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# All-Male Discussion Forums for Expectant Fathers: Evaluation of a Model

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## ABSTRACT

This paper describes an all-male discussion forum for expectant fathers led by a male facilitator. The 617 participants completed an evaluation form and were unanimous in their agreement about the benefits of the forum, in particular the opportunity to discuss issues of importance to them with others in a similar situation. The results should encourage those developing antenatal education programs to be more inclusive of expectant fathers and to acknowledge their feelings, unique role, and contribution.

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*Journal of Perinatal Education*, 14(2), 8–18, doi: 10.1624/105812405X44673

*Keywords:* antenatal education, expectant fathers, gender-specific programs, childbirth education

## INTRODUCTION

The concept of an all-male forum for expectant fathers is not unique to the Central Coast region in Australia. In 1998, the idea was first put forward to the then parent education coordinator at Central Coast Health in New South Wales. Following a successful pilot and review of the content, the forum has been embraced as an integral session in the overall antenatal educational program.

## REVIEW OF LITERATURE

In recent years, the focus on fathers and fathering has gained momentum with changing social attitudes, cultural expectations, government policy initiatives, and support programs. Men's identity and the male's role within the family are now being seen as having far-reaching social and economic implica-

tions. The shift to recognising that fathers have a positive and unique contribution to make within the family is clearly seen in the attitudes and practices surrounding antenatal and postnatal parenting education. Forty years ago, men were actively barred from the delivery suite for reasons that today would seem almost medieval (Bartels, 1999). Pregnancy and childbirth were considered strictly "women's work," with the father's main role being to get his wife to the hospital (Shapiro, 1987). Then, in the late 1970s, because of the push for natural birth, research evidence disproving the presence of fathers in the delivery room as detrimental, an attempt to "humanise" the birth environment, and the need to provide fathers with greater social recognition, fathers were allowed to attend the birth (Bartels, 1999). More recently, partly in response to

changes in women's participation in the workforce and the attention being given to work-family balance (e.g., see Pocock, 2003), the role of fathers has undergone a further change. Men are recognised as “affectively and formatively salient” in the development of infants and children (Lamb & Tamis-Lemonda, 2004, p. 4) and, as Beardshaw (2001) discusses, “supporting fathers [in this new role] can be seen as an investment in the care of women and infants. . .” (p. 479).

Antenatal classes originating in the 1950s served to educate women about labour and relaxation exercises (McElligott, 2001). However, over the intervening 55 years, a shift has occurred to broaden the content of these classes to include topics such as preparation for lifestyle and relationship changes (e.g., see Fletcher, Silberberg, & Galloway, 2004; Schmied, Myers, Wills, & Cooke, 2002) and parenting education. In concert with a broadening of the curriculum, there has been a gradual inclusion of expectant fathers in these classes and, more recently, the development of gender-specific groups within antenatal programs. This shift has occurred even though “men have been slow in coming forward and claiming their right to good antenatal preparation” (Nolan, 1994, p. 25).

The advantages and impact of antenatal education programs, both for women and for couples, have been the subjects of extensive research. However, the main focus has been to evaluate the effect of attendance at the classes on birth outcomes (see a review of this literature in Schmied et al., 2002). Those researchers who have investigated the role of fathers in these programs have largely found the classes wanting. For example, measuring fathers' transition to parenting, Tiller (1995) found that, even though the majority of fathers attended an antenatal education course, they did not appear to be any better prepared for fatherhood. Similarly, in a series of interviews with expectant fathers, Donovan (1995) suggested that current antenatal classes in Australia failed to meet the needs of the male partner. Fletcher and colleagues (2004) found that, even though antenatal classes had prepared fathers for childbirth, they had not done so with respect to lifestyle and relationship changes after the birth. From the limited research available, existing classes apparently are not adequately addressing men's needs, concerns, or feelings (Barclay, Donovan, & Genovese, 1996; Donovan, Barclay, England, & Ramsay, 1998; Dye, 1998; Nichols, 1993; Nolan, 1994). As Bennett (1998) suggests, men

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may be the most neglected and undervalued members of the family.

Because fathers comprise an essential support for mothers and infants, determining and meeting the needs of fathers should be a consideration of educators concerned about promoting effective provisions for mothers. If childbirth education fails to cater to the needs of men and recognise their role, then everyone misses out—mothers, fathers, parenting educators, and society (Nolan, 1994). However, in regard to the emotions experienced by fathers leading up to the birth, Draper (1997) contended that “there has been little attempt to understand the needs of, and benefits to, the father with the result that little is known about the father's feelings” (p. 134). The lack of attention to fathers limits the support available to mothers because, as Robertson (1999) suggested, it is unfair to expect men to provide practical help and emotional support if their own needs are not being met during what is an anxious time for both parents. As far back as 1987, Shapiro drew attention to what he called the “cultural double bind.” During childbirth classes, he noted that “it is made clear that while their [fathers'] presence is requested, their feelings are not, . . . if those feelings might upset their wives” (p. 38). Additionally, while “anxiety, anger, sadness and fear are unwelcome,” at the same time the male partner is told that “he needs to share these feelings and fears” (p. 38). Donovan (1995) took this further, arguing that without their needs being acknowledged and supported, it cannot be assumed that men will be able to take on a supportive and nurturing role, especially since the father's paternal role appears to be shaped to some degree by the labour and birth experience (MacLaughlin, 1980). Some evidence also demonstrates that men who attend childbirth classes that explore men's feelings about pregnancy, childbirth, and parenting tend to be more involved with their spouse and participate more with housework after the baby is born (Diemer, 1997). Because “men are seldom encouraged to express their needs and feelings and are not offered the support, skills and information they

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need" (Schott, 2002, p. 37), a particular challenge for antenatal programs is to create an environment where males are able to identify and express feelings surrounding their impending fatherhood.

In addition to allowing men to address their emotional reaction to pregnancy, antenatal programs could reasonably be expected to facilitate a discussion of the roles of mother and father during and after labour. However, a review of more than 40 research reports on paternal experiences during childbirth concluded that the role of fathers during labour was one of the least understood features of family dynamics (Callister, 1995). Jordan's (1990) phrase "labouring for relevance" captures the task for fathers in a system where the mother and child are the "clients" and the role of the father is purely a supportive one. Men are led to believe that they are outsiders or, as Shapiro (1987) put it, "witness[es] to a drama played out by women" (p. 37). Contrary to this view, Lee and Schmied (2001) argued that fathers want to be recognised as having a unique role: "Men are not present at the birth solely to support women—they are there in their own right, as father of the child" (p. 560). If men were treated as equals with women—equal in terms of their involvement and in terms of the depth and urgency of their emotional needs—the expectant mother and father could be viewed as two individual clients as well as an interdependent couple (Nichols, 1993; Nolan, 1994).

An additional factor alienating men may be the format and content of antenatal classes. Two studies in the United Kingdom found that classes were considered to be a waste of time if they ignored the labour partner and were not responsive to the roles with which men identify (Smith, 1999a, 1999b) or did not include both partners in discussions (Beardshaw, 2001). McElligott (2001) found that first-time fathers attending antenatal classes in Scotland were not having their educational needs met, particularly by the topics presented. Men need to feel they belong as equal partners (Henderson & Brouse, 1991). Barclay and colleagues (1996) conducted gender-specific focus groups with men attending antenatal classes in Sydney, Australia,

and found that "most men were alienated in the manner in which information was presented" (p. 12). Similarly, Australian studies in Sydney and Adelaide found that "the way most classes are conducted does not appear to provide stimulus for men's learning" (Barclay & Donovan, 1994, p. 13).

If the current model of antenatal education for couples is not meeting men's needs, are new models of antenatal education faring better? One such model is to conduct male-specific sessions within antenatal programs, a format reported in the American literature in the late 1980s (Taubenheim & Silbernagel, 1988). Despite such early beginnings, very little evaluation of these new models of antenatal education has occurred beyond their effects on labour and birth outcomes (Schmied et al., 2002). More specifically, the few published evaluations of all-male classes have not examined the content or processes involved. For example, a group of Australian researchers reported gender-specific pilot programs led by a same-sex facilitator in at least two major hospitals. While the conclusions are positive, little information was reported by way of evaluations. For example, the "men appeared to enjoy the gender groups more and more as the sessions continued. . . ." (Myors & Mabbutt, 1997, p. 403); ". . . informed evaluation of the programme suggested that the men's groups were well received" (Lee & Schmied, 2001, p. 561); and the "gender-specific groups were appraised positively by both men and women" (Schmied et al., 2002, p. 22).

Within the literature, childbirth practitioners also report positive responses to male-focused discussions; however, again, formal evaluations apparently have not been conducted. Robertson (1999), a leading consultant in childbirth education and a presenter of training workshops for midwives and educators, has found from experience that male-specific sessions are successful because men are able to work by themselves on topics that are relevant to them. This format offers a chance for the men to support each other and discuss themes of mutual interest. It also provides an acknowledgment of the special perspectives of the male partner. Other researchers such as McElligott (2001), an advanced midwifery practice development specialist, concluded that in gender-specific courses "men have an opportunity to explore the gender roles in parenting and to reflect on what their own role model for fatherhood has been" (p. 558). Schott, an antenatal teacher trainer, suggested that "the key to discovering men's needs is to listen

to them when their partners are not there—when women are present their perspective tends to take over” (2002, p. 37). In addition to hospital-based classes, current programs provide male-specific groups (e.g., First Dad’s Club and New Good Beginnings in Australia and Fathering without Feeding and Boot Camp for New Dads in the United States). However, as far as the authors are aware, no formal evaluations have been carried out on any of these groups.

The above review suggests that relatively little work has been done to investigate or evaluate established male-specific groups within the antenatal education environment. The research reported here attempts to partly fill this deficit by describing the evaluation of a long-running program of an all-male antenatal discussion forum on the Central Coast of New South Wales, Australia. This program provides a unique opportunity to evaluate male-specific forums as a means of meeting the needs of expectant fathers during pregnancy, labour, and childbirth, as well as discussing issues beyond the birth.

#### **“FATHER-TIME: WELCOME TO THE REST OF YOUR LIFE”—THE CENTRAL COAST ANTENATAL DISCUSSION FORUM FOR EXPECTANT FATHERS**

##### ***Objectives***

The objectives of the all-male forum are to

- clarify information on various aspects of pregnancy, labour, and postnatal issues;
- raise awareness of issues perhaps not previously considered (e.g., postnatal depression);
- challenge pre-existing thoughts on certain issues (e.g., male circumcision, breastfeeding);
- encourage effective communication with wife or partner;
- provide practical discussion points (e.g., when to commence holidays, how to build boundaries around well-intended advice); and
- acknowledge the importance of fathers to their children and encourage men to be involved with their family whilst respecting that there may be wide cultural and individual variations that will be brought to the fathering role.

##### ***Method—Structure, Content, and Process of Forum***

On the Central Coast of New South Wales, Australia, Central Coast Health (CCH) routinely conducts antenatal programs for expectant couples. Three service providers (Child and Family Health,

Community Midwives, and Maternity Services) deliver these programs in two demographic regions on the Central Coast. The programs vary from two to six sessions (depending on the service provider) and are conducted on a midweek evening, a Saturday, or a combination of both (again, depending on the service provider). Since 1998, a single 2- to 2 1/2-hour gender-specific forum led by a same-gender facilitator has been included within each program. To date, all male facilitators have held qualifications in nursing, midwifery, and men’s health; are fathers of young children; and value the role of fathers while appreciating that this role varies among individual men. It is considered important that same-gender facilitators be used because it is believed that the male participants feel more comfortable and relaxed when discussing male-specific topics in an all-male group. The facilitator also serves as a role model when conducting this type of session (Barclay et al., 1996; Myors & Mabbutt, 1997). The male facilitators all have small-group leadership skills and are guided by adult learning principles.

By first asking the fathers to introduce themselves and encouraging each of them to share a little of their own experience with children, an interactive format is developed where the participants are comfortable to ask questions, raise issues of concern, and share experiences and relevant anecdotes. Research and experience have shown that a lecture “chalk-and-talk” format does not facilitate participant involvement, fails to stimulate men’s learning, and is not the best way to change behaviours and attitudes (Barclay & Donovan, 1994; Booth, 1996; Robertson, 2001). For changes to be considered, self-reflection is required and, by providing an appropriate environment and material for discussion, an opportunity exists for this to occur.

The CCH format allows consideration of a wide range of issues that are discussed within the parameters of a formal outline. Topics covered include emotions relating to conception and pregnancy; involvement during labour and in the process of birthing; postnatal depression; changes to lifestyle and relationships; formal and informal support networks; resumption of sexual activity; the role of fathers in breastfeeding; and the hopes and aspirations associated with becoming a father. This format allows the men to discuss a range of issues of significance to them, particularly the more practical aspects of impending fatherhood. The establishment of a basic outline is of value in that

discussion can also be directed to include issues fathers would not generally raise themselves or may be hesitant to raise, even though the issue may be of great personal concern.

At the end of the male forum, fathers are asked to complete a short evaluation. At the close of the session, the male facilitator provides the pregnant partners with a handout of the topics and issues covered in the male forum. The handout is designed to encourage further discussion between partners.

### **Participants**

The Central Coast is a coastal region of New South Wales located between the Sydney metropolitan area and the large regional city of Newcastle. Centred on the city of Gosford, the region has a population of 162,031 inhabitants. The Central Coast is above the national average in terms of socioeconomic advantage (1,009 compared to 994, as measured by the Index of Relative Socio-Economic Advantage/Disadvantage) and has a crude birth rate slightly below the national average (11.0 compared with 12.5) (Australian Bureau of Statistics [ABS], 2002). In terms of ethnicity, 80% of the region's population was born in Australia (ABS, 2001).

Approximately 80% of first-time parents in Australia attend antenatal and parenting education courses (New South Wales Standing Committee on Social Issues, 1998). Couples are advised of the all-male session in the information provided about the antenatal classes. When the scheduled time arrives for this session, the mixed group is separated into male and female groups, with the women remaining with the primary (female) facilitator. Throughout the six years of the all-male forum (1998–2003), 112 sessions were conducted with a total of 749 participants. No males refused to attend. Three male educators conducted the sessions and, over the life of the program, the format of the evaluation sheet changed slightly. For the present study, to avoid confounding variables in the analysis, the five sessions not run by the primary educator were not included, nor were the evaluations using the older version of the questionnaire (16 sessions). This gave a final sample of 91 sessions split fairly evenly between the three service providers and included 622 male participants. Of these, 617 completed the evaluations (a response rate of 99%) over the period 1999–2003.

The mean- and median-sized group consisted of seven fathers, with groups ranging in size from 2 to 12. Approximately one-third of the groups had less

than seven participants, and just over one-third had eight or more participants. Of the 605 expectant fathers who gave their ages, 3% were under 20 years; 44% were between 21 and 29 years; 35% were between 30 and 35 years; and 18% were over 35 years. The vast majority of participants consisted of first-time expectant fathers; however, groups regularly included fathers with children from previous relationships.

### **Data Collection and Instruments**

The evaluation sheet contained two sections. The first consisted of five Likert-type questions/statements to which fathers were asked to respond (*strongly disagree, disagree, agree, or strongly agree*):

Question 1: Attendance at this session will be of benefit to my role as a father.

Question 2: The facilitator communicated effectively and guided discussion in an appropriate manner.

Question 3: The format of the session allowed for open discussion from all in attendance.

Question 4: An all-male forum to discuss aspects of labour, postnatal events, and issues of parenting should be continued.

Question 5: More time for this session would enable further consideration of issues that were raised in general discussion.

The second section contained two open-ended questions:

Question 6: What did you find most valuable about the session?

Question 7: Please provide suggestions that you feel may assist future sessions to be improved.

The facilitator kept records on the following information:

- the geographical location at which the session was conducted;
- the service provider (Child and Family Health, Community Midwives, or Maternity Services); and
- the date of the session.

### **Analysis**

Descriptive statistics were derived for each variable. One-way Anova and Chi square tests were used to determine whether responses to the questions were related to the number of participants in each group, the place or year of the session, or the service provider. Due to the way data on the age of the fathers

was collated, it was not possible to determine whether age was a factor. Textual analysis was used to analyse the two open-ended questions. The first layer of coding identified the broad core categories or themes and the second layer identified topics within each theme.

## RESULTS

For questions 1–4, virtually unanimous agreement occurred: Ninety-nine percent of the participants agreed or strongly agreed the session would be of benefit to their role as a father, the facilitator communicated effectively, the format allowed for open discussion, and all-male forums should be continued. In each case, 60% or more strongly agreed. The one exception was Question 5, in which the average response was *agree*, with 12.2% disagreeing that more time would enable further consideration of the issues raised. No statistically significant differences existed at the 0.5 level of significance between responses based on the number of participants in the group, the place of the session, the service provider, or the year of the session. (Table 1 outlines the participants’ responses to questions 1–5.)

Responses to the two open-ended questions contained a wealth of information about the men’s reactions to the all-male sessions (see Table 2). The broad design of these questions allowed fathers to comment on what was important to them without being restricted to a particular facet of the forum; therefore, the questions’ design more accurately identified the salient aspects of the sessions. Of the 617 men who completed the evaluations, 497 (80%) completed Question 6 and 145 (24%) offered suggestions for future sessions.

The initial coding of the responses to Question 6 showed two broad areas: the mode of delivery (that is, a male-only group with a discussion format and male facilitator) and the content of the forum. As shown in Table 2, nearly 67% of the responses to this question were about the delivery mode, and

almost half of the respondents talked about the discussion format.

### Mode of Delivery

For the men in this study, the chance to discuss the many issues surrounding labour and impending fatherhood was the most valuable component of the antenatal programs. Some elements identified by the men as particularly valuable were the relaxed and open nature of the discussion where everyone’s input was not only listened to, but also welcomed, thereby giving them an opportunity to voice their concerns and fears. For example, comments from the participants included the following (authors’ emphasis added by italics):

- Compared with previous sessions, the opportunity arose for *everyone* to present their own experiences—we were all made to feel part of the discussion.
- The *openness* of the other men to *frankly* and *honestly* discuss their feelings, thoughts, and experiences.
- *Any topic* could be brought up in the discussion.
- A relaxed, comfortable, informal, *nonconfronting*, and interactive atmosphere.
- Encouraged to discuss views without fear of being *judged*.
- The fact that you could get your *own questions* answered.

To be in a situation where they could listen to and share with other men in the same position as themselves was a rewarding experience for many of the fathers. A number of comments reflected the sentiment expressed by one father: “It was great to hear the other guys’ experiences and expectations—to exchange ideas with others in a similar situation.”

The all-male forum provided expectant fathers the opportunity to compare their own feelings with what other fathers were experiencing and to listen to the real-life experiences of fathers who

TABLE 1  
Responses to Questions 1–5: Valid Percent, Mean, and Standard Deviation (N = 617)

| Item       | Valid Percent     |          |       |                | Mean | SD  |
|------------|-------------------|----------|-------|----------------|------|-----|
|            | Strongly Disagree | Disagree | Agree | Strongly Agree |      |     |
| Question 1 | –                 | 0.5      | 39.4  | 60.1           | 3.6  | .50 |
| Question 2 | –                 | –        | 29.5  | 70.5           | 3.7  | .46 |
| Question 3 | 0.2               | –        | 25.1  | 74.7           | 3.7  | .45 |
| Question 4 | –                 | 1.0      | 22.7  | 76.3           | 3.8  | .45 |
| Question 5 | 0.2               | 12.0     | 55.9  | 31.9           | 3.2  | .64 |

TABLE 2  
**Responses to Questions 6–7: Percent of Total Number of Responses, by Theme**

| Question  | Percent   |
|---|-----------|
| <b>Q 6: What did you find most valuable about the session?</b>                                  |           |
| <b>N = 497</b>  |           |
| Mode of delivery  | <b>67</b> |
| 1. Discussion format  | 44        |
| 2. Male-only forum  | 23        |
| Content   | <b>33</b> |
| 1. Coping with changes  | 7         |
| 2. Role of fathers  | 6         |
| 3. Other specific topics  | 7         |
| 4. General  | 13        |
| <b>Q 7: Please provide suggestions that you feel may assist future sessions to be improved.</b> |           |
| <b>N = 145</b>  |           |
| More time   | 68        |
| Other   | 32        |

had been there before. Participants could also identify with the other men in the group, listen to other points of view, and hear solutions to common problems. The sharing of common experiences and fears reassured the men that their concerns were not unusual:

- Other people are experiencing things I thought only I was experiencing.
- The subjects that were covered were just what I needed to reassure me that most future Dads are thinking the same thing.

A decisive factor for the success of a group discussion is the skill of the leader or facilitator. As part of their comments on the discussion, fathers noted that the facilitator, apart from being a father himself, was instrumental in guiding the discussion while creating a relaxed and informal atmosphere. He managed to involve the whole group by prompting the participants without pushing them into participating and, so, created a balanced discussion. From the comments made by the fathers, the facilitator was regarded as “one of the blokes,” which may have been one of the reasons for the success of the discussions.

Another feature that drew comments from the men was that the group consisted of only male participants who were in similar situations. For many men, this aspect had particular advantages. The session provided an opportunity to express fears without the risk of alarming their partners. It also allowed the men to openly discuss male concerns without fear of embarrassment due to women, apart from their partner, overhearing:

- Most men would not feel comfortable discussing these topics with their partners, let alone other men’s partners.
- Men felt it easier to discuss male-orientated issues away from their partners.
- The things that you do not talk about with your mates.
- Guys have fears and questions that we do not discuss with partners or other females.
- It was easier to talk about most of the topics in an all-male forum.

A third aspect of the sessions that drew comment was the validation of the father’s role in relation to the birth and the opportunity to discuss and develop a male perspective:

- Male perceptions are very real and need attention.
- Everything to date has focussed on mother and baby without covering what the father actually faces.
- Sometimes people forget about the men.
- This was a chance to consider the changes that we are likely to be facing from our perspective rather than from the perspective of our partners.
- Gives a different view of upcoming events—most discussions seem to focus on the women’s views and needs, so this gives you a much bigger picture.
- We were able to focus on the male’s role in the process, which is more or less put to the side.
- I had the feeling of being a spectator in the general classes.

### **Content of Sessions**

A considerable number of fathers (33%) mentioned the content of the session as being the most valuable aspect. Specifically, they talked about the topics discussed below.

**The role of fathers.** For many fathers, the session clarified the role of the contemporary father, what to expect as a Dad, and what the responsibilities of a father actually entail, including their emotional role and the strong role that fathers play in the lives of their children. Thus, the session acted as an affirmation:

- My thoughts and concerns about becoming a father have now changed.
- The chance to discuss my role in life *after* the birth, with other men, was helpful.

- The forum encouraged young men to be responsible for their families. [A comment made by an expectant grandfather “filling in” for his son-in-law.]

**Making and coping with change.** The fathers recognised they may have to make changes in their own lives and their way of thinking. The discussion focussed their attention on the postbirth period, becoming a Dad, and how their new role will affect their lifestyle. It also fostered the realisation that life changes are often necessary in order to make an active contribution as a father. One participant described the changes as being the “gains and losses of becoming a family.”

**Relationships.** The forum made men think about, possibly for the first time, the importance of looking after their relationship during and after the birth. It gave them an awareness that challenges and stresses will be placed on the relationship. The forum also provided some strategies on how to cope with these issues.

**Communication.** Many participants saw the importance of gaining an awareness of the need to maintain good communication:

- I need to make an effort to maintain good communication.
- Opened my eyes and encouraged me to discuss issues with my partner.

**Miscellaneous.** Other topics singled out were breastfeeding; labour, childbirth, and postbirth; postnatal depression and other possible conditions; hospital options; support groups and networks; and understanding the changes that women will experience and what to expect.

More generally, fathers found the awareness-raising aspect of the sessions valuable—that is, being confronted with issues they had not considered before or fully thought through. As one father put it:

*Discussing things that my father never discussed with me, thereby giving me a greater knowledge and positive outlook on parenthood... Gave me plenty of things to discuss and organise with my partner that I would not have done otherwise.*

#### **Suggestions for Future Sessions**

In response to Question 7, 68% of the 145 fathers who offered a suggestion for future sessions mentioned they would have liked more time spent on the male-only part of the antenatal program, partic-

ularly for the larger groups. If the session had been longer or if it had been divided into two sessions, then more topics could have been covered, more time could have been spent on discussion with the group, and more opportunities could have been available for brainstorming. The expectant fathers believed they would have benefited from more time devoted exclusively to men exploring men’s issues, perhaps even a separate full-day course just for fathers.

Other suggestions for future sessions included:

- greater use of videos, pictures, and practical presentations (e.g., more hands-on guidance, more presentations from fathers with real experience; more real-life situations; and shared experiences from someone who may have just become a father).
- handouts with a summary of the key points to refer to later and to discuss with their partner.
- a list of reference books or some papers on and for fathers/partners/men.
- a male educator to meet with the women for an hour to further their knowledge about the male perspective.
- specific topics to cover in the future (e.g., father-son relationships, how men can establish new support networks).

#### **DISCUSSION**

The CCH forum for expectant fathers, conducted within antenatal education programs, was developed not only to clarify information, raise awareness, and challenge pre-existing thinking, but also to provide discussion, acknowledge the importance of fathers, and encourage participants to be involved with their new baby.

The strong approval given to the all-male forums by the men in this study will encourage those seeking to develop antenatal education to be more inclusive of fathers. The men appreciated the chance to take part in open discussion with other males who shared essentially the same situation and to address issues that were novel (“my father never told me”) or barely addressed (e.g., the father’s role) within the

The forum made men think about, possibly for the first time, the importance of looking after their relationship during and after the birth. It gave them awareness that challenges and stresses will be placed on the relationship.



remainder of the antenatal program. For many men, this opportunity to talk to other expectant fathers was the most important aspect of the entire educational program—an aspect that has been acknowledged by others who have tried this format (e.g., Smith, 1999b). The value placed by these men on hearing how others describe their experience of being part of an expectant couple suggests that creating an atmosphere where men are comfortable to express their thoughts should be part of standard antenatal education. This finding corresponds with that of Barclay and colleagues (1996) who reported that, in their study of social and relationship changes, men were comfortable about disclosing explicit information that was “in contrast to the conventional wisdom that men will not share their feelings with other men and that group activity does not assist men to learn, to reduce confusion or to report emotions such as fear, anxiety or lack of confidence” (p. 23).

#### ***Male or Female Facilitator?***

In one sense, the findings in this study may be read as simply another call for more intelligent delivery of antenatal education, moving away from chalk-and-talk-based information (which many men find alienating) in order to embrace principles of adult education (Robertson, 2001). For example, having a male facilitator may not be necessary to accomplish this aim. While the necessity of a male facilitator is, in principle, open to empirical verification, in practice it would be difficult to compare like with like: A male facilitator may not guarantee a relaxed group discussion. Indeed, the special quality of the facilitator in this study was remarked upon by many of the participants and, as Robertson (2001) suggested, “It takes expertise and skill to facilitate effective education” (p. 2). It seems entirely possible that some female facilitators will, through personal style and familiarity, be competent to enable expectant fathers to voice their concerns and questions about their experiences just as it is accepted that some male clinicians are competent to provide sensitive and appropriate services to mothers.

What is not so clear is how the role-modeling aspect of the male facilitator could be provided by

a female. Modeling particular behaviours can be an effective way to teach complex skills (Bandura, 1977) and may be an important mechanism for intergenerational transmission of fathering skills (Hawkins, Christiansen, Sargent, & Hill, 1995). However, because the role of fathers in relation to infants has changed dramatically over recent decades, the men currently attending antenatal programs in western industrialised countries such as Australia may use their own fathers more as a reference point to determine their behaviour with infants than as a role model—as much in opposition to, as following on from, their own fathers’ behaviour. Thus, in an attitudinal sense, for example, a male who is a father may be able to validate that it is appropriate for fathers to talk freely about emotional aspects of the pregnancy and birth by modeling this behaviour, a behaviour not available to a female practitioner. Some support exists for this notion in the strong endorsement from the men in this group of the male-specific nature of the forums. The comments included references to being able to voice concerns they could not talk about in front of their partners or other men’s partners for fear of causing offence. The impetus to discuss formerly ignored issues with their partner may well provide a direct benefit to the parenthood preparation of both parents.

Whether or not the facilitator is a male, the value of the male-specific forums can be seen as a way to validate the role of the father as a participant in his own right. As Lee and Schmied (2001) found in their study, acknowledging the father’s role is an important factor. Present research has shown that male-only forums offer a unique opportunity to discuss topics from the father’s perspective, to validate the views of fathers as separate and unique to the mothers, and to explore the role of fathers as more than a support for the mother during labour. This emphasis is not possible within couples’ classes where the focus, quite correctly, is primarily on the mother, the developing child, and a successful birth outcome.

#### ***Study Limitations***

Several limitations occur in generalising this study’s results to endorse male-specific forums across all areas. While Australia’s Central Coast region is relatively well situated socioeconomically, demographic data were not collected on those attending the antenatal programs investigated for this study. Additionally, as Nolan (1994) suggests, it may be that men

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attending such classes are a self-selecting group representative of a particular section of society. Therefore, even though the sample in this study was reasonably large, it cannot be assumed representative of the general population of new parents attending antenatal educational sessions. For example, while it should not be assumed that low-income men or those from non-Anglo cultural backgrounds would differ greatly in their appreciation of all-male sessions, the attributes of the facilitator might well need to be tuned to the profile of the parent group. Topics discussed may also need to take into consideration the sensitivities of different cultural groups. Having a male facilitator from a particular background may well be important for the success of the group in more diverse populations.

Other important factors not addressed in this research were the ongoing effects of the male forum. Surveys of men attending general antenatal education programs have found marked discrepancies between the views expressed at the conclusion of the classes and results from postnatal surveys (Fletcher et al., 2004). Additionally, this study does not provide information on the pregnant partner's views of the all-male sessions or on her own all-female discussions held at the same time, the topics of which attempted to mirror those in the male forum.

What can be concluded from the evidence presented here is that, for many male participants, the process of an all-male group provides an important and valued opportunity to discuss aspects of their fathering role that would otherwise not be addressed. For future research on antenatal education, this study also provides clear evidence that the content and process of gender-specific groups are important aspects to investigate.

## POSTSCRIPT

The value of this forum within Australia's Central Coast region has been further endorsed by the relevant managers at Central Coast Health with the recent employment of seven additional male educators to facilitate not only antenatal programs but also family discussion forums in the postnatal period. The current program's team of male educators now consists of 10 members.

## ACKNOWLEDGMENTS

The authors thank the following individuals at Central Coast Health for their assistance in the development of this forum: Mr. Rob Manning, Parent Educator; Ms. Eileen Sherratt, CNS Parent Educa-

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tion; Ms. Kerry Allen, NUM Gosford Community Midwife Program; Ms. Margaret Aggar, Antenatal Program Coordinator, Maternity Services; Ms. Carol McCloy, Divisional Nurse Manager, Women's, Children's and Family Health; the managers, midwives, and child and family health nurses, Division of Women's, Children's, and Family Health; and participants of Antenatal Education Programs.

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#### EDITOR'S NOTE

An innovative program, called “Marriage Moments,” was developed by Dr. Alan Hawkins and colleagues and is being offered in a community in the western United States. The program focuses on strengthening the marital relationship while making the transition to parenthood:

Hawkins, A. J., Gilliland, T., Christiaens, G., & Carroll, J. S. (2002). Integrating marriage education into perinatal education. *Journal of Perinatal Education*, 11(4), 1–10.

The reader may also be interested in the following references:

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