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Selected aspects of parenthood in the perception of men – Part I

Wybrane aspekty rodzicielstwa w postrzeganiu mężczyzn – Część I

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STRESZCZENIE

WYBRANE ASPEKTY RODZICIELSTWA W POSTRZEGANIU MĘŻCZYZN – CZĘŚĆ I

Cel pracy. Celem badania było poznanie postaw mężczyzn, zarówno planujących, jak i nieplanujących zostać ojcami, uczęszczających lub nie na zajęcia w szkole rodzenia w związku z ciążą ich żony/partnerki życiowej.

Materiał i metody. Do badania włączono trzy grupy po 200 mężczyzn: I – nieplanujący zostać ojcem w przyszłym roku, II – którzy w przyszłym roku zostaną ojcami i nie uczęszczali do szkół rodzenia, III – którzy w przyszłym roku zostaną ojcami oraz uczęszczali na zajęcia rodzenia. Zastosowano metodę sondażu diagnostycznego z wykorzystaniem oryginalnych kwestionariuszy.

Wyniki. Ciążę należy planować zdaniem 81,8% ankietowanych. 87,2% uważało, że mężczyzna powinien wspierać ciężarną żonę/partnerkę natomiast 65,5% uważało, że wspólne wizyty u lekarza nie mają sensu. Respondenci najczęściej preferowali kontakt matki i ojca z przyszłym dzieckiem w jej łonie, taki jak głaskanie po brzuchu (43% vs. 29,8%) i rozmowa z dzieckiem (31% vs. 19,8%).

Wnioski. W opinii większości mężczyzn ciążę należy planować z żoną/partnerką i powinno się wspólne uczęszczać na badanie USG. Generalnie mężczyźni mieli problem z deklaracją, czy ojciec po urodzeniu dziecka powinien być na urlopie ojcowskim i nie wykazano wpływu na powyższe czasu trwania małżeństwa, faktu posiadania dzieci, wieku badanych i wykształcenia, a wpływ miało miejsce zamieszkania.

Słowa kluczowe: ciąża, postawy, mężczyźni

ABSTRACT

SELECTED ASPECTS OF PARENTHOOD IN THE PERCEPTION OF MEN – PART I

Aim. The aim was to investigate the attitudes of men who plan to become fathers or not, and who either attend antenatal classes with their wife/partner or do not.

Material and methods. The study included three groups of 200 men: I – those who did not plan to become a father within the next year, II – those who were going to become fathers within the next year but did not attend antenatal classes, III – those who were gping to become fathers within the next year and attended antenatal classes. The original questionnaires were used.

Results. Pregnancy should be planned according to 81.8% of respondents. When it comes to 87.2% of men, they reported that man should support pregnant wife/partner, while 65.5% believed that joint visits to the doctor were pointless. Respondents most often preferred interactions between mother and father with the future child in her womb, such as stroking the belly (43% vs. 29.8%) and talking to the baby (31% vs. 19.8%).

Conclusions. Most men reported pregnancy should be planned. Men had problems with declaring whether the father should be on paternity leave after the birth, and there was no influence of the duration of the marriage, the fact of having children, the age of the respondents and education, and the place of residence had influence on the above.

Key words: pregnancy, attitudes, men

INTRODUCTION

The course of pregnancy and the parents' positive attitude towards the unborn child have a significant impact on its physical and mental development during intrauterine life. According to Machalica [1], one of the transformations of the modern family is the shift from a traditional (patriarchal) model to a partnership (democratic) model. In the past, fathers set the family's rules and made the decisions, bore responsibility for providing for their families, and introduced their children to the world. Currently, in most families, the mother also works, often taking over the management of the family. Consequently, the modern family relies more on the mother than the father [2]. Difficulties in fulfilling the father's role may be due to the lack of preparation for the father's role. The father gives the family a sense of security. His most important role in the family is to give a sense of security; the lack of a father in the family causes a lack of security [3]. Suppose fathers struggle to cope with their role in the family [4]. They adopt various attitudes such as absent or withdrawn father (not involved in the family life, not interested in the development of the family, leaving all issues to the mother), strict (perfectionist with excessive expectations towards the child, wife, categorical, emotionally distant or intimidating, inducing fear, using aggression and violence) and marginalised (indecisive, indeterminate, living in the shadow of his wife, not providing the parental stimuli that a man should provide – decisiveness, expressiveness, consequences in action, impact on events) [1].

Until recently, men typically became involved in their child's upbringing only after birth, often not from the first days [5]. However, he mainly focused on performing the roles of breadwinner, manager, controller, breeder, not educator. In recent years, this role has been evaluated due to social changes, and man now often takes on the woman's role [6]. A man's reaction to conception often varies across pregnancy trimesters and depends on his childhood identification with his father, his father's presence, his bond with his partner, and his readiness for parenthood [2,7]. Unfortunately, men's attitudes during pregnancy are not fully researched [8,9].

This study aimed to find out the perceptions of unmarried men not planning to become fathers within the next year and men who were going to become fathers within a year and attending or not attending childbirth classes regarding their wife's/life partner's pregnancy.

The group of men does not intend to become fathers within a year.

The research hypotheses assumed that: 1. The duration of the marriage, participation in antenatal classes, age, education, and place of residence, effect on men's belief that pregnancy should be planned, attending tests with wife, and contact with the child in the mother's womb. 2. Men attending childbirth classes are more likely to attend their wife's birth, which is influenced by respondents' age, place of residence, education, duration of marriage, and hav-ing children. 3. The duration of marriage, attending childbirth classes, men's age, education, and place of residence impact men's decision not to consider replacing their wives on maternity leave.

MATERIALS AND METHODS

The study was conducted after obtaining consent no. R-I-002/310/2010 from the Bioethics Committee of the Medical University of Białystok, the management of the University Clinical Hospital in Białystok, the Dean of the Faculty of Health Sciences of the Medical University of Białystok, the Management of the Birthing School operating at the PCK Municipal Hospital in Białystok and the „Dar" Birthing School with a lactation clinic and lactation emergency service of Małgorzata Tymińska in Białystok.

A diagnostic survey method was adopted using self-administered survey questionnaires in each group, consisting of a general section (6 questions) and a core section on fathers' attitudes towards pregnancy and childbirth (11 questions).

The main study was preceded by a pilot study on a group of 50 unmarried men who were not yet fathers, men who were going to become fathers within a year and attended childbirth clas-ses, and men who were going to become fathers within a year but did not attend childbirth clas-ses. It aimed to check the clarity of the questions in the survey questionnaire. The main study was conducted in 2012–2019. The study covered 600 people. The study included three groups: 1st group – 200 men not planning to become fathers in the next year, 2nd group – 200 men who were going to become fathers in the next year and did not attend childbirth classes, 3rd group – 200 men who were going to become fathers in the next year and attended childbirth classes. Two hundred fifty questionnaires were distributed to each group, and 200 fully completed ques-tionnaires were qualified for the main study.

The inclusion criteria for the study were consent to participate in the study for the 1st group – not planning to become a father within a year; for the 2nd group – becoming a father within a year and not attending childbirth classes; and for the 3rd group – becoming a father within a year and attending childbirth classes. The exclusion criteria were failure to meet the above conditions. Participants were informed that the survey was anonymous, that the data obtained would be generalised and used in a collective study, and that it would not be shared with third parties. Completing the survey indicated consent to participate, and withdrawal from the study was possible anytime.

The survey forms in a paper version were given to the participants.

Statistical tools were used to analyze survey data, assess the reliability of observed relationships, and determine their generalizability to the entire population. The collected research material was analysed statistically using the IBM SPSS Statistics statistical package (v. 28).

Characteristics of the study subjects

The first group of men, not planning fatherhood within a year, were mostly under 30 (51.5%), urban residents (65%), university graduates (68%), white-collar workers (38.5%), of average family status (68.5%), and cohabitating (53%). The second group, expectant fathers who skipped childbirth classes, were generally over 30 (55%), urban dwellers (84%), university graduates (53.5%), of average

family status (63.5%), and living with partners (47.5%). The third group, soon-to-be fathers attending childbirth classes, were typically over 30 (52.5%), city residents (65%), university educated (71.5%), white-collar employees (40%), of average family status (61%), and cohabitating (50%).

RESULTS

The analysis of the results from the second and third groups made it possible to make some conclusions. In the opinion of 81.8% of respondents, pregnancy should be planned, and 18% had a problem with the answer. It is advisable to watch films and presentations about the unborn child and to read publications on the subject according to 73.3% of respondents; it is not advisable according to 13.3%, and 13.4% had no clear answer. It is advisable to attend an ultrasound examination with the wife/partner according to 67%; it does not make sense according to 15.5%, and 17.5% had a problem with the answer. Joint visits to the doctor with the wife/partner do not make sense in the opinion of 65.5%; while 15.8% had the opposite opinion, and 18.8% were uncertain on this issue. It is optional whom their future child would resemble according to 50% of respondents, but as many as 46.5% struggled to provide a clear answer. The unborn child in its mother's womb should move a lot according to half of the respondents; be calm according to 21.3% of the respondents; always be sleeping according to 13.5% of the respondents; and have arms and legs that work and move according to 13.5% of the respondents; 11.2% of the men could not specify the above.

Tab. 1. Preferred forms of interaction between mother and father and the unborn child in the mother's womb

Answers	N	%	% of respondents
Forms of contact between mother and unborn child in her womb			
talking	124	22.7	31.0
stroking the belly	172	31.4%	43.0
thinking about the baby	94	17.2%	23.5%
hugging the belly	21	3.8%	5.3%
kissing the belly	17	3.1%	4.3%
singing	35	6.4%	8.8%
reading	25	4.6%	6.3%
playing an instrument to the baby	11	2.0%	2.8%
other	48	8.8%	12.0%
Total	547	100.0%	-
Forms of contact between father and unborn child in the mother's womb			
talking	79	19.7%	19.8%
stroking the belly	119	29.6%	29.8%
thinking about the baby	69	17.2%	17.3%
hugging the belly	65	16.2%	16.3%
kissing the belly	62	15.4%	15.5%
singing	3	0.7%	0.8%
reading	5	1.2%	1.3%
Total	402	100.0%	-

Of most men in the second and third groups, 89.7% had seen the ultrasound picture of their future baby, while 10.3% of respondents had not. Men then felt mainly joy (143; 35.8%), happiness 26.5%, emotion 13.8%, disbelief 10.3% and pride 4.8%.

Male respondents from the second and third groups preferred such forms of interaction between mother and father and the unborn child in her womb as stroking the belly. The results are shown in Tab. 1.

Respondents would recommend the following as the best form of relaxation for their pregnant wives/partners: walking (48.3%); listening to relaxing music (12%); watching TV (11%); reading a good book (10%); going to a pub, restaurant (39.8%) or going to the cinema, theatre or philharmonic (7.2%).

Only 34.5% of men from the second and third groups attended their wives'/partners' previous births. When it comes to 27%, they said they could not, and 38.5% had not. All three groups mainly experienced fear of blood, helplessness, and anxiety before childbirth. Their emotional responses differed significantly ($p<0.05$), as shown in Tab. 3.

Tab. 2. Opinions about supporting a pregnant wife/partner

Group	Opinions about supporting a pregnant wife/partner			
	Yes	No/does not matter	Hard to say	Total
1st group	162	6	32	200
	81.0%	3.0%	16.0%	100.0%
2nd group	168	2	30	200
	84.0%	1.0%	15.0%	100.0%
3rd group	193	0	7	200
	96.5%	0.0%	3.5%	100.0%
Total	523	8	69	600
	87.2%	1.3%	11.5%	100.0%
Chi-square=26.884; p<0.001				

Tab. 3. Men's feelings before childbirth

Father's feelings before childbirth*	1st group		2nd group		3rd group	
	N	%	N	%	N	%
general fear	140	70.0	140	70.0	150	75.0
fear of seeing blood	169	84.5	176	88.0	176	88.0
helplessness in the face of the woman's suffering	154	77.0	163	81.5	164	82.0
joy of having a baby	133	66.5	146	73.0	110	55.0
may be afraid of his reactions to stressful situations	81	40.5	103	51.5	115	57.5
fear of not knowing anything about pregnancy and childbirth	28	14.0	30	15.0	29	14.5
being indifferent	3	1.5	-	-	2	1.0
hard to say	4	2.0	9	4.5	11	5.5
other	-	-	-	-	1	0.5
Total	712	-	767	-	758	-
Chi-square=39.964; p=0.002						

*Multiple choice questions. Percentages do not add up to 100.

Tab. 4. The impact of selected demographics on the willingness to go on paternity leave

	The belief that a father should be on paternity leave after the birth of a child		
	Yes	No/It is hard to say	Total
Duration of marriage			
Up to a year	4	29	33
	12.1%	87.9%	100.0%
1-2 years	19	95	114
	16.7%	83.3%	100.0%
Longer	45	208	253
	17.8%	82.2%	100.0%
Total	68	332	400
		83.0%	100.0%
Chi-square=0.677; p=0.713			
Having children			
Lack	24	155	179
	13.4%	86.6%	100.0%
1	34	133	167
	20.4%	79.6%	100.0%
2	10	44	54
	18.5%	81.5%	100.0%
Total	68	332	400
		83.0%	100.0%
Chi-square=3.061; p=0.216			
Age			
Up to 30 years	63	235	298
	21.1%	78.9%	100.0%
Over 30 years	65	237	302
	21.5%	78.5%	100.0%
Total	128	472	600
		78.7%	100.0%
Chi-square=0.000; p=0.988			
Place of residence			
City	85	368	453
	18.8%	81.2%	100.0%
Village	43	104	147
	29.3%	70.7%	100.0%
Total	128	472	600
		78.7%	100.0%
Chi-square=6.663; p=0.010			
Education			
Primary/Professional	12	40	52
	23.1%	76.9%	100.0%
Secondary	36	126	162
	22.2%	77.8%	100.0%
Univeristy	80	306	386
	20.7%	79.3%	100.0%
Total	128	472	600
		78.7%	100.0%
Chi-square=0.255; p=0.880			

Research indicates that the duration of marriage, having children, age, and education influence men's willingness to take paternity leave. However, the place of residence is the only factor that significantly impacts this willingness. Detailed findings are presented in Tab. 4.

DISCUSSION

In the present study, the majority of men indicated that pregnancy should be planned and that partners should attend ultrasound exams together, while joint doctor visits were considered unnecessary. Men showed uncertainty about paternity leave, with no significant influence of factors such as marriage duration, having children, age, or education.

Parents experience various emotions during pregnancy, including joy, anxiety, uncertainty, and hope [6,10]. Similar findings have been demonstrated in the current study. Interesting results were obtained by Łukasik et al. [12]. Their study involved 20 female and 20 male par-ticipants of childbirth classes. An ultrasound examination was performed on all women. Most women and men were uninterested in repeating the ultrasound examination. The reasons for this were primary concerns about risks to the baby's health and information about the baby's sex; most women did not desire the latter, as well as the majority of men [4]. In the present study, most men had seen the ultrasound picture of their future baby, while only about 10.% respondents had not.

Kalita [11] suggests that an infant forms a significant bond with both parents and the external environment during fetal development. The prospective parents may have varying perceptions of their unborn child; however, these perceptions contribute to their biological, sociological, and psychological health development. According to Kossakowska and Śliwerski [13], a mother-infant bond long-term impacts the child's development. Identifying the factors affecting mother-infant bond may help in conducting effective interventions. Prenatal expectations, stress, and competence are vital in bonding difficulties.

In their study, Łukasik et al. [12] showed that parents imagined the child in the mother's womb to resemble a newborn, sharing similarities with both the mother and the father. It was cheerful, fit, mobile, and had distinctive tastes, meaning it was generally considered perfect.

Bidzan [14] found that pregnant women who were confident in their parenting skills envisioned an ideal child. These mothers commonly described their child as „attractive", „interesting", „playful", and „cute".

In recent years, fathers' involvement has been addressed as a key source of family well-being and positive child development [15]. In their study on a father's role in family interactions, Simonelli et al. [16] found that father involvement predicts the quality of family interactions from the earliest stages of a child's life. From a longitudinal perspective, family interactions and marital quality show opposite developmental trends, and the father's involvement represents a significant family feature.

In the current study, half of the respondents believed that the external appearance of their child was not

important to them. However, a slightly smaller percentage (46.3%) had problems answering this question. During the perinatal period, the establishment of the attachment relationship with the fetus and subsequently with the actual child is crucial for the parents and the child's well-being [17].

Kornas-Bieli [18] suggests that fathers should be allowed to interact with their unborn child by listening to heartbeats and speaking to the baby.

The source literature [19,20,21] emphasizes that by the end of the third month of pregnancy, the baby in the womb has already formed its vocal cords and can cry. In the fifth month of intrauterine life, the child covers its ears and responds to loud sounds, and in the eighth and ninth months, it recognizes familiar voices (mainly the mother's and father's). In the twelfth week, the child can respond to touch, turn their foot, kick their leg, move fingers and toes, swallow, close and open their eyes, and squint.

In the study by Łukasik [12], respondents indicated the preferred forms of interaction between mother and father with the child during pregnancy. The dominant forms were talking to the unborn child, stroking, and hugging the belly. All women mentioned thinking about the child, and 10% of the men indicated singing to the child. Similarly, in our study, the subjects considered stroking the belly, talking and thinking about the baby, singing, hugging, and kissing the belly as the best form of establishing contact between a mother and a father with a future child in the mother's womb.

It is important to consider the emotional aspects associated with experiencing pregnancy [22]. In the study by Łukasik [12], women's experiences of pregnancy were accompanied by anxiety, lowered mood states, impatience, and nervousness, but also feelings of happiness and fulfillment. Men felt more responsible, mature, anxious, and concerned about their wives and children; they felt euphoric, and their love for their wives intensified. A man, being the husband/partner of a pregnant woman and observing her reactions and feelings, always participates in her experiences. In the current study, most men in each study group were convinced that a man should support his pregnant wife/partner. The study participants generally agreed that the dates for examinations set by the physician should be followed, even if there are no concerning symptoms. They also believed that a pregnant woman should work no more than 8 hours per day, maintain a diet rich in vitamins and minerals, and abstain from smoking and consuming alcohol.

In conclusion, it should be emphasized that men should be encouraged to expand their knowledge about the course of pregnancy, how to support their wives/partners, and how to care for their children.

CONCLUSIONS

Differences were identified between the studied groups of men regarding their perception of pregnancy. The majority of respondents agreed that pregnancy should be planned. Men exhibited uncertainty in declaring whether fathers should take paternity leave following the birth of their child. Factors such as the duration of marriage, age, and education level of the respondents did not influence the decision to have children. However, the place of residence significantly impacted the willingness to have a child.

RECOMMENDATIONS

Intensive antenatal education should be provided for fathers, which should provide them with information about applicable standards and laws regarding the care of their wife/partner dur-ing and after childbirth and child care.

Study Limitations

Sample Size and Demographics: The study included three groups of 200 men each, which may not be representative of the broader population. The specific demographics of the partic-ipants, such as age, education, and place of residence, could influence the results and limit the generalizability of the findings.

Self-Reported Data: The study relied on self-reported data through questionnaires, which can be subject to social desirability and recall biases.

Cross-Sectional Design: It limits the ability to conclude causality or attitude changes over time.

Cultural and Social Factors: The study's results might be influenced by the cultural and social specifics of the population studied, which may limit their applicability to other contexts.

Unmeasured Variables: Other factors not measured in the study, like relationship quality, past pregnancy experiences, or psychological factors, might affect the results.

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