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# **Relationship Break-up After Having a Baby: Exploring Why Men Leave**

A thesis presented in partial fulfilment of the requirements for the degree of Master of Social Work at Massey University, New Zealand.

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## **Abstract**

Fatherhood can be one of the most rewarding things a man can experience in life. Nevertheless, are today's men fully prepared for this occasion? Understanding the challenges men potentially face during the pregnancy and postpartum stage contributes to the support of men's mental health, the journey into fatherhood, children, future parents, policies and the agencies that work within these areas. This research explored relationship breakdown following the birth of a child. A qualitative method was used, and five male participants were interviewed. Challenges men are experiencing during the pregnancy and the postpartum stage were identified, and the required support was noted.

This study's findings indicated that some men are better prepared for fatherhood than others and that fathers are more involved than is often recognised with the childbirth process right from the beginning. Further, that some men go through mental health conditions during the pregnancy and at the postpartum stage, and some - at the point of finding out they are fathers - feel suddenly unprepared for the changes and the expectations. Five main themes and key recommendations emerged from this research. They included: (1) training, (2) future research, (3) antenatal classes, (4) policies, and (5) education. These recommendations are highlighted to support prospective fathers into their journey with fatherhood and parenthood.

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## Chapter 1: Introduction

The purpose of this study is to investigate the following question: "Relationship break-up after having a baby: Exploring why men leave, and what are the reasons for a relationship break-up among couples after childbirth, from the perspective of the men?" This research aims to explore the reasons for relationship break-up and review if there is something specific, or a combination of issues, which have triggered or arisen for men to leave their partners at such a significant time. The rationale for undertaking this research is because the more that is understood about why men leave their relationships after childbirth, the more that can be done to try to prevent this circumstance from developing and increasing. Supporting fathers through this significant time could, in turn, make happier and healthier parents, and create longer-term relationships. This again can halt some of the other fallouts, such as stigma and prejudice for a single parent and parental custody issues that are created when a baby is born, and the relationship breaks down.

According to Gray and Anderson (2012), and McLanahan and Sandefur (1997), the domino effects, and the consequences of the break-down of a relationship after childbirth are numerous. The authors mention that children growing up in one-parent households are more likely to experience poverty, failure in school, experience mental health and self-esteem issues, and there can be more of an increase in adolescent delinquency behaviours when that child becomes a teenager. The authors also state that children who are raised by only one-parent, predominantly mothers, are likely to be disadvantaged individually, and as well in society; for instance, living off a single income, inadequate family and extended supports, and the societal and political discrimination that can come with being separated from your partner and having to rely on welfare for support. The authors conclude that on top of the many struggles single parents encounter, the fathers they interviewed found that once they had separated, their anxiety and depression symptoms increased. This was because not only did they have to deal with being a new father, but they also had to cope with being separated from their partner and their newborn baby. This was reported by fathers as extremely difficult to accept.

As indicated in studies by Diener, Lucas, and Scollon (2006), and Gray and Anderson (2012), some men are more prepared for fatherhood than others, and due to society's changing

attitudes, fathers are increasingly expected to become more involved with the child-rearing process right from the beginning. The authors also note that some men, while supporting their female partners through pregnancy and at the postpartum stage, can develop mental health symptoms, and at the point of finding out they are to become fathers can feel entirely unprepared for the changes and challenges that are expected of them.

LeMasters (1957), Morton (2010), and Gray and Anderson (2012) point out in their respective studies that having a child is a significant transition in a couple's life, and report that an unlimited amount of reading, verbal advice and guidance cannot always adequately prepare couples for the actual new experiences that they are about to encounter. The authors all report that when a child is born, responsibilities are thrust upon new parents who may be wide-eyed, unprepared, and overwhelmed with new emotions and so they claim that for new parents having a child changes their relationship, and therefore the relationship dynamic is altered.

## **1.1 Research aim**

Semi-structured interviews were undertaken in order to gain an in-depth understanding of what is happening for men during the pregnancy and the childbirth stages so as to gain insight into the factors that influence the participant's decision to leave their relationship after the birth of their child. Thus, a social-work, ecological, system-theory approach was partially used as a framework to examine and explore the participants' background, family, social, and work environment.

The interviews were focused closely on the participants' personal perceptions and experiences, such as any previous experiences and knowledge they had of pregnancy and childbirth; how they perceived and experienced their relationship with their partner during this period; their reasons for leaving the relationship; and any advice they would offer to other men who are about to become fathers.

Relationship break-ups without children bring their difficulties and challenges. However, when a couple has a baby, and a relationship break-up occurs, a perfect and a clear break-up is not always possible. Therefore, agreements and adjustments are needed to take place, and



this process can be quite complex. The justification for doing this research was to find out why fathers leave a relationship after childbirth, and this research aimed to find what the reasons are. Contemporary and former literature indicate that there are differences in the way that men and women cope. It has been noted that women go through some big physical hormonal and psychological changes while carrying a baby and then going through the birth process, however, some men can also develop physical and mental health problems/symptoms similar to women through the pregnancy and the postnatal stage, but these are less recognised or understood. Therefore, this study contributes to the academic knowledge in the areas of fatherhood, pregnancy and childbirth, as well as highlighting and supporting the need for more research to be completed in this area, and for policies to be reviewed to look at what can be done currently to help couples and parents in New Zealand. A consideration for policy change could be similar to what happens in Norway, where both men and women are entitled to parental leave to support the journey of parenthood.

Moreover, these research findings could also provide valuable information that would be beneficial to assist government and non-government agencies as well as practitioners to be more attentive to the variables of why men leave a relationship after childbirth. Organisations such as Oranga Tamariki, mental health services, family support agencies and many other agencies where social workers may come into contact with new fathers could benefit from up-to-date current findings. As George and Fletcher (2011) point out, more men currently, as opposed to previous generations, are involved with children's care, and if this is so, by giving attention to the difficulties pregnancy and childbirth bring for fathers, prospective fathers may be better prepared, which in turn, could create better outcomes. Finally, this study has the opportunity to advocate for change, support, and create awareness, for men during the pregnancy and following childbirth.

## **1.2 Background to the research**

The study aims to provide participants with an opportunity to express what their issues were and hear of their experiences during pregnancy and after childbirth. Morton et al. (2010) were involved in a longitudinal study, *Growing Up in New Zealand*, which examined children and their parents. Their study highlights significant changes and reasons why couples come

into difficulties during the pregnancy and childbirth stage, namely that in each relationship an individual has their different ideas, beliefs, customs, social behaviour, spiritual rituals, religion, or religious views on just how to bring up a child. Whereas this study has the purpose of highlighting the differences between the participants' experiences and how they coped with the changes that followed the birth of their children. The background knowledge of individual challenges enables social work practitioners to be more aware and skilled with clearer understanding of how to guide men through early relationship changes and parenting.

Morton et al. (2010) show that as each new parent adapts to their partner's way of parenting, new parents may not yet fully understand or anticipate these changes, which as a result, can cause personal and interpersonal conflict. Their (2010) longitudinal study found that 2.3 percent of fathers experience depression and anxiety during the pregnancy stage, and nine months after their child is born. Moreover, men's depression and anxiety symptoms increase to 4.3 percent at the nine-month mark. Morton et al. (2010) also note that fathers who were most at risk of paternal postnatal depression were fathers that were reporting relationship difficulties and a misunderstanding of what is expected of them as a father. For social workers working with fathers who are about to have children or who have had children, the importance of understanding possible risks during this period is becoming more widely recognised, in terms of men's mental health. Deeper knowledge allows the social worker to provide targeted interventions.

Morton et al. (2010) state the concern with postpartum depression, which, if not recognised early, can escalate after childbirth. Morton et al. (2010) point out that a man's lack of awareness or understanding of how their relationship changes before and after childbirth is increasingly being recognised as a leading factor in relationship break-ups, and this is often because of his lack of understanding about pregnancy and childbirth. Consequently, new fathers are less likely to understand their partner's needs in this new life circumstance.

Similar research carried out by Sabates and Dex (2012), who undertook another longitudinal study in the United Kingdom, put men's depression and anxiety figures higher, and even suggest that one in ten new fathers struggle with depression or anxiety following the birth of their baby. Sabates and Dex (2012) also found that one in eight mothers experience depressive symptoms during pregnancy, with one in 12 experiencing symptoms postnatally. A recently updated longitudinal study undertaken by Morton et al. (2018) found one in five

mothers experience depressive symptoms during or after pregnancy, and the most likely mothers to be affected were young mothers or mothers facing high levels of financial or relationship stress.

For the above reasons, research undertaken here will examine the facts and the challenges men face during and after the pregnancy and look into why they leave. The background for this research demonstrates that for a few men the journey into fatherhood is not always a smooth road, and this can be accompanied with relationship struggles, communication difficulties, financial pressures and mental health problems.

### **1.3 Researcher's interest in the topic**

My parents separated not long after I was born, and my mother looked after me until her drug addiction became too much for her to handle. At the age of five, after a short stint at a children's social welfare home, I got a call from my grandmother asking me if I would like to come and live with her and my grandfather. I gladly accepted the offer to go and live at my grandparents' home. I never wanted to leave until I was ready to go at sixteen years of age. They stayed married until my grandfather's death in his late seventies. I grew up Catholic and went to Catholic schools where other children, in general, appeared to be living with both of their parents. With this knowledge, I became interested in why some couples stay together and why others do not.

My background as a social worker in Community Probation Services, Oranga Tamariki Ministry for Children, and over the last 14 years in the Adult Mental Health and Addiction Services, also informs my interest in this research topic. As a key worker in mental health, an addictions counsellor, a group therapist, and working in the Crisis Assessment Treatment Team (CATT), during this time, I have heard a lot of pain, heartache, and stress from couples, families, children and individuals who have been impacted by a relationship break-down. I became very interested in the variety of reasons why relationships break up, and noted the different ways individuals, couples and families either cope or do not cope with this particular challenge. The positive outcome of being a social worker and working in this field is that in the long run, I have come to witness individuals and couples going full circle. Meaning, I would see them first in their stressed state, and after some time of treatment and intervention, I

would observe them becoming more settled, confident, secure, and understanding what has had happened to them. To achieve this, individuals and families need to feel heard and trust a service to receive proper treatment, advice and guidance.

I observe individuals and families adjust and adapt and recover mentally, physically, and spirituality, including developing better coping strategies and insight. The process, of recovery or feeling more optimistic, is not always straightforward for some couples and individuals; for some it can take a short period of time, but for others, it can take years, and being realistic, for some not at all. If individuals or couples cannot resolve their differences, especially around custody and childcare issues, a once supporting and loving couple can end up being hurtful and angry towards each other. In turn, the children or child can experience sadness for what is happening to the parents, and at times he or she can feel they are to blame. In the end, I have come to realise professionally, as well as personally, a relationship break-down can have a disastrous impact on a person's wellbeing, especially if individuals, couples or families can not find a way to resolve their differences or come to mutual agreement.

As a researcher, I need to be aware of my own biases and characteristics, such as my age (in my forties), being a male and a father, and that I am a New Zealander of European descent. It is essential to acknowledge this position in my study, as this current research will be interpreted by the situation I occupy (O'Leary, 2014).

## **1.4 Thesis structure**

The thesis is divided into six chapters. The following outline of the structure provides a brief overview of each of the sections for clarity and to assist with an overview of specific topic areas.

### ***Chapter one: introduction***

In the introductory chapter, the research question and aim will be discussed, along with the background to the research and researcher's interest on the topic

### ***Chapter two: literature review***

This chapter reviews past and current literature, exploring why relationships break up after having a baby and why men leave. The literature reviewed looks at both international and Aotearoa New Zealand literature relating to the topic, followed by a summary.

### ***Chapter three: methodology and methods***

This chapter discusses the research methodology and methods. The section starts by stating the rationale for the qualitative methodological approach used in this study, and demonstrates how this was essential for exploring the research questions being asked. The research design, strategy and framework are examined, including why the social work ecological approach was also adopted during this study. Criteria and participant recruitment, and data collection and data analysis are described. The chapter concludes with the study limitations and ethical issues.

### ***Chapter four: results***

This chapter presents the results of interviews which were undertaken with five participants regarding the research question: Relationship break-up after having a baby: exploring why men leave. The chapter is presented in five sections: 4.1) Previous experiences in pregnancy and childbirth, (4.2) Knowledge about pregnancy and childbirth, (4.3) Relationship with their partner, (4.4a) Leaving the relationship, and (4.4b) Advice for future fathers. These sections are derived from the interview schedule.

The chapter begins with an introduction to the participants by discussing some of their demographics. The chapter concludes by considering what conclusions were drawn and questions raised from the experiences and perceptions of these participants.

### ***Chapter five: discussion***

This chapter provides discussion of the results, drawing connections with the literature review. Questions raised by the findings are highlighted, and the implication of the results and findings indicated with some consideration of how they might be responded to.

## ***Chapter six: conclusion***

This final chapter reviews the main points from the previous sections, highlights key results and the implications of these results. Recommendations resulting from the study are presented, and areas identified for further research are highlighted.

## Chapter Two: A Review of the Literature

This literature review considers historical and contemporary studies on the causes and reasons for a relationship break-up after having a baby and why men leave. Both the international and New Zealand literature are reviewed to examine what has already been considered and find any particular sub-themes, topics or conclusions addressed on the subject.

There are three parts. The opening part of the literature review focuses on Western international literature in terms of pre-birth, birth, and post-birth experiences and uses any explanations relating to what could contribute to men leaving their relationship after childbirth. The second and third parts reviews the existing international and New Zealand literature and research contributions and details what the themes, or reasons, might be for men leaving their relationships after childbirth.

The chapter summarises both the New Zealand and international literature, highlighting what was the primary support for some men during the pregnancy stages. The chapter also states how the similarities and differences in literature contribute to the understandings of why this thesis is valued.

### 2.1 International studies

#### *Pre-birth*

##### *Antenatal classes*

The first three articles leading into this discussion begin with evaluating antenatal classes, and whether these international models have served the purpose of preparing men for fatherhood and the changes that this will inevitably bring to their partnerships. Deave, Johnson and Ingram (2008), researching in the United States of America (US), considered the needs of parents in pregnancy and early parenthood. They note that the main focus of antenatal education is on women, and that women and their partners generally feel antenatal classes are useful and beneficial. But after childbirth, both the women and men in this study

felt the transition from birth to parenthood, again, was more difficult because there were limited prenatal classes to develop parenting skills. Deave et al. (2008) also note that while the knowledge for women about the transition to parenthood was poor, women generally felt well supported as they had family support, especially from female relatives. In contrast, men only had health professionals and work colleagues as support. This article concludes that there is a need for antenatal classes for both men and women to support parents into parenthood. This could demonstrate that women have more access to wider networks of support than men, and what is needed is more practical knowledge about parenting a new baby.

Svensson, Barclay, and Cooke (2008) on the other hand, have considered how a different approach to antenatal education is beneficial for new parents. Svensson et al. (2008) report that women and men are requesting to move away from traditional approaches of how information is being taught in antenatal classes; that is, moving away from the regular teacher-to-student method to an approach where the student is more of an 'active learner' (outcome-based education approach), and therefore the learner is actively involved with learning and is the centre of the learning process. Parents are also requesting a variety of new topics to be discussed. Svensson et al. (2008) say new parents find classes are too restricted, and the focus is mainly to do with labour and the birth. The main recommendations requested by parents in this study were: for programmes to be more flexible, in that parents can ask more questions; antenatal groups to be smaller and with more of an in-depth focus on problem-solving and skill development; plus, more focus on peer support, an examination of expectations, and increased social network groups (Svensson et al., 2008). Finally, Svensson et al.'s findings also indicate that men and women do have different interests and concerns to do with pregnancy and childbirth, and that men should now be more part of the experience rather than being seen as a helper (Svensson et al., 2008). What this article indicates is that a different approach ('active learner') has had results and this could be something that is adopted for New Zealand social service providers of antenatal classes.

Not all of the articles present the positive side of antenatal models and the following article highlights more issues that men face. Fenwick, Bayes, and Johansson (2012) interviewed first-time fathers from Australia before and after the birth of their children. The authors found that fathers experience a variety of feelings, such as unhappiness, anger, helplessness, being



a hindrance, and surprise at the duration and the challenges of labour. Some men also indicate being angry because they were not adequately prepared by the antenatal classes and annoyed with the medical staff because they feel the medical staff were dismissive of them. Fenwick et al. (2012) mention that this anger can sometimes lead to conflict within the relationship even though birthing time is meant to be a time of enjoyment. The authors point out that part of this problem is medical staff failing to inform men of the possible risks that can likely arise at birth and from the medical staff perspective, staff are reluctant to inform fathers of the potential dangers because they feel intimidated and anxious by the men being present, especially if something were to go wrong. Staff expressed that they worry about upsetting the men beforehand as they are unsure of how they will cope. What this article may present to this study, therefore, is that some health workers and social workers would benefit from education about inclusive practices for men in the birth environment, so that they feel they have a valid place within this space which would in turn increase their level of competence and confidence.

## ***Birth***

The next five articles will be looking at international perspectives about men's experiences of the birth of their child as they add insight into how the birth might have a negative or positive effect on how men feel within their relationships and towards their role as a parent.

Hall's (1993) study in the United Kingdom highlights the issue that with men being present during the labour they witness their partner fighting and struggling to endure the physical pain while giving birth. The author notes how graphically disturbing and difficult this can be for some, and how a man, there to witness childbirth, the joyous experience of life being born, can be overwhelmed with the experience. For some men this can amount to a negative experience, where for example, the social and peer pressure for men to attend the birth because previous men have participated, or that men are not asked for their opinion on whether they want to attend, or that the father's presence during labour may be unhelpful in some cases, and so these situations could cause "displeasure" within the relationship. What this article tells us is that it is not always a positive experience for men when attending the birth of their baby and the following obstetrician's strong views also support this perspective.

According to Odent (2008), a top American obstetrician who has overseen some 15,000 births, this author suggests that men should not be at a birth because it causes the woman in delivery to become more stressed and less attentive. Odent (2008) reports that this is because her focus at times becomes about how well her partner is coping, and she may start to notice that her male partner is becoming more overwhelmed/anxious in front of her. The author points out, that because of this, it causes the birthing process to become time-consuming because her focus can be about assisting him and not on giving birth. Moreover, men in western cultures have only been present at childbirth for the last 35 years, especially when the place of birth moved from the family home to a hospital maternity unit, and also the decrease of the nuclear family (two parents and children) structure. This means less support from extended family members, such as sisters, aunts or grandmothers, which in turn has led to an increase in pregnant mothers wanting their partners to be present. Although these views expressed by Odent (2008) in the above article are controversial he makes his beliefs clear. This provides a different view point regarding men attending birth and could give some insight into some of the issues that arise. Such as, should giving birth be returned back to the family home so the father and the mother-to-be and extended family members can support each other?

Another significant point Odent (2008) raises is the question of whether men can emotionally cope when it comes to being part of the birthing process. He notes that shortly after the birth, some men report having symptoms of depression and anxiety. For instance, some men feel the impact of a woman's labour and this negatively impacts on their mental well-being, and in turn their relationship. So Odent's article questions whether men should even be there in the first place as childbirth can be a traumatic experience for both expectant parents.

Longworth and Kingdon (2010) add a similar perspective on men attending the birth of their baby. They found that childbirth is the moment that fathers claim as the beginning of fatherhood but some struggle to understand what their role is, and so expectant fathers in the birthing room may feel pressured into being there. In other words, expectant fathers find themselves there because of extended family, partner, and social expectations. In addition, Longworth and Kingdon (2010) reported that some fathers find that once they are present, they feel ignored by the doctors, midwives, and nurses, and therefore think they have no role to play. This is also apparent in Odent (2008), and White's (2007) studies who warn that for

some of the men who are present at their child's birth it can lead to psychological, sexual, and mental scarring and subsequently some men develop psychological problems in their relationship and throughout parenthood.

Longworth and Kingdon (2010), and Odent (2008), feel there needs to be more put in place to provide support, information, and a greater understanding for fathers on what should be expected, if they choose to be present or not. However, a different argument is presented in the following articles. According to Niven (1992) and Woollett et al. (1995) fathers are now present at 80% of all births in the United Kingdom (UK). Niven (1992) mentions the primary purpose of men's attendance is to support, encourage, and communicate with their partner important information. Moreover, an earlier UK study by Antle-May and Perrin (1985) that looked at a father's involvement in pregnancy, and noted that midwives reported that the man's participation at the birth as helpful, in so far as they can be a "teammate" or a "supporter" to the partner in the progress. These final ideas again highlight the need for more training in order for fathers to have a 'role' in the birthing space as they suggest that men are helpful for the women.

According to King (2012), current changing cultural and professional attitudes around the emotional bond between the father and mother-to-be, as well as the birth of their child, the family support structure and the proactive role of a father's attendance at birth, are all essential in preventing a breakdown in the relationship.

Wallis (2013) reports that it is becoming less common in the United Kingdom that a father not be at the birth of his child, and fathers who choose not to be present might find themselves subject to criticism. These articles by King (2012) and Wallis (2013) highlight that changes came about in the 1970s for men in western culture, and these can be viewed as positive for both new mothers and fathers. These articles about men being present at the birth give an overview of some of the challenges that men experience in the birthing room, that can lead to problems in the relationship especially if witnessing childbirth has been traumatic, but that with good education and support men have such an important role of support for their partners, which can strengthen his bond with his baby and his partner.

## ***Post-birth***

### ***Postnatal depression, mental health and stress***

The following five American and English articles will review potential contributing factors into why men end their relationships after the births of their babies. Some of these factors include postnatal depression, mental health issues and stress.

A UK study by Dalton and Holton (2003) of men's depression after childbirth found that male postpartum depression (PND) is less understood, as new fathers are often going through emotional changes themselves, both during their partner's pregnancy and straight after childbirth. When men are observing their partners' struggles through pregnancy and the birthing process, they suffer from the loss of self, lack of sleep and routine, and can often be forgotten or not asked by family and professionals how they are feeling, resulting in resentment and anger in the relationship. This article points out that men also suffer from postnatal depression, although this is still today less recognised in males. The following two articles go into further depth about postnatal depression and some of the biological and hormonal reason this happens.

In an American study, Darby et al. (2017) looked at fathers' testosterone levels and how these affect the family, for better or worse, after the baby arrives. Their findings indicate that men have biological responses to fatherhood and that men's testosterone levels are linked with both their own and their partners' depressive symptoms. The positives of lower levels of testosterone reported by men postpartum, were that they reported fewer symptoms of depression, whereas higher levels of testosterone can trigger emotional, verbal or physical aggression in them towards their partners. In a similar finding, Mayer (2016) notes that paternal postnatal depression has scarcely been discussed with men, and that often men, during their partner's pregnancy and after childbirth, are not asked about their own mental health issues. The study indicates that PND for men could be triggered by a postnatally depressed partner and that there is some evidence to suggest that PND can develop when men's testosterone levels increase after childbirth. However, PND can also be caused by a man's own psychology or history. A man's biological and hormonal imbalance can trigger PND, but it is not the only factor as mental health history can also be factor, and so the need for a different set of screening tools is necessary.

A longitudinal study by Buist, Morse, and Durkin (2003) in the UK on men's adjustment to fatherhood four months postpartum, found themes to do with social support, marital satisfaction, anger, anxiety, and gender roles, which indicate that a man's fear is at its peak at the beginning of pregnancy, especially for younger men, men who are in short-term relationships with an unexpected pregnancy, and for men who are working part-time. The study's findings also indicate that lower satisfaction in a relationship increases if men have too much stress going on, and if stressors do not decrease after birth and are still too high postnatally, this consequently affects the attachment men have with their partners and children, the couple's relationship and the bonding with the infant. In this article, Buist et al. are focusing more on men adjusting to the stressors of having a baby whereas a US study by Rothbart (2007) looks at how women's PND can impact on men's wellbeing.

Rothbart (2007) notes that reasons for difficult parent-bonding may be because of childbirth-related postnatal depression disorder (PND) in women, which can also affect the man's wellbeing. Rothbart (2007) mentions that PND can be a challenge for couples to deal with, as it can cause a man to leave the relationship after childbirth because he does not know how to deal with the effects of it. Rothbart (2007) claims younger men are especially at risk because they lack the maturity and the coping strategies for how to deal with these issues.

Both the aforementioned articles look at postnatal adjustment in men and women and both note that some younger men can find their partner's pregnancy and the early post-birth phase bring with it trials they may not have the maturity to navigate alone. These younger men will need more professional input. Thus, it is important that social workers or health professionals are more aware of the signs of PND before this has negatively affected the new parent's partnership.

### ***Education and training***

The following four articles from authors in the US, UK, and Australia look at how education, training, and employment has a bearing on how well men adjust to pre-birth, birth and post-birth.

US researcher, LeMasters, who conducted a seminal study in 1957 that explored parenthood, and in particular childbirth, states that for some couples having a baby is a crisis. LeMasters notes that the transition to parenthood as an event does not necessarily have to be viewed as a fear-provoking event, but rather as something that some couples are unprepared for and have no control over. According to LeMasters (1957), couples face many challenges during the pregnancy, at the childbirth stage, and after the birth; and what is particularly difficult for new parents is time management. New mothers and fathers report that after the delivery of the baby their life becomes suddenly more hectic and busy, and spare time is in short supply. New parents say they struggle with a lack of sleep time, relationship time, television time, and even bath or shower time. The author states that more research is needed on what information and education are provided for couples during the pregnancy and childbirth stage, because once a baby is born, some couples appear unaware and unprepared for what is expected of them. A lack of information and support for couples can trigger discontent and conflict between partners, which is likely to trigger a sudden decline in romantic relationship satisfaction. This article points out the struggles new parents face after birth. Therefore it is important that agencies, health professionals and social workers are aware of these challenges and also given the right education and training to support and prepare parents before as well as after the birth.

A more recent and slightly different view is put forward by Fletcher and St George (2011), who studied the transition to fatherhood, and found in their Australian study that a specific reason why men leave after childbirth is because they lack confidence in accessing help or support, especially in the pregnancy stage of the relationship. The authors note that some men reported that they knew they had interpersonal and emotional problems but were unsure where to turn to or how to access government or non-government services for assistance. In the transition to fatherhood, some men face numerous challenges, and the opportunities to learn new practices and gain support are limited, although the provisions of father-specific spaces such as fathers' antenatal classes or "responsible fathering" programs are significant advances. This article has some similarity to LeMasters', but has a broader focus on the need for men's specific antenatal and postnatal education, with individualised courses that are tailored for the issues men encounter. The next article looks at some of the

gaps that are happening between health professionals, social workers and new parents and where education and training can be improved.

The study by Pacey (2004), which investigated UK couples and their experiences of having their first child, notes that when there are relationship problems during pregnancy and after the birth itself, some couples are reluctant to seek help even if they want assistance. The reluctance is put down to the couple's or the individual's own embarrassment about the situation, and them not knowing how and when to discuss their issues with health professionals (Pacey, 2004). The professionals themselves can put up barriers, such as being unaware of the possibility that there could be a conflict within the couple's relationship at times, which means some health professionals are not discussing or pointing out the possible issues that can develop within couples' relationships during the pregnancy and after childbirth. The study concludes that midwives and health professionals are getting better at reporting the health and mental health symptoms of mothers and their babies, but are not asking how the fathers are doing. This article points out some of the short-comings by health professionals and social workers who work with new fathers, and how it is important regular training and education is undertaken to make improvements in this area. Otherwise some new fathers will continue to feel left out, which will in turn lead to some fathers feeling that their role is not valued. All three of these articles looked at the importance of regular training and education for health professionals and social workers. But what is needed, and would be extra beneficial, is to have courses where the focus is on fathers' parenting.

### ***Unprepared for the transition to parenthood***

The next five articles from Germany, Australia, and the UK review how some men are left unprepared for parenthood. The adjustment difficulties can put a lot of pressure on relationships as these articles point out; sometimes new fathers are not prepared for the emotional, physical, spiritual, sexual and financial changes.

As is researched by Diener, Lucas and Scollon (2006), who suggest life satisfaction changes before and after childbirth among first-time parents. Diener et al.'s (2006) longitudinal study of German fathers suggest relationship satisfaction is at its peak before birth, but not long after childbirth relationship satisfaction decreases. The research indicates that the event (a

baby being born) itself affects individuals differently, which the fathers echoed in this study. The adjustments they noted and the reasons they gave for their break-up after childbirth was a decline in sexual activity, financial worries, sleep deprivation, interference with social life, worry about a second pregnancy, and a general disillusionment within the parental role.

In Australia, Condon, Boyce, and Corkindale (2004) also picked up on these adjustment challenges faced by new parents when they examined the mental health and wellbeing of men during the transition to parenthood and found that significant life events impacted on all aspects of psychosocial functioning. The study assessed men at 23 weeks of their partner's pregnancy, and again at 3, 6, and 12 months after the birth, using self-report questionnaires, which asked and explored the men's mental health symptoms and levels, lifestyle variables, and relationship/sexual functions. The findings discovered men exhibited a high level of anxiety symptoms during their partner's pregnancy and lesser anxiety symptoms postpartum. Moreover, sexual activities/functions appeared to decrease at three months postnatally and failed to recover on any of the previous tests. Hence, it was at the pregnancy stage rather than the postpartum period where psychological stress increased for men, where they appeared to be unprepared for the impact of fatherhood, especially in terms of the decline in their sexual relationship, and therefore reasoned this could impact on a couple's relationship through into the postnatal phase.

With a different perspective, overseas studies by Bang (2011), Gibson, Edin, and McLanahan (2003), Parfitt, Ayers, Pike, Jessop, and Ford (2014), and Hawkins and Belsky (1994) on the transition to parenthood, suggest that the leading cause of why men leave their partners after childbirth is that the mother's focus is predominantly on the baby and that this can lead to resentment in the relationship. Their respective findings conclude that the professional's primary focus is with the mother and because of this fathers feel left out and not part of the pregnancy process. As Gray and Anderson (2012) note in their study from the United Kingdom, an involved father can support the needs of both the mother and baby during pregnancy, and a fully informed and supportive father can be vital to the recovery from the birth for the mother. Gray and Anderson (2012) point out that a father's input is essential in the development of relationship changes on parental adjustment. What can be taken from this article is again, that men can be left out of the process and therefore not access the tools,



information and education they need. What is being learnt here is more education is needed for some men, particularly first-time fathers, to be more prepared for all the changes ahead.

Hawkins and Belsky's (1994) article on the transition to parenthood suggests that the principal reason why men leave their partners after childbirth is that the mother's focus is predominantly on the baby, which leads to resentment and misunderstanding in the relationship by the father, because he feels left out and their partner generally have other women around who are nurturing, supportive, and understanding of the pressures. Thus, these fathers are generally on their own and have limited or no support, and feel unsure where to turn to in times of conflict or when they finish arguing with their partners.

Parfitt et al. (2014) support these conclusions that men can feel left out and women may find more support for themselves. Their study in the United Kingdom found that some of the struggles indicate that fathers do not have the support of other men. Parfitt et al. (2014) highlight how historically a woman's pregnancy process is supported by other "womenfolk", and that women generally have other women around who are nurturing, supportive, knowledgeable, and understanding of the pressures. Whereas men may be left on their own, and therefore have no one else to turn to, to discuss their worries and concerns. Because of this, Parfitt et al. (2014) say, in some cases, the partner may feel that he is semi-isolated and is caught unprepared, even if the child is planned.

The above five articles give a strong assessment of why men are not always prepared for parenthood and may be sidelined throughout the process by professionals, social workers and health workers. This in turn may add to some of the reasons why men choose to leave their relationship after childbirth.

### ***Age and personality***

The following four articles from the United States and the United Kingdom review how the age of an individual and the individual's personality can cause and effect a men's decision to leave relationship post-birth.

According to Neil and Hammer (2007), there are benefits of having older parents, as they can be more emotionally and financially stable. However, children with older parents may find

their parents getting physically ill earlier, lacking in energy, and they themselves may struggle with social stigma because of their ageing parents. Neil and Hammer (2007) also note that the couple's age can sometimes cause conflict between them, because of a reluctance to have children earlier due to a worry of not being able to manage and cope. This article recognises the age of an individual can be a reason why couples break up, and therefore the importance of education that goes out to family planning centres or educational centres before the conception stage on some of the challenges that couples may encounter.

Interestingly, American researchers Condon et al. (2004) and Zerkowitz and Milet (1997) all mention in their respective studies what they consider to be gender-specific risk factors and perinatal stressors for men. Condon et al. (2004) and Zerkowitz and Milet (1997) maintain that men, partners, midwives and agencies need to be mindful of these risks. Condon et al. (2004) and Zerkowitz and Milet (1997) note the following gender-specific risk factors: men's support systems are generally limited, and because of this they end up relying more heavily on their partners. The authors note that the responsibility for providing additional money generally falls onto the man, and this may again produce other stressors. Also, new fathers can be lacking good male role models in their own lives, and therefore, they are more than likely to be less experienced with child-rearing. Younger men's notions of fatherhood can be different from those of older men; older men tend to be more mature and are therefore more aware of the challenges and expectations of having a baby. These two articles have the same opinion that a man's age is a factor for why some men will leave their relationships. But both also point out that a man's decisions can also be influenced by the lack of positive role models or upbringing in his life.

In contrast, a North American study by Umberson, Williams, Powers, Chen, and Campbell (2005) took a different view as to why couples break up after childbirth, by exploring the couple's personality traits. The authors looked at each couple's marital quality after childbirth and their characteristics/personalities, and described how different personality traits lead individuals to cope (or not) with stressors in different ways. For example, a person with a neurotic personality is more likely than the average person to be moody and to experience such feelings as anxiety, worry, fear, and anger; consequently, they will find stressful situations more difficult to manage. Umberson et al. (2005) state that because each person has a different personality, if the personalities within a couple do not match equally

(especially in times of stress, such as pregnancy and at childbirth), this can impact on a relationship due to the individual characteristics in dealing with stressors differently.

Finally, Bradley and Slade (2010) from the United Kingdom observe an increase in mental health problems experienced by fathers in the first year following the birth of a child. Problems described by fathers consist of depression, anxiety, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). Bradley and Slade (2010) believe the underlying reasons for these mental health symptoms are to do with the parenting roles and individual personalities. These authors jointly agree that a difference of personality in relationship can lead to a break-down in relationship, however, Bradley and Slade (2010) argue that a difference in personality after a child birth can also lead to mental health issues, because of the stress of what parenthood can bring. Therefore, their article emphasises the importance of early intervention by health professionals and social workers where there is noted to be some level of discord between couples.

The above four articles investigate how age and personality can be a circumstance for relationship break-up after childbirth. An age of an individual can determine either their response or their worry about having a baby. However, others influences can also include someone's background or if he has positive male models. A difference of personality in a relationship can cause conflict and this is where health professionals and social workers can provide support or education to help new parents work their way through this time. However, where agencies can be even more helpful is having the tools and the education to pick up problems in a relationship earlier.

### ***Policy and employment***

The following three articles from the United Kingdom, Norway and the United States review how policy and employment is essential in supporting new fathers and family well-being.

Studies from Jaffee, Avshalom, Moffitt, Taylor, and Dickson (2001) examined fatherhood in the United Kingdom and noted that young fathers who have the support and a positive relationship with their partners are likely to stay and be more involved with their children, at least in the short term. The added advantage of this paternal involvement for the child is that

it can increase cognitive and social competence compared to children whose father is less involved. The study maintains that troubled life histories and weak attachments for young fathers can increase the difficulties they have to engage, and this can include staying in a relationship and providing positive parenting.

In Norway, parents are entitled to 49 weeks of paid parental leave on their full salary, or 59 weeks with an 80 percent salary (Nordic Information on Gender [NIKK], 2018). Fathers are entitled to two weeks paid leave when the baby is born, and by law they are allowed an extra fifteen weeks' paid leave before the child turns three years old (NIKK, 2018). Norway encourages both parents to stay home from work with their young children, in recognition of a gender imbalance in the distribution of parental leave, to promote gender equality both at home and in the workplace. This arrangement benefits both parents involved, and leads to a healthier child (NIKK, 2018). This article gives a different picture of what can be achieved if a government and people within its country believe and vote for issues that are important to them. This study shows how family-focused policy initiatives are needed because they support new fathers to stay in their relationships. The policies are child-centred and put the well-being of the family at the centre, which enables the parents to focus on bonding and adjusting to parenthood. The next article points out the value of employment and its link between an individual's well-being, mental health and relationship satisfaction.

Research from Griep et al. (2014) in the US has provided evidence for the adverse effects of both short-term and long-term unemployment, and perceived job insecurity on individuals' health and well-being. Griep et al. (2014) note that employment provides individuals with security in their relationships and therefore high life-satisfaction compared to being unemployed, which correlates to more psychological complaints and to poorer health when compared to those with secure, permanent employment. Thus, it can be expected that a new baby will increase financial stress as generally one parent needs to stay home for a period of time. As a result, policies would be more helpful for new parents if there was a focus on the family unit, such as in Norway where both parents can be financially supported to stay home. A criticism of this article is that employment itself might not always create a positive outcome as some men might find they have to work away from their families to make money or take on extra jobs just to pay for the extra bills.

The above three articles outline the importance of specific policies that support parents to be able to just focus on their newborn baby, and if both parents can be there from the beginning, and not be too stressed about having to be at work, maybe they would manage to navigate this time without the relationship breaking down.

### ***International literature summary***

The mainly western English-speaking international studies, books, journals, and articles reviewed point to a variety of issues, and reasons for men leaving their relationship after childbirth. The sub-themes that arose out of this literature were wide ranging and holistic and the challenges were apparent throughout all stages of pregnancy, from pre-birth, birth, and post-birth. The sub-themes were: pre-birth and antenatal classes; birth, and post-birth: postnatal depression, mental health and stress, education and training, men being unprepared for the transition to parenthood, age, personality, policy and employment.

The international literature that refers to antenatal classes find that some classes may not adequately prepare men for parenthood and that antenatal classes that are held tend to cater for the birthing tasks that the women will face rather than addressing independent issues that men face before, during and after the birth. Nevertheless, some of the literature also reports that many men feel antenatal courses are essential, as it gives them a chance to meet other men in a similar situation and a starting place to learn about pregnancy and childbirth. Some of the concerns referred to in the literature by men is that health, medical, and social work professionals who work within these agencies are failing to check with them about how they are feeling or to communicate with them the realities of pregnancy and childbirth. However, one study concludes it is essential that the professionals who are engaged with new parents recognise that they are well placed to support fathers on what can be expected and guide them through the transition to parenthood.

In this literature review there were gaps in some areas, such as training and education for health care professionals, which could be strengthened to help men to find a role in the birth, to feel confident and competent and important throughout the process; as it appears in some of the literature that men don't feel they have a role, or that they should not be there at all as they can cause more problems. The reasons and issues by some medical professionals as

to why they do not support men being present during childbirth, is that they feel men can be a hindrance and distraction for the woman because of their own anxieties or that the man's presence is not always helpful for hospital staff due to fear of his reaction if something goes wrong.

The international literature also suggests that age and personality can play a part for some men, and especially some younger men, who are potentially not mentally prepared and mature enough to deal with pregnancy and childbirth. Plus, corresponding literature shares the view that some men are unsure where to turn to for help when stress develops during the pregnancy and childbirth stage; it could be assumed that this is also due to immaturity and lack of confidence. Or this could also be put down to a lack of male role models in their lives, or antenatal classes inadequately preparing men for these changes and government policies falling short of recognising the importance of fathers being able to be home during this crucial time, or taking time off work to attend classes. The literature review from Norway covered a key area around government policies that support the family by giving both parents time off work to settle in to their new roles as parents, and to adjust to the huge changes that have taken place, physically, emotionally and financially. The model that Norway presents is an example of government policies that are family centred.

Part of the the international literature review considered that men's knowledge seems to rely heavily on what he can learn from his partner, what he can learn at antenatal classes, or acquired from his upbringing or his connections with other males. But if these connections are not there, this can trigger anxiety and stressors for men, and in turn cause relationship conflict and break-down. Therefore, to achieve better outcomes for the families, the agencies that work with fathers need to start to advocate for early interventions and/or specific policies that can support men or families.

## **2.2 New Zealand literature**

This second literature review is about understanding if there are similar or different reasons as to why men would leave a relationship after childbirth in Aotearoa. New Zealand has a unique cultural heritage, with its own indigenous culture, so are there parallels or dissimilarities with international findings? In comparing and contrasting the international and

New Zealand literature maybe some insights will be revealed about something else that causes men to leave their relationship after childbirth?

## ***Pre-birth***

### ***Antenatal classes***

In the following three articles from New Zealand authors, there are similarities and differences between international research around preparing for childbirth and the impacts this may have on a relationship, including antenatal classes and the micro, macro and meso factors that also impact on a family's well-being.

De Haan (2016) notes similarities to international research when discussing the point that the transition to parenthood brings changes in lifestyle, relationships, roles, and responsibilities. Life is suddenly chaotic, and new parents report high levels of stress. New parents need support to manage difficulties, whether temporary or ongoing, and that 20 percent of mothers and 5 percent of fathers report that they are experiencing prenatal depression and anxiety, as well as poverty, addiction, and inadequate housing, which make the adaptation to parenthood much more stressful. However, due to the socio-economic and family structure in New Zealand, De Haan (2016) has noted differences in what families in New Zealand are experiencing. Examples of these differences are referenced by the Office of the Children's Commissioner (2016) who notes that there are high rates of family violence and that some of this can be related to the stressors of having a family. So the similarities are the fact that parents face huge changes, however in the New Zealand literature, factors such as inadequate housing, family violence and poverty were not examined in the international studies.

De Haan (2016) reports that New Zealand offers free maternal and infant healthcare, and women are encouraged to seek out a midwife at the beginning of pregnancy who will generally support them through the pregnancy and the childbirth stage. In New Zealand, parents also have the option of having their child at home or in a hospital birthing centre. What this New Zealand literature refers to that was not mentioned in the international literature is the maternity system in New Zealand facilitates a longer term relationship and rapport with a lead maternity carer, and this may benefit couples if the relationship is

supportive and informative, and inclusive of new fathers; as learning happens when there is a good foundation in relationship.

However, De Haan (2016) also includes another unique factor that was not in the international literature, that some couples found antenatal classes are not user-friendly, and that some couples find them to be blind to Māori and Pacific needs, understandings, and differences. Non-European couples reported that they felt the services were not user-friendly and did not take into consideration fundamental differences in parenting approaches between indigenous cultures and other population groups. De Haan (2016) and Silberberg (2001) both state that many of the Māori women who were interviewed feel that traditional practices and customs need to be reintroduced, and the concept of just interviewing the woman and her partner is not realistic, because, in Māoridom, a child can be brought up by several members of their whānau, who provide support and care of the child. Silberberg (2001) mentions a point that supports the above argument, where a woman said she felt that antenatal classes benefited middle-age European woman and not younger women or women with different points of views around birthing. What this literature highlights, is more training could benefit lead maternity workers and antenatal facilitators in bicultural and multi-cultural competency<sup>1</sup>.

Both De Haan (2016) and Silberberg's (2001) critique of the antenatal system in New Zealand can be seen as having similar points to the international literature. Younger mothers do not follow up with antenatal classes because they feel misunderstood and not taken seriously by staff, and feel older members at the meetings look down on them. One couple interviewed did mention that what they learnt at antenatal courses was helpful because their baby had colic and they would otherwise not have known what to do, and that they felt they worked together as a team through this challenging time. However, this couple also reported that they thought the antenatal classes predominantly looked at men as just being "hands-on dads" (Cliff & Deery, 1997; De Haan, 2016). Finally, in another comparable finding to the international literature, De Haan (2016) states that a common complaint from some men is that they feel undervalued in the delivery room and that this continues after the birth. One

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<sup>1</sup> A bicultural society in Aotearoa New Zealand is one in which Māori and Pākehā should have an equal opportunity to contribute towards policy development and decision-making. This should include equal opportunity of access to resources at all levels of society.



case study reported that fathers need to be forewarned of the challenges, first at the beginning of pregnancy, and then following childbirth.

According to Noseworthy (2005), a frequent critique of antenatal classes by men is that they generally support the women but do not offer 'men only' sessions although sometimes males cannot make the antenatal classes because they are at work. Noseworthy (2005) also mentions that expectant fathers do not have the advantage of feeling the developing baby, and therefore a man's sense of becoming a father stems from their upbringing or watching other people's fathers, or from what they have read, watched on television, or heard on the radio. Noseworthy (2005) notes that if a new father does not have positive role models or reliable father figures in his life, having a baby can sometimes be perceived as a negative experience. The challenges mentioned by the above New Zealand authors are similar to the international findings that men feel undervalued in the antenatal groups and potentially this leads to them feeling unprepared for the birth and post-birth phase. Some fathers have no positive male role models, therefore men-only classes could be beneficial, in that they would be able to discuss their worries and questions in a safe space.

## ***Birth***

The following literature by a New Zealand author has findings that align with the international literature.

Mander (2004) states how fathers in New Zealand are highly encouraged to be involved right from the start, and this includes at the labour and the birth. At the conception stage couples are encouraged by medical staff or by families members to make their decisions about the father being at the birth, and what role he will undertake. According to Mander (2004), the difficulties of this is that some men may feel pressured to attend, and therefore, the potential for the man to be traumatised through his presence at the birth. Mander (2004) says, further, because of this, there can be an unrealised consequence for the relationship, as this unhelpfully affects the couple's sexual relationship and therefore, the bond between the couple.

According to Mander (2004), along with men being present at birth and the impacts of this, there has also been an increase in medical interventions in childbirth. And an increase in women having unnecessary interventions, such as increased vaginal examinations, which can lead to post-traumatic stress disorder (PTSD). Finally, Mander (2004) mentions that PTSD can cause unknown mental health and physical complications for the woman and the couple themselves, which can lead to disharmony in the relationship early on, and this, again, can jeopardise the relationship between the mother and baby. In similar findings in the international research, men were given the options to attend the birth, however, some found this to create problems such as PTSD and trauma if the birth was difficult and the men were not adequately prepared for the things that may go wrong. The findings in both international and New Zealand literature states this can lead to issues in the relationship, and possibly lead to the breakdown of the relationship.

## ***Post-birth***

### ***Education and training***

Breiding-Buss, Smith, and Walker (2012), who studied solo fathers in Christchurch, raise a different point of view to the international literature, with the perspective of how being a single father is demanding because less is known about how solo fathers manage; what is known is that solo fathers are more likely to struggle with depression, social connectedness, and inconsistent parenting. The main reasons for some of these fathers finding themselves parenting solo were because of ex-partners' physical and verbal abuse, alcohol, and drug misuse, and the mother having inappropriate people around. The international literature predominantly focused on couples and their experiences. However from a similar standpoint to the international findings, Breiding-Buss et al. mentioned that half of the sole fathers interviewed stated that they felt midwives were not helpful and did not inquire about how the father was coping; that sole fathers do struggle to ask for help when needed, and therefore, agencies need to be mindful of this. This literature from New Zealand is another example of the training and education that is needed in this sector of health and social work, to better prepare, support, and educate men.

### ***Postnatal depression, mental health and stress***

The following two authors discuss the similar issues faced by international couples, such as adjusting to massive changes, identifying with new roles and postnatal depression.

Greaves, Oliffe, Ponc, Kelly, and Bottorff (2010) state that parenthood and fatherhood can be difficult for some men as they take on roles traditionally done by women, such as being gentle and nurturing. Fathers can end up in a dilemma, as they cannot satisfy both gender stereotypes, and if not recognised or worked on, these issues cause conflict within the relationship.

Another New Zealand study reviewed was the Morton (2007) continuing longitudinal study of New Zealand children and their families, which asked mothers about any changes they noticed in their relationship with the biological father during the pregnancy and after childbirth. Approximately 90 percent of mothers participating in the study said their relationships did not change during the pregnancy, but for 10% of the mothers, there was a break-up, either during the pregnancy or shortly after childbirth. Fathers left the relationship during the pregnancy mainly because their partner had depression and was not coping. New fathers also talked about struggling to deal with their own emotions about being a father to a child, while a lot of fathers also felt they failed to adapt to sleep deprivation. So fathers are needing extra support postpartum to help them to adapt to the ups and downs of having a baby. These findings relate to the international literature, which also discussed the isolation, pressures and stress fathers faced when their partner struggled with postnatal depression, as well as adjusting to sleep deprivation.

### ***Unprepared for the transition to parenthood***

Along with postnatal depression, fathers can struggle with the emotional, financial, physical and social changes, which are examined in the following three readings by New Zealand authors.

Pudney and Cottrell (1998) describe in their work how young males reported that when they became a father, they felt they were taking a painful step into the adult world and felt out of their depth. Some young males embraced fatherhood, whereas others found it too much and

that they were not ready. Another author, who agrees with this notion, is White (2005), who in his writing on the subject of postnatal mood and emotional change following birth, notes how some New Zealand fathers in the early weeks of becoming a father are still struggling and are experiencing intense emotions such as anger, confusion, and frustration because they lack direction. They feel antenatal classes let them down and have feelings of guilt as they thought they could not ask doctors, nurses, or midwives questions about things that were important to them. White (2005) states that the expectation for a new father to know what to do and take control, can sometimes be too much for fathers to deal with. Similar research in New Zealand undertaken by Monigatti (2003) who examined 26 fathers' perceptions of their experiences at the births of their children found that 25 percent of the fathers were emotionally unprepared, they perceived themselves as powerless, and information received was often misleading to them. The study concluded that most of the fathers had emotional demands placed on them straight after childbirth, for which most were not ready (Monigatti, 2003). These three studies are similar to that of international studies in that they state that men are sometimes not adequately prepared for childbirth, whether that be because of a lack of information or maturity or a lack of role models to guide them.

### ***Age and personality***

Although the international readings talked about the challenges faced by young fathers, there were a few differences with the following two readings.

According to Tuffin, Rouch, and Frewin (2010), the literature has paid little attention to adolescent fathers. Tuffin et al. (2010) report in their studies on teen parenthood that there is a stereotype that teenage males are immature, disinterested and detached from their children. However, this is not always the case and young fathers want to be involved and feel obligated towards their children but are faced with challenges to achieve this. Tuffin et al. (2010) note that while most young fathers are generally accepting of fatherhood, even as teenagers, break-ups tend to occur at pregnancy or after childbirth because of traditional male roles. Some young men feel that they should be breadwinners, and that this is their traditional role. If these conventional roles are not to their liking, this can create conflict within a relationship, as a new father regularly reports the ability to provide is important.

Tuffin et al. (2010) state that the challenge with young teenage fathers is that they are unexpectedly faced with the responsibilities of parenthood, and they are mainly not prepared.

Gage, Everett, and Bullock (2006), who completed a study on fatherhood for men in 'at risk' families, note two different approaches to how men can become fathers: first, learn to be a father from their background and experiences and second, decide to become a father upon the birth of their child. The authors report that men who had conduct disorders, school difficulties, early sexual activity, and poor quality of family life were likely to become fathers at a young age and struggle more with the pressures of pregnancy and childbirth. So their background can be an indication for how men are likely to adjust to fatherhood, for example, drinking or smoking too much, or going out regularly with their mates. The transition to parenthood can cause conflict for men, especially if they are not aware they need to prepare to make changes, or they do not appear organised to make changes. These two articles are similar to international literature in that some men, and especially younger men, are unprepared for the transition to parenthood. Men, both internationally and in New Zealand, value the importance of having a role within the family, and it appears that some men gain this by being the provider. The differences between overseas and New Zealand literature is that the New Zealand literature recognises that a man's own background can be a clue as to how he will parent.

### ***Policy and employment***

The transition to parenthood represents a significant life event in which a couple must both individually, and together, work through multiple changes in their personal, family, and social life. According to statistics from the Ministry of Social Development in New Zealand, in the March quarter 2018, 57,249 women and 4,963 men were on the sole parent's benefit, previously known as the domestic purposes benefit (DPB) (Ministry of Social Development [MSD], 2018). 33,950 of these single parents on the sole parent's benefit currently have one or two children in their care under the ages of five years old (MSD, 2018). These findings indicate that for some reason, or reasons, couples are breaking up early, either before the birth of their children or not long afterwards. This article is chosen to show that parents are

breaking up after childbirth, yet does not illustrate the full picture as these statistics only indicate those on a benefit, not those that are working.

The young men in Tuffin et al.'s (2010) study reported that when they found out they were having a baby they would either want to move to a place of work, or would give up their happiness such as sporting or interests to provide for their family. The pressure to find employment for the young men meant they would miss out on time with their partner, and to find a job that pays well can be difficult, as a lot of the young men had incomplete educational qualifications, limited job skills, and experiences. This means lower wages and having extended work hours to achieve a living income. Tuffin et al. (2010) and Roxburgh (2006) note the stressors from a lack of recreational time and having to work long hours for low wages creates tension between couples. For example, one young father said he had been out working all day, but when he came home his partner put the baby on his knee and declared, "Goodnight, I am off to bed," (Tuffin et al., 2010, p43). Tuffin et al. (2010) conclude that young men are interested in fatherhood but struggle into parenthood and with their relationship, if they feel they are not attending to traditional roles. The strength of this article is its defining of what causes the underlying pressures, that not all men have the same economic situations, and that some men don't start out fatherhood on a financially-stable footing. This was discussed in the international review, where authors noted that lack of time, loss of identity and financial pressures can lead to unforeseen relationship difficulties.

### ***New Zealand literature summary***

New Zealand studies illustrate numerous similarities of issues and reasons to that of the international literature relating to why men would leave a relationship after childbirth. The similarities at post-birth were that the information in antenatal classes was not catering or supportive for some men, and that some men were requesting 'men-only classes'. The authors point out in some of the studies that there are flaws into how antenatal classes are taught. The strengths of these studies are that antenatal courses could be seen as a starting place to fully support men with parenting instead of men being seen as just helpers. The dissimilarities from international literature were that New Zealand authors noted that poverty, inadequate housing, addiction, and family violence were leading challenges facing

families and causes of some of the break-ups. These dissimilarities give relevance to the need for more research to be done in this area.

At birth, the similarities in research were that some men felt unprepared for birth and the expectations of parenthood. Health professionals or social workers who were working alongside parents were not informing some men of the realities of childbirth. The strength of the studies is that authors are highlighting the issue that men do need a function and purpose during the childbirth period. A critique of these studies is that none of the authors could give advice or stated what these could be. Another critique is that there is a lack of research material in New Zealand on how many men now attend a birth and the benefits for men in New Zealand being at a birth. A pleasant benefit in New Zealand compared to other international studies is that in New Zealand maternity care is free and every mother can have the option to have their baby at home or in hospital. But it can be argued that this care again is limited for men as the focus is predominantly on providing support for the mother.

Both international and New Zealand authors identify that the post-birth period for some men can be a difficult time, as they can experience mental health symptoms or relationship stressors. The strength of this information is education, training, early intervention, and an increase in research can be seen to be beneficial to support men and couples in this area. The weaknesses of these studies is change seems to be unhurried. Could this be because health professionals do not see men's mental health symptoms as a critical issue, or as serious as women's postnatal depression?

Other similar issues also included were men's immaturity and lack of male roles models, and the significance men put on traditional roles as reasons for why a break-up in a relationship can occur after childbirth. The authors have correctly pointed out men's lack of insight into relationships, whether it be because of their youth, short-comings, own personal, or upbringing values. A difference in the New Zealand literature is the understanding that a man's own background can also be viewed as a clue on how he will parent. A critique of this viewpoint is that some men might use their upbringing as an example on how not to bring up their own child, and that professionals could run the risk of labeling and stereotyping men early on. Another failing of this point of view is that it is not taking into consideration that choice of partner could be the cause of his break-up.

Finally, other similarities were to do with policies which were aimed at supporting men to attend antenatal classes, childbirth, or spend time at home with their new baby and to support the partner. The strength of these policies is that it recommends that parenthood is valued and important, and policies such as in Norway (paid parental leave for both parents) gives both new parents substantial time off to focus on being new parents. However, a critique of this policy is that it will only work if society can be educated on its benefits and has the backing from its government.

### **2.3 Chapter summary**

Both the New Zealand and international literature reviewed here highlighted antenatal classes as the primary support for some men. Outside of antenatal classes, men, both internationally and in New Zealand, appear to rely heavily on their background knowledge, existing support networks, or what information they have picked up from their partner to deal with pregnancy and childbirth. Some men, however, report taking on fatherhood and parenthood as it emerges. Moreover, some of the men's approaches to relationships, fatherhood, and parenthood can be put down to previous masculinism and traditional values.

Studies, both internationally and in New Zealand, report that some of the overall approaches to men's health and support around pregnancy and childbirth are deficient and are not good enough, and because of this, conflict will continue to arise for couples in a relationship. Therefore, some men will leave, and some men because of this will fail to adapt to fatherhood and parenthood.

Research indicates that some women are better prepared for pregnancy and childbirth. Some of this is to do with the fact that they do have a better support system in place, a more significant chronological understanding, and knowledge of childrearing and possible risks. Plus, the support of the government and community agencies, which are more aware and involved in the challenges that women encounter.

Where New Zealand has not been so similar with international literature have been matters to do with poverty, housing, addiction, family violence, free infant health care, and identifying potential at-risk fathers. A gap that needs to be reviewed is that there appears to be limited



policies and literature where the focus is about supporting men into parenthood and a lack of research in literature in New Zealand on why men would leave their relationship after childbirth. These similarities and differences in literature contribute to the understandings of why this thesis is valuable. This research is important, and more research and focus is needed on this particular topic in New Zealand.

The next chapter will be the methodology section, where the research design is explained, including why the qualitative method is appropriate for this research. This chapter will also critically evaluate the study's overall validity and reliability.

## **Chapter Three: Methodology**

In order to test some of the implications highlighted in the literature review, which reveal multiple reasons for why fathers leave after childbirth, and the aims set out in the introduction, the study will now canvas and consider an appropriate research design. This chapter discusses the methodology and methods used in this study. The rationale for the qualitative methodological approach being used is explained, and how this was essential to use to explore the research questions being asked. Both the strengths and weaknesses of qualitative methodology will be examined as well as why a quantitative methodology was deemed inappropriate for this particular research. The research design, strategy and framework are also examined, which includes why the social work ecological approach was adopted during this study (Leon, 1999). The key stages of the research design are described including the criteria of the participants and the sampling strategy for participant recruitment, and the instruments employed to collect and analyse. This is followed by a discussion on its limitations and the ethical issues.

### **3.1 Qualitative methodology**

This research examined the views of men on the reasons why they leave a relationship after childbirth. A narrative qualitative approach was used, and the research relied on interpretive inquiry, semi-structured interviews, inductive analysis coding, and by reviewing themes and meaning that participants attributed into why they leave a relationship after childbirth.

The narrative qualitative methodology was justified and selected compared to other qualitative methods or the quantitative methodology, because the narrative approach is used at a personal face-to-face level. O'Leary (2014) states that the advantage of choosing to use the qualitative approach allows a researcher to be closer and feel more involved in the research they are looking to explore, and therefore gain a more accurate insight and awareness of procedures and events that are taking place. Moreover, another advantage to qualitative face-to-face interviews is that face-to-face meetings can take advantage of social cues. Social cues, such as voice intonation, facial expressions, and body language gives the

interviewer a lot more information, which can also allow the interviewer to probe in-depth on a particular question, which in turn can create more discoveries on a topic (O'Leary, 2014). This approach has been chosen because the aim and the strength of this research and interview is to create a story, and to hear from an individual's personal experiences, challenges, and outcomes of a particular issue. Another strength of the qualitative approach is that the methodology has a history of achieving conclusions to answers sought out on a particular research topic (Punch, 2006). Punch (2006) also highlights how a qualitative approach gives insight and provides explanations as well as personal views, perception, attitudes, and meanings.

Starks and Trinidad (2007) state, the value of the qualitative approach enables the researcher to delve into questions of importance and to evaluate institutional, social worlds, social structures, opinions, themes, and attitudes. For these reasons, a quantitative methodology was not deemed as appropriate for this research, as the quantitative results are limited because they provide numerical descriptions rather than detailed narrative; and generally, provide less elaborate accounts of human perception (Punch, 2006).

However, the weakness of qualitative is due to poorly articulated questions and accuracy, with research findings sometimes inaccurate due to poor recall of the researcher or faulty recording. Additionally, the authors performing the analysis may be coloured by their own expectations and interviewer bias, and interviewees can give answers tailored to what interviewers want to hear (Punch, 2006). Qualitative observation as a method has been heavily criticized by supporters of quantitative research, for looking at the observation as a method only at the exploratory stage of a research, as it relies heavily on the researcher's interpretation. However, Seale and Silverman (1997) argue that the validity and the reliability of the research increases whatever method is used, as long as transcribed and audio recordings are clear and transparent, and data findings given with accurately detailed examples. There are also other methods to enhance trustworthiness, for example, audit trail, members checking, researcher keeping field notes.

This approach also fits within the social work ecological approach being applied in this research as it reviews a person, an individual, family, and community situation and dynamics. The social work ecological approach was used during the interviewing stage, which can be applied by exploring persons, family, culture, and community. The social work ecological

approach contextualises how a person's parents, friends, school, socio-economic class, home environment and other factors may influence how a person thinks and acts. This thesis has at times adopted the ecological systems theory to explore men's underlying reasons for wanting to leave the relationship (Leon, 1999).

The ecological system theory is fundamentally concerned with the interaction of individuals and their environments, and notes that individuals do not generally operate in isolation but are influenced by their physical and social contexts in which they live and interact within (Leon, 1999). Taking an ecological perspective towards social work practice and in this research involves taking into consideration a person and the situation around her or him (Leon, 1999).

The ecological systems theory can provide a map to interpret a man's relationship with the different domains of his world, for example, the micro systems which consist of his partner, other family members and close relationships. Analysing the meso systems can help to chart the positive or stressful relationship a man might have with the wider systems, such as midwives, work, and government agencies (including social workers). Finally, the macro system which encompasses the larger influences that impact his life, such as employment and social policies, current ideologies, ideas and world views. This approach can allow someone to look at how the systems interact with each other (Leon, 1999).

### **3.2 Research process**

The following topics outline the participant recruitment, data collection, and data analysis and storage.

#### ***Criteria and participant recruitment***

This study invited five fathers who had left their relationship after childbirth for an interview. The criteria of the participants: that they are English-speaking male adults, of any ethnicity and socio-economic status, but must be over the age of 18 years and not older than 65 years of age. This age group from a diverse ethnic background suited this research because it allowed for a large sample group, with a wide breadth of life experience to look at. Participants that were interviewed needed to have been separated from their former partner

for two years or more, and feel mentally stable to talk in-depth about their reasons for leaving their relationship after childbirth. The reason this was a criterion, is because men need to be able to reflect safely on the break-up of their relationship, and the researcher felt two years would enable them to be ready and less likely there would be unresolved issues.

Purposive sampling was applied to identify these fathers for the research. According to Punch (2006), purposeful sampling is a widely used approach in qualitative research for the identification and selection of finding participants. Punch (2006) notes that purposeful sampling identifies, and selects, individuals or groups of individuals that are especially knowledgeable about, or experienced with, the researcher's phenomenon of interest. The strength of this sampling approach for this research is that the focus was narrowed to the issues the researcher wanted to focus on, specifically around why they made the decision to leave their relationship.

Participants were recruited from random community services in the lower North Island area. The agencies where participants came from were organisations such as, Families Works and Kidz Need Dadz Hawkes Bay (**Appendix 4-Email to Organisations**). Both of these agencies are highly rated, and employ social workers and specialists who work alongside parents and single parents, and their criteria for someone to be involved in their service is they must have children in their care. An information letter was sent out to the agencies involved outlining what the research entailed (**Appendix 2-Information Sheet**). Assurance of confidentiality was given and a time frame for involvement was also outlined, which included the interview.

### ***Data collection***

Participants who were interested in the study received the information sheet (**Appendix 2-Information Sheet**) and the (**Appendix 1-Interview Guide**) outlining the aims of the research, and questions which would follow, giving the interviewee an idea of what questions would be asked and what to expect. Participants were asked a variety of questions to explore in-depth their relationship before the pregnancy, and problems they were experiencing at the time, and what they feel contributed to, or reasons why they decided to break up from their partner after childbirth. Data collection was undertaken by the researcher and semi-structured interviews were applied. According to Rubin and Rubin (2005), qualitative semi-structured interviews are among the most common strategy for collecting qualitative data because the

method contributes to a body of knowledge where participants' responses are conceptualised based on the meanings and the experiences of that individual. Unstructured interviews were not used in this research as the disadvantages are that they are time consuming and require an experienced interviewer (Rubin & Rubin, 2005). They can also produce large amounts of manuscript which is difficult to analyse and therefore time-consuming (Rubin & Rubin, 2005).

Semi-structured interviews are generally organised around a set of prearranged open-ended questions, (**Appendix 1-Interview Guide**). The strength in using the semi-structured interview process for this research, was that fathers could answer open-ended and closed questions and elaborate with detailed answers. Rubin and Rubin (2005) have established that semi-structured interviews are generally only conducted once for an individual, and most interviews take between 30 minutes to 60 minutes to complete. They conclude that the advantage of the qualitative interviewing process over a quantitative approach – where feedback is done by questionnaires, without actually getting to know the person – is that it allows the researcher to be more involved comprehensively in social and personal matters, which in turn gives the researcher a more valuable in-depth insight into problematic private and society issues. This was the main rationale for choosing this approach, and it fitted comfortably with using a social work framework.

Interviews were conducted in a private office in one of the agencies' rooms where participants were selected. A briefing occurred before the interview, with the interviewer explaining to the interviewee that he could stop the interview at any time if he felt uncomfortable. After this brief the consent form was signed and the interviewee agreed on the interviewing (**Appendix 3-Consent Form**). Meetings were during working hours, and they were between 30 minutes to one and half hours long. Interviews were audio-recorded and transcribed to support the accuracy and reliability of the data analysis.

### ***Data analysis and storage***

As Ryan and Bernard (2003) state, theme-identification is one of the most fundamental tasks in qualitative research. It is also one of the most mysterious. Theme identification is an inductive approach, and for this research a scrutiny-based technique was used which involves in-depth analysis and repeatedly reviewing the data looking for repetitions, similarities,

differences, and metaphors to discover key phrases, themes, or sub-themes (Ryan & Bernard, 2003).

The result is a thematic analysis method that was applied in the research process to show outcomes, findings, and how validity was achieved. According to Braun and Clarke (2006), a thematic analysis is a method for identifying, reviewing and noting patterns or themes within a research assignment so after the interviewing process, transcribing and reading of the data is done. Data in this study was examined, followed by a careful analytic breakdown, identifying, coding; searching for patterns and themes of meaning. Braun and Clarke (2006), discussed a six-phase guide for undertaking thematic analysis. Phase 1: familiarising yourself with your data, to give meaning to, or understanding from, the process of transcription. Braun and Clarke (2006) mention this is a key phase with interpretative qualitative methodology as it can also be seen as an 'interpretive act' where meanings are created out of the words which are on the paper. Braun and Clarke (2006) point out that this process is lengthy and time-consuming but is needed to get a better understanding of the data provided. Phase 2: generating initial codes, once codes are done. Phase 3: searching for themes or patterns - themes are noted, coded, interpreted, and categorised. Phase 4: reviewing themes, repeating phase 3, but refining the themes and linking the data together – importantly, this procedure must be done correctly (not rushed and data clearly extracted), as this supports the final report, findings, validity, and the rigour of the research project. Phase 5: defining, refining, and naming themes. Phase 6: producing the report and linking the main themes to the research question. The thematic analyses were followed in this study to achieve the results and conclusions reported by the participants. To the researcher this was a well explained and easily applied thematic analysis tool, and supported the researcher to find themes.

### **3.3 Study limitations**

A limitation of this research is that data was collected from a small sample size. The sample size was small in this research because it was difficult to find men willing to talk about their experiences of why they left their relationships. This was overcome by making sure that the questions were tight, and the researcher did not digress off the question sheet, in order to get the data needed. O'Leary (2014) mentions that a restriction of smaller sample sizes is that

it can create less accuracy and validity. This is because smaller sample sizes are further away from the more prominent population points of view and therefore less representative of a wider population (O’Leary, 2014). Another weakness where qualitative research design is noted to be below par, is to do with articulated questions and accuracy, as historically qualitative research findings are sometimes indicated to be inaccurate due to poor recall of the researcher or faulty recording. The researcher overcame this by having two recording devices, a phone and a digital recording device to guarantee all data was captured accurately and then transcribed by the researcher. Additionally, the researcher performing the analysis may be coloured by their expectations and interview bias, and interviewees can give answers tailored to what interviewers want to hear (Punch, 2006). The researcher was mindful that the validity of this research was important and to keep an open mind throughout the interview process, so that the information was filtered through a neutral lens, but also aware that they have their own life experiences, perspectives and biases. Finally, the qualitative methods used in this thesis were well-suited to the research focus and that generalizable findings are not the goal of qualitative enquiry.

### **3.4 Ethical issues**

This research adhered to the Massey University Human Ethics Committee’s guidelines, and full ethical approval was obtained (**Appendix 5-Ethics Letter**). The following ethical considerations are discussed: informed consent, confidentiality, conflict of interest, and risk of harm.

To gain approval for this research, as pointed out by O’Leary (2014), it is to cause no harm to either the participants or to the researcher. This was achieved by gaining consent (**Appendix 3-Consent Form**) from participants, in which they were informed of the true nature of the research, and participants were made aware that at any time that they could pull out of the study.

Moreover, if a conflict of interest were to arise, each participant was also made aware that they could withdraw from the research at any time, with no questions asked, and counselling services would be made available. Plus, if during the interview the interviewer were to become aware that the conversation might be moving into a personal or unethical direction



the discussion would be stopped, and, again, the participants would be advised to seek counselling or seek out a trusted person for support.

Participants involved with this research were guaranteed confidentiality and privacy, and participation was voluntary. The interviews were guided conversations, so participants were under no pressure. Participants were not anonymous to me, the researcher, as these were semi-structured, face-to-face interviews. All participants were given a pseudonym to be used in the research report, so confidentiality could be protected. At the end of the research process, any identifiable information was removed from the final thesis. All documents, transcripts, and recordings of participants have been kept in a locked filing cabinet. All information from this research, including consent forms, notes from the meeting and the recorded interviews have also been stored safely and securely. Information was collected and stored in locked storage, and names were changed to protect identity. The data will be disposed of by the researcher upon completion of the examination process. The research supervisors will be advised in writing when the disposal process is completed.

Finally, as mentioned by O'Leary (2014), and Braun and Clarke (2006) the researcher takes responsibility to interpret his data, but more importantly needs to ensure rigour, credibility, and to reduce bias. To gain integrity of the research, outcomes/conclusions/findings have been made clear, and transparent. Research undertaken has openly discussed the facts and the researcher's aim has been not to include personal opinion in the data examined.

### **3.5 Chapter summary**

Qualitative methodology was used in this research because it offered more in-depth insight and detail for a smaller sample group. The qualitative approach also gave the participants a voice where the reader can hear their experiences, challenges, and thoughts into why they left their relationships after childbirth.

The research design was explained and how the research data analysis was achieved. The validity, and the rigour of the research project was outlined. The limitations of this research were mentioned and how the researcher bias was managed in that it was not influencing the research. The results chapter is next, where the data and findings are reported.

## Chapter Four: Results

This chapter presents the results of interviews with the five participants regarding the research question: 'Relationship break-up after having a baby: exploring why men leave'. The chapter is presented in five sections: (1) previous experiences in pregnancy and childbirth, (2) knowledge about pregnancy and childbirth, (3) relationship with their partner, (4) leaving the relationship, and (5) advice for future fathers. These sections are derived from the interview schedule.

The chapter begins with an introduction to the participants by offering some of their demographics. The chapter closes by considering what conclusions were drawn and questions raised from the experiences and perceptions of these participants.

### ***An introduction to the participants***

The five participants interviewed for this study all live in the lower North Island of Aotearoa New Zealand. Participants' ages ranged from nineteen to fifty years old, and all participants were male. Their ethnicities included: one New Zealand Māori, one of English European descent, and the other three identified as being of New Zealand European descent. All participants reported working full-time and still having contact with their children, even though they had separated from their child's mother after childbirth. These participants were purposefully selected because they brought with them their wealth of experiences and knowledge about the difficult challenges that had arisen for them during the pregnancy and childbirth stage.

### **4.1 Previous experiences**

The first main question asked: *"What has been your previous experiences to do with pregnancy and childbirth?"* Followed by sub-questions: *"What role did you have and for how long? What was challenging? What surprised you? What did you learn?"* This main question

aimed to get an idea of what type of experiences these men had before their partners' pregnancy and childbirth.

One participant had previous experiences to do with pregnancy and childbirth, and this was because he had children prior. Two participants out of the five interviewed reported having children previously, but only one participant had been involved in the pregnancy or been present at the birth. Participant 1, who had earlier experiences around pregnancy and childbirth, said he had two children with his last partner and that both of these pregnancies were planned. He indicated his previous partner was healthy during both of the pregnancies, and they both had plenty of support. This participant said he attended antenatal classes with his wife, and his wife at the time enjoyed the pregnancies, and they worked together through these pregnancies. No real challenges were reported, as he had plenty of family support. This father said being more involved and feeling more together in the relationship was the most rewarding aspect of this experience. But he also stated, *"At that time you definitely could plot there was a change in the relationship between us"*. He said, now looking back, that the pregnancy had changed the nature of the relationship as, *"the focus now was more around the pregnancy than the relationship"*. Participant 1 went on to say, a relationship to do with pregnancy and childbirth is *"steep learning"*, and he made a promise to himself that it would not happen like this again.

Participants 2 and 3 stated they had child-raising experiences, but had nothing to do with pregnancy and childbirth. They reported that they learnt about childcare and child-rearing through supporting their sisters, by helping them raise their nieces and nephews. Participant 2 said observing his nieces' growth was *"cool"*. Both men reported similar rewarding experiences of watching the children smile and grow and being happy. They also individually said similar challenging statements, such as, bringing up a child is not easy, as life can be frantic. Participant 3 said, *"Bringing up a child was busy and can be hectic due to having to make and attend appointments"*. Participant 2 reflected on the busyness of childminding saying, *"He was so busy, he had to learn how to stop and relax"*.

In summary, four of the five men interviewed had minimal experiences around pregnancy and childbirth before conception. One participant had some previous knowledge about pregnancy and childbirth, and stated his experience only came from having other children. However, two

participants said that they had gained parenting skills by supporting other family members to raise their children.

## **4.2 Knowledge about pregnancy and childbirth**

The second question concerned *“knowledge about pregnancy and childbirth”*. Followed by sub-questions: *“Did you attend antenatal classes? Did you find the antenatal classes helpful? What was not helpful? Did your work give you the time off to attend antenatal classes? What type of support did you have during the pregnancy? And, were you at the childbirth? Was the childbirth what you expected? What was rewarding about the childbirth? What was challenging?”* Finally, *“Did you learn anything about pregnancy and childbirth from your parents?”* The aim of these questions was to find out how men gained their knowledge through the pregnancy and childbirth, and learning what their experiences were, and who supported them during this essential time.

Five out of the five men had previous knowledge about pregnancy and childbirth. Participant 1 mentioned his expertise and experiences came from having children previously. Participants 2 and 3 said they gained some knowledge about pregnancy and childbirth from being involved in the upbringing of their nieces and nephews. Participant 4 said he learned some awareness and understanding of pregnancy and childbirth while attending school. Participant 5 mentioned he had some knowledge about pregnancy and birth, but this was minimal.

Four participants increased their knowledge by attending antenatal classes. While the other, Participant 5, said he missed going to antenatal classes because he spent two to three months at a time on an oil rig. The four participants who did go reported that they went to antenatal classes to gain a better understanding of pregnancy and childbirth. The participants stated their attendance at classes was between two and ten sessions. Participants 2 and 3 said they went twice. Participant 1 mentioned he went five times, and Participant 4 stated he went to five classes. The two participants who went twice said they should have attended more. Participant 5, who missed the antenatal classes, said his partner did not participate in antenatal classes either, but he did state she had a supportive midwife, and she had plenty of support from her own mother and sisters as well as from his.

All four of the men who attended antenatal classes made similar comments that the classes were practical and useful, as they were told what to expect and they got to meet other couples, meet friendly people and had the chance to speak to different fathers. Participant 1 said, *"They were great for meeting other couples and airing any questions"*, and he liked antenatal courses because he was shown the hospital facilities and was shown videos about the birthing procedure. Participant 2 stated, *"The people who were running the programmes were really good and helpful"* and again he mentions *"I found it helpful speaking with other fathers"*.

Three participants reported that just attending classes was difficult, as they did not have an understanding employer allowing them to have time off. Participant 2 said, *"It was a pain, not having an understanding boss"*, and *"any classes attended during work time, had to be made up later"*. Participant 3, who only attended two classes, said being the youngest couple there was challenging. He mentioned, *"Being young, I was being judged, and we just didn't feel comfortable"*, therefore, *"we didn't want to be there so we didn't try and learn everything that we probably should of"*. Participant 3 mentioned *"it wasn't the people teaching us, it was more like everyone else around us, you know, and we had to go into little groups"*. Participant 2 also mentioned how groups can be awkward, *"it was anxiety-provoking stuff, with you in a group of people, people you didn't know, and you are all going through the same thing"*.

All the participants reported during the pregnancy and the childbirth time having other sources of support which was provided either by midwives, a Plunket nurse, and other family members such as sisters and mothers. Participants 1 and 2 also identified the couples they met through the antenatal classes, who they stayed in contact with, as part of their support network.

Four out of the five participants reported they were present at the childbirth. Participant 5 missed the birth, because he was away at work. Participants 1 and 4 indicated childbirth was not what they expected, and participants 2 and 3 reported it was what they expected. Participant 1 mentioned how his experience was unexpected, startling, and stressful as they had an emergency caesarean. This participant said he had to get dressed in *"hospital gowns"*, and there were *"anaesthetists, and all kinds of people, possible students, and all these masks"*. This participant went on to say, once the baby was delivered, it was again traumatic as he could not hold his baby, as the baby had to go immediately into the special care baby unit

(SCBU). Participant 4 declared that the unexpected aspect was the length of time it took for the delivery to happen. This participant said, it took twenty-four hours from labour to delivery, and afterwards, both he and his partner and the staff were just too exhausted to enjoy the moment. Participants 2 and 3 reported the birth was what they expected, because of what they had been shown and learnt in their antenatal classes.

Three of the four fathers at the childbirth spoke of being amazed by the experience. Participant 3 stated, *"My eyes nearly popped out"* and Participant 2 remarked how *"it was amazing to see what you can produce together"*, and said, *"seeing your son for the first time, it sort of put things into perspective in relationships, and stuff, and life in the universe"*. Participant 3 remarked how this moment was uniquely special for him because he believed he could not have children and stated: *"I dreamt about this moment for a long time"*. Two out of the four mentioned how the birth of the child was challenging. Participant 1 described how the birthing process created drama, tension, difficulties, stress, and increased worrying as his partner was still in recovery, and their baby had to go into SCBU. He reported; *"what was challenging about it was that it had veered quite far away from what you had hoped for and expected"*. Participant 4 said how it was difficult to appreciate the situation as everyone was so exhausted.

Two out of the five participants reported they had not learnt anything from their parents during the pregnancy and the childbirth time. Participant 1 stated his parents were no longer alive, but he said, his partner's mother stayed with them before the birth and a short time after. Participant 4 said his parents just did not get involved. Participant 5 who was away at work, and therefore missed the birth, stated that his mother would contact and share with him about what was going on, and she would often converse with his partner. Participants 2 and 3 said their mothers would communicate to them regularly about what to expect and would offer guidance. Participant 3 said his mother told him *"what to expect and mentioned general scenarios that she and his dad came across, and mentioned how it was for them"*.

In summary, five of the five men had some previous knowledge around pregnancy and childbirth at the beginning of conception. The men's primary source of learning and understanding about pregnancy and childbirth came from attending antenatal classes. Those who went to antenatal classes found them helpful and informative. The challenges that arose from antenatal classes was getting time off from work, and some participants found antenatal

groups anxiety-provoking. One couple felt judged by the experience because of their age. All participants reported having some form of support during the pregnancy and the childbirth stage, either through family members, friends, or by medical professionals. Four men attended the birth of their baby. Two men reported unexpected complications and stressors from birth. One couple had a particularly challenging delivery which required medical attention for his partner and the baby. Three of the participants spoke about being excited by the experience overall. Finally, three of the five male participants reported their mother was their primary support person, and all five participants reported having either their mother or their partner's mother involved in support during the pregnancy and the childbirth stage.

### **4.3 Relationship with their partner**

The third main question asked was: *“Did you or your partner experience any health issues during the pregnancy?”* The sub-questions were: *“What were the issues? Did either of you seek help? Did you feel you both could talk to others about what was happening for you both? Where there any other issue/s going on for yourself during this time? Were you in a married or de facto relationship? Do you or partner at the time have other children? Was this your first time as a father? Were you employed at the time?”* And *“were there any financial issues?”* The aim of this line of questioning was on finding out if either individual in a couple experienced any physical or mental health issues during the pregnancy or after childbirth. While the sub-questions sought to gain insight into the participant's social and environmental factors to see and if any of these elements create stressors on the relationship during the pregnancy and childbirth stage.

Only one out of the five participants reported any health or mental health concerns during the pregnancy stage. Participant 3 said his partner experienced physical health problems during the pregnancy. He mentioned *“she was low in iron”,* and *“she had awful stomach pains, and they were quite severe, and she struggles with this”,* and he reported they had to go to the doctor a few times. This participant said *“we pulled through”,* and he felt he could talk to others about what was going for him. He mentioned he communicated with the people he met through the antenatal classes, but his partner preferred to keep her health issues to herself. Participant 2 reported that after the birth of their baby, two to three weeks later, his

partner developed postnatal depression. This participant said, *"She was depressed"* and, *"she got quite paranoid about things"*. He reported they went to their doctor for support, and she was prescribed an anti-depressant. He stated during this time, he was *"left to cope with things"*, and he reported he felt *"he was left to hold the baby"* while she was going through her difficult time. He said he spoke to others who he had met through the antenatal classes, even though they had by then stopped. He stated he felt supported by them during this time.

Participant 1 who was the eldest participant, reported that they had a rocky start at the time of conception because he already had children, he was older, and again there was an age difference between himself and his partner. He reported he was older than his partner by fifteen years, and she had wanted to know if he wanted another baby. He stated, for a long time she had mentioned that she desperately wanted to have a baby and he felt his partner, in the end, was putting pressure on him, and he was having doubts about having another child, as he already had older children. Plus, if he were to have another baby, he only wanted a girl, because he previously had two boys. Participant 1 mentioned that he did discuss his worries and anxieties with his partner and said to her if he commits to doing this, he will do it 100 percent. For Participant 1 the uncertainty created division and arguments between them, even though the pregnancy was planned. He reported he did seek out advice from his friends, sister, and family on the topic. Participant 3, the youngest participant, mentioned issues were emerging between them during the pregnancy stage, because he was still regularly going out, and the more he was out, the more he found he was on his own. He mentions *"I was still young"*, but *"she would have to stay home because she was pregnant"*. Participant 5 reported *"Looking back now"*, problems were emerging during the pregnancy period as he was regularly absent because of work and because of work he even missed the birth of his baby.

Four of the participants said they were in a de facto relationship, while Participant 2 reported he was married at the time. Participants 1 and 5 reported they had previous children. Each of these participants reported they each had two older children from their past relationships. Therefore, three of the participants said it was their first time being a father. All five participants reported that they were employed at the time of the pregnancy. However, Participant 3 said he lost his job just before the birth of his baby. This participant mentions his boss telling him he had lost his job because he was regularly 10 minutes late for work and because he was just a temporary worker. This participant acknowledges he was late for work



because he was regularly going out at night. This participant reported that after losing his employment he was unable to find a job again for six months. He mentions no work for six months was to *“be hard on the relationship”*. This participant said during this time he was getting quite stressed and anxious, and *“being younger and knowing what was coming up, and the stress”*, and mention *“on top of all this for the first months of your baby’s life, you earned nothing”*. The participant gave the impression this was a difficult time for him because he had no job, and relationship issues were developing. Two participants said that they had still financial issues even though they were employed. Participant 1 reported, *“I was only working four days a week, and the stress increased when she stopped working”*. This participant reported, *“She resigns from her job so she could be a stay-home mother”*. Participant 5, who was regularly away because of work, said they were financially secure, but working three months away at a time did not allow enough valuable time for the relationship. In summary, none of the five male participants reported any significant health or mental health concerns for themselves during the pregnancy and childbirth stage. One participant said his partner's mental health problems were worrying and stressful for them both but was not the cause of any relationship issues at this time. Two male participants said what helped them to cope with their partner’s physical and mental health problems was by going to their doctor and speaking to the people who they met through the antenatal classes. Three of the five participants identified the pregnancy stage as a troubling time as conflicts arose. These themes were to do with the age of participants, employment matters, financial worries, and being absent from the partner during this time.

#### **4.4 Leaving the relationship**

The fourth main question was to explore the participants’ reasons for leaving their relationship after childbirth.

Participant 1 reported that his decision to leave the relationship was about several issues. This participant said, *“No matter how many sensible conversations you have about being a parent before the birth, after the birth it becomes quite different.”* He reported that his partner was great in the beginning, but she was an *“involved mother”*, and *“I was hovering outside of that”*. This participant felt while his partner looked after the baby, he did everything

else, for instance, doing the dishes, cleaning the house, and taking care of his older son who was also living at home. In the end, he reported, *"her only role then, and from then on, was looking after the baby"*. He mentions the situation became the opposite of what they had said they would do in the beginning, and so in realising what was happening, he decided to leave.

Participant 2 mentioned his partner had postnatal depression and then shortly afterwards, he too found himself depressed. He said, *"I started to lose sleep and then lost my appetite"*. He went on to say, his partner was going through postnatal depression and was having complications with her medications. However, *"I was finding I was not coping, and I was not getting the support, work was also getting difficult, and the boss was on my case, and I just could not sleep"*. This participant also stated he was missing days of work, did not have a supportive employer, and was staying at home more, and he also felt the baby was picking up on their issues. Plus, his parents lived in another city; they could not come and support him physically. This participant mentioned, *"In the end, I could not hold it together, and the relationship was going downhill, so I left the relationship, and I left work too"*.

Participant 3 reported the reasons for leaving his relationship after childbirth was because of *"work"* and *"issues moneywise"*. He stated he was always worried about finances. The other reason he reported leaving the relationship was that he was just too young. He mentions, *"I wanted to do my own thing and go out"*, and *"You cannot just come home and go out for tea"*. This participant acknowledges he was selfish.

Participant 4 reported that the pregnancy and the childbirth stage was going well. However, after the birth of the child, they were having a lot of arguments due to finances. He said, *"We went down to one income and the relationship after this became more difficult and I became more stressed"*. This participant mentioned, *"I did not feel prepared for the real expectation of actually being a parent in a relationship"*. He says he left the relationship because he did not feel prepared for parenthood.

Participant 5 said there was a multitude of reasons for leaving the relationship. He said when he came back from being away at work, his baby was born. He said, *"It just all seemed to turn upside down on me, it felt weird"*. He mentioned his partner's focus was primarily on the baby, and they were to find they had no time for each other as they previously did. This participant mentioned how everything was so different, and he was surprised by the new environment,

and that he now felt left out. He said they also stopped socialising. Therefore, they stopped seeing their friends and started to argue. Finally, he said, *“my relationship started to go downhill, I was not prepared and was shocked by the situation, and therefore I decided to leave the relationship”*.

In summary, all five participants reported multiple reasons for leaving their relationship after childbirth. The participants reported similar repetitive themes into their reasons to separate and go; the men conveyed feeling unprepared by the transition from pregnancy to parenthood, and not fully understanding or anticipating the changes. The men also reported feeling left out of the relationship because the focus of the relationship was more about the baby, and the men said the struggle to cope with financial stress that parenthood brings. A key phrase was also reported by two participants, that *“The relationship was going downhill”* and from this, the meaning can be interpreted as, the relationship was not working out, and it took this fundamental recognition for them to leave their relationship. There were also differences mentioned by the participants about why they did leave the relationship. Themes included: mental health issues and employers not being supportive or understanding in providing added time for the men to be with partner or child. Men not seeking out help when troubles arose within the relationship, and finding they lacked support. Men’s immaturity was also noted as an issue, pulling away in times of stress, struggle to talk about the pressure, or feeling lonely in the relationship. Other issues were also to do with their age and being absent during the pregnancy and the childbirth stage, that lead to the men determining their decision to leave the relationship at such a significant time. None of the five participants attributed the child being born as a reason for going.

#### **4.5 Advice for future fathers**

The fifth question concerned what information the participants would offer for new fathers. The aim of this question was to find out what can be learnt from their experiences and therefore, what would be beneficial for future fathers and the agencies who work within these areas.

Participant 1 said what would be helpful for future fathers is to go to antenatal classes and the need for fathers to become more conscientious about the reality - that having a baby is

going to change their relationship. Moreover, that pregnancy can be a loving time, childbirth can be traumatic, and that pregnancy and childbirth can impact on a couple's intimacy.

Participant 2 mentioned that antenatal classes focus too much on the pregnancy and childbirth stage, whereas some of the focus should be about what happens afterwards. This participant also suggests additional parenting classes should continue after the birth where the focus can now be on how to bring up children. This participant said after the child is born, there should also be a number you can call to talk to someone - like a midwife.

Participant 3 suggested, it is important to think about what their partner is going through - her body is changing, she is going through changes, and she also cannot do the same things that you were used to doing. This participant also said it is essential for new fathers to be mindful of their attitude towards their partner during the pregnancy, childbirth, and after the child is born. This participant said it is necessary for new fathers to attend antenatal classes.

Participant 4 said how antenatal classes need to converse more about practical stuff, such as breastfeeding, changing nappies, and more on relationships and finances. This participant felt the antenatal classes' focus needs to be put more on the relationship.

Participant 5 stated new fathers need to have more information on true-life events, just in terms of the stress of having a new-born baby in the household.

In summary, four out of five participants said that every new father should attend antenatal classes to learn more about pregnancy and childbirth. Four of the five participants reported there could be improvements in the information provided for men by antenatal courses for the future. Three of the participants said that antenatal classes should include a variety of topics, be practical and have a greater focus on the relationship. Related themes described by all of the participants were a need for new fathers to understand that their relationship will change from conception and that men need to be organised and prepared for these changes. Lastly, parenting and relationship classes were reported to be beneficial after childbirth to support men and their relationship.

## **4.6 Chapter summary**

This chapter explored participants' experiences, as well as the participant perceptions of these experiences. This exploration resulted in several themes arising from the men's experiences, and of the understandings, they consequently formed. These include: How might men gain better knowledge about pregnancy and childbirth? How might men become better prepared for pregnancy and childbirth? Do men need to be at the childbirth? Relationship with their partner; Mental health and postnatal depression; Age factors; Employment matters and financial worries; Being absent; Leaving the relationship; The variety of reasons to leave; and, Advice for future fathers.

The next chapter is chapter five which is the discussion chapter, where the above themes will be review in greater detail and then deliberation will be given to the themes that the findings raise.

## Chapter Five: Discussion

The previous chapter presented the findings of this research. This chapter proceeds to discuss the research question in light of an integration of the results and the literature review. The ultimate question that this thesis seeks to answer is why do men leave their relationships following the birth of a child? It should be noted throughout this chapter the ecological method has been applied to gain in-depth understanding of the participant's environment and how it relates to the research question.

Following the previous chapter, the discussion is presented under the following thematic headings:

- How might men become better prepared for pregnancy and childbirth?
- Do men need to be at the childbirth?
- Relationship with their partner;
- Mental health and postnatal depression;
- Age factors;
- Employment matters and financial worries; Being absent;
- Leaving the relationship;
- The variety of reasons to leave;
- Advice for future fathers.

Following this is a consideration of the implications of the findings in relation to the research question.

Five key findings were identified from the participants' responses to the research questions. Each of these five findings relate to the research question on why men leave their relationship after childbirth. The finding items show a link to each of the five auxiliary research questions to explore the main research question "Relationship break-up after having a baby: exploring why men leave".

- Previous experiences in pregnancy and childbirth
- Knowledge about pregnancy and childbirth

- Relationship with their partner
- Leaving the relationship
- Advice for future fathers

## **5.1 How might men gain better knowledge about pregnancy and childbirth before conception?**

What has been deduced from the findings in the previous chapter, is that there are still men facing the pregnancy and birth of their child without sufficient knowledge. This is observed through four of the five men interviewed who had insufficient knowledge and experiences around pregnancy and childbirth before conception. These findings align with one of the critical issues identified by Monigatti (2003), who examined 26 fathers' perceptions of their experiences at the birth of their children. Monigatti (2003) found 25 percent of men were emotionally unprepared, many perceived themselves as powerless, and any information received was often misleading to them. LeMasters (1957) had a similar point of view in his studies that men were unprepared at the pregnancy and childbirth stage, and therefore, men need to be provided with more information and support. These findings met the expectations of the researcher, because research that had been reviewed validated the findings that the fathers shared. What this means is that this information is not new, however not enough has been done in this area.

From another point of view, the international and New Zealand literature reviewed claim why men are not better prepared for pregnancy and childbirth is that women traditionally learn about pregnancy and childbirth throughout their lives from other women surrounding them, such as family members and friends. Parfitt et al. (2014) study mentions because of this advantage women compared to some men, are better prepared for pregnancy and birth. This pre-knowledge for women has been brought about by woman historically coming together before the outset of pregnancy to discuss the realities of having children (King, 2012). Before the 1970s, pregnancy, childbirth and parenthood were deemed a woman's responsibility, and therefore, they were educated more strongly in this area (King, 2012).

What was also gained from the interviews was that the men had gained knowledge in different ways prior to their partner's pregnancies with one participant saying they had some previous knowledge about pregnancy and birth, and this experience only originated from him having children prior. However, two participants said that they had gained some parenting skills by helping out other family members to raise their children, the other two fathers had no prior experience/knowledge. The results indicated however, that in the twenty-first century, expectations around men being involved in the pregnancy and childbirth, and in child-rearing, have changed, while minor changes appear to have occurred in how men have taken on or adapted to these changes. Because four out of the five men attended the birth and shared that it was a hugely important and impactful experience. The impact of men not having the correct knowledge or them not adjusting quickly enough to the changes, is that men are struggling to adjust to the transition from the relationship to parenthood. Which was also discovered in the findings.

In discussing the implications of some men's deficiencies in the knowledge of pregnancy and childbirth, it begs the question of what or who is responsible for this and how will this be addressed. Literature reviews undertaken point out that men have not moved fast enough away from traditional roles. Tuffin et al. (2010), Samuelsson et al. (2001), and Greeaves et al. (2010) argue that any new fathers stuck in the traditional roles end up in a dilemma, like do they focus more on working to make money to put food on the table or do they instead help out their partners with raising their newborn babies? With potential conflicts arising for new fathers as they cannot satisfy both gender stereotypes. Therefore, do men stay within rigid roles, masculine ideas, and outdated beliefs, or do they accept the recent changes and keep moving forward? Now that some men in New Zealand and overseas (as shown by this research and the literature reviews), are involved from the beginning at the pregnancy stage, it can be argued that pregnancy and childbirth are no longer just a woman's domain anymore, as many fathers too are wanting to be involved.

What the researcher found in the international and New Zealand literature that is similar to what the men interviewed here expressed, is that fatherhood happens immediately after the birth and this is a huge change that makes some men quickly have to change their attitudes and behaviours (Gage et al. 2006). A difficulty in New Zealand with some men's attitudes and behaviour, as pointed out by Noseworthy (2005), is that not all men have positive role models



or reliable father figures in their lives; therefore, having a baby can sometimes be perceived as an undesirable, unwanted, and unknown experience.

### ***Implications***

Four implications can be identified from the findings and discussion regarding how men might gain better knowledge about pregnancy and childbirth before conception. First, men need to be introduced to parenting courses before the conception stage, so that men are educated and informed and therefore have better insight into what parenthood and fatherhood may be like. Second, access to antenatal classes needs to be accessible and regularly offered. Third, workplaces need to start recognising the importance of both men and women being able to attend antenatal classes. Fourth, antenatal staff need to encourage regular participation for men and women, but they also need to recognise that couples and individuals may feel stigmatised and judged by attending classes.

To fortify the knowledge for men around pregnancy and childbirth a significant amount more in the literature needs to be done into reviewing the benefits for men of having more expertise and support in this area — more preparation and education to the agencies and individuals who work already in these areas. Organisations and personnel who work within these fields also need to be made aware of the benefits for men and their relationships in having this knowledge, and agencies need to understand men's shortcomings in this area.

## **5.2 How might men become better prepared for pregnancy and childbirth?**

The second finding revealed that all of the five men interviewed had some previous knowledge around pregnancy and childbirth. The participants' primary source of learning and understanding about pregnancy and birth was reported to have come from attending antenatal classes. Those who went to antenatal classes mostly found them to be beneficial and informative. The challenges that arose from antenatal classes was getting time off to participate in the meetings, and that some participants found antenatal groups anxiety-provoking. One participant said they felt judged by being at antenatal classes because of their younger age.

There is significant indication in the literature to support the importance of antenatal classes for men, as these provide men with a platform to start their journey into fatherhood and parenthood (Bang, 2011; Gibson et al., 2003; Parfitt et al., 2014; Ford, 2014; Hawkins & Belsky, 1994; Gray & Anderson, 2012). These studies note that most men feel antenatal courses are significant and that for some men the request is that they are held more regularly and be offered after regular working hours. Although antenatal classes appear to be the most followed pathway for most new couples, there are areas of concern and gaps with antenatal courses, in that they do not adequately provide or mentally prepare men for parenthood. According to Silberberg (2001), younger mothers and couples also report that antenatal classes undertaken by medical staff make them feel worthless as they feel judged because of their age. De Haan (2016) also spoke about how, in New Zealand, some feel the teachings at the antenatal classes are mainly beneficial for older European woman and do not take into consideration other cultural approaches and methods. Cliff and Deery (1997) and De Haan (2016) report that some men feel antenatal classes give the impression that men at the pregnancy and the childbirth stage are mostly viewed as just “hands-on dads”. According to Noseworthy (2005), a sharp critique of antenatal classes reported by men is that lessons can be generally thought of as just for women. Because of this, some men can hold resentment, and therefore some men think some classes should also be held for men only and be offered out of working hours.

In deliberating on how men can become better prepared for pregnancy and childbirth, men appear to accept (and follow) that the pathway of learning about pregnancy and birth is through attending antenatal classes. In New Zealand, antenatal classes are free, and most couples attend for advice, support, and guidance. New mothers are also allocated a midwife who will generally visit them at home, and the midwife will usually support them for a short time after the birth of the child. This support is mostly taken up by the woman because of the benefits for them, especially if they lack the skills, knowledge, or the support in the pregnancy and the childbirth stage (Haan, 2016). However, recent findings for some men around antenatal classes found that they are not entirely satisfactory, as what is on offer does not cover all areas that are of concern for them. Some men have therefore reported they feel invisible in the process and unsure where their voice is, and they are saying the pregnancy, and the childbirth stage is a challenging time for them. Some men also say they are not

treated with the proper respect in the pregnancy and childbirth stage by medical professionals.

Some of the New Zealand and international literature and the research findings back up the assertion that not all can be entirely blamed on the antenatal classes, and the agencies and the people who work within these areas. An alternative explanation could be that some men do not see any real value or significance in the pregnancy and the birthing because of historical and current masculine beliefs and attitudes, and therefore significant changes have not happened quickly over the years as there has been no real push by men for any real changes to be made. Cowan and Cowan (1992), Diener et al. (2006), Fletcher and St George (2011), and Morton et al. (2018) agree current societal expectations do not always lend themselves to the importance of men being present during this time - as noted in this research and demonstrated in some of the challenges participants encountered when trying to get current employers to allow them time off work to attend antenatal classes.

There is a significant amount of literature, both from New Zealand and internationally, that considers the best method for men to understand and get involved in pregnancy and the childbirth stage is by them attending antenatal classes. Antenatal classes generally offer men and couples a practical and safe way to learn about child development and parenthood, and a clue for them on what to expect and how to prepare. Furthermore, antenatal classes give couples a chance to meet other couples who are going through similar issues, and a voice to express any worries a couple or individual might have about having a baby. The limitation of these classes is that one approach does not support all men and women. Therefore, more needs to be done to cater for everyone, of all ages and backgrounds, and what is being taught needs to be frequently reviewed. Classes should not just be about pregnancy and birth, but also about the impacts pregnancy and delivery has on the relationship. Lastly, class sessions also need to be held after regular working hours and should also entail men-only courses which can also include male teaches, as Breiding-Buss et al. (2012) found some men find it easier to talk to a man about their difficulties.

Both the findings and literature indicate that a pathway of learning about pregnancy and birth is through attending antenatal classes. Antenatal classes generally offer men and couples a practical, and safe space to learn about child development and parenthood, and a clue for

them into what to expect and how to prepare. However, as noted by De Haan (2016) this support is mostly taken up by women.

### ***Implications***

Three implications can be identified from the findings and discussion regarding antenatal classes and how they provide knowledge about pregnancy and childbirth. Firstly, that one approach does not support all men and women, and more needs to be done to cater for every one of all ages and backgrounds, and what is being taught needs to be frequently reviewed. Secondly, classes' focus should not only be about pregnancy and birth, but also about the relationship and the impacts pregnancy and delivery have on the relationship. Thirdly, classes also need to be held after regular working hours and should also entail men-only courses which can also include male teachers.

### **5.3 Do men need to be at the childbirth?**

In the research findings four men shared that they had attended the birth of their baby, with two reporting unexpected complications and stressors from birth. One couple reported a challenging delivery which required medical attention for his partner and the baby. Three of the participants said childbirth was exciting to experience overall.

In discussing the impact of men being at childbirth, Hall's (1993) study pointed out that one issue of men being at the labour is that they are faced with a partner who is enduring labour pain. Equally, Longworth and Kingdon (2010), Odent (2008) and White (2007) note in their studies on men being present in the birthing room, that this could lead to psychological, sexual, and mental scarring, and because of this could lead to a break-down in a relationship. The importance of finding out whether men being at the birth impacts on his relationship is essential as men need to be prepared and aware, as birth can either be a joyful or distressing experience. All the four participants in this research study who could attend wanted to be there, and none of them reported pressure to be there. They all felt they were prepared, but not all were ready for the outcome. At this stage, it is only antenatal classes that mostly prepare men for this event and therefore, men must be made aware of the benefits or the potential difficulties that could arise for them of attending. For this to be achieved, access to

classes needs to be made accessible, and more needs to be done by professionals and agencies in this area to get this information across to men of the importance of having this prior knowledge.

Supporting this argument that some men should attend childbirth, Buist et al. (2003) conclude that men do struggle through delivery, but in the end, most of the men do cope with the pressures, and many are grateful for the new experience. Findings from research in the United Kingdom by Niven (1992) and Woollett et al. (1995), estimate that around 80 percent of men now attend the birth. Antle-May and Perrin's (1985) study, which also involved getting feedback from midwives around men being present at the childbirth, report the benefits include taking the work pressure off them (the midwives), and they note the men who were in attendance said they wanted to be there to support their partner by providing physical support (e.g., back-rubbing) and verbal encouragement. The debate of whether men should be present does need further research but the participants interviewed in this thesis mostly reported that they wanted to be there, especially to support their partner. However, what could be valuable in supporting men in this process could be antenatal classes. As antenatal classes could entail a piece of non-judgemental information that couples can decide together in private whether it is right for him to be at the birth or not, as not all men are equipped and ready for the exposure and the events that could develop.

### ***Implications***

Three implications can be identified from the findings and discussion regarding whether men need to be at the childbirth or not. Firstly, antenatal classes should prepare men for the realities of childbirth. Secondly, couples need to be given the space to decide whether the man wants to be there or not. Thirdly, medical professionals need to support the couple's and the man's decision to attend and if he attends, he too needs to be recognised and supported.

## **5.4 Relationship with their partner**

Overall, none of the five male participants reported any significant health or mental health concerns for themselves during the pregnancy and childbirth stage that impacted on their relationship. One participant said his partner's mental health problems were worrying and stressful before the time of birth, but not the cause of any relationship issues until after the birth. Two participants said what helped them to cope with their partner's physical and mental health problems was seeing their doctor and speaking to the people who they met through the antenatal classes. However, three of the five participants identified the pregnancy stage as a troubling time as conflicts did arise. These themes were to do with the age of participants, employment matters, financial worries, and being absent from the partner during this time.

## **5.5 Mental health and postnatal depression**

A couple finding their way through the pregnancy and the childbirth stage without a mental health disorder can be a challenge on its own. A couple who has to experience a mental health disorder like postnatal depression (PND) means the beginning of parenthood can be more difficult; this is because depression affects a person's psychological and physical health abilities. Moreover, PND affects each individual differently, and not all people who have depression symptoms are fully aware of what is happening for them at the time, and each individual can have different symptoms and issues. Parents with PND can feel overwhelmed by these changes and feel unable to cope with the new demands and responsibilities. As a result, many couples may perceive a mismatch between their expectations and the realities of care in the pregnancy and postpartum period, combined with a lack of sleep and fewer opportunities to spend time together. Dalton and Holton (2003), who studied men's depression during the pregnancy and childbirth stage, argued how women's postnatal depression is now better understood as it is now expected, supported, and recognised, whereas men's postpartum depression is less understood and known. This is supported by two of the male participants where they recognised that their partner was not coping mentally and, therefore, went to a doctor. Dalton and Holton (2003) and Morton et al. (2010) point out, the reason for PND to not be fully appreciated for men is that there is still a strong

societal belief that a male should be coping better and not have any significant mental health issues, as he does not have to go through with the pregnancy himself or give birth. The consequences for both men and women, if PND during the pregnancy and childbirth stage is untreated, unknown, or not supported, is it can lead to other physical and more severe mental health issues developing. It can also cause a man to leave his relationship because he does not know how to cope with the effects of his or her PND symptoms. As one participant reported, when she was depressed he was left holding the baby. It also affects the parent and baby bonding relationship, as an unwell individual can struggle to look after or enjoy their time with the baby.

Rothbart (2007) and Bradley and Slade (2010) have a similar point of view, saying it is also not uncommon for men to be forgotten or not asked how they are feeling, and therefore professionals and agencies need to realise that new fathers may also be going through emotional changes and mental health issues during this time. The stressors and feeling of being unable to cope can also lead to substance misuse, domestic violence, and poor coping techniques. The consequences for men who have PND or other mental health conditions is that it can be missed as it is not recognised or discussed with men during the pregnancy and childbirth stage. Therefore, PND can put a massive strain on a man's mental health and his relationship. Additionally, if PND or other mental health issues are not understood as significantly important by the medical practitioners or the agencies who work in these areas, there is a potential risk that men could be overlooked following a serious medical mishap like miscarriage or stillbirth. If a father is, again, not seen to be part of the pregnancy and childbirth process, there is a risk to his well-being and his relationship. As Samuelsson et al. (2001) report in their studies on grief and loss to do with stillborn babies, men are often forgotten in the grieving process and often in their time of distress they do not know where to turn.

Therefore, antenatal classes need to prepare new parents around possible mental health issues, and they need to be discussed regularly. The focus should not be only on women but should also include men's mental health issues and possible symptoms. Postnatal classes need to be held after birth to not only provide relationship and parenting support but also direction on where to get help if a couple or individual has mental health concerns. As one participant mentioned, his partner's mental health issues were not picked up until after the

birth. To support couples who have mental health issues, early detection is vital. A couple's mental health or relationship problems and the delivery of professional help needs to be immediate, particularly in high-risk couples, as early intervention may not only improve the quality of the couple's relationship but also improve parenting and promote positive child outcomes. Finally, midwives and professionals need to consider asking a couple about mental health symptoms intermittently even if a couple appears to be doing well.

### ***Implications***

Three implications can be identified from the findings and discussion regarding mental health and postnatal depression. Firstly, when it comes to screening women for symptoms of PND and other mental health issues men also need to be included. Secondly, screening for PND and other mental health issues for men need to be included after childbirth. Thirdly, more education is needed for both parents and staff who work within this client group.

### **5.6 Age factors**

The oldest participant reported having reservations about having another child because of his age and that he was older than his partner by fifteen years. The youngest male participant in this study reported that he and his partner felt judged at the antenatal classes because of their younger age, thus they decided not to attend more.

Ideally before having children, prospective parents should consider how this decision will change their lives. Parenting at any age is not easy and does lead to significant lifestyle changes, which some new parents find difficult to adjust to. However, parenting also provides incomparable rewards, as you have a direct hand in shaping the life of a child. Parents need to ensure they are supported, and encouraged, so that they are ready to handle the difficulties of raising children before the child arrives, by finding out what they can expect from parenthood.

Neil and Hammer (2007) state that being an older parent can bring advantages; as an older parent they tend to be better-educated, earn more money, and be more settled and have stronger relationships with their partners compared to people who become parents in their teens or twenties. However, according to Neil and Hammer (2007) and Phillips et al. (2019),



being an older parent can also bring its disadvantages, as there can be more risks to a baby's health, older parents can worry more about their own physical health because of age, and worry about the lack of energy they might have because they cannot keep up with the demands of having younger children. This issue was also supported by the oldest participant of this research as he was worried that he would not have the energy to keep up with a new baby.

The impact of being parents at an older age can be numerous, such as the risks that a baby could develop health deficiencies from either the father or mother, notwithstanding the consequences for the children who are left to look after their parents. Older parents can also query whether they are too old, and again this is about even having the time and energy to keep up with the expectations of being a parent. However, older parents generally are viewed as being more responsible, both emotionally and financially, and therefore more stable to take care of a child. Whereas, in contrast, younger men or younger couples may be perceived as not prepared for the challenges that parenthood will bring. These judgements and beliefs are not always correct, as young and older parents can be equally worthy parents and both can be ready to take on the responsibilities that are asked of them.

Younger men can struggle with the transition into parenthood because of their age, level of maturity, and because of societal beliefs that younger men are not also equipped to be fathers. According to Tuffin et al. (2010), minimal attention is paid to younger fathers and adolescent fathers, this is because younger men in parenthood are often stereotyped as immature, disinterested and detached. White (2005), De Haan (2016), and Tuffin et al. (2010), however, maintain that although most young fathers are aware they are young for parents, they are accepting of the responsibilities of fatherhood, even though they are teenagers. But the challenge with young teenage or younger fathers is that they are unexpectedly faced with the responsibilities of parenthood, which they can underestimate and therefore not be prepared for, as the transition to parenthood brings changes in lifestyle, relationships, roles, and responsibilities that they are not ready for. The youngest participant acknowledged during the pregnancy stage that he still wanted to go out at night. But because of his decision-making he had trouble with his employment and his relationship ended.

Finally, as antenatal classes are generally the pathway for both parents in Aotearoa to learn about parenthood, antenatal classes and the people who work within these areas, again, need

to be mindful of the potential health risks older parents might be worried about and worries that come with being an older parent. Likewise, insight needs to be taken in to account regarding what younger parents could be observing or worrying about when they attend classes.

### ***Implications***

Two implications can be identified from the findings and discussion regarding the impact age of the person during the pregnancy, childbirth stage and postpartum. Firstly, information needs to be provided to all age groups before conception of the possible physical risks to the baby of having children older, and agencies need to be mindful of the concerns that older people might have and offer advice and guidance in these areas. Secondly, agencies and individuals who work with youth, and antenatal classes, need to be educated and be attentive of the struggles and the judgements that younger parents might have, and offer advice and guidance in areas that might worry and concern younger parents.

### **5.7 Employment matters and financial worries**

Two participants in this research identify employment and financial stressors as part of the reasons for their relationship to break up after childbirth. One participant identified being financially motivated and therefore away for long periods of time, which led to him not being there for his partner or his baby, which caused conflict. Another participant mentioned how losing his employment just before the birth of his child was the cause of relationship stress.

The literature review both in New Zealand and abroad equally agreed that family and the workplace are two areas of importance for most couples. Authors such as Condon et al., 2004; Zelkowitz and Milet (1997) and Griep et al. (2014) support this argument by stating that the family offers intimate relationships and love, which have major significance for people's wellbeing. Whereas the workplace offers routine, daily activity, friendship relationships, and a salary, which are also critical. The limitation here is that although family and employment is important it is the pressure the man puts on himself to achieve these goals. Such that, relationship and interpersonal conflict can arise if men feel pressured to find work and if they find that their job is not meaningful, wages are poor, or they lack qualifications or experience

to earn higher salaries or promotion. After relationship problems, being jobless and having financial stress can be the one thing most likely to push a man into unhappiness, which in turn can lead to other stressors like mental health and substance misuse. The consequences of men viewing employment and financial issues as their major priority, are that some men can forgo other essential things in their life like their relationship, children, friends, and hobbies that previously might have been relevant to them before conception.

However, Greeaves et al. (2010), Parfitt et al. (2014), and Tuffin et al. (2010) argue that there can be other reasons to believe that the relative importance of job and family satisfaction for joy in life may vary according to gender and context. This is because women have traditionally been more involved in family life, while men have been the primary breadwinners, which can mean that the family is more important to women's happiness level and employment is more important to that of men. Because of these traditional roles, for some men having no job or losing one's job often means being unemployed, which in turn can relate to decreased well-being, life satisfaction, and relationship conflict (Condon et al., 2004; Zerkowitz & Milet, 1997). One participant noted that when he lost his job, which happened before the birth of his baby, the impact on his relationship was significant.

Therefore, men need to be informed and more prepared about the responsibilities of having children. For this to happen, societal values and government policies need to support the families early on, and men need educational opportunities, and they need to learn to be able to strike a balance between providing an income for the family but also have other interests. As one participant mentioned, as a couple they decided not to put their baby straight into care as his partner wanted to be a stay-at-home mother, but this was to create stress financially even though he was employed.

### ***Implications***

Three implications can be identified from the findings and discussion regarding the impact of employment matters and financial worries on men. Firstly, men and couples need to be informed that having children requires responsibility and part of this is having employment. Secondly, societal values and government policies need to be seen to support this type of standard of living.

## **5.8 Being absent**

One of the research participants was mostly absent throughout his partner's pregnancy and also missed the birth of his child because of work commitments. The impact from this was when he was back home from work, he reported he was unprepared and struggled with the changes, especially as his partner's focus was now on the baby. This situation, surprising the participant, was to create a conflict in the relationship later, and later on a solid reason for him to leave his relationship.

In searching for literature relating to participants not being present at the pregnancy and birth, Umberson et al. (2005), Cowan and Cowan (1992), and Morton et al. (2010) mention that each parent has their tradition, personalities, ideas, views, and culture of doing things when it comes to parenting. Therefore, individuals, or the couple, might not think or feel at the time that being absent from each other is an issue until the stressors happen, as they are unaware of the pressures or stressors that can occur when a baby arrives.

The effect of the father being absent because of employment or other personal matters, and not being in regular discussion with his partner, can result in parental divorce and separation (Morton et al., 2018). Subsequently, if divorce and separation are to derive from this situation, other potential issues may include the impact of this on the child and the family along with such issues as family poverty and mental health (Morton et al., 2018). Fathers working abroad, or being absent, raises the question again of the importance of antenatal classes and societal values in providing couples or individuals with the pros and cons of the different circumstances that can arise for them if a parent is not present. Also, the promotion of extended family support or community agencies is essential in this area to support the mother or father while the partner is away, as this will help with childrearing and loneliness.

### ***Implications***

Three implications can be identified from the findings and discussion regarding the impact of being absent from the partner during the pregnancy and the childbirth stage. Firstly, that there needs to be education around the possible implications for the individual and the couple if the pregnant partner is left regularly to look after herself during the pregnancy and at the childbirth stage. Secondly, antenatal classes and agencies need to look at other methods of

providing individuals and couples with information around pregnancy and childbirth. Thirdly, agencies and societal views need to more strongly recognise the benefits of families staying together, and therefore what more can be done in this area to improve on this situation.

### **5.9 Leaving the relationship**

In summary, all five participants reported multiple reasons for leaving their relationships after childbirth. There are similar repetitive themes in their reasons to separate and go; the men conveyed feeling unprepared for the transition from pregnancy to parenthood, therefore they did not fully understand or anticipate the changes. Other reasons mentioned by the participants about why they left their relationships, included the following themes: mental health issues; employers not being supportive; men not seeking help; men's immaturity; pulling away in times of stress; struggling to talk about the pressure; or feeling lonely in the relationship.

#### ***Unprepared for the transition from pregnancy to parenthood***

All five participants reported feelings of being surprised, not understanding or anticipating the changes that pregnancy and parenthood would have on themselves or their relationship. Within pregnancy, couples experience physical and emotional changes, and during this time, they need to prepare for a baby. When a baby is born, there is a need for togetherness and for couples to settle and get into a fixed routine of work, feeding the baby, changing nappies, and so on. Because of this, couples may no longer do things that they used to do previously. Parenthood for some couples can be demanding, and couples can become tired, stressed, and bored, and they may no longer be able to do things that are new or fun (Pacey, 2004). The strains and the new responsibility caused by parenthood, despite being in a relationship, can lead couples to struggle to adapt. Numerous researchers and literature reviews undertaken, both in New Zealand and internationally, have mentioned that there are various reasons for break-up among couples, but the underlying background symptoms reveal that couples were unprepared in the first place.

Pacey (2004) and Monigatti (2018) discuss how the transition to parenthood is a severe drain on the emotions of a couple and their physical well-being, which can trigger discontent for

mother, father, and the baby. Pacey (2004) also describes how many men have been unprepared for fatherhood because they are not automatically trained to think like fathers. Gage et al. (2006) give an example of this, by mentioning that some fathers continue to go out and hang out with their friends right up until the birth of the baby. These issues are important as it acknowledges that some men are just not prepared for parenthood. A man's preparation for parenthood, therefore, can be misleading before conception, as the focus can be just about supporting the mother and aiming to build a career. As opposed to women who are taught to be mothers, housewives, and support their partners. These differences can lead to unequal roles, conflict, and unpreparedness. This approach also denies men the experience, knowledge, and excitement around being involved early on in the planning for parenthood, and it can also set him up for poor adjustment within his relationship. As Jaffee et al. (2001) point out, to support younger fathers to stay in their relationship and to provide positive parenting, policy initiatives need to be about togetherness.

### ***Implications***

Three critical implications can be identified from the findings and discussion regarding men feeling unprepared for the transition from pregnancy to parenthood. Firstly, compelling research shows that supporting struggling fathers and setting family dynamics up right from the start leads to a higher likelihood of men becoming better parents. Therefore, government policy needs to provide more funding and resources into these areas. Secondly, as antenatal classes and midwife visits are generally the pathway for men in Aotearoa to learn about pregnancy and parenthood, more time needs to be given to the importance of being prepared, and being prepared together as a couple, for parenthood. Thirdly, as societal attitudes are slowly changing towards men being more involved from the beginning of conception, more research is needed to be undertaken in reviewing what men require. So that men do not feel so unprepared.

### **5.10 The variety of reasons to leave**

The participants reported various reasons to leave their relationship after childbirth. The participants' reasons included: mental health issues; employers not providing time to be with

the partner and child; men not seeking out help when troubles arose within the relationship and finding they lacked support.

### ***Men's mental health***

All the participants said they were unprepared for parenthood after the birth of the child. However, each participant had diverse reasons for leaving their relationship after childbirth. One participant reported that he left his partner because of his mental health issues, which he felt were brought on by his partner's mental health issues.

Authors such as Mayer (2016) have argued that men get postnatal depression, and it is not that uncommon that new fathers get depressed either during pregnancy or following the birth. Moreover, that postnatal depression for men is more common among men who have been depressed before or whose partner is suffering from depression. Therefore, the analysis confirms that some men do get PND and therefore this supports the researched opinion that men do get PND or mental health symptoms during this time.

The other issue highlighted by Mayer (2016) is that a problem with diagnosing postnatal depression in men is that the screening tools used to test men are often the same ones used to test postnatal depression in women. Given the limitations of the screening tools for men during this time, men should still be asked and new research be developed in this area. Having a new baby is an enormous change and challenge for any father. It carries new responsibilities and fathers will sometimes feel exhausted and stressed. It can be particularly challenging to the new father and his partner if he is unaware he is suffering from depression, and it could lead to him either blaming himself or his partner for his unrecognised or misunderstood mental health issue.

### ***Implications***

Two implications can be identified from the findings and discussion regarding men experiencing postnatal depression. Firstly, more studies need to be undertaken on men and postnatal depression. Secondly, new screening tools are required to identify and understand men's mental health symptoms.

### ***Role of employers***

Employers may not be supportive or understanding in providing men with time off to be with their partner. Currently in New Zealand, fathers are allowed partial parental leave: they are entitled to take two weeks but it is unpaid leave, compared to mothers who are entitled to up to twenty-two weeks' parental leave payments if they had been working previously (New Zealand Legislation, 2019). Limitations observed show that New Zealand policy does not appear to see the full value of couples beginning their journey together, and bonding with their new baby, which gives that family a strong start. Though, importantly, paid partial leave has been increased for mothers to support recovery, bonding, parenting, and attachment with the child or children, the father's worth or input appears to be underestimated and undervalued. In Norway, in comparison, new fathers currently get up to fifteen weeks' parental leave with full pay, as studies have shown that having the father involved from the start not only supports the partner, but also has a positive impact on the child's well-being (Nordic Information on Gender, 2018). Looking at this through a social work model, like ecological systems theory, it can be concluded that if a family has a strong micro support system of family and friends combined with a meso system of wrap-around social support and education, and a supportive boss, layered with the macro system of progressive government policy and paid parental leave, a couple may have a stronger chance of overcoming relationship issues.

### ***Implications***

The above discussions suggest employer could provide time off for employees to spend time with their child, also parental leave could provide provisions where men could also get paid.

### ***Men not seeking out help and finding they lack support***

Two of the male participants reported they did not seek out support when they were experiencing trouble in their relationship, and one participant mentioned they found they lacked support. These reasons were to contribute to why they left their relationship after childbirth.



According to Condon et al. (2004), Parfitt et al. (2014), Odent (2008), Condon et al. (2004), and Zerkowitz and Milet (1997), men not seeking out help during the pregnancy, birth, and prenatal stages have mainly come about because of historical beliefs, stereotypes, social attitudes, and can be because of their youth. Parfitt et al. (2014) goes on to say that because of these beliefs and attitudes, men believe that they should be resilient and independent, but these types of views do not serve men well during times of vulnerability when they are needing support. These observations link into what the participants said in this research. As all of the men interviewed were unprepared for pregnancy. Therefore, it could be accepted that some had not known or realised that they should or could ask for help, and lacked knowledge for where to turn to when they were having difficulties in their relationship. The strength of what has been outlined is that it would especially make sense if they had poor role models growing up, or were younger parent, because of the lack of life experiences, immaturity or wisdom to know when or how to seek out help. Therefore, more studies are needed in this area, because of the consequences to families, men, and society. As Condon et al. (2004) and Zerkowitz and Milet (1997) say, younger fathers could turn to maladaptive behaviours like substance misuse, aggression and risk-taking behaviours.

### *Implications*

Three important implications can be identified from the findings and discussion regarding men not seeking out help and finding they lack support. Firstly, the antenatal staff need to understand that male beliefs system can be rigid; therefore, this is something to challenge and discuss openly. Secondly, greater focus is needed on younger parents and on what supports they need. Thirdly, in light of family isolation, there should be a focus on where they can access community agency support.

### ***Men's immaturity***

One participant said he was just too immature, and in the end, he wanted to do his own thing, and this was a leading reason for him to leave the relationship

Everett et al. (2007), Hawkins and Belsky (1994), and Gage et al. (2006) note, one of the problems with some men, is it can take a short time for them to adjust and others it takes a

while, and some only make the adjustment to parenthood after the child is born. This statement is supported by the participants in this research that there is adjustment to parenthood and it can take time for some men to adapt.

Although Neil and Hammer (2007) state that there are advantages to being a younger parent as they have more energy and are more likely to have their parents or grandparents to support them. The limitations of these findings are that not all young men are full of energy, and a few might not actually have the family support behind them to support them. Furthermore, a few authors mention a lot of young men, because of their age, are actually struggling emotionally, financially; and struggle with social stigma. What could be beneficial for young parents is antenatal classes that focus specifically on teens or young men to make sure they are at least aware of the situation they are currently in, and where they could go if they need support.

#### *Implications*

One essential implication has been identified from the findings and discussion regarding men's immaturity. Antenatal classes should be held specifically for teen dads and young men to support their particular needs and challenges.

#### ***Men are pulling away in times of stress and struggling to talk about the pressure or feeling lonely in the relationship***

Some of the participants mentioned that when they were not coping, they withdrew from their partner. Samuelsson et al. (2001) mention that when men are stressed some of them withdrew from their partner and tend to pull away, shut down, or try to work things out on their own when times are difficult for them. The problem with men doing this is that some men can end up isolated. Morton et al. (2010) and Greeaves et al. (2010) point out the reason for this, can be that some men can put pressure on themselves by having such assumptions and beliefs as, for example, that they should be dealing with things better because they do not have to carry the baby during pregnancy or give birth. The strength of what these authors are saying is that it links into what the participants have been saying in this research. These conclusions are important as it acknowledges that the start of parenthood is not easy. This

being the situation, what could be helpful and supportive for some men is providing antenatal classes which offers strategies or ideas like men's groups or a place for men to meet other men.

### *Implications*

Two implications can be identified from the findings and discussion regarding men pulling away in times of stress and struggling to talk about the pressure or feeling lonely in the relationship. First, antenatal classes should prepare men for the realities of parenthood.

Secondly, as men deal with emotions differently, men should be encouraged to join or start men's groups or activities that promote a place for men to meet other men.

### ***Age, and being absent during the pregnancy and the childbirth stage***

The age of a participant and being absent during the pregnancy and the childbirth stage were discussed earlier. These topics again highlight how important it is that antenatal classes, agencies, and individuals who work with this particular group are mindful of the above stressors that can impact on a couple's relationship. And, therefore, it is crucial couples fit these criteria are offered advice and support in these areas.

## **5.11 Advice for future fathers**

The participants identified four areas where information should be provided to new fathers.

- 1) Every new father should attend antenatal classes to learn more about pregnancy and childbirth.
- 2) Improvements need to be made to the information offered to men by antenatal courses for the future, to include a variety of topics, be more practical, and to have a greater focus on the relationship.
- 3) The relationship will change from conception; men need to be organised and prepared for these changes.
- 4) Parenting and relationship classes were reported to be beneficial after childbirth to support their relationship.

***Every new father should attend antenatal classes to learn more about pregnancy and childbirth***

Many couples, especially those expecting their first baby go to antenatal classes to learn about pregnancy, giving birth and parenting. The feedback from most of the participants to support future fathers around pregnancy and childbirth was that every father should attend. This opinion is also echoed by other academics on the benefits as it gives new fathers and couples a pathway and a starting place to develop greater awareness of pregnancy and childbirth. Antenatal classes are a starting place for most new fathers and couples, and therefore men need to be able to attend with their partner to take advantage of the knowledge and learning that is important for them. As reported by the participants, not all workplaces give men the time off to attend. This issue raises the question about the awareness and the understanding of the importance of antenatal classes in society.

***Implications***

Two implications can be identified from the findings and discussion of advice for future fathers. First, every new father should attend antenatal classes to learn more about pregnancy and childbirth. Second, government policy needs to reflect the importance and the value of men attending antenatal classes and widening this importance to workplaces so that men can participate.

***Improvements need to be made to the information provided for men by antenatal courses for the future, to include a variety of topics, be more practical, and have a greater focus on the relationship***

Antenatal education is a crucial component of prenatal care, and therefore what is taught is essential for new parents. The participants in this research wanted improvements in what is provided in antenatal classes, to include a variety of topics, for lessons to be practical and with more of a focus on the relationship. These recommendations also align with Svensson et al.'s (2008) study in which new parents were seeking changes in antenatal education by moving away from the traditional approach of the focus just being about pregnancy and childbirth. Svensson et al. (2008) also report that new parents are asking for changes in the

delivery. For example, instead of the usual method of the expert-to-student approach to have more of an outcomes-focused approach. The outcomes-focused approach means the individuals in the group are also the experts and are part and the centre of the learning process, and therefore, more responsible for his or her learning. This approach could be more beneficial for other cultures as it can move away from the usual Western European ideas of pregnancy and childbirth. It also gives other members in the groups a chance to speak, and it also opens up other questions, as the groups could be a younger group or more of a group that is same-sex. As De Haan (2016) and Silberberg (2001) state, Māori women see current antenatal education and approaches as one-sided in their views on pregnancy and childbirth, and therefore other traditional practices and customs are not being introduced or discussed. Plus, in Māoridom, a child can be brought up by other whānau members.

The participants also wanted a greater emphasis from antenatal classes on the relationship itself, and this again aligns with what other studies also mention: that men and women are diverse in what they want to learn and need (Fletcher & St George, 2011; Svensson et al., 2008). This is especially important as men can feel left out, unheard, or feel let down by what antenatal courses teach them. Plus, with partners now wanting their men more at the birth, and as western families are living now more in the nuclear family situation, communication between couples and what is important to men is even more critical.

### *Implications*

Two implications can be identified from the findings and discussion regarding improvements in the information provided for men by antenatal courses for the future to include a variety of topics, be more practical and have a greater focus on the relationship. Firstly, antenatal education delivery should have a blend of approaches. Secondly, antenatal classes need to introduce a section that focuses on relationship dynamics and how these can play out after the birth of a child.

### ***The relationship will change from conception, and men need to be organised and prepared for these changes***

The participants stated that men need to be made aware that their relationship will change after conception. These concerns link with the literature review undertaken in this research, as according to Greeaves et al. (2010), Tuffin et al. (2010), and Parfitt et al. (2014), some men

are not always bearing in mind that their relationship will change when their partner is pregnant. The strength of what the participants, literature, and also what the researcher agrees with is that some fathers do not necessarily understand or grasp what becoming a father entails. Therefore, they are not considering what possible struggles or pitfalls arise for them when they became a partner and father. Lack of preparation can be put down to historical traditional beliefs, masculine and social attitudes, and men's prior experiences. But as pointed out by Gage et al. (2006) and Fletcher and St George (2011), men who are involved early, could have a better understanding of their partner's pregnancy needs which could contribute to a more fruitful relationship.

To advance future fathers' awareness antenatal education, and government policies are critical in getting this message across. Especially policies where men are encouraged to attend antenatal classes if they are employed and stay home for some time after the baby is born. Using the social work framework of ecological systems theory, it could be argued that government systems play a role in supporting new parents, which in turn creates stronger families. This is through funded education, time off to attend antenatal classes, and paid parental leave.

### *Implications*

Two implications can be identified from the findings and discussion regarding relationships going through changes from conception, and that men need to be organised and prepared for these changes. First, antenatal classes need to make men aware that their relationship will change during the pregnancy and after childbirth stage.

Second, government policies need to mandate workplaces to enable men to attend antenatal classes or spend time at home birth-post.

### ***Parenting and relationship classes were reported to be beneficial after childbirth***

All participants reported that what would be helpful for men post-birth is postnatal classes. This links to other authors who argue that there are gaps for men in antenatal education and supports for men post-birth.

A noted limitation in this research, is studies on the benefits of post-birth supports and education for men and couples. Therefore, future literature in this area would be valuable as it could highlight what were the advantages of this for couples and the new born baby. Many authors have already pointed out there are limitations in the education and training already before pregnancy and therefore it could be suggested there would be limitations afterwards. As pointed out by Deave et al. (2008), the general focus of antenatal education is either mainly on the pregnancy or labour and delivery.

The advantages of providing parenting classes after birth are that these not only address the couple's relationship and individual issues, but also give parents potentially more social networks, while providing medical practitioners and agencies with an indication when a couple is struggling. And it offers modern agencies ideas on what kinds of other services are required.

### *Implications*

Three implications can be identified from the findings and discussion relating to participants' requests for postnatal classes after childbirth to support parenthood skills and their relationship. Firstly, postnatal courses should be an extension of antenatal classes, which will in turn allow parents to learn about parenting and therefore reduce the stress on their relationship. Secondly, by providing postnatal classes, it gives parenthood a particular focus, because up until childbirth the men's role is mainly seen as a helper, but with postnatal education, men can further develop skills and knowledge to become a better partner and father. Thirdly, a greater focus on postnatal classes potentially opens up greater importance on parenthood.

## **5.12 Chapter summary**

In exploring the participants' perceptions, experiences, and reasons on why these men left their relationships after childbirth, this study can provide social workers and health professionals an insight into the preparation and support that is required when embarking on this particular fieldwork. This study has pursued and listened to the men's voices, mainly aiming to understand the complex issues that have developed for them before the pregnancy,

during the pregnancy, and after the childbirth stage. The five main topics have been reviewed in greater depth to get a better sense and understanding for what the men went through, and where appropriate information provided has been linked with preceding literature. The literature review and a discussion have been followed up by the presentation of the implications. This study has highlighted the critical implications, and these implications will be discussed in the conclusion chapter followed up by its recommendations.



## Chapter Six: Conclusion

Fatherhood can be one of the most rewarding experiences a man can experience in his life. However, for this to be fulfilled a man needs appropriate support networks, knowledge, guidance and government backing. This study has highlighted numerous areas where change is needed to support men before, during the pregnancy, at childbirth stage, and postnatal stage in Aotearoa New Zealand, which would benefit from further investigation through larger-scale projects. This research has uncovered the value of antenatal classes by discovering how vital they are for men moving forward, and the knowledge that some men are wanting to be more included in parenthood from the beginning. Furthermore, a change in parental and employment policy in New Zealand - like what is seen in Norway - could be the means to support future fathers.

The aim of this thesis has been to identify why men would leave their relationship after childbirth in Aotearoa New Zealand at such a significant time. This study reports that there is no one reason why men leave their relationship after childbirth, but recognises that there are many contributing factors. Such as, lack of training, the need for future research, gaps in antenatal classes, policies, and education have at times let men down and are contributing factors for men to leave their relationship after childbirth.

The qualitative analysis was appropriate for a small sample size and to gain in-depth perspective. This qualitative method was also tailored to the researcher's experience and strength as a social worker to attain more accurate results, and to the researcher's desire to be more involved in the research directly. The ecological perspective theory was useful to expand on the five participants' perceptions, experiences, and their environment. The limitations of this research has been the sample size and this is where the quantitative approach would be more beneficial to give more of a voice on the statistics of men struggling during this time. Reviews of the relevant literature have demonstrated a lack of men's input and support, and given the vital role of social worker practitioners, this highlights the need for further research from this perspective. To support future issues resulting from the qualitative analysis the following recommendations are therefore considered.

### ***Social work practice and training***

This research has indicated that training providers and educators need to expand their core curriculum, using a variety of methodologies to support new parents who attend antenatal classes and childbirth. The ecological perspective was used in this research and was informative and is recommended in the interviewing area in understanding participants support networks and the interaction they have within these networks. For social workers who work in mental health there is a need for an increase in training as well as education around men experiencing PND, and its symptoms and the screening tools for PND. Social worker practitioners can take from this study that there is an actual need for social work interventions in this area, and that there are further opportunities awaiting, whether that be providing support for fathers, partners, and the family as a whole.

### ***Antenatal classes and education***

This research gave an awareness that men want improvements in the way antenatal classes are taught and how men are educated. Male participants were reluctant to challenge inadequate antenatal care, but through this study, they were able to share their insights, concerns, and recommendations. The men wanted groups which are just for men, they wanted a diverse range of topics, and they wanted antenatal classes also to have a focus on the relationship and parenting. They desired classes to be held after hours, and postnatal courses where they can create social networks. This study has shown the vital value of antenatal classes in society, but they need to be able to work more effectively. The lack of preparedness and limited support provided for men means there is a break-down on what is required to support men to become better fathers and partners. The importance of providing extra resources, various material at classes, and postnatal classes to be introduced as a follow-up service, reflecting the transition to parenthood to be more holistic and complete.

Education is needed around childbirth, educating men to see the realistic scenarios that can transpire. When social workers are educated in the concerns of men during this time, and how the situation could be more male-friendly, they provide a safe space for men to voice

their worries and needs. It is recommended that there be an increase in education for older and younger parents on the pros and cons of having children at particular ages. This includes educating future generations through schools so that they have some ideas around what pregnancy and childbirth entails, and it was noted that before conception nearly all male participants had limited knowledge. Lastly, it could be useful to develop antenatal classes online for those parents who are unable to attend antenatal classes in person. The researcher recommends that the government funds empirically evidenced, evaluated programmes that show positive outcomes for the couples post-attendance, and are facilitated by qualified and accredited facilitators.

### ***Social policy***

For momentum to be achieved for men in parenthood, government policies need to have policies that support families. Men and women need employment changes to systems to allow individuals to attend antenatal classes without guilt or being penalised by their employer later on. Parental leave needs to be increased, but more importantly, men should get paid during this time so they can participate in antenatal classes, childbirth, and stay home to support their partner. These changes enable men to learn about the new changes in their partner, the relationship, themselves, and gives them time for the family/ whānau to bond, which is especially important as dominant Western culture is more nuclear in their family structure (Odent, 2008), but Māori babies may be cared for by other members of their whānau (De Haan, 2016; Silberberg, 2001). If government policies support young families to create a good foundation, the impacts of this may lead to less family break-downs and the social harm that this can cause. Furthermore, paid and increased parental leave, gives new parents a chance to attend postnatal classes, as previously proposed by the participants. Finally, policies changes allow the strengthening of families to attend doctors' appointments and allows younger parents to adapt better to their new environments.

### ***Future research***

This study indicates the need for additional research into areas such as education, antenatal classes, and policy that would support men and future parents. In this study, all of the participants reported being unprepared for the pregnancy or the childbirth stage. Therefore, this is an area of importance that needs further investigation to highlight their concerns or

gaps, with the need to make appropriate changes for future fathers. These recommendations and concerns are have also been echoed by many of the authors reviewed in this study that men and couples are generally not prepared for the expectation of what parenthood brings.

PND is the other issue that has arisen from the implications reported by the participants that needs further recognition and new research because of the bearing PND has on couples, individuals, and families. PND is still less understood and identified in men compared to women, and also the current screening assessments used on women are the same ones applied to men, but men's symptoms and causes can be different (Dalton & Holton, 2003). Consequently, these findings conclude more research needs to be done on developing a new checklist or questionnaire to be used by professionals who will provide a more accurate assessment.

### ***Last words***

Some may think parenthood is just about having children. However, parenthood is a long and challenging journey where one does not merely bring a new human life into the world, but also has to lead them through a journey into adulthood. When a child is born, they are dependent on the parents for physical and emotional support, and this includes nurturing and raising them to be an independent adult. Parenthood requires time, energy, effort, resolve, courage and patience to succeed. In the past, potential support would come from elders and community leaders to assist people in becoming parents. However, society has changed, and many new parents have to potentially face the challenge of raising a child on their own, with or without family and community support. In closing, the following statement was made by one of the participants who, I feel, gave a genuine moment into his experience of pregnancy and childbirth:

“No matter how many sensible conversations you have about being a parent before the birth, after the birth it becomes quite different.”

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# Appendices



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## Appendix 1-Interview Guide

Relationship break up after having a baby: exploring why men leave

### INTERVIEW GUIDE

This proposed research focuses on exploring why men leave their relationship after childbirth. This study aims to explore what these experiences might have been for men who leave their relationship shortly after their baby is born in Aotearoa, New Zealand. This study is particularly interested in exploring the men's reasons.

#### Previous experiences

What have been your earlier experiences in pregnancy and childbirth?

- What role did you have? And for how long?
- What did you find rewarding when you were doing this?
- What was challenging?
- What surprised you?
- What did you learn?

#### Knowledge about pregnancy and childbirth

- What background information did you have on pregnancy and childbirth?
- Did you attend antenatal classes?
- Did you find them helpful?
- What was not helpful?
- Did your work give you the time off to attend antenatal classes?
- What type of support did you have during the pregnancy?
- Were you at the childbirth?

- Was the childbirth what you expected?
- What was rewarding about the childbirth?
- What was challenging?
- Did you learn anything about pregnancy or childbirth from your parents?

#### Relationship with their partner

Did you/r partner experience any health issues during the pregnancy?

- If so what were the issues?
- Did either of you seek help?
- Did you feel you both could talk to others about what was happening for you both?
- Were there any other issue/s going on for yourself during this time?
- Were you in a married/de facto relationship?
- Do you or partner at the time have other children?
- Was this your first time as a father?
- Were you employed at the time?
- Were there any financial issues?

#### Leaving the relationship

What do you think was your reason/s for leaving the relationship after childbirth?

- Is there anything you think about now which could be helpful to support future fathers during the pregnancy and the childbirth stage?



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Appendix 2-Information Sheet

Relationship break up after having a baby: exploring why men leave

My name is Troy Wathey I am a Master of Social Work student undertaking a small-scale research study as part of the requirements for this degree. I am a qualified social worker and who has previously worked in community probation services, Child, Youth, & Family and who for the last 11 years has been employed in the Adult Mental Health & Addiction services undertaking a variety of jobs, including, supervision within this service. During this time I have become increasingly interested in why men why men leave their relationship after childbirth.

Project Description and Invitation

This research aims to investigate the participants' perceptions and experiences to gain an in-depth understanding of what was happening for the men during the pregnancy and the childbirth stage.

Second, to gain insight into the factors that influence the participant's decision to leave their relationship after the childbirth process.

There is no requirement to participate in this research, and any participant who is interview their identity will remain confidential.

Participant Identification and Recruitment

Organisations that are actively involved include and have been emailed information about the project are the Napier Family Centre, Hastings Families Works, and Kidz Need Dadz Hawkes Bay. These agencies will be asked to forward the Information Sheet to potential participants. Those who show an interest in the research will be requested to make contact with the researcher.

I hope to speak to the first 7 participants volunteering fathers who are English speaking male adults, and over the age of 18 years and not older than 65 years of age and who met the following criteria will be accepted. Participants that are interviewed need to be more than two years or more separated from their relationship.

If you are interested in learning more about this study and think you may fit the criteria, then please do not hesitate to contact me for further information.

Troywathey@hotmail.com or text/phone 027 5844 384.

Project Procedures

Participants will be accepted on a first come first served basis assuming they fit the above criteria. I will travel to meet the participant at a mutually agreed time and place. It

is expected that the interview will take between 60-90 minutes and will be recorded. All participants will be able to review the transcript and correct any inaccuracies.

Snack food will be provided at all meetings that you attend. All information from this research including, consent forms, and notes from the meeting and the recorded interviews will be stored safely and securely. The researcher and supervisor will be the only ones who have access to the information. Once the report is written up, you will have the option of having your interview information returned to you. Otherwise, it will be destroyed appropriately. The consent forms will also be destroyed upon completion of the research. You will be asked at the debrief if you would like a summary of the project's findings, if you do, I will get your contact details and ensure this is mailed to you in due course.

### Participant's Rights

Please note you are under no obligation to accept this invitation to participate in this research project. If you decide to participate, you have the right to:

- Decline to answer any particular question.
- Withdraw from the study at any time until the approval of the transcripts
- Ask any questions about the study at any time during the participation.
- Provide information on the understanding that your name will not be used unless you
- give permission to the researcher.
- Be given access to a summary of the project's findings when it is concluded.
- Because all interviews will be recorded using a digital voice recorder you have the right to ask for the recorder to be turned off at any time during the meeting.
- Counselling service number will be provided if needing support.

### Project Contacts

Troy Wathey is the researcher in this project

████████████████████  
████████████████████

Dr. Michael Dale is my first supervisor.

M.p.dale@Massey.ac.nz

06 951 6522/0800 Massey

Dr. Moses Faleolo is my second supervisor.

M.M.Faleolo@massey.ac.nz

(09) 414 0800 ext. 43351

Counselling Service

Depression Helpline 0800 111 757.

Lifeline 0800 543 354.

Please do not hesitate to contact Troy, Michael, or Moses for any further questions/comments regarding this research.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 18/46. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, and Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz).



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Appendix 3-Consent Form

Relationship break up after having a baby: exploring why men leave

PARTICIPANT CONSENT FORM-INDIVIDUAL

I have read the information sheet and have had the details of the study to explain to me.

My questions have been asked to my satisfaction, and I understand that I may ask further questions at any time.

I understand the information at the interview will be voice recorded by the researcher but that I have the right to ask for the recorder to be turned off at any point during the interview phase.

I agree to participate in this study under conditions set out in the information sheet.

Signature:

Date:

Full Name- printed



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Appendix 4- Email to Organisations

Relationship break up after having a baby: exploring why men leave

My name is Troy Wathey I am a Master of Social Work student undertaking a small-scale research study as part of the requirements for this degree. This proposed research focuses on exploring why men leave their relationship after childbirth. This study aims to explore what these experiences might have been for men who leave their relationship shortly after their baby is born in Aotearoa, New Zealand. This study is particularly interested in exploring the men's reasons. A social work ecological perspective systems theory approach will be used to examine and explore the participant's background, family, social structure, and environment. The study is to recruit up to seven, English speaking male adults. Participants to be interviewed are to be two years or more separated from their partners. This study utilizes a qualitative approach.

The proposed study aims to provide participants with an opportunity to express what their issues were and hear what their experiences were during the pregnancy and after the childbirth. Then the research will review its findings to see if there is a particular phenomenon or multiple of issues that cause men to leave their partner at such a significant time.

I am emailing you to request that you distribute my information sheet (copy attached) about my research project. The information sheet contains; i) a description of the research and an invitation to participate; ii) the details of participant identification and recruitment; iii) the details of the research procedures and overall time commitment; iv) an explanation of how data will be gathered, stored, used and disposed of; v) a list of the participants' rights; and vi) contact details.

If you have any questions, please feel free to contact myself or my supervisor (our contact details can be found on the information sheet).

My research is being supervised by Dr. Michael Dale and Dr. Moses Faleolo from the School of social work at Massey University.

The research has been approved by the Massey University Human Ethics Committee (ethics application number).





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Appendix 5-Ethics letter

Date: 03 October 2018

Dear Troy Wathey

Re: Ethics Notification - SOB 18/46 - Relationship break up after having a baby: exploring why men leave

Thank you for the above application that was considered by the Massey University Human Ethics Committee: Human Ethics Southern B Committee at their meeting held on Wednesday, 3 October, 2018. On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Professor Craig Johnson Chair, Human Ethics Chairs' Committee and Director (Research Ethics)