

Original Articles

The Experiences of Men Who Had Attended the Birth of Their Child at a Maternity Center

Rieko Kojima

Kansai University of Nursing and Health Sciences, Faculty of Nursing, Maternity Nursing and Midwifery

Objective: One purpose was to clarify how men become involved in child-bearing by describing their experiences from the pregnancy period to birth. The other was to examine the importance of caring for men on the basis of their descriptions of the experience of becoming a father.

Design: qualitative study.

Results: The following nine categories were extracted: [awareness of the partner's pregnancy experiences], [annoyance about changes in the relationship with one's partner], [re-evaluation of conventional gender norms], [realization that their unborn child is connected to them], [discovery of their role in the childbirth], [facing the childbirth/childrearing with supports], [sense of fulfillment from the delivery], [reconstruction of the self as a father] and [feelings of acceptance from others].

Conclusion: A man's transition into a father begins with his awareness of his partner's pregnancy experiences; however, he is unaware of the extent to which he is required to be involved. This study suggests that midwives ease this transition by offering conflict-resolution skills training, counsel expectant fathers to give meaning to their experiences, or help create an environment conducive to acceptance of fatherhood.

Keywords: The self as a father, relationship with partner, realization that their unborn child, midwives' care

Introduction

The Ministry of Health, Labor and Welfare compiled "Measures to curb the declining birth rate, plus one" ("Plus One") in September 2002 and "Ikumen project" in June 2010. Under these policies, in addition to standing policy that has focused on rethinking how men work while raising children, policy that stands on the importance of improving compatibility of childrearing and work in collaboration with men and women

is stated that should be advanced.

In the West, qualitative studies such as the subjective experience of prospective fathers from pregnancy period to early postpartum period (May, 1982; Hallgren, 1999; Jan, 2002, 2003 a, 2003 b; O'Leary, Thorwick, 2006; Claudia, 2011) and the experience during being a father and mother of a premature baby (Pia, 2003; Amy, 2008; Sbawn, 2009) have been explored. According to these studies, providing pregnant women and newborn babies with

perinatal care primarily, men feel a sense of alienation and confusion by nurses, midwives and medical doctors. Furthermore, Jan (2003a) reports the men in her study attempted to resist their marginalisation by forging or developing their own rites of passage which helped shape their transition to fatherhood.

In Japan, qualitative studies such as the subjective experience of prospective mothers from pregnancy period to early postpartum period and the way of support for women to midwives have been conducted (Hasegawa, Murakami, 2005; Futagawa, Nagayama, 2005; Yokote, Nagata, Miyazato, 2006). However, until recently, research into fatherhood in Japan has primarily focused on the search of factor of becoming a father; such as understanding the imminent reality of the unborn baby, attending the childbirth, and participating in birthing classes (Miyataka, 2002; Wakita, Kojima, Irisawa: 2003; Nakajima and Ushinohama: 2006, 2007; Aono, Takagi, Sasagawa et al.:2005, Nakajima,2006). These factors are recognized to affect a sense of fatherhood. Therefore, the question currently being discussed is how potential parents can be made aware of the importance of these aspects in preparing a man to become a father. In recently, some number of research has been studied about the experience and process of being a father (Nagamori, Horiuchi, Ito, 2005; Morita, Mori, Ishii,2010), and the experience during being a father of a premature baby (Tsuneta, 2006). However, there are little descriptions about the process how men change to the one who involves in childbearing. Midwives need to know about men's experience of maternity period, because our job is including supporting them during transition to parent.

This study has two aims. The first is to clarify the process of how men transform themselves as the person concern involved in

childbearing by describing the experiences from the pregnancy period to birth. The other is to examine the importance of caring for men, which is based on descriptions given by fathers.

Methods

Place and Period of Investigation

The first investigation period at Maternity Center A: from September in 1999 to September in 2000 (period 1).

The second investigation period at Maternity Center A: from August to September in 2005 (period 2).

The third investigation period at Maternity Center B: from August in 2009 to March in 2010 (period 3).

The fourth investigation period at Maternity Center C: from August in 2010 to January in 2011 (period4).

Subject of Investigation

Maternity Center A: five men (period 1), two men from period 1 (period 2).

-Three men in their twenties and attend the birth at first

-Two men in their thirties and attend the birth at thrice

Maternity Center B: two men in their twenties and first attend the birth.

Maternity Center C: one men in his twenties and first attend the birth.

Data Collection and Analysis

First, the midwives at each maternity center explained the study to the fathers. Participants included fathers who agreed with the purpose of the research and privacy policy, and to having the findings published in a research article. Data were collected through individual interviews two to four times during the pregnancy period and once after childbirth. It was decided that individual interviews were the most suitable method to understand the fathers' experiences.

Other sources of information were birth plans, the father's private journal, and participant observation of interactions between the couple and midwives in the gynecological examination room, prenatal class, and delivery room. First, data were gathered from the fathers' private journals. These data were then supplemented with data from a separate interview with two fathers who each visited the maternity center thrice and the results were referred to in the interview lists. Additional data were then gathered from interviews of three fathers who had been present for their child's birth at Maternity Center A during Period 1. Each interview conducted by the researcher took between 20 and 30 min. The interview began with a broad open-ended question, such as "Could you tell me about your experiences in the maternity center?" Subsequently, participants were asked to speak freely and provide as much detail as possible. After all the data were collected, the researchers read each interview carefully and made notes about the content of the text. Then, open coding was performed, and when ideas occurred to the researchers, these were written down as memos. Each word was closely reviewed and sentence tags were assigned. Subsequently, similar tags were compiled to form larger categories. Finally, the larger categories were contextually arranged into a story line.

During Period 2, data were gathered from two fathers for the purpose of member checking. In Periods 3 and 4 data were gathered for theoretical sampling. It helped determine whether additional categories could be generated. Fathers at another maternity center were interviewed in private (two to four times during the pregnancy period and once after childbirth), and at a class for fathers, as in Period 1. There were no additional categories used in the theoretical sampling. Furthermore,

researchers in the fields of maternity nursing and sociology supervised this study, lending valuable support by improving the accuracy, credibility, and validity of this study. One main category emerged from the analysis.

Ethical considerations

Periods 1 and 2: As Ritsumeikan University does not have an ethics committee, the researcher briefed each participant orally, explaining the purpose of the study, voluntary nature of participation, and measures to maintain anonymity and confidentiality of the data, and also sought consent to publication and presentation of findings. Oral consent was obtained for individuals who wished to participate after the briefing. Periods 3 and 4: At the Japanese Red Cross Hokkaido College of Nursing, the researcher presented written and oral briefings to the participants in accordance with a protocol of ethics approved by the institute's research ethics board. Written consent was obtained from the individuals who wished to participate after this briefing.

Data were stored in a secure location both during and after the collection and the participants identities were kept confidential.

Results

1. The experiences of men attending the birth of their child at a maternity center

After analyzing the accounts of the men attending the birth of their children in the maternity center, the following nine categories were extracted: [awareness of the partner's pregnancy experiences], [annoyances about changes in the relationship with one's partner], [re-evaluation of conventional gender norms], [realization that their unborn child is connected to them], [discovery of their role in the childbirth], [facing the childbirth/

childrearing with supports], [sense of fulfillment from the delivery], [reconstruction of the self as a father], and [feelings of acceptance from others]. Through comparative examination of the relationships between each of these categories, [reconstruction of the self as a father] was determined to be the core category.

Below, I outline the nine categories, subcategories that make them up, and the men's experiences from which each category was derived. Categories are shown within square brackets ([]), subcategories within double quotation marks (" "), personal accounts of experiences within single quotation marks (' '), and any additional notes to assist in our explanation of the experiences are shown within parentheses ().

1) [Awareness of the partner's pregnancy experiences]

This category is made up of three subcategories: "being unable to grasp the idea that they are also involved," "being uncomfortable during check-up examinations," and "wanting to leave the delivery to the medical professionals." During the prenatal checkups in the early stages of pregnancy, men expecting the delivery of their first child were encouraged to enter the examination room by either their partner or the midwife, and they reported feeling nervous during the examination. They found it difficult to verbalize this experience in an interview held later on; when asked during an interview in the later stages of pregnancy or after the birth, these same men described themselves as being unable to grasp at first that they too were a part of the situation, which had made them uncomfortable during examinations. Some claimed they were not convinced that their participation in birthing classes was necessary, even

describing their confidence in leaving the birth itself to the medical professionals rather than being involved. These experiences were categorized as [awareness of the partner's pregnancy experiences].

'With the birth happening in a week, it may seem irresponsible of me to leave her in the hands of the maternity center, but peace of mind is peace of mind.'

'I don't know if I could have gone to the maternity center if it hadn't been for the ultrasounds. I felt really out of place. At first, I really didn't know what to do with myself.'

'At first, I hadn't really thought much about actually attending the birth. I mean, no one had ever really taught me about childbirth or childrearing. I think most men are in the same boat when it comes to this.'

2) [Annoyance about changes in the relationship with one's partner]

This category consists of two subcategories: "annoyance at partner for not living up to their expectations in the fulfillment of her role" and "annoyance in response to the roles their partner imposes on them." The men we interviewed explained how they expected their partners to continue with housework and other such domestic duties in the same way as they had before the pregnancy, and they expressed irritation when these tasks were not being completed as well as before. Another complaint was annoyance at their partner for seeking emotional support and active contribution to the birth/childrearing.

On the other hand, women were irritated by their partners due to the lack of interest men had in the pregnancy, and because men would not sympathize with them or assist in the childrearing. Midwives advised women that the more forcefully they pushed their own demands on their partners the more their

partner would deny them, so they taught women an alternative method of communication; women must first empathize with how busy their partners are before conveying their own feelings. In addition, during childrearing classes and check-ups, alongside their explanation of the pregnancy process, midwives explained to the *couple* the way in which a woman's body changes during pregnancy, and how according to these changes, moving around becomes more difficult and thus the woman tires easily. After these consultations, women spoke of how the style of communication in the relationship had changed. During interviews conducted in the later half of the pregnancy or during the one-month post-natal consultation, many men reflected back on their earlier annoyance, blaming it on the fact that "they had not become parents yet." Men's experiences until this point are categorized as [annoyances about changes in the relationship with one's partner].

'At first, I felt that I was the only one going to work, and because I was tired at the end of the day, everything being said to me after work was irritating. So, we would end up fighting.'

'I wasn't always like this. When we were having our first child, I honestly wondered, why do I have to go to these places (birthing classes) on my days off?'

3) [Re-evaluation of conventional gender norms]

This category consists of three subcategories: "reexamining male norms regarding childbirth/childrearing," "emotional friction between the male self and the self attending the birth," and "examining the views on childbirth/childrearing held by other fathers or expecting fathers." In the time between the pre-natal and the one-month post-

natal examinations, men are often exposed to the influences of male norms regarding childbirth/childrearing through their own fathers as well as colleagues and superiors at work. Therefore, these men felt a friction between their pride (in being men) and their wanting to attend the childbirth. However, by interacting with other men in similar situations—either at pre-natal examinations or during birthing classes—and hearing the accounts of men who had attended previous births, their views on childbirth/childrearing became less influenced by male norms and they began to reexamine their own words and actions. In addition, the experiences they underwent in the [annoyances about changes in the relationship with one's partner] stage were also attributed as a cause for such reexamination. All of the experiences leading to this reexamination are categorized as [re-evaluation of conventional gender norms].

'I had been told by my work colleagues and my father that the birth was something men shouldn't have anything to do with; so, at first, I hadn't thought about attending the birth at all.'

'To take time off from work (for the birth or for check-ups) really requires courage. My superiors had never done so themselves, so I thought they wouldn't understand; particularly when it was busy at work, it became harder and harder to ask for the time off.'

4) [Realization that their unborn child is connected to them]

This category consists of three subcategories: "realizing that the unborn child is growing," "awaiting/anticipating the birth of the child," and "feeling responsibility for the life about to be born." During the examinations, the midwife would often lead

the man to a position where he could view the ultrasound clearly; then, by viewing the ultrasound images or by placing dolls corresponding to the size of the unborn child (according to the number of weeks developed) on top of the woman's pregnant belly, they showed the child's progressive growth, assisting in the man's realization that the child was actually growing. During the examinations and birthing classes, further messages were passed on to prospective parents, including "the infant is an individual person with its own personality," "waiting naturally respects the infant's will; therefore, one should wait for the infant to decide when it wants to be born," and "some infants are born with disabilities, so the family should discuss how they would receive that life if such a disability was to emerge." During later examinations, the men began to speak or act in a way that suggested they acknowledged the growth of the unborn child when looking at the ultrasound images, and began verbalizing their anticipation for the birth. Their experiences are categorized here as [realization that their unborn child is connected to them].

'(While looking at the ultrasound and dolls) Wow, the baby has really grown. A child this size is really inside that belly, isn't it?'

'I now understand that the baby is going to be born when it wants to be, and now I'm just waiting for that day to come. Since realizing this I've felt a sense of relief.'

'By attending the birth and simply being alive, I felt my child was really here, and was here for me. I understood that this child's existence itself was giving me strength.'

The feeling of wanting to be a part of the delivery really welled up inside of me.'

5) [Discovery of their role in the childbirth]

This category consists of five subcategories:

"acquiring the information/knowledge related to pregnancy/childbirth," "adjusting relationships with family and partner," "searching for the role as an attendee at the birth," "consideration toward the partner," and "appreciation from the partner." By participating in classes or attending check-ups, men were able to understand what kind of physical and psychological changes their partner was undergoing as the pregnancy progressed. These men began showing changes both verbally and in their actions, including showing more consideration toward a partner past their delivery date, making adjustments in their interactions with their families, and beginning to actively search within themselves for their role as an attendee at the birth. In addition, the positive reactions from the women toward men who were preparing to attend the birth also assisted in encouraging this behavior. These experiences are categorized as [discovery of their role in the childbirth].

'(Toward the partner's mother) Mother, women apparently become nervous when they pass their due date, so it's apparently not good to keep asking when the baby is coming.'

'I studied about the delivery, and thought about what I should do when the baby was being born. My wife told me I didn't have to massage her back when she was in labor, so I thought about how I would sit and wait out the delivery.'

'Partway through the delivery, there came a point, didn't there, where my wife said 'I can't do this anymore.' When this happened, I wanted to comfort her and tell her that wasn't the case.'

6) [Facing the childbirth/childrearing with supports]

This category consists of two subcategories: "support from other men who have attended

births previously” and “support from midwives.” For men facing the new challenges of attending childbirths and raising children, the support provided from exchanges with other men who have had the same experiences, and any advice or perspectives passed on by midwives during check-ups gave these men the opportunity to progress. These experiences compose the category, [facing the childbirth/childrearing with supports].

‘I first thought that it would be good to have the baby delivered here after attending the classes and listening to the stories of fathers who have had their children delivered here before. But after hearing a particular father’s story about how, after studying the delivery process, he couldn’t accept anything happening using artificial methods, but he could accept things that occurred naturally, I realized that I agreed. After coming to terms with this, I thought this would be a good place to have the delivery.’

‘The support was not imposing. Midwife told me, “There are things the father can do as well. Your job is to back-up the mother” and “You have a role in the future”; so, rather than just worrying about what to do during the actual birth, I realized there were many things I had to learn in the long-term.’

7) [Sense of fulfillment from the delivery]

This category consists of two subcategories: “sense of unity with the partner/family” and “sense of accomplishment from fulfilling their own duty.” Having understood, to a degree, the changes women underwent leading up to the childbirth, many men attended the birth after determining their role and duties for the delivery and beyond.

Typically, these men had also experienced 4) [realization that their unborn child is connected to them], which was linked to their

statements of how they felt a sense of fulfillment in completing their duties. Phrases such as “we gave birth together” were used, showing a sense of unity with their partners, children, and families and expressing a sense of accomplishment in completing the duties they had laid out for themselves. These experiences are represented as [sense of fulfillment from the delivery].

‘Just by accepting this responsibility, the happiness and joy I felt was amazing. You could say I was deeply moved. I was able to feel like I was a part of the birth, as if we had delivered the child together.’

‘It seemed to me the midwife knew the umbilical cord was wrapped around our baby’s neck. But the midwife didn’t say anything to stop us from worrying. I’m glad we weren’t told. We were able to focus on delivering the baby together instead.’

‘Even though I couldn’t feel the pain, just by feeling her tense or by seeing her sweat and the expressions on her face I could see the struggle that it was to give birth.’

‘I was anxious right to the very end. When our baby was born I was so relieved, and rather than feeling ‘joy’, I felt I was able to take on responsibility.’

8) [Reconstruction of the self as a father]

This category consists of three subcategories: “realization that this is my own child,” “thoughts and feelings about being a father,” and “transition to childrearing.” During the later stages of pregnancy, men referred to the unborn child inside the woman’s body as “my child” or by name, and expressed how they were looking forward to meeting the child at birth. In addition, these men acknowledged that they too would have a role in raising the child after birth, and were even able to express their thoughts and

feelings as a father. These experiences are categorized as [reconstruction of the self as a father].

'This is my child; I'm definitely going to be there the moment he or she is born.'

'When she was examined at five in the morning, we heard that the birthing process had begun. From that moment, all I wanted was to meet my child and see my child's face.'

'When watching the actual birth, I felt the reality hit me that this was really my child about to be born, and that assisting was the most natural thing to do.'

'I think I'll be a parent that can scold my children. I want to watch my children carefully, and even though I don't anger very easily, if they do the wrong thing, I want to be the kind of parent that can properly discipline them. When my children reach puberty, I want to work hard to still be able to talk to them, unlike the case between my father and me.'

9) [Feelings of acceptance from others]

This category consists of three subcategories: "feeling accepted by the midwife," "feeling comfortable in the maternity center," and "continuous family time." In the later check-ups or after delivery, even many men who had been nervous during the initial examination entered the examination rooms of their own accord, spoke openly to the midwife about work, and showed signs of feeling relaxed, such as sitting cross-legged on the tatami mats. These men described the midwife as a motherly figure, and reported that the maternity center was a "place where they could relax, just like at home." Even after the delivery, some men would visit the maternity center after work and rest beside their partner and child, or bathe the newborn alongside one of their older children. In this way, they were

able to create time for family while the mother was still in the center. This was categorized as [feelings of acceptance from others].

'You could say this was a calming place, and when we came for check-ups we came hand-in-hand, listened to the midwife about the progress of our child, gazed at the photographs here together, and then we went home, holding hands and talking about the baby growing inside of her. I came to look forward to these visits.'

'The midwives always welcome us warmly, and have a calming, motherly presence.'

Discussion

[Reconstruction of the self as a father]: a change toward men being more involved in the pregnancy/childbirth

In this study, [reconstruction of the self as a father] is determined to be a core category. (Table 1).

Men who were only at the stage of having [awareness of the partner's pregnancy experiences] felt they were "unable to grasp the idea that they were involved" and "wanted to leave the delivery to the medical professionals." They also felt "uncomfortable during check-up examinations."

As a result, these men experienced [annoyances about changes in the relationship with one's partner], who wanted them to play the role of a father and be supportive during the pregnancy and eventual childbirth.

Although men were facing the new challenges of attending their childbirth in addition to being supportive during their partner's pregnancy, and many were engaged in their [re-evaluation of conventional gender norms], these efforts were negatively influenced by their [annoyances about changes in the relationship with one's partner], facilitated by

their identification with male norms regarding childbirth/childrearing. Prior research has found that the degree of satisfaction felt during parenthood is directly linked with the communication style used to solve conflicts between spouses (Horiguchi: 2000), however, finding a communication style to solve such conflicts between men caught up in male norms regarding childbirth/childrearing and women who cannot understand what the man is experiencing can be difficult. Spousal disagreements occur more easily during pregnancy, and this period can be referred to as a critical time during a marriage.

Despite this, while the [re-evaluation of conventional gender norms] is encouraged to resolve the “the emotional friction between the male self and the self attending the birth,” men are also encouraged to discover their role in the childbirth, and this process is considered vital in helping men become more involved in the pregnancy/childbirth.

Furthermore, through experiences gained at the maternity centers, many of the men I interviewed had a [realization that their unborn child is connected to them] through “awaiting/anticipating the birth of the child” and “feeling responsible for the life about to be born,” which were both feelings based on “the realization that the unborn child is growing.”

Moreover, many men further developed through experiences such as [discovery of their role in the childbirth], [facing the childbirth/childrearing with supports], feeling a [sense of fulfillment from the delivery], and [reconstruction of the self as a father]. In previous research on father-child relationships, the factors urging men to change into fathers were found to include “realizing the existence of the unborn child through ultrasound images,” “participation in birthing classes,” and “actively attending the birth” (Kobayashi; Nagamori;

Nakajima and Ushinohama; Nakajima and Ushinohama: redescribed). However, it is likely vital that men have other people supporting them, so that these experiences can be more meaningful.

Men who had not yet acknowledged themselves as being involved mostly did not experience [feelings of acceptance from others]; however, the process of accompanying their partner throughout the pregnancy, delivery, and post-partum period and their own thought process regarding their roles as attendees of the birth contributed toward helping these men accept their involvement in their child's life.

Overseas studies on the subjective experiences of men from the pregnancy to the post-partum period (Hallgren: 1999; Jan: 2001, 2002) found that feelings of “bewilderment,” “alienation,” and “helplessness” continued throughout the pregnancy to the delivery, and lingered even in early post-partum stages. Therefore, whether these feelings occur due to the lack of [feelings of acceptance from others] or whether they exist as subcategories of [awareness of the partner's pregnancy experiences] will require further comparative investigation even in Japan.

Conclusion

According to the results of this study, a man's transition into a parent begins at his awareness of his partner's pregnancy experiences, while the man is not yet aware that he is involved. He then begins to reevaluate the conventional male gender norms, where he acknowledges how his interactions with others influence him and the inner interactions between his sense of self and the role he wants to play; through these interactions, he becomes aware of his place in the delivery and childrearing process. Following this, the man experiences a reconstruction of his self,

centered on being a father.

In addition, in order to encourage this process and understanding, we suggest that individuals in supportive roles (e.g., midwives) pass on the skills required to resolve issues between spouses, and speak to men or help create an environment in which men can achieve a feeling of acceptance from others, and help give meaning to the experiences of these men.

Acknowledgements

This research was supported by KAKEN: No. 21592807.

Moreover a part of this thesis was also presented at the conference outlined below.

Experience of men who have attended the birth of their child at the Maternity Center. Poster.25th European Health Psychology Conference, Crete,Greece. (2011).

References

Akiko Morita, Megumi Mori, Kuniko Ishii. (2010): Expectant fathers' experiences in duration of gestation which provided the opportunity to think about their postpartum role and behavior, *Japanese Journal of Maternal Health*, 51(2), pp.425-432.

Aya Hasegawa, Akemi Murakami. (2005): Satisfactory Childbirth: Analysis of women's notes at a midwifery institute, *Japanese Journal of Maternal Health*, 45(4), pp.489-495.

Claudia Hofner, Schadler Cornelia, and Richter Rudolf (2011): When Men Become Fathers: Men's Identity At The Transition To Parenthood. *Journal of Comparative Family Studies*, 42(5), pp.669-686.

Eva K. Persson, Bent Fridlund, Linda J. Kvist. (2011): Fathers' sense of security during the first postnatal week-A qualitative interview study in Sweden, *Midwifery*, 28, pp.697-704.

Fumiko Miyataka. (2002): Longitudinal study

of changes in the mother's consciousness after childbirth and related paternal factors: Comparison between primiparas and multiparas during 18months after childbirth, *Journal of JSPOG*, 7(1), pp.95-107.

Greer Litton Fox. (2001): Conditional Fatherhood: Identity Theory and Parental Investment Theory as Alternative Sources of Explanation of Fathering, *Journal of Marriage and Family*, 63, pp.394-403.

Hallgren A. (1999): Swedish father's involvement in and experiences of childbirth preparation and childbirth, *Midwifery*, Mar 15(1), pp.6-15.

Jan Draper. (2002): It's the first scientific evidence: Men's experience of pregnancy, *Journal of Advanced Nursing*, 39(6), pp.567-570.

Jan Draper. (2003a): Men's passage to fatherhood: an analysis of the contemporary relevance of transition theory, *Nursing Inquiry*, 10(1), pp.66-78.

Jan Draper. (2003b): Blurring, moving and broken boundaries: men's encounters with the pregnant body, *Sociology of Health and Illness*, 25(7), pp.743-767.

Kaori Futakawa, Kuniko Nagayama. (2005): A qualitative study on the subjective coping with pregnancy and delivery by women hoping to delivery at one maternity hospital, *Japanese Journal of Maternal Health*, 46(2), pp.257-266.

Katharyn Antle MAY. (1982): Three Phases of Father Involvement in Pregnancy, *Nursing Research*, November/December, 31(6).

Kumiko Nagamori, Shigeko Horiuchi, Kazuhiro Ito. (2005): Experiences of expectant first-time fathers attending small group participative childbirth education class, *Journal of Japan Academy of Midwifery*, 19(2), pp.28-38.

Kumiko Nakajima. (2006): Features of pregnancy each year-behavior and attitudes of

- husband pregnant women felt satisfied, *Japan maternal Nursing Journal*, 6(1), pp.15-21.
- Maho Aono, Kyoko Takagi, Izumi sasagawa et al. (2005): Effects of witnessing the birth of their children on husbands' emotions: A comparison between two groups of husbands: those who did and did not witness the births. *Japanese Journal of Maternal Health*, 45(4), pp.530-539.
- Mariko Wakita, Yauo Kojima, Michiko Irisawa. (2003): The influence of mothers' mental health by pregnancy and childbirth: A causal relationship with partners' support. *Japanese Journal of Maternal Health*, 44(2), pp.244-249.
- Michiko Nakashima, Hisayo Ushinohama. (2006): The husbands' decision to be present at the delivery of their child, *Japanese Journal of Maternal Health*, 46(4), pp.588-597.
- Michiko Nakashima, Hisayo Ushinohama. (2007): The awareness of husbands after being present at their child-birth, *Japanese Journal of Maternal Health*, 48(1), pp.82-89.
- Mitsuko Kanzaki. (2005): Parental adaptation of first time fathers in late pregnancy: Causal relationship between parental behavior and factors; parental self concept, couple relationship, emotional feeling of infant and ego function, *Japanese Journal of Maternal Health*, 45(4), pp.540-549.
- Miwa Tsuneta. (2009): First one to one-and-a-half year experiences of fathers with a first, preterm child, *Journal of Japan Academy of Midwifery*, 23(2), pp.217-229.
- O'Leary J, Thorwick C. (2006): Fathers' perspectives during pregnancy, postperinatal loss, *Journal of obstetric gynecologic and neonatal nursing*, 35(1), pp.78-86.
- Pia Lundquvist, RNT, Liselotte Jakobsson, RNT. (2003): Swedish men's experiences of becoming fathers to their preterm infants, *Neonatal network*, 22(6), pp.25-31.
- Yokote Naomi, Nagata Mayumi, Miyazato Kumiko. (2006): The recognizing process of starting over as a mother whose live baby under emergency caesarean section: The qualitative analysis of women's subjective experiences during the first week postpartum, *Japanese Journal of Maternal Health*, 46(4), pp.617-624.
- The Ministry of Health, Labor and Welfare. (2002): Measures to curb the declining birth rate plus one" ("Plus One"). <http://www.mhlw.go.jp/houdou/2002/09/dl/h0920-1a.pdf>. (18 September 2013, data last accessed)
- The Ministry of Health, Labor and Welfare. (2010): "Ikumen project": <http://ikumen-project.jp/index.html>. (18 September 2013, data last accessed)

和文要旨

研究目的：本研究の目的は、パートナーの妊娠期から産後1か月の間での、男性の語りを通して、どの様に男性が出産に関わり、親としての自己を意識していくようになるのかを明らかにすること、その上で、助産師の父親支援の重要性について考察することであった。

研究方法：質的記述的研究手法を用いた。

結果：3施設の研究協力者である父親から得られたデータより、男性の経験は、【妻の妊娠という認識】 【パートナーとの関係変化に伴う苛立ち】 【ジェンダー規範への問い直し】， 【胎児の存在を実感する】， 【出産時における自己の存在価値への気づき】， 【後押しを受けて出産に望む】， 【出産に対する達成感】， 【父親としての自己の再構築】， 【受け止めてもらっているという実感】という9つのカテゴリーが抽出された。そして、これらのカテゴリー間の関係を比較検討した結果、【父親としての自己の再構築】をコアカテゴリーとした。

結論：本研究の結果から、【妻の妊娠という認識】として捉えていた出産を【父親としての自己の再構築】へと意味づけていく助産院助産師のケアの重要性も示唆された。

キーワード：父親としての自己、パートナーとの関係性、胎児の存在の実感、助産師のケア

Table 1. The process of the categorisation regarding father's experience at the maternity center.

Categories	Subcategories	Quotations
[awareness of the partner's pregnancy experiences]	Being unable to grasp the idea that they are also involved	With the birth happening in a week, it may seem irresponsible of me to leave her in the hands of the maternity center, but peace of mind is peace of mind.'
	Being uncomfortable during check-up examinations	I felt really out of place. At first, I really didn't know what to do with myself.'
	Wanting to leave the delivery to the medical professionals	At first, I hadn't really thought much about actually attending the birth. I mean, no one had ever really taught me about childbirth or childrearing. I think most men are in the same boat when it comes to this.
[Annoyance about changes in the relationship with one's partner]	Annoyance at partner for not living up to their expectations in the fulfillment of her role	At first, I felt that I was the only one going to work, and because I was tired at the end of the day, everything being said to me after work was irritating. So, we would end up fighting.
	Annoyance in response to the roles their partner imposes on them.	I wasn't always like this. When we were having our first child, I honestly wondered, why do I have to go to these places (birthing classes) on my days off?

<p>[Reevaluation of conventional gender norms]</p>	<p>Reexamining male norms regarding childbirth/childrearing</p>	<p>I had been told by my work colleagues and my father that the birth was something men shouldn't have anything to do with; so, at first, I hadn't thought about attending the birth at all.</p>
<p>[Realization that their unborn child is connected to them]</p>	<p>Examining the views on childbirth/childrearing held by other fathers or expecting fathers</p>	<p>To take time off from work (for the birth or for check-ups) really requires courage. My superiors had never done so themselves, so I thought they wouldn't understand; particularly when it was busy at work, it became harder and harder to ask for the time off.</p>
	<p>Emotional friction between the male self and the self attending the birth</p>	<p>After I began to study about childbirth and met with guys who were in the similar situation like me at an antenatal class, I finally figured out that many fathers also suffers from anxiety. It gave me courage to attend the birth of my baby.</p>
	<p>Realizing that the unborn child is growing</p>	<p>While looking at the ultrasound and dolls) Wow, the baby has really grown. A child this size is really inside that belly, isn't it?</p>
	<p>Awaiting/anticipating the birth of the child</p>	<p>The feeling of wanting to be a part of the delivery really welled up inside of me.</p>
	<p>Feeling responsibility for the life about to be born.</p>	<p>By attending the birth and simply being alive, I felt my child was really here, and was here for me. I understood that this child's existence itself was giving me strength.</p>

<p>[Discovery of their role in the childbirth]</p>	<p>Acquiring the information/knowledge related to pregnancy/childbirth</p> <p>Adjusting relationships with family and partner</p> <p>Searching for the role as an attendee at the birth</p> <p>Consideration toward the partner</p> <p>Appreciation from the partner</p>	<p>I now understand that the baby is going to be born when it wants to be, and now I'm just waiting for that day to come. Since realizing this I've felt a sense of relief.</p> <p>(Toward the partner's mother) Mother, women apparently become nervous when they pass their due date, so it's apparently not good to keep asking when the baby is coming.</p> <p>I studied about the delivery, and thought about what I should do when the baby was being born. My wife told me I didn't have to massage her back when she was in labor, so I thought about how I would sit and wait out the delivery.</p> <p>Partway through the delivery, there came a point, didn't there, where my wife said 'I can't do this anymore.' When this happened, I wanted to comfort her and tell her that wasn't the case.</p> <p>(To appreciation from his wife) yes, I tried to uplift my wife toward childbirth.</p>
--	--	---

<p>[Facing the childbirth/childrearing with supports]</p>	<p>Support from other men who have attended births previously</p>	<p>I first thought that it would be good to have the baby delivered here after attending the classes and listening to the stories of fathers who have had their children delivered here before. But after hearing a particular father's story about how, after studying the delivery process, he couldn't accept anything happening using artificial methods, but he could accept things that occurred naturally, I realized that I agreed. After coming to terms with this, I thought this would be a good place to have the delivery.</p>
	<p>Support from midwives</p>	<p>The support was not imposing. Midwife told me "There are things the father can do as well. Your job is to back-up the mother" and "You have a role in the future"; so, rather than just worrying about what to do during the actual birth, I realized there were many things I had to learn in the long-term</p>

<p>[Sense of fulfillment from the delivery]</p>	<p>Sense of unity with the partner/family</p>	<p>I was deeply moved. I was able to feel like I was a part of the birth, as if we had delivered the child together. But the midwife didn't say anything to stop us from worrying. I'm glad we weren't told. We were able to focus on delivering the baby together instead.</p>
<p>core category : [Reconstruction of the self as a father]</p>	<p>Sense of accomplishment from fulfilling their own duty.</p>	<p>I was anxious right to the very end. When our baby was born I was so relieved, and rather than feeling 'joy', I felt I was able to take on responsibility. Just by accepting this responsibility, the happiness and joy I felt was amazing.</p>
	<p>Realization that this is my own child</p>	<p>This is my child; I'm definitely going to be there the moment baby is born.'</p>
	<p>Thoughts and feelings about being a father,</p>	<p>I think I'll be a parent that can scold my children. I want to watch my children carefully, and even though I don't anger very easily, if they do the wrong thing, I want to be the kind of parent that can properly discipline them. When my children reach puberty, I want to work hard to still be able to talk to them, unlike the case between my father and me.'</p>
	<p>Transition to childrearing.</p>	<p>Actually, when I attended a birth, I could realize my baby was born. I think it is natural to do childrearing.</p>

[Feelings of acceptance from others].	Feeling accepted by the midwife	You could say this was a calming place, and when we came for check-ups we came hand-in-hand, listened to the midwife about the progress of our child, gazed at the photographs here together, and then we went home, holding hands and talking about the baby growing inside of her. I came to look forward to these visits.
	Feeling comfortable in the maternity center,	The midwives always welcome us warmly, and have a calming, motherly presence.'
	Continuous family time.	We could stay here together after birth, of course with elder brother. I felt like a home.