Facilitating Discussion Among Expectant Fathers: Is Anyone Interested?

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ABSTRACT

Within childbirth education circles, catering effectively to the needs of expectant fathers who attend antenatal education programs has become an issue of concern. This article reviews the literature on all-male discussion groups for expectant fathers as a strategy to address identified deficits in relation to the inclusion of men within existing program structures. An exploration of the attributes considered appropriate for those who facilitate such groups is undertaken, and the article concludes with a report on the recruitment of male facilitators at a health service in New South Wales, Australia.

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BACKGROUND

Contemporary antenatal education programs in western countries originated as a replacement for the informal knowledge networks once available to women within their local communities (Nolan, 1997a; Zwelling, 1996). The structure of formalized antenatal education was originally based on a need to provide information, predominantly regarding labor and childbirth, to pregnant women. For reasons in keeping with this structure, the programs have been conducted almost exclusively by women, for women. An alternative approach is proposed, utilizing facilitators for groups involving expectant fathers.

CHARACTERISTICS OF EXISTING PROGRAMS

Antenatal education programs have become integrated into health-service provision in many countries across the world. In Australia, attendance rates for first-time pregnant women and their partners

have been cited as 80% (New South Wales [NSW] Standing Committee on Social Issues, 1998). Participants who attend existing programs are generally identified in the literature as having “homogenous” characteristics. Writing from an English perspective, Nolan (1998) defined this term as predominantly Caucasian, members of the “middle class,” often in professional occupations, coupled in stable relationships, and financially secure. Little evidence suggests that program participants in the Australian context differ to any large extent.

Despite the popularity of antenatal education programs within Australia, their structure, process, and content have been questioned (NSW Standing Committee on Social Issues, 1998; Renkert & Nutbeam, 2001; Schneider, 2002). Wilson (1990) described a progressive shift in the aims of formal antenatal education since inception. An initial focus to reduce infant mortality rates was followed by a move toward pain control in childbirth, and

then on to a focus of addressing emotional issues and the development of skills to deal with life changes after birth. The latter shift has implications for the structure and content of existing programs. If issues of emotion and changes to lifestyle and relationships are to be addressed, then a corresponding shift to include both expectant mothers *and* fathers is imperative. Although earlier reviews identified that men were excluded by program designs (NSW Standing Committee on Social Issues, 1998; Parr, 1998), strategies to cater better to the needs of expectant fathers attending mixed-style antenatal education programs are now a more common theme in contemporary antenatal literature.

MEETING MEN'S NEEDS

Opinions vary as to how expectant fathers' needs should or can best be addressed, particularly with limited resources. Whatever method is considered, a need exists for men to feel part of the process and not just the subjects of it. The aim should be to normalize the inclusion of expectant fathers and avoid making changes that may be viewed as tokenistic. Some strategies that have been suggested or reported include the use of gender-neutral language to avoid excluding men from discussion (Schott, 2002); gender-specific topics explored within the mixed-group program (Galloway, Svensson, & Clune, 1997); and all-male discussion groups for expectant fathers (Myers & Mabbutt, 1997).

The concept of all-male discussion groups has generated healthy debate over the last 20 years. Russell, James, and Watson (1988) suggested that men benefited from separate gender groups. Nolan (1997b) postulated that benefits for men and women may be achieved by conducting gender-specific sessions. Other authors support Nolan's concept (e.g., Beardshaw, 2001; Forrest, 2003, cited by Burgess & Beardshaw, 2005; Robertson, 1999; Schott, 2002; Smith, 1999). Although some authors dispute the value of this approach, most argued benefits far outweigh the limitations that have been proffered.

MALE-SPECIFIC DISCUSSION GROUPS

A small number of all-male discussion models specifically aimed at expectant fathers within the existing framework of antenatal education have been reported. Although most of the models have had, as their basis, group-directed discussions (Lee & Schmied, 2001; Myers & Mabbutt, 1997; Schmied, Myers, Wills, & Cooke, 2002; Symon & Lee, 2003),

slight variances have been incorporated in others. For example, Friedewald, Fletcher, and Fairbairn (2005) reported on a semistructured discussion forum that explores a range of designated topics specific to men as fathers. This particular model has been sustained over a period of 7 years. Turan, Nalbant, Bulut, and Sahip (2001) reported on a six-session program conducted exclusively for expectant fathers in Turkey that attracted participants without coercion from their pregnant partners. Each of these models has demonstrated encouraging outcomes, with engagement in discussion about topics specific to fatherhood and positive effects on attitudes and behaviors being cited among the benefits.

ATTRIBUTES OF FACILITATORS

The remainder of this article considers the attributes of individuals who may be sought as facilitators for this type of group. This is an area that has been relatively unexplored in the literature.

In a research study on fathers, Dye (1998) posed a number of questions to participants in regard to men attending antenatal classes. One response outlined the generic skills required of facilitators:

I don't think many blokes [guys] can anticipate what is to come. I think they are going to have difficulty dealing with those issues, and they certainly don't get addressed in antenatal classes. . . . I suspect that what is required is for blokes to go off by themselves and maybe have educators who are alert to these sorts of issues. Not only alert, but have the skills to draw them out of people. (p.78)

Although this quote does not specify the preferred gender of those who may facilitate discussion with expectant fathers, a number of authors (e.g., Barclay, Donovan, & Genovese, 1996; Myers & Mabbutt, 1997; Symon & Lee, 2003; Turan et al., 2001) are emphatic that same-gender facilitators are required. The rationale for this claim is that male participants feel more at ease discussing male-specific topics when in an all-male group. An additional benefit considered by the authors is that the facilitator also serves as a role model when conducting this type of session. However, some authors have questioned whether males are necessary to facilitate discussion among expectant fathers (see Friedewald et al., 2005, for review).

All of the discussion models outlined in the previous section used facilitators who were male. My experience demonstrates that males in gender-specific

W Mark Friedewald and his colleagues have addressed all-male discussion forums in articles previously published in *The Journal of Perinatal Education (JPE)*, titled "All-Male Discussion Forums for Expectant Fathers: A Model" [*JPE* 14(2), 8–18] and "Father-Time: Welcome to the Rest of Your Life" [*JPE* 15(2), 8–12]. These articles are available for download on *JPE's* site at [IngentaConnect \(www.ingentaconnect.com/content/lamaze/jpe\)](http://IngentaConnect.com/content/lamaze/jpe). Lamaze International members can access online *JPE* articles free of charge at the *IngentaConnect* site by signing in at the "Members Only" link on Lamaze International's Web site (www.lamaze.org).

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groups are more open in discussion with a same-gender facilitator than they are when a female health professional is also present.

Lee and Schmied (2001) raise the question of whether facilitators of all-male groups should be required to be a qualified health professional. They reported using male health professionals (mostly nursing related) who were also experienced fathers to facilitate discussions in their model at the St. George Hospital in New South Wales, Australia. However, this situation was more a matter of convenience than an identified requirement, because the authors experienced difficulty in finding men willing to facilitate discussion groups for expectant fathers from outside the health-service arena. Symon and Lee (2003) identified similar difficulties with recruitment in their Scottish study.

The ability to effectively facilitate discussion is a skill required of educators (Biasella, 1993; Dumas, 2002; Ho & Holroyd, 2002; International Childbirth Education Association, 2003; Jimenez, 1993; Smith, 1999) and is underpinned by the capacity to connect with participants and communicate effectively. Brookfield (1990) outlined the merits of discussion to actively involve participants in the educational process. Several techniques for facilitating the discussion process have been identified and include active listening, provision of verbal and nonverbal cues, asking questions to clarify responses, the use of reflective statements, and remaining silent when appropriate (Farrell, Bushnell, & Haag-Heitman, 1998; Jimenez, 1993).

As a result of their study, Lee and Schmied (2001) proposed the following attributes for all-male discussion group facilitators: being male; being fathers themselves; being trained in group facilitation; and having knowledge about issues in antenatal education, perhaps even holding a specific qualification in this sphere of education. Symon and Lee (2003) emphasized that engaging the “right” facilitator for gender-specific groups is vital

and identified experience in group facilitation as an important attribute. The authors emphasized two important aspects that must be understood by potential facilitators: They must clearly acknowledge their sphere of activity and not work outside of it, and they must be prepared to facilitate groups of people they have not met before and who may also not know each other well.

Perhaps of overriding importance in considering the attributes to be sought in facilitators is the type of discussion model used, because different paradigms may require different qualities. A purely facilitative paradigm, for example, may be appropriate for discussions that are group- or participant-directed. In this case, the attributes required of the facilitator may be limited to being male and a father with proven group facilitation skills. Conversely, a discussion forum for the same target audience that operates within more of an antenatal educative model may be viewed as requiring a facilitator who has a health-related qualification.

RECRUITING MALE FACILITATORS: AN EXAMPLE

During 2003, a recruitment process was undertaken at Central Coast Health (CCH) in New South Wales, Australia, to attract applicants for the role of facilitator in the program titled “ ‘Father-Time’: Welcome to the Rest of Your Life.” The program incorporates a semistructured, all-male discussion forum to impart knowledge to expectant fathers about aspects of antenatal health and transition to parenting, in combination with exploring more general issues that may be of concern to participants. The program, including a brief introduction to the 2003 recruitment process, was described by Friedewald and Newing (2006). The following provides a more detailed overview of the recruitment strategy.

The *male educator* positions were advertised internal and external to CCH. The criteria listed for *male* applicants were: experience in the facilitation of small groups (6–12 participants); an understanding of health services and other resources available to new parents; excellent communication and organizational skills; ability to work autonomously and as a team member; and a heightened awareness of issues that new fathers face in contemporary society. A “formal” qualification (of any type) was not listed as an essential criterion, nor was there a requirement for prospective applicants to be a father. Although the need for male facilitators to

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be a father has been suggested (Forrest, 2003, cited by Burgess & Beardshaw, 2005), it was thought that few, if any, men would respond to such an advertisement unless they were fathers themselves.

The advertisement announced a level of remuneration under the appropriate industrial award. It was considered absolutely necessary that applicants be aware that the advertisement related to an employed position and not a voluntary service, so as to demonstrate recognition of the commitment required and validate the importance of the role. Symon and Lee (2003) found that, even with financial inducement, it was difficult to attract applicants.

Initially, 29 phone inquiries were received. Of these, 12 responses were internal to CCH (all but one applicant held a health qualification). The other 17 were members of the wider community (of these, only 4 held a health-related qualification). Although those making inquiries were not asked to disclose whether or not they were fathers, most did.

In total, 15 candidates eventually submitted formal applications, and of these, 7 were deemed to have met the criteria requested and were offered the opportunity to interview. Three applicants were existing CCH employees, and the other 4 were employed externally. Questions for applicants were crafted with a view to determining their understanding for the need to create an atmosphere of openness, trust, and confidentiality when working with participants they had not met before.

All of the applicants who were interviewed satisfied the selection committee requirements and were employed on a "sessional" basis. Collectively, the new employees represented a diverse range of backgrounds: 2 had previously been employed as social workers, 1 was a mental-health nurse, 1 a dietician, 1 a chef/masseuse, 1 a teacher, and 1 a psychologist (newly graduated). The latter employee was a younger man in comparison to others in the group and was the only one who was not a father. His selection was made with a view to facilitating sessions within antenatal programs for adolescents. However, following recruitment and training, this applicant found permanent work that required a geographical relocation. This left 6 facilitators from the recruitment process, ranging in age from 33 to 51 years old, all of whom were fathers. In addition to the existing 4 male educators (including the author) who had become involved at various stages during the previous 5 years of the program, the recruitment of the new employees brought the number of

male educators for the purpose of facilitating the described discussion forums to a total of 10.

Symon and Lee (2003) highlighted the need for adequate preparation of facilitators. Following recruitment and induction to the organization, specific preparation for the new employees at CCH was planned in two phases. First, each participated as a group member in an actual discussion forum so as to observe the semistructured program firsthand. Second, two evenings of training were scheduled, at which attendance was required before candidates could independently facilitate a group.

To date, the 6 new employees mentioned remain involved, and each appears to have made a successful transition to the facilitation role, evidenced by the ongoing trend of positive evaluations made by male participants in the forums. A full review of the male educators' perspectives on their facilitation role is currently being prepared as a qualitative study.

CONCLUSION

The level of response from the wider male community on the Central Coast, New South Wales, to be involved in promoting the important role of fatherhood among expectant fathers was strong and in contrast to previous reports (see Lee & Schmied, 2001; Symon & Lee, 2003). This suggests that there may be a greater level of interest in this type of involvement among men from the general population in various demographics and cultures than may be anticipated. However, it might be necessary to broaden the list of desired attributes and reflect this in a carefully worded advertisement.

Although the need for facilitators of all-male discussion groups to possess a health-related qualification has not been borne out by the CCH experience, it is clear that recruitment is not the only issue that needs to be considered. The recruitment process must be scaffolded by adequate training of successful applicants for the facilitation role. This training needs to be combined with access to appropriate professional support within the organization and opportunities for ongoing education. Following these guidelines will maximize the potential for a cohesive approach to be attained in the overall antenatal education program.

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