



Lived experiences of Asian fathers during the early postpartum period: Insights from qualitative inquiry



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ABSTRACT

Objective: this study aims to understand fathers' expectations, needs, and experiences in infant care during the early postpartum period in Singapore.

Design: a descriptive qualitative study design was adopted.

Setting: the study was conducted in a tertiary public hospital in Singapore.

Participants: fifty participants (first-time as well as experienced fathers) were recruited from postnatal wards of a public hospital.

Findings: thematic analysis was used to analyze the interviews data. Four main themes emerged from the analysis: (1) support system of fathers, (2) paternal involvement in childcare, (3) challenges of fatherhood, and (4) recommendations by fathers.

Key conclusion: this study found that the postpartum period is a stressful period for both first-time and experienced fathers. Fathers desired to be involved but were hindered in many ways, such as maternal gatekeeping, work commitments, and a lack of infant care skills. Experienced fathers faced difficulty in assimilating older children with the newborn.

Implications for practice: fathers' needs to be involved in the infant and maternal care activities in the postpartum period. Necessary help from healthcare professionals and policymakers are needed for fathers to assimilate to fatherhood.

Introduction

In the 21st century, there has been a growing cultural expectation of involved fatherhood due to globalization and a shift to a more egalitarian couple relationship worldwide (LaRossa, 1988; Barclay and Lupton, 1999; Draper, 2003; Deave and Johnson, 2008; Yeung, 2013). Barclay and Lupton termed this as 'new fatherhood', in which men are expected to simultaneously be a provider, guide, household help, and nurturer in the contemporary Western society (Barclay and Lupton, 1999, pp. 1013). The expectation of the paternal role has now shifted from solely a provider's role to a role no different than that of the maternal role, and fathers are expected to be more involved in the family. To date, many literatures conducted in Western societies have focused on men's transition to fatherhood in the early postpartum period from three to six months and found that the transition is unrewarding (Barclay and Lupton, 1999), stressful (Bartlett, 2004),

and exhausting (Montigny and Lacharité, 2004) for most first-time fathers, and many of them reported that they felt unprepared due to a lack of support and information provided (Deave and Johnson, 2008). According to the role theory, men are expected to act out their socially defined role (St John et al., 2005). However, contemporary fathers are expected to be involved in their family and, at the same time, assume the provider's role. It can be seen that men struggle in their transition to fulfill the expectations of this new fatherhood (St John et al., 2005).

Researchers have highlighted the importance of examining transitions of the notion of fatherhood within their specific cultural contexts (Barclay and Lupton, 1999; Palkovitz and Palm, 2009), particularly in Asian societies where traditional gender norms such as strict father and nurturing mother, a preference for a male child, and a highly gendered domestic division of labor remain deeply entrenched (Yeung, 2013). Asian fatherhood is also shaped by religions such as Islam, Hinduism, and Christianity, which promote patriarchy that will result in different

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meanings and conducts of fatherhood, as well as how others view the paternal role (Yeung, 2013). One unique context in Asia that differs from the West is that extended families and domestic helpers are often involved in childcare arrangements (Yeung, 2013; Shan and Hawkins, 2014). In Singapore, despite efforts such as the ‘Dads-for-Life’ movement in helping fathers be an involved father, mothers are still the ones who make provisions to accommodate for childcare duties (Yeung, 2013; Shan and Hawkins, 2014). To date, Asian fathers are still expected to undertake the central role of being the breadwinner while the Asian mothers remain the main caregiver for children, regardless of their employment status (Yeung, 2013; Shan and Hawkins, 2014).

This study aims to shed light on the lived experiences of Asian fathers navigating the shifting fatherhood ideology in a complex environment where the traditional Asian stereotype of a father's role still prevails yet varies in intensities in different ethnicity groups in a multicultural context. Recommendation to aid fathers in negotiating their engagement as new parents will be discussed.

Methods

The objective of this study is to gain an in-depth understanding on the lived experiences of new fathers. This paper is a qualitative component of a broader mixed-method longitudinal study examining fathers' involvement in childcare within six months postpartum. Participants were recruited from the postnatal wards of a public hospital in Singapore. The participants consisted of 50 fathers (first-time and experienced) from different ethnicities who were either a Singapore citizen or a Singaporean Permanent Resident, who could speak and understand English. They must be aged 21 years old or above (the legal adult age in Singapore), reside in Singapore for the six months after the birth of their child and have infants who were born healthy at or after 37 weeks of gestation. Data saturation was reached at the 40th participant, when no new findings emerged. Ten additional interviews were performed to confirm the findings.

Data collection

The purposive sampling criteria stated above was first used to select fathers who met the inclusion criteria. Secondly, the same criteria was utilised to recruit stratified samples by ethnic groups to form a representative sample of Chinese, Malay, and Indian fathers. Fathers were approached and invited to participate in a face-to-face interview on the day of their wife's discharge from the hospital. Fathers who agreed to participate in the study were informed of the study aims, possible risks and benefits, and their rights as a research participant. Thereafter, a written informed consent was obtained from each participant. A meeting was arranged with each participant one week after the birth of their child and the interview was carried out at a mutually agreed time and location, usually at the participant's natural environment. Participants were reminded of their interview through a text message or a phone call one or two days before their scheduled interview. The semi-structured interview approach was used because it allows us to illicit data in a flexible yet controlled manner and, at the same time, the participants were able to discuss their attitudes, motivations, and experiences in a natural and free manner (Burgess, 1982). Consent for audio-recording the interview was obtained prior to commencement. The duration of the 50 recordings ranged between 17 and 35 minutes, and the recordings were transcribed verbatim. Field notes taken during the face-to-face interviews were used to supplement the transcripts.

Data analysis

Thematic analysis was used to analyze the data set. Two of the authors conducted the analysis independently according to Braun and Clarke's (2006) five phases of analysis. All 50 transcripts were read multiple times for familiarization with the data. Initial codes were

generated through the color-coding method based on repeated patterned responses from the data. The initial codes and the data were used cohesively for the generation of themes and subthemes. All themes and subthemes were reviewed comprehensively for homogeneity to see if they could be further merged into one subtheme or theme. Lastly, the authors came together to discuss the most prominent and important themes and subthemes in their independent analyses and the selected themes were renamed and included in the final analysis. Any differences were discussed and clarified in the presence of the third author.

Rigor

Rigor in the study was attempted through establishing credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985). Credibility was established through analyst triangulation (Denzin, 1970; Patton, 1999), whereby two of the authors conducted the data analysis independently. Transferability was established through the provision of detailed emic views from participants in the study (Holloway, 2008). Dependability was established through an external audit, whereby one of the authors who was not involved in the data analysis validated the findings of the data (Lincoln and Guba, 1985; Creswell, 1998). Lastly, confirmability was established through reflexivity, in which a reflexive journal was used for field note taking and methodological considerations throughout the research process (Lincoln and Guba, 1985).

Ethical considerations

Ethics approval was obtained from the National Health Group Domain Specific Review Board (NHG DRB: 2016/00489) of the participating hospital. The researchers ensured that the ethics standards were adhered to during and after data collection. Participants were reminded that their participation in the study was absolutely voluntary and that they had the right to withdraw from the study at any time point. Participants' written consents were obtained and all data collected for the study were kept anonymous and strictly confidential.

Findings

Sample characteristics

The participants' ages ranged from 22 to 50 years old ($M = 33.7$ years, $SD = 4.9$ years). The majority of the fathers were Chinese (62%), followed by Malays (32%) and Indians (6%). More details of the sample characteristics can be found in Table 1.

Four major themes emerged from the thematic analysis: (1) support system of fathers (2) paternal involvement in childcare, (3) challenges of fatherhood, and (4) recommendations by fathers. All themes and subthemes are summarised in Table 2.

Support system of fathers

Support was available to all fathers during their wife's stay in the hospital. Most fathers reported that the support system was sufficient except the few. Fathers who reported that support was available at home shared that they had varied experiences with the help given to them as some were helpful while others were not.

Subtheme 1: Sources of support

All fathers reported that they received some support with infant care from healthcare practitioners such as nurses, doctors, and lactation specialists during their stay in the postnatal ward. Most fathers expressed that help was mainly provided by their spouse, parents or parents-in-law. A few fathers reported that no support was available for them after discharge from the hospital. Affluent families

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