The Moral Habitus of Fatherhood

A study of how men negotiate the moral demands of becoming a father

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BRIEFING REPORT

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Dr Jonathan Ives
Medicine, Ethics, Society & History, The University of Birmingham
j.c.ives@bham.ac.uk
Background and methodology

In light of increasing recognition of the important role that men as fathers can play in improving health and social outcomes for children and mothers, providers of antenatal and maternity healthcare are increasingly encouraged to involve and engage men as early in pregnancy as possible, and to keep them involved and engaged throughout pregnancy. In a recent metasynthesis of evidence Steen et al. concluded that:

“Health professionals need to increase their awareness of and capacity in authentic involvement of expectant and new fathers. This will maximise the opportunity for them to effect an active transformation to positive fatherhood, at the same time as supporting their partners during pregnancy, childbirth and during the transition to motherhood” (pp. 9-10)*

Recent guidance from the Royal College of Midwives states:

“Since fathers are important influences on mothers’ health choices and experiences before, during and after the birth, it benefits the whole family when maternity professionals make fathers feel welcomed and involved and prepare them for their role at the birth and afterwards. Expectant fathers need to be included in all aspects of maternity care and be offered opportunities to discuss their feelings and any fears they may have. Positive involvement of fathers has the potential to decrease fear and anxiety and increase trust and respect. It will promote confidence in fathers as valued co-parents. Involving and preparing fathers is also likely to improve breastfeeding rates and maternal mental health” (p. 12)**

Helping fathers to “effect an active transformation to positive fatherhood” is a complex business, and doing this effectively requires a good understanding of how men seek to achieve authentic involvement, what “authentic” involvement means to them and what they seek to get out of it.

This study sought to understand the transition to first time fatherhood from the perspective of men themselves, and sought to better understand the way that men construct their own role during pregnancy and how this may affect, and in turn be affected by, their interaction with health services.

- 11 men were followed over a period of approximately 9 months (from the first 12-week scan to 8 weeks after the birth of their child). Regular face-to-face and telephone interviews were held with the men over this time that explored their experiences of, and feelings about, becoming a father, and mapped their journeys from the discovery of the pregnancy to the early months of fatherhood.

- The ages of participants ranged from 22 to 58, with an even mix of tertiary educated and non-tertiary educated. All but one were employed throughout the whole of the study period, with the majority in white collar jobs in a range of professional and non-professional roles. 8/11 were white.

- On average, each participant took part in four face-to-face interviews and 6 telephone interviews. Interviews were recorded, transcribed, and analysed for thematic content.


** Royal College of Midwives. (2011) Reaching out: Involving Fathers in Maternity Care. London: Royal College of Midwives

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Summary of findings

I did try to make a conversation [with the midwife] just because it was a bit awkward, but she was a bit like 'uh', and just carried on. I was like, "Okay then," obviously not really, not really supposed to speak in those situations I suppose……. …it would be nice if I could get a bit more involved, because like we’re expected to do a lot more these days, we’re expected to be a lot more involved, …I think it is all changing, but when we are involved we’re still a bit on the outskirts from what I’ve seen ……. It would’ve been nice to be acknowledged a little bit more, just so you feel a bit more part of it more than anything. Because you feel a bit awkward sometimes just stood there like ‘should I wait outside?’

Ben, aged 22.

Consistent with previous research, men in this study reported varying degrees of ‘involvement’ with and by health services, and with the pregnancy in general. Some men reported feeling very involved, and others felt they were treated as an outsider and did not feel important or welcome in their own right. Others felt very distanced from the pregnancy itself – and not a part of it or a participant in it.

[My wife] she’s there, she’s pregnant, she’s rubbing him every day and she’s got that contact and she feels him kicking all the time. So, yeah, I’m removed from that, aren’t I? And I think, as I said to feel that, him kicking his dad, kind of, yeah, definitely gave me that physical contact that [my wife] is probably quite used to. But it is quite distanced because…. …obviously you’re not having the - you’re not developing the baby are you? You [sic] just waiting around to be the provider kind of thing.

Phil, aged 35

Feelings of distance and non-participation.

Feeling like an outsider.

Strongly gendered narrative – being the protector and provider.

we’ve been trying for a while, and the fact that we know, we could now well be having a child; and I say we could be, because we know, still in the back of our minds, there’s always that, or in the back of my mind especially is the fact that we could still lose that child, so I try and, I’m very protective as well over [wife], you know, looking after her, you know, making sure she’s eating the right things and you know, not pushing herself and sending her off to bed early because she’s tired.

Brian, aged 44.

Participants tended to align themselves with strongly gendered role expectations and obligations, embracing the need to be a strong protector and provider. This seemed amplified as a response to a perception that their partners, as a result of pregnancy, had become more vulnerable, and was felt to be an obligation of fatherhood by many. At the same time, many participants recognised they could not always protect or console their partners, and expressed genuine anguish and frustration at their failure to do so.

Janesh, aged 27.

[wife] probably had the worst of her symptoms were she had…. you know, she couldn’t – she was in hospital three times. She’s had the most severe form of vomiting and sickness. So erm I think that was probably the hardest, hardest point really, I couldn’t really do anything to help her. You know, anything I said wasn’t good enough really. And I just didn’t understand, you know, if she was feeling sick and asking ‘are you okay’ and stuff and I kind of got shouted at so I didn’t, obviously I knew that I needed to back off a little bit but I didn’t know what to do. I didn’t know how to help her. And I think that’s frustrating. Really frustrating where you can’t, you can’t do anything. And you know you try and do everything you possibly can, you know, make sure she’s eating the right things, used to sit there reading the internet trying to, you know, what can make her better, and speak to as many people, mums and stuff, and see, you know, what can – but she was going – I think it was really hard for her, she had the worst part of it.
Discovering gender and naming seemed to be a route to bonding and feeling like a father.

Feeling that it is appropriate that men are not central to healthcare consultations.

Feeling the focus is rightly on the mother – it is not about the father during pregnancy.

A new, and interesting finding from this study is that, despite many men feeling like a ‘spare part’, most participants felt this was entirely appropriate, because antenatal and postnatal healthcare appointments were primarily about looking after the health and wellbeing of their partner and child.

Men tended to enter into the process of becoming a father with the assumption that they were less important, and that antenatal and maternity healthcare consultations were not really for them. They generally attended because their partners wanted their support, and many felt it would be wrong, and inappropriate, for them to try to make antenatal consultations ‘about me’.

I never wanted to know what the baby was, but since knowing we actually feel closer to the baby, cause we’ve actually named the baby, we are actually like, as I said last time, you don’t want to call it ‘it’, we called it ‘she’, and it has been a lot nicer and I feel like it’s been really- we’ve bonded with the baby a lot more by naming her.

Janesh, aged 27.

Also consistent with previous research, routine (and non-route) scans were valued because it gave men a tangible encounter with the reality of the pregnancy and made it real for them. However, it was discovering the gender of their child, and giving him/her a name that tended to enable men to feel emotionally connected, because it allowed them to think of the unborn child as a person whom one can father, and with whom a relationship could be developed and a future imagined.

I’d say the service is there for the mother. At the end of the day they’re the ones having the baby. And rightfully so. I wouldn’t say it’s wrong [that fathers are not actively involved by the midwife]. It’s nice for us to be involved in the whole process. But at the end of the day, let’s face it, once a woman is pregnant, they don’t need us, well, the NHS, not the wife, obviously she needs, well, I hope she needs me…. …But we don’t need to be there because at the end of the day the most important thing is – as [my wife] said to me, she’s a vessel now. She’s just a baby carrying vessel. And that’s true. And so they must view her, I assume they view her, obviously - and I said to [my wife], I said don’t forget, and they have said this, it’s important for you to stay healthy as well as the baby. But they don’t need us there. As blokes we don’t need to be there.

Brian, aged 44.

Jon: last time we spoke we talked about how you saw yourself in relation to the baby, and at the time you described the baby as a ‘foetus’ and you didn’t really see yourself as a father.

Peter: Yeah, I feel so changed again because now in my mind there’s a little boy that wants to play football and that and kick it round the garden and it’ll be a year or two ‘til he’s kicking a football around I suppose but yes it’s much easier to imagine the future, I didn’t particularly want a girl or a boy, I really wasn’t concerned and neither was [my wife] but it’s nice to think that I’m going to be a daddy to a little boy because I can teach him manly things [yeah]! Which perhaps I shouldn’t teach a daughter! So it’s far more… it’s far easier to imagine the future with a boy.

Peter, aged 58.
I’m not pressurising [my wife] [to breastfeed] at all. I think she realises that I don’t really agree with her, erm she might do it and she might change her mind at the last moment. And I’d be all for that. But I can understand, you know, her fears. [My wife]’s the one having the baby, I’m the father, I’ve really got the easy part. So why should I put any pressure on her to do something that she doesn’t want to do, erm cause a strain between us, because if I go adamant, you know, I really want you to do this and this, and she gave in because I was pressurising her, there would be resentment. And maybe she’d agree that I was right in the end, I don’t know. it’s just not worth putting any strain on the relationship. She’s going to be a new mother, so, No, there’s no point. It’s her choice, I wouldn’t want it any other way.

Peter, aged 58.

By putting aside their own concerns, and not raising their own thoughts, fears and preferences, many participants felt they were doing the right thing in terms of being ‘good men’ and ‘good partners’. Accordingly, they adopted a deferential and supporting role, in which their job was to support the mother in whatever she needed and/or decided, and not to push their own agenda or seek support or reassurance themselves.

I think I said during the pregnancy as well, generally I have to sort of [go with] what she thinks and what she thinks is right and what her emotions are, so there’s only so far I can push that attention because I don’t want to push it too far because she doesn’t deserve that… ultimately I always do what she says because she’s, you know, she’s - has the right - arguably has the right to make those bigger decisions because currently she spends a lot more time in the house, for example she’s, as I say she’s the main sort of person looking after our child at the moment and she’s - those big decisions should probably fall under her remit… ... I’m sure there’s men, there’s plenty of men in the world who think that shouldn’t be the case. You know, but probably is it nice that men think like that? I don’t know. But that’s how I think as well. It’s odd. Is it odd? No, it shouldn’t… I can’t explain it really. It’s just a fair point I just can’t - it seems right, why it’s right I don’t know. But it just seems right.

Simon, aged 35.

Higher valuing of partner's embodied knowledge and embodied, physical 'labour'...

Partner is doing the work – ‘I'm not important’...

Defence and support as the appropriate response...

I felt as if I [laughs] shouldn’t be looking kinda thing, you know, cause when you grow up and people pull the curtain across, it means you shouldn’t be looking in there doesn’t it or it’s like a private area. Even though it’s my wife, I’m kinda thinking, I think I might have even backed into the err, behind the curtain when I went to record off the- off the machine on the wall. But it made me feel quite uneasy to be honest.

Phil, aged 35.

Experiences with health services often reinforced the perceived appropriateness of this role, and validated the idea, for some participants, that they were less important and ought not to seek involvement. Significantly, routine and apparently innocuous actions by healthcare staff (like pulling a curtain) could be interpreted by participants as exclusionary practices - because that interpretation of events best fits their expectations and the role that they feel is morally appropriate.

I think as soon as erm sort of erm we had [our daughter] basically, it was kind of, you know, at the hospital they said ‘oh you have to leave at 8 o’clock’, so it’s kind of like you always seem to be sent away as the father anyway, so I don’t know, maybe it’s just a - I don’t know, sort of getting into head now, I’m going to have to leave her for periods. It’s like, you know, it’s I’ve got to start earning a living and stuff like that.

Sandeep, aged 31.
Key findings

- Discovering the gender of their unborn child, and/or naming their child (rather than just seeing the scan), may help some men to connect emotionally with him or her, and think of themselves as a father. This may be more significant, and longer lasting, than simply attending scans.

- For some men, positive and ‘authentic’ involvement may be achieved by playing a supportive and deferential role to their partners. This may mean some men are reluctant to ‘influence’ their partners by expressing their own ideas and preferences, because to do so would transgress a moral boundary. This may manifest in avoiding, or not seeking, active involvement in certain contexts.

- Routine and apparently innocuous behaviours from healthcare professionals can serve to reinforce and legitimise a man’s pre-existing belief that he is less important, and his role less significant. Apparently benign actions may be interpreted as exclusionary because men may already believe it is appropriate that: a) they are not full participants; and b) their concerns, views and preferences are less important. Capitalising on men’s desire to be involved may therefore require continued positive reinforcement from health professionals.

- Some men’s understanding of what it means to be a good man and/or a good partner may act as a barrier to being drawn into antenatal or postnatal consultation, to actively seeking involvement, or to justify a lack of involvement in that setting. This is not necessarily demonstrative of a lack of commitment to fatherhood, but merely a different construction of the fatherhood role in that context.

- Helping men effect an ‘active transformation into positive fatherhood’ may require helping them to reconcile their moral sense of how they ought to act as a partner and as a man, with how they need to act as a father and a father to be. Encouraging fathers to become actively involved, and drawing them in, may require more than making them feel welcome and creating space for them to talk, but also giving them explicit permission to become actively involved.

- Simple recognition and awareness of the potential complexity and potential moral ambiguity of a man’s transition to fatherhood may enable healthcare professionals to better understand, and therefore better engage with, men during this time.

The bottom line

Serious consideration needs to be given to how men can be empowered to positively engage in active fatherhood, and become effective parenting partners. This may require healthcare workers to engage with mens’ views on what it is to be a good man, a good partner, and a good father, and to help them achieve an appropriate balance between their own needs and interests and those of their partner and future children. There are strong reasons to facilitate father involvement during the antenatal period, and this involvement should give them the opportunity to begin to develop positive parenting attitudes and attributes. It must also be appropriately balanced with the need to ensure women retain control over their own bodies and reproductive choices.

For more information about this study, please contact Dr Jonathan Ives. You can find out more information about this study, and other research in the unit of Medicine, Ethics, Society and History (MESH), at: