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ORIGINAL RESEARCH

The impact of inaccessibility to information and support on paternal mental health

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(Ernestine Gheyoh Ndzi)**Abstract**

The mental well-being of men undergoing the transition into fatherhood remains a focal point in public health discourse. In the United Kingdom, fathers encounter limited access to information and support compared to mothers, prompting an exploration of their experiences and the consequential impact on their mental health throughout the stages from pregnancy to post-birth. This study conducted twenty semi-structured interviews with fathers residing in York. Utilizing Zoom, the interviews were audio-recorded, transcribed and subjected to thematic analysis. All participants were part of a dual-parent nuclear family unit. The overarching themes of insufficient information and support permeated the findings, with variations in the type of support and information needed and their respective effects on fathers' mental health evident across the pre-birth, birth and post-birth stages. Throughout these stages, discernible shifts in expectations regarding the perceived role of the father and the ensuing challenges to their mental health were observed. Fathers expressed limited engagement, often cast merely as birth partners, and directed on what to do during birth, with scant acknowledgment of their individual challenges. The constraints imposed by Covid-19 restrictions were reported to intensify the sense of isolation during the transition, exacerbating the impact on fathers' mental health. The study identifies the diverse challenges fathers encounter at different stages of transitioning into fatherhood and underscores the necessity for tailored access to information and support. While the study is grounded in the experiences of fathers in York, the participants conveyed shared concerns about broader structural and cultural impediments that hinder a meaningful and supportive transition into fatherhood.

Keywords

Masculinity; Mental health; Covid-19; Parenting; Qualitative research

1. Introduction

The conventional understanding of the father's role remains rooted in the traditional "breadwinning" identity within nuclear families [1]. Previous research [2] has addressed the challenges that fathers face in the United Kingdom, when navigating new parenting norms in occupational settings, with a particular emphasis on the two-week statutory paternity leave provision. Within this research, it is recognised that many fathers feel under-supported in the workplace, and are critical of the paucity of financial, legal and social resources for fathers and their employers. However, there is a growing imperative to reassess the father's role in a variety of other contexts, notably within healthcare environments and in interactions with the British National Health Service (NHS). Drawing on the concept of the "new fatherhood ideal" [3, 4], this comprehensive perspective underscores fathers' heightened engagement in their children's lives, encompassing equitable co-parenting, emotional labour and domestic responsibilities, while acknowledging the enduring gendering of parental roles [5, 6]. Additionally, a contemporary fatherhood framework

positions paternal decision-making as a crucial aspect of fathers increased and active participation in parenting [7, 8]. Despite these evolving ideals, a confluence of societal pressures, political and institutional barriers, and gender expectations frequently impedes men from attaining their envisioned levels of involvement [9]. These competing tensions are influenced by hegemonic masculine value orientations that prioritise stoicism, emotional detachment, and the rejection or avoidance of feminine norms or roles, such as those that are traditionally associated with parenting [10]. Academic discussions define hegemonic masculinity as "idealized and culturally dominant" [11] constructions of masculinity, that are formalized and reproduced across a variety of social and cultural contexts. Developing Connell and Messerschmidt's [12] classic definition of hegemonic masculinity to encompass multiple masculinities, masculinities scholarship emphasises the reproduction of these schemas within the family and describes intergenerational and cultural shifts in the types of masculine norms that influence men in contemporary heterosexual families [11]. Messerschmidt [13] further argues that there is a

need to be clear about the parameters of hegemonic masculinity and describes these relations specifically as masculinities that “legitimate an unequal relationship between men and women, masculinity and femininity, and among masculinities”. Therefore, the reproduction of these norms in institutional settings, in policy and institutional frameworks, and in social interactions, is vital to understanding the challenges that are faced by new fathers [14].

The forthcoming literature will delve into the ways in which these pressures manifest and influence the wellbeing of new fathers, particularly through their exclusion from decision-making processes in pregnancy, childbirth and early childhood.

The process of transitioning into fatherhood is a multifaceted phenomenon that can have implications for fathers’ mental health [15]. This transition introduces changes in various aspects, including relationships with partners [16–18], roles within the family [19], and social environments [20]. Despite traditional masculine ideals emphasizing instrumental paternal roles, such as being the “breadwinner” and “disciplinarian” [21, 22], the emerging new fatherhood ideal advocates for increased paternal involvement in children’s lives [23]. Contemporary research underscores that modern fatherhood values emotional availability, family time and father-child bonding more than previous generations [24]. Children with highly involved fathers exhibit higher social competence, better health outcomes [25, 26], fewer behavioural problems, and enhanced academic performance [27]. However, fathers often grapple with challenges in reconciling the conflicting norms of contemporary fatherhood and traditional hegemonic forms of masculinity. Despite the increased cultural acceptance of the “new fatherhood ideal”, many fathers are still treated as “back-up” or supporting parents, rather than being recognized as equal caregivers [28]. To navigate this tension, fathers may prioritize roles that align with the core aspects of their identity [29]. Furthermore, an inclination towards traditional, hegemonic masculine identities might correlate with reduced involvement in childcare, as these traits may hinder men from fully embracing the new fatherhood ideal [30]. Consequently, the emergence of “caring masculinities” provides men with opportunities to defy the stereotype of the “distant patriarch” by actively participating in the feminized labour of childcare. Men often adopt a “caring masculinity” script, allowing them to engage in parenting behaviours traditionally associated with mothers [31, 32]. This involves reshaping their masculine identity to enable more active caregiving, deviating from the constraints of classic forms of hegemonic masculinity [33]. Although these new ideals have been associated with positive outcomes for families, men embracing the new fatherhood ideal often encounter challenges such as isolation and insufficient support [34]. Therefore, cultural and social obstacles may reinforce “breadwinner” models of fatherhood, that prioritize the financial wellbeing of the family and result in a withdrawal from acts of caretaking and emotional labour [35]. Despite the aspiration to change gender roles and promote fathers’ involvement in caring, traditional gendered divisions of labour persist in social settings. This is particularly evident in perinatal healthcare environments [36], and is problematic because the prenatal period has been identified as the most emotionally

and psychologically stressful period for men [34, 37].

Even though there are indications that men are vulnerable to mental health issues during the perinatal period, there are noticeably fewer resources available for expectant fathers compared to mothers [38]. Consequently, paternal mental health remains a contentious public health concern, with fathers reporting a dearth of tailored resources [39] and a pressing need for increased support [40]. Whilst there are comprehensive strategies to support mothers with mental health concerns such as depression, anxiety and trauma, the literature indicates that paternal mental health provisions are inadequate and fail to recognise the detrimental impacts that arise from paternal mental health concerns [41]. Research demonstrates that fathers often feel excluded from antenatal classes, leaving them ill-prepared for the challenges of birth and fatherhood, and without avenues to discuss their anxieties [42]. Moreover, healthcare professionals, such as midwives and health visitors, who have significant contact with families during the prenatal and postnatal stages, are ideally positioned to provide support to fathers. However, fathers commonly perceive perinatal mental health support as being specifically geared towards mothers and not intended for them [40]. Previous studies indicate that while health visitors express a desire to support both parents, assisting fathers could potentially divert attention from addressing the more urgent needs of mothers [43, 44]. As a result, the lack of inclusive healthcare practices frequently leaves fathers feeling isolated and under-supported, even during the postnatal stages [45]. This aligns with cultural perceptions that perinatal mental health services predominantly focus on maternal mental health [44]. Consequently, notwithstanding the influence of new masculine ideals, fathers often revert to traditional, stoic gender schemas in healthcare settings, discouraging them from seeking support for emotional distress, anxiety and trauma. For instance, in traumatic birth situations, fathers are encouraged to prioritize their partner’s welfare, often feeling that their own experiences are overlooked [46]. Existing research [47, 48] indicates that fathers find the experience of childbirth distressing and require support to mitigate their feelings of “unpreparedness” and “insecurity”. The lack of support contributes to feelings of helplessness and isolation as fathers transition into parenthood [46]. Limited access to professional support acts as a barrier that contributes to poor paternal mental health, a situation further exacerbated by the Covid-19 pandemic [49]. Although it has become commonplace for fathers to be present in the birthing room, it is indicated that their role undergoes a shift from being active and involved [50] to becoming passive or “present but invisible” [45]. This change is attributed to the predominant focus on the mother and the baby. Some fathers articulate that their birth experiences are marked by trauma, isolation, and feelings of abandonment [46, 51]. The absence of support and participation during childbirth leaves fathers grappling with emotional and physical challenges [52], yet this is normalized on the grounds that “nothing’s actually happened to (them)” [53]. In this context, the physical trauma associated with childbirth is deemed to overshadow the emotional impact on the father [45], and fathers are expected to conform to masculine ideals of strength and stoicism. Normalisation of these ideals finds reinforcement within informal support

networks, which constitute pivotal mechanisms of support during the transition to fatherhood. In lieu of formal support structures, informal support networks have the potential to mitigate anxiety and enhance mental health outcomes for fathers [54]. Nonetheless, fathers frequently observe that informal support from family and friends often manifests as casual conversations, potentially lacking the depth necessary to provide the support they require [55]. Consequently, support from fathers who have encountered similar challenges may prove advantageous for men undergoing the transition into fatherhood. Nevertheless, men tend to internalise hegemonic masculine ideals and are predisposed to suppressing their mental health challenges, as opposed to actively seeking support [36]. Consequently, individuals who internalise notions of stoicism and emotional detachment are more inclined to eschew addressing their mental health issues due to apprehensions about negative perceptions from friends and family [56].

Although there is an increasing body of research on the new fatherhood ideal, there exists a gap in the literature concerning the repercussions of inconsistent information, support and expectations for fathers during the perinatal period. Men undergo the transition to parenthood distinctively from women, as they do not undergo bodily changes [34]. However, further research is essential to comprehend the wellbeing requirements of men during this transitional period. This study aims to explore the wellbeing needs of fathers in York throughout the perinatal phases and to contemplate the influence of information and support provision on assisting fathers in navigating their experiences from pre-birth to post-birth.

2. Methods

2.1 Research design

The data utilised in this study was derived from semi-structured interviews conducted with twenty fathers residing in the York region. The primary objective was to investigate the experiences of new fathers during their transition into parenthood. The interview guide encompassed six open-ended questions designed to address the influence of masculinity norms on three pivotal aspects of fathers' journey into parenthood: (1) experiences before childbirth, (2) experiences during the birth process and access to relevant support, and (3) experiences after childbirth and the available support. Within these three focal areas, the study also considered the impact of COVID-19. The interviews were designed to comprehend how fathers' social and mental health were affected by their experiences and the availability of support.

The study employed a phenomenological analysis [57] to explore the individual accounts of fathers as they describe their transition into fatherhood. As such, the study sought to understand the meanings that fathers attributed to their experiences of accessing support, and the implications that this had for their perception of their own identities as fathers. Using an Interpretative Phenomenological Analysis (IPA) [58] approach, the researchers aimed to identify shared perceptions and experiences of support provision across the individual transcripts. This enabled a further interpretation of the meanings that the participants attached to notions of "fatherhood",

"support" and "masculinity" as these concepts emerged within their responses. By exploring these meanings, the researchers identified common lived experiences across individual accounts, and were able to elucidate shared understandings from the transcripts [59].

2.2 Participants

Between March 2021 and July 2021, fathers residing in the York area were invited to partake in the study. The recruitment of twelve participants was facilitated through social media platforms, namely Facebook, Twitter and Instagram. Additionally, eight participants were recruited using snowball sampling methods [60]. The selection of participants from the York region was based on geographical convenience and influenced by COVID-19 restrictions prevailing in the UK during that period. Participants represented diverse occupations, including academia, healthcare, administration, legal professions and service in the armed forces or policing. Fourteen participants were fathers before the pandemic. Among these, five had their second child during the lockdown, allowing for a comparative analysis of their experiences. Furthermore, five participants became fathers for the first time during the pandemic. Notably, all participants were part of a dual-parent family unit. Table 1 below provides the demographics of the participants.

2.3 Data collection

The interviews, ranging from 40 to 55 minutes in duration, were conducted and audio recorded *via* Zoom. All interviews were performed by the principal researcher and subsequently transcribed by TP Transcription Services. The transcriptions were then uploaded to Nvivo 12 software (Jackson k and Bazeley P, Portugal) in preparation for analysis.

2.4 Data analysis

Thematic analysis of the transcripts was conducted using Nvivo software, employing an inductive approach to derive and code themes within the text. This method allowed the researchers to develop codes that effectively encapsulated fathers' experiences related to social aspects and paternal mental health, as well as the impact of COVID-19. The initial analysis was undertaken by the primary researcher, who identified preliminary themes within the transcripts. Subsequently, a second researcher conducted an additional analysis of the transcripts, reviewing existing codes and generating further thematic codes through a line-by-line examination. Any additional or divergent codes were collaboratively discussed between the researchers to ensure a consensus on interpretation. Discussion was an essential step within the analytical process due to the interpretative nature of the analysis. Drawing upon Smith and Osborn's double hermeneutic approach [61], the process of analysis emphasized the contextual richness of the participants' accounts and sought to convey the processes through which they made sense of these experiences. This required an attentiveness to the meanings that each researcher interpreted within the transcripts. Following consensus, the transcripts underwent a third round of review and recoding.

TABLE 1. Participants socio demographic characteristics.

Participants' demographics	Figures in %
Age	
26–30	20
31–35	30
36–40	40
41–45	10
Education	
PhD	20
Masters	30
First Degree	25
A Levels	25
Ethnicity	
White British	75
Black British	10
Prefer Not to Say	15
Employment status	
Full time	75
Part Time	10
Self Employed	15
Household income	
£100,000, and above	10
£91,000–99,000	5
£81,000–90,000	25
£71,000–80,000	15
£61,000–70,000	5
£51,000–60,000	35
£30,000–40,000	5
Number of children	
1	30
2	70

Upon completing the coding process, the researchers collectively generated descriptive themes, organizing them in connection to fathers' experiences of support in workplace, social and healthcare settings, spanning the pre-birth, birth and post-birth stages of the transition into fatherhood. These descriptive themes aimed to capture the intricacies of fathers' interactions with support across various contexts and to approach the transition into new parenthood comprehensively, considering it holistically rather than discretely in specific settings and time periods. Table 2 below provides the themes identified in the analysis.

2.5 Methodological considerations

While this study provides a meaningful contribution to the realm of paternal mental health research, several crucial considerations must be acknowledged. The participants were predominantly employed in York, leading to the recognition that

the findings may not be readily generalizable across diverse socio-economic groups and regions. These limitations will be addressed sequentially, followed by a reflection on the significance of the contributions that this compact, geographically specific study can offer to the broader understanding of fatherhood. The study yielded valuable insights into the impact of the pandemic on paternal mental health. However, it is essential to note that data collection occurred between April and June 2021, and subsequent opportunities for re-interviewing the existing participants or recruiting a second sample have not materialized. Consequently, the research provides a reflective snapshot of the participants' lives immediately before and during the pandemic, offering less insight into how the paternal role may have evolved since the easing of lockdown restrictions. Despite the absence of a longitudinal reflection on fathers' post-lockdown experiences, the research remains noteworthy for providing a crucial understanding of the evolving relationship between paternal mental health and support during the pandemic. Secondly, the participants comprised fathers residing and working either within or near the city of York. Consequently, the sample reflects the specific geographical nuances associated with York, a relatively small Northern city that is notably affluent compared to other Northern cities and the broader Yorkshire region. Although the study did not explicitly explore the characteristics of the city, it is crucial to acknowledge that York's cultural, socio-economic, and political climate is distinctive. Therefore, not all findings may be readily applicable to participants and regions with divergent circumstances. Nonetheless, it is noteworthy that the participants voiced universal concerns about desiring the best for their children amid the unprecedented challenges posed by the pandemic. This imbues the study, despite its limited geographical scope, with a resonance that extends to parents across various contexts.

3. Results and discussion

The findings of this study underscore the emotional and psychological challenges fathers encounter during the transition to fatherhood. A pervasive theme throughout the results was the pronounced lack of support and access to information for fathers. Fathers' experiences regarding access to information and support were delineated across three stages: (1) pre-birth, (2) during the birth process, and (3) post-birth. Although parenting is perceived to have become more egalitarian in the UK, participants relate their experiences to engrained cultural assumptions about the gendered parental division of labour. Participants consistently reported a dearth of support, information and involvement in their journey to fatherhood. Disparities in access to information and support were attributed to a gendered division of labour evident in the support fathers received from health professionals, friends, families, work and social groups. Therefore, whilst there has been a shift in fathers' attitudes towards more egalitarian parenting practices, this has not been accompanied by comprehensive institutional, social and cultural changes.

Although the challenges that participants faced were compounded by the pandemic's implementation of Covid regulations, participants consistently expressed their perception

TABLE 2. Themes.

Initial theme	Subthemes
Experience of parental division of labour	Fathers' experience with breastfeeding partners
Experience of fatherhood	Experience of fatherhood (general)
Information and support	Father's friendship support networks
Information and support/workplace concerns	Father's knowledge and experience of available support- workplace
Information and support	Father's knowledge and experience of available support- healthcare professionals
Workplace concerns/workplace concerns	Father's knowledge and experience of accessing leave from work
Experience of fatherhood	General information
Experience of fatherhood	General talk about children
Experience of parental division of labour	Impact of pandemic
Experience of parental division of labour	Mother's experience
Experience of parental division of labour	Parental division of labour
Workplace concerns/Parental division of labour	Priorities
Workplace concerns	Type of leave and reason

that their needs and support were secondary to those of the mother. Therefore, whilst acknowledging the importance of emphasizing the emotional, physical and psychological well-being of the mother as the birthing parent, it is noteworthy that many participants felt that the role and specific needs of fathers were overlooked. The role of the father often appeared ancillary to conversations or interactions between mothers and healthcare professionals, with a notable absence of tailored information or resources for expectant fathers. As is suggested by participant A, there is a notable emphasis on the needs of the mother and the baby, and this is felt consistently throughout interactions in the pre-birth, birth and post-birth stages:

“But I think that sets a pattern, if you like, for the whole dad's experience, that it's—no one really asks, I don't think, how the dads are doing, or if they need anything. It's very much focused—and I understand why—but very much focused on mum's health, baby, and dad should just be happy, in a way, that mum and baby are both there, which obviously I was, and am. But it—I think, it's quite tunnel vision, in that sense” (A).

This corresponds with findings from the literature, that indicates that the reinforcement of gendered divisions of labour can exacerbate fathers' feelings of isolation in perinatal healthcare settings. Moreover, participants reported a corresponding lack of support in the workplace and social settings, hindering their ability to fully embrace their ideals of new fatherhood. These challenges hold significant implications before childbirth, during childbirth, and post-birth, as fathers strive to navigate the changes accompanying the arrival of their children. As demonstrated throughout, interactions with various support networks and institutional actors significantly shape how fathers recognize, perceive, and prioritize their own changes in social, mental, and emotional well-being, particularly within a framework that tends to prioritize maternal health.

3.1 Fathers' pre-birth experiences

The study unveiled a pattern wherein fathers frequently found themselves isolated from crucial information and discussions, leading to a sense of emotional and psychological unprepared-

ness for the transition to fatherhood [37]. Participants across the sample consistently identified gendered division of labour as a pivotal factor influencing access to information, involvement, and support offered to fathers in comparison to mothers during the antenatal phase. While various support groups are readily available for mothers at both local and national levels, fathers reported a notable absence of equivalent groups tailored specifically for them. This exclusion left fathers feeling unrecognized as parents by health professionals and within their social circles.

Participants expressed a prevailing sentiment of being relegated to a passive role in the antenatal process, exacerbated by health professionals directing them rather than engaging in meaningful discussions that incorporate their opinions and well-being. This lack of support for fathers is perceived to be rooted in traditional hegemonic masculinity norms which undermines the participants' legitimacy, leaving them feeling excluded with limited information and understanding. This stereotype deters fathers from fully engaging with the new fatherhood ideals that advocates for a more active role for fathers [23].

Although fathers typically could accompany their partners to antenatal classes and scans, the challenges were compounded by the Covid-19 pandemic, as restrictions prevented fathers from participating. This prohibition left fathers feeling excluded from crucial information and decision-making, with inadequate consideration for the support they might require, thereby impacting their mental health [34]. Moreover, the exclusion from antenatal classes and scans deprived fathers of the opportunity to mentally prepare for the imminent arrival of their child, as elucidated by one participant (H):

“I'm sort of left out so then it doesn't really feel like, doesn't feel kind of real yet. Because I'm not going to any of these things, I'm not allowed to go to any of things. And there aren't any groups really available anyway for us fathers anyway so, really I'm just, my life just carries on like normal. And then all of a sudden the baby comes and then it's just a massive shock to the system. Whereas, that wouldn't have happened if I was

allowed to go to these classes or to the first scan even. It wasn't real to me until the 20 week scan but it was real to my wife at the 12 week scan you know. So, yes I felt a bit left out, yes".

The Covid-19 restrictions, which prohibited fathers from attending antenatal classes and scans, reinforced traditional masculine ideals that emphasise the paternal role as the “breadwinner” and “disciplinarian” [21, 22]. While the new fatherhood ideal encourages fathers to be more actively involved in their children’s lives [23], it is evident that excluding fathers did not afford them the opportunity to engage in a meaningful discussion or decision-making process. Participant G described the Covid-19 restrictions as inhumane, even though it was apparent that pre-Covid, he still wasn’t considered as an equal parent. He explained:

“When I did go to the equivalent appointments when we were pregnant with my first daughter, there wasn't really an expectation that I would be there. So, sometimes it did feel like I was kind of a spare, the spare wheel kind of thing”.

The “hegemonic masculinity” framework by Messerschmidt and Connell [12], offers a useful frame through which the participants’ experiences of fatherhood can be analysed. The normative assumptions of a father’s role in a heterosexual parental division of labour is birth partner and mother’s primary supporter, rather than as a parent. Fathers in the study articulated feeling frequently alienated from crucial medical discussions and decision-making processes, as the focus tended to be predominantly on the mother. Participants emphasized that antenatal sessions typically centred around mothers and the birthing process. Fathers were often regarded as birth partners with specific tasks rather than as the fathers of the child. This limited expectation of the father’s role hindered health professionals from actively involving fathers in information and decision-making processes and considering their specific needs and support. Participants were frequently expected to support their partners, absorbing all the emotions their partner might be exhibiting and remaining strong and supportive. This expectation compelled fathers to internalize hegemonic masculine ideals by suppressing their struggles [36], as elucidated by participant M:

“I think they spend more time talking about the whole birth, how it's going to work. But I think they didn't really focus that much on like the dad section, the support or the dad. The only thing maybe during the classes they would mention is just to give the support to my wife when she is, you know, during that labour period, what she needs, her behaviour during that time. She maybe you know, very mad, which you understand. Whereas they didn't really focus on maybe the dad, no, the aspect of preparing me, you understand that it's new child coming”.

The lack of information leaves fathers internalizing the notions of stoicism and emotional detachment, making them less likely to seek support for their challenges or mental health [56]. Cultural perceptions that perinatal mental health services are predominantly focused on maternal mental health [44], coupled with the absence of inclusive healthcare practices [38], instil in fathers the belief that they need to demonstrate strength, suppress emotions, and concentrate on supporting the mother. This perpetuates the hegemonic masculinity constructs which requires fathers to “man up”, as these constructs

forces participants conceal their feelings struggles, leading to emotional detachment and isolation. Throughout the sample, many participants depict their well-being as secondary to that of their partners and children. Consequently, participants discussed being directed on what to do during the birth process, despite feeling completely unprepared for what to expect or how to cope with their own emotions, stress, and anxieties as explained by participant J.

“So, they would talk about, “And when you go to the birth this is what's going to happen and you'll be here and they'll be there” so, they'll mention it that way. But there wasn't any kind of explicit discussion of you know, “What do you need to know or what might affect you” or anything like that. As I say no one said to me, “You might find the birth a bit much, it might be traumatic. So, just bear that in mind, you might be affected by these things”. I think it's obviously right that the focus is mainly on mother and baby you know they are the ones that have the biggest sort of risks”.

The adoption of hegemonic masculinity norms in institutional frameworks and social interactions impacts on support and resources for fathers. Consequently, Participants throughout the sample, consistently expressed a lack of access to the information and support necessary for them to adequately prepare for the birth process. Although there was some information available regarding what was expected of fathers during birth, participants felt obligated to concentrate solely on the well-being of the mother. This demonstrates the challenges fathers grapple with in reconciling the conflicting norms of contemporary fatherhood and traditional hegemonic forms of masculinity.

3.2 Father experiences during birthing

Through the transition into parenthood process, we see fathers assume different masculinity identities depending on what is expected of them. While hegemonic masculinity norms seem to influence fathers access to support and information during pregnancy, fathers are often required to assume a “caring masculinity” [40] identity during the birth process. Despite often being an “absent presence” in the antenatal space, fathers are frequently expected to assume the vital role of a mediator and gatekeeper (Participant B) during birth. While the pandemic significantly impacted this role, participants reported a sometimes-dramatic shift in their position related to childbirth as they sought to navigate the complex interplay between the needs of their partner and the healthcare setting. This transformation sees fathers take on a complex and incredibly specific role after otherwise being detached from decision-making and participation in medical situations:

“You are there to be the gatekeeper and you will essentially make sure your wife is comfortable with that information. It was very focused on this is your role and you need to be the one who's kind of assertive, you know, if necessary, make sure your wife is happy with everything that's happening”.

Within this role of gatekeeper, fathers are expected to interact with medical professionals on behalf of their partner, absorbing information, sometimes making decisions, and acting as a proxy where their partner either cannot give consent or is not able to participate in prolonged medical conversations. In

these circumstances the expectation of a father's role allows the father to reshaping their masculine identity, deviating from the constraints of classic forms of hegemonic masculinity [33]. However, fathers find this instant influx of information and decision-making incredibly challenging, given that they were mostly alienated from conversations throughout the pregnancy process. For Participant B, this shift to advocacy represents the only time in which he was given significant consideration in the process, other than when healthcare professionals initiated private safeguarding conversations about him with his wife. In terms of NHS safeguarding policy and procedure, the midwife offers vital support to expectant parents who are victims of or vulnerable to domestic abuse, and as such, the confidential disclosure interaction is a cornerstone of antenatal appointments. These situations, although understandably uncomfortable for partners, are part of a broader strategy by the NHS to recognize intimate partner violence and to provide expectant mothers with immediate support in a professional setting. However, this strategy, in the absence of initial support, presents barriers to ideal fatherhood.

It could be inferred from Participant B's reflections that this is somewhat jarring for expectant fathers, who are treated as both potential perpetrators of risk and mediators of risk at different points of the pregnancy, with little due consideration for the adverse experiences that they may themselves encounter.

"And then obviously I am aware that they have quiet words...they have to make sure that your wife isn't being abused by you and everything at home's okay. So the only focus on dads I suppose seemed to be, I am not beating her up and I have to make sure that I'm the gatekeeper for her during the birthing process. But there was nobody, nobody ever asked whether we were okay or what support would we want, where's our head at? It was very focused on how we can be the support giver if you like and like I say not the abuser. It's totally understandable, I get it but it's just if you had to say what are your takeaways and what do I remember from that time it was that they had to have a funny quiet word and I would have to leave the room so that conversation can happen".

As illustrated here, there are noticeable tensions in the construction of the role of the father in the healthcare setting. Through the lens of safeguarding, the father may be seen at various stages as an abuser and advocate, with little reflection on the challenges that they may face in relation to adverse experiences of pregnancy and childbirth. The safeguarding conversation further highlights this tension for participants across the sample, who comment on the seeming polarization of the roles they embody in the healthcare setting. These barriers leave fathers feeling less like parents, unable to fully engage in ways that are meaningful to them, as they are consistently not involved in the process, as expressed by Participant F: *"men are now being told that they are birth partners with an important role to play in the whole sort of process. But when it comes down to it, and that gets sort of maybe slightly inconvenient, than that's done away with pretty much immediately, so that was a bit disappointing"*.

Fathers in this study alluded to the challenges of embracing the new fatherhood ideals as they often felt isolated with insufficient information [34]. Fathers found the basic birth

information inadequate, particularly in situations involving birth complications. They reported feeling neglected because their own experiences were not acknowledged, aligning with consistent findings from previous studies [46]. Participant J explained that he was left feeling worried, stressed, and anxious, with little help from health professionals or anyone to help them understand what was going on: *"And so, the reality feels very different to what you're told and especially if the birth is not the perfect birth, which I don't think there's many of those anyway. You don't know what's expected and what's not expected. And particularly because there were complications and there were people walking around looking concerned I didn't know what to be concerned about if that makes sense"*.

This feeling of helplessness was also echoed by Participant N, who did not know what to do and was left fearing the worst might happen. Participant N described the impact of the exclusion from the birth process and lack of information on his well-being. It can be noticed from N's explanation that he used work as a coping mechanism rather than seeking out support, a practice ingrained in traditional masculine ideals [21, 22]:

"I was keeping busy, and the anxiety (of) what if something goes wrong for (X), you know. How am I going to cope with that, in a kind of selfish way? But it was kind of, it was a very, very strange—And I was, I guess I was grateful that I had so much work to do because it really kept me, kept my mind off it. But you know, I barely slept. And then when they did come home, we were having our loft done, so that first week there was so much noise. But it was—It was, yes, it was chaos. Absolute chaos. But I, yes, and I guess emotional as well. Emotional chaos".

Participant I further explained the deep frustration of not being allowed to stay overnight in the hospital to support his wife, who was anxious and had not fully established breastfeeding yet. Although he visited his parents (informal support network), he felt isolated, helpless, and excluded. The reflection of I's experience demonstrates the barriers to the new fatherhood ideal where fathers are encouraged to take up more active roles.

"Because my wife is an anxious person anyway, she's just given birth, we're trying to feed her. We were trying to breastfeed and get that first feed out but it's difficult so, we're having to feed her by massaging and getting out the colostrum. And then getting it in a little, not a syringe but the ones without the needle on and then sort of feeding that to her. So, that's difficult to do on her own. And then their plans are changing and I'm having to go away. So, that was difficult, really difficult for her, really difficult for me. I went back to my mum and dad's because they're nearby but that wasn't the best night's sleep (laughs) yes, that wasn't good at all. So, while I understand that you're on the birthing ward, I don't think that was very good personally. I know, I get about space and things but if the dad is willing to sit, there's a chair next to the thing. If the dads want to stay and just sleep in a chair, I don't see why that (pause) anyway".

Although some participants reported that some antenatal classes encouraged them to think of their role as a more active one, F's experience of the National Childbirth Trust classes dispelled the notion (for him and other fathers in attendance) that the role of the father is a more passive one, in which they

“sit there reading a book or pace up and down the corridors”, instead indicating a shift towards actively supporting their partner in the birthing suite. This active approach arguably challenges the traditional perception of childbirth as an isolated process and affirms the idea that fathers should be present and participating in delivery. However, as suggested by F, there remains a disparity in approaches to the role of the father, and it is very much a role that is contingent on an array of factors within specific healthcare settings. F recognizes, for example, the role of the pandemic in removing fathers from the birthing environment but is sceptical about the disconnect between expectations and reality:

“And of course, during the actual birth, which was last year during the first lockdown, I was not allowed in the hospital until my partner was in the labour suite. So we went in because she had contractions and was due to be induced, and she was on the ward for hours. And we went in a bit before midday and I basically spent six or eight hours just in the car in the car park next to the hospital having no idea what was going on”.

Although F acknowledges the unique circumstances of the pandemic, there is a sense that fathers feel somewhat supplementary within the healthcare setting, and their presence in the birthing suite becomes inconvenient when complications arise. *“So I think I guess that’s sort of mostly a specific problem due to the pandemic but I guess it was revealing of the fact that, you know, men are now being told that they are birth partners with an important role to play in the whole sort of process. But when it comes down to it, and that gets sort of maybe slightly inconvenient, than that’s done away with pretty much immediately, so that was a bit disappointing”.*

3.3 Father's experiences post-birth

Post birth, fathers are expected to exhibit characteristics of the new fatherhood ideals by engaging more in the baby’s life, assuming more domestic responsibilities while enduring the gendered structure of support [3, 4]. Fathers throughout the sample alluded to the consistent lack of information and support post-birth. Fathers found the lack of information and support at this stage particularly challenging because they now have the mother and the baby to support. The challenges fathers’ faces are different in the three stages covered in this study. Pre-birth, the mother is pregnant and receives support from health professionals and social networks; during the birth process, health professionals are in attendance to support the mother and baby; but post-birth when the baby is home, the key support system becomes the father. Fathers find it challenging to support the mother and the baby at home after being isolated and excluded from key information, decision-making, and support sessions, particularly during the pre-birth antenatal sessions. Participant M reported being excluded from support on basic tasks like changing the baby’s diapers, which he is expected to be helping with at home: *“everything was strange for all of us. So they were trying to show her everything how to do, but again, they didn’t show me. Because I remember very well just before they were discharged, one of the midwives at the hospital asked me, you know, just told me the child has pooped because she (wife) was still in pain, so they wanted me to change the baby. But I had no clue of what I was going to*

do”.

In addition to the expectation of supporting the partner and the child, fathers in the sample grapple with the challenge of reconciling the conflicting norms of contemporary fatherhood and traditional masculinity, as they are tasked with managing the demands of the new family routine alongside work commitments. Participant I characterised this expectation as inherently “unrealistic”:

“This is what I mean about lack of support in terms of people’s expectations of dads. Because I was trying to do everything I could do, I’ve gone back to work by this point. Well, I’ve been back to work for a while because I only get two weeks off... So, I’m trying to juggle doing that with also looking after her, my wife and child. And I think sometimes you’re expected to do too much without a lot of support. In terms of no one asks you how you’re feeling, no one asks you how you’re doing, if you need any help. Do you need a minute you know, can I take the baby for 10 minutes while you go and relax or have a lie down or centre yourself?”

Furthermore, Participant S articulated the emotional challenges of grappling with uncertainty, experiencing fear, exhaustion, hunger and overwork. In addition to these concerns, S is also apprehensive about preserving an emotional stance that would facilitate his interactions and enable him to fulfil his responsibilities. Interestingly, what is absent from S’s narrative is any indication of steps he might have taken to seek support. Instead, he appears to be suppressing his needs, striving to align with the expectations of fatherhood underpinned by traditional masculinity norms and gender stereotypes: *“I mean it was amazing and fun and extremely frustrating and exhausting, there are so many challenges. With the first kid there are so many challenges that are sort of technical almost, like how do I do these things? At least for me those tended to be more than the emotional ones that are like, well, you know, of course I’m afraid and exhausted and hungry and overworked and all this stuff but how do I maintain the best kind of emotional position and interact”.*

Fathers who took leave reported experiencing social isolation, attributing this feeling to the fact that support groups were traditionally designed for mothers. The deficiency in information and support for fathers exacerbated the impact of isolation, as reported by participant T: *“I felt very isolated during that time’ and often struggle in silence because most of the information and support available are predominantly for mothers. Baby friendly groups were always mothers dominated and discussions centred about subjects the fathers could not contribute to”.*

Support groups and baby playgroups play a crucial role in providing a social space for parents. Nevertheless, participants in this study observed that these spaces are frequently non-inclusive of fathers, as discussions predominantly revolve around topics that fathers perceive they cannot actively contribute to, such as labour and birth experiences. Furthermore, within a cultural context where men are predominantly viewed as breadwinners, the scheduling of playgroups primarily during working days and times serves to isolate working fathers. Reflecting on this experience, participant W contemplated the impact of gender stereotypes that underlie the design and scheduling of playgroups, primarily tailored for mothers to

socialize: “...they (playgroups) are always during the week, during working hours. And it seems to me the purpose of them is for mothers who are at home alone with kids to get some socialisation and for the kids to get some socialisation and for mothers to get a bit of respite from just being stuck at home alone with the kid”.

Participant S articulated his experience of playgroups as discomfoting, perceiving that he was intruding into a space not intended for men: “I went to a few, most of the baby groups are sort of, you know, almost exclusively Mom’s and it’s not that Dads are necessarily excluded but there is—it’s a sort of, weirdness and a kind of like imposition when I was there, they didn’t mind it but you kind of feel it, you know. The vibe changed they were adjusting to an outsider”.

The feeling of not being accepted or being in a “wrong” environment was also expressed by participant A emphasising how isolated he felt during this leave: “So you end up spending two really nice months, in my case with my daughter, but not seeing much of anyone else, or anyone else I knew. You’d go to baby groups and things, but as I say, those weren’t—I didn’t think, didn’t feel particularly inclusive for dads”.

Fathers experienced discomfort in the playgroup, particularly when mothers were engaging in discussions centred around topics unique to their experiences, as articulated by participant T:

“So, when I was going into stuff that was for parents and babies, I was the only bloke there. So, you could see the mothers would bond over the childbirth, birthing experience or what they did during labour. And it’s like I obviously could not bond over that, because that’s not, I mean an experience that I went through... like the problems with breastfeeding that’s not something that I could involve myself in and in fact, at that point it’s like they’d be very uncomfortable and I’d be feeling uncomfortable as well, and so I’d be like maybe drawing back from that”.

The integration of traditional hegemonic masculinity and gendered division of labour and reproduced in policies and institutional frameworks such as maternity and paternity leave. Participants in the study perceived the discrepancy between a fifty-two-week maternity leave compared to a two-week paternity leave as driven by traditional masculinity norms and gender stereotypes with father’s role as “breadwinner”. This expectation was perceived as a driving factor behind the lack of information and support for fathers, as well as the structure of baby playgroup routines. Despite the advocacy for egalitarian parenting practices, participants pinpointed these policies as hindrances to information and support for fathers. Participant E conveyed the frustration of returning to work prematurely after childbirth, leaving insufficient time for bonding with the baby: “I think you don’t go back to work because you are happy to go but effectively you feel like you are being forced to go back to work. Your kids, you become a stranger to your kid because that kid is more used to their mum because they see mum more often, in my case my daughter is a bit scared of me sometimes because she doesn’t see me often enough. She is more attached to her mum than me and I think it’s just because I work full time and not having much time to be there for her”.

The limited paternity leave fathers have provided fathers with little opportunities to bond with the baby compared to

mothers as expressed by participant H: “my wife you know because she’s off with him, she has him, she is able to bond with him 24/7. So, yes, it is a bit hard actually, It’s hard because I’m at work, I never really got that time to bond with him. Two weeks isn’t long enough, it’s not long enough at all”.

4. Conclusions

Fatherhood and the transition into fatherhood continue to pose significant challenges for men. Despite the encouragement for fathers to adopt active roles in their children’s lives [23], the process of transitioning into fatherhood remains challenging and has a substantial impact on paternal mental health [15]. Traditional hegemonic masculinity norms and gendered division of labour continues to shape policies, institutional frameworks, and societal expectations of fathers. Consequently, the wellbeing of fathers and support required is not fully acknowledged. There is a noticeable disparity in the information and support provided to fathers at each stage of transitioning into parenthood compared to support offered to mothers. The failure to acknowledge fathers as equal parents, their exclusion from key information and decision-making processes, and the lack of resources from health professionals hinder fathers from fully engaging with all aspects of fatherhood, spanning from pregnancy to birth and post-birth [45]. The non-inclusive nature of social networks, including children’s playgroups, further excludes and isolates fathers, even during the postnatal stages [45]. Despite evidence indicating that men are vulnerable to mental health issues in the perinatal period, there are disproportionately fewer resources and support available for fathers compared to mothers [53]. Consequently, paternal mental health remains a contentious public health issue, with fathers expressing a lack of tailored resources [39] and a need for additional support [40]. This study delves into the in-depth experiences of twenty fathers from pregnancy through to the post-birth period. Key recommendations that could improve the experiences of fathers and encourage them to adopt the effectively divert from the traditional hegemonic masculinity norms would be to (1) fully involve fathers in all discussion during the transition process. (2) Health professionals training on paternal wellbeing and support required. (3) Prenatal information leaflets should include a section for fathers. (4) More awareness needed on paternal mental health. (5) Workplace awareness of paternal wellbeing and support required. (6) Social networks need to be more inclusive and visibility of more father’s only support groups.

AVAILABILITY OF DATA AND MATERIALS

The data presented in this study are available on reasonable request from the corresponding author.

AUTHOR CONTRIBUTIONS

EGN—carried out the designing of the project, interviewed the participants, conducted the initial coding of the transcripts, data analysis and the writing up of this article. AH—conducted analysis of the data and writing up of this article. All authors

contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was granted by York St John University's Ethics Committee (RECELP00005). All participants were provided with information on the research and consent form one week prior to the interview. Participation in the study was voluntary and consent obtained.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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