

Psychological Distress in First-time Expectant Fathers: A Qualitative Study

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Authors' contributions

This work was carried out in collaboration between both authors. The research was carried out by author PG under the guidance of author AS. Both authors read and approved the final manuscript.

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ABSTRACT

Introduction: Transition to parenthood is a pleasant life event in overall, it can also be a source of despair and worry. When a man becomes a father, his risk of mental health problems rises, just as it does for mothers, but there is little literature on the field of study. Expectant fathers face personal, interpersonal, and social changes as they prepare to become parent, all of which have a significant impact on the infant-parent interaction, and the infant's maturation.

Aim: The present study was conducted to see the psychological distress in first time expectant fathers during the prenatal period.

Methodology: The study adopted a qualitative exploratory research design using semi structured interviews. The sample size selected for the current study was 14 men using purposive sampling method. The data was analysed using thematic analysis for the participants.

Results: 3 themes and 6 subthemes were emerged for expectant fathers. Anxiety, stress, irritability and lack of awareness were identified as common psychological discomfort in the participants, according to the findings of the study.

Conclusion: Fathers who were expecting their first child went through a mix of emotions, which made them susceptible to psychological issues.

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1. INTRODUCTION

It had long been known that paternal engagement had an impact on pregnancy and on new born outcomes. Along with women a men's psychological needs also require a lot of attention and care throughout the first pregnancy. When fathers are involved during pregnancy, unfavourable health behaviours among mothers are reduced, and the risk of preterm birth, low birth weight, and foetal growth limitation is reduced dramatically [1].

Men who did not desire the pregnancy are less likely to show paternal warmth after the delivery, whereas men who did want the pregnancy are more likely to show nurturing behaviours [2]. Men are becoming more involved in pregnancy, birth, and parenthood as a result of a variety of circumstances. The need for fathers to take a more active role in childcare is one of the most significant of these factors. Second, expanding men's and women's role definitions allows for more work and family responsibilities to be shared [3,4]. Men were seen as major sources of support for their spouses throughout pregnancy and birth in early research on men's involvement in pregnancy and birth. During the same period of transition, less attention was paid to the changes men make and the significant problems they encounter.

For men making the journey to fatherhood, pregnancy, rather than the postnatal period, may appear to be the most stressful time [5]. The first few months after birth are reported to be heavily influenced by the preceding nine months of pregnancy, which are best thought of as a period of psychological preparation for parenthood [6].

When someone is overwhelmed, they may experience psychological distress, which is defined as unpleasant feelings or emotions. These emotions and feelings might interfere with one's daily life and influence how one reacts to others [7,8]. Certain types of distress might result in serious bodily and psychological issues (Satu Viertio and colleagues, 2021). According to American Psychological Association Psychological Distress is a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. Pregnancy may be an extremely emotional time, and it can be difficult to tell if your feelings are

normal or if they are an indication of anything more serious. Transitioning to new demands, duties, obligations, and changes in relationships, especially for first-time mothers and fathers, can be stressful. Depression in new fathers can start during pregnancy and worsen after the child is born [9-11]. New fathers do not have access to the same services as new mothers. They are less likely to visit their doctor, mother and child health nurse, or midwife, which is where many women's concerns are discovered. Philip boyce et al. [12] conducted a study on First time Fathers Study: Psychological Distress in expectant fathers during pregnancy. Multiple regression analysis revealed that high levels of neuroticism, dissatisfaction with social support, and an excess number of additional life events were the key variables associated with psychological distress.

For some men, becoming a father carries with it unexpected and undesirable thoughts and sentiments that can detract from their enjoyment of becoming a father. During their partner's pregnancy, men from all walks of life and cultures, even those who are normally confident and comfortable, can experience anxiety (PANDA). Men, too, endure hormonal swings as their partner's pregnancy progresses [13]. Emotional instability and despair are common among males who go through emotional changes during pregnancy. These signs and symptoms could be related to their fears of losing their partner's love and affection once the baby is delivered (Lawrence Kutner, 2015).

Even though the significance of the period of gestation has been emphasized in recent years, a greater understanding of the factors that influence men's mental health may be useful in developing measures to enhance paternal health during first pregnancy.

2. METHODOLOGY

The purpose of the study was to investigate psychological distress in first time expectant fathers. The study adopted a Qualitative Exploratory Research Design, using Semi structured interview.

Participants: The study's target population were men who were expecting their first child. The researcher used a purposive sampling strategy to choose the study's sample. Purposive

sampling is when a researcher seeks out people who have extensive understanding of the topic under investigation and are prepared to contribute their information. Men with a minimum HSC qualification, expecting their first child between the ages of 21 and 36, and having a verified pregnancy diagnosis from a medical examination at a hospital were eligible for the study. The participants were mostly in their journey of second and third trimesters. Men having a spouse's history of miscarriage, HIV-positive men, and who had a pregnancy through in vitro fertilisation were all excluded from the study. The final sample size was determined by taking into account the comfort and potential of the participants and comprised of 14 first-time expectant fathers.

Interview: This research study was conducted using a semi-structured interview design. Seven experts independently validated the interview questionnaire. The semi-structured interview pattern allowed participants to elaborate, resulting in greater flexibility and the ability to obtain more information from them.

Procedure: Google forms were used to acquire informed consent from the participants. The study's purpose and inclusion criteria were indicated on the permission forms. All the participants were contacted, and the interviews were scheduled based on their availability. With the participants' permission, telephonic interviews were conducted and recorded. Participants were approached with open ended questions and socio demographic information was gathered. Before starting the interviews, the

participants were instructed that 1. The information they provided would be kept private. 2. They have the option of asking for a break at any point during the interview. 3. They have the freedom to speak openly about their own personal experiences. The interviews lasted for approximately 25 to 30 minutes.

Data Analysis: All the interviews were recorded and transcribed verbatim. N Vivo Software was used to code the data. The most relevant patterns in the data were identified using thematic analysis. Reading and rereading the transcriptions, generating preliminary codes pertinent to intriguing elements in the data, searching for themes, analysing the themes, and linking the outcomes back to the research literature were all part of the process. Because it allows for the establishment of a few frameworks, this analysis was chosen for the inductive process.

3. RESULTS

Participants ranged in age from 25 to 36 years old. The respondents were from Indian states of Karnataka, Maharashtra, and Kerala, respectively. The occupations of everyone are listed in Table 1.

Table 2 shows overall themes and subthemes emerged through thematic analysis. The following themes are Emotional outflow towards pregnancy, Support and Affirmation, Reflections on Future, Information aid on pregnancy. Each theme has been discussed below along with their subthemes.

Table 1. Demographic details of fathers expecting their first child

| Expectant Fathers | Age | Occupation | Place of Origin |
|-------------------|-----|---------------------|-----------------|
| EF01 | 30 | Physician | Karnataka |
| EF02 | 36 | Supplier | Karnataka |
| EF03 | 30 | Research Scholar | Maharashtra |
| EF04 | 31 | Physician | Maharashtra |
| EF05 | 33 | Assistant Professor | Maharashtra |
| EF06 | 27 | Salaried job | Maharashtra |
| EF07 | 29 | Software Job | Maharashtra |
| EF08 | 27 | B. Ed Job | Karnataka |
| EF09 | 26 | Salaried Job | Kerala |
| EF10 | 28 | Soldier | Karnataka |
| EF11 | 29 | Electronic. D | Karnataka |
| EF12 | 31 | Residential. S | Karnataka |
| EF13 | 29 | Banking | Karnataka |
| EF14 | 25 | Railway | Karnataka |

Table 2. Themes and subthemes from thematic analysis for expectant fathers

| Themes | Subthemes |
|-------------------------------------|---|
| Emotional outflow towards pregnancy | Agitation linked with pregnancy Worry over spouse health Impact of partner's mood swings Insufficient time |
| Reflections on Future | Sense of accountability Equal footing in baby's nourishment |
| Information aid on pregnancy | - |

3.1 Emotional Outflow towards Pregnancy

The first theme that emerged was "emotional outflow towards pregnancy," which refers to emotion or reaction expressed in an unstable state. During the initial prenatal phase, expectant fathers experienced a wide range of emotional outpouring.

"Agitation linked with pregnancy" was the first subtheme to emerge. Anxiety or nervousness excitation is referred to as agitation. Men's anxiety levels were linked to pregnancy-related changes. The sensation of restlessness was seen to be connected with childbirth. Men have also reported alterations in their sleep patterns as a result of their stress.

-Yes, I feel very restless, I keep thinking about baby and I can't concentrate on things around me... (Participant EF14)

-I have some anxiety when I think about the new born baby... (Participants EF06)

"Worry over spouse's health" emerged as the second subtheme. Participants expressed a lot of concern about their partners' health. Some males mentioned concerns about seeing their partner in agony and being powerless to intervene at the time. Participants also indicated concern about pregnancy-related risks.

-From past one month I feel stressed and restless when I think about my wife's health conditions... (Participants EF12)

-By seeing my partner getting stressed I also feel stressed and down, at least once in a day I Feel stressed... (participants EF11)

-We have twins so I don't think I'll be able to get over this stress until my wife delivers a healthy baby... (Participants EF10)

"Impact of partner's mood swings" emerged as the third subtheme. Men were affected by women's mood swings caused by hormonal changes. Some men stated that their spouses were more inclined to vent their rage and irritability on them so they were more likely to experience irritability because of their partners' outburst. The majority of the participants also stated that they kept quiet about it because they knew it was a normal part of pregnancy.

-Sometimes I feel irritated because of my wife's mood swings but I Manage it because it's a part of the game... (Participants EF11)

-Sometimes I do feel irritable when things go up and down and when she is having her mood swings... (Participants EF05)

"Insufficient time" developed as the fourth subtheme. Because of their job schedules, participants stated that they were unable to devote enough time to their spouses throughout pregnancy. They expressed sorrow for not being able to meet their partner's expectations in terms of timing. They thought they should spend more time with their spouses throughout late pregnancy, but due to work constraints, they were unable to do so. The fathers' willingness to show more involvement throughout pregnancy was hampered by their work environment.

-My interest in the things is constant but I'm not getting time and I Am not able to give enough time to my wife also, so I Feel bad that I'm unable to give time to her during this pregnancy period and because of work load I'm not able to give enough time to my wife. My Working conditions are affecting us.... (Participants EF04)

-I'm giving her time but not enough up to her expectations... (Participants EF06)

3.2 Reflections on Future

Participants shared their perspectives on the new born baby's future under the theme "Reflections

on Future". They had ideas in their heads about how they would bring emotional and financial security to their spouses and infant after the baby was born.

"Sense of accountability" was the first subtheme to emerge. This new fatherhood brought a slew of new duties and challenges into the lives of the participants. They shared their joy and excitement at the prospect of taking on the new role of parent, and they stated their desire to provide their infant with a nurturing atmosphere.

-It's a great feeling. When you know that you're going to be a father it feels great. It's a great feeling. It feels you've achieved everything; I feel satisfied, and I am preparing myself from the beginning financially and mentally to take the responsibility of the new born baby... (Participant EF04)

The second subtheme that emerged was "equal footing on baby's nourishment," which referred to a father's equal involvement in feeding his child. Due to their work schedules, participants felt uninvolved at times, but they hoped to make an equal contribution to the child's upbringing and instil good moral values in the child when he or she was born.

- I'll give my equal support and contribution in nourishing the child as a father...Taking care of him/her with good culture, good education, etc.... (Participant EF02)

-Financially, emotionally, mentally I'll support my child, in all possible ways I'll try to nourish my child...I'll give my everything to my child when it comes education I won't make any discriminations with respect to the gender of the baby, whether it's a boy or a girl I'll give my everything... (Participant EF 10)

3.3 Information aid on Pregnancy

The fourth theme that arose was "information aid on pregnancy" which referred to the need for more emphasis in delivering information to men about pregnancy, childbirth, and related difficulties. Some of the participants stated that they used the internet and social media to learn about pregnancy. Some participants stated that they were receiving adequate information from the hospital, while others stated that they were not receiving sufficient information.

-We are in medical profession so we know about pregnancy but I think for a common man it might

be difficult. There is no such awareness for non-medicos but nowadays hospitals are trying to educate them as well... (Participant EF 01)

-Yaa but I've some little information and I try to collect for google, from my friends, doctors from hospitals. This helps me to adjust with her mood swings and other changes... (Participant EF02)

-I don't have enough information about pregnancy... (Participant EF05)

4. DISCUSSION

The overarching themes and subthemes provide a richer and more thorough knowledge of first-time expectant fathers' psychological discomfort. Responses of the participants revealed 3 themes and 6 subthemes. During their first prenatal visit, the men experienced a ferris wheel of emotions. Expectant fathers saw changes in their well-being that were linked to the prenatal period. Agitation in men has been connected to partner mood fluctuations, fear about spouse's health, and incapacity to devote time to spouse during pregnancy. In both men, anecdotal evidence with stressful life events is linked to distress during pregnancy [14]. The level of anxiety in the fathers has a direct effect on the tenacity of paternal postnatal depression [15]. In males, low relationship satisfaction is frequently linked to increased depressive symptoms or depression [16]. Expectant fathers felt more content because of the prenatal care and support they received, while new fatherhood brought new responsibilities, challenges, and delight to the men's life. Expectant fathers begin to reconsider their priorities and envision themselves doing activities with their offspring (Omar Kowkssar, 2012). As per the study's findings, men lacked trustworthy information on pregnancy, there was a need for more credible pregnancy related information. Men were more likely to use the internet for pregnancy-related information. Technology-based teaching programmes appear to be efficient in producing men and women with concrete proof breastfeeding and pregnancy related content, according to antenatal breastfeeding education (Pitts, A., Faucher, M.A, et al. 2015). A number of risk factors have indeed been associated to fathers' distress in the current study, including neurotic tendencies to an unwanted pregnancy, consideration for their partner's wellness, being influenced by their partner's hormonal changes, and not being able to spend enough time away from work.

5. CONCLUSION

Expectant fathers' psychological distress was linked to a variety of factors, including concern for their spouse's health, partner's mood swings, inability to devote enough time, and a lack of prenatal information. On the plus side, men felt accountable and willing to contribute equally to the child's nourishment as a father.

6. STRENGTHS AND LIMITATIONS

By devoting focus to expectant fathers, the study addressed an essential problem, and the trustworthiness of the study was improved. Because of the limited sample size, in-depth interviews and a better understanding of the participants' experiences were possible. Because participants' involvement in the study was voluntary, those who consented to do so may be experiencing fewer symptoms of distress.

7. CLINICAL IMPLICATIONS

The study's findings have therapeutic significance, and greater recognition is required to enhance the health of expectant fathers throughout pregnancy. According to the results of the study, hospitals should offer seminars and one-on-one sessions to educate men and their partners about breastfeeding and other pregnancy-related subjects. When the due date approaches, men should be granted paternal leave from their jobs so that they may dedicate ample time to their families.

CONSENT AND ETHICAL APPROVAL

A research proposal was submitted to the researcher's supervisor. The supervisor authorised ethical permission prior to the start of the study. All participants gave their informed consent to the study while it was being conducted. They were also told that they were not obligated to answer any questions with which they did not feel at ease. The participants were guaranteed confidentiality and anonymity. Prior to the start of each interview, participants were informed about the time length of the interview, and enough time was provided before and after the interview for the participant to ask any questions about the research issue.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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