

Role, Needs and Opinion of partner involvement during pregnancy among first-time fathers: A Mixed Method Study

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ABSTRACT

Background: Partner involvement during pregnancy, delivery, and the postpartum period positively impacts maternal and child health as well as family well-being. This study aims to assess the practice, need and attitude of partner involvement among first time fathers during pregnancy in SGT Hospital, Gurugram, and Haryana.

Methods: A mixed-method study design was adopted, enrolling 200 first-time fathers using convenience sampling. Demographic data was gathered after obtaining participant consent. The role of fathers was assessed using a checklist, and their opinions were evaluated with a Likert scale. Qualitative data on fathers' needs was collected from 25 participants through interviews. Data analysis was performed using Microsoft Excel and SPSS version 22.

Result:

Results: The study revealed that 91.5% of subjects exhibited good practices during pregnancy. Additionally, 92% had positive attitudes towards pregnancy care. There was a significant association between practice and factors such as age, education, and area of residence. Similarly, attitude showed significant associations with age, education, occupation, and area of residence ($p < 0.05$).

Conclusion: The study illuminates the evolving role and needs of first-time fathers during pregnancy, highlighting the positive impact of their involvement on the health of the expectant mother and the child.. The study reported that most of the fathers were engaged in the care of their partners during pregnancy. Demographical variations were reported in the roles and opinions of fathers in terms of Age, education, and area of residence. First-time fathers reported the needs like information provision and support from family and friends.

Introduction

It has been found that paternal participation affects the course of pregnancy and baby development. The risk of preterm delivery, low birth weight, and foetal growth restriction is greatly decreased when males are involved throughout pregnancy and mother unhealthy habits decline. Infant mortality up to a year after birth has also been linked to paternal participation.

[1] The adjustment to parenthood will be easier if your partner is actively involved and supportive during your pregnancy. The mother and child both benefit from such involvement.

[2] The significance of partner involvement in mother and child care has been emphasized by numerous international organizations, including the UN, WHO, and national programmes. Every pregnant lady expects her male companion to be supportive and involved. The male's pregnancy engagement has been little in undeveloped nations. When a partner is pregnant, there is a complication at the healthcare facility, and males do not participate and show little interest. Globally, 92.9 percent of males participate in labour and delivery, 97.5 percent participate in infant care, and 89.9 percent participate in the role and involvement of the father during pregnancy. In Nigeria, male involvement in pregnancy as a whole was 56.9%. [3] There are major physiological changes elated to pregnancy. A woman's early stages of pregnancy can be emotionally taxing. As soon as the lady finds out she is pregnant, the partner must become involved. Providing support and listening to the spouse can help a woman cope with the changes brought on by pregnancy. Some antenatal care procedures, like ultrasound scans and other screening exams, allow partners to be present. To accompany their partner to doctor appointments, they may take time off. Men are said to respond to decisions regarding medical procedures during pregnancy clearly and cognitively, without allowing their emotions to get in the way. Making decisions with regard to medical issues can be aided by partners. [4]

Simple actions like ensuring she gets enough rest and sharing a good meal together will help her feel better. Additionally crucial during pregnancy is exercise. Such participation will significantly contribute to sustaining better mother behaviour and avoiding negative effects. Men can decide whether to participate in decision-making, attend antenatal education programmes, and learn more about pregnancy. Women place a high value on emotional displays of concern, empathy, and sympathy as psychological support. [5] In Mumbai a study conducted Men's involvement during pregnancy and childbirth: evidence from rural Ahmadnagar, India, it was discovered that more male partners were participating in prenatal care counselling and antenatal visits. Male partners take part in prenatal counselling to learn about prenatal care, nutrition, and their partner's health. Additionally, be knowledgeable about family planning and how to avoid complications during pregnancy or delivery. The male participation in consultations increased, and the couple's awareness of contraception use, family planning, and pregnancy improved. [6]

Male participation in partner pregnancies is now permitted in a variety of health settings. They permit male participation before, during, and after childbirth and inform the couple about healthy and unhealthy pregnancies. To better understand the pregnancy process, they encourage men to participate in all prenatal appointments. This is advantageous for both men and women. An expectant father's partner's pregnancy can be a stressful time and may have an impact on his mental health. In order to support the partner throughout pregnancy, the fathers play a crucial role. [7] The two most prevalent mental health issues that the father experienced throughout the perinatal period were anxiety and depression. Father's poor mental health may have an impact on the couple's connection. A comprehensive review found that between 2.4 and 18 percent of males and between 4.1 and 16 percent of women reported anxiety during their partners' pregnancies, respectively. Men's rates of postnatal and antenatal depression ranged from 1.2 percent to 25.5 percent, according to another comprehensive research. For the

father, the pregnancy process is a difficult period. Father was then aware of his new parental responsibilities, obligations, and duties.^[8] However, partners must be encouraged to participate in some areas of prenatal care even though they may feel particularly uncomfortable visiting gynecologists. It could be challenging for some of the males to take time off from work. Particularly if it is their firsttime, some men may voice anxieties about witnessing their spouse in agony, unable to cope, passing out, freaking out, failing to respond appropriately, and being ignored and useless. Instead of copying partner participation policies used in Western nations, it is crucial to consider practicality and acceptance. In the context of the region, we must address questions of sensibility and culture.^[9]

The father has a duty to physically and emotionally support the partner when she is pregnant. Be aware of your partner's behaviour, thoughts, and feelings. Male engagement and involvement throughout pregnancy may assist in reducing the mother's stress and sickness. It can help to lessen the possibility of any abnormalities in the infant during pregnancy.

In most of the Developing countries, Maternal health is often seen as a problem primarily affecting women and the majority of MCH programmes aim to meet the health needs of women and children. This has led to the marginalisation of men in discussions about MCH and reproductive health. First-time fathers may have varying levels of knowledge and preparedness for parenthood. Research can identify areas where partners feel the need for more support, education, or resources to enhance their parenting skills. This information can inform the development of targeted interventions and educational programs. Moreover Pregnancy can be a challenging and emotional time for expectant parents. Understanding the role of partners and their needs can shed light on how their involvement affects the psychological well-being of both partners.^[10]

Material and Methods:

The present study was conducted to assess the role, need, and opinion of partner involvement among first-time fathers during pregnancy in SGT Hospital, Gurugram, Haryana. A mixed-method approach with concurrent design was adopted for the study. Data was collected during April 2022.

Quantitative Phase:

A total of 200 first-time fathers enrolled in the study using the convenience sampling technique. The sample size for quantitative phase was calculated using OpenEpi software at 95% Confidence interval, 5% margin of error and 50% proportion estimation. First-time fathers over 20 years of age were included in the study, whereas fathers who already have children were excluded. Data collection tools were divided into four sections. Part A included a Socio-demographical Profile, Part B included a Checklist to assess the roles, Part C included a Likert Scale to assess fathers' opinions and Part D was an Interview schedule to assess the needs of fathers. Part A consist of variables like Age, Education, Occupation, Income, Type of Family, Area of Residence. The checklist consisted of 12 items related to roles played by fathers to support their partners during pregnancy. Three-point Likert Scale consisted of 12 items related to the father's opinion of being involved in the partner's care during pregnancy. Tools were developed after an extensive review of the literature and were validated by experts in the field of Obstetrics and Gynaecological Nursing. CVI (Content Validity Index) was calculated and found to be 0.89. The reliability of the checklist and Likert scale was checked using the test-retest method, which showed both the tools were reliable ($r=0.91$ for the checklist and $r=0.87$ for the Likert scale). The researcher distributed the checklist and Likert scale to the first-time fathers to respond. The necessary explanation was given when required. SPSS Version 22 was used to analyse the quantitative results Descriptive statistics was used to calculate the Quantitative data like frequency and percentage distribution of subjects according to

demographic variables, Roles during pregnancy, and opinions regarding involvement in care during pregnancy. The chi-square test was used to calculate the association between the role of fathers during pregnancy with demographic variables and opinions regarding care in pregnancy with demographic variables.

Qualitative Phase-

The qualitative phase was executed using a Content analysis approach, and data was collected regarding the needs of first-time fathers. Subjects were enrolled till the point of data saturation. A total of 25 subjects were interviewed using an Interview Schedule containing six open-ended questions to collect qualitative data. The one-to-one interviews were conducted by the main author and following questions were asked, “As you soon going to be a father what do you feel about it?, Do you have adequate information about physiological changes of pregnancy and care of women during pregnancy?, How do you prepare yourself for the childbirth and what challenges are you encountering?, Have you made any special plan to support this pregnancy financially?, Are you getting support from your partner and family, Would you like to explain? Do you feel husband should accompany the wife at the time of delivery process? The interview took 20-25 minutes. The interview was recorded and later transcribed. Thematic analysis was used to analyze the qualitative data. Two researchers independently reviewed the interview material, codes were generated and themes were identified. Any disagreements about theme content were addressed and resolved through group discussion among the researchers.

Ethical Considerations

1. The study was approved by the institutional ethical committee of SGT University, Gurugram Haryana (letter no. FON/SGTU/22/1410).
2. Informed consent was taken from the participants.

Results

Quantitative Result

Result of the study revealed that the majority 63% (126) participants were belongs to age group of 26-30, the majority 45.5% (91) had graduation and less 2.5% (5) had primary education, the majority of occupations 58.5% (117) had public/private service, the majority 53.5% (107) participants income had 10,000-20,000 per month, the majority 58% (116) participants lived in a joint family, the majority 72.5% (145) participants belong to rural area.

Table 1: Item analysis of roles of partner during Pregnancy

S. No.	Items	Frequency & Percentage	
		Yes	No
1.	Have you attended pre-pregnancy counselling sessions with your wife?	50 (25%)	150 (75%)
2.	Do you take care of your wife during pregnancy?	200 (100%)	0 (0%)
3.	Do you accompany your wife for antenatal check-ups?	178 (89%)	22 (11%)
4.	Do you give her your time & discuss about pregnancy?	199 (99.5%)	1 (0.5%)

N=200

5.	Do you take care of all the expenses related to pregnancy?	200 (100%)	0 (0%)
6.	Do you make a schedule of her antenatal appointment?	138 (69%)	62 (31%)
7.	Do you ensure that your wife is comfortable during any investigation or procedure?	184 (92%)	16 (8%)
8.	Do you remind your wife to take routine medicine during pregnancy?	189 (94.5%)	11 (5.5%)
9.	Do you take care of your wife diet during pregnancy?	200 (100%)	0 (0%)
10.	Do you help her in house hold chores?	139 (69%)	61 (30%)
11.	Do you respect your wife wishes regarding mode of delivery?	198 (99%)	2 (1%)
12.	Do you respect your wife's choice about place of delivery?	180 (90%)	20 (10%)

Table 1 depicts the percentage distribution of fathers according to their roles during pregnancy. Most of the fathers were actively involved and were assisting their partners in pregnancy. But only 25% fathers attended pre pregnancy counselling sessions with their wives.

Table 2: Items analyses of Opinion of Partners regarding their involvement during Pregnancy

N=200				
S. No.	Items	Frequency & Percentage		
		Agree	Uncertain	Disagree
1	Husband should be involved in decision making with his wife during pregnancy.	168 (84%)	26 (13 %)	6 (3%)
2	Women should attend the ANC visit alone.	9 (4.5%)	28 (14%)	163 (81.5%)
3	Husband should save money for emergency during pregnancy.	182 (91%)	16 (8%)	2 (1%)
4	Husband should take any addiction during pregnancy.	2 (1%)	1 (0.5%)	197 (98.5%)
5	Husband should accompany his wife for antenatal check-up or procedure.	144 (72%)	42 (21%)	14 (7%)

6	Women should exercise/ yoga alone at the time of pregnancy.	48 (24%)	59 (29.5%)	93 (46.5%)
7	Husband should support his wife physically & emotionally during her pregnancy	193 (96.5%)	6 (3%)	1 (0.5%)
8	Husband should use physical force, abusive behaviour during pregnancy.	0 (0%)	1 (0.5%)	199 (99.5%)
9	Husband should encourage his wife to drink juice & milk.	185 (92.5%)	13 (6.5%)	2 (1%)
10	Women should take medicine without prescription at the time of pregnancy.	17 (8.5%)	8 (4%)	175 (87.5%)
11	Husband should take care of his wife during pregnancy & care of new-born.	186 (93%)	14 (7%)	0 (0%)
12	Only women should take maternal leave.	128 (64%)	29 (14.5%)	43 (21.5%)

Table 2 depicts that most of the fathers (86%) agreed that they should be involved in decision-making with their wife during pregnancy. When asked about their opinion regarding the husband's involvement in supporting their wife physically & emotionally during her pregnancy, 96.5% of fathers agreed to it. Only 21% of fathers disagree that only mothers should take maternity leave.

Table 3: Association between the role of the fathers during pregnancy with their selected demographical variable.

N=200				
S.No.	Demographical Variables	Good Involvement	Poor Involvement	Chi-value df & p-value
1	AGE IN YEAR: Below 25 26-30 31-35	25 119 39	9 7 1	17.374 df=2 0.000*
2	EDUCATION: Primary Secondary Graduation Post-graduation	4 71 89 19	1 14 2 0	14.206 df=3 0.003*
3	OCCUPATION: Private/ Public services Business Agriculture	111 38 34	6 4 7	5.641 df=2 0.060
4	INCOME: <10,000 10,001 -15,000 >20,000	36 99 48	7 8 2	4.792 df=2 0.091

5	FAMILY TYPE: Joint family Nuclear family	103 80	13 4	2.602 df=1 0.107
6	AREA OF RESIDENCE: Rural Urban	129 54	16 1	4.355 df=1 0.037*

*Significant at<0.05 level

NS= Not significant

The data presented in the table 3 revealed the association between practices of first-time fathers during pregnancy, for which chi-square test has been used to assess the association. Fathers who scored 0-6 on the checklist were considered to have poor involvement during pregnancy, and those who scored 7-12 were considered to have good involvement. No significant association was seen in occupation, income, family type, and area of residence, as p-value is more than 0.05. Significant association of roles were seen with Age (p=**0.000***), Education (p=**0.003***) and Area of Residence (p=**0.037***), as p-value is less than 0.05.

Table: 4 Association between the Opinion of the fathers regarding care in pregnancy with their selected demographical variable.

N=200

S. No	Demographic Variables	Positive Opinion	Negative Opinion	Chi-value df & p-value
1	AGE IN YEAR Below 25 26-30 31-35	25 120 39	9 6 1	19.199 df=2 0.000*
2	EDUCATION Primary secondary Graduation Post-graduation	4 72 89 19	1 13 2 0	12.937 df=3 0.005*
3	OCCUPATION Private/ Public services Business Agriculture	111 39 34	6 3 7	5.939 df=2 0.051*
4	INCOME <10,000 10,001 -15,000 >20,000	36 100 48	7 7 2	5.401 df=2 0.067
5	FAMILY TYPE Joint family Nuclear family	104 80	12 4	2.063 df=1 0.151
6	AREA OF RESIDENCE Rural Urban	130 54	15 1	3.939 df=1 0.047*

*Significant at<0.05 level

NS= Not significant

The data presented in table 4 revealed that association between the Opinion of fathers regarding care in pregnancy, for which chi-square test has been used to assess the association. Fathers who scored 0-6 on the Likert Scale were considered to have Negative opinions regarding involvement during pregnancy, and those who scored 7-12 were considered to have positive opinions. No significant association was seen in income and family type, as p-value is more than 0.05. Significant association was seen in age ($p=0.000^*$), education ($p=0.005^*$), occupation ($p=0.051^*$) and area of residence ($p=0.047^*$), as p-value is less than 0.05.

Qualitative Analysis

Qualitative data was analysed using thematic analysis. A total of 25 fathers were interviewed who accompanied their partners during the ANC visit. The Sociodemographic characteristics of subjects enrolled in the qualitative study were as follows, 84% (21) of the participants were between the ages of 26 and 30, the majority of subjects, 60% (15), had graduated, and 68% (17) were employed in the public or private sector. The majority 52% (13) participants were earning Rs. 10,000-20,000 per month, 60% (15) participants belonged to joint families, and the majority, 64% (16) participants were residents of rural areas.

Collected data was translated into English, followed by coding of data. Table 5 depicts the content analysis of interviews for qualitative analysis. A Total of 80 meaningful units were identified, from which 32 codes were generated, which were clubbed into 12 subcategories and 6 categories. The six themes were identified to explain the needs of fathers: 1. Feeling about becoming a father, 2. Needs to be informed, 3. Challenges in pregnancy, 4. Financial support, 5. Family and friends support, 6. Presence during the whole delivery process.

Table 5: Content analysis of Qualitative Data regarding needs of First time fathers

Codes	Subcategory	Category	Theme
Fear of responsibility, Nervousness about fatherhood	Fear and Nervousness	Emotional Response	Feelings About Becoming a Father
Joy of becoming a father, Excitement for the baby's arrival, enthusiasm for new change	Joy and Excitement		
Anticipation for the child, Hope for the future	Anticipation and Hope		
Lack of information, Difficulty finding reliable sources	Scarcity of Information	Information Access	Need for Information
Desire for accurate information, Importance of credible advice, awareness about Precautions	Information Quality		
Trust in doctors, Value of medical guidance	Learning from Healthcare Providers	Practical Challenges	Challenges During Pregnancy
Difficulty in finding a doctor, Trust issues with hospitals, difficulty in making choices	Finding Trusted Healthcare		

Time spent on doctor visits, Energy required for healthcare search	Time and Energy Spent		
Uncertainty about finances, Concerns about future expenses	Uncertainty About Future	Financial Planning	Financial Support
Reliance on medical insurance, Feeling financially prepared	Insurance and Preparedness		
Support from family, Practical help from family	Family Support	Support System	Family and Friends Support
Emotional support from friends, Practical help from friends	Friends Support		
Belief in the importance of being there, Reassurance to partner	Family and Friends Support	Involvement in Childbirth	Presence During the Delivery Process
Comforting the partner, Providing emotional support, worrying about partner	Emotional Support		

1. Feeling about becoming a father

During pregnancy, both men and women face the same issues as expectant parents, while men tend to focus more on financial commitments that might stress and worry them. It may be challenging for new fathers to balance their work and personal goals with their new parental responsibilities. Father stated that;

"There is fear since the time has arrived and soon the responsibility is going to rise, therefore I am bit nervous also," the speaker added. "There is also some enthusiasm as the moment is near, the excitement is building. (29 Years, Private Job)

Throughout the pregnancy, the fathers have significant emotions, and they prioritize thinking about the unborn child. Being a parent is extremely joyful, hopeful, exciting, and filled with a strong desire for the child. According to them, this was the most significant event in their lives.

2. Needs to be informed

Participants noted that information on the physiological changes that occur during pregnancy and how to care for pregnant women was either scarce or non-existent. The expectant father was looking for information that was current, correct, reliable, provided by a credible and kind person. Father said;

"Yes, We regularly visit the physicians and learn about the precautions we should take, the things we should do, and the things we shouldn't do, so we have the fundamental knowledge." (26 Years, Private Job)

Despite this, the fathers were happy with the ANC services, the information they received, and the medical assistance they received.

3. Challenges in pregnancy

A first-time father may start to imagine what will occur throughout labour and delivery and to speculate about what will occur at certain points during those procedures. Most of the fathers felt that Finding the right doctor and hospital during pregnancy can be a challenging task, often requiring a significant amount of time and energy. While scheduling doctor visits may pose a minor inconvenience for work or other responsibilities, the bigger challenge lies in ensuring trust and reliability in medical care. As stated by one father:

"The time it takes to visit the doctor causes a small issue for the office, but yes, it's just a challenge and a lot of energy is spent into finding the hospital because not all doctors or hospitals are trusted so to find a right doctor, right place for the treatment is really must and consumed lots of energy."(31 years, Engineer)

People frequently believe that being a mother requires a lot of work, from giving birth to caring for children and all in between. But being a father is challenging as well; it's likely that no one intended to emphasise this so much. For a new father, it takes a lot of time and patience to ultimately get the swing of parenting in its entirety.

4. Financial support

The participants appeared to have renewed sense of confidence, but their futures remained uncertain. Some of the fathers planned, while others took care of problems as they came up. The future and how things may change because of the pregnancy, such as getting married and leaving the house earlier than they might have otherwise, had been on the minds of all the males. Some were organized with an eye toward the future. Father said that;

"She and I both have medical insurance via my employer, so I believe it is plenty for financial assistance, and I believe that I am also well-equipped to handle everything."(29 Years, Government Employee)

5. Family & friends support

Having the unwavering support of family and friends during pregnancy is a tremendous source of strength for fathers-to-be. With their help, any potential challenges seem manageable, and the journey becomes more reassuring. This support network ensures that fathers feel empowered and ready to navigate the ups and downs of pregnancy, knowing that their loved ones are standing by their side every step of the way. One of the fathers stated:

"Yes, I have full support from my family and friends. There hasn't been a difficulty like this yet, and I believe we will continue to have this support."(26 Years, Agriculture)

A family support system might give couples the impression that they have both practical and emotional "back-up" as new parents, especially if they want to return to your paid employment shortly after the birth of their child.

6. Presence at whole delivery process.

Fathers expressed that It's crucial for fathers to be present during labor and delivery. Even if they have doubts, their supportive presence can greatly comfort and ease their partner. Being

there to offer reassurance and support is incredibly valuable, helping both partners navigate the intensity of childbirth together. As stated by one father:

"I must go without a doubt, but if the wife feels uneasy, I hope that I might soothe and support her by being there." (28 Years, Own Business)

Most fathers believed it was crucial to be present during the entire delivery process. They consider this to be their significant contribution to society and that they play a vital part in it.

Integration of Quantitative and Qualitative Results

Integrating the quantitative and qualitative results provides a comprehensive understanding of the roles, opinions, and needs of fathers during pregnancy:

Demographic Profile

Quantitative data revealed that the majority of participants were aged 26-30, had a graduation level of education, worked in public/private services, had an income of 10,000-20,000 per month, lived in joint families, and belonged to rural areas.

Qualitative insights further elucidated the experiences of fathers within these demographic categories. For instance, younger fathers may feel more nervous about impending fatherhood, while those with higher education levels may seek more detailed information about pregnancy and childbirth.

Involvement During Pregnancy

Quantitative findings indicated high levels of involvement by fathers in various aspects of pregnancy, such as attending antenatal check-ups, supporting their wives emotionally, and taking care of expenses related to pregnancy.

Qualitative data supported these findings by revealing fathers' emotional experiences and their efforts to actively participate in the pregnancy journey. Fathers expressed a mix of emotions ranging from fear and nervousness to excitement and anticipation, demonstrating their deep involvement and concern for their partners' well-being.

Opinions Regarding Care and Support

Quantitative results showed strong agreement among fathers regarding their roles in decision-making, supporting their wives physically and emotionally, and providing financial support during pregnancy.

Qualitative insights echoed these sentiments, with fathers emphasizing the importance of being present throughout the pregnancy and delivery process, offering both practical and emotional support to their partners, and seeking information to better understand their roles and responsibilities.

Challenges and Support Needs

Both quantitative and qualitative data highlighted challenges faced by fathers during pregnancy, such as navigating healthcare systems, finding trusted medical professionals, and adjusting to the demands of impending fatherhood. Fathers expressed a need for reliable information, financial stability, and strong support networks from family and friends to navigate these challenges effectively and support their partners during pregnancy.

Integration of quantitative and qualitative findings

Integrating these findings provides a holistic view of the experiences of fathers during pregnancy, encompassing demographic factors, levels of involvement, opinions, challenges, and support needs. This integrated understanding can inform healthcare providers, policymakers, and support organizations in tailoring interventions and services to better meet the needs of expectant fathers, promote positive pregnancy experiences, and foster greater involvement of fathers in maternal healthcare. By addressing the challenges and support needs identified, stakeholders can contribute to enhancing the overall well-being of expectant fathers, strengthening family dynamics, and improving maternal and child health outcomes.

Discussion

The findings of the study shed light on the significant role that fathers play during pregnancy, as well as their opinions and associated demographic factors. These results prompt a discussion on several key points:

The association between fathers' roles/opinions and demographic variables unveils interesting insights. Factors such as age, education, and area of residence show significant associations, indicating that certain demographic groups may exhibit varying levels of involvement and perspectives on prenatal care. These findings are consistent with an integrative review, which found that demographic factors such as education and income influence paternal involvement during pregnancy. Understanding these variations can inform targeted interventions and support services tailored to the specific needs and preferences of different demographic groups.^[11]

The study demonstrates a notable level of active involvement of fathers in supporting their partners during pregnancy. From accompanying them to check-ups to providing emotional and financial support, fathers were actively participating in various aspects of prenatal care. This aligns with a previous research study, which found that paternal involvement is crucial for maternal well-being, especially in high-risk pregnancies. The qualitative exploration conducted by Mirzakhani K. et al. highlighted the unique stressors faced by pregnant women in such situations and the impact on marital well-being. Integrating these findings emphasizes the importance of considering the experiences of pregnant women and the role of partners, particularly in high-risk pregnancies, in understanding the dynamics of marital relationships during pregnancy.^[12]

There was a strong consensus among fathers regarding their involvement in decision-making during pregnancy. This aligns with the findings of the randomized clinical trial conducted by Nosrati A. et al, which demonstrated that paternal-foetal attachment training positively influenced marital satisfaction during pregnancy. The intervention aimed at fostering attachment and involvement during pregnancy resulted in improved marital satisfaction among couples.^[13] Incorporating these findings underscores the potential benefits of proactive interventions targeting both parents, recognizing their interconnected roles in shaping marital satisfaction during pregnancy.

The qualitative analysis underscores the needs of first-time fathers during pregnancy and the importance of support networks. The study highlights that first-time fathers have varied needs to support their partners during pregnancy like family support, financial support and the need to be informed about the process of pregnancy and delivery. This is echoed in the findings of the study by Nosrati A. et al., which demonstrated the impact of paternal-fetal attachment on maternal mental health outcomes. The randomized clinical trial found that fostering attachment between fathers and their unborn children positively influenced maternal mental health, highlighting the interconnected nature of family dynamics during pregnancy. Integrating these findings emphasizes the broader implications of paternal involvement for maternal well-being and underscores the importance of holistic approaches to prenatal care and support.^[14]

Incorporating Muloongo et al.'s study on men's perspectives on male participation in antenatal care further enriches the discussion. Their findings may provide additional insights into the factors influencing paternal involvement during pregnancy, understanding cultural, social, and institutional factors that shape men's attitudes and behaviours toward antenatal care participation can enhance our understanding of paternal involvement dynamics in diverse settings.^[15]

In conclusion, by integrating insights from previous research, a more comprehensive understanding of the multifaceted influences on pregnancy, marital relationships, and parental well-being can be achieved. Recognizing the interplay between paternal involvement, maternal health, and marital satisfaction underscores the importance of holistic approaches to prenatal

care and support that address the needs of both parents and promote positive outcomes for the entire family unit.

Conclusion

In conclusion, our study has shed light on the pivotal role of partner involvement during pregnancy among first-time fathers, addressing both its importance and the opinions of these fathers themselves. The study reported that many fathers were actively involved during pregnancy and had positive opinions regarding being involved in the care of their partner during the whole time of pregnancy and delivery. Whereas demographical variation was also reported in roles and opinions of fathers in terms of age, education, and area of residence. It is evident that active partner involvement in the prenatal journey is not only essential for the well-being of the mother and the development of a healthy child but also for fostering a strong and supportive family unit. Recognizing the significance of partner involvement in pregnancy, healthcare professionals, policymakers, and society as a whole should continue to promote and support initiatives that encourage first-time fathers to participate in prenatal care, attend childbirth education classes, and provide emotional and practical support to their partners. By doing so, we can foster healthier pregnancies, stronger relationships, and more capable parents.

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