical Health

care ($m = 4.07$), time ($m = 3.75$) and emotional support ($m = 4.53$) to their child and were as equally capable of providing sensitive care as the mother ($m = 4.08$). In contrast, they felt that the role of the provider ($m = 2.36$) and disciplinarian ($m = 2.36$) were not unique to the father. During interview fathers reiterated this viewpoint:

In parenthood everything is joint, I don't believe I should be the sole money earner and my partner should be the sole parent ... [our job] is to provide with money, emotional support, protection, love, everything. *Toby*

However, some fathers recognised a gap between their desire to co-parent and the reality:

[The father's role] seems to go back to those male stereotypes: being the protective person, being the one who is earning the money...I don't think...that is something we had ever thought ...would happen and we did just slip into those roles... *Harry*

Beyond the concept of equality in care and support fathers felt they brought unique qualities to the role of parent believing that they had a particular role in the moral and ethical development of their offspring ($m = 3.66$) and a central role in the development of personality ($m = 4.56$). Interview data suggests that they had a particular concern with the development of their child's sense of independence:

... [it is] a father thing. How do you help shape an individual life so that it is prepared to live on its own? So that they know they have safety if they make the wrong choices ...but they have gone through the process of coming to the decisions they have done? *Mike*

Further, fathers felt strongly that they should act as a role model ($m = 4.83$) and acknowledged the need to change, in some cases, to achieve this goal:

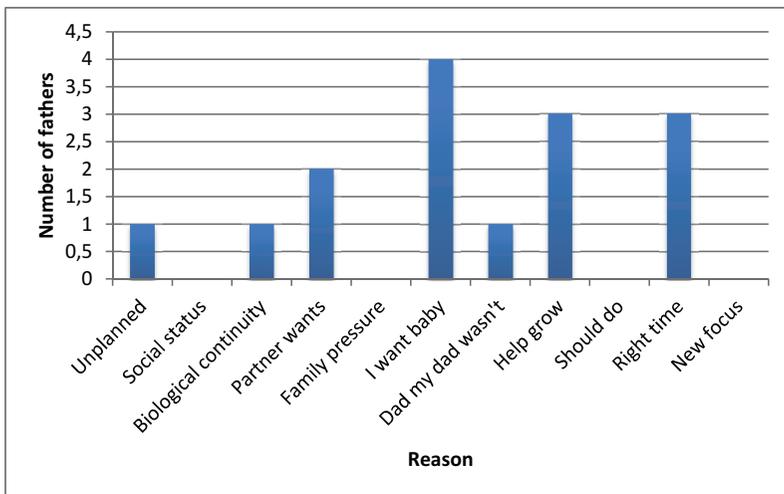


Figure 2. Chart of fathers' reasons for deciding to have a baby.

I think there is something about being a role model. I am changing the way I do a lot of things and trying to step up my game. You can do a lot of the big one off gestures ... but the thing that is going to make the difference in terms of how he lives his life and who he becomes is actually how I am living my life *Harry*.

These results suggest that our fathers maintained a belief in the importance of involved fathering across the 8 months of the study. Such consistency may be due, in part, to the circumstances which motivated these fathers to embark upon fatherhood. Figure 2 shows the key reasons given for deciding to have a baby. With the exception of one unplanned pregnancy all the fathers were actively involved in the decision to be a father with 4 stating that they had been the prime mover in deciding to have a baby and that they had experienced a strong desire to have a baby on at least a few occasions, if not frequently, before conceiving. This enthusiasm to be a father is reflected in the results relating to the participants' feelings about being a father in the 6 months following birth. Despite being offered a range of positive and negative emotion words, including anxious, resentful, distressed and powerless, when asked to select the three words which best described their feelings about being a father at that point the choice of words is overwhelmingly positive (see figure 3). These results are despite the quite difficult experiences that some fathers reflected upon during interview:

Our lifestyle has changed completely, in ways for the better but it is a massive struggle, it's like taking on another job almost because it has been very tiring, a lot of hard work, a lot of sleepless nights...the further you go back the worse it was...learning everything, being a dad for the first time everything is brand new. *Toby*

It was quite draining, emotionally draining and you never got the rest either because you were up in the night which in itself is quite tough. Occasionally I would kind of say for God's sake stop crying but I knew it wouldn't end up being like that, it wasn't my life. *Max*

Bonding and Co-parenting

One of the key markers of the culture of involved fathering is the concept of the father as co-parent. The statistics and qualitative data relating to the fathers' perception of their role reflect our cohorts' belief in the role of the father as co-parent with an equal input into their child's life. However, during interview many fathers commented on the practical, biological and behavioural factors which prevented them from realising this ideal. Many focused on the slow development of their baby and the decision to breastfeed as aspects which caused them to adopt the role of secondary parent and delayed the development of an intense father/infant bond:

I feel like our bond has grown. I think when it started off she was such a responsibility, she was such a ... burden is not the word ... she was such hard work that I think it is difficult to build a bond straight away.... I think your resentment of "you are making me get up at this time, making me do this again" is quite overpowering but as they get older you play with them more, see their personality ... your bond grows. *Toby*

I did find it difficult playing with him because he didn't do much. Now he is actually getting involved ... and doing a bit more I find it a lot easier, more rewarding.

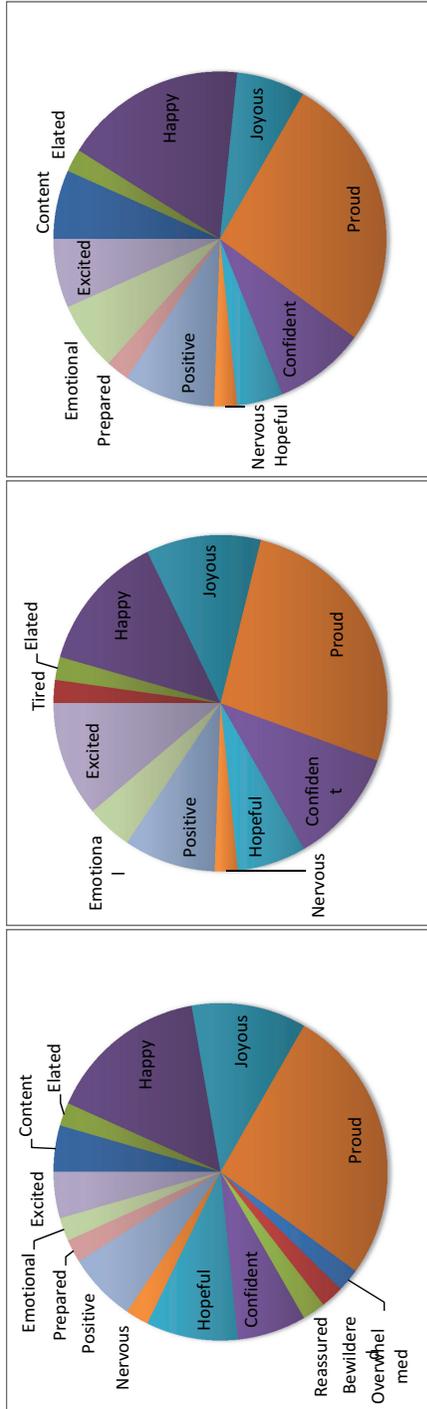


Figure 3. Fathers' feelings about being a father at 2 weeks, 3 months and 6 months.

It was all one way streets to start with which is fair enough but that I found difficult.

Julian

...now when she gets really upset or really distressed it is always mum that she wants ... only mummy that will do. So I definitely hope that in the future if something bad happens or she needs someone to talk to it won't instantly be only mum I can talk to... *Ben*

... I haven't experienced feeding until quite recently with solids. I wouldn't say I was jealous of my wife but I was just I guess resentful in some ways. She was able to calm him when he was hungry and I couldn't do a thing. So that was a little bit of a challenge for me to deal with. *Alex*

These reflections concerning the development of a relationship with baby and the fulfilment of the fathering role occur despite many of the cohort exhibiting behaviours which should promote bond development and suggest involved fathering. The Yale Inventory of Parental Thoughts and Actions (YIPTA) (Leckman et al., 1999) includes measures aimed at assessing a parent's developing attachment to their child by focusing on the frequency of a range of interactions and behaviours which promote the development of a special relationship. The results for these measures are given in Figure 4. The scale for frequency of behaviours is given below the Figure and a lower number indicates higher frequency. While the frequency of behaviours varies slightly across the 6 month period it is clear that participants are exhibiting a range of bonding behaviours and cognitions, including repeating special words and tunes, using a special nickname and thinking their baby is the most beautiful in the world, daily if not several times a day across the timespan of the study. Comments in interviews support these results and reflect a desire for the fathers to develop special and unique relationships with their babies:

...I seem to be able to get him to laugh very, very easily ... fits of laughter ... jumping around and scaring him. Stuff that my partner would never think of doing but that

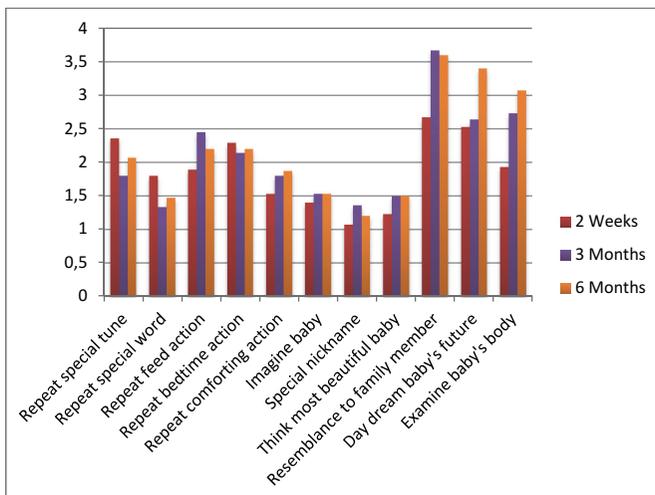


Figure 4. YIPTA measures taken at 2 weeks, 3 and 6 months. 1= Several times a day, 2=Daily, 3=Every few days, 4=Once a week, 5=Every couple of weeks, 6=Less than once a month.

is something we do between us ... just him and me. *Harry*

She is a daddy's girl. I mean I think she sees us as a team but I like the fact I have a distinct role, I am always going to be daddy ... she is always going to need me...

James

Further, fathers followed advice regarding the importance of beginning the process of bonding immediately following birth with 80% of fathers holding their baby within 10 minutes of its birth. For 4 fathers, due to the circumstances of the birth, their first interaction with their baby was immediate and they felt this to be a very special moment, as evidenced by Frank "...there was quite a situation [after the birth] but during that time I just had him and that was actually very special because for an hour I had a first special bonding, chatting to him..." However, for one father the need for their baby to be transferred to NICU meant a half day delay in their first hold of their baby although they felt that this gave them time to adapt to the change in their circumstances

...my immediate fright reflex was "ooh what do I do?" so I can't remember if they asked me [if I wanted to hold the baby] ... but I probably wouldn't have done it until I had had time to get used to it a little bit. *Harry*.

Further, despite guidance that bonding be promoted by skin to skin contact with both the mother and father, two thirds of fathers experienced the first hold with their baby in a blanket rather than skin-to-skin. The wish to develop a special relationship with their baby, as evidenced by the frequency of special behaviours and cognitions, and the desire to be a unique person in their child's life suggest a desire to be an "involved father" but the evidence from Harry and the lack of skin-to-skin interaction suggests that some fathers still need to be encouraged and supported in this area.

Experience of the NHS and Father's Well-Being

All of the study babies were born in National Health Service (NHS) hospitals and had been the focus of NHS care before and after birth. For the fathers the period of the birth was one of considerable emotional flux. During the first and second stages of labour a significant number experienced feelings of anxiety, concern and powerlessness but these difficult emotions were replaced by relief, pride, joy and happiness following the birth (Figure 5). The majority felt involved in the birth and did not have concerns about the competency of the midwife or medical team. However, the picture before and after the birth is less positive with fathers reporting a lack of support from NHS staff during the antenatal and postnatal (3 and 6 months) periods. On a scale of 1 to 5, where 1 equated to not at all supported and 5 very supported, NHS staff did not score above a mean of 3 across the four time points, in comparison to partner, family and friends who consistently scored above this. Further, 10 fathers scored the level of support from staff at 2 or below at the 3 month stage and 8 at the 6 month stage (Figure 6). Mike commented, "I think the thing that struck me was you are either treated as a couple having a child or as a mother. There is nothing focused on or no support groups for fathers. There is nothing to help you prepare for your role..." while Josh highlighted the lack of any father-focused support from health visitors: "The support for fathering has been non-existent. I have happened to be here when health visitors came around but that is coincidental, there is nothing directed at fathers. I suppose you just get on with it.... There isn't a dad's support network and I am lucky that I haven't needed it ... but if things had been different I think it would have been harder."

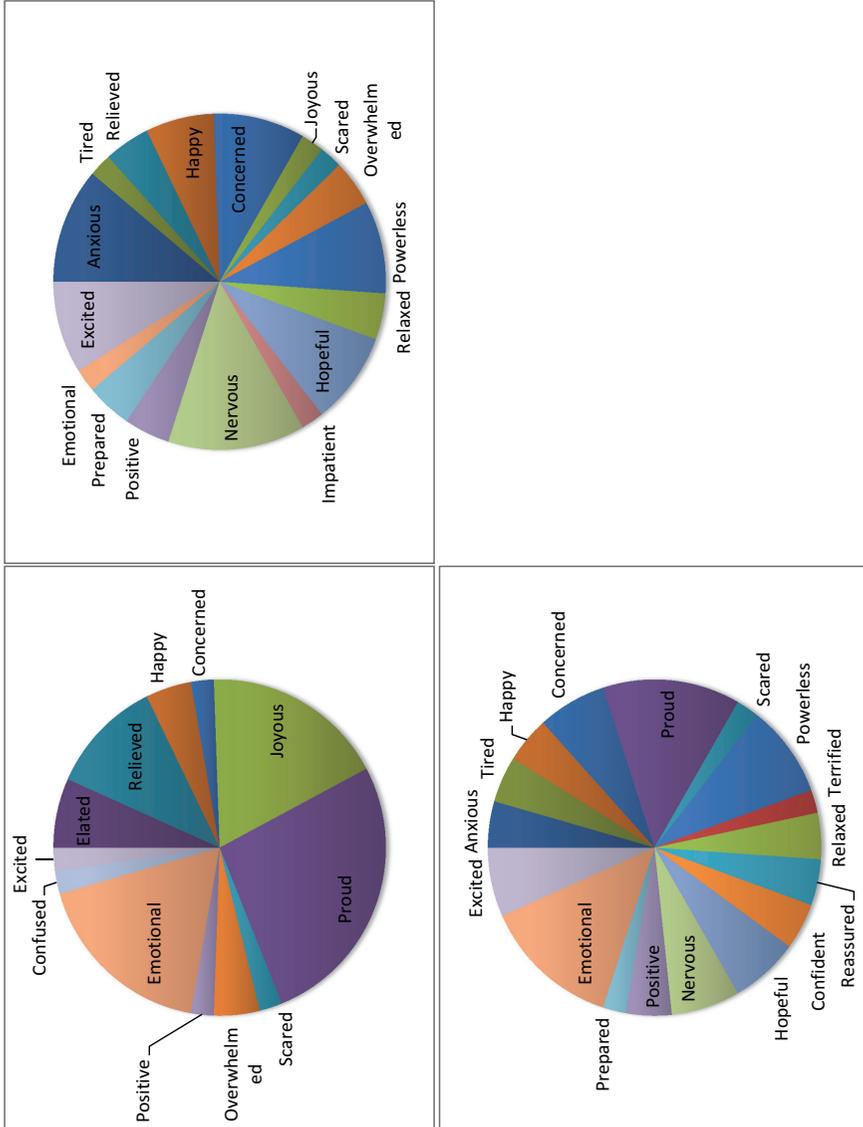


Figure 5. Father's feelings at three key stages of the birth process: The commencement of labour, Stage 2 labour and the point of birth.

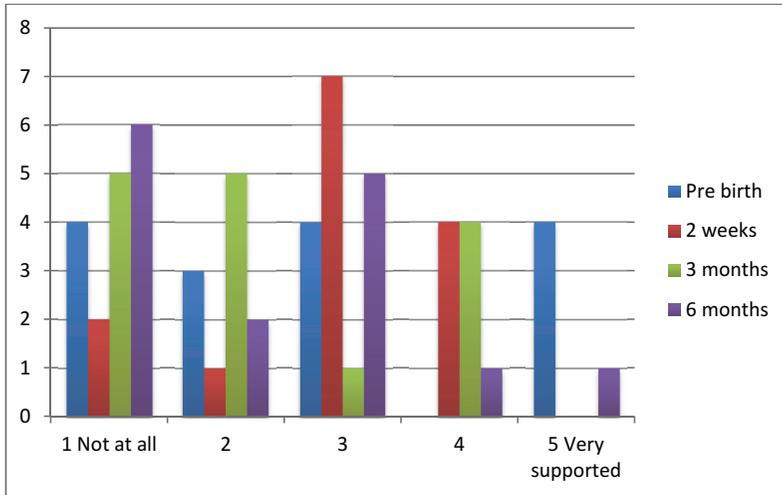


Figure 6. Fathers' perception of support received from NHS staff at the four data collection points: pre-birth, 2 weeks, 3 and 6 months.

Four of the fathers did feel very supported in the prenatal period but it should be noted that in three of these cases assisted fertility or a partner with serious gestational complications meant that the frequency of interaction with healthcare professionals was significantly above average. For those whose conception and pregnancy was comparatively straight forward the degree of support was not deemed to be adequate. However, even in these relatively textbook cases the emotional impact of impending and new fatherhood led to a rollercoaster of emotions for the new fathers from the moment of conception. Figures 3 and 5 have already shown that while there is a balance of positive and negative emotion fathers could experience extremes of emotion in relatively short time periods. Further results show the joy of a confirmed pregnancy is followed by the anxiety and powerlessness of anticipating the birth while the elation of the birth is rapidly followed by the anxiety and sense of exclusion caused by leaving the partner and baby in hospital (Figure 7). And it is clear from our data relating to support that fathers do not feel supported during these extremes by healthcare personnel. In extreme cases these experiences can impact upon the father's mental health and his ability to cope and bond with his new baby. Of the 15 fathers involved in this pilot five showed signs of mild to moderate depression at the 2 week time point with one father exhibiting symptoms of moderately severe depression at 6 months (Figure 8). These incidences correspond to the time points at which fathers reported the lowest levels of support from NHS staff. In interview fathers described difficult experiences during the birth and first 6 months, including changes in the relationship with their partner:

It was horrible to see the person you love in so much pain ... I wasn't at all prepared for what I saw and it was horrible at the time. The only thing I could do is be there and try and get my partner to take more pain relief and it was frustrating when she wouldn't... *Max*

For the first week, brilliant, by second week I was starting to get a bit down and by the third week I was really quite ... didn't think I was doing anything right.... I was

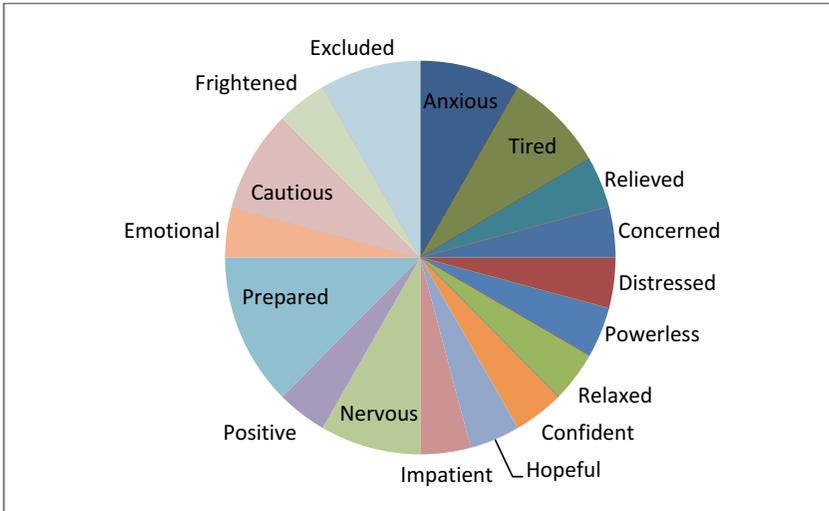


Figure 7. Feelings of fathers when leaving their baby and partner in hospital following the birth.

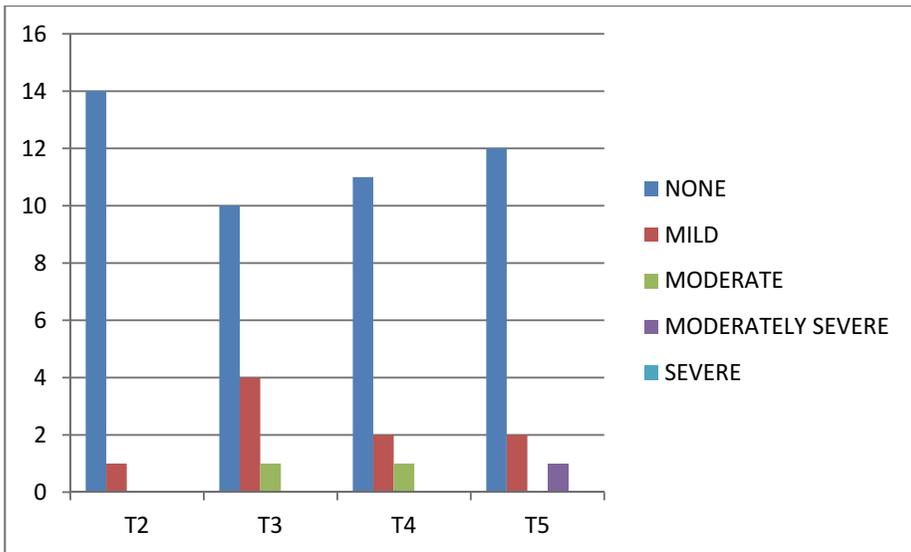


Figure 8. Results of the Patient Health Questionnaire (PHQ-9) delivered pre-birth (T2) and at 2 weeks (T3), 3 months (T4) and 6 months (T5).

at quite a baby blues stage I think, that's the only way of putting it. *James*
 ...you become so tired in the first few weeks that you think, is this right? Have we chosen to go in the right direction? Not not loving him but you do think about it. *Ajay*
 It is difficult. We are very close and have known each other since we were 16 ... so it is weird suddenly throwing someone else in the mix because we have grown up

together. *Steve*

[It's] been almost like our relationship is on holiday for a moment so I wouldn't say we don't have a relationship but it is very different in terms of what we talk about every day.... I wouldn't say that's a bad thing it is just part of the next stage for us.

Alex

Both qualitative and quantitative data confirm that the transition to fatherhood is an emotionally complex and challenging time for fathers and that they have a number of different hurdles to cross relating to their relationships and roles within the home and outside it. However, while messages regarding the need to support fathers during the birth appear to have become reflected in standard practice amongst healthcare professionals the needs of fathers before and after birth, when the challenges may be at their most demanding, are not being met at present and in some cases this can have quite severe adverse effects upon fathers' well-being.

Worklife

All of the study fathers were in some form of employment and all had altered their work schedule to some extent following the birth to enable them to spend time with their baby. However, despite these changes many of the fathers struggled with the balance between being an involved father and still meeting the need to generate income for their family, particularly while their partner was on maternity leave. For some this led to concerns regarding their future career progression or the nature of the bond with their baby, for others guilt as they tried to reconcile and cope with the demands of a job and the need to co-parent:

I always want to be there for my kids, to help out and my job allows me to do that at the moment. That is the problem, if I move up the ranks I am in a Catch 22 ... if I ever want to earn more money I will have to worry about it... *James*

After this last week away and seeing him grow and then going back to work and having 15 minutes a day with him ... it has made me realise what I am missing and it is hard because you want to be there and you want to see everything... [The bond] has developed but because I don't get to see him as often as I would like it is a constant worry that it is not developing how I would want it to... *Ryan*

My partner got to see him and see the good sides of him but when I got home from work he tended to be quite grizzly and I found that quite difficult, I saw the worst of him during the week. *Max*

I get home and my partner says I need to do this take her for a moment, sometimes I feel guilty because what I am really thinking is I would like to come home and have a bit of time for me to relax from my day but then that is obviously not fair because my partner has had to look after her all day. *Ben*

With the exception of one father all fathers had benefited from some time off after the birth of their baby with 12 taking more than the statutory two weeks leave. This gave them the opportunity to involve themselves fully in the role of co-parent. However, while this period was welcomed by all the fathers who took it, for some it led to a conflict on their return to work as the differences between the level of involvement enabled by paternity leave and the reality of the involved working father were starkly drawn:

[My wife was unwell] so I was doing everything and then when I went back to work she was thrown in at the deep end and I was like “where’s my child”? I was used to doing everything and my baby wasn’t there. *Toby*

...The first day going back to work was difficult in some ways because I was used to...you get very quickly wrapped up into baby world and being with her 24 hours a day, initially it was quite difficult walking away from that. *Leo*

These reflections from the interviews are supported by the quantitative data which show a range of both negative and positive feelings about the return to work (Figure 9).

Government and Society

Previous themes have highlighted the often strong and conflicting emotions that fathers experience during their transition to fatherhood. These conflicts have been generated by the new experiences and demands that a father must cope with in a relatively short time span. We have seen that such demands have been eased to some extent by the right to take some paternity leave following the birth of a child, allowing the father space to adapt to his new role and begin the relationship with his baby, but have not been aided by the very short time period, mainly the birth, during which the father is the focus of NHS care. When asked to reflect upon the perception of the father within wider UK society and the impact of the Government’s policies many commented that the attitude to fathers amongst wider society led to their exclusion and relegation to the role of supporter rather parent. Many felt that society paid lip service to involved fatherhood rather than genuinely investing in its implementation and success:

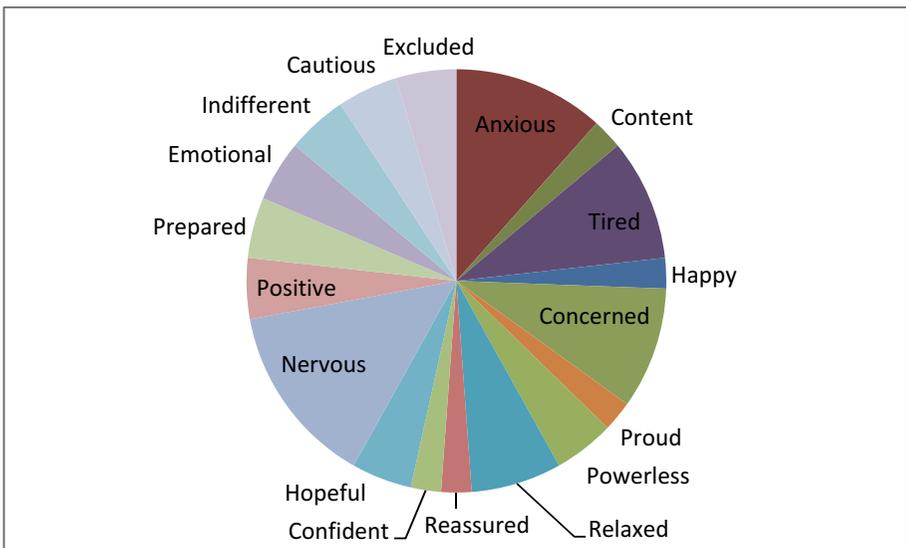


Figure 9. Fathers’ feelings on returning to work following paternity leave.

Everyone at work is always looking after the mum ... and I am sat there thinking I've helped you put on your shoes, helped you get off the bed ... I am exhausted helping to look after you, you've been sick all morning. No one asks you how you are; no one ever does ... men aren't seen to be that vulnerable and that involved in the pregnancy process, the baby's not inside me is it? *Toby*

...[the check-up] I did go to, my partner got on the seat and the midwife drew the curtain around me and my partner said "He can watch" and she said "Oh right" and I thought well I am the husband ... in a month's time I am going to be seeing everything. And the midwife was a bit weird as though I shouldn't be there. *Steve*

I think the government or society thinks that the father is not always needed at home, that is why a system is created with only 14 days leave. We could have done with more ... it appears like the father has to be moved out of the house as soon as possible. *Ajay*

I couldn't afford to let my partner go back to work after 6 months and for me to take 6 months, it is just not feasible to do with a mortgage and stuff. And yet this is the time you miss the most, you miss all the little things. *Ryan*

I personally feel that if a bloke is having one or two kids in his lifetime then his company should give him those two weeks off paid because in the grand scheme of things it is not a lot of time. In today's society £128 is nothing a week and it is not enough to pay a mortgage particularly when your wife is on maternity. *Steve*

Again, these results suggest that while our fathers were aware of the need and desire to be involved with their babies the policies put in place by the government meant that any form of extended paternity leave was not economically viable. Further, while the culture of involved fathering has invaded, to a considerable extent, the birthing room there is still a considerable way to go in changing the culture within other healthcare settings and among the wider society.

DISCUSSION

The aim of this study was to explore the transition to fatherhood of 15 new fathers from birth until their baby was 6 months old. It aimed to understand the experience of new fathers within the UK from a number of perspectives with the hope that we can begin to understand the reality for the involved father within our country today.

It is clear from this study that the participants were keen to have children and were actively involved in, if not the motivating force behind, the decision to have a child. From the commencement of the study all had a strong opinion of the role that they wished to play with respect to their child and this remained consistent throughout the 8 months of the study despite the challenges posed by this considerable life change. They felt that they should perform the role of the co-parent and be equally involved in the practical care and emotional support of their child. In this our fathers reflected the general trend as identified in other qualitative studies carried out over the last decade (e.g., West et al., 2009). Goodsell and Meldrum (2010) reported that fathers adopted diverse roles encompassing nurturer, playmate, primary carer, counsellor, teacher and financial provider while Habib and Lancaster's (2010) cohort placed breadwinner as fifth on their list of fathering roles behind emotional supporter, playmate, caregiver and helper. Further, in line with other studies our fathers felt that one of their key responsibilities was to be a role model for their child and to help their

child develop as an individual who was equipped to go out into the world and explore (Barclay & Lupton, 1999; Concon et al., 2013; Fägerskiöld, 2008). Previous research has argued that one of the key and unique roles of the father is to promote a sense of agency within their children. Indeed, Grossman et al. (2008) argue that while mother/infant attachment is characterised by security the father/infant bond is characterised by security *and* exploration. Fathers may promote this sense of exploration, from a secure base, through play (Genesoni & Tallandini, 2009; Goodsell & Meldrum, 2010) and one of the key sources of enjoyment for the participants in the study reported here was promoting independence and pushing the developmental boundaries during playful interactions: encouraging risk taking and allowing the exploration of new environments and relationships. These findings reinforce a developing realisation that fathers bring a unique role and perspective to child rearing.

This continued belief in the principles of involved fathering led many of our fathers to experience a tension between the desire to fulfil this role and the need to support the family financially. Some experienced guilt as they felt that they had left their partner to carry the majority of the burden of childcare while others felt guilty that they resented having to care for their child after a hard day at work (see Halle et al., 2008 for similar finding). Many struggled with the reality of being a working, involved father. They felt they were forced to adopt the role of the secondary parent: a position reinforced by the attitudes of healthcare staff and society during the pre- and postnatal periods. These tensions contributed to the roller coaster of emotional extremes experienced by the new fathers during the period of transition with some experiencing poor mental health as a consequence. The work/home life tension was starkly evidenced by the contrast between the period of paternity leave, when total baby immersion was possible, and the return to work which left some feeling distressed and excluded. These tensions and their consequences are evident in previous work (Barclay & Lupton, 1999; Buist et al., 2003; Fägerskiöld, 2008; Genesoni & Tallandini, 2009; Goodman et al., 2011; Halle et al., 2008; Mitchell-Box & Braun, 2011; Ranson, 2001; Steen et al., 2011; Turner, 1970). Ranson's (2001) study of middle class fathers identified the tension which exists between work and home-life finding that those who attempted to "do it all" experienced the most tension while Giallo et al's (2013) study of over 3000 new fathers found that father's employment was the second strongest predictor of paternal postnatal depression. Goodman et al. (2011) report that those with a non-supportive workplace and high levels of work associated stress had significantly lower levels of parenting quality including higher levels of detachment, intrusion and negativity. Several studies have identified the impact of the gulf between the expectation and reality of involved fathering. Buist et al's (2003) study of men's adjustment to fatherhood found that this disparity led to considerable distress amongst their cohort of new fathers. Gamble and Morse (1993) report that fathers felt their relationship with their infant failed in comparison to the gold standard of the mother/infant dyad while Mitchell-Box and Braun's (2010) fathers felt like a "third wheel" in the family. These and our findings suggest that while the government has begun to recognise the role for fathers in their children's lives the paternity rights currently on offer are not actually empowering fathers, with the exception of a scarce few, to truly co-parent their children and a considerable tension still exists between work and home life. This leads to a significant impact upon paternal wellbeing, family functioning and family stress (Giallo et al., 2013) and would suggest, if the government are heartfelt in their wish for fathers to co-parent, that a re-evaluation of current policy is required to ensure it is fit for purpose.

One of the key aims of the larger New Fatherhood study was to gain an understanding of the biological and psychological underpinnings of the father/infant bond and how these

may change as the child develops. While the research in this area is limited previous studies have indicated that the nature of the father/infant bond is different and unrelated to that with the mother: indeed it is capable of compensating for insecure attachment between mother and child (Goodsell & Meldrum, 2010; Grossmann, 2002; Grossmann et al., 2008). Fathers who are involved with their children, taking the time to support and affectionately care for their child, make a positive impact upon their child's cognitive, psychological and behavioural development even when controlling for maternal involvement (Amato & Rivera, 1999; Ramchandani et al., 2013; Sarkadi et al., 2008). Further, the link between insecure father/infant attachment, paternal psychopathology and behavioural, cognitive and psychopathological issues during the child's development, emphasise the key and separate role this relationship plays in child development (Ramchandani et al., 2005, 2013). While some of our fathers reported experiencing an instant bond with their new baby others took time to absorb their new status and the change in their family circumstances:

I feel like our bond has grown. I think when it started off she was such a responsibility, she was such a ... burden is not the word ... she was such hard work that I think it is difficult to build a bond straight away ... You do love them unconditionally straight away it is just that the emotional bond doesn't happen straightaway. It feels like it is not going to but it does" *Toby*

However, all fathers acknowledged that this initial bond was categorically different in breadth and depth from that which all had experienced by the time of the 6 month interview. In this they concur with previous research (Barclay & Lupton, 1999; Longworth & Kingdon, 2011) and provide anecdotal evidence of Turner's (1970) two tier model of attachment: a first tier of attachment linked to a shared identity based on shared qualities, such as genetic relatedness, and a second, more slowly developing tier based upon interaction. Our fathers suggested that the bond between father and infant grew as the baby developed and the relationship became more interactive. This was strengthened, for those whose babies were breastfed, by the introduction of solid food which allowed the father to be involved in feeding their child. While only one of our fathers reported feeling challenged by his wife's decision to breastfeed, in a reflection of previous studies, many of our fathers reported only feeling fully involved when they were able to feed their child (Barclay & Lupton; Fäger skiöld, 2008; Gamble & Morse, 1993).

The majority of fathers reported good experiences with medical staff during the birth. Despite this their experiences of care pre- and post-birth were more mixed. Many felt that they were not treated as an individual, with their own concerns and experiences. At best they were their partner's supporter and, at worst, they were excluded or ignored: the unique relationship they had with their baby was not acknowledged (for a similar result see Ellberg et al., 2010; Fenwick et al., 2012; Kaila-Behm & Vehviläinen-Julkunen, 2000; de Montigny & Lacharité, 2004; Steen et al., 2011; Widarsson et al., 2012). This led some to conclude that, while as a society we profess to support involved fathering, this is not reflected in the day to day experiences of fathers. Men are not facilitated or empowered to decide to be involved in their child's care. Their experiences at work, as the target for government policies and during their interactions with social and healthcare practitioners led many to state that policies and best practices were not leading to a change in culture: society was merely paying "lip service" to the idea of father involvement (for similar finding see de Montigny & Lacharité, 2004). This is unfortunate both because previous studies have shown that mothers and fathers see childbirth in particular as a shared experience (e.g., Genesoni & Tallan-

dini, 2009) and because the outcome of this and other studies suggest that the changes to healthcare practice that fathers need to feel important and involved are relatively small: being questioned, listened and responded to as an individual, being actively involved in decisions regarding birth and postnatal care, being invited to adopt a role during the birth and being informed of decisions and changes in care that affect their partner or baby (Bäckström & Hertfelt Wahn, 2011; Ellberg et al., 2010; Longworth & Kingdon, 2011; de Montigny & Lacharité, 2004; Persson et al., 2012; Premberg et al., 2011). Persson et al. (2012) found that the extent to which healthcare personnel empowered the father in his new role was one of the three significant factors, alongside father and mother well-being, which predicted levels of father postnatal security. Hildingsson et al. (2011) report that the only significant factor affecting birth experience for first time fathers was the extent of midwife support. Perhaps, as Kaila-Behm and Vehviläinen-Julkunen (2000) suggest healthcare professionals should take time to align their perception of the father's role with that adopted by the individual to ensure that the father is supported appropriately in his choice of role to prevent a sense of alienation and exclusion developing.

Implications for Practice

For many of our fathers while the experience of new fatherhood contained many joys it is clear that there were considerable points of tension, many of which find their source in the gulf between the fathers' expectations of involved fatherhood and the reality. As a link has been reported between depression and the failure to meet these expectations in first time fathers (Ferketich & Mercer, 1995; Wee et al., 2011) it is important that practitioners spend more time focusing on handling expectations and exploring the impact that biology, societal norms and work can have upon the reality of fathering. It may help to encourage fathers to view the relationship they have with their child as unique and separate to that between child and mother with the hope that they will not view this latter relationships as the gold standard but see that it is the difference that they bring to the triad that is important, particularly with respect to their baby's development. Further, practitioners need to be aware of times of particular vulnerability during the pre- and post-natal period when attention is currently overwhelmingly upon the mother and child. These points may be linked to the delay in bonding, the experience of breastfeeding or the sense of exclusion that can result from insensitive interactions during healthcare appointments, the lack of opportunity to stay in hospital with their new family or the return to work following paternity leave. Nevertheless, it may not be possible to entirely dissipate the gap between expectation and reality during the antenatal period and, as such, practitioners should also focus upon providing ongoing support and normalising any feelings of tension, conflict or guilt that the man may feel during his transition to fatherhood.

Limitations

The conclusions of this study are valuable because they are based upon the combination of qualitative and quantitative data allowing a more complete understanding of the experience of new fatherhood to develop. However, the study does suffer from one limitation relating to the nature of the participant group. Due to the nature of recruitment this group was self-selecting and overwhelmingly white, middle class and married. As studies have shown that socioeconomics, ethnicity and the father's age all impact significantly on the extent to which the father wishes to be involved (Redshaw & Henderson, 2013) the conclusions of

this study cannot be extended to all populations. Further, the self-selecting nature of the cohort means that we have a group of individuals who are already engaged with the idea of involved fatherhood and, as such, their views do not represent those of all fathers-to-be. However, the fathers in this study volunteered when their partner was 7 months pregnant when, arguably, they had no knowledge of the reality of fatherhood and, as such, their responses do represent an accurate and valuable picture of transition to fatherhood within this population. Further, it could be argued that if our study cohort, who are comparatively highly educated, affluent and have supportive family networks, experienced tension and negative emotion during their transition to fatherhood the nature of this experience amongst more vulnerable populations could be significantly more difficult. This would imply that the need for father-focused, targeted support is even more pressing.

CONCLUSION

Fathers today are keen to be involved in the care and upbringing of their baby. They want to step beyond the stereotype of the “provider” and provide emotional support and practical care and guidance to their children. However, the sociocultural environment and government policy do not fully support this desire and fathers are often left struggling with the gap between their expectation and the reality of new fatherhood, a position exacerbated by the developmental barriers which delay the father’s ability to co-parent their child.

At the commencement of this paper it was suggested that the gap between the expectation and reality of involved fatherhood that has been identified by previous researchers as a lack of desire to fulfil the role on the part of fathers may rather be due, in some if not all circumstances, to societal, biological or practical barriers placed in the fathers’ way. While this small study cannot decide this argument either way the evidence here suggests that while fathers have the desire to co-parent they are limited in their ability to express this desire by biological and developmental factors, the economic necessity to work and the lack of realistic government options for extending their involvement beyond the statutory two weeks paternity leave. This means that the point at which breastfeeding ends, playful interaction increases and fathers can begin to extend their role coincides with a time when the father is fully engaged at work and unable to fulfil his desire. Unless policies change so that involved fathering can become economically viable the gap between the desire and the reality for the majority of fathers will remain insurmountable.

REFERENCES

- Amato, P.R., & Rivera, F. (1999). Paternal involvement and children’s behaviour problems. *Journal of Marriage and the Family*, 61, 375-384.
- Aviva plc. (2011). UK: Dads take on childcare duties in one in seven UK households. Retrieved from <http://www.aviva.com/media/news/item/uk-dads-take-on-childcare-duties-in-one-in-seven-uk-households-14095>
- Bäckström, C., & Hertfelt Wahn, E. (2011). Support during labour: first-time fathers’ descriptions of requested and received support during the birth of their child. *Midwifery*, 27, 67-73. DOI: 10.1016/j.midw.2009.07.001
- Barclay, L., & Lupton, D. (1999). The experiences of new fatherhood: A socio-cultural analysis. *Journal of Advanced Nursing*, 29, 1013-1020. DOI: 10.1046/j.1365-2648.1999.00978.x
- Bergström, M. (2013). Depressive symptoms in new first time fathers: Associations with age, so-

- ciodemographic characteristics and antenatal psychological well-being. *Birth*, *40*, 32-38. DOI: 10.1111/birt.12026
- Buist, A., Morse, C.A., & Durkin, S. (2003). Men's adjustment in fatherhood: Implications for obstetric healthcare. *Journal of Obstetric, Gynaecologic and Neonatal Nursing*, *32*, 172-180. DOI: 10.1177/0884217503252127
- Chanfreau, J., Gowland, S., Lancaster, Z., Poole, E., Tipping, S., & Toomse, M. (2011). *Maternity and Paternity Rights and Women Returners Survey 2009/10*. Department for Work and Pensions, Research Report No 777. Sheffield, England: UK Department for Work and Pensions.
- Condon, J., Corkindale, C., Boyce, P., & Gamble, E. (2013). A longitudinal study of father-to-infant attachment: Antecedents and correlates. *Journal of Reproductive and Infant Psychology*, *31*, 15-30. DOI: 10.1080/02646838.2012.757694
- de Montigny, F., & Lacharité, C. (2004). Fathers' perceptions of the immediate postpartal period. *Journal of Obstetric, Gynaecologic and Neonatal Nursing*, *33*, 328-339. DOI: 10.1177/0884217504266012
- Ellberg, L., Högberg, U., & Lindh, V. (2010). "We feel like one, they see us as two": New parents' discontent with postnatal care. *Midwifery*, *26*, 463-468. DOI: 10.1016/j.midw.2008.10.006
- Fägerskiöld, A. (2008). A change in life as experienced by first-time fathers. *Scandinavian Journal of Caring Sciences*, *22*, 64-71. DOI: 10.1111/j.1471-6712.2007.00585.x
- Fenwick, J., Bayes, S., & Johansson, M. (2012). A qualitative investigation into the pregnancy experiences and childbirth expectations of Australian fathers-to-be. *Sexual & Reproductive Healthcare*, *3*, 3-9. DOI: 10.1016/j.srhc.2011.11.001
- Ferketich, S.L., & Mercer, R.T. (1995). Paternal-infant attachment of experienced and inexperienced fathers during infancy. *Nursing Research*, *44*, 31-37.
- Finnbogadóttir, H., Svalenius, C., & Persson, E.K. (2003). Expectant first-time fathers' experiences of pregnancy. *Midwifery*, *19*, 96-105. DOI: 10.1016/S0266-6138(03)00003-2/midw.2002.0347
- Gamble, D., & Morse, J.M. (1993). Fathers of breastfed infants: Postponing and types of involvement. *Journal of Obstetric, Gynaecologic and Neonatal Nursing*, *22*, 358-365. DOI: 10.1111/j.1552-6909.1993.tb01816.x
- Genesoni, L., & Tallandini, M.A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989-2008. *BIRTH*, *36*, 305-317. DOI: 10.1111/j.1523-536X.2009.00358.x
- Giallo, R., D'Esposito, F., Cooklin, A., Mensah, F., Lucas, N., Wade, C., & Nicholson, J.M. (2013). Psychosocial risk factors associated with fathers' mental health in the postnatal period: Results from a population-based study. *Social Psychiatry and Psychiatric Epidemiology*, *48*, 563-573. DOI: 10.1007/s00127-012-0568-8
- Goodman, W.B., Crouter, A.C., Lanza, S.T., Cox, M.J., & Vernon-Feagans, L. (2011). Paternal work stress and latent profiles of father-infant parenting quality. *Journal of Marriage and Family*, *73*, 588-604. DOI: 10.1111/j.1741-3737.2011.00826.x
- Goodsell, T.L., & Meldrum, J.T. (2010). Nurturing fathers: A qualitative examination of child-father attachment. *Early Child Development and Care*, *180*, 249-262. DOI: 10.1080/03004430903415098
- Greenhalgh, R., Slade, P., & Spiby, H. (2000). Fathers' coping style, antenatal preparation and experiences of labor and postpartum. *Birth*, *27*, 177-184. DOI: 10.1046/j.1523-536x.2000.00177.x
- Grossmann, K., Grossmann, K. E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Engelisch, H., & Zimmermann, P. (2002). The uniqueness of the child-father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development*, *11*, 307-331.

- Grossmann, K., Grossmann, K.E., Kindler, H., & Zimmermann, P. (2008). A wider view of attachment and exploration: The influence of mothers and fathers on the development of psychological security from infancy to young adulthood. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp. 857-879). New York, NY: Guilford.
- Habib, C., & Lancaster, S. (2010). Changes in identity and paternal-foetal attachment across a first pregnancy. *Journal of Reproductive and Infant Psychology*, 28, 128-142. DOI: 10.1080/02646830903298723
- Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennesy, K., MacNevin, R., & Nelson, M.A. (2008). Supporting fathers in the transition to parenthood. *Contemporary Nurse*, 31, 57-70.
- Hildingsson, I., Cederlöf, L., & Widén, S. (2011). Fathers' birth experience in relation to midwifery care. *Women and Birth*, 24, 129-136. DOI: 10.1016/j.wombi.2010.12.003
- Kaila-Behm, A., & Vehviläinen-Julkunen, K. (2000). Ways of being a father: How first time fathers and public health nurses perceive men as fathers. *International Journal of Nursing Studies*, 37, 199-205.
- Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-13.
- Leckman, J.F., Mayes, L.C., Feldman, R., Evans, D.W., King, R.A., & Cohen, D.J. (1999). Early parental preoccupations and behaviors and their possible relationship to the symptoms of obsessive-compulsive disorder. *Acta Psychiatrica Scandinavica*, 100, 1-26.
- Longworth, H.L., & Kingdon, C.K. (2011). Fathers in the birth room: What are they expecting and experiencing? A phenomenological study. *Midwifery*, 27, 588-594. DOI: 10.1016/j.midw.2010.06.013
- May, C., & Fletcher, R. (2013). Preparing fathers for the transition to parenthood: Recommendations for the content of antenatal education. *Midwifery*, 29, 474-478. DOI: 10.1016/j.midw.2012.03.005
- Mitchell-Box, K., & Braun, K.L. (2012). Fathers' thoughts on breastfeeding and implications for a theory-based intervention. *Journal of Obstetric, Gynaecological and Neonatal Nursing* 41, E41-E50. DOI: 10.1111/j.1552-6909.2012.01399.x
- National Health Service. (2005). *NHS Maternity Services Quantitative Research (October)*. Prepared by TNS System Three for Kate Hawkins, Department of Health, London.
- Paulson, J.F., & Bazemore, S.D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *Journal of the American Medical Association*, 303, 1961-1969.
- Persson, E.K., Frudlund, B.F., Kvist, L.J., & Dykes, A.K. (2012). Fathers' sense of security during the first postnatal week—A qualitative interview study in Sweden. *Midwifery*, 28, e697-e704. DOI: 10.1016/j.midw.2011.08.010
- Premberg, A., Carlsson, G., Hellström, A.L., & Berg, M. (2011). First-time fathers' experiences of childbirth—A phenomenological study. *Midwifery*, 27, 848-853. DOI: 10.1016/j.midw.2010.09.002
- Ramchandani, P., Stein, A., Evans, J., O'Connor, T., G., & the ALSPAC study team. (2005). Paternal depression in the postnatal period and child development: A prospective population study. *Lancet*, 365, 2201-2205.
- Ramchandani, P.G., Domoney, J., Sethna, V., Psychogiou, L., Vlachos, H., & Murray, L. (2013). Do early father-infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study. *The Journal of Child Psychology and Psychiatry* 54, 56-64. DOI: 10.1111/j.1469-7610.2012.02583.x
- Ramchandani, P.G., Psychogiou, L., Vlachos, H., Iles, J., Sethna, V., Netsi, E., & Lodder, A. (2011). Paternal depression: An examination of its links with father, child and family func-

- tioning in the postnatal period. *Depression and Anxiety*, 28, 471-477. DOI: 10.1002/da.20814
- Ranson, G. (2001). Men at work: Change—or no change?—in the era of the “new father”. *Men and Masculinities*, 4, 3-26. DOI: 10.1177/1097184X01004001001
- Redshaw, M., & Henderson, J. (2013). Fathers’ engagement in pregnancy and childbirth: Evidence from a national survey. *BMC Pregnancy & Childbirth*, 13, 70.
- Salonen, A.H., Kauynonen, M., Åstedt-Kurki, P., Järvenpää, Isoaho, H., & Tarkka, M.T. (2010). Parenting satisfaction during the immediate postpartum period: Factors contributing to mothers’ and fathers’ perceptions. *Journal of Clinical Nursing*, 19, 1716-1728. DOI: 10.1111/j.1365-2702.2009.02971.x
- Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers’ involvement and children’s developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica*, 97, 153-158. DOI: 10.1111/j.1651-2227.2007.00572.x
- Schoppe, S.J. (2001). What is a father? Unpublished manuscript, University of Illinois, Urbana-Champaign.
- Schumm, W.R., Jurich, A.P., & Boliman, S.R. (1990). Kansas Marital Satisfaction Scale. In J. Touliatos, B.F. Perimutter & M.A. Straus (Eds.), *Handbook of family measurement techniques*. Newbury Park, CA: Sage.
- Spitzer, R.L., Kroenke, K., Williams, J.B., & Lowe, B. (2006). A brief measure for assessing generalised anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.
- Steen, M., Downe, S., Bamford, N., & Edozien, L. (2012). Not-patient and not-visitor: A meta-synthesis of fathers’ encounters with pregnancy, birth and maternity care. *Midwifery*, 28, 422-431. DOI: 10.1016/j.midw.2011.06.009
- Svensson, J., Barclay, L., & Cooke, M. (2006). The concerns and interests of expectant and new parents: Assessing learning needs. *The Journal of Perinatal Education*, 15, 18-27 DOI: 10.1624/105812406X151385
- Trades Union Congress. (2013). Just one in 172 fathers taking Additional Paternity Leave. Retrieved from <http://www.tuc.org.uk/workplace/tuc-22282-f0.cfm>
- Turner, R.H. (1970). *Family interaction*. New York, NY: Wiley.
- Wee, K.Y., Skouteris, H., Pier, C., Richardson, B., & Milgrom, J. (2011). Correlates of ante- and postnatal depression in fathers: A systematic review. *Journal of Affective Disorders*, 130, 358-377. DOI: 10.1016/j.jad.2010.06.019
- Weiss, D.S. (2007). The Impact of Event Scale: Revised. In J.P. Wilson & C.S. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219-238). New York, NY: Springer.
- West, A.F., Lewis, S., Ram, B., Barnes, J., Leach, P., Sylva, K., Stein, A., & the FCCC project team. (2009). Why do some fathers become primary caregivers for their infants? A qualitative study. *Child: Care, Health and Development*, 35, 208-216. DOI: 10.1111/j.1365-2214.2008.00926.x
- Widarsson, M., Kerstis, B., Sundquist, K., Engstrom, G., & Sarkadi, A. (2012). Support needs of expectant mothers and fathers: A qualitative study. *The Journal of Perinatal Education*, 21, 36-44. DOI: 10.1891/1058-1243.21.1.36
- Wilkes, L., Mannix, J., & Jackson, D. (2012). “I am going to be a dad”: Experiences and expectations of adolescent and young adult expectant fathers. *Journal of Clinical Nursing* 21, 180-188. DOI: 10.1111/j.1365-2702.2011.03715.x
- Wilson S., & Durbin C.E. (2010). Effects of paternal depression on fathers’ parenting behaviours: A meta-analytic review. *Clinical Psychology Review*, 30, 167-180. DOI: 10.1016/j.cpr.2009.10.007
- Xuereb, R.B., Abela, A., & Spiteri, G. (2012). Early parenting: Portraits from the lives of first-time parents. *Journal of Reproductive and Infant Psychology*, 30, 468-482. DOI: 10.1080/02646838.2012.744961

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