An Evaluation of Male Partners' Perceptions of Antenatal Classes in a National Health Service Hospital: Implications for Service Provision in London

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ABSTRACT

Few studies have considered whether the gender of educator or same-gender classes have any influence on the participation of male partners, and even fewer studies have examined any factors that limit attendance from ethnic minority groups. The objective of this study was to investigate male partners' initial experience and associated factors that limit attendance. Data were collected by means of a questionnaire given to 69 male partners in North London. In total, 49 male partners preferred to attend the same class with their partners even if all male forums were offered. The gender of the educator had no influence on their participation. Comments from 23 participants from three different ethnic minority groups indicated that they preferred to have a separate class from their partners.

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The United Nations (UN) Millennium Development Goals (MDG) to improve maternal health and reduce mortality by the year 2015 remains the greatest challenge (UN, 2000). The commitment to protect pregnant women from domestic violence by the involvement of men in maternal and wider reproductive health is another important challenge (UN, 2000).

The role of fathers during pregnancy and childbirth involvement has changed substantially over the years, and discussion about fatherhood has grown internationally (Dermott, 2008; Plantin, 2007). Antenatal

classes have been identified as an avenue to educate male partners about their support role with aims to improve maternal health and well-being of mother and the unborn child during pregnancy and childbirth (Erlandsson & Haggstrom-Nordin, 2010; Fletcher, Silberberg, & Galloway, 2004; Hildingsson & Sandin-Bojo, 2011; Johansson, 2012).

Research findings reported in Bergstrom, Kieler, and Waldenstrom (2009); Erlandsson and Lindgren (2009); Johansson et al. (2010); and Kingdon et al. (2009) highlighted that support from a partner or

from midwives during labor is conducive to a more positive experience of childbirth, shorter duration of labor, less use of pain medication, and a positive attitude toward growing into motherhood. The findings in the studies by Duong, Binns, and Lee (2004); Hatem, Sandall, Devane, Soltani, and Gates (2008); Symon and Lee (2003); and Tohotoa et al. (2009) reported that fathers' participation in the birth process can have a positive influence on breastfeeding. It can make them invaluable during the birth process and have a positive influence on mother and the unborn child, which can facilitate bonding between father and baby (Callister, 1995; Johansson et al., 2010).

Historically, men were actively barred from entering the delivery/labor suite during childbirth because this was considered the responsibility of women alone. In countries such as South Africa, men generally do not accompany their partners to family planning, antenatal, or postnatal care services because men were not expected to attend the birth of their child because it was considered women's affair (Buor & Bream, 2004; Mullick, Kunene, & Wanjiru, 2005; Nanjala & Wamalwa 2012). The man's sole responsibility in the process of childbirth was considered to be a supportive role linked to transportation of the expectant mother to hospital at the time of birth (Greening, 2006; Mekonnen & Mekonnen 2003). The World Bank (2010) examined results from research studies in the developing countries such as Nepal, India, Vietnam, El Salvador, and China and have highlighted that in rural areas, the lack of education, restricted access to information on childbirth, poor sanitation, poverty, cultural factors, geographic barriers, and lack of adequate health-care facilities are all barriers to prenatal care (Carter & Speizer, 2005; Graner, Mogren, Duong Le, Krantz, & Klingberg-Allvin, 2010; Mavalankar, Singh, Patel, Desai, & Singh, 2009; Mullany, Becker, & Hindin, 2007; Yanqiu, Ronsmans, & Lin, 2009). It was also observed that some men, because of their upbringing or as a result of negative attitudes and cultural practices, might feel uncomfortable discussing issues surrounding pregnancy and childbirth (Ny, Plantin, Dejin-Karlsson, & Dykes, 2008). A high percentage of male partners indicated that they would be ridiculed by their peers and relatives if they were seen participating in pregnancy and childbirth issues (Carter & Speizer, 2005; Nanjala & Wamalwa, 2012).

A large body of evidence suggests that the use of antenatal education classes offers a unique opportunity for fathers from different ethnic groups to express

their fears, uncertainty, and also prepare for birth and fatherhood so as to make adjustment to the new role (Bartlett, 2004; Erlandsson & Haggstrom-Nordin, 2010; Erlandsson & Lindgren, 2009; Greening, 2006). It is important for health professional to address the mental health needs of men in antenatal classes.

Research into fathers' experiences of attending antenatal classes has received less attention compared to maternal experiences because fathers have been described as having a secondary role (Hildingsson & Radestad, 2005; Premberg & Lundgren, 2006). Erlandsson and Haggstrom-Nordin (2010) identified that childbirth educators might facilitate in their efforts to integrate fathers into parental education. Johansson et al. (2010) suggested it is essential for health professionals to better engage fathers through involvement and support to enhance a positive birth experience.

Much of the literature is written about fathers' birth experiences and supporting role to their partners, fathers' attitudes toward labor and birth, and involvement in antenatal education. According to our knowledge, most antenatal educators in the hospital environment are midwives (usually women), and the suggestion has been to use male educators because this might facilitate the participation of male partners and improve attendance (Mavalankar et al., 2009; Symon & Lee, 2003). In Australia, one study (Friedewald, Fletcher, & Fairbairn, 2005) that examined gender-specific programs by a same-gender facilitator showed that the unique opportunity to talk about their feelings and emotions with other expectant fathers was the most important aspect of the entire program. However, Mullany, Lakhey, Shrestha, Hindin, and Becker (2009) indicated otherwise as it showed that male partners prefer to attend the same classes with their partners because they feel more supportive when in the same class with their partners.

The objective of this study was to investigate any contradictory factors regarding whether the gender of the educator or a same-gender forum may influence the participation of men and involvement during childbirth and to identify possible associated factors that limit attendance in antenatal classes from ethnic minority groups.

METHOD

This study used a mixed methods design comprising both qualitative and quantitative measures. The qualitative responses from open-ended questions

inviting comments allowing issues that might not been considered in the quantitative closed questions were used to add richness to the data in providing a more comprehensive analysis (Creswell, 2009; Morgan, 1998). The questionnaire aims of capturing responses on participants' opinions on antenatal classes, barriers of attendance, preference of educator, and same-gender forum. Inclusion criteria included all men residing in North London whose partners were registered in the antenatal clinic. Nonresidents and male partners who could not speak or understand English were excluded.

Study Participants

A convenience sample consisting of first-time and experienced fathers from mixed socioeconomic backgrounds and fathers older than the age of 15 years were recruited. There were 80 women registered to attend antenatal classes with their partners, and eight classes were randomly allocated according to their demographic locations and one class for teenagers alone. The United Kingdom consists of individuals from many different ethnic origins and cultural backgrounds. London, being a culturally diverse city, served as an important factor to conduct this study because culture has a bearing on decision making regarding pregnancy and childbirth. The service providers are community midwives and maternity services that deliver the antenatal programs. The programs vary from two to six sessions delivered by midwives and conducted at the end of the day.

Procedure

Ethical approval was obtained from the local ethics board. The questionnaire was piloted on five fathers-to-be with minor adjustment to the words used. The piloted questionnaire was not included in this analysis. All participants were provided with both written and oral information and gave their signed informed consent. The questionnaires were distributed at the end of the last session and all the questionnaires were returned anonymously.

Data Analysis

The information collected was represented using simple descriptive statistics and was analyzed by determining the frequencies based on the variables of age, ethnicity, educational level, employment status of the respondents, and cross-referencing them with responses obtained (Bryman 2004). The data was analyzed using the Statistical Package for the Social Sciences (SPSS) software version 15 (Babbie, Halley, & Zaino, 2003).

RESULTS

Sixty-nine out of 80 men registered to attend antenatal classes and the results were analyzed. The characteristics for the participants were collated from the questionnaire. The sample participants were between the ages of 20 and 60 years and not younger than the age of 19 years, with five participants between the ages of 51 and 60 years. Most participants were between the ages of 31 and 40 years (Figure 1).

Figure 1. Age distribution of respondents.

TABLE 1
Ethnic Distribution of Participants

	<i>f</i>	Percentage	Valid Percentage	Cumulative Percentage
White	36	52.2	52.2	52.2
Mixed	10	14.5	14.5	66.7
Black	14	20.3	20.3	87.0
Asian	7	10.1	10.1	97.1
Chinese	2	2.9	2.9	100.0
Total	69	100.0	100.0	

Most of the participants in this study had a high level of education. Forty participants had full-time employment, 15 were doing part-time work, and 11 were unemployed, with 3 participants stated that they have retired or are disabled.

The ethnic origins were based on the five major ethnic groups present in the United Kingdom and a separate group for the participants whose ethnic group was not listed. In the sample, 36 of the participants were White, which represented 52.2% of the total number of participants, thereby constituting the largest group. The other respondents were distributed between Mixed, Black, Asian, and Chinese with percentages of 14.5%, 20.3%, 10.1%, and 2.9% respectively. Two Chinese participants formed the smallest group (Table 1).

The data also showed that the class had a mixture of both first-time and returning fathers, and although first-time fathers had a majority, the percentage of returning fathers could give a different bearing on aspects of the class based on previous experience.

Attendance

When asked if they wanted to attend the classes initially, which was coded as voluntary attendance, 49 respondents (about 73%) said they wanted to attend the classes, and 18 of them constituted about 27% indicated that they did not, whereas two of the participants did not respond to this question. It can therefore be inferred that most of the respondents wanted to attend voluntarily with the majority fall within the age group of 31–40 years.

In the question on choice of attendance at birth, 58 (85.3%) said they would want to attend the birth, whereas 10 (14.7%) indicated otherwise with one missing data. The importance of identifying choice of attendance at birth is to identify how enthusiastic fathers-to-be or male partners are taking part during pregnancy and adopting their support role during childbirth.

About 88% ($n = 60$) of the participants have indicated that attendance at the antenatal class made them more confident about the impending birth, and about 12% ($n = 8$) stated they were not confident after attending the class as indicated in the option they picked. When asked whether the knowledge acquired was relevant, 78.3% ($n = 54$) of the respondents answered that it was, whereas the remaining 21.7% ($n = 15$) said it was not. This shows that attendance at antenatal class helps to enhance knowledge about pregnancy and prepared fathers for the impending childbirth.

Relationship Between Age and Information on Childbirth

The data show a relationship between the age distribution and sources of the highest percentage of respondents, those 31–40 years old, obtained information about antenatal classes primarily from family or friends.

Educational Level and Employment Status

Data analysis on educational level of the participants and their employment status were analyzed to establish whether the employment status of the respondent related to their educational level and whether these factors had any influence on their attendance. Results indicated that education status had no influence on the participants' attendance. Participants who worked either full or part time may have found it difficult to attend the antenatal classes; and even when they did, it may have been the result of sacrificing a part of their job.

SAME-GENDER CLASS

Participants were queried about their level of participation when attending the same antenatal class with their partners. The results showed that 55 out of 69 male partners preferred to attend the class with their partners with 52.2% White, 14.5% mixed, 20.3% Black, 10.1% Asian, and 2.9% Chinese. The data analysis showed that most of the White respondents (88.9%; $n = 32$), 90% ($n = 9$) of mixed, 64% ($n = 9$) of Black, and 71% ($n = 5$) of Asian indicated that attending the same antenatal class with their partners encouraged their participation. However, the comments collated from the questionnaire indicated a small number ($n = 23$) of participants from three different ethnic minority groups (Black, Asian, and Chinese) would prefer to have a separate class from their partners.

Figure 2. Educational level and gender of the educator.

GENDER OF THE EDUCATOR

The participants were asked to consider preference of the same gender of the educator as a factor that promoted participation in antenatal classes because historically, antenatal education was associated with motherhood and women had the main responsibility for the children.

The data surprisingly demonstrated that male partners with either higher education or even lower level education have no preference for a male educator and would not want an all-male forum (Figure 2).

DISCUSSION

This study reveals that most of the male partners felt positive about their participation in antenatal classes and wish to be in the same class as their partners. This positive experience maybe relates to better engagement and interactive discussion with the childbirth educators.

The Perceptions of Antenatal Class

The findings of positive experience of the male partners' presence at childbirth and support to

their partners in this study is similar to the findings of Fletcher et al. (2004) as antenatal education has been shown to help fathers to shape their transition to fatherhood. (Erlandsson & Haggstrom-Nordin, 2010). In contrast to this study, Johansson et al. (2012) in a large sample study of 827 fathers found that one-fourth of the fathers found it unpleasant to attend the childbirth and this was associated with dissatisfaction with the partners' medical care.

Antenatal classes offer a unique opportunity for first-time and experienced fathers to express their feelings and the emotions of becoming a parent, which featured in the studies of Fletcher et al. (2004) and Erlandson and Lindgren (2009). The antenatal classes in this study help to prepare male partners for their partners' birth and make adjustment to the new role and promoting family health and well-being for parents, which has been noted by Friedewald et al. (2005) and is similar to the findings of Mullany et al. (2009). Fathers' involvement in parenthood can benefit their own physical and mental health (Dermott, 2008; Plantin, 2007) and has been shown to have a potentially positive effect on their children's cognitive and social development and partners' health according to research by Johansson (2012); Ryan (2012); and Sarkadi, Kristiansson, Oberklaid, & Bremberg (2008).

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Teenagers Group

In this study, there were no teenagers who attended the antenatal classes, indicating that teenage male partners do not attend, perhaps because of the fear of responsibility and drastic changes in lifestyle which pregnancy brings to the relationship. Makenzius and Larsson's (2012) research study concluded that early sexual intercourse at the age of 15 years or younger is an indicator for a hazardous lifestyle and problematic life situation. Moreover, the role and needs of young men concerning sexual and reproductive health are often neglected, and increased focus for both boys and girls might have a positive effect (Ekstrand, Tyden, Darj & Larsson, 2007; Makenzius, Gillander-Gadin, Tyden, Romild, & Larsson, 2009; Makenzius & Larsson, 2012). This study finding illustrates the challenge for childbirth educators to promote and encourage teenagers to attend.

Ethnic Minorities Group

The low attendance from ethnic minorities could suggest that they did not want to attend antenatal class. Mullick et al. (2005) suggested that men feel that antenatal classes are for women only and men should not participate. The barring of male partners from attending childbirth in some cultures, especially for those of Black origin, could also be recognized as a factor discouraging attendance in these classes (Buor & Bream 2004, Carter & Speizer 2005; Nanjala & Wamalwa, 2012). The results of this study inferred that a small number of Black ethnic origin male partners who preferred a separate class from their partners may have cultural and religious beliefs that hinder them from full participation in the classes, but this was not a good representation. Furthermore, the study by Ny et al. (2008) suggested that some foreign-born fathers may prefer to have classes in their own native language. This study only addressed the need of fathers-to-be regarding their transition to fatherhood.

Education and Employment

The employment status and educational level that could strongly influence male partners' preparedness for pregnancy or childbirth indicates their level of openness and their ability to respond during the class. The classes were conducted in English; and so with the level of educational attainment of the respondents, language and communication were not a barrier to participation. The sample in this study suggested that the interactive sessions as compared to the didactic

Interactive sessions as compared to the didactic form of communication increased involvement. This contributed to a high percentage of agreement in support from the antenatal classes.

form of communication increased involvement. This contributed to a high percentage of agreement in support from the antenatal classes. Moreover, taking part in interactive discussion has been identified as an advantage for parents during pregnancy and childbirth and is appreciated as a source of social support (Kouri, Turunen, Tossavainen, & Saarikoski, 2006; Plantin & Daneback, 2009). Johansson (2012) suggested that expectant fathers often perceive professionals as credible and they engage fathers in communication and the fathers feel more involved and satisfied with the advice given.

Information on Childbirth

The quantitative evaluations provided evidence that showed that most participants between the ages of 31 and 40 years obtained information about pregnancy and childbirth from both family and friends or books and websites. This group has the higher level of education in this study sample. Moreover, many male partners, especially those who are highly educated, believed that any information obtained from a health practitioner about childbirth could also be easily accessible from books and websites (Johansson, 2012; Larsson, 2009; Plantin & Daneback, 2009). Furthermore, it is observed that fathers who received practical information about pregnancy and childbirth from friends and colleagues with the same experiences as themselves would be in a better position to educate themselves (Danerek & Dykes 2008; Deave and Johnson 2008; Fletcher et al., 2004).

Same-Gender Forum

There is no evidence from studies in the United Kingdom to support the preference for the same-gender class; but in Australia, Friedewald et al. (2005) indicated that antenatal classes were positively appreciated. Moreover, in this study, male partners attending classes were there to support their partners and they would be there throughout the class with their partners. In addition, attending classes with other men could make some of the male partners, especially first time fathers intimidated by more experienced fathers (Johansson, 2012).

In this study, it was strongly agreed upon by all male participants that an all-male forum does not guarantee

a relaxed discussion, and it is more dependent on the facilitator be it male or female. It was not the gender of the educator that mattered to the participants, but rather, how well the educator coordinated the discussion within the group and facilitated the participation of male partners. This study therefore contradicts the study by Friedewald et al (2005) that indicated an all-male forum is a way of facilitating the role of the father as a participant in the childbirth process.

Methodological Considerations

Generalizations refer to which findings can be applied to other groups or settings. Important factors for being able to generalize are study designs strong in reliability and validity and a representative selection of participants (Polit & Beck, 2011). The main issue of this study was carried out among a representative selection of participants in time and location in an area of London, which restricts its generalization to other groups and settings in other parts of London and other regions in England. This study may differ from a perfect experiment such as randomized control trial or longitudinal study, and because a lack of follow-up may lead to underrepresentation, the study may not be representative. This is the authors' decision to use the questionnaire method because of practical, economic reasons, and limited time frame for the study (Silverman, 2010).

Construct Validity

This study questionnaire about the male partners' perception on all-male discussion forums has been used in questions from Friedewald et al., 2005 and new fathers' views of antenatal classes (Baxter, 2009; Fletcher et al., 2004).

However, the purpose was to study whether the gender of the educator or same-gender classes have any influence on male partners' participation, and any associated barriers that limit the attendance from ethnic minority groups. It is a limitation that no validated questions have been developed to the aforementioned perceptions. The questions used in this study were adapted from the previous studies, which enhanced the construct validity in this investigation (Polit & Beck, 2011).

Before the questionnaire was used for the study participants, its face validity was piloted on five fathers-to-be, and only minor adjustments were made based on their comments. This strategy strengthened the construct validity of this study questionnaire.

The strategy of mixed methods by collecting quantitative and qualitative data at the same time and within the same group of participants did produce a deeper understanding of the male partners' perceptions of antenatal classes (Creswell, 2009). The use of mixed methods did reveal the consistency between the answers of the closed- and open-ended questions, which enhanced the internal validity of the study (Creswell, 2009; Polit & Beck, 2011).

In this study, we argued that the degree of credibility is high because of well-organized and well-prepared antenatal classes' discussion. An advantage in this study was the reasonably high response rate of male partners ($n = 69$) who had actually returned the questionnaire. The anonymous questionnaire method made it possible to reach out more participants because they had more time to reflect when answering the questions and were not distracted by interviewer bias.

Limitations

One limitation of this study was the restriction of allowing only participants who were fluent in English language to be included. The actual number of the women's partners who could not speak English was not known because of lack of information in the medical records. Limitations included those male partners ($n = 11$) who did not want to participate and could not be further investigated because there was no record of information. Bias may have been introduced into this study because of missing data caused by system errors and thus lower the power in the statistical analysis, and this may undermine its validity and its ability to reveal the truth. When missing data exist in research study, the findings need to be interpreted with caution. Another limitation is, asking ethnic minority male partners' preferences may not completely explain the reasons behind their preferences because their preferences may change over time.

Further Research

More knowledge is needed to establish whether a separate class or same-gender forum for Black ethnic origin group would encourage attendance at antenatal classes. This area deserves further research, perhaps through more in-depth qualitative method.

Further longitudinal cohort studies are warranted to identify what practices comprise a high quality of maternity care and how to best support ethnic minority and teenage fathers' experiences of birth and postnatal care between different groups.

Clinical Implications

The results of this study suggest that health-care professionals providing antenatal care should promote and encourage fathers-to-be from ethnic minority and teenage groups to discuss their needs and preference regarding the mode of prenatal education during antenatal care. Health-care professionals need to be encouraged to update preferable web-based sites for parents-to-be on information for pregnancy and childbirth. In addition, health-care service should consider issues of equity, and resources to develop innovative approaches tailored toward the needs of different groups are needed.

CONCLUSION

This study contributes several perceptions of male partners before the birth of their child. A wish to attend the same antenatal classes with their partners is stressed. A few ethnic minority male partners who would prefer a separate class may have religious, cultural reasons, or negative practices that act as a barrier for attendance. Childbirth education promotes a positive birth experience for early parenthood and that of childbirth educators as health professionals.

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