

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

Wybrane aspekty rodzicielstwa w postrzeganiu mężczyzn – część II

Magdalena Anna Kulmaczewska^{1,A-B,D-F,H-I}, Elżbieta Krajewska-Kułak^{2,A,C,F-G,I,L},
Agnieszka Kułak-Bejda^{3,F-G,K-L}, Grzegorz Bejda^{4,G,L}, Napoleon Waszkiewicz^{3,G,L},
Katarzyna Van Damme-Ostapowicz^{5,G,L}, Edyta Rysiak^{6,G,L}

¹Department of Neonatology and Newborn Intensive Care, the University Clinical Hospital in Białystok, Poland

²Department of Integrated Medical Care, Medical University of Białystok, Poland

³Department of Psychiatry, Medical University of Białystok, Poland

⁴The School of Medical Science in Białystok, Poland

⁵Faculty of Health and Social Sciences, Western Norway University of Applied Sciences, Norway

⁶Department of Medical Chemistry, Medical University of Białystok, Poland

CORRESPONDING AUTHOR:

Agnieszka Kułak-Bejda

Department of Psychiatry, Medical University of Białystok, Polska

e-mail: agnieszka.kulak.bejda@gmail.com

A – Development of the concept and methodology of the study/Opracowanie koncepcji i metodologii badań; B – Query - a review and analysis of the literature/Kwerenda – przegląd i analiza literatury przedmiotu; C – Submission of the application to the appropriate Bioethics Committee/Złożenie wniosku do właściwej Komisji Biotycznej; D – Collection of research material/Gromadzenie materiału badawczego; E – Analysis of the research material/Analiza materiału badawczego; F – Preparation of draft version of manuscript/Przygotowanie roboczej wersji artykułu; G – Critical analysis of manuscript draft version/Analiza krytyczna roboczej wersji artykułu; H – Statistical analysis of the research material/Analiza statystyczna materiału badawczego; I – Interpretation of the performed statistical analysis/Interpretacja dokonanej analizy statystycznej; K – Technical preparation of manuscript in accordance with the journal regulations/Opracowanie techniczne artykułu zgodnie z regulaminem czasopisma; L – Supervision of the research and preparation of the manuscript/Nadzór nad przebiegiem badań i przygotowaniem artykułu

STRESZCZENIE

WYBRANE ASPEKTY RODZICIELSTWA W POSTRZEGANIU MĘŻCZYZN – CZĘŚĆ II

Cel pracy. Poznanie postaw mężczyzn planujących lub nie roli ojca oraz uczestniczących lub nie w szkole rodzenia odnośnie aktu porodowego żony/partnerki życiowej.

Materiał i metody. Badaniem objęto trzy grupy po 200 mężczyzn: I - nie planujących w najbliższym roku roli ojca, II - którzy w najbliższym roku będą ojcami i nie uczęszczali do szkoły rodzenia, III - którzy w najbliższym roku będą ojcami i uczęszczali do szkoły rodzenia. Zastosowano metodę sondażu diagnostycznego z ankiety autorstwa własnego.

Wyniki. W poprzednim porodzie uczestniczyło tylko 34,5%. W odczuciach przed porodem dominował lęk przed widokiem krwi, bezsilność wobec cierpienia kobiety i strach. Najlepszym miejscem do odbycia porodu jest szpital, a najlepszym sposobem udziału w akcie porodowym trzymanie za rękę rodzącej (36,1%). Wspólny poród stwarza możliwość wsparcia psychicznego (81%), zmniejsza poczucie lęku i osamotnienia rodzącej (72,7%).

Wnioski. Na chęć uczestnictwa w porodzie miał wpływ fakt uczestnictwa w szkole rodzenia, a nie miały czas trwania małżeństwa, posiadanie dzieci, wiek, miejsce zamieszkania, wykształcenie. Zmienne demograficzne nie wpływały na postrzeganie przez mężczyzn korzyści ze wspólnego porodu, a jedynie wykształcenie miało wpływ na przekonanie że wspólny poród daje zmniejszenie poczucia lęku i osamotnienia rodzącej oraz na zbliżenie małżonków.

Słowa kluczowe: postawy, poród, mężczyźni

ABSTRACT

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

Aim. To investigate the attitudes of men who plan to become fathers or not, and who either participate in antenatal classes regarding the birth or not.

Material and methods. The study included three groups of 200 men each: I - those who do not plan to become fathers, II - who will be fathers and have not attended antenatal classes, III - who will be fathers and have attended antenatal classes. A self-authored questionnaire was used.

Results. Only 34.5% of respondents participated in the previous birth. The feelings before childbirth were dominated by fear of seeing blood, helplessness in the face of the woman's suffering and fear. The best place to give birth is a hospital, and the best way to participate in the act of giving birth is to hold the hand of the woman giving birth (36.1%).

Conclusions. The willingness to participate in childbirth was influenced by participation in childbirth classes, and not by the duration of marriage, having children, age, place of residence, or education. Demographic variables did not influence men's perception of the benefits of shared birth. Only education was a factor having influence on the belief that giving birth together reduces fear, loneliness and brings spouses closer.

Key words: attitudes, men, childbirth

INTRODUCTION

The birth of an offspring may evoke various emotions in the father [1]. On the one hand, he may fear that he will not be able to cope with parenthood, which he regards as a challenge, and on the other hand, this may also be due to changes in the young parents' relationship. After the baby is born, the woman often devotes most of her attention to it, and the young father often becomes of secondary importance. The impact of pregnancy and childbirth on the mother's mental state is also not insignificant [1]. In the pathogenesis, the influence of events experienced by the young father in his early years cannot be excluded either [2].

DeVries and co-authors [3] state that family childbirth was introduced into midwifery not only because of the medical needs and expectations of the woman giving birth but also in response to the over-medicalization of childbirth and the concern to take into account the (psychological and social) needs of the family.

The literature [4,5,6] emphasises that family childbirth allows those closest to the woman in labour to actively participate and support her, providing a sense of intimacy, creating a homely atmosphere, fostering feelings of closeness, understanding, and acceptance, and reducing fear and loneliness for the woman giving birth.

According to Lundgren and co-authors [7], shared childbirth increases involvement in parenting and attachment to the child. In a study by Ulman-Włodarz and co-authors [8], which included 70 couples having a family birth, it was shown that the main reason for women to choose family birth was the need for psychological support and experiencing the birth together and that family birth influences the formation of maternal and paternal attitudes and deepens the bond between partners.

Zimmermann-Tansella and co-authors [9] observed many direct benefits of family births, including less frequent use of pharmacological agents or surgical intervention. Men's attitudes during pregnancy, childbirth, and the care of the newborn are not fully explored, despite the fact that the presence of the father during the birth and the *couvade* syndrome have accompanied childbearing women for a long time in different cultures and with different intensities. Through this ritual, the primitive tribes established a very important role for fathers to fulfill during pregnancy and childbirth. In the last decade or so, significant advances have been made in perinatal medicine, and the modern concept of the father's active role in family birth has emerged, resulting from the accumulation of experiences from past family births and the accounts and opinions obtained from research on births involving the father.

AIM

The aim of this study was to find out the attitudes 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 childbirth. The research hypotheses assumed that: 1. Men's age, place of residence, education, duration of marriage, having children, and attending childbirth classes impact perception of childbirth. 2. Men attending childbirth classes are more likely to attend their wife's birth. 3. Men do not allow the thought of replacing their wives on maternity leave and, more often, do not want to attend childbirth.

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.

A diagnostic survey method was implemented using self-administered questionnaires for each group. The survey comprised a general section with six questions and a core section with ten questions focusing on fathers' attitudes toward pregnancy and childbirth.

The primary study was preceded by a pilot study involving 50 unmarried men: those without children, those expecting a child within a year and attending childbirth classes, and those expecting a child within a year but not attending childbirth classes. A pilot study is an important aspect of a well-designed research project. It was conducted to assess whether the questions in the questionnaire were straightforward to respond. The main study group did not include the men who participated in the pilot study. Two hundred fifty questionnaires were distributed for each group, and 200 completed questionnaires were included in the main study. The participants received the questionnaires on paper. Men were recruited from the University Clinical Hospital and Birthing School. The inclusion criteria for the study were consent to participate in the study and 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 not meeting the above requirements.

Participants were informed the survey was anonymous and all data collected during the study would be generalized, used in a collective study, and would not be shared with third parties. Completing the survey indicated consent to participate in the study, and participants were allowed to withdraw at any time.

During the data analysis from the surveys, selected statistical tools were used to describe the collected research material and to determine the reliability of the interdependence observed in the sample and the possibility of generalising it 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, comprising men not planning to become fathers within a year, were mainly participants

under 30 (51.5%), urban dwellers (65%), university graduates (68%), white-collar workers (38.5%), of average family status (68.5%), and cohabitating (53%). The second group, comprising men who were expected to become fathers within a year but did not attend child-birth classes, predominantly included individuals over 30 years of age (55%), residing in urban areas (84%), holding university diplomas (53.5%), of average family status (63.5%), and cohabitating (47.5%). The group of men who were expected to become fathers within a year and attended child-birth classes (3rd group) primarily consisted of individuals over 30 years old (52.5%), from urban areas (65%), with university diplomas (71.5%), working in white-collar professions (40%), having an average family status (61%), and cohabitating (50%). The results are presented in Tab. 1.

■ Tab. 1. Characteristics of the study group of men

		1 st group		2 nd group		3 rd group	
Socio-demographics		N	%	N	%	N	%
Age	Under 30 years of age	103	51.5	90	45.0	105	52.5
	Over 30 years of age	97	48.5	110	55.0	95	47.5
Place of residence	Urban area	130	65.0	168	84.0	130	65.0
	Rural area	70	35.0	32	16.0	70	35.0
Education	Primary/vocational	13	6.5	21	10.5	18	9.0
	Secondary	51	25.5	72	36.0	39	19.5
	Higher	136	68.0	107	53.5	143	71.5
Job status	Blue-collar worker	70	35.0	27	13.5	24	12.0
	White-collar worker	77	38.5	74	37.0	80	40.0
	Other	53	26.5	99	49.5	96	48.0
Family status	Low	16	8.0	27	13.5	32	16.0
	Average	137	68.5	127	63.5	122	61.0
	High	47	23.5	46	23.0	46	23.0
Marital status	Married	63	31.5	89	44.5	89	44.5
	Cohabitating	106	53.0	95	47.5	100	50.0
	Engaged	2	1.0	16	8.0	8	4.0
	Single	29	14.5	0	0.0	3	1.5

RESULTS

Only 34.5% of men in the second and third groups attended their wives'/partners' previous births. One hundred eight respondents (27%) claimed they had been unable to do so, and 38.5% had not participated. In all three groups of men, feelings before childbirth were dominated by fear of seeing blood, helplessness in the face of the woman's suffering, and anxiety. Despite this, differences were shown in the distributions of responses between the groups concerning the emotions a father might feel before childbirth ($p < 0.05$). The results are shown in Tab. 2.

The majority of men in all groups felt that the hospital was the best place to give birth, with 78% of men in the 1st group, 76% in the 2nd group, and 80.5% in the 3rd group. The results are shown in Tab. 3.

According to the highest percentage of men in the 1st group, the best way for a man to participate in childbirth is by holding the hand of his wife/partner (36.1%), participating in examinations and measurements of the baby (35.8%), holding the baby in his arms (35.6%) as well as directing and controlling the way of breathing (35.5%). The 2nd group was dominated by – holding the hand of his wife/partner (36.4%), participating in examinations and measurements of the baby (35.5%), staying with the wife throughout the postpartum period (35.3%), and holding the baby in his arms (35.1%). On the other hand, the 3rd group includes cutting the umbilical cord (40.7%), helping with pushing (38.3%), sacral massage (38%), and mediating with medical staff (34.4%). The results are shown in Tab. 4.

According to the men surveyed from the second and third groups, shared childbirth creates an opportunity for psychological support (81%), reduces the sense of fear and loneliness for the woman giving birth (72.7%), encourages and supports in the moment of doubt (17.4%); improves the comfort of childbirth (36.7; 61.2%); provides a sense of security (30.3; 50.5%); brings spouses closer together (40.8%); makes childbirth quicker and easier (30.3%), and five people (0.8%) found it challenging to decide. The results are shown in Tab. 5.

There was no evidence of an effect of sociodemographic variables on the belief that shared birth provides a sense of security, creates an opportunity for psychological support, and improves psychological well-being (Tab. 5).

The effect of education level on the reduction of the sense of fear and loneliness for the woman giving birth was shown to be a benefit of shared childbirth. Those with at least secondary education were statistically more likely to emphasise this factor. No effect of sociodemographic variables was shown on the belief that encouragement and support in the moment of doubt are benefits of shared childbirth (Tab. 6).

The effect of education level on the reduction of the sense of fear and loneliness for the woman giving birth was shown to be a benefit of shared childbirth. Those with at least secondary education were statistically more likely to emphasise this factor. No effect of sociodemographic variables was shown on the belief that encouragement and support in the moment of doubt is a benefit of shared childbirth (Tab. 7).

According to the majority of male respondents, a father after the birth of his baby is most likely to feel the joy of having a baby (19.8%), relief (17.5%), that having a baby is the happiest event of his life (14.2%) and tremendous respect for women (11.9%); that he has gained a new experience (10.9%); fear of raising a child (9.2%) or that he has participated in an unusual event (8%).

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

■ Tab. 2. Men's feelings before childbirth

Father's feelings before childbirth*	1 st group		2 nd group		3 rd 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. 3. Place of delivery preferred by men surveyed

Place of delivery	1 st group		2 nd group		3 rd group	
	N	%	N	%	N	%
Hospital	156	78.0	152	76.0	161	80.5
Private clinic	40	20.0	45	22.5	34	17.0
House	0	0.0	0	0.0	0	0.0
It does not matter	0	0.0	1	.5	0	0.0
Hard to say	4	2.0	1	.5	5	2.5
Total	200	100.0	200	100.0	200	100.0
Chi-square=8.390; p=0.386						

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

■ Tab. 4. Preferred ways for men to participate in childbirth

Socio-demographics		1 st group			2 nd group			3 rd group			Statistics
		yes	no	Hard to say	yes	no	Hard to say	yes	no	Hard to say	
Providing psychological support	n	147	10	43	149	8	43	144	23	33	Chi-square=11.474 p=0.022
	%	33.4	24.4	36.1	33.9	19.5	36.1	32.7	56.1	27.7	
Sacral massage	n	62	94	44	65	90	45	78	99	23	Chi-square=10.816 p=0.029
	%	30.2	33.2	39.3	31.7	31.8	40.2	38.0	35.0	20.5	
Directing and controlling breathing	n	121	21	58	117	23	60	103	50	47	Chi-square=20.098 p<0.001
	%	35.5	22.3	35.2	34.3	24.5	36.4	30.2	53.2	28.5	
Timing contractions	n	163	9	28	165	6	29	164	18	18	Chi-square=10.063 p=0.039
	%	33.1	27.3	37.3	33.5	18.2	38.7	33.3	54.5	24.0	
Helping to adopt a comfortable birthing position	n	121	5	74	119	4	77	114	10	76	Chi-square=3.545 p=0.471
	%	34.2	26.3	32.6	33.6	21.1	33.9	32.2	52.6	33.5	
Helping with pushing	n	82	79	39	84	77	39	103	71	26	Chi-square=6.704 p=0.152
	%	30.5	34.8	37.5	31.2	33.9	37.5	38.3	31.3	25.0	
Cutting the umbilical cord	n	93	45	62	105	36	59	136	14	50	Chi-square=26.276 p<0.001
	%	27.8	47.4	36.3	31.4	37.9	34.5	40.7	14.7	29.2	
Reminding the mother to relax	n	133	13	54	129	13	58	123	12	65	Chi-square=1.498 p=0.827
	%	34.5	34.2	30.5	33.5	34.2	32.8	31.9	31.6	36.7	
Giving drinks	n	140	10	50	141	9	50	119	24	57	Chi-square=12.753 p=0.013
	%	35.0	23.3	31.8	35.3	20.9	31.8	29.8	55.8	36.3	
Participating in examinations and measurements of the baby	n	100	51	49	99	57	44	80	97	23	Chi-square=30.878 p<0.001
	%	35.8	24.9	42.2	35.5	27.8	37.9	28.7	47.3	19.8	
Holding the baby in his arms	n	129	10	61	127	9	64	106	24	70	Chi-square=13.151 p=0.011
	%	35.6	23.3	31.3	35.1	20.9	32.8	29.3	55.8	35.9	
Staying with the wife throughout the postpartum period	n	138	5	57	141	5	54	120	14	66	Chi-square=10.012 p=0.040
	%	34.6	20.8	32.2	35.3	20.8	30.5	30.1	58.3	37.3	
Holding the mother's hand	n	139	56	5	140	56	4	106	85	9	Chi-square=16.705 p=0.002
	%	36.1	28.4	27.8	36.4	28.4	22.2	27.5	43.1	50.0	
Mediating with medical staff	n	139	1	60	141	2	57	146	2	52	Chi-square=1.163 p=0.884
	%	32.6	20.0	35.5	33.1	40.0	33.7	34.3	40.0	30.8	

■ Tab. 5. Effect of sociodemographic variables on the benefits of shared childbirth – part 1

Variables		Shared childbirth								
		provides a sense of security			opportunity for psychological support			improves psychological well-being		
		Not selected	Selected	Total	Not selected	Selected	Total	Not selected	Selected	Total
Duration of marriage	Less than one year	16	17	33	6	27	33	16	17	33
		48.5%	51.5%	100.0%	18.2%	81.8%	100.0%	48.5%	51.5%	100.0%
	1-2 years	58	56	114	18	96	114	45	69	114
		50.9%	49.1%	100.0%	15.8%	84.2%	100.0%	39.5%	60.5%	100.0%
	Longer	124	129	253	52	201	253	105	148	253
		49.0%	51.0%	100.0%	20.6%	79.4%	100.0%	41.5%	58.5%	100.0%
	Chi-square	0.124; p=0.940			1.175; p=0.556			0.856; p=0.652		
Children	Less than one year	89	90	179	30	149	179	78	101	179
		49.7%	50.3%	100.0%	16.8%	83.2%	100.0%	43.6%	56.4%	100.0%
	1-2 years	83	84	167	33	134	167	67	100	167
		49.7%	50.3%	100.0%	19.8%	80.2%	100.0%	40.1%	59.9%	100.0%
	Longer	26	28	54	13	41	54	21	33	54
		48.1%	51.9%	100.0%	24.1%	75.9%	100.0%	38.9%	61.1%	100.0%
	Chi-square	0.046; p=0.977			1.550; p=0.461			0.600; p=0.741		
Attending childbirth classes	Yes	96	104	200	38	162	200	85	115	200
		48.0%	52.0%	100.0%	19.0%	81.0%	100.0%	42.5%	57.5%	100.0%
	Not	102	98	200	38	162	200	81	119	200
		51.0%	49.0%	100.0%	19.0%	81.0%	100.0%	40.5%	59.5%	100.0%
	Chi-square	0.250; p=0.617			0.000; p=1.000			0.093; p=0.761		
Age	Up to 30 years old	155	143	298	54	244	298	109	189	298
		52.0%	48.0%	100.0%	18.1%	81.9%	100.0%	36.6%	63.4%	100.0%
	> 30 years old	142	160	302	60	242	302	124	178	302
		47.0%	53.0%	100.0%	19.9%	80.1%	100.0%	41.1%	58.9%	100.0%
	Chi-square	1.303; p=0.617			0.195; p=0.659			1.087; p=0.297		
Place of residence	Urban area	221	232	453	88	365	453	184	269	453
		48.8%	51.2%	100.0%	19.4%	80.6%	100.0%	40.6%	59.4%	100.0%
	Rural area	76	71	147	26	121	147	49	98	147
		51.7%	48.3%	100.0%	17.7%	82.3%	100.0%	33.3%	66.7%	100.0%
	Chi-square	0.270; p=0.604			0.120; p=0.729			2.182; p=0.140		
Education	Primary/vocational	28	24	52	9	43	52	20	32	52
		53.8%	46.2%	100.0%	17.3%	82.7%	100.0%	38.5%	61.5%	100.0%
	Secondary	88	74	162	25	137	162	62	100	162
		54.3%	45.7%	100.0%	15.4%	84.6%	100.0%	38.3%	61.7%	100.0%
	Higher	181	205	386	80	306	386	151	235	386
		46.9%	53.1%	100.0%	20.7%	79.3%	100.0%	39.1%	60.9%	100.0%
	Chi-square	2.950; p=0.229			2.183; p=0.336			0.038; p=0.981		

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

■ Tab. 6. Effect of sociodemographic variables on the benefits of shared childbirth – part 2

Variables		Shared childbirth					
		reduces the sense of fear and loneliness of the woman giving birth			encourages and supports in the moment of doubt		
		Not selected	Selected	Total	Not selected	Selected	Total
Duration of marriage	Less than one year	8	25	33	10	23	33
		24.2%	75.8%	100.0%	30.3%	69.7%	100.0%
	1-2 years	33	81	114	32	82	114
		28.9%	71.1%	100.0%	28.1%	71.9%	100.0%
	Longer	69	184	253	78	175	253
		27.3%	72.7%	100.0%	30.8%	69.2%	100.0%
	Chi-square	0.302; p=0.860			0.287; p=0.866		
Children	Less than one year	46	133	179	55	124	179
		25.7%	74.3%	100.0%	30.7%	69.3%	100.0%
	1-2 years	47	120	167	51	116	167
		28.1%	71.9%	100.0%	30.5%	69.5%	100.0%
	Longer	17	37	54	14	40	54
		31.5%	68.5%	100.0%	25.9%	74.1%	100.0%
	Chi-square	0.755; p=0.685			0.495; p=0.781		
Attending birthing classes	Yes	53	147	200	64	136	200
		26.5%	73.5%	100.0%	32.0%	68.0%	100.0%
	Not	57	143	200	56	144	200
		28.5%	71.5%	100.0%	28.0%	72.0%	100.0%
	Chi-square	0.113; p=0.737			0.583; p=0.445		
Age	Up to 30 years old	88	210	298	82	216	298
		29.5%	70.5%	100.0%	27.5%	72.5%	100.0%
	> 30 years old	76	226	302	92	210	302
		25.2%	74.8%	100.0%	30.5%	69.5%	100.0%
	Chi-square	1.227; p=0.268			0.498; p=0.481		
Place of residence	Urban area	123	330	453	131	322	453
		27.2%	72.8%	100.0%	28.9%	71.1%	100.0%
	Rural area	41	106	147	43	104	147
		27.9%	72.1%	100.0%	29.3%	70.7%	100.0%
	Chi-square	0.005; p=0.946			0.000; p=1.000		
Education	Primary/vocational	22	30	52	13	39	52
		42.3%	57.7%	100.0%	25.0%	75.0%	100.0%
	Secondary	40	122	162	48	114	162
		24.7%	75.3%	100.0%	29.6%	70.4%	100.0%
	Higher	102	284	386	113	273	386
		26.4%	73.6%	100.0%	29.3%	70.7%	100.0%
	Chi-square	6.600; p=0.037			0.449; p=0.799		

■ Tab. 7. Effect of sociodemographic variables on the benefits of shared childbirth – part 3

Variables		Shared childbirth					
		makes childbirth quicker and easier			brings spouses closer together		
		Not selected	Selected	Total	Not selected	Selected	Total
Duration of marriage	Less than one year	22	11	33	15	18	33
		66.7%	33.3%	100.0%	45.5%	54.5%	100.0%
	1-2 years	81	33	114	71	43	114
		71.1%	28.9%	100.0%	62.3%	37.7%	100.0%
	Longer	166	87	253	149	104	253
		65.6%	34.4%	100.0%	58.9%	41.1%	100.0%
	Chi-square	1.062; p=0.588			2.996; p=0.224		
Children	Less than one year	121	58	179	113	66	179
		67.6%	32.4%	100.0%	63.1%	36.9%	100.0%
	1-2 years	108	59	167	90	77	167
		64.7%	35.3%	100.0%	53.9%	46.1%	100.0%
	Longer	40	14	54	32	22	54
		74.1%	25.9%	100.0%	59.3%	40.7%	100.0%
	Chi-square	1.656; p=0.437			3.048; p=0.218		
Attending birthing classes	Yes	130	70	200	124	76	200
		65.0%	35.0%	100.0%	62.0%	38.0%	100.0%
	Not	139	61	200	111	89	200
		69.5%	30.5%	100.0%	55.5%	44.5%	100.0%
	Chi-square	0.726; p=0.394			1.485; p=0.223		
Age	Up to 30 years old	211	87	298	171	127	298
		70.8%	29.2%	100.0%	57.4%	42.6%	100.0%
	> 30 years old	207	95	302	184	118	302
		68.5%	31.5%	100.0%	60.9%	39.1%	100.0%
	Chi-square	0.264; p=0.607			1.485; p=0.223		
Place of residence	Urban area	309	144	453	264	189	453
		68.2%	31.8%	100.0%	58.3%	41.7%	100.0%
	Rural area	109	38	147	91	56	147
		74.1%	25.9%	100.0%	61.9%	38.1%	100.0%
	Chi-square	1.581; p=0.209			0.463; p=0.496		
Education	Primary/vocational	39	13	52	22	30	52
		75.0%	25.0%	100.0%	42.3%	57.7%	100.0%
	Secondary	112	50	162	103	59	162
		69.1%	30.9%	100.0%	63.6%	36.4%	100.0%
	Higher	267	119	386	230	156	386
		69.2%	30.8%	100.0%	59.6%	40.4%	100.0%
	Chi-square	0.766; p=0.862			7.452; p=0.024		

DISCUSSION

The period of pregnancy and waiting for the birth of a child brings not only joy but also causes anxiety and stress, fear/uncertainty, and hope [10-20]. Our findings are in accordance with previous reports. According to the literature [21], the presence of fathers during childbirth is associated with feelings of pride in their paternal role and affection towards their partners and newborns. The study identified significant variations in fathers' emotional responses based on factors such as age, education, employment status, presence in the delivery room, method of birth, and whether they had attended preparatory hospital visits.

A father becomes an entity taking an active part in childbirth. In a dialogue between spouses, new concepts and expressions appear, reflecting the joy of parenthood, mutual understanding, appropriate emotions, and shared commitment.

Fear of childbirth is a prevalent clinical psychological issue for both mother and father. Dai and co-authors [22] aimed to explore differences in parental fear of childbirth, identify gaps in related research area, and provide directions for future studies. They reviewed a total of 203 publications. Of them, 181 were maternal studies and 22 were paternal studies. They concluded that factors such as marital status, personality, and others specific to mothers can also be applied to paternal fear of childbirth.

McNab and co-authors [23] explored factors that influence fathers' experiences of childbirth and implications for their subsequent postnatal mental health. Fathers who attend the birth of their baby often have very rewarding experiences. They found that good communication between fathers and midwives is a fundamental part of providing good care before, during and post-childbirth, as it can reduce partners' feelings of isolation, improve their relationships and limit development and impact of psychological trauma. Also, they postulated to develop more on-line partner sites, parenthood education programmes and support groups, which include education about how to prevent, recognise, support and treat mental health complications.

Xue and co-authors [24] evaluated thirty-one studies on fathers' involvement during pregnancy and childbirth. While fathers desired to be actively involved in the antenatal and intrapartum periods, they cited several barriers that impeded their involvement. These barriers were examined as part of the factors influencing their levels of involvement, including the levels of informational support, attitudes towards involvement, qualities of marital relationship, relationships with their own parents, and sociodemographic factors.

Approximately half of the fathers surveyed by Berkau and co-authors [25] indicated that they had agreed with their wife or partner prior to pregnancy that they would be present at the birth. The remaining fathers made this decision during the pregnancy. The survey found that this was typically a mutual decision, as wives or partners generally considered the presence of their partner to be beneficial. Both surveyed women and men reported that family decisions should be made together.

Kmita and co-authors [26] analysed possible links between paternal involvement and children's competence in coordinated joint attention in preterm versus full-term 12-month-old babies. Episodes of joint attention were more frequent in interactions of fathers with full-term babies in comparison to extremely premature babies.

Berkau and co-authors [25] asked respondents to rate (on a scale of 1 to 10, where 1 meant mild fear and 10 meant great fear) their level of fear of childbirth. It turned out that 33.7% of them declared that they felt no strong fear, and only 3% of the men were extremely fearful of childbirth. The majority (90%) of respondents did not feel weak during labor, but 10% felt some discomfort and stated that they were not used to such sights.

Pregnancy is a significant period for both women and their partners. Many parents-to-be find this new situation challenging. Childbirth classes can be beneficial for both mothers and fathers. Wdowiak and co-authors evaluated the impact of antenatal classes on childbirth, noting that participants' education and age influence their decision to attend these classes [27]. Our study has shown similar results.

In conclusion, it is important to emphasise that men must be encouraged to increase their knowledge about childbirth. Conscious support of the woman during childbirth and the postpartum period requires adequate behaviour from the partner. After all, the husband/partner is an irreplaceable link between the woman giving birth and the medical staff.

Study limitations

The study's sample size (groups $n=200$) may be too small to generalize the findings to a larger population. The study's methodology might have inherent biases or limitations that could affect the results. There could be limitations related to the data collection process, such as reliance on self-reported data, which can be subject to bias. The study might have been conducted over a limited period, which could affect the long-term applicability of the findings. The findings may not apply to different settings or populations outside the study sample.

CONCLUSIONS

Men's age, place of residence, education, duration of marriage, having children, and attending childbirth classes impacted the perception of childbirth. Men attending childbirth classes were more likely to want to attend childbirth. Men who did not think about replacing their wives on maternity leave more often did not want to participate in childbirth.

Recommendations

Intensive antenatal education for fathers should be implemented, offering information about applicable standards and rights related to pregnancy/childbirth, as well as rights regarding partner care postpartum and child care.

ORCID

Elżbieta Krajewska-Kułak  <https://orcid.org/0000-0002-9425-2430>
 Agnieszka Kułak-Bejda  <https://orcid.org/0000-0001-6334-9371>
 Grzegorz Bejda  <https://orcid.org/0000-0002-4829-0292>
 Napoleon Waszkiewicz  <https://orcid.org/0000-0002-7021-5133>
 Katarzyna Van Damme-Ostapowicz  <https://orcid.org/0000-0001-9419-7091>
 Edyta Rysiak  <https://orcid.org/0000-0001-8972-1493>

REFERENCES

1. Bejda G, Kułak-Bejda A. Depression - is it also a problem for men? *Prog. Health Sci.* 2022; 12(2): 90-98. <https://doi.org/10.5604/01.3001.0016.1752>.
2. Goodman JH. Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health. *J. Adv. Nurs.* 2004; 45(1): 26-35. <https://doi.org/10.1046/j.1365-2648.2003.02857.x>.
3. De Vries R, Nieuwenhuijze M, Buitendijk SE, et al. What does it take to have a strong and independent profession of midwifery? Lessons from the Netherlands. *Midwifery.* 2013;29(10):1122-1128. <https://doi.org/10.1016/j.midw.2013.07.007>.
4. Bahl R, Strachan B, Murphy DJ. Outcome of subsequent pregnancy three years after previous operative delivery in the second stage of labour: cohort study. *BMJ.* 2004;328(7435):311. <https://doi.org/10.1136/bmj.37942.546076.44>.
5. Grignaffini A, Soncini E, Ricco R, et al. Corsi di preparazione al parto: valutazioni ostetriche e alla nascita [Childbirth preparation courses: obstetrical and neonatal evaluation]. *Acta Biomed Ateneo Parmense.* 2000;71 Suppl 1:701-707. Italian.
6. Soderquist J, Wijma K, Wijma B. Traumatic stress in late pregnancy. *J. Anxiety Disord.* 2004;18(2):127-142. [https://doi.org/10.1016/S0887-6185\(02\)00242-6](https://doi.org/10.1016/S0887-6185(02)00242-6).
7. Lundgren I, Berg M, Lindmark G. Is the childbirth experience improved by a birth plan? *J. Midwifery Women's Health.* 2003;48(5):322-328. [https://doi.org/10.1016/s1526-9523\(03\)00278-2](https://doi.org/10.1016/s1526-9523(03)00278-2).
8. Ulman-Włodarz I, Poręba A, Kwiatkowska E, et al. Poród z udziałem ojca – wpływ na kształtowanie więzi w rodzinie Klin. *Perinatol. Ginekol.* 2007;43:52-56.
9. Zimmermann-Tansella C, Dolcetta G, Azzini V, et al. Preparation courses for childbirth in primipara. A comparison. *J. Psychosom. Res.* 1979;23:227-233.
10. Hershkovitz-Freudenthal A, Lavenda O. Factors associated with contemporary father-hood. *Front. Psychol.* 2024;15:1403955. <https://doi.org/10.3389/fpsyg.2024.1403955>.
11. Dubras L. The birth of the School of Medicine at Ulster University. *Ulster Med. J.* 2021; 90(3):135-137.
12. Fijałkowski W. Ku afirmacji życia. Lublin: Wyd. Gaudium, 2003.
13. Stewart DE, Vigod SN. Postpartum Depression: Pathophysiology, Treatment, and Emerging Therapeutics. *Annu. Rev. Med.* 2019;70:183-196. <https://doi.org/10.1146/annurev-med-041217-011106>.
14. Walsh TB, Carpenter E, Costanzo MA, et al. Present as a partner and a parent: Mothers' and fathers' perspectives on father participation in prenatal care. *Infant Ment. Health J.* 2021;42(3):386-399. <https://doi.org/10.1002/imhj.21920>.
15. Corno G, Espinoza M, Maria Baños RA. narrative review of positive psychology interventions for women during the perinatal period. *J. Obstet. Gynaecol.* 2019;39(7):889-895. <https://doi.org/10.1080/01443615.2019.1581735>.
16. Parkinson KN, Reilly JJ, Basterfield L, et al. Mothers' perceptions of child weight status and the subsequent weight gain of their children: a population-based longitudinal study. *Int. J. Obes (Lond).* 2017;41(5):801-806. <https://doi.org/10.1038/ijo.2017.20>.
17. Simonelli A, Parolin M, Sacchi C, et al. The Role of Father Involvement and Marital Satisfaction in the Development of Family Interactive Abilities: A Multilevel Approach. *Front. Psychol.* 2016;7:1725. <https://doi.org/10.3389/fpsyg.2016.01725>.
18. Kornas-Biela D. Najmłodsze dziecko w rodzinie [w]: Rodzina. Myśli i działanie. Soszyńska G. (red.). Lublin: Wyd. Polihymnia; 2004, s. 52.
19. Formański J. Charakterystyka rozwoju człowieka w poszczególnych okresach życia. [w:] Psychologia. Warszawa: PZWL; 2003, p. 300-302.
20. Alderdice F. Enduring questions in perinatal psychology. *J. Reprod. Infant Psychol.* 2018;36(5):461-462. <https://doi.org/10.1080/02646838.2018.1539440>.
21. He HG, Vehviläinen-Julkunen K, Qian XF, et al. Fathers' feelings related to their partners' childbirth and views on their presence during labour and childbirth: A descriptive quantitative study. *Int. J. Nurs. Pract.* 2015; 21 Suppl 2:71-79. <https://doi.org/10.1111/ijn.12339>.
22. Dai J, Shi Y, Guo L, et al. Discrepancy in parental fear of childbirth: A scoping review. *Midwifery.* 2023;126:103830. <https://doi.org/10.1016/j.midw.2023.103830>.
23. McNab E, Hollins Martin CJ, Norris G. Factors that influence father's experiences of childbirth and their implications upon postnatal mental health: A narrative systematic review. *Nurse Educ Pract.* 2022;65:103460. <https://doi.org/10.1016/j.nepr.2022.103460>

24. Xue WL, Shorey S, Wang W, et al. Fathers' involvement during pregnancy and childbirth: An integrative literature review. *Midwifery.* 2018; 62:135-145. <https://doi.org/10.1016/j.midw.2018.04.013>.
25. Berkau A, Suchowicz S, Plagens-Rotman K. Poród rodzinny z perspektywy ojca dziecka. *Pol. Prz. Nauk Zdr.* 2016; 1(46): 18-23.
26. Kmita G, Kiepusa E, Majos A. Paternal Involvement and Attention Sharing in Interactions of Premature and Full-Term Infants with Fathers: A Brief Report. *Psychol. Lang. Commun.* 2014;18(3):190-203. <https://doi.org/10.2478/plc-2014-0019>.
27. Wdowiak A, Bakalczuk G, Dadej E, et al. Birthing school – patient's assessment on the influence of classes on parturition. *Pielęgniarstwo XXI wieku* 2016;15(3): 17-22. <https://doi.org/10.1515/pielxxiv-2016-0023>.

Manuscript received: 10.11.2024

Manuscript accepted: 17.12.2024