

Masculinity and Fatherhood: New Fathers' Perceptions of Their Female Partners' Efforts to Assist Them to Reduce or Quit Smoking

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Abstract

Health promotion initiatives to reduce smoking among parents have focused almost exclusively on women to support their cessation during pregnancy and postpartum, while overlooking the importance of fathers' smoking cessation. This study was a secondary analysis of in-depth interviews with 20 new and expectant fathers to identify how they perceived their female partners' efforts to assist them to reduce or quit smoking. Social constructionist gender frameworks were used to theorize and develop the findings. Three key themes were identified: support and autonomy in men's smoking cessation, perception of challenging men's freedom to smoke, and contempt for men's continued smoking. The findings suggest that shifts in masculinities as men take up fathering should be considered in designing smoking cessation interventions for fathers.

Keywords

fathers, fathering, smoking cessation, tobacco, men's health

The World Health Organization (2003) estimates that men smoke up to 5 times more than women, and in most countries being born male is the greatest predictor for smoking cigarettes (Hitchman & Fong, 2011). Even in developed nations such as the United States, Australia, and most countries in Western Europe, there is still a higher prevalence of tobacco use among men compared to women (Hitchman & Fong, 2011). In the United States in 2010, the prevalence of smoking among adult men was 21.5% as compared with 17.3% of adult women (Centers for Disease Control and Prevention [CDC], 2011). In Canada, a higher percentage of men also smoke compared to women (20% and 15%, respectively), and up to 8.9% of children younger than 12 years are regularly exposed to secondhand smoke at home (Health Canada, 2011).

Patterns of smoking prevalence have become more complex, and in recent years the decreases in prevalence have been inconsistent and erratic. For instance, although smoking prevalence slightly decreased among U.S. adults during 2005-2010, there was actually an increase in the proportion of adults who smoked one to nine cigarettes per day (CDC, 2011). Adult men aged 25 to 44 years comprise the population group with the highest smoking prevalence (CDC, 2011). This higher prevalence of

smoking among men during their child-rearing years, as compared to women and other adult age-groups, raises questions about the effect of men's smoking patterns on family health and how to engage men in changing their smoking behaviors (Bottorff, Kelly, et al., 2010).

In this article, to better understand fathers' smoking behaviors, we conceptualized smoking as a gendered health behavior and considered fatherhood in light of social changes related to family structure, gender roles, and social expectations over the past several decades. Traditionally, fathers have played breadwinner roles in families, whereas mothers have been responsible for maintaining the household and rearing children (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000). Evolving social norms, however, have transformed how we perceive and construct the roles and responsibilities of

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fatherhood; fathers can experience increasing expectations to become more involved with child care and domestic duties (Cabrera et al., 2000; Henwood & Proctor, 2003; Johansson, 2011). As a result, fathering imposes on men the need to negotiate competing societal demands to be involved as a parent with the demands of employment to fulfill the breadwinner role (Bottorff, Oliffe, et al., 2010; Henwood & Proctor, 2003; Williams, 2009).

As a result of these complex demands on men, the transition to fatherhood may leave men feeling vulnerable and unsure of their purpose in the world (Williams, 2009). Bottorff, Kelly, et al. (2010) suggest that fathers continue to smoke not only to offset the stress they experience but also as a way to enact masculinities by displaying strength and emotional control and to manage feelings of vulnerability. Although fathers who link smoking with their masculine identities may be more likely to continue smoking after the arrival of their child, many fathers also experience tensions associated with smoking in their relationships or feel uncomfortable smoking inside the home (Greaves, Oliffe, Ponc, Kelly, & Bottorff, 2010). Fathers often deliberately separate their smoking from their children and child care activities by smoking outside the home or by concealing their smoking (Oliffe, Bottorff, Johnson, Kelly, & LeBeau, 2010).

For some men, however, fatherhood can be a transformative experience (Kerr, Capaldi, Owen, Wiesner, & Pears, 2011). A longitudinal study showed that crime trajectories (e.g., number of arrests) as well as tobacco and alcohol use among young, at-risk fathers decreased (Kerr et al., 2011). More specifically, following first-time fatherhood, men's model-estimated trajectories of tobacco use showed a significant decrease ($p < .01$; Kerr et al., 2011). These findings support Connell's (2005) contention that diverse masculinities are continuously contested within and across men's lives and history; likewise, men can take up ideals of fathering in varied ways (Greaves et al., 2010). In general, researchers tend to agree that the relationship between health behaviors, including smoking, and masculinity is complex. Men's alignment with dominant masculine ideals or adherence to masculine norms may function as either a risk factor for specific negative health behaviors or a buffer promoting specific positive health behaviors (Levant & Wimer, 2014).

Researchers exploring why fathers continue to smoke during their partner's pregnancy and the postpartum period have reported multifactorial reasons. For example, some authors argue that stress, tobacco addiction, and lack of motivation and knowledge are contributing factors (Blackburn et al., 2005). Findings from a focus group study of expectant fathers indicated that participants were unaware of how their smoking could pose a risk to the

fetus when the "baby was insulated" (Wakefield, Reid, Roberts, Mullins, & Gillies, 1998). Participants also believed that stress-induced marital discord associated with cigarette withdrawal was equally detrimental to the baby as their smoking (Wakefield et al., 1998). In one study, expectant fathers thought that it was easier to quit during the postpartum period, but only a few followed through on their cessation plans (Oliffe et al., 2010). Other studies indicate that socioeconomic status and education play a role, with fathers' smoking being inversely proportional to their level of education (Mahfoud, Saad, Haddad, & Chaaya, 2010). These findings suggest a need to further contextualize linkages between men's smoking and masculinities in the context of fatherhood. Therefore, the purpose of this study was to empirically link smoking, masculinities, and fatherhood by examining what fathers perceived as their partners' efforts to assist them to reduce or quit smoking and thereby identify interventions tailored to address the needs of fathers who smoke.

Method

The findings presented in this article were drawn from a secondary analysis of data collected in 2006-2007 as part of the Families Controlling and Eliminating Tobacco research program. This program explores the social context of smoking behaviors in pregnancy and the postpartum period through a gender lens to strengthen support for smoking cessation (Bottorff, Oliffe, et al., 2010). Permission was granted to conduct the secondary analysis by the University of British Columbia research ethics board. Informed consent for the secondary analysis was included in the original consent form signed by the study participants. Any identifiable participant information was removed from the interview transcripts, and the demographic data were coded with a unique number to maintain and protect participant's confidentiality. Participants quoted in the narratives were all assigned pseudonyms to ensure confidentiality.

Participants

The study sample was composed of 20 new and expectant fathers ranging in age from 22 to 41 years. The average age of participants was 33 years. The fathers' tobacco consumption varied from one cigarette a day to more than a pack a day. Four fathers quit smoking following the birth of their infant. Participants had smoked on average for 15 years. Half the participants were of European descent ($n = 10$), and the other half were of Asian ($n = 6$) or Middle Eastern descent ($n = 4$). There were 14 participants who were married and 6 who were common-law. All participants resided with their partner and had their first child at the time of the interviews. Of the 20

participants, 3 fathers reported that they had quit smoking prior to the birth of the baby, ranging from a few weeks to several months. Of the remaining 17 men, 9 participants reduced daily smoking, whereas the other 8 reported intention to reduce or quit. The demographics of participants are detailed in Table 1.

Men's partners had varying experiences with smoking: 14 women were nonsmokers, 3 quit smoking during pregnancy and stayed quit, 2 reduced smoking during pregnancy but increased their smoking after pregnancy, and 1 reduced from a full pack to half a pack a day during pregnancy and stayed reduced after pregnancy. Their annual household income ranged from less than \$20,000 to more than \$100,000 with an average income of \$40,000 to \$60,000.

Data Collection

Fathers in the original study had been purposively recruited from prenatal and postpartum units of a hospital and through local newspaper advertisements in Vancouver, British Columbia, Canada. Following written consent, semistructured, face-to-face interviews were conducted by trained male researchers. Two face-to-face individual interviews lasting approximately 1 hour in duration were conducted with each father, between 12 and 24 months after the birth of their child. The interviews were digitally recorded, transcribed verbatim, and checked for accuracy. The fathers received \$20 cash and a \$30 gift certificate from the merchant of their choice for participating in the interviews.

Data Analysis

The secondary analyses were guided by a collaborative examination of the interview transcriptions focusing on the story lines wherein men discussed their female partners' views on and responses to their smoking. We began the analysis by a close reading of the interviews to discern important aspects in men's constructions of their smoking and compared the narratives. Through this review we identified open codes that were used to develop categories to code the data set. The qualitative analysis software program NVivo™ was used to manage the interview transcripts and code data. Data coded to categories were examined in detail to further explore the data and identify themes. For example, we explored differences in the men's perceptions of their partners' tobacco reduction efforts for those who quit or reduced smoking and for those who continued to smoke. Extrapolation of the themes was informed by these comparisons as well as the literature on masculinity and fatherhood. In addition, the same research team that was involved with the primary

Table 1. Characteristics of Participants.

Characteristic	Fathers (n = 20)
Age, in years: <i>M</i> (range)	33 (22-41)
Highest level of education	
Unreported/unknown	1
Some high school	1
High school complete	4
Postsecondary—diploma/certificate	2
Postsecondary—some university	4
Postsecondary—university degree	7
Graduate degree	1
Marital status	
Married	14
Common-law/live-in partner	6
Ethnicity	
Euro Canadian	10
Asian Canadian	6
Muslim/Middle Eastern Canadian	4
Annual household income (\$)	
Unreported/unknown	1
≤20,000	3
20,000-40,000	4
40,000-60,000	5
60,000-80,000	3
80,000-100,000	1
>100,000	3
Cigarette consumption	
Quit smoking	4
1-2 cigarettes a day	2
3-4 cigarettes a day	3
5-7 cigarettes a day	1
8-12 cigarettes a day	4
A pack a day	1
More than a pack a day	2
Years smoked, <i>M</i>	15
8-11	6
12-15	7
16-20	3
>20	4
Occupation	
Unemployed/on disability	1
Construction/laborer/trades	8
IT/admin/marketing/human resources	6
Courier/driver	1
Service sector	3
Student	1
Cigarette brands used	
Du Maurier	6
Player	5
Foreign brand (Chinese/Japanese)	2
Marlboro/Belmont/Dunhill	3
Hand-rolled cigarette	1
No specific brand/not answered	3

study reviewed the data coded in the secondary analysis and consensus was achieved at each phase of the analyses.

Results

Overall, the female partners, regardless of their smoking status, encouraged the men in this study to engage in smoking cessation either directly or indirectly during their pregnancy and the postpartum period. The themes identified below capture how the men perceived their partners' efforts to assist them to reduce or quit smoking.

Support and Autonomy in Men's Smoking Cessation

Four participants who quit smoking interpreted their partners' actions as "supporting" them, whereby the fathers were afforded choice about when and how to reduce or quit smoking on their own terms. A 31-year-old construction manager, Bill, who recently quit smoking, explained the importance of being able to make decisions about his quit, asserting that not being pushed was key to his recent cessation.

My wife never really pushed me to quit I told her, you know, I'll quit on my own terms and I'll quit when I, I always wanted to quit and I knew that I would someday.

I think I needed, I just needed to have a reason to quit. And I know I shouldn't need a reason but I guess I just needed that little nudge . . . I kept saying, you know, "I will, I will, I will." And then I said, you know, and I always told my wife I never wanted my daughter to know that I smoked, you know, because when they're 2 [years] they don't know, right, they might know for a week and then at the end of the week they don't know what happened anyway. So I just said . . . two is old enough, that's it.

Implicit here was the "support" role of the wife, which then allowed the father to make decisions about the timing of his quitting. Privileged in this narrative was the man's ability to make good on his promise to quit. Drawing on masculine ideals about doing health for someone else, the father wanted to become a good, protective role model and quit for his daughter. The power and control in this instance resided with the father, and as he described, his wife waited patiently, trusting that his smoking would end. In this context, the female partner can be seen as complicit in sustaining masculine norms of autonomy and self-reliance, deferring the ultimate responsibility to quit to her husband.

In similar ways, Charles, a 38-year-old working in career development, and one of the four fathers who recently quit but relapsed, acknowledged that having a

partner with enormous "faith" and maintaining a non-judgmental attitude would eventually help him quit. Charles explained that his partner, to whom he had been married for 2 years, understood that pressuring him would not work, both in terms of his smoking and in terms of their relationship more generally.

She's [partner] been really good about not judging and we talked about it last time, and I think she's wiser than I. I would have an opinion but I think she has respect that I do try and that I will quit again and at one point maybe she believes that I will quit . . . And even though she's my partner I think she would have the power to say "Don't smoke in the house" so, right, "Don't leave the container around." She has that power but she couldn't make me quit . . . And I appreciate that she's got a lot of faith that I'll do it [quit] in my own time.

The conventions of support was ever present in this excerpt whereby the participant remained autonomous in when and how he would quit and internal pressure was deemed enough to drive the change. Moreover, anything other than this kind of support from his partner was perceived as unhelpful and likely untenable within the relationship. Charles's assertion, "She couldn't make me quit," reflected dominant masculine ideals of independence and control over his smoking; as a result, his partner's faith was legitimized as the most helpful proactive way forward. Interestingly, Charles's agreement that his partner had jurisdiction over keeping a smoke-free house or ensuring that ashtrays were not accessible to children was positioned as support, not domestic power. He accepted some degree of governance over his smoking to ensure the comfort and well-being of others.

However, for Joe, a 35-year-old father in skilled trade, a peer competition to stay smoke free supported by his partner was the deciding factor in his quit. He explained,

My friend Julie [partner's friend] would come over and we'd be talking about our little competition, and that's when she [partner] clued in that we were quitting . . . it [competition] definitely helped me. I'm a competitive person so it helps me to have somebody to compete with. [Researcher: Then she [partner] approved of this?] Absolutely, she's [partner] doing the banking for us. It's 5 dollars a week [that] goes into the pot for every week you quit smoking. You've got to throw in 5 dollars and the last one standing gets it.

This smoking cessation competition, made possible with the explicit support of his partner, played into preferences for "competitiveness" that men often share without detracting from Joe's autonomous decision making related to his quit.

For other men, masculinities related to being good fathers played an important role in the way men negotiated domestic interactions to preserve their autonomy with respect to smoking cessation and their partners'

efforts to support changes in their smoking behaviors. For example, although resistant to quitting outright, Charles was receptive to his partner's suggestion to abstain from smoking inside the home or leaving ashtrays around to protect their infant from exposure to tobacco. This suggests that fatherhood can compete with and shift traditional masculine ideals for men to be seen as a contemporary "good father."

The men in this study felt validated by their partners' faith that they would make good on the patriarchal promise of quitting smoking. The men who were able to quit constructed smoking cessation as a way to assert their autonomy and self-reliance by drawing on their competitive spirit and on masculinities related to being a "good father."

Perception of Challenging Men's Freedom to Smoke

For many fathers who continued to smoke, partners who repeatedly pressured them to reduce or quit smoking were unequivocally perceived as contesting their freedom and autonomy to smoke. This dynamic gave rise to increased potential for conflict and dissonance in the relationship. For example, Scott, a 27-year-old carpet cleaner who smoked 8 to 10 cigarettes a day, described a family meeting about his smoking when his partner became pregnant.

Generally just pushing me and pushing me to quit [smoking] that would end up in arguments. Just yelling, not really being violent or anything, just arguing about the fact that I know what's right, you don't that type of thing. [Researcher: What do you think the result of those were?] Just made me decide that I needed to grow up on my own and do things my own way. It might have made me smoke a little more here and there whenever we got into those arguments.

Rather than accepting advice from others to quit, Scott refuted the legitimacy of being told what to do. Reactive to being judged, he refused to listen, let alone act on the quit rationale he was given. For Scott and other fathers, the perception of being pushed to quit challenged their independence and freedom, which resulted in participants countering and contesting their partners' repeated messages to quit. Others simply discounted the messages, as illustrated in this example from Greg, a 28-year-old skilled trade worker, who commented on his conversation with his partner when she became pregnant.

She [partner] came out and said you have to quit before the baby comes . . . [and] I said yeah, I know, I know, I know and then ignored it, and went onto something else . . . I never gave her the solid yes answer . . . Even though she said it over and over and over and over.

These comments reveal how efforts to encourage men to quit smoking could create hostile environments and even perpetuate the continuation of smoking if power struggles and conflicts emerged over fathers' smoking. These tensions often permeated other aspects of the relationship. Despite these challenges by their partners, several fathers strongly defended their smoking behaviors and highlighted the benefits associated with smoking, such as decreasing work stress, the pressures of fatherhood, and emotional volatility. Others rationalize their smoking as deeply ingrained in their lives and a source of enjoyment. Amon, a 38-year-old student father who smoked one cigarette a day, argued, "A lot of things are bad for me . . . but we still do it." He followed up on this disclaimer by suggesting that smoking was his "little enjoyment" in life."

To restore domestic harmony, fathers often placated their partners with halfhearted quit promises. Luke, a 35-year-old skilled trade worker and a smoker of 13 years, explained that he agreed to his partner's ultimatum that he quit after the baby was born on "principle," but he qualified the agreement as provisional: "I never really agreed to it [partner's ultimatum to quit] with her, I've been saying I would do it but, yes, I did agree with it in my head." Protecting manly virtues around being true to his word—the terms and conditions of agreements were interrogated—rather than any admission of wrongdoing or straight-out lying. For Luke and many participants, their partners' demands continued, fueled by the men's failure to deliver on promissory "quit" notes, as well as their continued day-to-day smoking.

Contempt for Men's Continued Smoking

Some fathers who continued to smoke described how their partners persisted in sending clear requests to quit along with implied messages of contempt or disapproval for their continued smoking. A 37-year-old father, Mike, who no longer worked and was on disability, commented on his partner's reaction whenever he went outside to smoke.

You know she always gives me the cold evil eyes or whatever, right, you know, you stink or whatever right.

The men recognized their partners' disapproval although often nothing was directly said or stated. For example, Steve, a 28-year-old father in skilled trade, explained,

Well I definitely don't smoke around her and if I see her coming out or whatever I'll just put it out . . . if I'm outside and if I hear her coming out to take out the garbage I'll just put it out. I just don't like her to see me smoking—it's one thing that she knows that I smoke—I think that it's another thing that she sees me smoking.

By compartmentalizing his smoking away from home, Steve was able to maintain his smoking as an autonomous, masculine activity that was separate from family life and fathering. Similarly, other fathers attempted to conceal their smoking from partners by smoking at work, in the car during their commute to work, or when their partners were sleeping.

Many fathers also perceived their partners' refusal to buy them cigarettes as a form of contempt for their continued smoking. Although fathers initially denied any problems with asking their partners to buy them cigarettes, they later admitted that they only asked on rare occasions or not at all. Peter, a 41-year-old skilled trade worker who smoked for over 24 years stated,

Before she [partner] would maybe fuss if I asked her to buy for me. Now not that much, but I buy cigarettes once a week. It isn't something that I have to go buy everyday so I usually get [cigarettes] myself when I'm going back from work or something.

There was also evidence that men would dismiss or disregard their partners' contempt about their smoking as typical of how women look after the health of their men. Luke, a 35-year-old skilled trade worker, elucidated,

I'd tell her I'm going to get smokes and I'd hear [makes high-pitched garbled sounds like someone complaining about something]. "Smoking is bad for you, it's going to kill you, you know" [Researcher: So this is what she would be thinking in the background?] Yeah, I'd get that.

In some instances, men explained that the contempt demonstrated by female partners was unexpected and difficult to understand. For example, Greg, who thought that he always got along with his partner, was surprised to find out that she was offended when he did not quit during her pregnancy. Moreover, participants suggested that they either did not remember having discussions about smoking cessation with their partners or did not take their advice seriously. When asked whether there was anything difficult in regard to smoking during pregnancy, Luke commented,

Other than her telling me that I've got to quit before the baby comes . . . That was it. I don't know, honestly I don't think I changed my habits at all when she was pregnant.

In summary, these narratives reveal how the men responded to the perception of their partners' contempt for smoking, the compensatory strategies men used to continue smoking, and the potential tension this dynamic created in their relationships. Contempt appeared to stall some of the men's smoking habits temporarily, but ultimately it did not influence men to quit.

Discussion

This description of men's perceptions of women's efforts to encourage men to reduce or quit smoking provides new insights into the social context underlying fathers' smoking patterns in domestic units. Increasingly, paternal smoking has been scrutinized because of its potential harmful effects on the mother and the child, which includes adverse effects on birth weight, developmental levels, and increased risk of congenital heart defects (Deng et al., 2013; Jung, 2013; Zhang & Ratcliffe, 1993). Although the findings support previous research that suggests shifts in masculinities associated with fatherhood may support men's smoking cessation (Bottorff, Oliffe, Kalaw, Carey, & Mroz, 2006; Johnson, Oliffe, Kelly, Bottorff, & LeBeau, 2009), men's perceptions of their female partners' efforts to influence their smoking during expectant and early fatherhood have not been previously described. Findings that women's efforts to support men's autonomy and self-reliance in smoking cessation are perceived as helpful by fathers and that men work to circumvent women's direct and indirect strategies to "change" their smoking provide new insights into heterosexual gender relations that influence health behaviors. Furthermore, based on these findings, it appears that in some contexts, fathers who smoke may not be able to escape disapproval of their smoking—even within their own homes.

Although social, psychological, environmental, and physiological factors play a role in addictive behaviors, the findings of the current study point to the strong influence of masculinity in complicating the logic of smoking cessation. In this study sample, four new fathers stopped smoking. Although perceived support from partners afforded men some freedom and control over their quitting behaviors and was considered helpful to some extent, support alone did not motivate the participants to quit. Shifting masculinities related to engaged fathering appeared to be particularly important in supporting their smoking cessation. According to Mullen (1993), family life and taking care of children provides men with alternatives to smoking and draws them "towards responsible conviviality" (p. 177). Other studies have also found that fathers who showed concerns about the effects of their smoking and wanted to be a role model for their children were more likely to engage in smoking reduction (Westmaas, Wild, & Ferrence, 2002). This study adds to the body of literature corroborating how men can reconstruct masculine norms to be compatible with fatherhood, a role and identity that can leverage positive change toward smoking cessation (Bottorff, Oliffe, et al., 2010). Since men who prioritized their role as fathers appear to be motivated to engage in smoking cessation, programs that pair information on how to quit with resources to

support men in fathering are a promising new direction. For example, building men's confidence and skills with respect to fathering early on in their partners' pregnancies, in addition to providing information on how to reduce or quit, may strengthen smoking reduction and cessation efforts. Recent efforts to develop tailored smoking cessation resources for expectant and new fathers are based on this approach, such as the Dads in Gear program and a gender-sensitive promotional booklet called "The Right Time . . . The Right Reasons" (Families Controlling & Eliminating Tobacco [FACET]; <http://facet.ubc.ca/>). In addition, Oliffe, Bottorff, and Sarbit (2012) have proposed three principles from men's health promotion to support father's smoking cessation.

1. Use positive messaging to promote change without amplifying stigma, guilt, shame, and blame.
2. Foster connections between masculine ideals (e.g., strength, decisiveness, resilience, autonomy) and being smoke-free.
3. Privilege the testimonials of potential end users (i.e., fathers who smoke but want to quit).

There is evidence that other masculinities may also support smoking cessation. Our study findings are especially interesting in light of Levant and Wimer's (2014) research investigating masculinity constructs and their association with men's health behaviors. The authors concluded that conformity to some masculine norms may have benefits for men's health practices. The "winning" subscale of the Conformity to Masculine Norms Inventory (Mahalik et al., 2003), reflecting competitive dominance and pursuit of status, was positively associated with avoiding substance use, and men who valued winning and competition were more likely to be protected from substance overuse than men who did not (Levant & Wimer, 2014). Our findings also indicated that friendly competition may be a helpful element in men's efforts to quit smoking. It is possible that creating opportunities for men to define and pursue their goals for smoking cessation in challenges involving friendly competition, and with the resources they need to achieve these goals, might be helpful tools to promote successful quitting in ways that foreground dimensions of masculinity that are congruent with healthful behavior.

Although women are often placed in the position of taking responsibility for family health, including men's health, it is clear from the current study findings that they are often unsuccessful in "changing" men's smoking behaviors, prompting instead resistance, false promises, concealment of smoking, and conflict. As such, it is unlikely that supporting women in their effort to engage men in smoking cessation will be a fruitful avenue. Rather, efforts to directly engage expectant and new

fathers in smoking cessation programs are needed. Based on men's perceptions of their partner's efforts to support their smoking cessation, approaches that promote and protect men's autonomy in deciding when and how to quit smoking will likely be important.

The findings need to be considered in light of several limitations. The sample ($n = 20$) is drawn from a region in Western Canada with a strong smoke-free culture and a history of rigorous tobacco control measures. Therefore, the findings may not be generalizable to men in locales, cultures, and contexts where smoking is subject to less regulation and public policing. Nevertheless, the current study findings provide new insights into some men's perceptions of their partners' efforts to assist them to reduce or quit smoking, and the shifting of masculine ideals as they take up fathering. The findings suggest that further study would be beneficial to understand fathers' smoking behaviors in a variety of contexts.

Conclusion

The narratives of fathers in this study, most of whom wished to change their smoking patterns, provide support for emerging theoretical insights into the ways that men are under pressure to quit smoking in order to align with new fathering norms. The lack of interventions and resources tailored to support fathers' smoking cessation may inadvertently increase relationship tension and place undue pressure on female partners to regulate fathers' smoking. Although health promotion programs specifically for fathers are emergent and require formal evaluation to assess their effectiveness, principles derived from perspectives that account for the influence of masculinity provide a guiding framework for the design and implementation of gender-sensitive smoking cessation programs for this group of men.

Declaration of Conflicting Interests

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