Submitted: 29 September, 2022 Accepted: 08 December, 2022 Published: 28 February, 2023 DOI:10.22514/jomh.2023.010

ORIGINAL RESEARCH

JOMH Journal of Men's Health

Sexuality and affectivity after a grieving process for an antenatal death: a qualitative study of fathers' experiences

Marcos Camacho-Ávila[1], Encarnación Hernández-Sánchez[2], Alba Fernández-Férez[3], Isabel María Fernández-Medina[4,*], Cayetano Fernández-Sola[4,5], María Belén Conesa-Ferrer[6], María Isabel Ventura-Miranda[7]

[1]Delivery Room Service, Santa Lucia University Hospital, 30202 Cartagena, Spain
[2]Delivery Room Service, Torrevieja University Hospital, 03186 Torrevieja, Spain
[3]Health District of Almería, 04009 Almería, Spain
[4]Department of Nursing Science, Physiotherapy and Medicine, University of Almería, 04120 Almería, Spain
[5]Faculty of Health Sciences, Universidad Autónoma de Chile, 7500000 Santiago, Chile
[6]Faculty of Health Sciences, University of Murcia, 30100 Murcia, Spain
[7]Department of Nursing Science, Physiotherapy and Medicine, University of Almería, 04120 Almería, Spain

***Correspondence**
isabel_medina@ual.es
(Isabel María Fernández-Medina)

Abstract

The loss of an infant at the prenatal stage is one of the most traumatic events parents can experience. Prenatal losses have several negative implications for parents' physical, psychological, and social well-being, including intimacy and sexuality. Fathers who suffer from this experience have to cope not only with their grief, but also with the physical and emotional suffering of their partners. The social context gives the father a masculine role of strength, insensitivity, and protection of the mother, with the result that his pain and grief become invisible. The objective of this study is to understand fathers' experience of affective-sexual relationships after a grieving process for an antenatal death; A qualitative study based on interviews with 11 fathers in Spain who have experienced an antenatal death was conducted. Data were analyzed with the help of ATLAS.ti software to discover emerging themes. 6 sub-themes were developed from the analysis, grouped into two main themes: the invisibility of grieving fathers and the relationships between the grieving parents are influenced by the death of their infants. The sexuality of fathers who suffer an antenatal death is altered. Gender stereotypes and the lack of social and professional awareness make their grief invisible. Fathers need to express their emotions to cope with their own grief and break the stereotypical gendered bereavement. In most cases, the couple's relationship is altered, from a close union to a more distant relationship, in addition to a decrease in sexual desire and arousal. However, other fathers experienced greater closeness and intimacy in the couple. A communication based on sincerity, exposing their own grief, feelings, emotions and needs could help the couple's relationship.

Keywords

Fathers; Gender; Grief; Perinatal grief; Masculinity; Sexuality; Fetal death

1. Introduction

The World Health Organization (2020) defines antenatal death as the death of an infant after the 23rd week of gestation until before or during delivery [1]. Due to improved survival rates, multiple international organizations recommend recording stillbirths from 22 weeks of gestation and/or 500 g [2]. More than 2 million antenatal deaths occur worldwide each year, one death every 16 seconds [1, 3]. In Spain, some 1200 antenatal deaths occur annually [4], which means that each year around 1200 families suffer the numerous and complex consequences of grief after an antenatal death [5].

In the grieving process, fathers experience various kinds of repercussions: physical, such as decreased appetite or sleep disturbances [6]; psychological such as anxiety, depression, post-traumatic stress syndrome [7, 8]; social such as isolation and loneliness [9]; and spiritual [10]. Among the socio-family consequences for the fathers after an antenatal death are the alterations in the dynamics of the couple's relationship [11] and in the complex sexual function [12]. Some studies identify a greater predisposition for conflict and isolation between spouses [13] and risk of separation [14]. On the other hand, there are changes and repercussions in their sexuality [15] both in desire and arousal, as well as in the frequency of sexual intercourse. The frequency of intercourse, desire and sexual arousal decreases in both fathers and mothers during the mourning process [16, 17].

Within the social context it is important to reflect that in Western countries, grief after an antenatal death is not recognized and is delegitimized, constituting a taboo and a stigma for families [18]. This undervaluation and invisibility have serious repercussions on the fathers' grief, accompanied by feelings of abandonment, loneliness, suffering, and hopelessness [19, 20]. Although the most advanced societies have attempted

to eliminate gender differences, and in Spain this increase in equality between the sexes is clear [21], certain stereotypes and roles associated with men and women persist [22]. Hegemonic masculinity is associated with strength, domination, and virility [23, 24]. In recent times new masculinities have emerged that challenge traditional stereotypes [25], in contrast to the traditional femininity that is characterized by sensitivity, submission, and fragility [26, 27]. In terms of grief, the figure of the father has been given a secondary role [28], ignoring his feelings and emotions, obliging him to to take on a role of strength, and as protector and carer of his partner, preventing him from elaborating his own grief [29, 30], which thus becomes an unauthorized grief [31].

Research has been carried out on the physical [6], psychological [7], and social [32] consequences of antenatal death on fathers. However, there is a lack of research on how the grief for an antenatal death has repercussions on sexuality and masculinity from the fathers' own experience [33–35]. Thus, the aim of this study is to understand the fathers' experience of affective-sexual relationships after a grieving process for an antenatal death.

2. Materials and methods

2.1 Design

A qualitative study was designed based on Gadamer's hermeneutics, in which the importance of language in its context is highlighted [36]. Language allows us to reveal the human essence: through linguistic interpretation we access the truth and knowledge of the world [37]. For Gadamer, the understanding of a phenomenon is a process in which the prior knowledge of the researcher (their judgments or "horizon of pre-understanding") enters into a dialogue with the horizon of understanding of the participants, in this case the fathers [36, 38]. The result is the understanding and comprehension of the phenomenon, which is called "the fusion of horizons" [36].

The method developed by Fleming, Gaidys, and Robb [39] has been followed. Initially, the researchers considered Gadamerian hermeneutics to be adequate to understand the phenomenon of grief and its relationship with sexuality after an antenatal death. Secondly, the researchers reflected on their knowledge and prior understanding of the phenomenon of the fathers' grief after an antenatal death as for Gadamer it is not possible to exclude the previous ideas of the researchers. This prior understanding of the researchers lies in the fact that 2 are midwives and in their hospital attend fathers who have suffered an antenatal death. Other investigators have prior experience in qualitative research and had carried out research on bereavement and perinatal death.

2.2 Participants and context

The study was carried out between March and April 2021 with fathers who had experienced an antenatal death and the subsequent grieving process. The participating fathers live in the province of Almería in Spain and were contacted through a local perinatal bereavement group called Alcora, through which they were given an invitation to participate in the study and where the reason for the study and its confidentiality were explained. The fathers who agreed to participate in the study contacted the researchers and agreed on a day to conduct the interview.

The inclusion criteria were: (1) having suffered an antenatal death, (2) the death occurring between 6 months and 3 years prior to the interview, and (3) signing the informed consent. The exclusion criteria were: (1) not speaking Spanish or English; (2) having suffered a perinatal loss before the 23rd week of gestation or after delivery; and (3) refusing to participate in the study. 22 invitations to participate in the study were sent, of which 11 declined, 6 fathers claiming they did not have time, and 5 did not want to talk about it. Finally, 11 fathers (mean age 31.45 years) who had experienced an antenatal death between week 23 and 41 of gestation participated. Table 1 shows the sociodemographic data of the participants. The participants did not receive any financial compensation for their participation. The number of participants was determined by information saturation as the final interviewees did not provide any new or relevant information [39].

2.3 Data collection

In-depth interviews were made by the two researchers who are midwives. The interviews were conducted by video call with the "Google Meet" platform, since during the period in which the interviews were carried out Spain was in a state of alarm due to the Covid-19 pandemic, and social contact had to be avoided.

The interview was developed following a protocol (Table 2). At the beginning of the interview, the purpose of the study and the handling of the data were explained again, ensuring their confidentiality. The participants were reminded of their voluntary participation as they had the right not to participate and to withdraw from the study whenever they wished. The interviews were recorded and assigned a code to protect confidentiality (P1, P2… and P11). The interviews lasted an average of 60 minutes. During the interview the emotional and psychological aspects of the fathers were taken into account, respecting the times and needs of each of them and in each case.

2.4 Data analysis

The data analysis followed steps three and four described by Fleming *et al.* [39]. First of all, the researchers reached a spontaneous understanding through dialogue with the participants during the interviews. Secondly, the researchers obtained an understanding of the phenomenon studied through the analysis of the transcript of the interviews. The 11 interviews were transcribed and incorporated into a Project in ATLAS.ti Software (version 9.0, Scientific Software Development GmbH, Berlin, Germany) for analysis. The transcripts were read to get a general idea of what the participants said. Transcripts were then reread line by line for detailed analysis. Each citation was assigned codes that captured their meaning. The units of meaning identified were grouped into sub-themes and then into themes. Data coding was performed individually by three researchers. They then compared their interpretations and their differences were discussed until to reach a consensus.

TABLE 1. Sociodemographic data of the participants.

Participant	Age	Nacionality	Civil status	Time since the death	Week of pregnancy	Older children (age)
P1	40	Spanish	married	3 yr	38	Yes (2)
P2	49	Spanish	married	3 yr	40	Yes (4)
P3	39	Spanish	married	3 yr	41	Yes (7)
P4	31	Spanish	living together	1 yr	28	No
P5	34	Spanish	married	2 yr	39	No
P6	45	Spanish	living together	3 yr	34	Yes (3)
P7	36	Spanish	married	3 yr	23	No
P8	40	Spanish	married	8 mon	33	No
P9	41	Spanish	married	2 yr	28	No
P10	39	Spanish	married	1 yr	33	No
P11	39	Spanish	married	1 yr	39	No

TABLE 2. Interview protocol.

Phases	Themes	Content/Examples of questions
Introduction		
	Reasons	Explain that their statement may help other parents.
	Ethical aspects	Tell them that the study is voluntary and they may leave whenever they wish and about the informed consent.
Beginning	Introductory questions	Tell me about your experience. What took place?
Development	Conversation guide	How did the death of your baby affect you? Do you think that grief affects you differently because you are a man? How did it affect your sexuality?
Closing		
	Final question	Is there anything else you would like to add?
	Thanks	Thank them for taking part and remind them that we are at their disposition.

2.5 Rigour

The fifth step of the procedure of Fleming *et al.* [39] is rigour. The quality criteria of qualitative research were ensured: to guarantee credibility, a parallel triangulation was carried out with the rest of the researchers and was included in their training (each one made an analysis, and then all exchanged experiences). Transferability: the experience of the subjects and the context were described in detail. Dependency, an exhaustive description was made in the methodology section. Confirmability: our data analysis was returned to the participants so that the final data could be clarified and the use of extracts from the participants' citations could be confirmed.

3. Results

After an inductive analysis of the data, supported by the participants' interviews, the 28 units of meaning were grouped into 6 subthemes. From these 6 subthemes 2 main themes emerged, which help to understand the experience of fathers who have suffered grief after an antenatal death regarding their affective-sexual relationships (Table 3).

3.1 Theme 1. The invisibility of the grief of the fathers

The pain and suffering added to the death of their infants and the invisibility of their own grief are reflected in the testimonies of the fathers. This grief is not recognized by health professionals or by society and is caused by gender roles and stereotypes about mothers and fathers that have contributed to this imperceptibility and the questioning of their identity.

"No one took me into account, no one cared about the ordeal I was going through. Fathers are like ghosts for doctors and nurses, and also for our environment, nobody takes into account the fact that fathers also suffer" (P11).

3.1.1 Gender stereotypes do not permit the grief of the fathers

The fathers explained how the traditional masculine model and gender stereotypes about what masculinity represents have an influence on the grieving process. Traditionally, strength, firmness, and insensitivity are associated with masculine identity; on the contrary, feminine identity is related to weakness, delicacy, and sensitivity. This influence has a negative effect, making it difficult for the father to express his feelings and emotions.

TABLE 3. Research results grouped into subthemes and main themes.

Main themes	Subthemes	Units of meaning
The invisibility of the grief of the fathers		
	Gender stereotypes do not permit the grief of the fathers	Stereotype, gender, masculinity, femininity, support, emotional load
	The father figure in perinatal grief is ignored by the health system	Health, abandonment, loneliness, carelessness, improvement in care
	The social environment undervalues and denies grief to fathers	Unauthorized grief, society, invisibility
Bereaved parents' relationships are influenced by the death of their infants		
	Facing a crisis that can unite or distance the couple	Couple, union disconnection, disputes, separation
	The affection between couples is diluted by the pain of losing an infant	Affection, fondness, indifference, feelings
	Arousal and sexual desire fade as a result of grief	Sexual desire, arousal, sexual dysfunction, fears, masturbation

"The man is like any person, he can collapse just like the woman. Although we have been brought up not to cry, not to cave in, and move the family forward (cries)" (P2).

"The man is always considered to be the one who suffers less, he is the stronger, and we do not express our feelings even if we are in pain, we cannot allow ourselves to cry in front of anyone" (P11).

Fathers expressed feelings of pain and fragility, reactions similar to those of their partners. Gender stereotypes do not recognize their pain and therefore increased their suffering. This hindered their own grieving process after the death of their infants.

"When they told me that my daughter was dead, the world fell silent on top of me, but of course, at that moment, I had to be strong and not collapse in front of her. So I did something wrong, I left her alone and I had to go out and scream, I burst into tears, I needed it because I felt I was dying" (P4).

This assignment of gender roles has given the father the role of protector and carer of their partners, causing him to suppress the grief he is feeling.

"I felt the weight of having to take care of my wife. I felt at that moment that I couldn't leave her alone. I couldn't break down in front of her, and today I don't allow myself to" (P1).

The biological differences between the male and female sex, as explained by the fathers, could explain why the experiences of grief are different between mothers and fathers. Women create a closer bond during pregnancy, they feel the infant and are in continuous contact with it, while the father's bond is different and external to that between the mother and infant.

"Women have it inside, they carry it, they live with it from minute zero, but men, from the time the baby is born, gradually integrate it into their lives, women feel it, and for men it is more of a vision" (P9).

"We give importance to the mother because she is the one who carries the baby inside and feels it, but the father also plays an important role. I talked to it, sang to it, hugged my wife and saw how her belly was growing, but I think the father is not given an important role, it is a biological issue" (P8).

3.1.2 Subtheme 2. The father figure in perinatal grief is ignored by the health system

The daily routine of work was focused primarily on the mother and not the father, who is relegated to a secondary role. When the antenatal death was reported, most of the mothers were alone and were not allowed to be accompanied, causing double pain in them and the fathers. On the one hand, the mothers lived through the terrible experience of receiving the news of the deaths of their infants alone, without their partner to warm and support them, and, on the other hand, most of the fathers were informed by the mothers, nobody explained anything to them, and they were reduced to a useless role. This generated anger, pain, and misunderstanding on the part of the fathers.

"They didn't let me go in with her, I stayed in the waiting room, after a while a midwife came and went inside without saying anything to me, and I found my wife crying... everyone was silent, and no one said anything to me, my wife could barely speak" (P10).

In many cases, attention and care were focused on the mother throughout the process, ratifying the secondary role of the fathers. When midwives, nurses, and gynecologists directed all the physical and psychological attention towards the mother, the fathers experienced it with feelings of anguish and loneliness, feeling isolated and considering that they too needed care and did not receive it. Fathers need their feelings to be validated and healthcare professionals to be sensitive and empathetic to them during the whole process. They demand that attention and care be given to the couple, not only to the mother.

"They did not address me in any way, I seemed invisible. When the psychologist came in, he spoke to her, and I cut him off, I asked him: "And the father? Don't you talk to him?" And he himself told me that the fathers are the forgotten ones... and so forgotten, my heart was also broken" (P3).

"(Health professionals) have preconceived ideas that men experience the death of our babies differently from women, so we feel isolated and alone, they only care about women and

fail to take into account that we also suffer a lot" (P2).

However, this contrasts with the importance of close attention and care focused on both parents, involving the father and also caring about him. Fathers report very positively that when they felt well looked after by professionals as this allowed them to grieve better and establish a bond with their infant who had died.

"I will never forget the treatment of the midwife and the gynecologist. (...). They encouraged me to pick up my daughter, dress her up, and take pictures of her. This helped me a lot in my grief, to understand everything and live it naturally. Kissing my daughter and hugging her helped me to establish a bond and not talk about the fetus but about my daughter" (P8).

3.1.3 Subtheme 3. The social environment undervalues and denies grief to fathers

The environment of fathers who have suffered an antenatal death, relatives, and friends, tend to downplay and minimize the pain of fathers with unfortunate phrases and comments. These comments did not help and rather intensify the pain and sorrow of the fathers, and some even remember them as a kind of torture.

"Their telling you that we are young, and another one will come, knowing how difficult it was for my wife to get pregnant was like double torture. They also came to tell me that he was just a little baby boy who I did not know; these are very heavy comments" (P5).

If perinatal grief is not socially recognized, the grief experienced by fathers who suffer an antenatal death is even more invisible and full of stereotypes. The relatives of the fathers mostly addressed the mother and were worried about her and also deposited the responsibility for the care of the mother on the father.

"People always pull more towards the woman, they always go more towards her, and they worry about how she is doing. They tend to focus on the fact that the father does not suffer or suffers much less, and this is a lie, you don't know how I break out into tears every time I remember my dead son" (P7).

"Society is always focused on the fact that the woman is the sensitive one, and the man, because he is a man, is the macho, the one who has to support the family, and they tell you that you are strong, that you are brave, come on, you have to support her but you think, who will help me? We men have a very bad time" (P4).

3.2 Theme 2. Bereaved parents' relationships are influenced by the death of their infants

One of the many repercussions of grieving fathers after the death of an infant, in addition to physical consequences, is that there is an effect on their psychological and emotional health, which influences their sexuality. Couples' relationships experienced changes after the death of their infant, and therefore the sexual health of the men interviewed underwent changes and consequences in the grieving process. Some couples became closer, and others who became more distant.

"The pain and suffering we went through served to bring us closer together as a couple" (P2).

3.2.1 Subtheme 1. Facing a crisis that can unite or distance the couple

Fathers said that the death of their infants had repercussions on the overall relationship of the couple. For some couples facing this difficult moment helped to increase communication, understanding, and empathy with their partner's grief. His own partner could understand better than anyone what he was going through and feeling, thereby strengthening their bond, with his partner being his best support.

"We always say that the death of our son brought us closer, we lived in a world of parallel suffering, and we huddled together to cope with it. I think that our relationship is better now, it has helped us to communicate, talk to each other more, and express our feelings. For me, my wife was my fundamental pillar when I was bad" (P7).

However, other couples experienced the opposite as the death of their infant meant an increase in disputes, and many points of disagreement appeared. Not understanding what he was going through and how his partner felt his grief seemed to be a source of stress and a reason for many arguments, and in some cases divorce was even considered in a situation seen as unsustainable.

"To tell you the truth, very bad! Because I can see that she's going down. You tell her to calm down, and she gets angry and she yells at you, 'How? Calm down?' Well, you can put up with it for one day, but you can't every day of the week, and you begin to think that the best thing is to separate" (P10).

"You try to help her, and she spends the day crying, and in the end, you argue because you see that she is dragging you down too. Before that, I came home wanting to be with her, and now what I feel is indifference, and I don't want to go home" (P11).

3.2.2 Subtheme 2. The affection between couples is weakened by the pain of losing an infant

The pain and suffering experienced by fathers who had lost an infant made fondness and affection, as well as desire, vanish, especially in the couples who most grew apart. This was notable in the first months after the loss. However, the couples who became most united came to understand and comprehend the needs that both have at each moment.

"Sometimes you need to be given a hug, a kiss... something for you to feel supported or something, but when you feel like being shown affection and you don't have it; well, in the end, it makes you feel bad, quite bad" (P10).

"We have overcome it in that aspect, we love each other more, we have more affection for each other. The first three months are generally complicated, and you understand that there are days when you want to be more affectionate, and other days when you feel a little sadder, and the same thing happens to my wife, but we understand and respect each other" (P9).

3.2.3 Subtheme 3. Arousal and sexual desire fade as a result of grief

The sexuality of couples in general suffers after the death of their infant. The grieving process is long and painful, and

the participants live through a wide range of experiences. In addition, the trajectory of sexuality is dynamic and changes over time. Some fathers said that during the grieving process they experienced a lack of sexual desire, including cases of erectile dysfunction, especially in the first months. The pain and ordeal they were experiencing distanced their sexuality and made it lose importance.

"I didn't feel like going to bed with her at first, it was a very big emotional barrier, and I didn't feel like having a sexual relationship either because you don't have the courage. More than once I tried and that neither... how can I say ... the little dickie bird doesn't work" (P4).

In addition, the arguments, the lack of affection, and the poor communication, led to a lack of empathy and knowledge of his partner's individual grief process. This, together with the different scenario of adaptation to a new life frequently, contributed to the lack of sexual relations. In many cases fathers said that they are more interested in sex than their partners as in general, the mothers needed more time to get interested in sex again.

"In the end, everything is based on an attraction, that there comes a time when you finally want to do things, it seems that you touch her, and she rejects you, or she is not ready, or you argue. There comes a time when you don't feel like it, or maybe when you feel like it, you're going to touch her, but you don't know how to touch her so as not to bother her, and in the end (...) you prefer to do nothing" (P1).

In addition, the sexuality of the fathers individually underwent changes, and they changed their practices in terms of masturbation. Sometimes, the loss of desire and excitement caused some fathers to stop masturbating because there was a loss of sexual appetite. Other times, fathers increased the frequency of masturbation by decreasing the frequency and quality of sexual intercourse with their spouse.

"I completely lost my appetite and I didn't even feel like satisfying myself or touching myself or anything. Until some time passed, well, I lost everything. You lose the desire for everything, your head is somewhere else" (P4).

"*When I felt like it, probably she didn't feel like it or something, well, well, maybe I was looking for a moment to masturbate, and I lost the desire to be there, and I didn't insist too much. And when she wants, she feels like it, so we'll have sex"* (P5).

A very common element in many couples is that sexual relations were reduced as there was a fear of pregnancy and having to go through this very difficult situation again. On many occasions, both fathers and mothers avoided intercourse because of this fear.

"We were very afraid of suffering again and finding ourselves in that situation again, which is very difficult! but it is there, and the fear is irrational. Having to relive that suffering makes you not want to sleep with your wife" (P2).

In some cases, fathers described that their sexual relationships improved. Couples who were closer together and experienced greater bonding, affection, and empathy for the other defined their sexual relationships as more satisfying than before losing the infant. Knowing more about their partner, having more intimacy, and a greater awareness of their needs helped improve their sexuality, but without forgetting that one day they had lost an infant.

"We have the confidence to tell each other, 'Look, I'm not feeling well today, I don't feel like it'. This mutual knowledge has made relationships better as we understand what the other needs, and we respect each other" (P11).

"I think relationships are better, we give each other more affection and we use preliminaries more, I think there is more desire and passion. To live… well or suffer this experience by uniting more and spending more time together, I think I want to be with her more and we want more" (P8).

4. Discussion

The aim of this study was to understand fathers' experience of affective-sexual relationships after a grieving process for an antenatal death.

The first main category that emerged was about the invisibility of grief in fathers. Gender stereotypes and the concept associated with masculine and feminine identity could influence the fact that grief is different in men and women; however, there are no significant differences that support this idea [40–42]. The concept of traditional masculinity in Western countries contains elements such as strength, insensitivity, and aggressiveness [43, 44]. The fathers participating in the study are aware of this social construction, but their reports show it is far from reality. They express feelings, and they have pain and anguish when their infant dies as has been reported in other studies [32, 45]. This grieving process is doubly painful for the parents, due not only to the loss of the baby, but also to the loss of the dreams and illusions involved in future parenthood. These desires and expectations are even greater when the father is involved in the control, follow-up, and monitoring of the pregnancy through ultrasound scans, prenatal diagnostic procedures, and classes, which can promote the sense of fatherhood and attachment to the unborn infant [35]. Moreover, the fathers described how the participants take on the role of protector and supporter of their spouses in her grief, perpetuating these gender stereotypes. Similarities were also seen in another study also carried out in Spain [29], and this places a double pressure on their pain. These traditional roles tend to forget and isolate the father [46, 47], who therefore takes on a secondary role, as described by the majority of participants [28].

The care of health professionals, as fathers stated, was predominantly directed towards mothers, once again stressing this invisibility [30]. The majority of fathers mentioned that almost no one addressed them, and all the information went to the mother, as in a study carried out in Colombia of fathers who went through an experience of neonatal death [48], who experienced feelings of abandonment and humiliation [44]. However, care focused on both the mother and the father helps in the grieving process, for which it is necessary to involve the father in expressing both his feelings and emotions [49]. The lack of support for men could increase psychological symptoms and exacerbate the grief process. Attention to grief is an area of great need, a relatively little travelled road. Although the loss cannot be undone, the negative impact can be reduced by compassionate supportive care [50] as in the rituals of seeing the infant, saying goodbye, holding the baby, and

gathering memories [45, 51, 52]. In addition, this involvement of the father has the positive effect of creating a bond with the infant that he had never seen or felt inside himself [53, 54]. However, providing professional support and care following perinatal loss has proven to be one of the best practices for improving the mental health of fathers. Other practices such as sharing of memories with partners, families and friends and the time since the infant died have also shown positive results on the mental health of fathers [55]. Nevertheless, this study shows the lack of services to support men after perinatal loss

Society in general does not legitimize perinatal grief and that of fathers, even less as it is a stigma and social taboo [18]. Fathers received harsh comments and comments [55, 56], which did not help their well-being and invalidated their grief, and Doka calls this "unauthorized grief" [31], in line with an Australian study with 12 men who experienced perinatal loss [57]. Fathers express anger, disappointment, as well as feelings of abandonment [58] and rage at a society that does not understand their pain and which reaffirms that the masculine identity must be strong and protect the mother [59]. It is necessary to redefine the role and function of the father in order to validate his experience and contribute to his well-being [33, 35].

As the participants mentioned, the couple's relationship is affected. On the one hand, some fathers reported an increase in arguments and disputes, even thinking about divorce, something that, according to Gold, Sen and Hayward (2010), can occur as the death of an infant is a very stressful factor [14]. The disputes and disagreements can be seen in other studies [29] though the majority of fathers agree that the figure of their partner, the mother, was their point of support and reference in terms of the help received in these hard times [29, 48]. However, many participants reported how the expression of fondness and affection between the couple decreased in the initial months after the death of their babies [60] as a result of their not understanding their mutual needs [17]. Better communication between the couple in their grief and getting to know each other's needs could improve the couple's sexual-affective relationship [15].

There is a higher risk of dysfunctions in sexual relations in this grieving process as this is a complex and multidimensional area [61]. Many fathers described how in the first few month desire and arousal decreased, on some occasions even bringing dysfunctions, and sexual dysfunctions after an antenatal death can affect both mother and father [62]. In addition, some parents reported that the frequency of sexual intercourse decreased in the first few months, as seen in other studies where one third of men decreased their sexual encounters with their partner [17]. Pain and suffering dominate, in addition to creating feelings of guilt [60], something that the participants in this study did not mention. The hope of a new pregnancy could be a motivation for some fathers to resume their sexuality [62], but the majority expressed fear and concern about going through the same process again and suffering another loss, in addition to the fear that something could happen to their partner, this becoming an obsession [29, 63, 64].

This study has a number of limitations. Firstly, the study includes a very small number of participants, which could have affected the results. Secondly, all the participants were of Spanish nationality. Participants' responses may be influenced by the coping patterns of Western societies. Similar studies could be conducted in other cultures and societies to compare the results. Thirdly, this study only reflects the experience of men. Future research should include the point of view of mothers regarding sexuality in order to gain a deeper understanding of the topic. Finally, having obtained a sample of intrapartum and postpartum fetal deaths would have enriched the experiences of grief in the sexuality of fathers from other points of view in a different context. All these limitations limit the generalizability of the data.

5. Conclusions

Gender stereotypes influence the grief of fathers, making it invisible and hindering their grief; therefore, both health professionals and society should validate and recognize these losses for both parents. Fathers need to express their emotions to cope with their own grief and break the stereotypical gendered bereavement.

The couple's relationship after an antenatal death is shaken, and on some occasions there appears a stronger union, and on others they become distanced, so it is important to encourage dialogue between the couple and know their needs. On many occasions the affection between the couple diminishes or disappears, and, in addition, changes appear in the bonds, with the couple often beginning to quarrel, and in the most extreme cases separating. The lack of sexual desire leads in some cases even to erectile dysfunction, especially in the first months, and changes take place in masturbation patterns, with, the frequency of masturbation increasing as the frequency and quality of sexual relations decreases. In addition, a very common element in many couples is that relations decrease because due to a fear of pregnancy and having to go through this very tough situation again. A greater understanding and empathy of the partner's grief and bereavement is necessary to understand how it affects both the couple's relationship and sexual relations in terms of arousal, sexual desire, and frequency of intercourse. Improved communication based on sincerity, with men demonstrating their own grief, feelings, emotions, and needs could help the couple's relationship.

AVAILABILITY OF DATA AND MATERIALS

The data are contained within this article.

AUTHOR CONTRIBUTIONS

MCÁ, IMFM and MIVM—designed the research study; wrote the manuscript. MCÁ, EHS, AFF—performed the research. AFF, CFS, MBCF—provided help and advice on data collection. MCÁ, MBCF, CFS—analyzed the data. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the Ethics and Research Committee of the Department of Nursing, Physiotherapy and Medicine of the University of Almería (EFM 142/2021).

ACKNOWLEDGMENT

We are grateful to all participants for their contribution to the study and sharing their experiences with us. Thanks to the Research Group Health Sciences CTS-451, from the University of Almería, for their support.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

[1] World Health Organization. New: one stillbirth occurs every 16 seconds, according to first ever joint UN estimates. 2020. Available at: https://www.who.int/news/item/08-10-2020-one-stillbirth-occurs-every-16-seconds-according-to-first-ever-joint-un-estimates (Accessed: 08 October 2020).

[2] Kelly K, Meaney S, Leitao S, O'Donoghue K. A review of stillbirth definitions: a rationale for change. European Journal of Obstetrics, Gynecology, and Reproductive Biology. 2021; 256: 235–245.

[3] United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). A neglected tragedy: the global burden of stillbirths. United Nations Children's Fund: New York. 2020.

[4] National Institute of Statistics. Late fetal mortality rates. 2020. Available at: https://ine.es/buscar/searchResults.do?Menu_botonBuscador=&searchType=DEF_SEARCH&startat=0&L=0&searchString=muertes%20fetales%20tardias%202019 (Accessed: 20 September 2022).

[5] Berry SN, Marko T, Oneal G. Qualitative interpretive metasynthesis of parents' experiences of perinatal loss. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2021; 50: 20–29.

[6] October T, Dryden-Palmer K, Copnell B, Meert KL. Caring for parents after the death of a child. Pediatric Critical Care Medicine. 2018; 19: S61–S68.

[7] Gravensteen IK, Jacobsen EM, Sandset PM, Helgadottir LB, Rådestad I, Sandvik L, *et al*. Anxiety, depression and relationship satisfaction in the pregnancy following stillbirth and after the birth of a live-born baby: a prospective study. BMC Pregnancy Childbirth. 2018; 18: 41.

[8] Kokou-Kpolou K, Megalakaki O, Nieuviarts N. Persistent depressive and grief symptoms for up to 10 years following perinatal loss: Involvement of negative cognitions. Journal of Affective Disorders. 2018; 241: 360–366.

[9] Gopichandran V, Subramaniam S, Kalsingh MJ. Psycho-social impact of stillbirths on women and their families in Tamil Nadu, India—a qualitative study. BMC Pregnancy and Childbirth. 2018; 18: 109.

[10] Das MK, Arora NK, Gaikwad H, Chellani H, Debata P, Rasaily R, *et al*. Grief reaction and psychosocial impacts of child death and stillbirth on bereaved North Indian parents: a qualitative study. PLoS One. 2021; 16: e0240270.

[11] Barrera M, D'Agostino NM, Schneiderman G, Tallett S, Spencer L, Jovcevska V. Patterns of parental bereavement following the loss of a child and related factors. OMEGA—Journal of Death and Dying. 2007; 55: 145–167.

[12] Yeoh SH, Razali R, Sidi H, Razi ZRM, Midin M, Jaafar NRN, *et al*. The relationship between sexual functioning among couples undergoing infertility treatment: a pair of perfect gloves. Comprehensive Psychiatry. 2014; 55: S1–S6.

[13] Tseng Y, Cheng H, Chen Y, Yang S, Cheng P. Grief reactions of couples to perinatal loss: a one-year prospective follow-up. Journal of Clinical Nursing. 2017; 26: 5133–5142.

[14] Gold KJ, Sen A, Hayward RA. Marriage and cohabitation outcomes after pregnancy loss. Pediatrics. 2010; 125: e1202–e1207.

[15] Serrano F, Lima ML. Recurrent miscarriage: psychological and relational consequences for couples. Psychology and Psychotherapy: Theory, Research and Practice. 2006; 79: 585–594.

[16] Bennett LR, de Kok B. Reproductive desires and disappointments. Medical Anthropology. 2018; 37: 91–100.

[17] Dyregrov A, Gjestad R. Sexuality following the loss of a child. Death Studies. 2011; 35: 289–315.

[18] Pollock DD, Pearson DE, Cooper DM, Ziaian APT, Foord C, Warland APJ. Breaking the silence: determining prevalence and understanding stillbirth stigma. Midwifery. 2021; 93: 102884.

[19] Barr P. Guilt- and shame-proneness and the grief of perinatal bereavement. Psychology and Psychotherapy: Theory, Research and Practice. 2004; 77: 493–510.

[20] Inati V, Matic M, Phillips C, Maconachie N, Vanderhook F, Kent AL. A survey of the experiences of families with bereavement support services following a perinatal loss. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2018; 58: 54–63.

[21] Zafra EL, Garcia-Retamero R. The impact of nontraditionalism on the malleability of gender stereotypes in Spain and Germany. International Journal of Psychology. 2011; 46: 249–258.

[22] Solbes-Canales I, Valverde-Montesino S, Herranz-Hernández P. Socialization of gender stereotypes related to attributes and professions among young spanish school-aged children. Frontiers in Psychology. 2020; 11: 609.

[23] Daugherty J. How young men at high risk of fathering an unintended birth talk about their procreative identities. Journal of Family Issues. 2016; 37: 1817–1842.

[24] Lowe P. Contraception and heterosex: an intimate relationship. Sexualities. 2005; 8: 75–92.

[25] Granero-Molina J, Fernández-Sola C, Hernández-Padilla JM. Why qualitative research should be used to explore and understand men's health. Journal of Men's Health. 2022; 18: 143.

[26] Marsiglio W, Hutchinson S, Cohan M. Young men's procreative identity: becoming aware, being aware, and being responsible. Journal of Marriage and Family. 2001; 63: 123–135.

[27] Newton SL, Hebert LE, Nguyen BT, Gilliam ML. Negotiating masculinity in a women's space: findings from a qualitative study of male partners accompanying women at the time of abortion. Men and Masculinities. 2020; 23: 65–82.

[28] Williams HM, Topping A, Coomarasamy A, Jones LL. Men and miscarriage: a systematic review and thematic synthesis. Qualitative Health Research. 2020; 30: 133–145.

[29] Fernández-Sola C, Camacho-Ávila M, Hernández-Padilla JM, Fernández-Medina IM, Jiménez-López FR, Hernández-Sánchez E, *et al*. Impact of perinatal death on the social and family context of the parents. International Journal of Environmental Research and Public Health. 2020; 17: 3421.

[30] Nguyen V, Temple-Smith M, Bilardi J. Men's lived experiences of perinatal loss: a review of the literature. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2019; 59: 757–766.

[31] Doka KJ. Disenfranchised grief: new directions, challenges, and strategies for practice. 1st edn. Research Press: Illinois. 2002.

[32] Camacho-Ávila M, Fernández-Sola C, Jiménez-López FR, Granero-Molina J, Fernández-Medina IM, Martínez-Artero L, *et al*. Experience of parents who have suffered a perinatal death in two Spanish hospitals: a qualitative study. BMC Pregnancy and Childbirth. 2019; 19: 512.

[33] Jones K, Robb M, Murphy S, Davies A. New understandings of fathers' experiences of grief and loss following stillbirth and neonatal death: a scoping review. Midwifery. 2019; 79: 102531.

[34] Martínez-Serrano P, Pedraz-Marcos A, Solís-Muñoz M, Palmar-Santos

AM. The experience of mothers and fathers in cases of stillbirth in Spain. A qualitative study. Midwifery. 2019; 77: 37–44.
[35] Obst KL, Due C, Oxlad M, Middleton P. Men's grief following pregnancy loss and neonatal loss: a systematic review and emerging theoretical model. BMC Pregnancy and Childbirth. 2020; 20: 11.
[36] Gadamer H.G. Truth and Method. 3rd edn. Continuum: London. 2013.
[37] Fernández-Sola C, Granero-Molina J, Hernández-Padilla JM. Understanding for caring: Advances in Qualitative Research in Health Sciences. 1st edn. Editorial Universidad Almería: Almería. 2020.
[38] Gyollai D. Getting into it in the wrong way: interpretative phenomenological analysis and the hermeneutic circle. Nursing Philosophy. 2020; 21: e12294.
[39] Fleming V, Gaidys U, Robb Y. Hermeneutics research in nursing: developing a Gadamerian-based research method. Nursing Inquiry. 2003; 10:113–120.
[40] Pérez-Luco Arenas R, Lagos Gutiérrez L, Mardones Barrera, Sáez Ardura F. Taxonomy of designs and sampling in qualitative research. An attempt to synthesize theorical and emergent approaches. International Journal of Communication. 2017; 39.
[41] Pohlkamp L, Kreicbergs U, Sveen J. Bereaved mothers' and fathers' prolonged grief and psychological health 1 to 5 years after loss-A nationwide study. Psycho-Oncology. 2019; 28: 1530–1536.
[42] Youngblut JM, Brooten D, Glaze J, Promise T, Yoo C. Parent grief 1–13 months after death in neonatal and pediatric intensive care units. Journal of Loss and Trauma. 2017; 22: 77–96.
[43] Marcos-Marcos J, Avilés NR, del Río Lozano M, Cuadros JP, García Calvente MM. Performing masculinity, influencing health: a qualitative mixed-methods study of young Spanish men. Global Health Action. 2013; 6: 21134.
[44] Komaromy C. Cultural diversity in death and dying. Nursing Management. 2004; 11: 32–36.
[45] Cacciatore J, Erlandsson K, Rådestad I. Fatherhood and suffering: a qualitative exploration of Swedish men's experiences of care after the death of a baby. International Journal of Nursing Studies. 2013; 50: 664–670.
[46] Badenhorst W, Riches S, Turton P, Hughes P. The psychological effects of stillbirth and neonatal death on fathers: systematic review. Journal of Psychosomatic Obstetrics & Gynecology. 2006; 27: 245–256.
[47] McCreight BS. A grief ignored: narratives of pregnancy loss from a male perspective. Sociology of Health and Illness. 2004; 26: 326–350.
[48] Lizcano Pabón LDM, Moreno Fergusson ME, Palacios AM. Experience of perinatal death from the father's perspective. Nursing Research. 2019; 68: E1–E9.
[49] Hooghe A, Rosenblatt PC, Rober P. "We hardly ever talk about it": emotional responsive attunement in couples after a child's death. Family Process. 2018; 57: 226–240.
[50] Aggarwal N, Moatti Z. "Getting it right when it goes wrong—effective bereavement care requires training of the whole maternity team". Best Practice & Research Clinical Obstetrics & Gynaecology. 2022; 80: 92–104.
[51] Fernández-Férez A, Ventura-Miranda MI, Camacho-Ávila M, Fernández-Caballero A, Granero-Molina J, Fernández-Medina IM, *et al*. Nursing interventions to facilitate the grieving process after perinatal death: a systematic review. International Journal of Environmental Research and Public Health. 2021; 18: 5587.
[52] Flenady V, Boyle F, Koopmans L, Wilson T, Stones W, Cacciatore J. Meeting the needs of parents after a stillbirth or neonatal death. BJOG: An International Journal of Obstetrics & Gynaecology. 2014; 121: 137–140.
[53] Aho AL, Tarkka M, Åstedt-Kurki P, Kaunonen M. Fathers' grief after the death of a child. Issues in Mental Health Nursing. 2006; 27: 647–663.
[54] Koopmans L, Wilson T, Cacciatore J, Flenady V. Support for mothers, fathers and families after perinatal death. Cochrane Database System Revision. 2013; 6: CD000452.
[55] Jones K, Robb M, Murphy S, Davies A. New understandings of fathers' experiences of grief and loss following stillbirth and neonatal death: a scoping review. Midwifery. 2019; 79: 102531.
[56] Aho AL, Tarkka M, Åstedt-Kurki P, Kaunonen M. Fathers' experience of social support after the death of a child. American Journal of Men's Health. 2009; 3: 93–103.
[57] Bonnette S, Broom A. On grief, fathering and the male role in men's accounts of stillbirth. Journal of Sociology. 2012; 48: 248–265.
[58] Price JE, Jones AM. Living through the life-altering loss of a child: a narrative review. Issues in Comprehensive Pediatric Nursing. 2015; 38: 222–240.
[59] Samuelsson M, Rådestad I, Segesten K. A waste of life: fathers' experience of losing a child before birth. Birth. 2001; 28: 124–130.
[60] Hagemeister AK, Rosenblatt PC. Grief and the sexual relationship of couples who have experienced a child's death. Death Studies. 1997; 21: 231–252.
[61] Mollaioli D, Ciocca G, Limoncin E, Di Sante S, Gravina GL, Carosa E, *et al*. Lifestyles and sexuality in men and women: the gender perspective in sexual medicine. Reproductive Biology and Endocrinology. 2020; 18: 10.
[62] Serrano Drozdowskyj E, Gimeno Castro E, Trigo López E, Bárcenas Taland I, Chiclana Actis C. Factors influencing couples' sexuality in the puerperium: a systematic review. Sexual Medicine Reviews. 2020; 8: 38–47.
[63] Keim MC, Fortney CA, Shultz EL, Winning A, Gerhardt CA, Baughcum A. Parent distress and the decision to have another child after an infant's death in the NICU. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2017; 46: 446–455.
[64] Armstrong D. Exploring fathers' experiences of pregnancy after a prior perinatal loss. American Journal of Maternal Child Nursing. 2001; 26: 147–153.

How to cite this article: Marcos Camacho-Ávila, Encarnación Hernández-Sánchez, Alba Fernández-Férez, Isabel María Fernández-Medina, Cayetano Fernández-Sola, María Belén Conesa-Ferrer, *et al*. Sexuality and affectivity after a grieving process for an antenatal death: a qualitative study of fathers' experiences. Journal of Men's Health. 2023; 19(2): 36-44. doi: 10.22514/jomh.2023.010.