

**Dads.**

**Part of the team  
or warming the bench?**

**Dads' views of an antenatal education  
programme**

**Researchers:**

David Mitchell  
School of Health & Social Sciences  
Nelson Marlborough Institute  
of Technology

Philip Chapman  
Public Health Service  
Nelson Marlborough District  
Health Board



# Contents

Acknowledgments	iii
Executive summary	iv
Introduction	1
The literature	2
Methodology and methods	3
Results of the survey	5
Results of the focus groups	6
Discussion	10
Recommendations	12
References	14

## Acknowledgements:

Firstly, we wish to acknowledge the 105 dads who completed the survey and especially the 35 dads who gave of their time and energy to participate in the focus groups. These dads demonstrated a commitment to family development that is not acknowledged in the literature today. Indeed they demonstrated an openness and honesty in exploring the complexities of gender roles that was most humbling. It leaves us asking the question what sustains the commonly held and cited stereotypes of the distant, detached father.

Secondly, we wish to acknowledge the antenatal educators who, rather bravely, opened themselves to critique and responded to this in such a positive manner. We thank them for their commitment and professionalism in participating in this project.

Thirdly, we wish to acknowledge the Manager of the Maternity Unit, Nelson Public Hospital, who supported the project in principal and permitted us access to the Unit.

Finally, we wish to acknowledge the management of the Public Health Service, Nelson-Marlborough District Health Board for their initiative in commissioning and otherwise supporting this project.

## The project team:

David Mitchell  
Senior Academic Staff Member  
School of Health & Social Sciences  
Nelson Marlborough Institute  
of Technology

Ph. (03) 546 2472

Email [dmitchel@nmit.ac.nz](mailto:dmitchel@nmit.ac.nz)

Philip Chapman  
Health Promoter  
Public Health Unit  
Nelson Marlborough District  
Health Board

Ph. (03) 548 0403

Email [pchapman@ts.co.nz](mailto:pchapman@ts.co.nz)

## Executive Summary

**This report presents** the results of the third and final stage of a 3-year project commissioned by the Public Health Service, Nelson-Marlborough District Health Board. The research was carried out in collaboration with the School of Health and Social Sciences, Nelson Marlborough Institute of Technology. The project was commissioned in the knowledge that New Zealand families were changing and that men were becoming more involved in child rearing, yet the conditions to support this change were not in place. For example, services that work with families, while aware of the need for more involvement of dads<sup>1</sup>, were unsure of how to make their services more attractive or accessible to dads. The 3-year project involved 3 separate but aligned studies.

The third study of the project, reported here, pursued recommendations from the original study, and sought to collect information about the experiences of expectant dads as they moved through an antenatal educational programme. The objectives of this study were to firstly provide a process where dads have the opportunity to provide feedback about their experience and make suggestions for change. Secondly, to provide information about processes and skills that may be useful for providers of services supporting developing families.

It was hoped this information would prove valuable in assisting the development of services so that they can better meet the needs of dads and their families.

**A review of the literature** found that although dads are more involved in antenatal education today, the “success” of this involvement (however success may be measured), is unclear. On one hand, there is literature that talks about the positive response of dads to antenatal education while other literature talks about poor responses both in terms of attendance as well as the variable ability of antenatal educators to recognise and respond to the particular needs of dads.

**The research design** was informed by a ‘critical social’ perspective. This research perspective aims to uncover existing social inequalities as well as to focus on empowerment and change for the research participants. It was believed that the voices of dads are largely unheard and also that dads have quite distinct needs that are largely unknown. It was felt that this project would, in some way, be a catalyst for positive change for dads and for fathering.

**The research involved a survey and focus groups.** The survey involved 105 questionnaires being completed which were aimed at providing a range of information related to:

- demographic details of the participants  
(eg. age, income and family status)
- perceived usefulness of the antenatal dads group
- feedback about what aspects of the antenatal dads’ group were most useful  
(A range of possibilities were listed)

---

<sup>1</sup> The term “dad” will be used in place of “father” throughout this report, as this was the clear preference of the men who participated in the project.

Information gained from the survey provided a baseline for more detailed exploration in focus groups. Focus group participants were asked to respond to one question only, “What was your experience of the antenatal education programme you attended?” Findings from each focus group were audiotaped, transcribed, returned to the participants for verification of accuracy, and then used as a baseline for discussion in the subsequent group with new participants.

Parallel to this process feedback from antenatal educators was sought after they viewed a summary of each group’s discussion. The intention being that the feedback would provide a critique of the report as it developed, giving the project greater depth and breadth.

**Findings from the survey and focus groups** were collated into the following common themes.

- **The perception that dads were not valued** in the antenatal education programme with the programme being focussed on mothers, ignoring the needs of dads. The dads identified difficulty in expressing themselves openly in what they saw as a female orientated setting. Another perspective to this theme was that they identified the dads only group as having a “friendly” atmosphere, where the language was understandable, the information accurate and helpful and that it was a place where they felt able to share their thoughts and feelings for the first time in the programme and perhaps for the first time ever. It should be noted that a lack of value was not echoed in discussions with the antenatal educators who voiced a real willingness to be involved in the project, to explore the needs of dads and to respond to these needs in a positive manner.
- **The need for a focus on the particular needs and experiences of dads.** This included contact with “dads who had been there, done that” which was considered absolutely vital. This one initiative appeared to give the dads more support and insight than any other initiative. Having an experienced dad as a guest speaker, either with their partner or not was of immense help, as long as the dad had the opportunity to speak. Also included was the nature of information and how it was communicated. The dads emphasised the need for what they termed “practical advice.” When explored further, it appeared that they saw their information needs as different from their partners both in the content of the information and also in the manner it is delivered. They talked of the need for a “manual” and “hot tips for developing families.” Content areas they wanted addressed included information about and preparation for the changing relationship with their partner and child. The dads also considered the relationship with their partner underwent marked changes, especially postnatally, yet there was no preparation for the anxiety and stress this often caused, compounding the situation. Again, in the professional literature that was accessed, no mention was made of the importance of this point.
- **A strong commitment to the concept of “partners in parenting.”** The dads insisted that their relationship with their partner was that of a team involved in parenting together. They were keen to negotiate new ways of responding to and managing the challenges of parenting in the 21st century. We were left with the strong impression that constructions of “fathers” as distant, uninvolved and

controlling belonged to a previous generation. These dads were keen to move away from the constructions of the past.

**Recommendations included:**

- **The dads only group should be maintained** and introduced earlier in the programme. Involvement of experienced dads in the teaching of the programme is vital. It is suggested that the mothers may well be interested and benefit from a session focussing on dads and their role. Overall, there is a need for men to be included in the programme. It is also suggested that the mothers may well be interested and benefit from a session focussing on dads and their role.
- **The concept of “partners in parenting” should be adopted throughout the programme.** That the needs of dads differ markedly from those of mothers in relation to course content and teaching processes. These differences should be integrated into the overall structure of the programme.
- **Educational support for families needs to recognise and respond to the transition process as it evolves.** Participants in this project have identified a range of differences from their partners. For example that “bonding” with their child occurs differently both in its nature and timing with several participants stating that this occurred at birth or well after birth. This has important implications not only for antenatal education but also for education postnatally as well.
- **There is a need for more research committed to the principle of “partners in parenting”.** This project has indicated that dads want to be more directly involved with their developing families and that health professionals assisting developing families are interested in helping them achieve this goal. However, there appears to be a range of historical, political, social, gender and professional tensions that inhibit success in this area. These tensions are poorly understood and largely unknown. Any research project needs to be constructed in a way that understands and manages these tensions in a constructive manner.
- **Funding should be made available** to introduce a “dads package” following on from the antenatal programme. It is evident from this study that the role of the dad develops markedly from the birth of the child onwards. Preparation for parenting must acknowledge and respond to this point.
- **Policy development in the area of developing families** at local, regional and national level needs to make dads visible. The presence of dads, especially in the areas of their needs and responsibilities, is noticeably absent. This invisibility as well as a lack of research on their needs perpetuates an environment of exclusion inconsistent with the aim of supporting developing families and the desires of the dads and service providers we talked to.

**In conclusion, it is our belief** that services supporting developing families continue to expect much of mothers and too little of dads. Indeed, this expectation seems so ingrained in our culture that it has become the expectation of parents as well. In order to best support developing families and provide an environment best suited to the

needs of our children we need to make changes at a fundamental level. Better supporting the involvement of dads seems an ideal place to begin.

David Mitchell & Philip Chapman, 2002

# 1. Introduction

This report covers the third stage of a 3-year project commissioned by the Public Health Service, Nelson-Marlborough District Health Board. The project was commissioned in the knowledge that New Zealand families were changing and that men were becoming more involved in child rearing. It was also known that while much was being written and promoted about the importance of dads<sup>2</sup> in their children's lives, not all the conditions to support this movement were in place. For example, services that work with families, while aware of the need for more involvement, were unsure of how to make their services more attractive or accessible to dads. The research underpinning the project was carried out in collaboration with the School of Health and Social Sciences, Nelson Marlborough Institute of Technology.

- **The first stage of the 3-year project** involved researching the needs of dads regarding their experiences of service provision in the area of family support. The approach was based in the belief that health promotion activities should be consistent with the needs of the target group. 150 Questionnaires were distributed with 134 responses. This information was then explored in more depth in 3 focus groups. While the findings have been published elsewhere (Chapman, McIntosh & Mitchell, 2000), overall it was clear that the dads wanted to be involved more in the lives of their children but found their involvement to be compromised by a range of factors including services being largely unaware of their needs and consequently, being unable to respond to them adequately.
- **The second stage of the project** involved a research study with a group of Plunket Nurses. This study pursued recommendations from the original study, those of “supporting further research activity on identifying specific skills and processes that would enable service providers to best meet the needs of dads.” The Royal New Zealand Plunket Society was approached because of its national profile in supporting families and its support of research activity.

3 focus groups were held with Plunket staff in the Nelson region. While the findings have been published elsewhere (Mitchell, 2002) it was of note that, through discussion, the nurses became increasingly aware of the difference in the support needs of dads as distinct from those of mothers. In addition, there were a number of personal and professional boundary issues related to gender differences that existed between (the female) staff and dads which required careful consideration. Overall, it was clear that the staff needed to include dads more in their services but were unsure of how to effect this.

- **The third stage of the project**, reported here, also pursued recommendations from the original study, seeking to collect information about the experiences of expectant dads as they moved through an antenatal educational programme. Feedback was also sought from the antenatal educators throughout the process. The objectives of the study were to firstly provide a process where dads have the opportunity to provide feedback about their experience and make suggestions for

---

<sup>2</sup> The term “dad” will be used in place of “father” throughout this report, as this was the clear preference of the men who participated in the project.



change. Secondly, to provide information about processes and skills that may be useful for providers of similar services.

NB. It should be noted that antenatal education was the key area, identified by the dads in the original study, where they believed the potential lay to maximise their involvement and sense of worth with their developing families. Further, they believed support, appropriate to their needs at this stage was highly correlated with sustained (family) involvement.

## 2. The literature

As Julian (1999) reported, parenting is a role for which there are few formal qualifications. In addition, parenting roles are largely determined by cultural norms that vary from one generation to another. While most research activity has focussed on mothers the importance of dads' involvement during pregnancy, childbirth and the care of the newborn is internationally recognised, (Hallgren, Kihlgren; Forslin; & Norberg, 1999). One New Zealand study reported that over 92% of participants supported the concept of “equal parenting”. However 45% of participants supported the statement “women are better at looking after children” (Julian, 1999). It should also be noted that as a sociocultural phenomenon fatherhood is far less studied than motherhood (Barclay & Lupton, 1999).

It is suggested that current trends are to support the inclusion of dads in antenatal education however there are differing opinions as to how well dads are supported in this process (Ramsay, 1998). Generally the literature indicates that although dads are more involved in antenatal education, the “success” of this involvement (however success may be measured), is unclear. On the one hand, there is literature that talks about the positive response of dads to antenatal education (Galloway, Svensson, & Clune, 1997; Nolan, 1997), especially in regard to receiving information about pregnancy, birth and the immediate postnatal period. Other literature talks about poor responses both in terms of attendance as well as the variable ability of antenatal educators to recognise and respond to the particular needs of dads. For example, one study suggested “classes were considered not worthwhile and a waste of time when they ignored the role of the labour partner and had not acknowledged the specific, but sometimes non-verbalised, needs of the men in classes.” (Smith, 1999, p327). However, the author went on to state “[antenatal] classes played an important symbolic role in commitment to the relationship as it extended into the shared experience of parenthood.” (Smith, 1999, p467).

Pivotal to the success of antenatal classes is an awareness of the needs of dads. It is apparent that these needs differ from those of mothers yet there is little research activity in this area. In addition, caution should also be exercised when reading literature pertaining to be talking about parents when the perspective of dads is largely absent (Mitchell & Chapman, 2001). It is also of concern that research with males involves methodological tensions that are not well understood. For example, in their work with dads, these authors found that when first approached dads were unable to comprehend that the questions was about their experiences of services, and answered as if for their partners and children. This inability to appreciate the importance of

their own needs, even their ability to appreciate that they had needs in relation to supporting their role, was so consistent that the researchers considered the situation to be hegemonic in nature.

To further complicate this situation, others suggest that the expectations and experiences of developing families have mostly been explored through the lens of the mother (Vehvilainen-Julkunen, 1995). Other researchers support this point stating, “men reported that they wanted involved experiences, were striving for recognition as a potential father, yet mothers could put them on the periphery of the emotional and physical experiences of pregnancy” (Hakulinen; Paunonen; White; & Wilson, 1997, p274). Another author explains this as “The feminisation of the domestic sphere and the marginalisation of dads’ involvement with their children” (Roberts, 1996, p52).

This project is based in the knowledge that dads are becoming increasingly more involved in the care of their children and that there is extremely limited information available to services about the needs of dads and how to best address these needs. The overall aim is to promote the involvement of dads in and with developing families

More specifically the project aims to provide a process where dads have the opportunity to provide feedback about their experience of antenatal educational services and provide information about processes and skills that may be useful for providers of similar services. This work has the potential to be a valuable contribution to an area where there is a considerable gap in information that can both assist the development of family services and provide a base for future study.

The Maternity Unit at Nelson Hospital was approached as it is acknowledged as one of the main providers of antenatal education and support for expectant families.

### 3. Methodology and methods

#### Methodology

A critical social perspective was chosen to inform and guide the project. Critical social theory has been described as seeking to uncover existing social inequalities focussing on empowerment and change for the people involved (Berman, Ford-Gilboe & Campbell, 1998; Smith, 1999). It should be noted that critical social perspectives expect the research to be (at least in part) guided by the beliefs and assumptions of the researchers. This approach can be considered quite contrary to other, more traditional forms of enquiry where considerable effort is extended in protecting the research process from the bias of the researcher. In critical social inquiry, the research process is considered to be dynamic, evolving and changing as the research progresses. This approach was considered an excellent base for the project.

The project team believed that change was necessary in the area of service provision and support generally for dads. It was also believed that the voices of dads are largely unheard and that they have quite distinct needs that are largely unknown. In addition, supporting dads requires a range of skills that are poorly recognised, taught and

practiced (Chapman et al. 2001). To many people it may seem odd to describe men as 'lacking voice'. Historically, men's voices are said to have been implicit in research activity (Hearn, 1993). However it is our experience that, in relation to qualitative research men's accounts of their experiences are currently absent.

The project intended to provide an environment and process where the dads would feel safe, supported and valued in expressing their thoughts. In previous research the project team had found that, far from being the silent and distant people who find considerable difficulty in expressing emotion, given a supportive environment, men will collaborate with others and share their experiences openly and enthusiastically.

## Methods

The choice of method(s) is critical in researching with males. As has been pointed out previously, males are able and willing to share of their insights and experiences, however this will not readily occur unless attention is paid to managing tensions such as the influence of hegemonic processes active within a climate rife with myths and stereotypes in regard to males (Mitchell & Chapman, 2001).

Regardful of these complexities, three complementary methods were chosen. A survey, focus groups and lastly a critique from 'key informants' (3 midwives involved in the antenatal education programme). This process was deliberately chosen with the aim of raising the participants' awareness (through the survey) prior to discussing issues in more depth in focus groups. It was the project team's experience that dads needed time to consider their experiences as this is often the first time they have been asked to consider this area.

- **The survey involved** 105 questionnaires being distributed to men as they moved through the 1-hour dads' session during week 5 of the 6-week antenatal education programme. The questionnaires were constructed to gather data in 3 general areas. These being:
  - demographic details of the participants (eg. age, income and family status)
  - perceived usefulness of the antenatal dads' group
  - feedback about what points were most useful (A range of possibilities were listed)

Survey participants were also asked if they wished to be involved in a subsequent focus group.

- **3 focus groups were used** to explore the topic in more detail. Each group involved approximately 12 different participants.

Focus groups have a number of advantages over other forms of data collection. For example, the ability to provide rich data quickly and also, perhaps most importantly, they are able to provide information that differs from that which could be achievable through individual interviews, what has been referred to as a 'synergistic' effect (Morgan, 1995). Morgan also suggested that focus groups have a number of

disadvantages not the least of which is the possibility of the discussion being unduly influenced by dominant individuals (including the facilitator).

The dominance of individual participants was minimised by the group individually and without discussion ranking main points after these were summarised on newsprint so that all could see them. The discussion in the focus groups was audiotaped, transcribed, themed under the main points and then posted back to the participants for verification of accuracy. Facilitator influence was minimised by the facilitator's involvement limited to the use of open questions and by restating the original question when the discussion seemed to be moving off track.

- **Feedback from educators** was sought after each group's discussion was summarised. The intention being that the feedback would provide a critique of the report as it developed, giving the project greater depth and breadth. The antenatal educators' feedback was audiotaped with comments being transcribed and presented in this report.

## 4. Results of the survey

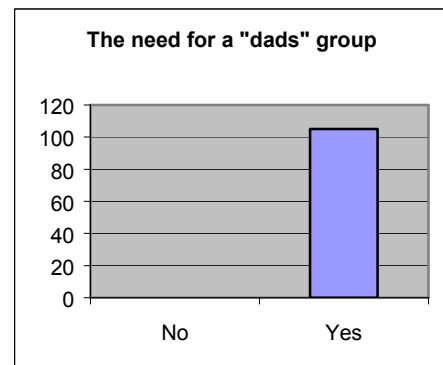
- **The need for, and satisfaction with, the “dads group” during the antenatal course**

The dads in the survey indicated 100% support for a separate “dads group”. (See the graph to the side).

In addition the dads indicated that they were satisfied or very satisfied on a 5 point Likert scale (Not satisfied – very satisfied). All participants were ‘satisfied’ or ‘very satisfied’. The dads were

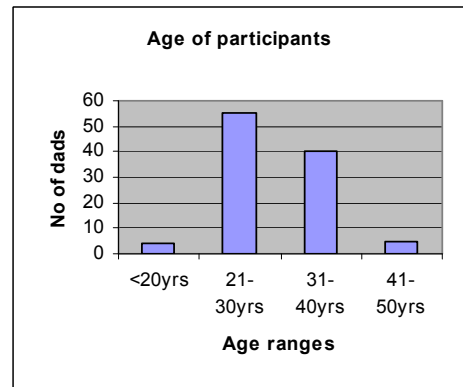
When asked what particular aspects of the dads group they found most supportive they indicated (from a supplied list) that the

- atmosphere was friendly
- information was accurate and helpful
- language was understandable (ie. There was no jargon)



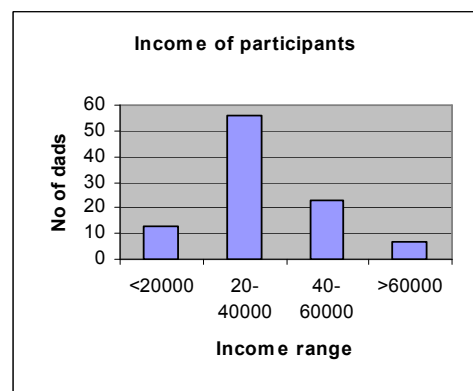
- **Age range of participants**

It can be seen that the age of the participants is in the 21 – 40 year age group.



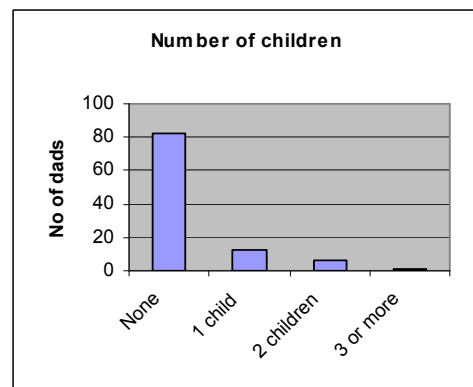
- **Income of participants**

The income range is consistent with statistical data from the Nelson/Tasman region, which indicates that incomes are, less than for the national average.



- **Number of children**

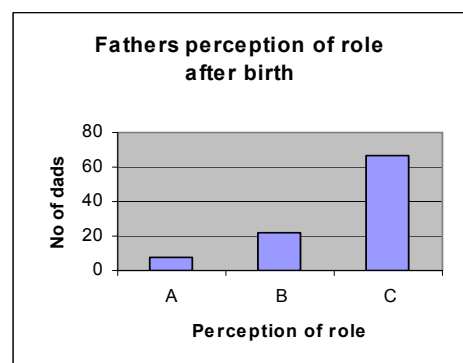
As can be seen by the graph, this was the first child for most participants



- **Dads' perception of their role after the birth**

'Family status' was defined as:

- The dad as main caregiver
- Both partners sharing care
- The dad is working



As can be seen from the graph, by the majority of men identified their role as the “breadwinner” for the family.

## 5. Results of the focus groups

There were three focus groups held each with different participants. The results from the first focus group were used as a base for discussion in the second group with the results of that discussion similarly being used as a base for the third group. The expectation was that this process would provide the opportunity for each group to explore the topic in more detail, rather than each group beginning afresh. The collated results from the groups are presented below under “themes” with the themes supported by selected quotations from the participants.

### 1. The importance of including the experiences of dads in the content of the course.

**Advice from dads who had “been there, done that”** was considered the most important aspect of antenatal education. This area came through consistently in each focus group, generating enthusiastic discussion.

*It's a good idea to have a guy coming to talk to the whole group cause you've got midwives running the course. It's almost like a course run by women, for women and the guys are going there because it's the 'correct' thing to do. If you did have a guy talking to the whole group and separated out ... [gender specific] groups and combined groups. You'd get different perspectives from each, I reckon that's a really good idea. Antenatal [education] would be a lot better.*

*What about a dad actually bringing his child in to the group as well. A guy came in with his child and it was great. Yeah, he came in and said, “I got 45mins straight sleep in 2 weeks”. I was thinking “Oh, shit. I'm not prepared for that” I thought, “This is the best thing to know, now I'm ready for it.”*

**The value of the dads' only session** as a place where they could feel more at ease was also frequently mentioned.

*The focus was just on us, it wasn't on anyone else but us so of course it makes you feel good. That was really the only night that I felt excited about going to antenatal [education programme]*

**The dads described the group as a place** where they could develop a sense of collective understanding

*You're experiencing all these emotions and feelings that all of a sudden [you realise] there are other guys in the same boat as you. It's a weight off your shoulders.*

*When we had the talk with [the facilitator] that was the moment that I felt I released a lot more of what I was feeling about becoming a new dad and all that sort of stuff instead of sitting there with a whole lot of pregnant women and thinking, “Mmmm ... I don’t know whether I’ll say that.” Even though that was what was on my mind*

**The timing and number of the dads’ only sessions** was also commented on.

*You’ve got to make that split [to the dads’ group] sooner rather than just once [at the end of the course]. Get them talking to new fathers sooner. You may find that when the couples get back together the males will have more to say. They’re not sitting there feeling stupid.*

**A male facilitator was also considered vital.**

*The men’s group is valuable because it’s just men because men and women communicate differently. When it’s a man leading or talking you hear more or something. It wouldn’t be anywhere near as effective [if a woman took the session]*

The importance the dads placed on the dads’ only session was even more noticeable given that it was timetabled for 1 hour only yet they always exceeded the timeframe.

## **2. Teaching content, in the programme overall, needs to include the needs and experiences of dads.**

**The dads were clear that although attempts were made to include them** the antenatal classes as a whole were unable to adequately support their involvement.

*The focus of all the classes I went to were on the birth and concentrating on the women which was really good but all the time I was just sitting there and right up until the last week “I can’t talk about it” thinking how I’m going to handle this. The things that I thought I really needed to know like “what can I do after the birth in the next week, next month, next 6 months that are really going to help us cope.*

**The relationship with their child developed in a manner that differed from that of their partner.** This point was not seen in any of the literature surrounding fathering. For example, the dads observed that ‘bonding’ with their child occurred in a manner and at a time that differed from that of their partner. This was not acknowledged nor addressed during antenatal education.

*I think a lot of the support is from the time of the birth, or just before, then that’s when [the dads’] job really starts and goes through for a few months afterwards ... the whole antenatal thing really seemed to be concentrating on the time going up to birth*

*In society pregnancy is seen as a women’s issue. It’s not until the child is born .. like these guys say, it’s then a man’s issue.*

Antenatal educator

*and the birth itself and then you leave hospital and “see yah”. There doesn’t seem to be a lot about [how a child develops afterwards].*

Another example was the change from a support person before the birth to a more active involvement after the birth.

*I found that the workload really started then but I found that my son (he’s 13 months old), I found that at 10 months there was a change in my emotions towards him. He suddenly became my child too, because he was [then] giving me back so much more. When you go to the antenatal classes you get the impression that the baby comes out and you love it straight away and it just continues from there on. I found that wasn’t the case.*

**The dads emphasised the sense of clarity and reassurance that “sound practical advice”** gave them and had several suggestions about how this could be communicated.

*It would be a good thing to have a manual; [the antenatal educators] miss things as they go through. [The information] needs to be more consistent.*

The “practical advice” involved a number of areas. Breastfeeding, managing frustration and responding positively to relationship changes were considered the most important.

For example, in relation to breastfeeding

*[Breastfeeding’s] not something they’d normally talk to a man about but it’s actually an area of support that you actually need to [know something about] because that’s when you’re there, just the two of you at home. She’s going “the bloody baby won’t latch on” and you’re going “well, I don’t know” It’s like “well, what do you want me to do about it.”*

On anger and frustration.

*What about dealing with anger in the middle of the night when the baby’s crying. It’s fed, it’s warm enough, everything’s right. You only find out about that when you talk to other people though. You do get pissed off and you remind yourself the next day that you got so pissed off.*

On relationship changes

*Something my partner and I suffered from was that our relationship went a bit cold there for a while. Things were difficult. We moved to another township ... I don’t know if it’s happened to anybody else? One thing for antenatal [education] just something about that, that it*



*could happen to you, what tools are available, what you can do ... maybe from a guy, [that] would be really useful.*

Other areas mentioned were on the subjects of postnatal depression and knowing where to access help.

### **3. Antenatal education should support the concept of “partners in parenting”**

**The perception that they were not valued as a partner** in the process emerged as an observation that the antenatal education programme was geared to the needs of mothers.

*Quite often you’ve got a woman up there trying to get men to empathise with the way a woman is feeling and what she’s going through. There’s got to be a little bit of the other way because (as it’s been shown here men aren’t bystanders, they can actually play a role. That’s got to be talked about a bit, not only in men’s groups, but it’s handy for women to realise that men are going through things [as well]).*

**The dads observed that the idea of the ‘woman knowing best’ was something of a myth**, and not a reality in terms of their experience. Overall, the dads felt that their relationship was a partnership but that too much was expected of the woman and too little of them.

*I think what they can tell you and what you sort of realise is that, especially for first time parents, is that the husband naturally assumes that the woman will know exactly what to do. They don’t. They’re about as green as you are. You may even feel at times that you’re a bit of an accessory but really, what I’ve found, is that you can’t even make that assumption because the women don’t know anything either.*

There was also discussion about how the partners in the antenatal education groups were interested in the dads’ perspectives, not having heard them before.

*I came back from the men’s group and my wife was really interested “What did you talk about?”*

## **6. Discussion**

It should be remembered that the following discussion represents the views of 105 dads, or dads to be, as well as those of three antenatal educators and the researchers. Research on fathering that involves this number of participants is very rare nationally as well as internationally.

**The perception that dads were not valued** in the antenatal education programme was consistent throughout the focus groups. This perspective seemed the result of a range of experiences. The most commonly voiced being that the programme was focussed on mothers and ignored the needs of dads. When the dads explored this area more deeply, they also identified difficulty in expressing themselves openly in what they saw as a female orientated setting.

*The men say "it's easier to talk to men about it." .it made me think they would ask questions of men. They would think of the same questions with me but they wouldn't ask because I'm a woman. I don't think it's because we don't include them*

Antenatal educator

This point was reinforced in the responses to the survey questions where the dads identified the dads' only group as having a "friendly" atmosphere, where the language was understandable and the information shared was accurate and helpful. The dads' only group was the place where they felt able to share their thoughts and feelings for the first time in the programme and perhaps for the first time ever. This finding is even more relevant when one considers the group was only one hour long, a time one would normally consider far too short for dialogue and trust to develop at the level experienced.

The perception of not being valued was perhaps most noticeable with terms such as "birth partner", "support person" and "visitor" commonly cited in the focus groups as examples of what the dads saw as denying them their identity as a legitimate parent.

A lack of value was not echoed in discussions with the antenatal educators who voiced a willingness to be involved in the project, to explore the needs of dads and to respond to these needs in a positive manner. As one antenatal educator observed in regard to language use, "Men talk quite bluntly, we need to understand that ... it's OK."

**The need for a focus on the particular needs and experiences of dads** was another theme that was present throughout the survey and more particularly in the focus group discussions.

The need for contact with 'dads who had been there, done that' was considered absolutely vital and should be repeated here. This one initiative appeared to give the dads more support and insight than any other initiative. Having an experienced dad as a guest speaker, either with their partner or not was of immense help, as long as the dad had the opportunity to speak.

The nature of the information and how it was communicated was also important. It took time for the dads to explore this area as there were several aspects involved. In the survey responses and throughout the three focus groups the dads continually talked of the need for what they termed as "practical advice" When explored further, it appeared that they saw their information needs as different from their partners both in the content of the information and also in the manner it is delivered.

*We do try but we can't apply all the "fixits" Maybe they'd like to have a manual. They like to fix things. Of course nobody can have all the answers. Maybe they're putting too much pressure on themselves.*

Antenatal educator

As with the quotation from the antenatal educators in the box below, they talked of the need for a ‘manual’ and ‘hot tips’ for developing families. They also identified key content areas that involved them intimately that, in their view, were not adequately addressed. Specifically, these included information about and preparation for their changing relationship with their partner and child. In regard to their child, they clearly identified that the timing and nature of what they described as their “bonding” with their child differed from that of their partner but that this was not acknowledged, causing a sense of difference and distance in the relationship, both with their partner and child. This lack of acknowledgement is hardly surprising given that no literature was able to be accessed on this point. The dads also considered the relationship with their partner underwent marked changes, especially postnatally, yet there was no preparation for the anxiety and stress this often caused, compounding the situation. Again, in the professional literature that was accessed, no mention was made of this point.

**A strong commitment to the concept of “partners in parenting.”** The dads insisted that their relationship with their partner was as a team involved in parenting together. They were keen to negotiate new ways of responding to and managing the challenges of parenting in the 21st century. Contrary to the image of the male parent who is the authority figure exercising power and control over the family, these dads didn’t relate to this. In fact, this image wasn’t referred to or evident in any part of the discussions. Indeed, it was notable that the dads emphasised they were not interested in supporting any initiatives that involved them more in antenatal education if this were to result in a reduced service to their partners. We were left with the strong impression that these constructions belonged to a previous generation, and that these dads were keen to move away from the constructions of the past.

NB While not an intention of the original proposal it became evident that rather than the antenatal educators being “key informants” in the process they in fact became active participants in as much as their practice changed, actively responding to the information from the focus groups as it was presented to them. For example, they made changes in their teaching style and processes.

*{It’s clear} the men want to be included more and more ... this has been a wake up call. But it’s been out there for a long time. Some want more information than others; some don’t want to be part of it.*

Antenatal educator

## 7. Recommendations

- **The ‘dads only group’ should be maintained and introduced earlier in the programme.** It was evident throughout the project that the dads found this group not only worthwhile but also crucial in developing a sense of identity and purpose in their role as a parent. The group should be introduced earlier in the programme, in the first or second week, so that these points could be enhanced as they move through the programme. Parallel to this, it is essential that the dads

have contact and dialogue with “dads who have been there and done that”. Involvement of experienced dads in the teaching of the programme is vital. It is suggested that the mothers may well be interested and benefit from a session focussing on dads and their role. While it may seem strange to say this, there is a need for men to be included in the programme.

- **The concept of “partners in parenting” should be adopted throughout the antenatal education programme.** It is evident from this project that the needs of dads differ from those of mothers in regard to antenatal education. They differ in relation to the content offered, the teaching processes followed and the timing followed. These differences should be integrated into the overall structure of the programme. However, as the antenatal educators have pointed out, there are major resourcing constraints (including time) that would need to be addressed if this were to proceed.
- **Educational support for families needs to recognise and respond to the transition process as it evolves.** Participants in this project have identified a range of differences from their partners. For example, ‘bonding’ with their child occurs differently both in its nature and timing with several participants stating that this occurred at birth or well after birth. This has important implications not only for antenatal education but also for education postnatally as well. For example with services provided by midwives and the Royal New Zealand Plunket Society.
- **There is a need for more research committed to the principle of “partners in parenting”.** There are problems with this however. This project, as well as other work, has indicated that dads want to be more directly involved with their developing families than has been the case in previous generations. Also, health professionals assisting developing families are interested in helping them achieve this goal. However, there appears to be a range of historical, political, social, gender and professional tensions that inhibit success in this area. These tensions are poorly understood and largely unknown. Any research project needs to be constructed in a way that understands and manages these tensions constructively.
- **Funding should be made available** to introduce a “dads package” following on from the antenatal programme. It is evident from this study that the role of the dad develops markedly from the birth of the child onwards. Preparation for parenting must acknowledge and respond to this point.
- **Policy development in the area of developing families** at local, regional and national level needs to make dads visible. Acknowledgment of dads is noticeably absent. This invisibility, as well as a lack of research on their experiences and needs, perpetuates an environment of exclusion inconsistent with the aim of supporting developing families and the desires of the dads and service providers we talked to.

**In conclusion, it is our belief** that services supporting developing families continue to expect much of mothers and too little of dads. Indeed, this expectation seems so ingrained in our culture that it has become the expectation of parents as well. In order to best support developing families and provide an environment best suited to the

needs of our children we need to make changes at a fundamental level. Better supporting the involvement of dads seems an ideal place to begin.

David Mitchell & Philip Chapman, 2002

## References

Barclay, L., & Lupton, D. (1999). The experiences of new fatherhood: A socio-cultural analysis. *Journal of Advanced Nursing*. 29(4), 1013-1020.

Berman, H., Ford-Gilboe, M., & Campbell, J. (1998). Combining stories and numbers: A methodologic approach for a critical nursing science. *Advanced Nursing Science*, 21(1), 1-15.

Chapman, P., McIntosh, C & Mitchell, D. (2000). Real dads, real men: A study of fathers' experiences of child and family services in the Nelson/Tasman region and their suggestions for "father friendly services". Nelson: Nelson Marlborough Health Services.

Galloway, D., Svensson, J., & Clune, D. (1997). What do men think of antenatal classes? *The International Journal of Childbirth Education*. 12(2). 38-41.

Hakulinen, T., Paunonen, M., White, M., & Wilson, M. (1997). Dynamics of families during the 3<sup>rd</sup> trimester of pregnancy in southwest Finland. *International Journal of Nursing Studies*. 34(4). 270-277.

Hallgren, A., Kihlgren, M., Forslin, L., & Norberg, A. (1999). Swedish fathers' involvement in and expectations of childbirth preparation and childbirth. *Midwifery*. 15. 6-15.

Hearn, J. (Ed) (1993). *Researching men and researching men's violence*, Bradford: University of Bradford, Research Unit on Violence, Abuse and Gender.

Julian, R. (1999). *Fathering in the new millennium*. Wellington: Office of the Commissioner of Children.

Mitchell, D., & Chapman, P. (2001). *Researching with Men: Ideas and Strategies for Doing Better*. New Zealand Research in Early Childhood Education. 4.

Mitchell, D. (2002). Involving Dads in Plunket Services. *Plunket At Work*. January, 2002.

Morgan, D. (1995). Why things (sometimes) go wrong in focus groups. *Qualitative Health Research*, 5, 516-523.

Nolan, M. (1997). Caring for dads in antenatal classes. *Modern Midwife*. 4(2). 25-28.

Ramsay, A. (1998). Men's transition to parenthood. In Laws, T. (Ed.). *Promoting Men's Health: An Essential Book For Nurses*. Ascot Vale: Ausmed Publications.

Roberts, P. (1996). Dads' time. *Psychology Today*. 29(3). 48-55.

Smith, N. J. (1999). Antenatal classes and the transition to fatherhood: A study of some dads' views. *Midwifery Digest*. 9(4). 463-468.

Vehvilainen-Julkunen, K. (1995). Family training: Supporting mothers and dads in the transition to parenthood. *Journal of Advanced Nursing*. 22(4). 731-737.