



Swedish fathers contemplate the difficulties they face in parenthood

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ABSTRACT

Objective: The aim was to explore what concerns Swedish fathers had about parenting difficulties at two months after the birth of their baby.

Methods: Self-report questionnaires were used and data were analyzed with mixed methods.

Results: Thirty percent of the 827 fathers reported concerns about the difficulties of parenthood. The theme 'Managing the demands of being a father' emerged and was based on concerns about how to raise the baby, having enough money, health issues, lack of time and finding balance in the new family pattern. Financial worries, feeling less positive about expecting a baby, and self-reported poor emotional health were related to fathers who perceived parenthood as difficult.

Conclusion: Experienced fathers as well as new fathers expressed similar concerns about parenthood. Preparation classes for reassurance and skills coaching about child raising may provide important support for fathers. This is especially important for fathers who may have poor emotional health or who may not be feeling positive about expecting a baby. Policy-makers and health care providers should recognize that offering support for all fathers benefits not only men, but also their children, and their partners and can help encourage egalitarian practices at home and work.

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Introduction

Social roles have shifted for mothers and fathers in developed economies across the Western world. There is a strong societal pressure for parents to not only provide a secure home for their offspring but to ensure the "right" nutrition, education, levels of discipline, life experiences and safety that optimize the overall physical and emotional development of the child. Joint responsibility of both parents to be nurturers and economic providers have developed alongside improvements in the status of women with parallel pressure on governments to create equitable workplace policies for mothers and fathers to attend to their family responsibilities. None more so than Sweden which is viewed as having the world's most highly developed public policies to encourage fathers to significantly share in the parenting responsibilities of young children [1,2].

Swedish family policies are intended to encourage fathers to be active participants in their children's care. While in the U.S., federal law allows eligible parents, in certain types of businesses, to take up to twelve weeks of *unpaid* leave with the birth of a child, Swedish couples are entitled to 480 days of *paid* parental leave. This leave can be used up until the child's eighth birthday. The first 390 days are paid at approximately 80 percent of one's salary, (up to an income "cap") and the remaining days are paid at a flat rate [3]. Sixty days are reserved for each parent and parents can decide how to share the remaining days. In 2012, fathers took 24 percent of the total parental leave [3]. Recently, the Swedish government began discussing new ways to incentivize fathers to take more of the shared leave. One proposal, expected to be submitted to Parliament in the autumn of 2015, would require fathers to take 90 days of the parental leave rather than 60 [4]. The government already offers an additional daily "bonus" payment for parents who equally share the days that can be used by either parent [3]. Other family-friendly policies such as subsidized preschool, monthly child allowances, and paid leave to care for a sick child, help parents balance work and family responsibilities. These types of generous policies and government incentives should aid in men's transition to fatherhood.

The importance of recognizing and supporting men as fathers has benefits at both the individual and societal level. Men's

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involvement in fathering has the potential to positively affect their health and well-being, foster personal growth, and create opportunities to be more involved in their communities, increasing social capital and social inclusion [5]. For the child the effect is long lasting. Children's cognitive, social, academic and emotional development is enhanced by the positive and consistently engaged input from their father [6]. Today the "good father" has been described as actively participating in child-care [7], in addition to being financially responsible for the family [8].

In Sweden the involvement of the father in the care of the child starts well before the baby is born. Fathers are encouraged to attend the antenatal checks with the mother, to participate in childbirth education classes and almost without exception to be present during the labor and birth. Bringing the father into the life of his offspring from the outset is thought to set him up positively for his role as a father and to be not only good for the health of his baby and partner but for him as well [9]. The reality for men however is that they often feel marginalized in prenatal care, childbirth preparation classes and the birth itself, playing at best a supportive role to the mother [10–12].

The traditional role of a father includes concern for the children's wellbeing in the sense of guaranteeing their survival and protection [8], however, many modern fathers wish to go beyond that and to be emotionally connected to their children [13–15]. Men often desire a different fatherhood from their own fathers, whom they perceive as being distant or disengaged [14,15]. This desire to be more involved is a major change from the traditional standards of masculinity [16]. When actively engaged in child-care, men report a conceptualization of their masculinity quite different from the more traditional fathers [9,17]. Today in Sweden there are some new fathers who are themselves the product of a generation which saw the introduction of public policy for paternity leave in Sweden. They subsequently have experienced a childhood with a father undertaking some primary care roles while the mother was in the workforce [18]. However, for most men the new norms of fathering mean that they have few role models for active parenting which in turn can have a negative effect on their adjustment to fatherhood [14,19–22]. Guidance and support are still in limited availability for fathers with women remaining the focus of pregnancy care and the target group for post birth child health resources [18].

Studies focusing on the transition to fatherhood report that men have described themselves as insufficiently prepared [7,23], and less efficacious in their role as a parent than the mother especially when it comes to responding to the physical needs of a small baby [24]. When provided, supportive advice and instruction on how to recognize their infant's signals and how to respond to them have had a positive influence on the development of the fatherhood identity [15]. However, for many men the availability of this kind of support is often lacking from their partner [1,2,14,23], and their relatives and their friends [25]. Some men have described feeling supported when they have a trustful relationship with the child health nurse and were actively engaged in the infant education programs. When the involvement of the father was facilitated by the nurse, the fathers were more likely to be satisfied with the service given to their family [13].

A previously published study from a large cohort of fathers in Mid-Sweden [1] looked specifically at support people and whether men are thinking about difficulties of being a parent in the early stages of the transition to fatherhood (pregnancy and 2 months after birth). The authors concluded that a qualitative follow-up of these fathers could "provide richer context and a fuller understanding of their concerns and experiences" (p. 506). The aim of this study therefore was to further explore the open-ended responses from first time and experienced fathers from this same Swedish cohort who reported concerns about parenting difficulties at two months after

the birth of their baby and to describe the nature of the difficulties they faced.

Methods

Study design

The data used in this study were collected from a large prospective longitudinal cohort study of men's feelings and experiences during pregnancy, childbirth and the first year post birth in Mid Sweden in 2007–2008 [10]. Participants responded to self-report questionnaires at four time points. For this study, the focus was on fathers' feelings and experiences of parenting. Responses from mid pregnancy and two months after birth were used. In order to explore the concerns expressed by fathers regarding the difficulties of parenthood, this study used a mixed method approach [26] which included close ended questions to determine prevalence of the issue with a follow-up open ended question to further exemplify the phenomenon. The open ended response text was subsequently explored through content analysis – a method well suited for analyzing open-ended survey data according to the approach described by Downe-Wamboldt [27]. This mixed method approach which included multiple author analysis of the qualitative information allowed valuable triangulation to understanding the possible difficulties facing new fathers as they navigated parenthood.

Procedures

Inclusion and exclusion criteria

First time and experienced fathers were invited to participate in the study. The men were recruited along with their pregnant partners at the time of the routine ultrasound examination, around gestational week 18, by a midwife at the ultrasound clinic. Only those men whose partners had a normal ultrasound and who were competent in speaking, reading and writing Swedish were included.

Instrument

The questionnaires were constructed specifically for this cohort study. Some of the questions have previously been used in national surveys, but only in women. Before the data collection the questionnaires underwent face-to-face validation with 10 prospective fathers. The validation resulted in minor changes of the wording.

The main outcome measure of perceived difficulties with parenthood was measured two months after birth by the following question: "So far, do you have any concerns about the difficulties of being a parent?" The response alternatives were: "Yes"; "No"; "If Yes, please give a comment".

Data for the background characteristics were retrieved from the first questionnaire at mid pregnancy. Variables included in the analysis were age (grouped into <25, 25–35 and >35 years), previous children (Yes, No), country of origin (Sweden, Other), relationship status (cohabiting with the partner or not), level of education (Primary school, High school, University/College), planned pregnancy (Yes, No), and feelings towards expecting a baby ("Very positive" and "Positive" were grouped into "Positive"; and "Neither positive nor negative", "Negative", and "Very negative" were grouped into "Less than positive"). Men were also asked two months after birth to respond to questions about their physical and mental health ("Very good", "Good", "Neither good or bad", "Bad", "Very bad" grouped into "Very good or good" and "Neither good or bad, bad or very bad"), the child's health ("Very good", "Good", "Neither good or bad", "Bad" grouped into "Very good or good" and "Neither good or bad, or bad"), financial worries ("None", "A little", "Much", "Very much" grouped into "None or a little" and "Much or very

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