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First-Time Fathers' Perspectives on Pregnancy, Birth, and Fatherhood

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Walden University

College of Social and Behavioral Sciences

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Lynette Talley

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Walden University
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Abstract

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by

Lynette M. Talley

MSN, University California San Francisco, 2001

BSN, Linfield School of Nursing, 1998

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

Walden University

August 2017

Abstract

Ineffectively addressing a first-time fathers' perception of pregnancy, childbirth, and fatherhood by medical providers and other medical personnel, may lead to problems of inadequate support, increased tension, anger, concern, and fear at a personal level and between partners. The purpose of this interpretive phenomenological study was to explore the perspective of first-time fathers during pregnancy, childbirth, and fatherhood. The biopsychosocial model was used as the framework to provide the foundation for this study. Research questions addressed first-time fathers' biggest fears, deepest concerns, and most embarrassing questions related to pregnancy, childbirth, and fatherhood as well as the emotion and physical changes that a first-time father may encounter. Data from 12 participants was collected using one-on-one interviews. These interviews were analyzed, utilizing the biopsychosocial model as a guide for assessing social, psychological, and physical relationships and themes. Several themes were identified; including both positive and negative themes, such as mood swings, and watching the belly grow during pregnancy. During labor, themes such as, it was a life changing experience and fear of something happening to the baby or mom during labor weigh heavy on the minds of first time fathers. Themes identified in fatherhood included becoming more selfless and responsible, fear of making a mistake as a father, and the difficulties of fatherhood. The findings of this study will contribute to positive social change by providing a basis for developing appropriate and effective educational programs that will assist first-time fathers in optimizing their role throughout pregnancy, childbirth, and fatherhood.

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Dedication

This dissertation is dedicated to God, because with him all things are possible. I would also like to dedicate this project to my very dear friend, Annette, who gave up her own time to help me proof read, and edit papers throughout this profound journey. I would like to thank my family for all of their support and encouragement during this process. Finally, I would like to pay a special tribute to my sweet husband who has stuck by me through rough times, and the good times, who remained my biggest cheerleader, but most of all provided me the encouragement to keep pushing forward to reach the goal. I thank everyone from the bottom of my heart for your love, and support during the pursuit of my degree.

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Chapter 1: Introduction to the Study

Pregnancy marks a huge milestone in both the mother's and father's life. This milestone begins the moment pregnancy is confirmed, until the birth of the baby. This event marks the beginning of a journey for all individuals involved, including the mother, father, family members, and friends. However, fathers are likely to be neglected during pregnancy and childbirth. The father's thoughts are rarely addressed, whereas the mother is often inundated with attention and care for her and the unborn baby (Leavitt, 2003; 2009). First-time fathers are exposed to many changes that occur during pregnancy, including social and psychological changes, such as mood changes, physical changes, financial responsibilities, and feelings of inadequacy.

The decision by most men to have a child is a multifaceted process which often includes personal, psychological, social, economic, and interpersonal components (deMontigny Gauthier & deMontigny, 2013). Once pregnancy is achieved, the couple will begin their journey through pregnancy. Prenatal care by an obstetrician or midwife begins once pregnancy is confirmed, and is the primary means for monitoring the health of both the mother and the baby throughout the duration of the pregnancy, ending with the birth of the baby (Cunningham, 2010; Draper, 2002). Research suggests a father's perspective about pregnancy and childbirth may include apprehension, concern, anxiety, fear, joy, and ambiguity (Golian Tehrani et al., 2015; Poh et al., 2014; Premberg et al., 2011).

First-time fathers are considered an integral part of pregnancy and childbirth; however, they face several barriers in pregnancy, the labor process, and during their transition into fatherhood, such as recognition from medical professionals, or not knowing what to expect, as they struggle to find their place in what has been considered a woman's arena (Finnbogadóttir, 2003). Fathers often feel ignored by providers or health care workers, as well as out of touch throughout the journey through pregnancy and birth. Fathers often experience financial concerns, fear of losing their freedom, and fear of taking on the role of fatherhood (Finnbogadóttir, 2003).

For many first-time fathers, pregnancy has been noted to be the most demanding period of time during the transition to fatherhood, as fathers attempt to reorganize priorities of fatherhood and work. Childbirth was noted as being an emotional time, it was noted as not being as difficult or demanding as transitioning to fatherhood (Genesoni & Tallandini, 2009). The demands faced by first-time fathers may include incorporating the role of husband and father (Åsenhed, Kilstam, Alehagen, & Baggens, 2014). Practical issues such as changes in the household budget, personal time, and career may also become challenging (Fenwick, Bayes, & Johansson, 2012; Finnbogadóttir, Crang Svalenius, & Persson, 2003; Schytt & Bergström, 2014). Many fathers also report feelings of guilt, anxiety, and confusion, and are overwhelmed with ambiguous thoughts of their future. These thoughts are often verbalized during the journey through pregnancy (Fenwick et al., 2012; Finnbogadóttir et al., 2003). Nonetheless, these feelings do not

negate their desire to develop a relationship with the expected baby (Åsenhed et al., 2014; Genesoni & Tallandini, 2009).

First-time fathers typically exhibit a desire to play an active role in the pregnancy, even though many feel disconnected in the beginning, especially when signs of pregnancy are minimally outwardly evident, such as the mother appearing pregnant or feeling the baby kick (Åsenhed et al., 2014; Fenwick et al., 2012). Fathers often start to feel more of a connection with the baby during the first ultrasound, when the image produces a sense of reality and confirmation of the growing baby inside the womb (Fenwick et al., 2012).

During the third trimester, fathers begin to complete various tasks in preparation for the upcoming birth, such as organizing the nursery, purchasing and fitting the car seat in the car, and packing bags for their hospital stay (Fenwick et al., 2012). However, with thoughts of the upcoming birth, many fathers experienced a resurgence of anxiety, loss of freedom, and the overwhelming knowledge that life will never be the same, while other fathers anxiously await the meeting of their baby for the first-time, and eagerly await their wife or/partner's continuation of life they had once known before pregnancy (Fenwick et al., 2012).

A first-time father may start to think about what will happen during labor and childbirth, as well as begin to cultivate their expectations of labor and childbirth. All fathers expect a healthy baby and a normal vaginal birth without complications (Schytt & Bergström, 2014). Yet, most first-time fathers have no idea of what to expect during

labor and childbirth, but will eagerly adopt the expectant mother's thoughts and expectations (Fenwick et al., 2012; Premberg, Carlsson, Hellström, & Berg, 2011; Shibli-Kometiani & Brown, 2012).

Research suggests a first-time father's perspective may change forever the minute he gains knowledge of pregnancy as he awaits the arrival of his baby, with the potential of capturing his heart forever. From the very first minute a first-time father learns he will become a dad, his perspective on fatherhood may be intimidating, as he envisions the life-changing events he will encounter, such as a change in his relationship with his partner or wife, and the developing relationship with his child (Fägerskiöld, 2008). From the time a father enters the labor and delivery room, his responsibility to the mother is clearly defined as one of emotional, and physical support (Leavitt, 2009).

Some first-time fathers have expressed feeling unrecognized and minimally supported during childbirth by family members and friends (Poh, Koh, Seow, & He, 2014; Schytt & Bergström, 2014). While many first-time fathers report feeling neglected or marginalized by providers, midwives, and other staff members throughout the pregnancy and childbirth experience, (Premberg et al., 2011; Schytt & Bergström, 2014), first-time fathers report that childbirth was more emotional and demanding (Premberg et al., 2011; Shibli-Kometiani & Brown, 2012) than they had anticipated. While supporting the mother during labor and childbirth, first-time fathers often feel compelled to conceal their feelings of anxiety, apprehension, irritation, and frustration behind a mask of self-composure and self-confidence (Åsenhed et al., 2014; Premberg et al., 2011).

In industrialized countries, many women will have their partner join them during labor and delivery process (Redshaw & Henderson, 2013). The male partner plays an important role for the mother and the unborn child throughout the pregnancy, childbirth, and into the parenting role (de Melo & de Brito, 2013; Redshaw & Henderson, 2013). However, there may be times when a father may wish he did not have to be so involved (Shibli-Kometiani & Brown, 2012). For example, in some cultures, such as within the Arabian culture, fathers are not the woman's main support system during labor and birth. However, over the last several decades, the Arabian society has become more accustomed to fathers participating in labor and childbirth; however, some Arabian fathers opt to have their mother or mother in law as alternative support persons (Shibli-Kometiani & Brown, 2012).

The Centers for Disease Control and Prevention (CDC) statistics from 2012 in the state of Georgia, the location of the present study, the number of births in 2012 was 130,280 (Martin, 2013). In 2012, the CDC reported that the number of first births was approximately 25 per 1,000 women aged 15 to 44 years old, while the number of documented births for men ages 15 to 54 years old living in the United States was 45.8 births per 1,000. This equates to approximately 3,952,841 documented births for all races during 2012 (Martin, 2013). However, these statistics do not reveal the number of first-time fathers.

Current literature is inundated with the mother's perspective on pregnancy, labor, and childbirth, which has expanded research knowledge, both from a local and

international standpoint. However, there remains limited work exploring the perspectives of first-time fathers in the United States. The research that currently exists has largely been completed within the United Kingdom and Scandinavian countries (Fenwick et al., 2012). In this study, I addressed this issue through one-on-one interviews of first-time fathers living in rural Southwest Georgia, some of whom may have limited education, ultimately gaining their perspective of pregnancy. The results of my study could assist in further developing the knowledge base of medical providers, ultimately enhancing the care provided to both the pregnant women and first-time fathers.

Problem Statement

A women's first pregnancy is the beginning of a life changing event, unlike one she has never encountered before in her life. She will undergo physiological and emotional changes as she progresses through her pregnancy. The changes women experience during pregnancy are often filled with excitement and anticipation; however, these changes may also ignite feelings of stress, anxiety, and depression, as well as fear of not being a good mother, loss of her figure, and a permanent life change (Hall et al., 2009). Several research studies acknowledge and confirm the various changes women will encounter during pregnancy and birth, as well as how women perceive these changes as they journey through pregnancy and birth (Adams, 2012; Hall et al., 2009). In contrast, there are minimal research studies available that look at how men living in rural areas within the United States perceive their first encounter with pregnancy and birth. Inappropriately addressing a first-time fathers' perception of pregnancy and childbirth by

medical providers and other medical personnel may lead to the problems of inadequate support, increased tension, anger, concern, and fear at a personal level and between partners (Forsyth, Skouteris, Wertheim, Paxton, & Milgrom, 2011).

A first-time father's greatest fears, biggest concerns, and embarrassing questions about pregnancy, birth, and fatherhood have not been well researched among fathers living in rural areas within the United States. Focusing on a first-time fathers' perspectives of pregnancy, birth, fatherhood will help facilitate future support for pregnant women during pregnancy and childbirth, which is an essential component that ultimately leads to healthy pregnancies and healthy babies.

Purpose

The purpose of this study was to gain a deeper understanding of how first-time fathers living in rural Southwest Georgia perceive pregnancy, childbirth, and fatherhood. Through interview questions, I addressed first-time fathers' greatest fears, their extreme ideas, and their biggest questions, as well as gained a deeper understanding of the various ways in which fathers modify their lives in order to adapt to these questions, thoughts, and feelings. I used a qualitative approach, which provided a rich, inclusive focus on the innermost feelings and questions first-time fathers harbor related to pregnancy, birth, and fatherhood to include the physical and emotional changes involved in the process of pregnancy.

Nature of the Study

In this study, I utilized a qualitative approach to investigate the topic. I selected a methodology that was appropriate based on the established research questions, the type of information I wanted to glean, and the accessibility of participants within the chosen rural community. Using a phenomenological approach led to an understanding of this phenomenon at a deeper level by eliciting rich and descriptive data through personal interviews. Exploring how men perceive pregnancy, childbirth, and fatherhood, including their fears, thoughts, and ideas, provided a deeper understanding of the various ways in which men adapt to these thoughts and feelings. The information gleaned from each interview uncovered rich, personal information not previously studied or circulated among health care providers, especially providers practicing within the obstetrics and gynecology (OB/GYN) field of medicine.

Theoretical Framework

The biopsychosocial model was the theoretical framework that I used for this study. The foundation for the biopsychosocial model was developed from Engel's (1977) perspective, which suggests that one's behavior is multifaceted encompassing the physical, psychological and social aspects of an individual. The biopsychosocial model posits that one's behavior is complex and may be more appropriately explained by the influence of three different aspects: biological, psychological, and social (Engel, 1980; Peterson, 2011), as opposed to addressing a person's physical, psychological or social features separately. Engel theorized that the biopsychosocial model would provide a

holistic approach, where each aspect of the model, physical, psychological, and social would interrelate , providing a deeper understanding of the connection between biological, psychological, and social processes occurring within individuals (Engel, 1980; Finlay, 2009).

Practicing medicine in the 21st century has proven more complex than in the 20th century (Jackson et al., 2014; Thompson, 2001). Hence, a health practitioner must have a thorough understanding of the physical, psychological, and social aspects of health care, which is necessary to fully understand the complexity of most people's complaints, which may be referred to as a holistic approach (Epstein, 2005). The biopsychosocial model provided a lens through which to view research findings as well as provide insight on my research of a first-time fathers' perspectives of pregnancy, childbirth, and fatherhood by obtaining information about various thoughts and influences that potentially affect their beliefs. Engel believed in the fact that practitioners who took the time to listen to the patient would oftentimes would uncover the root of the problem, which was not seen or understood initially (Engel, 1980). The biopsychosocial model has played an important role in providing a general framework for researchers, especially for those within the field of psychology, which acts as a guide for theoretical and experimental research (Peterson, 2011). For example, researchers in Toronto Canada applied the biopsychosocial model in a study of a 150 postpartum women, which looked at how the biopsychosocial variables interacted together to result in moods changes during pregnancy and the postpartum period (Ross, Sellers, Evans, & Romach, 2004).

Researchers in another study applied the biopsychosocial model to further understand how women relate to sexuality during and after pregnancy, as it relates to their biological, psychological, and social changes (Bitzer & Alder, 2000).

The biopsychosocial components of this model (Martin, 2013) includes a physiological, psychological, and social framework, which may evoke a deeper understanding of reasons why a first-time father may react positively or negatively to a specific life event with feelings such as fear, anxiety, joy, or overall satisfaction. The psychosocial components of this model may include family history, personal history, family support, and current life situations, which may evoke a feeling of security, calmness, and desire to support the mother and baby (Ross, Sellers, Evans, & Romach, 2004). Applying the biopsychosocial model to this study may improve understanding of how men experience pregnancy, birth, and fatherhood for the first-time, which may involve anxiety, fear, feelings of fulfillment, and happiness, along with an evolving desire to be a good father.

Research Questions

This study was driven by three research questions:

1. How do first-time fathers perceive or experience pregnancy?
2. How do first-time fathers perceive or experience childbirth?
3. How do first-time fathers perceive or experience fatherhood?

Example interview questions

What are your biggest fears about pregnancy, birth, and fatherhood?

What concerns you the most about pregnancy and birth?

What confuses you the most about pregnancy and birth?

Assumptions

Women often harbor several unanswered questions and concerns about pregnancy and childbirth (J. A. Lothian, 2003; J.A. Lothian, 2012). Research suggests that first-time fathers want to participate in their partner's pregnancy and childbirth, but may also harbor several unanswered questions and concerns about the forthcoming events of pregnancy and childbirth much like their partners (Fägerskiöld, 2008). The extent to which first-time fathers participate in and perceive pregnancy, birth, and fatherhood may stem from various reasons such as, cultural expectations, preconceived ideas, fear, lack of education, or feeling out of place. It is possible some fathers will demonstrate minimal participation in the pregnancy and birth of their baby because of their perception of not knowing what to do or what to say, as well as fear of doing or saying the wrong thing, or the lack of commitment to the mother and baby based on living arrangements. I assumed all couples lived in the same household, that all men had become first-time fathers within the last 6 months, and that they were actively involved in the pregnancy, attended a majority of the pregnant woman's OB appointments, and were present for the birth of the baby.

Limitations

This study was limited to first-time fathers living in Southwest Georgia, which is a primarily rural area. This limited participation of fathers living in larger cities.

Possible limitations I may encounter among first-time fathers living within a rural southwest Georgia community may include a compromised socioeconomic status, and lower educational status. Age may also have limited participation, based on the inclusion criteria of participants being 18 years old or older; some older men may not have wanted to participate because they felt they were too old to contribute rich information. Regional cultural barriers may have limited participation, for reasons such as some cultures may consider it inappropriate for a man to talk openly about sex, pregnancy, childbirth, and fatherhood.

Definition of Terms

In 2007, the World Health Organization (WHO) and the American College of Obstetrics and Gynecologists (ACOG) recommended using standard definitions of terminology within the discipline of medicine (Cunningham, 2010). Uniformity increases clarification, as well enhances comparison of data within communities, from state to state, region to region, and between countries (Cunningham, 2010).

Abortus: A fetus or embryo removed from the uterus of the mother before 20 weeks, or in the absence of accurate dating criteria, weighing less than 500 grams, which may occur spontaneously or surgically. The general population may refer to this as a miscarriage (Cunningham, 2010).

Birth: The complete expulsion or extraction of the baby from the mother after 20 weeks gestation. In the absence of accurate gestational age dating criteria, a baby

weighing less than 500 grams is considered an abortus; however, some define this as a miscarriage (Cunningham, 2010).

Diagnosis of pregnancy: Pregnancy is commonly diagnosed first from symptoms, and then confirmed by a blood or urine pregnancy test, which measures human chorionic gonadotropin. Pregnancy may also be diagnosed by ultra sound (Cunningham, 2010).

Father: A man may obtain the title of father after the birth of his first child. The title of father will never change, because once a man becomes a father, he will always be a father despite any circumstances, such as subsequent children, or children leaving the home for career or marriage (Lemay, Cashman, Elfenbein, & Felice, 2010).

Hemorrhage: Postpartum hemorrhage is defined as the loss of 500 ml of blood or more after the completion of the third stage of labor (Cunningham, 2010).

Live birth: At the time of birth, the newborn shows signs of life, such as a heartbeat, or defined spontaneous movement of voluntary muscles (Cunningham, 2010).

Perinatal care: An all-inclusive program that involves coordinated medical and psychosocial care that begins prior to conception and extends throughout the antepartum period. The main components of perinatal care should include, preconception counseling, prompt diagnosis of pregnancy, initial prenatal evaluation, and timely prenatal follow up visits (Cunningham, 2010).

Planned Pregnancy: A pregnancy that is thought out, wanted and planned in timing.

Pregnancy: Pregnancy is defined as the period from conception, when the sperm fertilizes the egg, until birth. Pregnancy usually lasts 40 weeks, or 280 days, and is calculated from the first day of the woman's last menstrual period. Pregnancy is further divided into three trimesters, each lasting approximately 3 months (Cunningham, 2010).

Pre-eclampsia: A pregnancy-specific syndrome that may affect virtually every organ system. The minimum criteria for pre-eclampsia is blood pressure greater than 140/90 after the completion of 20 weeks gestation, and 300 mg or greater of protein in a 24-hour collection of urine. The more severe the hypertension or proteinuria, the greater the potential for adverse outcomes for the mother and baby during pregnancy

Sepsis: A number of different pathogens may be the cause of sepsis among pregnant women. The most common infections that cause sepsis in obstetrics include, pyelonephritis, chorioamnionitis, septic abortion, and necrotizing fasciitis. Sepsis is induced by a systemic inflammatory response, also known as infection. The symptoms of infection include, fever, maternal and fetal tachycardia, tachypnea, leukocytosis, and leukopenia (Cunningham, 2010).

Unplanned Pregnancy: A pregnancy that is not planned, but wanted. However, this term may also mean the pregnancy is unplanned and unwanted.

Significance

In this research study, I addressed a gap in the empirical literature by focusing specifically on a first-time father's perceptions of pregnancy, birth, and fatherhood. I found this research study unique because I could address an area in which minimal

qualitative research exists on the topic of first-time fathers' perceptions of pregnancy, birth, and fatherhood among fathers living in rural areas within the United States. The results of this study provided necessary information for health care providers, especially those providers practicing within obstetrics and gynecology, to help first-time fathers understand the physiologic and emotional aspects of pregnancy, birth, and fatherhood.

In this study, I explored first-time fathers' perceptions of pregnancy, birth, and fatherhood as a basis for developing future appropriate and effective educational programs to assist first-time fathers in optimizing their role throughout pregnancy, birth, and fatherhood. In this study, I established appropriate and meaningful strategies to educate first-time fathers in order to prepare and support them for pregnancy, birth, and fatherhood.

Summary

Fathers play a vital role in pregnancy and childbirth for both the expecting mother and unborn baby. Fathers who participate in pregnancy and childbirth increase the well-being of the mother as well as the baby. However, fathers often experience a variety of emotions, concerns, and barriers that contribute to feeling left out or invisible throughout the pregnancy and birth. First-time fathers involved in pregnancy and childbirth improve pregnancy and childbirth outcomes, as well as enhance bonding between the father and baby (Brandão & Figueiredo, 2012).

Chapter 1 presented an overview of the study and an understanding into the theoretical base and methodology used to conduct the study. Chapter 2 includes a review

of current literature on fathers' perspectives and perceptions of pregnancy and childbirth, which supports the necessity for this study. Chapter 3 includes the methodology that I used to collect and analyze the data necessary to answer the proposed research questions.

Chapter 2: Literature Review

Introduction

I reviewed health sciences, psychology, and nursing literature, which revealed a need for further research to examine first-time fathers' perceptions of pregnancy, childbirth, and fatherhood within rural areas in the United States. Several studies suggested the significance of first-time fathers' perceptions of pregnancy and childbirth; however, much of the current literature has focused primarily on fathers residing in different countries, or the mother's perception of pregnancy and childbirth (Abushaikha & Massah, 2012; A. Alio, Lewis, Scarborough, Harris, & Fiscella, 2013; Fenwick et al., 2012; Pestvenidze & Bohrer, 2007; Vika Nilsen, Waldenström, Rasmussen, Hjelmstedt, & Schytt, 2013). There was an absence of research regarding first-time fathers' perceptions of pregnancy, childbirth, and fatherhood in rural areas of the United States.

I initiated the literature review first by developing the search criteria, conceptual framework, and the methodology necessary to facilitate a qualitative study. In the next section, I examined the current literature involving how a father perceives pregnancy, childbirth, and fatherhood. Additionally, I assessed the various issues fathers have encountered, as well as the barrier fathers currently encounter during pregnancy, childbirth, and fatherhood.

Search Criteria

I conducted a thorough search of the current literature in the form of peer reviewed journals and books. Databases that I explored included: EBSCO, ProQuest,

SAGE, Science Direct, as well as eBooks, and textbooks. Search terms included keywords and search terms such as, *fathers, fatherhood, daddy, paternal, pregnancy, childbirth, mother, maternal, and perception*. The research articles utilized in this literature review represented peer reviewed research and compelling arguments on the topic of a father's perception of pregnancy, childbirth, and fatherhood. A literature matrix assisted in analyzing each research article's research questions, methodology, research design, sample, data analysis, conclusion, and future research recommendations.

Theoretical Framework

The quest for relevant, current literature focusing on the male perspective of pregnancy, childbirth, and fatherhood was challenging based on the limited number of research studies on first-time fathers and their perception of pregnancy, childbirth, and fatherhood. The biopsychosocial model emerged as a means of understanding how an individual may process his or her biological, psychological, and social factors, which play a significant role in human functioning (Biderman, Yeheskel, & Herman, 2005). The literature presented below is a foundation for understanding the thoughts and perceptions of first-time fathers as they encounter the life-changing event of pregnancy, childbirth, and fatherhood.

Biopsychosocial Model

The theoretical framework that guided this study was the biopsychosocial model. The biopsychosocial model supplied a foundation necessary to understand the dynamics a future father would encounter during his partner's pregnancy, during childbirth, and

during fatherhood. In health care research, the biopsychosocial model has been touted as a credible bridge between psychology, sociology, and medicine (Pilgrim, 2011). Borrell-Carrió, Suchman, and Epstein (2004) described the biopsychosocial model as both a philosophy and clinical guide implemented by practitioners within the clinical setting. From the philosophical standpoint, the practitioner uses this model as a way to understand how a patient is affected by disease or illness on multiple levels ranging from the societal level to the molecular level. From the clinical level, this model reinforces the patient's subjective experiences as an essential construct that contributes to the practitioner's accurate assessment and diagnosis, which leads to improved health outcomes, as well as improved patient care. The biopsychosocial model tends to be the model of choice in the field of health psychology, as it offers a holistic approach (Borrell-Carrió et al., 2004). This is in contrast to the biomedical model, which only offers a medical model of health and illness (Pilgrim, 2011).

In 1977, Engel theorized that the biopsychosocial model would provide a holistic approach to understanding the connection between biological, psychological, and social processes occurring within individuals (Peterson, 2011). Engel's work provided practitioners with the foresight that in health and illness, the provider must take the time to listen to the individual, exploring issues that may be hidden deep within the person, seldom allowing anyone to see beneath their exterior (Epstein, 2005). Engel emphasized the importance of listening to the individual's personal experience, which must remain a

key factor of any scientific research, along with the physical components of health as well as illness (Engel, 1980).

The biopsychosocial model played an important role in providing a general framework, which I used as a guide for the theoretical and experimental research in this study (Peterson, 2011). The biopsychosocial model accentuates the importance of interviewing every individual in order to understand not only the biological issue, but also the psychological and social issues that may contribute to behavior (Pilgrim, 2011).

Adapting Engel's theory into daily medical practice, the provider must fully understand the patients' disease, or problem, in order to fully assess and understand the patient's physical wellbeing, while simultaneously considering the patient's psychological and social health, which may contribute to the person's symptoms or disease process (Borrell-Carrió et al., 2004). Engel's holistic approach involved utilizing techniques of interviewing, and listening to each patient, offering an alternative to dominant biomedical model, which involved using the technique of interviewing and listening as a way to completely understand the patient's problem or chief complaint (Borrell-Carrió et al., 2004).

The biological components of biopsychosocial model include genetic and physiologic elements. I applied these elements to the data, which suggested future first-time fathers may react positively or negatively to a specific life event with feelings such as fear, anxiety, joy, or being satisfied. The psychosocial components of this model may include family history, personal history, family support, and current life situations, which

may evoke feeling of security, calmness, and desire to support the mother and baby.

Applying the biopsychosocial model to this study suggests men experiencing pregnancy, birth, and fatherhood for the first-time would experience an increased sense of anxiety, fear, feelings of fulfillment, and happiness, along with an evolving desire to be a good father, remain physically healthy, and strive to maintain a healthy sense of wellbeing.

Literature Review

Physiology of Pregnancy and Birth

The commencement of a pregnancy originates when male sperm, produced from the testes, fertilizes the female egg, produced from the ovary. The integration of the egg and sperm form a two-cell unit, referred to as a zygote. The zygote begins its journey down the fallopian tube towards the uterus, growing in cellular size every minute until the mass of cells, referred to as a blastula, which implants into the endometrium, which is the lining inside the uterine wall (Cunningham, 2010). At the time of implantation, the mass of cells is referred to as an embryo (Breedlove, Watson, & Rosenzweig, 2010). A normal pregnancy takes approximately 280 days, which includes the 2 weeks prior to ovulation, or 266 plus 14 days. A normal pregnancy will take 40 weeks, often stated as the estimated date of delivery (EDD), or estimated date of confinement (EDC). Any pregnancy delivered before 37 weeks is considered a preterm birth, whereas a pregnancy continuing 2 weeks beyond the established EDD, or 42 weeks, is considered a post term pregnancy (Cunningham, 2010).

Perception of Pregnancy

A Mother's Versus Father's Perception

A mother's perception of her first experience of pregnancy evokes many thoughts and emotions, which often include both negative and positive feelings (Modh, Lundgren, & Bergbom, 2011). Women often reflect on their own life, as well as think about the birth of a new life. Pregnancy may draw the woman closer to her own mother, as she becomes aware of the transition from girl to woman, evolving into the role of motherhood (Modh et al., 2011). Modh et al. (2011) noted the most rewarding parts of pregnancy for women included their increasing perception of the love they harbor for the baby, and the safety they felt from their partners.

Perception of pregnancy and birth among first-time fathers remains less understood, based on the limited number of research studies pertaining to this topic. Although there are several studies examining male perception of pregnancy and birth in other countries (Draper, 2002; Forsyth, Skouteris, Wertheim, Paxton, & Milgrom, 2011; Hollins Martin, 2008; Premberg, Carlsson, Hellstrom, & Berg, 2011; Rosich-Medina & Shetty, 2007; Shibli-Kometiani & Brown, 2012), minimal research has been done on first-time fathers living in the United States experiencing normal pregnancy, birth, and fatherhood.

Sipsma et al. (2012) conducted a study among teenage couples in the United states, which assessed the degree to which the male and the female wanted the pregnancy. A cohort study was conducted with 296 teenage participants. The data from this study

revealed 53% of the young males desired the pregnancy. The data also revealed the teenage males failed to accurately perceive how their female partner related to the pregnancy, whereas the females had more accurate perceptions of their partners' desire for pregnancy (Sipsma et al., 2012). However, Sipsma et al. (2012) believed the male participants in this study may have over-reported pregnancy desire to a greater extent than the female participants. First-time fathers developed a stronger emotional bond to the pregnancy, especially during ultrasounds, and when they could actually feel the baby move in the mother's abdomen, through which they could perceive the pregnancy as tangible (Rosich-Medina & Shetty, 2007). First-time fathers perceive pregnancy as a time of preparation for fatherhood, as well as a time to develop their sense of identity as a father (Golian Tehrani, Bazzazian, and Dehghan Nayeri (2015).

Weight gain during pregnancy can stimulate negative emotions for both men and women during pregnancy. The emotional stress of weight gain during pregnancy for women is often perceived as a negative experience, which may be exacerbated by their partners' lack of understanding the physiologic changes taking place within the woman's body during pregnancy (Montgomery et al., 2012; Nash, 2014). Montgomery et al., (2012) conducted a qualitative study with 16 male participants, which assessed their perception of weight gain during pregnancy. A majority of the comments from the participants had negative implications, in which the participants stated they disliked their partners gaining a large amount of weight during pregnancy. This study revealed the true feelings of how men perceive weight gain in pregnancy (Montgomery et al., 2012).

Other research studies have focused on how men perceive pregnancy loss (McCreight, 2004; Murphy, 1998). McCreight (2004) conducted a study with 14 male participants who were attending a pregnancy loss self-help support group, which aimed to assess the experiences of men whose partner suffered a pregnancy loss. The participants were selected from within this support group, and interviewed. The data from this qualitative study revealed that men often described feelings of guilt, loss of one's own identity, as well as feeling the need to come across as unaffected. Many thought it was necessary to minimize their feelings of grief and anger (McCreight, 2004). Another study examined how five men perceived early miscarriage, in which the initial feelings after a miscarriage were shock, disbelief, helplessness, and discouragement (Murphy, 1998).

Making the decision to try for pregnancy can be a daunting experience for men, much like what a man would experience learning of an unplanned pregnancy, which will be discussed later. A man must consider several issues such as financial circumstances, living situation, education, and the overall ability to provide for the offspring (DeMontigny, G., & DeMontigny, F., 2013). In order to assess these issues further, DeMontigny, G., and DeMontigny, F. (2013) qualitatively assessed how men perceive the decision to conceive for the first-time. Twelve men participated in the study and the researchers discovered four primary issues that future fathers consider when deciding to conceive a baby, including: personal, socio-economic, interpersonal, and timing issues.

Childbirth

Childbirth marks a huge milestone in a woman's life. For some women, this milestone may be perceived as a positive event; however, for other women childbirth may be perceived as a negative event (Dahlen, Barclay, & Homer, 2010; Elmir, Schmied, Wilkes, & Jackson, 2010). For many women, the thought of childbirth may evoke fear, anticipation, anxiety, excitement, and joy (Dahlen et al., 2010; Elvander, Cnattingius, & Kjerulff, 2013). The changes a woman undergoes during pregnancy include both physical and psychological (Montgomery et al., 2012), as well as a change in the mother's personal values and perspectives, while they prepare for motherhood (Modh, Lundgren, & Bergbom, 2011). Fathers may also share the same emotions as women, which may include fear for the mother and baby's safety, fear regarding watching the mother endure pain, anxiety, fear of the unknown, feeling powerless, financial considerations, and taking on the role of fatherhood (Hanson, Hunter, Bormann, & Sobo, 2009).

Traditional childbirth

Traditionally, women have been involved in supporting as well as assisting other women throughout pregnancy and childbirth. The Bible specifically mentions in Exodus chapter one, two Hebrew midwives, Shiprah and Puah, were noted to play significant roles in the delivery of both Hebrew and Egyptian women (Fletcher, 2006). Typically, women only verbally told their stories, possibly leaving out crucial information regarding

pregnancy, labor and birth, which has been lost through time, based on lack of documentation (Fletcher, 2006).

Throughout early history, women have played a significant role in assisting other women during labor and childbirth, which in the past, was thought of as an event only for women: often attended by the midwife for delivery, and the pregnant woman's neighbors attending for support. The women tending to the laboring woman offered comfort and care, orchestrated by a midwife, while the men stayed outside (Fletcher, 2006; Leavitt, 2009). When the pregnant woman went into labor, she would summon her female family members, and female friends to her home, where these women would provide the necessary support and comfort throughout the labor process, until the birth of the baby. Rarely did a physician attend a home birth, unless the labor process or birth were not progressing normally (Leavitt, 2009) In the weeks prior to the expecting woman going into labor, she took time to prepare food and drinks for the women that would help her during labor. This custom evolved based on the fact most expecting woman could not pay her female friends with anything other than food, and drink. It was expected, and a tradition that the pregnant woman treat her family and friends appropriately (Leavitt, 2009).

Many women living in the 1800's found reproduction risky, based on her threat of death during pregnancy, childbirth, or shortly after childbirth, which led to the increasing number of professional male physicians attending births, in hopes the physician may possibly save their lives (Tunc, 2010). Even though, during the 1800s women continued

to play the dominant role in the birth of babies, many women began to seek out the care of a physician who specialized in obstetrics and gynecology secondary to the serious risks involved in pregnancy, such as infection, bleeding, preeclampsia, and the need for surgery. Often the pregnant woman seeking a physician would encounter a male provider who had taken on this professional role, which would eventually lead to the increasing number of males within the birthing room (Tunc, 2010).

During the Nineteenth Century, a majority of women who were of the age of fertility feared death of themselves, the baby, or both (Leavitt, 2009). During pregnancy, pre-eclampsia, hemorrhage or sepsis could claim the life of the mother and unborn baby. During childbirth, the woman could die from exhaustion or hemorrhage, and during the post-partum period a woman could die from sepsis (Kippen, 2005). During the end of the eighteenth century and early nineteenth century, a woman's awareness increased about the use of new drugs, such as opium for labor pain, new instruments, such as the use of forceps, and new technology such as a cesarean section (Leavitt, 2009).

During the Twentieth Century, new knowledge about bacteriology and germ transmission made it difficult for women to deliver at home and maintain a germ free environment that was safe from bacteria causing illnesses, which pushed women into a modern hospital delivery (Leavitt, 2009). In the Nineteenth Century, childbirth was thought of as a greater hazard undergone by any woman of childbearing age next to tuberculosis (Costin, 1983).

Midwives in America in the Nineteenth Century functioned at a substandard level during pregnancy and childbirth. A majority of the midwives attending births had no formal training, had unclean clothes, and bodies, as well as utilizing various superstitious practices. In contrast, licensed midwives trained in Europe, underwent formal training for pregnancy and childbirth, as well as training in aseptic concepts (Costin, 1983). Women also realized they had given up the companionship, caring and comfort they had received in a home delivery in exchange for a sterile, impersonal environment, secluded from family, friends, and their husbands. In the 1930's and 1940's pregnant women were often dropped off at the entrance of labor and delivery, facing their labor and birth alone (Leavitt, 2009).

As pregnant woman sought out the safety of the hospital for the safe delivery of their baby, as well as their personal safety, they soon realized the hospitals in the 1930s and 1940s did not provide what was promised. This fallacy became evident when maternal mortality did not decrease with the move from home delivery to delivery in the hospital. It was not until after World War II, and the development of antibiotics did America begin to see a decrease in maternal, and post-delivery deaths (Leavitt, 2009). During the 1930's and 1940's, women who delivered in the hospital, also were given analgesics and anesthetics to reduce the pain of childbirth. However, the women seldom had any involvement or awareness of their births, and the fathers were nowhere near the laboring women, nor did fathers have any involvement in what was happening to their wife as she labored and gave birth (Leavitt, 2009).

Throughout history, the father of the baby was not allowed to accompany the pregnant woman during childbirth, as this was thought of as an event for women only (Leavitt, 2009; Tunc, 2010). Hospitals soon became the place for women to go at the onset of labor. By the year 1940, approximately 55% of women chose to deliver their babies within a hospital setting, and by 1950, the number of women delivering within the hospital-setting rose to 88 %. By 1960, it was rare for a woman to deliver her baby at home with the exception of a women living in rural areas within the United States (Leavitt, 2003).

A common scenario would begin when the laboring woman was admitted to the hospital labor and delivery unit, where she would sometimes labor for hours alone, away from family, friends, and most of all her husband or the father of the baby. Whereas the father of the baby was shown to the father's waiting room, where ironically, he would wait alone for hours, because he was not allowed in the labor or delivery room during this time. At last, a nurse would come to the waiting room to give the father an update on his wife's progress or news of a baby boy or baby girl. According to Leavitt (2003), waiting rooms for fathers were commonly referred to as "stork clubs", where most fathers were satisfied waiting, and wondering (p. 240). However, fathers did find ways in which to pass the time by journaling notes or various commentaries of their experiences within the walls of the "stork club". Several hospitals kept blank journals in the father's waiting room, often referred to as "Fathers' Books" (p. 240), which have allowed researchers to

see into the eyes of those fathers who wrote their thoughts within the pages of time (Leavitt, 2003).

These journals revealed intimate thoughts, stories, expectations, and experiences for other fathers to read, and find comfort in, as well as creatively share in the birth experiences of their wives, despite the fact the father was exiled from the labor room (Leavitt, 2003, 2009). For some fathers, waiting in the father's waiting room was perfect for them, as they did not wish to be intimately involved in his wife's labor and birth, although an increasing number of fathers found separation from their wife during labor and birth to be frustrating and substandard (Leavitt, 2003, 2009). Many fathers found comfort in waiting for the nurse or doctor to update them on the progress of their wife, or to be told by the nurse or the doctor what to do and when to do it (Leavitt, 2003). The involvement of men in the birthing process has undergone multiples changes within the United States from 1940 to the present, where birth was once a mystery, where desperate men sat out in the waiting room waiting for the nurse or doctor to announce the arrival of their bouncing baby boy or girl, to the present where fathers typically share in the entire process.

During the 1960s the father of the baby was introduced into the labor room in First World countries (Chalmers, Mangiaterra, & Porter, 2001; Pestvenidze & Bohrer, 2007). However, in the United States, allowing fathers inside the delivery room remained controversial. During the early 1950s through the middle 1970s, there remained a passionate, sometimes heated debate about whether to let fathers into the

delivery rooms. Some physicians were adamant about not allowing fathers into the delivery room, where they thought fathers only wished to accompany their partner from the standpoint of a pure voyeurism. Many physician's believed childbirth was not an appropriate place for a man, as this would provide an opportunity to observe the woman at a time when she is not at her most physically or sexually attractive time (Leavitt, 2009; Paige, 1981). Doctors also shared a heightened concern for the husband observing situations occurring within the delivery room, which could possibly lead to a negative outcome in the event of a malpractice suit, based on the father's interpretation of the event (Paige, 1981). To review history, there was a time when fathers were prohibited from sharing in a women's labor and birth experience. As time passed by the likelihood of fathers being in the labor and delivery room grew into a possibility, which later developed into a privilege for fathers to present in the labor and delivery room, and now has evolved into a right for all fathers to be present throughout the entire process of labor and delivery (Leavitt, 2009).

First-time Father's Perception of Pregnancy

In today's world, the pregnant woman is often the recipient of a majority of the attention in regard to her pregnancy and the upcoming birth, while simultaneously neglecting the father's emotional and psychological changes (Golian Tehrani et al., 2015). Previous research provided critical information, such as fathers involved in their partner's pregnancy improved birth outcomes (A. Alio et al., 2013; Redshaw & Henderson, 2013). Alio et al. (2013) conducted a qualitative study with 50 participants,

of which 43 were African American; however only 13 of the participants were male. The results of this study identified the involved father as the biological father of the unborn baby, who participates emotionally, physically, and financially with the pregnant woman, which leads to a sense of togetherness for both the mother to be, and father of the baby.

Another study assessed how a father's presence during labor affected the outcome of the first stage of labor for the woman. The results of the study showed that women had a positive benefit from the presence of the father during labor (Janula, 2013). However, in England a study indicated fathers who were increasingly involved in pregnancy were involved with women who were pregnant with their first baby, lived in developed areas, had a moderate standard of living, and participated in planning the pregnancy (Redshaw & Henderson, 2013). This same study also indicated an increased paternal participation in fathers who were present for the initial dating ultra sound, met the obstetric provider prior to 12 weeks gestation, attended obstetrical office visits, and participated in childbirth education. However, the information gleaned from this study came exclusively from a maternal point of view, which may have skewed the data (Redshaw & Henderson, 2013). In spite of fathers trying to participate in pregnancy, they often feel unnoticed during their partner's pregnancy, especially among the medical community (Widarsson, 2012). A study conducted in Sweden by Widarsson (2012) indicated fathers often felt left out, or an outsider during the pregnancy of their partners, despite efforts to participate in the pregnancy.

Pregnancy often induces emotions for both the future mother and father. A qualitative study conducted in Australia reported fathers feeling excited and thrilled when hearing the news of their partner's pregnancy. Yet, the participating fathers also reported feeling anxious, afraid, and ill prepared (Forsyth et al., 2011). However, emotional responses may not always be the same for all fathers, and may change throughout the pregnancy as noted in a study of 26 fathers in Iran. Wonder and disbelief were common emotions in the beginning of the pregnancy, which later evolved into increased anxiety the closer the due date became (Golian Tehrani et al., 2015).

A number of fathers reported their desire to be involved in their partner's pregnancy. Some fathers felt it was challenging to participate in the actuality of the pregnancy, yet they identified certain activities such as feeling the baby move, or seeing the ultra sound as modes which increased positive feelings of pregnancy engagement (Draper, 2002).

Some prospective fathers alter their dietary habits and use of tobacco during pregnancy in preparation for the new baby in the home, as well as to support and protect the pregnant mother during pregnancy (Pryor, Morton, Bandara, Robinson, & Grant, 2014). One study conducted in Norway assessed how advanced aged fathers changed their consumption of alcohol from before pregnancy through the first 17 weeks of their partner's pregnancy. The results from the study indicated fathers and pregnant mothers significantly decreased the amount of alcohol consumed during pregnancy (Mellingènè, Torsheim, & Thuen, 2013). In contrast, a study conducted in Norway with advanced

aged fathers as participants, there was an increased risk of participating in high risk behavior, such as frequent consumption of alcohol and tobacco (Vika Nilsen et al., 2013). Mellिंगene` et al. (2013) looked at changes in alcohol use and relationship satisfaction among Norwegian couples during pregnancy. They discovered fathers and pregnant mothers significantly decreased the amount of alcohol consumed during pregnancy. Often times mothers would stop drinking alcohol, and first-time fathers significantly decreased their amount of alcohol consumption, whereas seasoned fathers did not reduce the amount of alcohol consumed compared to first-time fathers (Mellिंगene` et al., 2013).

Older first-time fathers who participated in a study in Norway shared certain characteristics. The research identified first-time fathers 35 to 39 years of age as advanced paternal age, whereas first-time fathers 40 years of age or older were identified as very advanced paternal age (Vika Nilsen et al., 2013). The individuals participating in this study were noted to have more health problems such as heart disease, obesity, musculoskeletal pain, sleeping issues, and depression compared to younger first-time fathers (Vika Nilsen et al., 2013). Other characteristics of older first-time fathers included higher education, as well as higher gross income when compared to younger first-time fathers; however older men typically are unmarried or cohabitating (Vika Nilsen et al., 2013).

Perception of Childbirth among Fathers

The first birth of a child for a woman and a man marks a vast landmark, in which a mother and father are manifested together, and both parents find themselves changed

forever (Dahlen, Barclay, & Homer, 2010). The perception of childbirth has transformed over time. In the Nineteenth Century women perceived childbirth as a potential death sentence (Leavitt, 2009), whereas currently, women often perceive childbirth as a potentially frightening experience, laden with intense pain, and concern for the unknown (J.A. Lothian, 2012). The perception of childbirth from a father's perception may differ from that of women.

The presence of fathers during childbirth has increased over time, as well as increasing all over the world, including countries where men were not customarily welcomed into the labor and delivery arena (Abushaikha & Massah, 2012; Pestvenidze & Bohrer, 2007; Poh et al., 2014; Premberg et al., 2011; Shibli-Kometiani & Brown, 2012; Tarlazzi, Chiari, Naldi, Parma, & Jack, 2015).

Fathers are becoming increasingly active in the birth of their baby by participating throughout the labor process and delivery. A study conducted in Russia assessed two different ways in which fathers participate during labor and delivery. One group of fathers was prepared for labor and childbirth through classes, and other educational options. A second group of fathers was only present in the labor room, and were minimally involved in the labor or birth (Angelova & Temkina, 2010). The results of this study revealed fathers who participated in all aspect of labor and childbirth perceived their involvement a bond, which enhanced raising the child, offering emotional support, and developing a partnership with the mother. The other group of fathers perceived their participation in childbirth as trendy, or vogue, which allowed a way for fathers to respond

to the mothers initiative to be involved (Angelova & Temkina, 2010). A study in Brazil revealed similar results, where fathers agreed the importance of their presence during labor and birth was vitally important and recommended it to all fathers. The fathers in this study also stated they felt a renewed respect for women (de Melo & de Brito, 2013).

Since the attendance of fathers during childbirth has become increasingly common within most industrialized countries, questions still remain as to the role the father should assume within the labor room, and the role continues to remain poorly understood (Poh et al., 2014; Tarlazzi et al., 2015). Complicating the dynamics of childbirth is the notion that childbirth will always be an exclusive experience for women only, and commonly supported and assisted by other women, leaving men to vicariously experience the entire process of labor and birth (Pestvenidze & Bohrer, 2007). In an attempt to enhance a father's participation in childbirth, fathers have been allowed to cut the umbilical cord after delivery of the baby. A study in Portugal revealed cutting the umbilical cord by fathers proved to be a rewarding event, enhancing their bond with the baby, and supported the benefit of participating in childbirth (Brandão & Figueiredo, 2012).

A qualitative study conducted in Nazareth, Israel focused on first-time fathers' experience of labor and childbirth. Four participants were Muslim, two were Christian, and two were Jewish. The fathers participating in the study expressed their desire to participate in their partner's labor and birth, irrespective of their feelings of insecurity and fear. However, the participants realized their fear and insecurity evolved from lack of

knowledge about labor and childbirth, impractical expectations, and the fear of what might happen during labor and birth (Shibli-Kometiani & Brown, 2012).

A father's experience of childbirth may vary widely based on the events taking place during birth. For example, a woman may have a normal spontaneous vaginal birth, vacuum assisted delivery, forceps delivery, emergency cesarean section, or a planned cesarean section, all of which may stimulate different responses from the father.

Education and participation during the pregnancy not only enhance the experiences for the mother but also prepare the father for the journey ahead. Rosich-Medina and Shetty (2007) found that first-time fathers who experienced an emergency delivery felt more nervous, distraught, and powerless, as well as feeling like labor did not measure up to what they had envisioned it would be. While fathers whose partners experienced a no labor birth, such as a planned cesarean section, experienced minimal anxiety, and frustration compared to those fathers whose partners experienced labor. A first-time father's experience of labor and the pain of labor often ignite feelings of anxiety, fear, and a sense of uselessness (de Melo & de Brito, 2013; Tarlazzi et al., 2015).

Often a mixture of feelings and concerns arise during labor and birth for fathers. A qualitative study conducted in Italy with six first-time fathers revealed five themes, which included, labor was inevitable, and being present with the laboring woman was all they could do, in spite of their feelings of uselessness, and powerlessness in the situation. This study also revealed many fathers were afraid they would not be able to stay during the entire labor and birth, and they were afraid of what they would see during labor and

birth. Many of the first-time fathers in this study verbalized their surprise of how their partner acted during labor, as well as feeling ill-prepared for the situation (Tarlazzi et al., 2015).

Although most fathers find that being present for the birth of their baby derive immense satisfaction and pleasure, other fathers describe the childbirth experience as stressful, yet impressive and enjoyable (Pestvenidze & Bohrer, 2007). In this same study conducted in a region of Russia, Pestvenidze and Bohrer (2007) found first-time fathers who attended childbirth education classes were prepared to provide effective partner support during childbirth, which motivated them to participate in the delivery.

Most studies focusing on the father's perception of childbirth have been conducted outside of the United States, and have revealed similar feelings of excitement and anguish (Abushaikha & Massah, 2012; Pestvenidze & Bohrer, 2007; Premberg et al., 2011). However, some studies revealed fathers often feel like childbirth education is not helpful, and the information obtained often increases their fear for their partner having to endure the pain of labor, the potential for an emergency to occur, or surgery, as well the health of their newborn (Hanson et al., 2009). Fathers often verbalize their feelings of incompetence in adequately supporting their partner during labor and childbirth, as well as their need for confirmation and reassurance that they are doing the right things for their partners during the course of labor and birth (Hanson et al., 2009). Many fathers felt the need to be given permission to leave the room to eat, relax or rejuvenate themselves (Tarlazzi et al., 2015).

Men who will soon become fathers often wonder about how this may or may not change or affect their masculinity (Dolan & Coe, 2011). While most research done on masculinity focuses on heterosexual white men, the subject of masculinity among men across various cultures bears the same questions regarding masculinity. One study looked at how men formulate masculinity within the context of pregnancy and birth, as well as how health care providers view a father's masculinity (Dolan & Coe, 2011). This study evaluated behaviors that downgraded their masculinity within the context of pregnancy and childbirth, but were still able to enhance other behaviors that identified their personal masculinity, and maintained consistency with dominant masculine behaviors (Dolan & Coe, 2011).

Fathers often hold concerns about sexual intimacy with their partner both during pregnancy and after delivery. Most fathers would never verbalize their concerns to others, especially not to their partner's provider regarding any sexual concerns they harbor (Biehle & Mickelson, 2011; Polomeno, 2011). Some fathers harbor increased anxiety about engaging in intercourse with their partners during pregnancy, based on a fear of hurting the baby or the mother. While other fathers ponder fears of intercourse after delivery based on the fear of the physical changes their partner may experience post-delivery (Polomeno, 2011). A qualitative study conducted in Stockholm Sweden with 10 participants, of whom eight were first-time fathers, with the other two participants having already experienced fatherhood, evaluated a new father's sexual life and their understanding of intimacy and sexuality after childbirth. The first-time fathers

participating in this study expressed concerns about what their sexual relationship would be like after childbirth. The first-time fathers in this study had several questions such as would there be physical changes, would sexual desire remain the same, how long they would wait to engage in sexual intercourse again after delivery, and how the new baby would influence sexual intimacy and opportunity (Olsson, Robertson, Björklund, & Nissen, 2010).

Perception of Fatherhood among First-time Fathers

The transition to fatherhood may prove complex, as the new father attempts to find some sense of normalcy with the various changing expectations and demands. A qualitative study with 10 male participants, who had experienced pregnancy, childbirth, and the beginning of fatherhood within the last 9 months, living in the United Kingdom (UK), revealed three different themes. The first two themes described tension felt by the participants. The first theme was on the inside looking in, and the second theme was present but not participating, which according to the author identified varying degrees of feeling left out, or alienated (Ives, 2014). For example, one participant in this study stated how frustrated he felt from his deep desire to assume the fatherhood role, but felt the physical bond the mother had with the baby created feelings such as disappointment, and aggravation (Ives, 2014). The third theme identified in this study was deference and support: a moral response. This was derived from looking deeper into the first two themes consisting of concepts, categories, relationships, and codes, in attempt to make sense of the participant's reactions and responses (Ives, 2014).

The expectation for the father of the baby to assume the role of fatherhood has become a requirement for some societies. However, some men find it difficult to manage the expectation and reality of fatherhood together (Machin, 2015). Machin (2015) conducted a mixed method study in the UK with 15 first-time fathers participating. Five themes were identified from the data analysis from both the questionnaire, and the interviews that may provide reasons why first-time fathers struggle with the expectations of fatherhood and their personal reality of fatherhood. Machin, (2015) noted most first-time fathers want to fulfill the role of fatherhood. However, social attitudes, issues surrounding the development of the baby, economic barriers, and lack of assistance from healthcare providers, as well as government policies frequently do not allow the adequate time necessary for fathers to assume the role of fatherhood. Hence, fathers frequently lack the essential time to build the desired bond they long for as a new father. For example, the social attitude, and traditional attitude encourages fathers to work to pay the bills and support the new family financially, emotionally, as well as develop a sense of safety for the mother and baby. Some new fathers claim they feel like they leave one job, and come home to another job, which is challenging, and difficult for many fathers to endure this pace of life. Sleep deprivation is another obstacle that may decrease the coping skills, which may hinder the way new fathers manage with the role of fatherhood (Machin, 2015).

In 2003, the UK passed a law allowing fathers to have two weeks of paternity leave after the birth of their baby (Miller, 2010). However, after the completion of the

two weeks, the father must begin to manage the reality of working and their responsibilities at home as a father and husband (Machin, 2015; Miller, 2010). A longitudinal study that assessed the transition to fatherhood for first-time fathers was conducted in the UK involving seventeen participants. Miller (2010) noted many first-time fathers began to feel pressure from several angles; juggling a demanding work schedule with a demanding home life was difficult to balance, not to mention merging the two together, attempting to find some sense of normalcy. Some first-time fathers become frustrated by the long work hours outside of the home, and the lost time with their new baby, quickly realizing they are secondary to the mother; while some feel as if they are an observer, looking in on their weekends off from work (Miller, 2010).

A study in the UK, in which 30 first-time fathers participated, explored their identities and masculinities that were often verbalized during the pregnancy and their experience of fatherhood (Finn & Henwood, 2009). The one-on-one interviews led to two themes. The first theme identified the importance of one's own childhood rearing experiences with their father to mold their perception of what fatherhood for them would look like or how they would want to be, act, and know what to do in situations (Finn & Henwood, 2009). For example, one participant recognized the differences in parenting from how his father parented in a traditional authoritarian manner, and how he wished to adopt a co-parenting approach. The second theme recognized fatherhood across the generations and traditional fatherhood. For example, many of the fathers in this study acknowledged the status they had attained by being a father, as well as understanding

they had taken on a different role in life than that of the unmarried or single life they once lived (Finn & Henwood, 2009). New fathers often adopt many of the same parenting skills they were parented under; however; some new fathers wish to adopt more modern parenting skills that encourage co-parenting, assisting or doing many of the tasks involved in caring for the newborn infant. However, this may cause stress among the couple, due to conflicting expectations of how tasks should be accomplished (Demaris, Mahoney, & Pargament, 2013; Finn & Henwood, 2009).

The transition to first-time fatherhood sets the stage for an exciting happy occasion for most men, although the transition may involve considerable stress, and readjustment to the increased responsibilities. First-time fathers frequently report feeling overwhelmed by the challenges and demands of a new infant. Awakened by the baby crying in the middle of the night, feedings, changing diapers, soothing the infant, often leave not only the father, but also the mother sleep deprived and irritable (Demaris et al., 2013).

A quantitative study with 178 couples was conducted in a Midwestern city, where each couple completed surveys at four different periods throughout the study. The study assessed how the contribution of housework and childcare from fathers would contribute to both the father's and the mother's aggravation (Demaris et al., 2013). The results of this study revealed fathers who helped with the care of the infant reduced aggravation of the mother, but increased the aggravation of the father. Older fathers experienced decreased aggravation, more so than did their younger counter parts. Fathers with a

higher education and fathers with a history of depression experienced an increased level of aggravation. Fathers of infants who were perceived as fussy or erratic experienced increased aggravation. According to the results of this study, aggravation levels of fathers increased over time (Demaris et al., 2013).

The first months after delivery often reveal the reality of fatherhood, such as the struggles, concerns, as well as the joys and excitement. A quantitative study conducted in Sweden with 827 participants filled out surveys inquiring about fathering in the first few months, focusing on the thoughts of first-time fathers in relationship to challenges of parenthood, financial concerns, and support during this transitional time (Thomas, Bonér, & Hildingsson, 2011). The results of this study revealed first-time fathers and fathers with a higher education reported experiencing more thoughts about the challenges they would encounter in fatherhood. Fathers reported financial concerns during the pregnancy, as well as after the delivery. Fathers also reported more challenges when their own mothers were not available during the pregnancy and after delivery (Thomas et al., 2011).

A Father's Perspective on Planned and Unplanned Pregnancy

Unplanned pregnancy or unintended pregnancies are terms that have been used interchangeably within the literature. However, the term unplanned pregnancy often relates to a pregnancy that is wanted, but occurs at an unplanned time. The term unplanned pregnancy may also mean the pregnancy is unplanned and unwanted.

A study conducted in the United States interviewed 20 men (Johnson & Williams, 2005), to gain a deeper understanding of the experiences these fathers encountered who were involved in an unintended pregnancy. The study focused on the unintended pregnancy, the interactions encountered with their partners, the effects the unintended pregnancy had on the relationship with their partners, what their understandings were regarding birth control, and the consequences of engaging in unprotected sexual practices. There were three themes identified in this study. The first theme was titled deference, which meant the men left the responsibility of birth control to the woman, leading to unplanned pregnancies. The men in this study also verbalized deference when it came to pregnancy outcome, often leaving the decision up to the woman to keep the pregnancy or terminate the pregnancy (Johnson & Williams, 2005). The second theme identified in this study was denial. In this study, the role of denial included men who knew the risk of potential pregnancy when engaging in high-risk sexual behavior, and yet took the risk, which commonly resulted in an unplanned pregnancy. Despite knowing the potential for pregnancy prior to conception, most men harbored a deep desire to avoid pregnancy at that particular time in life. The third theme identified in this study was exclusion, where men felt excluded from major decisions made by the female, such as abortion. Many men stated they felt pushed aside, as if they had no input or opinion about whether the woman should keep or terminate the pregnancy (Johnson & Williams, 2005). In other situations, family members or relatives stepped in, pushing the fathers aside, or minimizing any of the father's input, feelings or emotions, stating they had no

outside support or services available to men who had endured exclusion from any decisions made surrounding pregnancy.

The decision to try for pregnancy for men is often based on several factors such as finances, stability, and the natural process of procreating. A study completed in New Zealand with 16 migrant worker participants, which included eight men from China, and eight men from India, assessed the thoughts and beliefs about planning for pregnancy (De Souza, 2014). The first theme uncovered in the data analysis was the financial concerns implicated in a good father, which included the capacity for economically providing for the family, as well as thinking about the cultural demands placed on a father from China or India. Cultural and family traditions are sources of pressure for a couple to plan a pregnancy. However, the timing must be right financially and materially for the couple, although this does not guarantee the couple will be ready emotionally for a new baby. One participant stated, nothing can prepare you for fatherhood, except becoming a father and actually experiencing the changes and the responsibilities that come with having a new baby (De Souza, 2014). The natural process of parenthood was the second theme identified in the study. For example, one father stated he and his wife was excited to be pregnant since all of their classmates had already had children, and they felt like they were finally catching up to their friends. Another father felt extreme stress and pressure when his wife became pregnant, as they were not financially secure at that point in their lives.

Psychological Concerns of Fatherhood

First-time fathers may be vulnerable to depression during the first few months of fatherhood, which may be associated with the age of the father, sociodemographic qualities, and the psychological welfare of first-time fathers. A quantitative study conducted in Sweden, which surveyed 812 first-time fathers within the first three months after the birth of the baby, investigated depressive symptoms associated with paternal age, sociodemographic characteristics, and antenatal psychological well-being (Bergström, 2013). Results of the data from this study revealed 10% of first-time fathers suffered from depression, with first-time fathers 28 years old and younger reporting an increased risk for depression. First-time fathers living in a low-income bracket, low educational status, and an unstable relationship with the pregnant mother increased the risk of developing depression (Bergström, 2013).

Transitioning into fatherhood is a special time to welcome the new life into the family; however, the changes the father will endure predisposes him to psychological concerns that mimic postpartum depression (Gao, Chan, & Mao, 2009). A study conducted in China looked at first-time mothers and fathers during the postpartum period. The study included 130 couples, who completed self-reporting questionnaires. The results from the data revealed 10.8% of the fathers reported symptoms of depression, compared to 13.8% of the mothers. Fathers also reported feeling significantly less support than did the mother. Fathers who had a planned pregnancy suffered less depression than fathers who were involved in an unplanned pregnancy. Fathers also

experienced increased stress with the delivery of a baby girl, which typically stems from the paternal in laws (Gao et al., 2009). Among traditional Chinese culture, bearing a male child is an important and honored belief, especially among the older population, as this will continue the family lineage (Chan, Levy, Chung, & Lee, 2002). The mindset has changed in mainland China, yet this traditional mindset abounds in many parts of China (Chan et al., 2002).

Fathers often worry about various issues such as financial security, childbirth and the unborn baby. Frequency of worry plays an important role on the fathers overall wellbeing and relationship satisfaction (Biehle & Mickelson, 2011). The present study will address various issues, that have been identified in the literature review, such as thoughts about pregnancy, feelings about becoming a father, fear of losing personal freedom, financial fears, by conducting interviews with first-time fathers who have experienced pregnancy and childbirth.

Summary

This chapter provided a review of the current literature involving first-time fathers' perspectives on pregnancy, birth, and fatherhood, which identified a need for further research that would examine first-time father's perceptions of pregnancy, childbirth, and fatherhood in rural southwest Georgia. The theoretical framework guiding this study was the biopsychosocial model. The biopsychosocial model provided the necessary foundation to understand the multifaceted emotions experienced by first-time fathers during the course of pregnancy, childbirth, and fatherhood. Utilizing a

phenomenological methodology provided first-time fathers an opportunity to express their perspective as it relates to pregnancy, childbirth, and fatherhood. Chapter 3 discusses the methodologies utilized in my study.

Chapter 3: Methodology

Introduction

The preceding chapter included information on the current literature as it related to a father's perspective of pregnancy, childbirth, and fatherhood. I established the need for continued research to increase understanding of this phenomenon, which include a father's thoughts, beliefs, and various influences. This chapter includes the research methodology employed to examine this phenomenon, including the background of the study. Also included in this chapter is the process through which I selected the participants. This chapter will also review the exclusion and inclusion criteria, the role of the primary researcher, the steps taken to ensure all participants in the study receive the proper protection, in addition to properly protecting the data collection and the data analysis.

Phenomenology

The most appropriate methodology to examine a first-time father's perception of pregnancy, childbirth, and fatherhood is a qualitative phenomenological study. A phenomenological approach was utilized to glean information for the research study through one-on-one interviews, which focuses on an individual's experiences of everyday life, and is appropriate to assess the first-time father's perception of pregnancy, childbirth, and fatherhood (Creswell, 2013). Phenomenological research is fundamental to an interpretive theory, in which a researcher can understand and interpret an

individual's lived experiences as it correlates to a particular concept or phenomenon (Creswell, 2013).

Researchers who strive to understand and interpret an individual's lived experiences have used phenomenological research extensively. A researcher may conduct the interviews in several ways. For example, Premberg et al. (2011) used re-enactment interviews in their phenomenological study to assess first-time father's experiences of childbirth. Re-enactment interviews allowed each participating first-time father in the study an opportunity to reflect back on his experience, which would capture his personal reactions identified during childbirth. Achieving openness throughout the interview is essential to understanding the participant's personal experiences (Premberg et al., 2011). Golian Tehrani, Bazzazian, and Dehghan Nayeri (2015) conducted individual open-ended interviews with first-time fathers, exploring their lived experiences of pregnancy. This study revealed the shift to fatherhood surpasses moderate mental and social changes, which may be affected by the father's cultural background and values. Golian et al. (2015) utilized a phenomenological method, which provided an opportunity to hear rich, in-depth information recounting the father's perspective of pregnancy and childbirth that a quantitative method could not capture. This study applied a phenomenological method that guided the opportunity to gather extensive in-depth information from first-time fathers living in rural Georgia, providing a clearer understanding of how men perceive pregnancy, childbirth, and fatherhood.

Research Design and Rationale

The nature of this study was qualitative, and I used a phenomenological approach. According to Patton (2002), a phenomenological approach explores how human beings experience a certain phenomenon with respect to how “they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it to others” (p. 104). One of the key elements of phenomenology is that it is a reflection of a phenomenon, in which the researcher looks at how the individual has experienced the event first hand (Creswell, 2013; Patton, 2002).

Qualitative research is a method used within the realm of health and social sciences that assesses the meaning of verbal text, or spoken words from each participant, which are transcribed into verbal terminology, rather than numerical terms, or numbers. Using words to describe a phenomenon is what makes qualitative research unique. Qualitative research bases its structure on a subjective approach versus a quantitative approach that describes data using statistics (Creswell, 2013; Patton, 2002). Unfortunately, qualitative research has not been well accepted by other scholars for many years based on the lack of statistical evidence one would glean from the utilization of questionnaires and statistical tests (Rennie, Watson, & Monteiro, 2002). However, there does seem to be an increase in qualitative research in recent years, adding to the validity of qualitative research among researchers (Riese, Carlsen, & Glenton, 2014).

Phenomenology was developed in the early 1900’s by Husserl, who believed that individuals express their experience of any situation through their senses (Creswell, 2013;

Patton, 2002). The individual's experience must be described and then interpreted, which remains an essential part of understanding a particular phenomenon. The researcher focuses on the experiences of each individual, which shape and guide individuals in the ability to make sense of their world, which leads to the development of a worldview (Patton, 2002). As the phenomenology movement evolved, two main approaches developed: descriptive and interpretive methods. Both descriptive and interpretive approaches share the epistemological foundation initially established by Husserl (Matua, 2015). However, significant methodological variances have developed between the two approaches throughout history (Matua, 2015).

Husserl's contribution to philosophy has assisted interpretive phenomenological analysis (IPA) researchers to concentrate on reflection. While IPA focuses on a particular experience that an individual has experienced, Husserl focused on the principle of the experience (Smith, Flowers, & Larkin, 2009).

Using a phenomenological approach provided an opportunity to understand the phenomenon of a first-time fathers prospective of pregnancy, childbirth, and fatherhood at a deeper level by eliciting rich and descriptive data through personal interviews. I used the phenomenological method, which opened a pathway to critically examine experiences and perspectives of first-time fathers that are overlooked, ignored, or taken for granted. This information will reveal hidden implications and principles necessary for providers to enhance care for both the expecting mother and the father.

My goal was to explore how men perceive pregnancy, including their fears, thoughts, and ideas. I also hoped to gain a deeper understanding of the various ways in which men adapt to these thoughts and feelings. In each interview, I uncovered rich, personal information not previously studied or circulated among health care providers, especially providers practicing within the obstetrics and gynecology (OB/GYN) field of medicine.

Research Questions

In this study, I used an interpretive phenomenological analysis (IPA) method to understand the phenomena, context, and themes of first-time fathers' perspectives of pregnancy and birth in rural southwest Georgia. I developed these research questions, which are aimed to guide this study by focusing the data collection and analysis of the data in accordance to the answers to the following questions:

1. How do first-time fathers perceive or experience pregnancy?
2. How do first-time fathers perceive or experience childbirth?
3. How do first-time fathers perceive or experience fatherhood?

Conceptual Framework

The biopsychosocial model was utilized to formulate a conceptual framework, which would facilitate understanding of this research. The conceptual framework guided the explanation in a narrative form, revealing the key components under study, possible variables, as well as any presumed associations (Miles, 1994). I maintained a focus on

the research questions throughout the study, while sustaining a connection to the theoretical framework, assisted in coding, identifying themes, and analysis of the data

The biopsychosocial model sculpted this study, which assisted in focusing on not only the medical aspects of an individual's issues, but incorporated psychological and social components as well (Pilgrim, 2011). I used this conceptual framework to understand first-time fathers' perspectives of pregnancy, childbirth, and fatherhood. I relied on the framework of the biopsychosocial model provided the structure for this study, defined research questions, identified selected methodology, and concluded by interpreting the data.

Qualitative Interviews and Research Rationale

The research questions listed above directed the interview process within the framework of a phenomenological methodology. IPA research utilizes in depth interviews as a way to explore in detail how individuals make sense of their personal and social life, which makes up their world (Smith & Osborn, 2007). I used interviews to develop a detailed examination of a participants' personal experiences, with a focus on their perspectives or accounts of an event or situation within their lifeworld. Conducting in-depth interviews as a part of qualitative research remains the most common approach in data collection in qualitative methodology (Smith & Osborn, 2007). One-on-one interviews allowed the participant an opportunity to provide a rich account of their experience, while at the same time providing flexibility to delve deeper into interesting themes that transpire.

Employing a qualitative approach, I constructed research questions that were open-ended and explored the participants' experiences, while focusing on the meaning of a situation or the course that developed from the situation, rather than the mere outcome of the situation. Using semi structured interviews provided the flexibility to change or manipulate questions that involved sensitive information (Kvale, 2009). This research study applied a qualitative approach, which was a benefit in the collection of information by exercising the use of open-ended questions in order to provide the participant with the necessary canvas in which he could verbalize his thoughts, feelings, and concerns.

Health psychologists often choose a qualitative approach using semi structured interviews, which involves a highly intense and detailed analysis of the participant's account of the situation they encountered (Larkin, Watts, & Clifton, 2006). Researchers must manage the participants' interview data with the goal of not only understanding the participants' world, but also describe what the participants' world is like in words that illuminate meaning and depth (Larkin et al., 2006).

Role of the Researcher

Appropriately managing the data from this qualitative study began the first day I identified the necessity to research this topic further. Management of the data include organizing all references, organizing all paper data, and managing all computer data, which influenced the overall study outcome. My role as a researcher rested on decisions such as computer program use, agreements made with study participants, participant

selection, eligibility of volunteer study participants, data management, and ethical concerns.

According to Miles (1994), the use of computer technology will aid in the analysis of data, substantially reduce analysis time, increase completeness, permit flexibility, and allow for easier revisions. I chose to use the computer program *Word*, to aid in editing, coding, data analysis, depicting the findings, and preparing the final report.

Appropriate data management is another critical role of the researcher. Careful data management is essential to eliminating mistakes. Serious deficiencies within data management is not only detrimental to the study, but does not allow for reconstruction of the study by other researchers (Miles, 1994). My role as the researcher was to maintain high quality data, precise and proper documentation, and to properly store all data for the required length of 5 years after the study is completed and published.

The consent form for this study included several components of the study. These components included the amount of time each participant would expect to spend completing the interview, the data collection involved one-on-one interviews, as well as reiterating participant participation was voluntary. Each participant was reminded before the interview started that all information collected would be kept completely confidential, and anonymity would be respected and maintained. The other members of the research team who reviewed information and data, and the benefits accrued from the completed study were held under the same anonymity rules as the researcher. The consent form also included my current occupation as a certified nurse midwife, and women's health nurse

practitioner, which I reiterated to each participant that this study remained separate from that role.

Participant Selection

The study was open to all men who had become first-time fathers within the last six months, were actively involved in the pregnancy demonstrated by accompanying the pregnant woman to her OB appointments, and hospitalization for childbirth, and did not participate in any childbirth classes or childbirth education. Other inclusion criteria included, that the mother must have experienced a normal pregnancy, and the first-time father must have witnessed a normal vaginal delivery of their baby being born.

Individuals participating must speak, understand, and write in English. Exclusion criteria included birth by cesarean section, forceps, or vacuum extraction, twin pregnancy, or high-risk pregnancies. Study participant recruitment included posting flyers in local OB/GYN offices, see appendix A. The flyer provided a phone number and e-mail address for the prospective participant to call or email for an initial interview. At that time, inclusion criteria were verified and a preliminary verbal consent to participate in a one-on-one interview was obtained. During the initial phone interview, the purpose, and design of the study was reviewed, and any questions from the potential participant were answered.

Data collection involved in-depth one- on-one interviews with each participant. All interviews were audiotaped for future data and theme analysis. An interview protocol (Kvale, 2009), as noted in appendix B, guided me in establishing open-ended questions,

which encouraged the participant to share valuable informative information. This guide also allowed me ample space to take necessary notes, stay focused on the established questions, and manage the interview time wisely. All interviews were conducted in an environment comfortable and accessible to both the participant and researcher, and was free from distractions, and audiotaping access.

After obtaining approval from the institutional review board (IRB) to proceed with the study from Walden University, I contacted each of the participants to set up a time to meet, as well as answer any last-minute questions he may have about the study or the interview process. Each participant signed a consent form to participate in the study.

This study was conducted in rural southwest Georgia. The local OB/GYN offices offer care to the following counties, Dougherty, Lee, Worth, Terrell, Calhoun, Randolph, Baker, Mitchell, Colquitt, Crisp, Sumter, and Early County. Rural southwest Georgia was chosen primarily due to the proximity to the location of residence for all participants involved in the study. The participants in the study did reside in one of these counties, and their partners, received care from one of the OB/GYN offices located within the city of Albany Georgia. Rural southwest Georgia's population is 72% African American, and 26 % Caucasian. The median household income is approximately 28, 717, with 34% living below the poverty level. The education level ranges from 79% having a high school education, versus 85% statewide, and 17% have a Bachelor's degree versus 28% statewide (CDC, 2010).

Potential study participants were provided an opportunity to ask any questions regarding the study prior to signing the consent form. The consent form was reviewed with potential participants to ensure full understanding of the study, the intent of the study, and what their participation would contribute to the study and to research in a broader sense. The informed consent document stated the key purpose of the study, the potential risks to the participant, safeguard confidentiality, and provided anticipated benefits from the results of the study. The informed consent form was printed in English only, because only English-speaking participants were included in the study. At any time after signing the consent form or during the interview process if the participant wished to cease participation, he would be allowed to exit the study at that time. If the participant wished to stop the interview process, I would immediately stop the interview process in compliance with his wishes.

In a qualitative study, each participant was chosen with the intent of maximizing information relevant to the study at hand. Utilizing an IPA approach, the primary focus was on providing a detailed account of an individual's experience, where the issue is not quantity, but quality, and given the complexity of human experiences, IPA studies typically consist of a small number of participants, ranging from three to six (Smith et al., 2009), while other researchers suggest using five or more (Finlay, 2011). According to Yin (2016), data collection may cease when minimal new information is forthcoming from increasing the sample size. The goal sample size for the main study would include 10 male participants, who were expecting to become first-time fathers and were actively

involved in the pregnancy. Based on other phenomenological studies, I had confidence that 10 participants would provide the essential data necessary to answer the proposed research questions. However, if saturation would not have been met, I would have continued to interview participants until I reached saturation.

In this study, I attempted to maximize variation, such as seen in criterion sampling (Patton, 2002), by recruiting African American, Caucasian, and Hispanic first-time fathers, within a wide age range. Nevertheless, the goal must focus on information-rich participants (Yin, 2016). However, according to Smith (2016), participants were selected based on the particular experience they have encountered in relation to the phenomenon being studied. In other words, the focus of an IPA study is not the population, but the perspective the participants represent.

The goal for researchers using IPA resounds in recruiting a homogenous sample, that would find the research questions meaningful (Smith et al., 2009). Recruiting a homogenous sample will differ from study to study based on the practicality of the problem. The other segment to consider when recruiting a homogenous sample is the interpretive problem (Smith et al., 2009). By maintaining the uniformity of the sample, it provide the researcher the opportunity to analyze in detail the psychological variability within the sample, by assessing the pattern of convergence and divergence that surfaces (Smith et al., 2009). However, all research must avoid bias by only choosing participants that may confirm their preconceived ideas (Yin, 2016).

Instrumentation

Determining instrumentation for a qualitative research study that will play a successful role within the study may seem daunting; however most qualitative studies often identify the researcher as the primary instrument (Lincoln, 1985; Miles, 1994). A recorder was used, and each interview was transcribed verbatim. Using audio recorders touts its own risks, such as the risk of not working correctly, as well one must bear in mind, the audio recorder only records what the researcher chooses to record. I used pen and paper to take field notes, which accompanied the audiotapes, and transcribed the interviews, which enhanced the validity of this study. As the primary instrument in this study, this approach assisted in identifying any personal biases I may have acquired during the course of this study, which would have diminished any conscious or subconscious predispositions, assumptions, or beliefs, which may align or diverge from the information gleaned from study participants.

Procedures for Pilot Study

A pilot study is a way to gain insight on the proposed study. The pilot study allowed me the opportunity to evaluate if the study worked in the way it was proposed, the length of time necessary to complete each interview, and affirm all the questions and information was clear to the participant (Stadtlander, 2015). No data collection began until I gained approval from the IRB. Each participant in the pilot study signed a consent form to participate in the pilot study.

The pilot study participants were selected from individuals who were familiar with this topic, but may not have been eligible to participate in the study (Stadtlander, 2015). For example, I may have chosen a first-time father who met all the criteria, but was a partner or husband of one of my patients, and therefore not eligible. Reviewing the recording afforded me the opportunity to practice interviewing participants, set the pace for the interview, and make any changes necessary, based on the feedback from the individuals after the interview was completed.

Each interview for the pilot study was treated as if it was a real, countable interview (Stadtlander, 2015). For example, each participant in the pilot study signed a consent form, the interview was recorded, and I transcribed each recording verbatim. I listened to each interview to ensure adequate time was allowed for the participant to respond, ensure each research question was answered, and ensure my response was not leading or cutting off the participant's response at any point in the interview.

Procedures for Data Collection

This study was hinged on the idea that one-on-one interviews with open-ended questions mark an exemplarily approach to obtaining rich data. This study evolved from the notion that a first-time father's perspective of pregnancy, childbirth, and fatherhood was not known, or if it was known, it was not valued. Each interview was transcribed within one day of the interview encounter. The goal of each transcribed interview was approximately 7-10 pages in length. The data manually coded, assessed for themes, and

transferred into a *Word* document, which provided essential organization necessary to analyze the data.

Researcher Developed Data Collection

Validity in qualitative research remains an important part of data collection. Validity and reliability is achieved when the study findings make sense, the study findings are credible to the participants and to the readers, and an authentic portrait of the findings is portrayed (Maxwell, 2013; Miles, 1994). Immediate verbatim transcription of each interview increased credibility, minimized the risk of misinterpretation, and increased researcher objectivity.

Maintaining consistency throughout each interview will enhance reliability of the study (Maxwell, 2013; Miles, 1994). This also assists in dissecting out pertinent, meaningful information from information less important in the identification of themes. Transcription of each interview also included important variables that contributed to the lived experience from the participants account (Smith et al., 2009). Variables such as complications, unforeseen difficulties and problems, as well as hardships endured throughout the development of the study were included in this study. In this study participants of patients from the OB/GYN practice with which I am employed were not included, which increased confidentiality and anonymity.

Data Collection

I collected data in the southwest Georgia region from participants who met the inclusion criteria. In terms of choosing a data collection method, IPA was the best suited

for one-on-one interviews, which encouraged participants to tell their personal story in a rich, detailed account. The personal stories focused on the thoughts, feelings, and experiences as it pertained to the phenomenon under study. One-on-one interviews facilitated the development of a rapport, providing the participant the opportunity to think about their experiences, speak freely, and be heard by the interviewer (Smith et al., 2009)

Using an interview schedule, allowed me to shape the interview by including topics that were necessary to answer the research questions, as well as assist in framing the questions in an open-ended, unrestrained format, where each participant was encouraged to talk at length about the circumstances he encountered (Smith et al., 2009). The approximate number of questions on the researcher's schedule was 28 open-ended questions, with possible prompts that assisted in guiding the interview. The average length of each interview was approximately 20-40 minutes. All interviews were conducted inside a preselected facility to ensure privacy, and confidentiality, as well as minimize outside distractions.

Confidentiality remains an important aspect in medical practice, and the same level of importance needs to apply in a research project. Anonymity of all participants must be guaranteed when personal details will be documented within the research study (Finlay, 2011). Qualitative research often embraces sensitive topics, therefore the need to approach the participants with respect, care, and sensitivity is mandatory. Boundaries and the role the researcher would play were established at the onset of the interview (Finlay, 2011). The participant was clear the interview was not a therapy session, but

strictly an opportunity to gain data to improve the care, and support of first-time fathers during pregnancy and childbirth.

Data Analysis and Management

The most crucial part of IPA is the labor-intensive phase of processing, and analyzing the data (Smith et al., 2009). IPA requires a semantic record of each interview, which involves a record of all words spoken by each person present during the interview; therefore, each transcription included non-verbal utterances, pauses, or hesitations with bracketed text. All participants consented to audiotaping the interview for the use of research.

The first step in IPA analysis began with immersing myself in the data, which involved reading and rereading the data, while writing down or recording compelling memories of the interview, or observations about the interview. The second step in IPA analysis included making notes on anything that was of interest or would assist in producing a comprehensive detailed set of notes on the data, which would assist in making sense of the participants' life experience. This process allowed the researcher an opportunity to become increasingly familiar with the transcript, as well as become more familiar with how the participant talked, thought, and understood the topic. An important element to remember in data analysis is that the interpretation is inspired by the participants words, not the words of the researcher (Smith et al., 2009). The third step in IPA analysis involves developing emergent themes. Themes reflect what the participant has verbalized and thought in the original interview, as well as the researcher's

interpretation of the interview. According to Smith et al. (2009), “themes are usually conveyed as phrases which speak to the psychological essence of the piece, and contain enough particularity to be grounded and enough abstraction to be conceptual” (p. 92). Step four of IPA analysis began with developing a map or chart of how the themes fit together. This part of the analysis assisted me in putting together the emergent themes, and produced a structure that guided, as well as pointed to the most important aspects of the participant’s account of pregnancy, childbirth, and fatherhood. These four steps were repeated for each participant’s interview. Once each interview had been analyzed, the final step involved looking for patterns across all the interviews.

Confidentiality will be maintained by audiotaping all interviews and transcribing each interview verbatim. Once each interview is transcribed, the information will be imported into a Word document, which will assist in organizing the data, identifying common words, and coding, which will reduce the data into themes. All data will be protected by appropriate passwords, saved on a separate hard drive, and stored in a locked safe for the duration of the study.

Validity and Reliability

Validity and reliability is typically applied to quantitative research; however, there is growing discussion among qualitative researchers about applying the same evaluation rules to qualitative research. Qualitative researchers agree that validity and reliability remain important considerations, but qualitative research should be evaluated based on the relevant criteria within the research study (Smith et al., 2009). To enhance

validity and reliability using an IPA analysis approach, the research study will typically consist of the beginning notes on the research questions, the research proposal, the interview schedule, audio tapes, transcriptions annotated by the researcher, list of themes, computer software devices, draft reports, and the final report (Smith et al., 2009).

To ensure validity of data collection, I gave the study to another researcher who had zero familiarity with the study. Their task involved checking the final report to ensure the study was plausible and credible with regards to the collected data, and that there was a logical progression of steps through the study (Smith et al., 2009). Having another researcher read the study ensured validity, but also as good practice and discipline for any researcher, the researcher herself inspected the study to ensure the initial raw data through the final write-up was coherent, and supported all arguments and claims within the study. This step ensured all the files were set up in such a way that another researcher could duplicate or check through the paper trail

Issues of Trustworthiness

Credibility

Credibility within this study was achieved by ensuring the reader understood the purpose of the study and how the study was carried out. I increased credibility by utilizing three well-defined but connected components, which included rigorous methods for conducting fieldwork, the credibility of the researcher, and the overall appreciation of the philosophical approach to qualitative inquiry. Exercising rigorous techniques of generating high-quality data through observation, interviewing, and gathering documents,

increased the credibility of this qualitative study. At the beginning of each interview, I acknowledged any personal dispositions and biases, which increased credibility. I gained credibility by searching for any possible themes, conflicting patterns, opposing explanations, and alternative explanations.

Strengthening a study's credibility comes from utilizing the principle of triangulation. The principle of triangulation was applied through observation of the participants during the interview, hearing each participant's verbal report, and comparing it to documented literature within the literature review enhanced credibility of this study.

Transferability

Maximizing transferability arose from the accuracy of documentation throughout each aspect of this study. The goal of this study aimed to furnish information for other providers, and offer an opportunity to transfer, or generalize the data results into their daily practice, ultimately enhancing the care of fathers, mothers, and babies during and after pregnancy.

Dependability

The application of appropriate qualitative methods, and maintaining the integrity of data analysis as it relates to personal bias based on life experience, personal perspectives, and worldviews enhanced dependability of the research study; ultimately heighten dependability in my study. By means of employing clear questions outlined in the design of the study as well as incorporating third party reviews will further augment dependability levels in my study.

Confirmability

Confirmability may be discussed under the title of external reliability, while others may consider confirmability as objectivity. As a researcher, confirmability equates to the freedom from unacknowledged biases, and considers the inevitable biases that may potentially exist (Miles, 1994). To attain this principle, I described the study's methods and procedures in detail, allowing the reader to follow the actual sequence of data collection, analysis, interpretation, and conclusion. This principle mirrors an audit trail, ultimately ending with approximately the same data results.

Intra and Intercoder Reliability

The process of coding began after all the interviews had been completed, and all of the interviews had been typed verbatim from the audio recordings. During the coding process, I remained mindful of the purpose of the study, while at the same time allowing myself to become open-minded to new data or information I did not anticipate finding.

Coding is the process in which the researcher reviews the transcribed notes, dissects them in a meaningful way, while at the same time maintaining the integrity of each part. The retrieved data was merged with my personal reflections that were created during the course of interviewing, and during the data analysis. Codes were attached to descriptive information gathered during the study, producing themes and patterns. This study used a Word document to assist in manually coding the data, and identify themes. This method assisted the researcher in organizing and managing the data, providing a foundation for finding insights into the data, while keeping the data secure.

Repetitively reading the data assisted in identifying categories and patterns to code. Although software programs provide the tools and formatting for coding, the concepts of analytical processing remains the same if the researcher chooses to use computer software or do it manually (Patton, 2002). Any researcher must remain mindful that computer software does not analyze the data. Only the researcher can decide what information to include, what information fits together, and most importantly how to tell the story.

Ethical Procedures

Agreements, permissions, and informed consent

The study began after gaining approval from the IRB, at which time an approval number 07-25-16-0311731 was assigned. Each study participant signed a consent form, which defined the expectations for the participant, the researcher, and the study. The consent form included information such as, the type of data collection involved, participation is voluntary, maintenance of anonymity, confidentiality, opportunity to view the final document, and the benefit of the study. I assured each participant prior to beginning each interview, no harm would come to the them during the study, and reconfirmed with each participant that all personal information, identity, and audio records would be kept confidential. I obtained permission from each site that the flyer was posted.

Ethical Concerns

Ethical concern rests in the researcher's competence level in completing a quality research study. As a graduate student, seeking necessary support and help from professors, ensured a competent and ethically sound research study. Support from my committee guided me through all areas of my research, which ensured a quality product. Maintaining research integrity ensured a thorough, correct study, which increased validity of the research.

If any participant wished to withdraw from the study at any time, or failed to carry out the expectation of the study, all data would have been destroyed, and the participant would endure no penalty. However, this was not an issue during this study. The benefits and costs to the participant were reviewed, noting the time and energy each participant would invest into the study, and how their contribution of information would further develop medical practice. There was no funding provided or available for this study.

Treatment of Participants, Data, and Permissions

Assessing the potential risk or harm to each participant is essential. Harm can occur to someone participating in a qualitative study, based on the intensity of information retrieved. Each study participant is vulnerable to harm, therefore I prospectively considered ways to minimize these risks, such as providing information for a therapist available to assist any participant who experienced negative outcomes from the interview process, as well as emergency contact numbers and facilities. This information was provided for each participant at the start of the interview. All data was

properly treated and stored, by using a password protected flash drive, and locked file cabinet for all paper used in this study. Each participant fully understood the level of privacy, confidentiality, and anonymity, which was respected at all times.

All data was reviewed and maintained in confidence, with enhanced security throughout the completion of the study, and after the study was completed. The research will remain in the researcher's possession, with the exception of emailing the information to participants for their review. The data was stored until the study was completed, and published, extending through the completion of five years post study completion in a locked safe that only the researcher may access.

Summary

This qualitative study utilized a phenomenological approach to explore a first-time fathers' perspective of pregnancy, childbirth, and fatherhood. The conceptual framework that guided this study was the biopsychosocial model, which developed a deeper understanding of medical, psychological, and social aspects of each participant. Interpretive phenomenological analysis was used to cultivate a relationship that is respectful, caring, reflective, and inviting (Smith et al., 2009), which assisted in fostering a deeper understanding of how first-time fathers perceive pregnancy, childbirth, and fatherhood. This chapter focused on the framework of the study, the selection of participants, to include the exclusion and inclusion criteria, the role of the primary researcher, the steps taken to ensure privacy, ensure ethical issues were addressed, data collection, and the procedure for data analysis.

Ten men between the ages of 18 and 45 who experienced their first pregnancy, childbirth, and transition into fatherhood were asked to participate in the main study. The study participants were given ample time to read the informed consent and ask any questions prior to signing the consent form. Once the consent form was signed, I conducted an in-depth one-on-one interview with participants, which allowed me an opportunity to gain a deeper understanding of their perspectives of pregnancy, childbirth, and fatherhood. All data was then transcribed; notes were taken, codes were assigned, and themes were extracted. These data were transferred into a *Word* document for data management and manual data analysis. Utilizing IPA analysis assisted the researcher in minimizing personal bias, thoughts, and personal viewpoints from entering into the study, thereby, maintaining the integrity of each participant's interview data.

Chapter 4: Results

Introduction

This chapter includes the findings from one-on-one, in-depth interviews with first-time fathers regarding their perception of pregnancy, childbirth, and fatherhood. This chapter also includes information concerning the pilot study, setting, demographics, data collection, analysis, results, and the element of trustworthiness. The purpose of this study was to gain a deeper understanding of how first-time fathers living in rural southwest Georgia perceived pregnancy, childbirth and fatherhood. Current literature has focused on the various changes women may encounter during pregnancy and birth, as well as how women perceive these changes. This chapter includes descriptions of the research instrument, participants, setting, recruitment, data collection process, and the qualitative data analysis. Data interpretation is discussed in Chapter 5.

Previous research examined how women perceive pregnancy, childbirth, and motherhood; however, most studies do not discuss how fathers perceive pregnancy, childbirth, and fatherhood (Modh et al., 2011). Fathers have distinctive needs during pregnancy, childbirth, and fatherhood. This study included first-time fathers, with a specific focus how first-time fathers perceive pregnancy, childbirth and fatherhood. Understanding first-time fathers' perceptions of pregnancy, childbirth, and fatherhood is crucial in order to enhance the overall care of the family unit (Redshaw & Henderson, 2013), as well as gain rich information essential to the education of obstetric providers,

and other medical personnel, who provide care to both the mother and the father (A. P. Alio et al., 2011).

For this study, I implemented a phenomenological research design to examine how first-time fathers perceive pregnancy, childbirth and pregnancy. This study applied a phenomenology approach using one-on-one interviews to glean rich descriptive information of lived experiences, which leads to describing how a person relates to a certain phenomenon. Analysis of the data by the researcher reveals general themes of the phenomenon (Finlay, 2009).

Recruitment

The recruitment of participants for this study began in August 2016. Participants were recruited through a flyer posted at various OB/GYN offices within the community. The flyers invited all first-time fathers who would be willing, and interested in sharing their first-time initial experience of pregnancy, childbirth, and fatherhood, to participate in a graduate level research study. I asked all participants to provide their phone number for future contact if needed. I reviewed a list of qualifiers with each potential participant, which would assess each individual's qualification for involvement in the study (Appendix C).

Collection of data for this qualitative study began with in depth, one-on-one interviews with two first-time fathers participating in the pilot study, and 10 first-time fathers participating in the main study. The data collection process took place during the months of August 2016 through January 2017. Only first-time fathers over the age of 18

participated in the study. Additionally, all participants had to have experienced a normal pregnancy and normal childbirth, and experienced fatherhood for no more than 6 months. All participants met the study requirements to participate in the study. Two potential participants inquired about the study; however, their partner had undergone a cesarean section delivery, therefore they did not meet the requirements to participate. One participant arranged to participate, but failed to show up for the interview. Once I established eligibility, along with a verbal consent, a list of potential dates and times were given to schedule a one-on-one interview. Each participant signed a consent form prior to the start of the one-on-one interview.

Pilot Study

Two first-time fathers participated in the pilot study, and were recruited in the same fashion as the participants in the main study. The pilot study proved to have a positive influence on the main study. I conducted the pilot study as if it were the main study, in order for me to evaluate the questions presented to each participant, and if they clearly answered each research question. Each participant signed a consent form prior to beginning the interview. The pilot study provided an opportunity for me to gain confidence with interviewing, recording, transcribing, and implementing data analysis strategies. The two participants in the pilot study met the criteria for the main study, and therefore were included in the main study. According to Stadtlander, (2015) the researcher may use the pilot study participants as part of the main study if no changes were made to the questions, materials or techniques.

Setting

Each participant was recruited from a flyer posted in various OB/GYN offices throughout the community. Participants who were interested in participating in the study called the contact number provided on the flyer, at which time a short inclusion/exclusion criteria form was reviewed to confirm eligibility. This study was limited to rural South Georgia primarily due to the proximity to my home in South Georgia, and the minimal number of studies conducted within this region of the United States. Each one-on-one interview was conducted in a vacant room located in the local library, a vacant office within the confines of the participant's workplace, or conducted in the home of the participant, away from any noise or distractions.

Demographics

I collected demographic information for each participant using a list of five questions (Appendix D). Each participant was between the ages of 18 and 34, although the study criteria allowed older men to participate. All 12 of the participants shared in their partner's pregnancy, childbirth, and engaged in the role of fatherhood. Out of 12 participants, 16% ($n=2$) were between the ages of 18-24, and 83% ($n=10$) were between the ages of 25-34. Twenty-five percent ($n=3$) were African American, and 75% ($n=9$) were Caucasian. Educational status included 8% ($n=1$) having some college credits, 8% ($n=1$) having a professional degree, 16% ($n=2$) having a Master's degree, 25% ($n=3$) having a Bachelor's degree, and 42% ($n=5$) having an Associate's degree. All ($n=12$) of the participants were married or in a domestic relationship with their partners. All but

16% ($n=2$) of the participants were employed, including one who was looking for work, and another who was attending school full time. I conducted a total of A total of 12 interviews for this study, which included the two interviews for the pilot study, and 10 for the main study.

Data Collection

I began each interview with a brief outline of what to expect, and confirm consent to record the interview. Data collection started with each participant signing a consent form and receiving a list of facilities that provide psychological care in the event one should need assistance or counseling. Each participant interview was voice recorded and saved on the recorder, as well as transferred and saved to my computer under a password-safe external hard drive. A nonidentifying code was assigned to each participant.

Handwritten notes were kept in a folder, which consisted of consent forms, demographic information, interview guide, with notes pertaining to the participant interview. This folder was kept in a locked safe in my home office, along with the voice recorder. I developed an interview guide (Appendix B) that consisted of 24 open-ended questions, which I used to maintain consistency for each participant interview. The interview guide focused on answering the three research questions:

Research Question 1: How do first-time fathers perceive or experience pregnancy?

Research Question 2: How do first- time fathers perceive or experience childbirth?

Research Question 3: How do first-time fathers perceive or experience fatherhood?

Data Analysis

I began by transcribing each interview, and saved each document in its own *Word* file, and then stored on a computer hard drive. Data analysis started with reviewing all of the data previously transcribed for each participant. I organized the data by using an imported *Word* document table, where each interview question appeared at the top of three columns labeled with the following headers: participant's initials; response, and codes. Completion of this task allowed for the analysis of the coded statements into themes, which I will detail in the following section.

Themes Identified

The purpose of this study was to explore qualitatively the lived experiences and perceptions of first-time fathers during pregnancy, childbirth, and fatherhood, in order to gain a deeper understanding of first-time fathers' perceptions and experience of this phenomenon. I carefully analyzed each interview in relation to each research question, examining for the commonalities within the data. The following section includes participant responses, along with direct quotes that identify the common themes from the raw data. I utilized a series of nine open-ended questions from the interview guide (Appendix B) to answer the first research question.

I organized the themes for the first the research question into positive and negative experiences and perceptions. The data showed both positive and negative

comments about pregnancy, childbirth, and fatherhood, and therefore I organized the themes as a way to organize and describe the rich experiences of the participants in the study.

Research question #1 themes-positive perceptions and experiences of pregnancy

The responses varied from excited, surprised, mixed emotions, and overwhelmed with joy when they learned they were going to be a father.

Participant #7, age 25: I was uhhh...very excited... I was very excited uhhh...because this is something I, well I haven't always wanted to be a father, but over the course of the last several years I have just felt something inside of me that wanted to experience fatherhood, so when I heard that, I was just very excited, more excited than my wife I think.

Participant #12, age 24: I was overwhelmed with joy. I knew that one day I would become a father at some point after me and my wife got married. We were trying but not really trying, and then one day my wife surprised me, and I got kind of emotional. Ya know it's different. Ya know you're a husband and you know you're a man, and then your wife tells you, you are going to be a father. So just overwhelmed with joy really.

Participant #8, age 28: So, she got a pregnancy test and took it, ya know, with me at home, and to me that was special.... ummm. And that was something that...ummm I was ecstatic...I think we both cried. So, we were pumped! We were just happy.

Other issues commonly perceived by first-time fathers during pregnancy was the strong sense of family, developing a stronger relationship with their partner, as well as a drive to protect their partner and unborn baby.

Participant #2, age 28: when she found out she was pregnant it really solidified the fact that I would be with her for the rest of my life, no matter what, trial or tribulation may come, I am going to be with her for the rest of my life.

Participant #8, age 28: It made us a stronger couple. We definitely fell more in love with each other. And to me it brought a stronger bond in the sense of we knew we were going to have this little baby that was relying on us.

Participant #7, age 28: So, I was just a little bit more uh...I didn't want her to be walking down the stairs with the lights off or anything like that cause I didn't want her to fall.... because she was carrying our precious cargo. So, me...I was just a little more protective. I am already protective, but she said I am a bit over protective.

All of the participants harbored a deep desire to be a good role model, and do things right. Some stated they became less selfish, concentrating on the needs of the mother and the potential needs of their unborn baby.

Participant #3, age 31: you've got the normal parental things that go through your head so...it was like...ok...am I going to do this right, am I going to do this wrong.

Participant #10, age 34: So just to be a good role model, and a parent and a husband. It is hard...I have already...ya know...failed in areas where I did not want to fail in...ya know nothing bad, ya know...it's just hard to do right.

Participant #1: initially she had a lot of trouble with morning sickness, and so it made me have to step up big time, doing things around the house that she normally handled, and it was just very hard. So, I guess that made me a little bit, ya know, frustrated. Seventy-five percent of the participants enjoyed watching the day to day maternal changes, as they watched the "belly grow", and looked forward to the ultra sounds, and meeting the baby for the first-time.

Participant #4, age 33: the belly, I loved the belly. And taking pictures, lots of pictures... ummm...just being proud of it.

Participant #5, age 30: seeing the progression, seeing the day-to-day change. Just knowing that something is growing, something is there, something is about to be here, and ya know, that was probably the most enjoyable.

Participant #10, age 34: just watching her develop, as the pregnancy went along...and just seeing the bond that she was getting, and you could obviously tell when she started... when her stomach started to be obvious she was pregnant. I saw the love, and then I saw her beginning to change from a wife to a mother, even before the baby was born.

Adverse perceptions and experiences of pregnancy

Some participants experienced or perceived negative emotions during pregnancy such as mixed emotions, nervous, scared, clueless, and worried, especially when they realized the implications and responsibilities they would encounter as a father.

Participant #5, age 30: the emotions were extremely hard to understand, and it really didn't hit me... I mean it took it awhile for it to hit me. I would have to say it was just kind of a numb feeling. It didn't feel real, it was kind of surreal, in a way so I mean that's probably the first reaction that I had was like, this isn't funny.

Participant #11, age 25: I was a little nervous. Well, I was looking for a boy, and then I got hit with a girl, and then it changed my whole world, and...it is still changing my whole world.

Participant #8, age 28: I told everybody that I was scared, nervous and excited all at the same time. I didn't have a clue what I was going to do.

Participant # 6, age 25: When she told me I was going to be a father it was all "ummmm...pretty scary".

Ten of the participants (n=12) experienced many of the same fears and concerns about the possibility that something could happen to the baby in utero or that something could go wrong with their partner, as well as feeling helpless when their partner was suffering from morning sickness, back pain, leg cramps, or other discomforts of pregnancy.

Participant #2, age 28: What concerned me? UmMMM... her health and his health. That is point blank period. Making sure they are both going to be healthy.

Participant #3, age 31: I was concerned with her... more than worried about being a father. Cause when it is something that you have wanted for so long, but you're scared for her. I guess there is no better way to phrase that.

Participant #5, age 30: a miscarriage concerns me. UmMM... and if there was no doubt, I would definitely say something happening to lose the baby and her.

Because that never crossed my mind, it was always just her.

Participant #10, age 34: Number 1 was having a complication, or just having a child with a disability, or something...ya know happening during the delivery.

UmMM...I was a nervous wreck until he was born, ya know...just the fact that something could go wrong. That was the biggest concern... yeah that still bothers me...Straight across the board.

First-time fathers also struggled with handling the mood swings, and volatile hormone levels, which often led to a lack of sex or intimacy in their relationship. Five participants verbalized their partners suffered from poor self-esteem, hormonal changes or concerns with their body image as the pregnancy grew, which contributed to various struggles experienced by the fathers.

Participant #8, age 28: The hormones...the hormones...ya know just...she ummm.... she would go from being the sweet loving wife to where I would say something and it would just get on her nerves, and then she would come back...I

am sorry...I shouldn't have reacted that way. It was just different degrees of personality.

Participant #11, age 25: The hormones, up down, left, right, backwards.

Participant #3, age 31: she was not interested in sex, especially as her body started to change. The whole mental self-image deal, she just didn't feel attractive, and despite whatever I said...ya know... just kind of ticked her off a little bit, but ya know that is part of it I think.

Participant: #5, age 30: the whole time I was just trying to be understanding. Like thinking, this may not be your wife doing this, it may be some hormones.

ummm...well...I know you must hear most guys say umm...well the sex, but we couldn't. (laughing)...we couldn't, because she had placenta previa in the beginning, but then it moved, and then it was the morning sickness, so the mood wasn't there, I mean the mood wasn't lit...

Research Question #2 themes-positive perceptions and experiences of childbirth

The participants overall perceived their childbirth experience as positive, regardless if there were parts within the labor and delivery process that were confusing or worrisome. All of the participants stated childbirth was an overwhelming, and positive experience that left them feeling proud, amazed, and impressed with their partners.

Participant #5, age 30: I think she did great. There is no way I could have done what she did. Pushing for as long as she did, and handling that mentally too, as well as she did.

Participant #3, age 31: yes, I was proud of her...I respect her a lot more for it, and everything. It is clearly not as easy as I thought it would be. The media depicts it one way. But I knew it wasn't that way, but I didn't expect it to be what it was...

Participant #1, age 24: I was incredibly impressed. I was absolutely amazed at the power that woman had. Like I have never seen that sort of effort from her, so that was quite amazing for me.

All of the participants claimed labor and delivery was a positive event; however, five out of the 12 participants perceived labor and childbirth as being different from what they expected in a positive sense.

Participant #1, age 24: Like I thought...I cannot believe I just saw that, I cannot believe that we just did that, and ...wow...just wow...you're just kind of stunned after that happens for a sec.

Participant #2, age 28: it wasn't as bad as everyone made it out to be. Everyone was like...are you going to pass out, are you going to see the sack come out... it's going to be so gross, and you are going to throw up and pass out. Really, I was just kind of hyper...I would just like look at her and then go down there and look at the doctor. And of course, as a man...I am looking at that vagina area being destroyed, so I am looking at that ... and I am going.... uggggggggg...but it wasn't as bad as people made it out to be.

Participant #3, age 31: Enlightening. (laughing)...words that don't really explain what you need to know... umm...I have always thought of it as one thing where

you birth the child, you know he is going to come out...ya push...and the head comes out... and then you push again and everything else comes out. After experiencing it...it's a lot more pushing...because there has to time to open up things so that his head can come out.

Each participant claimed it was a great experience, in which one found labor and childbirth to be a life changing event, and another participant verbalized the whole event was difficult to put into words.

Participant #12, age 24: I think it was amazing. I have never been through it before. I knew from word of mouth what to expect, but ya know it's nothing like anything anybody could ever tell you. It is a life-changing event. It is hard to put it into words. Even afterwards, you just can't put it into words.

Participant #6, age 25: I don't know how to put it into words. It was pretty amazing.... like nothing else you have seen or felt.

All of the first-time fathers participated in the labor and birth process in some way. All of the participants acted as the support person or coach during the labor process, and all of the participants, except for one, cut the umbilical cord.

Participant #11, age 25: The umbilical cord, when I cut it, I wasn't expecting blood, and I thought it was a tube of oxygen and food, and all that crap. It was like... actually a cord...attached. Like it was attached, and it would sever. I don't know...I guess I was just thinking a hollow tube, something she would eat

out of and breath out of...I don't know...I don't really know what I was expecting, but yeah...it was different actually seeing it attached.

Participant #10, age 34: I was the camera man for $\frac{3}{4}$ of it, then the last $\frac{1}{4}$ I pulled the baby out of her.... ummm....and then I cut the umbilical cord. So, I supported her through the whole process, but that is really what I did. That was pretty cool. I don't care to do that again. But....

Participant #12, age 24: I told myself this is going to be awesome, I get to see a baby come out, I am going to see the cord, and cut the cord, and then the placenta is going to come out. While I am sitting there locked onto my baby and my wife, and I am not even concerned about what the doctor is doing anymore. So, the next thing

I know he had the cord clamped, and he is wanting me to cut the cord, and I am like... OK, and then I go right back, and then he says, the placenta is out, and I missed it.

Research Question #2 themes-adverse perceptions and experiences of childbirth

All of the participants except 2 harbored a genuine fear during labor and birth that something would go wrong, or something really bad would happen to mom or to the baby, whereas one participant stated it was very scary.

Participant #5, age 30: Something happening...something extremely bad happening. Ummm... She being born, and coming out, and there being an issue there... I have heard these whole stories, and actually "Google" is your worst

enemy... ummm... when you look up stuff about “well my wife had this... this...and this happen...”. Ummm...the fear of her not being there... uhhh...if something happens, and then it’s just me and the baby. Uhhh.... how would I carry on after that with just me? Just me and the baby? How would I carry on after that? I have thought about that multiple times during the day, but of course I worry a whole lot too, so... I am a big worrier.

Participant #6, age 25: like you never know if the cord is going to be wrapped up around the neck or anything. It is very scary.

Participant #8, age 28: That something was going to happen to mom and baby. That was my big concern. Umm...I have been a nurse for several months now...ya know ... I know all the stuff that can go on during childbirth and it just...that was in the back of my mind, and umm...it was a little scary.

Participant #10, age 34: He would be delivered and we wouldn’t hear him cry, or there would be some complication, like the umbilical cord wrapping around. That type of stuff.

First-time fathers also worried about the amount of pain their partner was in, as well as the amount of time the pain lasted. Even though the fathers wanted to fix the pain, they felt helpless in accomplishing this task.

Participant #2, age 28: she is hurting so bad, but then at one point I was like...are you really hurting this bad. I just didn’t want her to hurt... I just didn’t like her to hurt that’s all.

Participant #8, age 28: she got up to about 4 to 5 cm, before she decided to get the epidural...every contraction that would come I could see that pain...and that hurt me... and I just tried to do everything I could to make her comfortable...ummm....and thought she handled the pain well...she kept saying..." we are good... we are good". And I was thinking I would be on the floor screaming and kicking.

Participant #12, age 24: They had to do a uterine catheter, and she was in a lot of pain. So of course, I was worried about her, and just ready for it to just be said and done. And then about 6 o'clock she started having real good contractions. And when you see somebody that you love that much going through that much pain and you can't do anything about it. It kind of ...well it sucks...(laugh). Excuse my language, but I felt helpless. To see her hurting like that wasn't any fun, or at least it wasn't any fun for me.

One of the questions posed to the first-time father participants was, "what confused you the most about childbirth?" All of the participants claimed the whole process was confusing, where one's perception of what it will be like is different than it actually turns out to be when it is over. Others claimed it was very messy, and not what they had envisioned it would be like at all.

Participant #2, age 28: all the contractions, dilating, water breaking...that confused me. I was thinking one day your walking around and your water breaks and you go into labor... I was thinking that is how it happens, but she started

having contractions about 11 o'clock, but she wasn't dilating that much, until later on... just the whole process was confusing.

Participant #6, age 25: waiting for the dilation, and this and that, and everybody is different...ya never know when it's coming or anything.... it's not like TV...they make it look easy...(laughing)

Participant #10, age 34: The placenta confused me. Yeah, I didn't know that that came out. I know that is crazy that I didn't know that, but just how that all worked. The whole pushing process, it was not as clean as I thought it would be...cause she was peeing, she was straining, at one point I was thinking..." this is not glamorous work" ...that is the cold hard truth (we are both laughing) ...you wanted the truth... there you go...yeah it was bad...I looked at the doctor and I am like, "is it normally like this?". And he says..." yes., she is just straining really hard. I mean she didn't know cause she was numb". But I was thinking, man... am I going to be able to get this out of my mind? The doctor said..." it's not a big deal...by the time you're ready to uhhh...she's done... you are over that... she is still sexy".

Participant #12, age 24: we went to the hospital of course because her water broke. I've always understood... your water breaks... the baby is coming immediately. So, I was confused in the fact that when we got there (to the hospital) it was just all laid back, get you in a bed, put you on Pitocin, let's see how this goes...of course it ended up taking all night.

Research Question #3 themes-positive perceptions and experiences of fatherhood

Each participant was asked if becoming a father was what they expected? The results of this interview question revealed 9 of the 12 participants stated it was everything they expected and much more. One participant stated he was not really sure what to expect, whereas 2 of the participants verbalized fatherhood being much harder than they expected.

Participant #3, age 31: I thought, I am gonna be a dad, and have a kid, and it was cool, and we will raise him, and get him to eat right. (laughing)...but I know it's not that simple. I mean you expect it to be one way, but there is just so much more that goes with it, emotions, feelings, realizations that you have responsibilities that you didn't realize you would have, but none of it is like negative, it's...umm...these are positive things...

Participant #5, age 30: It's more! It's a lot more. I mean again, the flood of emotions, the feelings that you didn't have... I mean we went from, "ok, we are not ready, to there is nothing I would change".

Participant #8, age 28: Let me be honest... it has been better than I expected. No matter what kind of train wrecks I run into at work... when I get home...it's just very easy with him...

All the participants except for one perceived they had experienced positive personal changes since they became fathers such as becoming more mature, less selfish, more sensitive, making better life time choices, and more protective.

Participant #3, age 31: certainly, I am a lot more mature... (laughing)...I have been more mature though, despite the not relaxing and goofing off and stuff. Ummm...knowing there is that responsibility has made me more and more mature of things...ummm.... like I take.... ummm...he comes first... umm...like it used to be..." I am going to go buy this", and I go buy something for myself, now it's well I need to hold back in case something comes up for him. Ya now it's that responsibility I didn't have before I guess. I feel less selfish.

Participant #5, age 30: I am more emotional, I am more sensitive, I am more...whatever you want to call it. It's sitting at home watching "Hallmark" and it's all of the emotions that's in one of those Hallmark movies. Ya know I go through about 10 of those stages of emotions. I am all of them...and...I am just like sitting there holding her, and then I just start crying. Then it's like...I am crying...why am I crying? But then again, she is my little girl, I mean it's that delicacy, wearing pink bows, and one day wearing a white dress. And you really started all of that, again it's just a flood of emotions.

Participant #6, age 25: it all of a sudden becomes not all about me...

Participant #7, age 28: now I am very protective of both of them... making sure I turn the alarm on...even when I am taking out the trash out, I lock the door now...every little small thing... I am always being mindful... so...you'll change...definitely you'll change... and now you are more of a caregiver...ya know that care giver roll. I love it though...I wouldn't trade it.

Participant # 8, age 28: Everything that I do I think about... ya know...like if I want to buy something... but I can't...I have to think about him... if I get on like a 4-wheeler, and go crazy out there...that doesn't affect just me... it affects him.

After gaining a better understanding of how fatherhood changed each first-time father, I asked each participant if he felt included in all aspects of care for the baby. All participants felt included except one participant, who stated he had voluntarily removed himself from a majority of the care of the baby in order to preserve his grades in medical school.

Participant #3, age 31: during the pregnancy... I felt a little excluded because I couldn't experience what she did...ummm...but I think that is just a normal kind of guy response, or non-pregnant person response, to be politically correct now... since we have gotten home... we both typically pick him up, hold him, console him, take care of him, feed him in one way or another...

Participant #4, age 33: One hundred percent included. Absolutely.

Participant # 5, age 30: yeah...sometimes too much! I mean... you never realize... (laughing)...everybody tells you, but you don't realize until you have one. You don't realize how much love, how much this, how much that. You don't realize what it's like until you have a child, and that is the truest way to explain it. It's a flood of emotions, it's this, it's that, it's worrying about stuff that is 25 years from now.

Participant #7, age 28: yes...even with the feeding... sometimes she'll uhhh... the pediatrician told me this too...now you play a part in all of this too...and sometimes she is asleep when you are trying to feed her...so you have to wake her up...so tickle her feet... so at 3 o'clock in the morning I am tickling feet... so I do feel involved. My wife does a great job including me, and we take shifts, and we do a lot of things together.

Participant #11, age 25: Well...we already knew that she was going to breast feed... so with my wife knowing me, and me knowing her we talked throughout the pregnancy...I don't know... like there was a lot of stuff like...I am not going to messing with the poop diaper, already instilled in both of us.

Research Question #3 themes-negative perceptions and experiences of fatherhood

During the process of identifying themes that would correspond with the third research question, I identified negative or adverse perceptions and experiences of taking on the role of a first-time father. The participants were all asked what their biggest fears were about fatherhood. Seventy-five percent of the participants expressed a fear of failing as a father or messing up in some way that would negatively influence the child's entire life.

Participant #2, age 28: Failing as a father. Like the day, he was having some poop issues. He wouldn't cry with my wife, but every time I got him he would cry, and that hurt me so bad. I was like... you don't want to fool with me man...so just failing as a father is my biggest fear. I don't want to fail as a father.

And when I say that I mean... being there... being that ultimate provider, being the protector, just being there... so I don't want to fail as a father... that is my biggest fear.

Participant #10, age 34: Fail as a Godly father. Not setting the right example for my son..... And the biggest fear is...I know I am going to make mistakes, but to not make big mistakes. As far as my integrity, my morals.

Participant #11, age 25: I would say to fail, but I don't really know how that goes into the years of the child, assuming I failed. I want a good relationship. I had a good relationship with my parents, so I mean. That would bother me the most...not having a good relationship. Being a bad parent, which I doubt, but yeah

Participant #12, age 24: I guess my biggest fear would be to not be the best father that I could be. Cause I always want to do everything I can for my kid, and I want to be able to provide for them, and teach them wrong from right, and be there when they need me as a father figure, ya know...

However, one participant stated his fears were multifaceted, but entertained one fear, losing control of his temper.

Participant #1, age 24: Just being able to withstand the moments that I can't console her without letting myself get all worked up. Like when she is very upset, and trying to keep myself calm through that, and not let myself get worked up through that. But that is just my biggest fear is that I won't be able to prevent

myself from getting worked up when she gets worked up. I guess that is my biggest fear and difficulty.

Other participants identified fears such as not being able to provide for his child, or provide a safe environment, as well as protect and care for them on a variety of levels.

Participant #8, age 28: ...my biggest fear is not being able to provide for him.

And knowing how I was as a little boy... not being able to fully 100% protect him. ...ya know to be able to protect him...there is not enough bubble wrap in the world!

Participant #7 age 28: So, I would just say the safety of them. I don't fear anything on my end. But we are in a world where there is danger, we are in a world where there is uhhh... chaotic things going around...that's the fear that I have... just the safety.

Participant #2, age 28: The world he is going to grow up in. I know that that we are products of our environment, so that is why we are going to keep a great home and atmosphere for him. But once again...outside our door we have no control over what's going on, and I deal everyday with what's really going on in the world, and so that scares me of not being able to control everything outside our four walls in my home.

When the participants were asked what concerned and confused them the most about fatherhood, two of the participants voiced their concern regarding the loss of sleep, and not knowing how to fix the problem.

Participant #1, age 24: I guess another life being entirely dependent on you, and the loss of sleep.

Participant #3, age 31: This whole lack of a normal sleep schedule. Like one day we are good with 2 or 3 hours, the next day we are waking up every hour, and today we are wide awake for a couple hours on end, after eating, because usually we are “milk drunk” and done

Participant #7, age 28: I tell you one thing that I would like...is to get that sleep schedule just right. I don't understand how in the day time she wants to sleep and then at like 12 o'clock she wants to be up. I can just see those eyes just roaming around looking...like...” come on” ...but it's all good.

Participant #8, age 28: His sleeping pattern...he ...when he was the first three and a half weeks he would not sleep...literally would not sleep unless we were holding him... which made night time tough...ummm... made my day tough...but now we have kind of gotten him into a schedule umm...to where we are sleeping sometimes 4-5 hours at night...but that's been.... his sleeping patterns. I didn't know what to expect... but I did not expect to have to hold him for the first three weeks to get him to sleep.

After completing the data analysis, the results suggested, sleep deprivation may have contributed to increased tension between partners, increased frustration, less intimacy, less sex, which often leads to increased stress within the home. This finding is

consistent with the literature. Four out of the 12 participants verbalized the tension they had experienced thus far in the role of fatherhood.

Participant #1, age 24: I still feel like there is a perception that I am not doing anything, but I feel like I am at my absolute limit. Getting up at 6AM, and going until 12 midnight...full blast. So, there is certainly a lot more tension than there was prior to delivery.

Participant #4, age 33: well...we are always just mad at each other. Because she is having a lot of trouble with lactating, and with the whole pumping thing. So, we are bumping heads over little things like, you put the dishtowel on the wrong counter. Ya know what I mean. And it's because we are flaring frustration about little things. Ya know my wife is not getting any sleep, she's frustrated about pumping, ya know, and then she is frustrated about getting ready to go back to work, and stuff like that, and all of these things build up and build up and build up and so the next thing that you know, I am frustrated about stupid stuff too, like just daily stuff ya know and then she like yells at me like...ya know...like you're not pulling your weight around here ya know...and I am like...excuse me...I am like the best dad ever.. and I am like are you kidding me?

Participant #10, age 34: You know... you always hear this..." you have less sex when a child comes. Just expect that". Or reduced intimacy, people say that. At best, it's you are so tired. I think in order to have a good marriage you have to have a solid foundation. And I think when you...ummm... don't have a good

balance. We just don't have a good balance, and there are some things that have happened. Obviously with this storm (tornado wiped out houses) it has intensified things, but ummm...ya know it's just... ummm...That is not as important as it used to be.

Participant #12, age 24: we both know we have this baby now, that we are going to help each other raise, and ummm, but at the same time it has put a little bit of stress, but I think that is normal. But it is stressful when you are up all hours of the night, and you are trying to figure out what is wrong, hungry tired... ya know...what is it. So, it has put a little bit of stress on the relationship but I wouldn't say it is for the worst.

Participants were asked if becoming a father was what they expected; all of the participants stated their experience was not what they expected, or better than what they expected. Three participants stated being a father was a lot harder than expected.

Participant #3, age 31: I thought I am goanna be a dad, and have a kid, and it was cool, and we will raise him, and get him to eat right. (laughing)...but I know it's not that simple. I mean you expect it to be one way, but there is just so much more that goes with it, emotions, feelings, realizations that you have responsibilities that you didn't realize you would have.

Participant #10, age 34: Giving him a bath is hard (chuckle)... it's messy, feeding him is messy, he cries. It's just not near as easy as I thought it would be. It goes a lot like... a lot like it is in my marriage...it's hard. Our time, has been ya

know...depleted. It's hard! Thinking about having another child, I've really got to think about that! Things you think are going to be easy are really hard. Even taking him, and putting him in the car seat, and they have this system they can watch cartoons, and you can just go down the street just to get a milkshake, and he starts crying hard.

Participant #12, age 24: I guess throughout the pregnancy I was thinking... Yeah it won't be that bad...ya know...it will be easy...feed the baby, get the baby to sleep...but they don't come with an instruction manual, and they will throw you for some doozies here and there. So, I guess I was expecting before we had her, everything would go kind of smooth. Yeah... it might take a day or two to figure it out, but after a day or two.... we got it, but it didn't work out that way. It took some figuring out, but we are getting there.... we are getting there.

Evidence of Trustworthiness

The credibility of this study is dependent on the quality of data collected, data analysis, as well as substantiating my findings, which might make a constructive contribution to the existing literature in the field of study among first-time fathers as well as obstetrics. Utilizing phenomenological research assists in examining the everyday life experiences of first-time fathers. Maintaining a credible, confirmable, and dependable study was achieved by adhering to strict procedures throughout the process of collecting data and data analysis.

Method for Credibility

Credibility for this study was achieved by exercising techniques necessary to generate high-quality data by observing each participant during the interview, as well as gathering necessary documents. Implementing the principle of triangulation by closely observing each participant, hearing and transcribing each interview, and comparing my findings to current documented literature, strengthened the credibility of this study.

Credibility for this study was enhanced through self-disclosure of my personal disposition and biases regarding this research topic. At the beginning of each interview, I acknowledged my current place of work, as well as my current job title. I am confident in my ability to leave any feelings or biases out of my research study during the course of gathering data, interpreting the data, and analyzing the data.

Method for Transferability

Transferability was enhanced through the accuracy of documentation, transcribing, coding, and identifying themes. Applying this method will provide rich data for other providers' transfer into their daily practice, enhancing the care of fathers, mothers, and babies during and after pregnancy.

Method for Dependability

The method to safeguard dependability was achieved by applying appropriate qualitative methods such as using a research question outline, and using an audio recording device with an external microphone to capture verbatim the rich information each participant conveyed during each interview. Using an audio recorder allowed me to

generate a permanent record of each participant's interview that I could reflect back on at any given time, as well as minimize the potential of mistakes through memory recall.

Summary

The purpose of this study was to examine how first-time fathers perceive pregnancy, childbirth and fatherhood who reside in rural southwest Georgia. Chapter 4 provided an overview of the methods used to collect, manage, and analyze data collected from first-time fathers living in rural southwest Georgia. All participants signed an informed consent prior to the start of each interview, which explained their rights, as well as knowing each interview would be recorded for later transcription.

In-depth interviews provided information necessary to examine the perceptions of first-time fathers regarding pregnancy, childbirth, and fatherhood. The first research question explored a first-time father's perception of pregnancy. All of the participants expressed both positive and adverse perceptions of pregnancy.

The second research question addressed a first-time father's perception of childbirth. All the participants shared both positive and adverse perceptions of childbirth. All of the participants stated it was overall a positive experience, although there were periods of time when they were scared, nervous, or worried about the safety of the baby, as well as the safety and comfort level of mom.

The third research question looked at a first-time father's perception of fatherhood. All of the participants stated fatherhood is rewarding and overall enjoyable. However, several of the participants stated fatherhood is much harder than they thought it

would be or expected it to be. Several of the participants felt like they had developed a deeper bond with the baby now that the baby was born; however, this bond was much different from the mother's bond with the baby.

The last section of this chapter recognized evidence of trustworthiness. The mechanism of credibility was attained by implementing data triangulation, to include identifying any personal biases with each participant. The mechanism of transferability was achieved by carefully documenting, transcribing, coding, and identifying themes. The third mechanism, dependability was achieved by using an audio recorder, which captured each interview verbatim, allowing for the development of a permanent document.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to gain a deeper understanding of the thoughts of first-time fathers regarding their experiences during pregnancy, childbirth, and fatherhood. Previous studies have assessed how women perceived pregnancy, birth, and motherhood; however, few studies have focused on first-time fathers' perceptions of pregnancy, childbirth, and fatherhood. Understanding how first-time fathers perceive pregnancy, childbirth, and fatherhood, as well as gaining an understanding of their questions and concerns, will increase awareness among obstetrical providers and other medical personnel involved in the care of the mother.

This study was based on the following research questions:

1. Research Question 1: How do first-time fathers perceive or experience pregnancy?
2. Research Question 2: How do first-time fathers perceive or experience childbirth?
3. Research Question 3: How do first-time fathers perceive or experience fatherhood?

Utilizing a phenomenological approach, I fulfilled the answers to the interview questions employing in-depth, face-to-face interviews with 12 first-time fathers in rural southwest Georgia. Through this study I determined medical, psychological, and social themes as described in the biopsychosocial model.

Data collection occurred over a 5-month period, where 12 participants described their perceptions and experiences during pregnancy, childbirth, and fatherhood. As described in Chapter 4, I discovered several themes by transcribing and coding the interviews.

Interpretation of Findings

Research Question 1 of this study focused on understanding first-time fathers' perspectives on pregnancy. Several themes and subthemes represent the data related to the perceptions of first-time fathers. These included the participants expressing both positive and negative perceptions related to pregnancy that will extend knowledge within the discipline of obstetrics and other disciplines within the medical community.

Overall, participants expressed positive experiences during pregnancy, including an expectation and desire to do things right, as well as be a good role model, which often included practicing selflessness. This finding is consistent with the findings from Golian Tehrani et al. (2015), which found first-time fathers using the time during pregnancy to prepare for fatherhood and to assess their own identity. Participants in the present study reported experiencing emotions such as being excited, overwhelmed with joy, and surprised, which is similar to the findings gleaned from a study conducted among first-time mothers (Modh et al., 2011). Six of the participants in this study reported other emotions such as being scared, nervous, clueless, and having generally mixed emotions, which is a new finding.

First-time fathers also developed a stronger bond with their unborn baby during ultrasounds, as well as when they could actually see the growing abdomen, and feel the baby kick in utero. First-time fathers reported the pregnancy enhanced their relationship with their partner; however, many of the participants stated they became more protective as they pondered their future family. The results of this study are consistent with the results noted in a study conducted by Rosich-Medina and Shetty (2007), identifying a stronger bond among fathers when they were able to see the baby on ultrasound and feel the baby kick, and a study completed by A. Alio et al. (2013), which found couples that work together through pregnancy, build a richer sense of closeness as a family. Based on my study, participants felt an increased bond develop between them and their partner, which made it harder to see their partner in pain, struggle with morning sickness, or experience discomforts throughout pregnancy. Participants also verbalized their fear of losing the baby, something happening to the baby, or something going wrong with the mother.

Montgomery et al. (2012) found that pregnant females, who gained large amounts of weight during pregnancy, created negative consequences for their male partner in their study. In my study, participants remarked that they saw their partners as beautiful, strong, gorgeous, and as a rock star, reflecting a positive perception of weight gain during pregnancy, versus the negative comments noted in the study conducted by Montgomery et al. (2012). However, the participants stated that their partners struggled with their own body image and body issues, which led to a decrease in their self-confidence, which is

similar to the findings in the Montgomery et al.'s (2012) study. Other unexpected themes emerged from the data such as coping with their partner's changing hormones and mood swings, as well as the lack of sex. However, these adverse perceptions of pregnancy may be linked to a woman's own struggle with body image, body issues, and lack of self-confidence.

Research question 2 sought to understand a first-time father's perception of childbirth. The participants reported both positive and negative perceptions of childbirth. All of the participants participated in the labor process and birth experience, acting as a support person and labor coach. All the participants stated this event was life changing, which many found difficult to put into words. Although every participant found childbirth to be a great experience, several participants stated it was different from what they expected. This finding is similar to the findings in the study from de Melo and de Brito (2013), in which the fathers perceived participating in labor and delivery as vitally important to the overall enhancement of their respect for their partners. All of the participants claimed their partner was amazing and impressive overall, conveying a sense of pride during the interview. This finding is consistent with the research completed by Angelova and Temkina (2010), in which the fathers that participated in childbirth experienced an increased bond with their partners.

All of the participants except for one cut the umbilical cord after delivery, which added to the participant's perception of involvement and sense of reward. Brandão and Figueiredo (2012) revealed this same finding in their study conducted in Portugal, in

which fathers claimed cutting the umbilical cord created a satisfying feeling and enriched their sense of participation.

Half of the participants stated they were worried something bad would happen to their partner or to the baby during labor and birth. Two of the participants stated their greatest concern was centered on the amount of pain their partner had to endure during labor and delivery, during which they felt they were unable to fix it or do anything about it. These findings are consistent with the results found in studies completed by de Melo and de Brito (2013) and Tarlazzi et al. (2015), in which fathers experienced anxiety and fear and a sense of uselessness with regard to the pain during labor and birth.

The current study's participants also stated that labor and delivery was much more difficult than they had imagined, as well as being an unclean and messy process. A majority of the participants found the whole labor and delivery process to be confusing. One participant stated the media makes labor and birth look easy and fast. Other participants reported that the whole process of water breaking, and the amount of blood, urine, and feces was confusing and concerning.

Research question 3 focused on first-time fathers' perspectives of fatherhood, which identified mixed feelings, both positive and adverse. This study revealed 11 of the fathers ($n=12$) had taken on a modern-day parenting approach by engaging in co-parenting. This involves sharing the responsibilities of caring for the baby and taking on a teamwork approach, which leads to a feeling of participation in every aspect of caring for the baby. However, several of the fathers claimed that they often experienced

conflicting expectations of how to accomplish various tasks, which often caused tension, frustration, and stress between the couple. This finding regarding co-parenting, which refers to both parents sharing all of the responsibilities of caring for the baby, is consistent with the findings from Finn and Henwood (2009) and Demaris et al. (2013), wherein the fathers in this study who engaged in a co-parenting approach, experienced conflicting views from their partner on how to accomplish each task, causing the fathers to feel like they could not accomplish the task correctly. Along with incorporating co-parenting skills, 11 ($n=12$) of the fathers in the present study incorporated various parenting skills utilized by their parents while growing up.

Other difficult aspects of fatherhood that the participants encountered were sleep deprivation, confusing sleep patterns for the baby, and identifying the baby's needs. Of the two pilot participants and 10 main study participants, seven of the participants reported sleep deprivation contributed to frustration and increased tension between themselves and their partner. The participants stated that they attempted to understand the baby's sleep schedule; however, this turned into a confusing and challenging task. Attempting to figure out what the baby needed to console him or her played a significant role in increasing their anxiety and stress level, especially when they could not understand or identify if the need was hunger, a diaper change, or cuddling. This finding is consistent with the findings from Demaris et al. (2013), revealing fathers often feel overwhelmed with the challenges and demands of a new baby.

Research suggests that most fathers want to meet the expectations of fatherhood (Machin, 2015). This study revealed all the participants harbored a deep fear of failing as fathers by making mistakes that would influence the life of their child despite their desire to succeed as a father. Along with the fear of failing as a father, all of the participants admitted that being a father carried an overwhelming responsibility, and indicated it was much harder than they expected. One participant stated, “Even the little things are hard.” Other fears included the inability to protect their baby and keep them safe from harm. One participant confessed his biggest fear was losing his cool when the baby was upset or inconsolable. Machin (2015) conducted a study that revealed these same thoughts and struggles in fatherhood; however, it did not include some of the deep fears that were identified in the study at hand.

Along with the expectation of succeeding as a father, the act of selflessness was identified among first-time fathers. Of the two pilot participants, and 10 main study participants, six stated it was “all of a sudden not about them”, claiming everything in their life now affects and revolves around the baby, which spills into every facet of the relationship between the couple. One participant expressed his concern regarding the lack of intimacy in his relationship, although he recognized finding a balance between the baby’s needs and the needs of a couple in the relationship is a balance that has to be established over time. Fathers harbor sexual concerns after delivery, although they often will not express their concerns or discuss these apprehensions in detail. Olsson et al. (2010), conducted a study that revealed first-time fathers expressed concerns about their

sexual relationship after childbirth, but found it difficult to talk to anyone regarding these concerns.

The theoretical framework that I used to guide the study questions was the biopsychosocial model, which bridges psychology, sociology, and physiology and includes all aspects of medicine (Pilgrim, 2011). The biopsychosocial model involves using the technique of interviewing individuals and listening as a way of developing a deeper understanding of the issue under study (Borrell-Carrió et al., 2004).

Applying the biopsychosocial model guided the identification of positive and negative feelings such as fear, anxiety, joy, fulfillment, the desire to be a good father, as well as a desire to make good choices that would ultimately have an optimistic effect on a first-time father's physical, psychological, and social wellbeing. The biological aspect was expressed by participants during the interview. For example, one participant stated he experienced morning sickness just like his wife, feeling nauseated and vomiting in the morning. Two participants stated they gained weight during pregnancy by eating extra food, eating what their partner did not finish, and indulging in cravings with their partner.

The psychological aspect was highlighted when each participant verbalized their increased fear or feeling extra protective of their wife during pregnancy, childbirth, and into fatherhood. Other psychological components identified in this study included emotions such as feeling overwhelmed with joy, fear, excitement, love, worried, and clueless.

Participants illuminated the social aspect of this model by expressing their fear of doing something wrong that could cause future problems. Fathers also expressed their financial concerns and responsibilities, as well as their desire to make choices based on the entire family. Fathers voiced how their social life as they once knew it changed to a family life that included a wife and child. Additionally, fathers discussed the difficulties of being a new father, including not knowing what to do or not having the right answers.

Limitations

I conducted this study in rural southwest Georgia with a total of 12 participants: two in the pilot study and 10 in the main study. Some scholars may believe combining the pilot study data with the data from the final study may be thought of as a limitation of this study (Stadtlander, 2015). Although rural Georgia is mainly populated by African Americans, only three of the participants were African American; the other nine participants were Caucasian. The study population did not include Asian, Middle Eastern, or Hispanic representation, and therefore the results may not be generalizable to these cultures.

In addition, this study was aimed at only including first-time fathers residing in rural southwest Georgia. This limits the generalizability to first-time fathers living in metropolitan, which may bear different outcomes than this study. Another limitation to this study may center on the type of experience, positive or negative, the volunteer perceived. For example, one participant was attending medical school, and perceived pregnancy and fatherhood as overwhelming combined with the demands of medical

school. Perhaps this participant would have perceived or had a different experience had he already completed school. The participants that volunteered for my study all perceived their experiences as mostly positive, excluding data from first-time fathers who perceived their experiences as negative.

Recommendations

This study focused on the perspective of first-time fathers during pregnancy, childbirth and the beginning of fatherhood. Future research may include following these participants through fatherhood with interviews at 3, 6 and 12 months after delivery, which would provide a better picture of fatherhood as it unfolds throughout the year. Participants suggested the need for a “guide for first-time fathers”. In addition, future research is needed among first-time fathers who experience a high-risk pregnancy, a difficult delivery, or have a baby that is admitted to the neonatal intensive care unit for a lengthy time.

Implications for Social Change

Findings of this study have the capacity to initiate social change for a largely unrecognized population within the field of obstetrics within this community, and extending to the broader community. The findings of this study may have a positive influence on the existing body of literature concerning first-time fathers, as well as increase awareness of the challenges and barriers first-time fathers’ encounter. The findings of this study also have the potential to increase awareness and understanding among health care clinics and obstetrical providers.

Conclusion

The purpose of this study was to gain a deeper understanding of how first-time fathers perceive pregnancy, childbirth and fatherhood, as well as contribute to closing the gap in the literature. This study offered additional information into the perceptions of first-time fathers living in rural southwest Georgia. Data analysis for this study identified several themes, both positive and negative among first-time fathers, which can lead to increased emotions and feelings such as stress, anxiety, confusion, love, joy, and excitement. Overall, the participants perceived pregnancy as a positive part of their journey, with the exception of struggling to deal with common discomforts of pregnancy such as morning sickness, mood swings, and muscle aches and pains. The second aspect of this study explored how first-time fathers perceived childbirth. The participants recounted their childbirth experience as amazing, gaining an increased respect for their partner, overwhelming joy and excitement. Eleven of the participants found childbirth to be completely different from what they thought it would be, as well as having trouble dealing with their partner experiencing pain, and how untidy the childbirth process turned out to be. The last aspect of this study explored how first-time fathers perceived fatherhood. All the participants stated they were enjoying fatherhood, and found fatherhood to be much more than they expected. However, participants also verbalized sleep deprivation often led to frustration, and short tempers. Participants stated they wished there was some book or guide for first-time fathers trying to get through the first few months of fatherhood.

Understanding the needs of first-time fathers is beneficial in providing support to this population as medical providers. The themes identified might motivate and challenge medical providers to increase their awareness of the education necessary for first-time fathers to excel in their journey through pregnancy, childbirth, and fatherhood. This study shows that first-time fathers harbor a desire to share with their partners throughout their pregnancy, childbirth, and fatherhood. These findings make it necessary for medical professionals to understand and embrace the needs of first-time fathers. This study has the potential to establish a foundation for future studies that will continue to identify the specific needs of first-time fathers as they journey through fatherhood.

The goal of this study was to gain a deeper understanding of the lived experiences and perceptions of first-time fathers throughout pregnancy, childbirth, and fatherhood. The recruitment process sought potential participants by posting flyers in local OB/GYN offices. Each participant participated in a one-on-one interview, which provided an opportunity to delve into their feelings and perceptions of pregnancy, childhood, and fatherhood. Data analysis followed the verbatim transcription of each interview, which revealed both positive and adverse themes. The cooperation and desire of each participant to take part in this research provides a pathway to gain a deeper understanding of this phenomenon through the eyes of first-time fathers (deMontigny & deMontigny, 2013)

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Volunteers Needed



I really need your help!!!

I am looking for first time fathers over the age of 18 to interview

I want to know your perspective of pregnancy, childbirth, and fatherhood

I would love to spend time talking with you.

I won't use your name in any publications.

Join a local research project focusing on a first time father's perspective of pregnancy, childbirth, and fatherhood.

**Tell me
what you
think**

Appendix B: Interview Questions

- How do first-time fathers perceive or experience pregnancy?

Tell me about how you felt when you heard you would be a father

How did you mentally picture being a father at that time?

How did you feel about your partner during her pregnancy?

What concerned you the most about pregnancy?

What confused you the most about pregnancy?

How did pregnancy affect you as a couple?

What did you enjoy about pregnancy?

What did you dislike about pregnancy?

What were you looking forward to in the future?

- How do first-time fathers perceive or experience childbirth?

How did you feel about your partner during childbirth?

What concerned you the most about birth?

What confused you the most about birth?

What role did you play during labor and birth?

What was your experience of childbirth like?

When did you hold your baby for the first-time?

How did it feel to hold your baby for the first-time?

How do first-time fathers perceive or experience fatherhood?

What are your biggest fears about fatherhood?

What concerns you the most about fatherhood?

What confuses you the most about fatherhood?

Has becoming a father been what you expected?

Has becoming parents affected your relationship with your partner? If so how?

Do you think you have changed since becoming a father? If so how?

Do you think your baby looks at you differently than your partner? For example, did you feel like the baby looked to your partner more for comfort and soothing because she was the one who was providing the food supply? Or did you feel included in all aspects of caring for the baby?

Appendix C: Screening and Demographic Information Form

Inclusion/Exclusion Criteria (to be screened over the phone)

Do you speak, read and write English fluently? _____ Yes _____ No

Is this your first child? _____ Yes _____ No

Did you observe your baby's birth? _____ Yes _____ No

Did your partner have a normal vaginal birth? _____ Yes _____ No

Did your partner have any medical problems in her pregnancy? _____ Yes _____
No

Did you attend any childbirth classes? _____ Yes _____ No

If the answer to any of the questions 1-4 is "no", or "yes" to questions 5 or 6; thank the potential participant for his time and explain he is not eligible for the study.

If the participant is eligible, collect the demographic information below:

Appendix D: Demographic Questions

What is your age? Circle the age group that best describes your age.

18-24 years old

25-34 years old

35-44 years old

45-54 years old

55-64 years old

Over 65 years old

Ethnicity origin (or race): Please circle your ethnic race

White

African American

Hispanic or Latino

Native American or American Indian

Asian/Pacific Islander

Other

Education: What is the highest degree or level of school you have completed? Please circle your answer.

No schooling completed

Nursery school to 8th grade

Some high school, no diploma

High graduate, diploma, or GED

Some college credits, no degree

Associate degree

Bachelor's degree

Master's degree

Professional degree

Doctorate degree

Marital Status: What is your marital status? Circle the answer that best describes your marital status.

Single, never married

Married or domestic partnership

Divorced

Separated

Professional or Employment status: Please circle the answer that best describes your status.

Employment for wages

Self employed

Out of work and looking for work

Out of work and not currently looking for work

A homemaker

A student

Military

Retired

Unable to work