

Expectant first-time fathers' experiences of pregnancy

Hafrún Finnbogadóttir, Elizabeth Crang Svalenius
and Eva K Persson

Objective: to describe first-time-expectant fathers' experiences of pregnancy.

Design: an inductive method using narrative interview form and qualitative content text analysis. The text of the transcripts was coded and categorised.

Settings and participants: seven first-time-expectant fathers living in a multicultural industrial town in southern Sweden were interviewed individually when their partner was in the 38th to 39th week of pregnancy.

Measurements and findings: all the fathers-to-be experienced some psychological, social and/or physical change during the pregnancy. The main category, was 'time of transition'. Eight categories were found under this. They were: 'feelings of unreality, 'insufficiency and inadequacy', 'exclusion', 'reality', 'social changes', 'physical changes', 'responsibility, and development'.

Key conclusion: the fathers'-to-be special needs for support and encouragement during pregnancy may be as important as those of the mothers'-to-be. The caregiver needs to be as aware of and sensitive to these needs. However, before any interventions can be recommended more research is needed. © 2003 Elsevier Science Ltd. All rights reserved.

INTRODUCTION

Expectant fathers' experiences of their partners' pregnancy and their own transition to parenthood does not seem to be as well documented as that of the expectant mothers'. There are, however, several studies concerning expectant fathers feelings predominately during the birth and the time afterwards (up to six months) (Chalmers & Meyer 1996, Barclay & Lupton 1999). Researchers have pointed out that the expectant father has an important roll to play in supporting his pregnant partner (Chapman et al. 1997, Dejin-Karlsson et al. 2000). His own development towards fatherhood and his interaction with the fetus and baby does not seem to have been elucidated to the same extent but is an equally important area.

The importance of both parents taking equal responsibility for raising their children was addressed in Sweden in the late 1970s (SoS 1996). The expectant father's participation in all aspects of pregnancy, parent education, delivery and the care of the newborn baby is encouraged. Swedish legislation concerning parental leave

gives fathers the theoretical possibility to do this (SOU 1995). Midwives are recommended to support expectant fathers wishes in this area (SoS 1996). In the western world, patterns for taking care of the newborn baby have changed during the last decades, as a result of increasing awareness for the need for equality between the genders. In general women have become a more established part of the work force and men are more interested in actively taking part in the care of their children. The father's interaction with his baby is very important for both of them. A father who spends a lot of time with his child is more sensitive to the child's signals and is more competent to interpret them. This, in turn, leads to an increase in the fathers' own self-esteem (Berg Brodén 1989).

The transition from normative life as a couple to parenting can jeopardize the relationship (Tomlinson et al. 1990). If there are any existing problems and differences between the couple, stress when they are expecting a baby often increases. Dissatisfaction with their marriage/relationship can be amplified and threaten the function of the family unit (Tomlinson et al.

Hafrún Finnbogadóttir
BSc (Midwifery), RNM
Post-graduate Student

Elizabeth Crang
Svalenius PhD, RNM
Senior Lecturer

Eva K. Persson MScN,
RNM, Lecturer,

Medical Faculty,
Department of Nursing
Lund University, P.O. Box
157, SE-221 00 Lund,
Sweden

(Correspondence to HF
E-mail: hafrun@telia.com)

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1990, Hakulinen et al. 1997). Lower social status, limited availability of resources and lack of support from the husband is related to negative family dynamics (Tomlinson et al. 1990, Hall et al. 1994, White et al. 1996, White et al. 1999). However, most couples negotiate the transition to parenthood without difficulty (White et al. 1999). Much research has focused on the pregnant woman's situation but even the 'expectant father' is vulnerable to a number of social and psychological changes, which can appear during pregnancy (Coffman et al. 1994, Knauth 2000). Under specific circumstances when the expectant father is experiencing an increase in stress, due to changing roles and changing social status, these factors may lead to domestic violence (Campbell et al. 1993, Rasmussen & Knudsen 1996).

Barclay et al. (1996) found that the majority of first-time expectant fathers felt confused by the feelings of change they experienced in their partners. They also felt their own sense-of-self was threatened. Fathers found that antenatal care focused on their partner's labour and childbirth while their own concerns were neglected. The main areas causing men apprehension were their changing identity, their relationships and their future role as a father. Hallgren et al. (1999) have shown that when childbirth preparation was only directed towards the women's needs it seemed to cause a rift in the couples' relationship and that the men felt disappointment and left out. According to Chalmers and Meyer (1996) it is important that the caregiver is aware of and reacts to the father's special needs during pregnancy and parental preparation not only to the mother's. Diemer (1997) has also reported that men who have received emotional support during pregnancy have both better physical and psychological health. They also find it easier to preserve their relationship with their partner compared to those who have not received this support. A well functioning social network can provide support for the expectant father in his coming role (Diemer 1997).

Cultural pressure, intra-psychological processes and psycho-sociological adjustment to a new situation can give rise to a number of physical and psychological symptoms in the expectant father known as the Couvades syndrome (Berg Brodén 1989, Mason & Elwood 1995, Chalmers & Meyer 1996). The symptoms 'pregnant men' can feel include sleeping problems, anxiety in the last trimester, weight gain, extreme fatigue, emotional vulnerability, nausea, lower back pain and irritability (Mason & Elwood 1995, Chalmers & Meyer 1996).

The husband/partner is a key person for giving the woman psychological support, in a general sense, during pregnancy (Chapman et al. 1997,

Dejin-Karlsson et al. 2000). The husband's/partner's own needs to help him to undertake this role do not appear to have been studied to the same extent. Therefore, it is important to ascertain their feelings so that the midwife can gain knowledge of the support they need.

Aim

The aim of this study was to describe the first-time, expectant fathers, experience of pregnancy.

METHODS

An inductive method was chosen to gain deeper understanding of the expectant fathers' experiences of pregnancy. The study took the form of interviews with qualitative content text analysis inspired by Burnard (1991, 1996). According to the narrative method the fathers-to-be were encouraged to talk as freely as they wished about their own experience of the pregnancy (Kvale 2001).

Participants

Fathers-to-be who attended an antenatal clinic (ANC) in a multicultural, industrial town (>250.000 inhabitants) and who fulfilled the inclusion criteria were invited to take part. They were recruited consecutively during a six-week period. The interviews were planned to take place in gestational week 36 at the earliest to ensure that the father had had time to experience most of the pregnancy and also attend the antenatal classes. Inclusion criteria were that the father was able to understand and speak the Swedish language, expecting his first baby and cohabiting with a healthy, first-time, mother-to-be. The 'booking' visit should also have taken place with the first author (HF) who at the time of the interviews was no longer working at this ANC. The midwife taking care of the pregnancy identified the eligible fathers and she gave them verbal and written information about the study (problem area, importance and aims) before asking them to participate. It was pointed out that their participation was voluntary, that the contents of the interview were confidential and that the participant could leave the project at any time. They were also told that the length of the interviews would be approximately an hour. Seven men met the inclusion criteria, all were willing to participate and gave their written consent. The Research Ethics Committee of Lund University approved the study (No LU 46-01).

Interviews

The first author (HF) performed all interviews. The time and place for the interview was chosen

by the expectant father and was either in his home, his place of work or at the interviewer's home. The interviews took the form of a conversation (Kvale 2001). The opening, all-embracing question was: Can you tell me about your own experiences of the pregnancy? An interview guide was available to check that all subject areas (psychological, emotional, social and physical) had been discussed. The interviews were tape-recorded, with the expectant fathers' permission, and transcribed word for word by the interviewer (in Swedish).

Analysis

The analysis, a qualitative content text analysis inspired by Burnard (1991, 1996), is described as follows. The interviewer transcribed all the interviews and at the same time made notes about voice pitch and body language (from memory). The tapes were replayed at least three times more. Before the material was revised further the third author (EP) read parts to judge credibility. Initially each interview was read thoroughly and the first analysis was made by creating a memorandum to bring out the character of the text (Box 1). General themes, which emerged throughout the reading, were written down as memos in the margin, to be more aware of the 'life world' of the respondent and make further analysis easier. The third author (EP) read through the memorandum, and consensus was reached about the essence of the material. The text was grouped into categories, from the general themes or the memorandum, where the character of the text was described. Further sorting of the text was undertaken. Quotations were chosen from every category, from the complete text, to confirm reliability. Everything said in the interviews, relating to pregnancy experiences concerning emotions, social experiences and experiences of physical change, was worked up to a coherent text. Further revision of the coherent text, verification of categories and choice of quotations was carried out through the whole analysis, which is shown in Fig. 1. Consensus was reached throughout the process. The quotations used have been translated word for word and the English corrected.

FINDINGS

All seven men were Swedish born and lived in the town. The interviews, which lasted between 30 and 60 minutes, took place when their partners' pregnancies were in the 38th to 39th week of gestation. The participants' ages ranged from 28 to 37 years. Their education varied from compulsory schooling (9 years) to university education and all were employed or studying. The length of the present relationship was between two and ten years.

Analysis of the 'the character of the text' expressed by the men led to identification of eight categories: 'feeling of unreality', 'feeling of insufficiency and inadequacy', 'feeling of exclusion', 'feeling of reality', 'feeling of social changes', 'feeling of physical changes', 'feeling of responsibility', and 'feeling of development'. The eight categories led to one core category named 'Time of Transition' (Fig. 1). To preserve anonymity pseudonyms are used for the quotes to illustrate the Findings.

Time of transition

Time of transition was chosen as the main category because all the fathers-to-be seemed to experience some psychological, social and/or physical changes during the pregnancy. They experienced a transition from being a man to being a father. Their experiences were different, but every category showed some change in the expectant fathers 'life world' during the pregnancy.

Feeling of unreality

It was apparent that all the seven expectant fathers experienced a feeling of unreality some time during the pregnancy, irrespective of whether the pregnancy was planned or not. Most of the men experienced this feeling when they were told the pregnancy test was positive and in the first weeks afterwards. This feeling of unreality was mainly present during the beginning of the pregnancy but could even be felt towards the end. That two soon would become three, with all the responsibility that entailed, felt unreal:

...from the beginning it was very unreal. Accordingly I walked about, was happy, told

Box 1 Example of how the 'character of the text' was brought out

Quotation (interview transcript)	'the character of the text'	Memorandum
'... she couldn't or she wouldn't answer my question and she didn't look at me either. She didn't greet me, the welcome was mainly for my woman. It doesn't directly support the purpose if we are supposed be two with the baby and so on, because I want to be involved from the beginning'	'she wouldn't answer my question' 'she didn't look at me either' 'wasn't very welcoming to me' 'It doesn't directly support'	Disrespectful attitude. Feeling of being left out. Disappointment

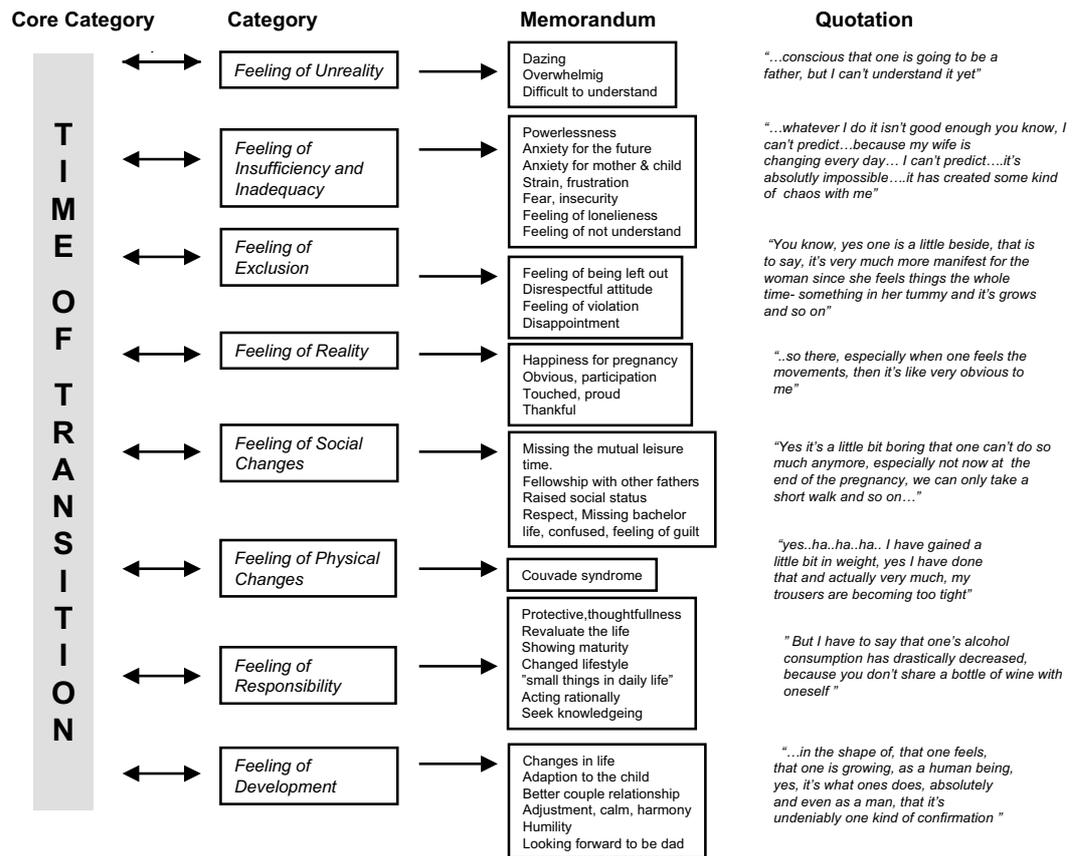


Fig. 1 Flow-sheet for the analysis.

everybody and became 'high', I'm daddy just like you are! But,...then it isn't so obvious when it isn't visible so it's not there ... (Andy)

Feeling of insufficiency and inadequacy

All the men experienced a feeling of insufficiency and inadequacy. This also included anxiety and insecurity about what the future could hold. These ambivalent feelings seemed to lead to a feeling of guilt. Apart from inadequacy they also felt a sense of powerlessness, of not having control of the situation. One man reported that he sensed a feeling of inadequacy in whatever he did:

...for me it has been enormous, hard to realize that now, that whatever I do it isn't good enough....I can't predict anything because my wife is changing every day. I can't predict. It's absolutely impossible – it has created some kind of chaos for me. (Andy)

Another man felt a dislike for an active sex life at the end of the pregnancy, while his wife had not lost her desire, which made him feel inadequate:

...of course it's hard, it influences one's sexual life. Our life together is not the same now at the end of the pregnancy. It feels strange. Then it's me, I don't really feel it's fun. (Bert)

One of the expectant fathers felt a heavy burden, as he had not as much time as before for his studies and his physical training. He experienced the need to relieve the pressure on his wife, both on a physical and psychological plane (shopping, heavy housework planning the economy, etc). Periodically he experienced psychological pressure due to this. He also felt very lonely as he felt he had no one to talk to about his problems. He was afraid that his male role would be questioned:

...but, because I want to relieve her, both physically and psychologically, in the end it will mean a lot of responsibility for me. I feel, sometimes, that I'm inadequate, that I must put the brakes on a little bit.....maybe I should slow down with my physical training to take more care of my woman so she doesn't think that I disappear too muchI really don't know how to tackle it, I have felt, partly due to my father and my father-in-law, that there is a big generation gap, that I can't really feel like I can communicate with them about my problems. Oneself, strength and male responsibility would be questioned, I haven't, you know, wanted to touch this. (Charles)

Some of the men experienced a feeling of insecurity in their new role. They asked themselves if this was really what they wanted. Their

partner had become totally unpredictable and her moods changed. What ever they did, it was not good enough. The feeling of powerlessness in this situation was experienced as frustrating. They even felt fear about what they had become involved in. The thought that this would become their fate during the rest of their life gave feelings of anxiety and insecurity for the future:

...but, then you can't get away from these small nervous elements which come the whole time, I mean the moments of insecurity in the matter about exactly how one should deal with it, partly my woman's fear, on different occasions, about the pregnancy itself, but also about what is coming. How one should practically manage everything that will come afterwards and will be for the rest of my life. (Charles)

Initially, at the beginning of the pregnancy, the men could have had a feeling of guilt because they found it difficult to give up the 'old life'. Generally they felt themselves confused in this situation and very 'un-free', while at the same time they experienced a feeling of happiness due to the pregnancy:

...then I got such a suffocating feeling about becoming a father. I got it continuously. I got a feeling that I would always have a bad conscience. If I'm doing something just for myself... This is a scary thought... I can't live that way, I can't give up MY life. (Andy)

Feeling of exclusion

At the beginning of the pregnancy four men felt left out. The feeling of exclusion seemed to be due to two things; the woman's physical changes and the treatment by health professionals. The woman's physical changes could be very obvious to her, but invisible to him which made him feel he was 'standing beside' the pregnancy:

Yes I'm a little beside it. It's very much more obvious for the woman as she feels things the whole time. Something's in her tummy and it grows and so on (Gerhard).

For one of the men, sexual life had become affected in a negative direction. It was not as it was before pregnancy. He had been rejected several times because his wife was tired or her sexual desire had faded away:

...ummh.... I feel that there is maybe not so much cuddling in bed as there was before....
...She hasn't as much desire now and then she is often tired. (David)

Four men mentioned that it was important how they were treated by health professionals. A disrespectful attitude seemed to give them a

feeling of violation and of being excluded from the pregnancy. It was a very disappointing feeling not to be seen or heard as an expectant father. They wished to participate in the pregnancy from the very beginning:

...she said hallo to my wife and turned her back on me so I had to push myself forward, in front of her, so that I could shake hands with her as well. For the first five minutes she only looked at my wife and spoke to her alone 'What do you think?' (Edward) (Translators note- the singular form of 'you' was used in the Swedish)

Feeling of reality

It was very important for all the expectant fathers to actively take part in the pregnancy. The first ultrasound examination was of great importance in this respect. It was a proof that the pregnancy existed – to actually see an image of the fetus. Feelings of unreality and 'exclusion' were reduced. Instead they felt touched, proud, happy and grateful for the new life. However, several of the expectant fathers said that it was a more profound experience to feel the fetal movements and to listen to the fetal heartbeats. It was also very important to go to the midwife at the ANC together:

I think it was enormously moving, I started to cry,... so it was so, so..., a human being is living here inside? It was, still only such a little thing... It was the first ultrasound, I felt enormously taken... Then it was in the sixth, seventh, eighth month, then everything was wonderful. It's obvious to me that she is growing every day. Everything works when we go to listen to the heartbeats, to ultrasound and so on. It's like I am able to share something which is real. (Andy)

...especially when I feel the (fetal) movements, then it's very obvious to me. (Gerhard)

Feeling of social changes

Social relationships seemed to change partly in the 'general social life' and partly in new relationships with other men. The woman could find it difficult to live the way she used to before, for example going to parties, that gave some of the men a feeling of social isolation. One of the fathers-to-be expressed it as follows:

Yes, for example we said no to a dinner invitation last Saturday (laughing) that we had said yes to before, but I had to call and say that we couldn't come. She was too tired even to call and say that we wouldn't be coming, so I got the job... Yes it's a little bit boring that we can't do as much as before, especially not now at the end of the pregnancy. We can only take a short walk and so

on. We used to go outside a lot, it's a little boring, we can't go to the cinema together because she can't sit for so long, she can't manage it anymore. (David)

For some of the fathers-to-be the antenatal classes were a forum for meeting people in the same social situation. Here they were given the possibility to share questions and reflections with others:

The antenatal classes were good, because then I got to meet others in the same situation, that I could share questions and thoughts with. (Bert)

Some men clearly expressed that they felt a certain sorrowful longing for their bachelor life. They were afraid to lose their freedom and to lose 'the old life' with their male friends. One of the men expressed his disappointment about how un-understanding his male friends, who had no children were:

I have noticed that my friends and I have drifted so incredibly far apart from one another during these nine or eight months, yes it actually happens.... it's tedious,... but they will come back when they are in the same situation... hopefully. (Freddy)

Several men experienced an obvious changing social role in their relationships with other men. They experienced greater esteem in the treatment they received. The role of becoming a 'daddy' gave them higher status and a new feeling of solidarity. When they met and talked to men who already had children, they were received into a secret 'daddy-club'. Even their own fathers changed in the way they treated them, 'their sons-soon-to-be-daddies-themselves'.

...one says that one is going to be a father and see how the men shine up and how they start telling stories about taking their sons to swimming lessons or football training or what else it can be. It's very amusing to hear. This treatment one gets then, that one is one of the gang then in this... Yes, even my father's way of talking to me and his way of behaving towards me, it has definitely changed. The respect is completely different. (Bert)

Feeling of physical change

Three of the interviewed men had clearly experienced physical changes during the pregnancy. They felt themselves 'pregnant'. One man was convinced that he had 'pelvic girdle pain' and all three of them had gained weight during the pregnancy:

Yes..ha..ha..ha.. I have gained a little bit in weight, yes, I have. Actually very much, my trousers are becoming too tight.....As

recently as today, my work mates looked at my tummy ha ha ha ha..... (Freddy)

Feeling of responsibility

In one way or another, all the men interviewed experienced an increased feeling of responsibility during pregnancy. This feeling involved increased need of control, responsibility for his own lifestyle and a need to seek knowledge. They also stated that, in daily life, they were taking greater care of their wives/partners in all respects. Without thinking about it, they had changed small things in their daily life and chosen other priorities, concerning both economy and leisure time, than previously. They were actually thinking more thoroughly before acting than prior to the pregnancy:

...there was something in the breadwinner factor that made me feel that I should change my priorities. It happens even before the baby is born. We are building our 'nest' and making more rational decisions than before. (Andy)

During the pregnancy it was usual that the men were anxious about both the mother's and the baby's health. They felt themselves more needed than before. Because of this they felt more self-esteem and were taking greater responsibility for their lifestyle. They transferred the focus from themselves to the baby, re-evaluated their lives and seemed to adapt themselves to their new roles as fathers. Several men mentioned that they had curbed their alcohol consumption and that they went to parties less often. They ate a more wholesome type of food and exercised on a regular basis. It felt more important than ever to be in good physical shape before the baby was born so they were strong enough for all the coming waking nights and whatever it would imply to be a 'daddy'. In addition they wanted to set a good example for their baby. Two of the men clearly expressed that they had become aware of some structures in society, which they thought were less satisfactory. They planned to engage themselves in these matters and aimed to influence changes. For example, residential areas with heavy traffic where roads lacked 'speed bumps', or long waiting lists for the child day care system. This change of lifestyle and philosophy was experienced by all the men as a positive change. They also needed to have control over more practical and material things. It felt important to find and buy all the things needed for a newborn baby:

But I have to say that one's alcohol consumption has drastically decreased, because you don't share a bottle of wine with oneself... but what I'm more worried about are these external things which one can't

influence, like society is the whole time what it is.Now we must have a station wagon with, yes a baby-pillow and space for a dog and it must be collision reinforced and everything else. (Bert)

It became apparent, that during the pregnancy there was a need for the expectant father to seek knowledge. For some of the men the antenatal classes were an excellent forum to quench their thirst for this and to reduce fear or anxiety about the delivery. One of the couples found their knowledge in factual books and magazines, instead of from antenatal classes:

...we have bought one of these books, a standard work which is a thick book and deals with the child's first five years. It's not so bad to get and check through. It is, above all, a very good book just to 'skim' because it is very objective. (Edward)

Feeling of development

When the interviews were performed, all the expectant fathers felt themselves ready for the new life. They seemed to have transferred the focus from themselves to 'us/we' and experienced this as a form of positive personal development. It appeared that being a father-to-be strengthened their egos and they felt they were given confirmation of their masculinity:

...that I have left one level, it's enormously positive, because I don't want to live my life without, I will not stay on that level – that's the way it is – so I'm finished with it.... I want to have a child, I want to go further in my life. (Andy)

I feel, that I'm growing, as a human being. Yes, it's what I'm doing, absolutely. And even as a man. That it's undeniably one kind of confirmation. (Charles)

In the beginning of pregnancy, all the men had felt a wish to have a healthy baby and also felt fear about not being strong enough if the situation arose that the baby was seriously handicapped. This changed over time, as the pregnancy progressed, to humility and love for the new life which was a bit of them:

...but, now I feel it's changing, continuously, the whole time, that even if the baby isn't 100% healthy, then I will still love it 100%. (Bert)

All the men reported that their relationship as a couple had improved. They showed one another more tenderness and attention than before. One of them had even experienced a better sexual relationship with his partner:

I think it feels, both sexually and even emotionally, like better than ever. (Andy)

DISCUSSION

A small sample of Swedish born men who were employed or studying were the basis for this study. It was unforeseeable that none had a different ethnic background or were out of work. Therefore this study cannot give any information about how men in that situation experience their partners' first pregnancy. However, it can give preliminary insight to the experiences of Swedish first-time fathers. The study group could have been more heterogenic if participants had been selected with regard to different ages, educational level, social background, etc. but this was a consecutive sample. Every story tells a unique experience – different – but no new major subjects emerged during the later interviews.

It seemed that the narrative method with one, open, all-embracing question was suitable for the matter studied. The pregnancy was almost completed when the interviews took place and most of the men were impatiently counting the days until the baby was born. The interviewer tried to listen attentively, show interest, understanding and respect for their unique father-to-be story (Kvale 2001). The men were encouraged to talk freely about their feelings and to tell their very personal experiences of pregnancy. The extra attention which the interview implied could have a positive effect, since the men were given the opportunity to talk about matters which had not been so easy to discuss with others. It did not seem to be a disadvantage, rather an advantage, that the men had met the interviewer (HF) previously because a relationship was already initiated. Perhaps the men felt relaxed because of this and also that they had chosen the time and the place for the interview themselves. However, it cannot be ignored that the earlier contact can have influenced their decision to take part in the study, even though they were not dependent on the interviewer's services as a midwife. This fact iterated the importance of discussing each stage during the process of analysis to reach consensus about the material and choice of categories for the credibility of the findings.

The presentation of the categories has not been chosen in order of importance, but more from the transitional progress of pregnancy perspective. Some experiences are more usual in the beginning of the pregnancy, such as 'feeling of unreality' although some men also felt it near term. Other categories such as 'feeling of development' evolved over time and did not become apparent until in the end of the pregnancy. Every category showed some change in the expectant father's 'life world' during transition to fatherhood.

All the men experienced a 'feeling of unreality' irrespective of whether the pregnancy was

planned or not. These findings confirm those of Barclay et al. (1996). It seems that emotional support for men during this time, as well as confirmation that they are not alone in feeling this, should be a consistent element in preventive work in all antenatal care. It also appears to be important that fathers-to-be have the possibility to ask a professional all the questions that 'pop up' during pregnancy. This could possibly save many men from 'brooding' and in that way help the couple in their relationship.

The emotions that come under the category 'Feeling of insufficiency and inadequacy' were experienced, very strongly, by all the men and were characterised by anxiety and insecurity as to what the future could hold. These feelings were not present constantly during the pregnancy but appeared occasionally and were expressed in very different ways. Barclay et al. (1996) presented similar findings. However, we found that at the end of the pregnancy all the men felt that the relationship had been strengthened over time, which was contrary to Barclay et al.'s. (1996) findings. In a later study Barclay and Lupton (1999) report that the increased demands which are made on the father-to-be during the pregnancy can have a negative effect and place a strain on the relationship. This has also been shown in earlier studies (Tomlinson et al. 1990, Hakulinen et al. 1997).

It seems that fathers-to-be experience a 'Feeling of exclusion' in some situations during the pregnancy. Earlier studies by Chalmers and Meyer (1996) and Hallgren et al. (1999) also found this. Hildingsson and Häggström (1999) report that father-to-be as mostly absent in the midwives' narratives when they are recounting their experiences of being supportive to prospective parents during pregnancy. Olsson et al. (1996) also describe the father's presence at the booking visits as 'strange visitors in the women's world' (p. 70). Lester and Moorsom (1997) found that midwifery in general pays very little attention to the needs of the father-to-be. When he does get attention from the midwife it is mainly because he is needed to support his partner.

All the men experienced a 'Feeling of reality' when they received confirmation of the new life by visualising, hearing and listening to the fetus. The midwife at the ANC and the midwife (sonographer) performing ultrasound can play a central role for the fathers-to-be by emphasising this positive feeling and, with that, strengthen their self-esteem in this new situation. We have not found this category described elsewhere in the literature, but Chalmers and Meyer (1996) showed that the most common feeling, felt by the expectant father when learning about the pregnancy, was expressed as being thrilled and excited.

One of the categories was a 'feeling of social changes' during pregnancy, which reflects positive as well as negative changes. The keystones within antenatal care should be to prevent 'absent' fathers-to-be, and to encourage them to strengthen their social contacts with family and friends. This may help them to grow into their new male role as expectant fathers (SOU 1995, SoS 1996). Earlier studies support this practice (Barclay et al. 1996, Knauth 2000). Diemer (1997) found that expectant fathers who had participated in father-focused discussion groups during pregnancy sought more social support, information and emotional support from their wife's (partner's) doctor. This confirms that fact that it seems to be natural for the father-to-be to go to their partner's caregiver, which in Sweden is usually a midwife.

Men can even experience physical changes, which can be worrying and frustrating for them. Only three of the men in this study reported that they felt themselves as 'pregnant', but in these cases it was very obvious and formed the category 'Feeling of physical changes'. The question as to why some men experience that they are 'pregnant' and others do not, cannot be answered here but the phenomenon is well described (Mason & Elwood 1995, Chalmers & Meyer 1996). From the midwifery point of view these men should be believed, met with respect and receive the same appropriate support and advice as their pregnant partner.

All the men clearly expressed a 'feeling of responsibility' and showed great interest in the pregnancy. They also expressed an intention to protect and take extra care of their women and show them consideration. All the men changed their life style to a greater or lesser extent and adapted to the new way of life. Barclay et al. (1996) did not find the same tendency in their larger study, where only a minority of the men showed this adaptation. Cultural differences between Australian and Swedish men could explain this and also the way Swedish society encourages paternal participation (SOU 1995, 1997, SoS 1996, White et al. 1999).

All the men experienced a 'feeling of development' which also differs from the findings of Barclay et al. (1996), where again only a minority of the men expressed this. The difference in the point of time in pregnancy when the men were interviewed may explain this as well as the method of data collection. In the present study the interviewer gained the impression that the men, who before the pregnancy, had a longing and desire to have a baby with their partners, did not experience this transition as clearly as the others. Among the men that had this desire there seemed to be less conflict in the couple's relationship and it was easier for the father-to-be to feel attached to the baby. Nevertheless, in

this study, all the men had felt attachment, to some degree, to the baby at the end of the pregnancy. It can be related to more positive family dynamics (White et al. 1999). The equality between the genders, which is an aim in western society, makes the father's attachment to the baby during the pregnancy important to all the family (the mother, the father and the baby). The well-functioning family today requires that both parents are fully involved in the raising of the baby from the time it is born. (Tomlinson et al. 1990, Hall et al. 1994, Hakulinen et al. 1997, White et al. 1996, 1999, Knauth, 2000). Thirteen years ago Berg Brodén (1989) pointed out in her book "Mor och Barn i Ingenmansland" (Mother and Child in No-mans-land) how important the interaction with the father is, partly to increase equality between the genders, but also for the father's own self-esteem and for the baby's. The big event in life, to be a father for the first time, with all the psychological, physical and social changes it implies, can be compared with going through a life crisis which leads to growth and development.

The findings showed that the sexual life was affected during the pregnancy. This matter was mentioned in different categories, e.g. 'feeling of insufficiency and inadequacy', 'feeling of exclusion' and 'feeling of development'. In spite of the fact that some of the men declared that their sexual life had changed in a positive way there were also feelings of being rejected and of inadequacy. Barclay et al. (1996) found only negative changes, leading to anxiety, in sexual life. However, Swanson (1980), Chalmers and Meyer (1996) and Alteneider and Hartzell (1997) show that men can experience sexual frustration or disappointment during pregnancy. According to Alteneider and Hartzell (1997) couples have indicated that they do not receive support from the caregiver in this matter during pregnancy.

The findings in this study show that the pregnancy could be compared to a new epoch in the man's life. The pregnancy becomes a 'Time of transition' when the expectant father experiences a great number of changes in his life and develops as a man. This transition was predominantly experienced as a positive change, which is contrary to the findings of Barclay et al. (1996). The man's special needs for support and encouragement seem to be as important as that of the mothers-to-be, which agrees with Chalmers' and Meyer's (1996) findings. It is apparent that the caregiver (the midwife in Sweden) needs to be as aware of and sensitive to the father-to-be's special needs, and again supports Chalmers and Meyer (1996) findings. The small sample in this study limits the conclusions that can be drawn from it but it can give ideas about possible interventions in the future. Perhaps the midwife at the ANC should include the offer of an

individual conversation with the father-to-be as part of the basic programme. In the long-term such preventive work with the 'family unit' could perhaps avert some unnecessary conflicts and misunderstandings which can arise. This, in turn, could help to reduce the substantial number of divorces that occur during the baby's first year of life (Central Bureau of Statistics 1995). The sad fact that many couples divorce during this period, with the consequences for the baby that this implies, shows that some form of intervention is needed. Need for better support for the father-to-be also requires that more resources are given to preventive antenatal care. As pointed out earlier, this study includes only seven interviews with Swedish born men so before any interventions can be recommended the findings of this study should be validated on a larger sample. However, the study can be seen as an exploratory study for further research.

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