

Experience of Fathers Who Participate During Their Wife's Childbirth: A Phenomenological Study

Pelin Başkurt^{1*}, Selda İldan Çalım¹

¹Department of Midwifery, Faculty of Health Sciences, Manisa Celal Bayar University, Manisa, Turkey;
pelin.baskurt@cbu.edu.tr (Corresponding Author)

Article Info:

Submitted:

09-05-2023

Revised:

15-06-2023

Accepted:

02-07-2023

DOI:

<https://doi.org/10.53713/nhsj.v3i4.265>



This work is licensed
under CC BY-SA License.

ABSTRACT

It is important to know the experience of fathers who provide support during childbirth in terms of improving the childbirth results. This study describes the experiences of fathers who participate during their wives's childbirth in Türkiye. The research design is qualitative and descriptive, based on a phenomenological approach. Research data were collected through online in-depth interviews between January and February 2021. The sample comprised 12 fathers, reached by criterion sampling. The two data collection tools were the Individual Identification Form and the Semi-Structured Interview Form. Content analysis of the research data was conducted using Maxqda. Four themes emerged to describe the father's birthing experiences: "prenatal preparation", "fathers' birthing support", "emotions experienced during the birthing", and "fathers' views of the birth". The fathers experienced many contrary emotions during the birth process. Fathers have a positive experience from participating during their partner's birthing process due to the midwife's support. Fathers who want to support their partners during birth should be informed about the importance of participating in prenatal courses.

Keywords: fathers; presence at birth; childbirth experience; support during childbirth

INTRODUCTION

Men perceive the birth of their first child as a transition to fatherhood and a challenging and life-changing event (Huusko et al., 2018; Ledenfors & Berterö, 2016; Vidaurreta et al., 2021). This period is also a unique process in which joy and happiness accompany the emotions experienced by fathers (Vidaurreta et al., 2021). Fathers were first allowed to participate in childbirth in Sweden in the 1960s (Johansson & Thies Lagergren, 2015) before it became more widely accepted and encouraged in Europe during the 1970s (Eggermont et al., 2017). Before the 1960s, healthcare service providers believed that the presence of fathers in the delivery room might disturb the mother, hinder medical support, and increase infection risks (Ledenfors & Berterö, 2016; Lindgren & Erlandsson, 2011). Under the influence of social progressive values in the 1960s, however, men wanted to participate in their partner's birthing process and share this experience with them (Ledenfors & Berterö, 2016). After the 1980s, men's interest in and expectation of participating during childbirth increased further (Johansson et al., 2012). Fathers in Türkiye began participating during childbirth later than in other countries primarily because women were not expected to have a companion present during birth due to socio-cultural factors (Karaçam & Karatepe, 2020) and health institution policies (Serçekuş Ak et al., 2018).

Childbirth is a significant life event for both parents, and fathers can play a crucial role in supporting their partner during labor and Birth (Hodnett et al. 2013; Bohren et al., 2017; Vidaurreta et al., 2021). The transition of fathers from the passive to the active role by supporting their spouses at birth is important for developing paternal identity (Morita, 2021). Fathers who participate in childbirth can have a positive impact on their partner's experience, and studies have shown that fathers' involvement in childbirth can lead to better maternal and neonatal outcomes (Hodnett et al. 2013; Bohren et al., 2017; Ngai & Lam, 2020; Morita, 2021). In Türkiye, fathers have traditionally been excluded from the birthing process, but recent initiatives have aimed to increase fathers' involvement in childbirth (Taşhan et al. 2018). The Mother-Friendly Hospital Program was started in 2011 before becoming widespread by 2015 in Türkiye. Thanks to this program, fathers began participating in childbirth to support their partners. Today, fathers participate in childbirth in some private hospitals and mother-friendly state hospitals (Serçekuş Ak et al., 2018).

Previous research has shown that fathers who receive prenatal education and support are more likely to participate in the birthing process (Premberg 2006; Alio et al., 2013; Morita, 2021). In Türkiye, prenatal education is becoming

increasingly available to both parents, which may lead to increased father participation during childbirth. However, there is a lack of research on the effectiveness of prenatal education in promoting father participation in Türkiye. This study is important because it can provide insights into the experiences of fathers who participate in childbirth in Türkiye and identify factors that may facilitate or hinder father involvement. By understanding these experiences, healthcare providers can better support fathers during childbirth and promote more active involvement in the birthing process.

The presence of fathers during childbirth has been found to have a positive impact on the birth experience and maternal and neonatal outcomes (Bohren et al., 2017; Hodnett et al., 2013; Xue et al., 2018). Fathers consider a birth successful if their wives is safe and his baby is born healthy (Etheridge & Slade, 2017). However, by participating in childbirth, fathers can strengthen their relationship with both their partner and their newborn baby (Johansson et al., 2012; Molina-Velásquez et al., 2018; Xue et al., 2018). Regarding the baby, fathers are most open to attachment to their children at birth (Vischer et al., 2020). Mothers who receive spousal support during the birth process have can cope much better with birth pains (Zhang & Lu, 2014) while fathers developed increased respect for their wives from participating during childbirth (Vischer et al., 2020).

The birthing experience is more positive if there is no intervention, the mother and newborn are healthy, and midwives support the fathers during the birth (Longworth & Kingdon, 2011). This positive birth experience strengthens the family bond and the father's communication with his partner (Zhang & Lu, 2014). In addition, a positive postpartum birth experience makes fathers more willing to care for their newborn baby and partner (Etheridge & Slade, 2017).

In Türkiye, the role of fathers in childbirth has traditionally been limited to providing financial and emotional support to their partners. Fathers are usually unwilling to participate in their wives's childbirth because of cultural and traditional beliefs. However, recent studies have shown that fathers who are involved in the birth process have a better understanding of the physical and emotional needs of their partners and are better able to provide support during and after birth (Ergin & Özdilek 2014; Taşhan & Duru, 2018). Despite the growing interest in the role of fathers in childbirth, there is limited research on their experiences in Türkiye. Understanding the experiences of fathers who provide support during childbirth is crucial for improving childbirth outcomes and providing appropriate support to families. Thus, it is important to describe fathers' birth experiences to identify their needs during the birth and provide necessary midwifery support. Accordingly, this study aims to determine the experiences of fathers who participate during their wives's childbirth in Türkiye.

METHOD

The Type of Research

This study is qualitative and descriptive research using the phenomenological approach. The phenomenological pattern aims to understand the phenomena that we know but cannot fully comprehend. This approach focuses on understanding the nature and meaning of phenomena, whether they are events or experiences (Çetinkaya & Özsoy, 2021; Sundler et al. 2019; Yıldırım & Şimşek, 2016). The researcher in this study collected and analyzed data unbiasedly, using the fundamental characteristic of the phenomenological approach to examine the participants' experiences deeply. The participants were allowed to describe their own experiences, and the researcher tried to understand these experiences without introducing their own biases. Researchers provided a suitable environment so that the interviewees could express themselves comfortably to reveal relevant experiences. This study conducted in-depth interviews with open-ended questions to allow fathers to describe their experiences while participating while their partner was giving birth.

Sample

Criterion sampling was used in the study (Yıldırım & Şimşek, 2016). This method targets individuals or situations based on a set of criteria. In phenomenological research, individuals or groups are targeted who have experienced and can reflect on the phenomenon under study. Thus, the present study sampled 12 fathers who had received antenatal training at İstanbul Birth Academy and were with their partners during her labor and birth. The universe was ended once the concepts and processes emerging from the interviews started to be repeated (Yıldırım & Şimşek, 2016). The sampling criteria as follows: volunteering, giving written consent, participating in their partner's childbirth, and having this experience within the last three years.

Data collection

Two data collection tools were used: the Individual Identification Form and Semi-Structured Interview Form. The former had five questions to elicit the fathers' socio-demographic characteristics (age, education, occupation, number of children, and age of children). The interview form was used to investigate their experiences of the birthing process. Before preparing the interview questions, qualitative and quantitative studies were reviewed by scanning the national and international literature. (Ledenfors & Berterö, 2016; Mbekenga et al., 2011; Johansson & Thies-Lagergren, 2015).

The semi-structured interview form included the following six open-ended questions (Table 1). Research data were collected online using Zoom application. The in-depth interviews were conducted with 12 fathers who met the research criteria. In-depth interviews enable effective communication and detailed exploration of the subject (Yıldırım & Şimşek, 2016). The participants were informed about the importance of conducting the online interview at the most convenient time for them and in an environment where they could express themselves comfortably.

Table 1. Interview Questions

| |
|--|
| 1. Before participating in this birth, how did you learn that you could participate in the birth? |
| 2. At what stage of the birth were you with your spouse and what did you do during this period? |
| 3. If you were to have the same experience again, what would you like to do? |
| 4. What are the differences between your previous experience as a father and this one? |
| 5. What do you think should be done before, during, and after birth to contribute positively to fathers' birth experiences? |
| 6. What is the role of midwives during labor and what are your expectations from midwives? Some of these questions also had sub-questions. |

After arranging the date and time of each meeting, the interviews were held. Before starting, the participants were given the following information to gain their confidence and make the interview more comfortable for them. Their name and surname would remain confidential; they could end the meeting at any point; they must read and sign the written consent form, and anything that they could not understand would be explained; they could stop the interview recording at any time.

The interview form was then used to ask the predetermined open-ended questions and sub-questions. The participants were thanked at the end. They were also informed that they would receive the audio and video recording or the interview transcript. The interviews took an average of 21 minutes (max: 41 minutes, min: 15 minutes).

Data Analysis

The data were then subjected to content analysis using the Maxqda program. The content analysis was carried out with the following steps. First, the audio and video recordings were transcribed verbatim using Microsoft Word. Second, the raw transcribed data were then checked by comparing them with the interview recordings. Third, the interview texts were analyzed and coded to identify the main themes. Finally, the data were checked by making sub-codes and coding under the main themes.

Ethical Considerations

The study was performed in accordance with the Declaration of Helsinki. Ethical approval was granted by Manisa University Faculty of Medicine Health Sciences Ethics Committee (Date: 30.12.2020 Number:5655). Ethical approval was granted by Manisa Celal Bayar University Faculty of Medicine Health Sciences Ethics Committee (No. 5655). All participants were asked for both written and verbal consent to ensure that participation in the interview was voluntary. Participants were informed that they could leave the study at any time and the interview material would always remain confidential.

RESULT

Table 2. Socio-demographic Characteristics of the Fathers

| Fathers | Age | Education | Profession/Job | Number of children | Children Age (months) |
|-----------|-----|-----------|--------------------------|--------------------|-----------------------|
| Father 1 | 39 | Graduate | Advertiser | 1 | 16 |
| Father 2 | 34 | Master | Engineer | 1 | 16 |
| Father 3 | 44 | Graduate | Manager | 1 | 20 |
| Father 4 | 38 | Graduate | Customs counselor | 2 | 18 |
| Father 5 | 37 | Graduate | Engineer | 1 | 5.5 |
| Father 6 | 38 | Graduate | English literature | 1 | 22 |
| Father 7 | 36 | Graduate | Logistics | 1 | 30 |
| Father 8 | 42 | Graduate | Information technologies | 1 | 2 |
| Father 9 | 42 | Master | Engineer | 1 | 2 |
| Father 10 | 34 | Master | Engineer | 1 | 28 |
| Father 11 | 38 | Graduate | Freelancer | 1 | 10 |
| Father 12 | 37 | Graduate | Teacher | 1 | 2.5 |

Table 3. Themes and Categories Extracted from Content Analysis

| Theme | Category |
|-----------------------------------|--|
| Prenatal preparation | <ol style="list-style-type: none"> 1. Purpose of attending the birth 2. Source of information about attending the birth 3. Birth preparation education |
| Birth support by fathers | <ol style="list-style-type: none"> 1. Psychological support 2. Physical support 3. Logistical support |
| Emotions experienced during birth | <ol style="list-style-type: none"> 1. Emotions experienced during labor process 2. Emotions experienced while cutting the cord 3. Emotions felt when meeting the baby |
| Fathers' views on the childbirth | <ol style="list-style-type: none"> 1. Birth process, 2. Fathers' definition of birth, 3. Fathers' views on being a "Dad", 4. Fathers' advice about participating in childbirth, 5. Opinions about midwife support at birth, 6. Opinions about participating in childbirth. |

Theme 1. Prenatal Preparation

"I need to be there" (F12, age 37, bachelor's degree)

The fathers first received professional training during prenatal preparation and did their own research to find a suitable health institution and reliable team for the birth. The fathers stated that they participated in the birth because they wanted to support their partners.

"I said I want to be with my wife at the birth, and my wife will definitely want me. I said I want to be with her no matter what." (F12, age37, bachelor's degree)

"We decided to have the child together; I have to be there at that moment. I need to be with her in that process. There was no process for me to question. From the beginning, I thought we were going to go into labor together." (F1, age39, bachelor's degree)

The fathers stated that they learned that they could participate in childbirth during the prenatal training and from their friends.

"It was said in the training, we were already prepared." (F1, age39, bachelor's degree)

"I think I learned from what I heard from the people around me and what my friends went through." (F9, age42, bachelor's degree)

The fathers stated that they received prenatal training in physical exercises, breathing exercises, and psychological preparation, and learned about what they might encounter during a normal birth process.

"Breathing exercises for my spouse, how fathers can help, more precisely, fathers should support breathing exercises." (F5, age37, bachelor's degree)

"Some physical exercises were also done. Some preparations were made." (F6, age38, bachelor's degree)

Theme 2. Fathers' Birth Support

"I was with you all the time. We will overcome it, and our child will be born; we can make it". (F3, age44, bachelor's)

The theme of support provided by fathers to their partners during the birth process had three sub-codes: psychological, physical, and logistical. Fathers stated that they mostly gave their partners psychological support.

"I held her hand" (F8, age42, bachelor's degree)

"If there is a decision that needs to be made logically, it is necessary to step in at that point." (F2, age34, master's degree)

"When that birth wave came, I held her hand and made her take a position. We talked a lot. I tried to keep her calm. I turned on music." (F10, age34, master's degree).

Theme 3. Emotions During Birth

"It's like a dream, actually." (F2, age34, master's degree)

The fathers experienced many contrary emotions simultaneously during the birth process, which falls under three sub-themes: the labor process, cutting the cord, and meeting the baby. The fathers stated that they experienced fear and anxiety about the health of their wives and babies during labor and felt out of control when faced with an unknown situation.

"When the pains increased, I panicked" (F3, age44, bachelor's degree)

"The moment of birth was a very positive process that I enjoyed very much." (F4, age38, bachelor's degree)

"There are a lot of emotions. Wonder." (F2, age34, master's degree)

Nine fathers who were able to cut the umbilical cord stated that they experienced excitement and happiness whereas the other three fathers stated that they were not excited or in a position to do so.

"It was something thicker than I thought. I felt like it would hurt. I said I can't cut it, but they put the scissors in my hand and I cut the cord." (F10, age34, master's degree)

"Enthusiastic, unbelievably enthusiastic. It was not the joy of happiness that I lived. Crying and laughing is something I rarely experience. I'm crying and laughing at the same time. You realize the reality of the matter in that moment." (F8, age42, bachelor's degree)

The fathers' first encounters with their baby and their feelings varied. For some, meeting their babies was the most beautiful moment of the process while some waited impatiently as their wives received pain relief or met the baby first.

"I will never forget the feeling when I hold, hug, kiss. It's really very different." (F12, age37, bachelor's degree)

"You feel weird the moment his head pops out." (F6, age38, bachelor's degree)

"My enthusiasm is unbelievable." (F8, age42, bachelor's degree)

Theme 4. Fathers' Views on Childbirth

"It's a superhuman act." (F5, age37, bachelor's degree)

The fathers described their experiences in the process, birth, and paternity and made recommendations for other fathers. These ideas fell under six sub-themes: Birth process, Fathers' definition of birth, Fathers' views on being a "Dad", Fathers' advice about participating in childbirth, Opinions about midwife support at birth, and Opinions about participating in childbirth.

Fathers stated that they encountered negative situations during the process, which depended on the labor, the baby, the mother, and the environment. Only one father stated that the experience was wholly positive.

"I mean, it actually affected me a little bit psychologically because the environment is really like a war environment. My wife is shaking because, I don't know, maybe from anesthesia, maybe from something else. It was a little traumatic there." (F1, age39, bachelor's degree)

"There was no problem; we gave birth two hours after entering; we did not have a negative process." (F11, age38, bachelor's degree)

Fathers often used expressions like "amazing" and "miracle" when describing the birth.

"Seems like something miraculous to me." (F9, age42, master's degree)

"Birth is a start." (F12, age37, bachelor's degree)

"It's like a journey." (F7, age36, bachelor's degree)

"It was a very special moment when I saw again how strong my wife was. It's a superhuman act." (F5, age37, bachelor's degree)

When defining what is like to become a father, some said that they did not understand this feeling at first. Others said that always felt like a father and that this was a great responsibility.

"It's like achieving something in life, frankly." (F7, age36, bachelor's degree)

"It's like he's always been there. Of course, they love unconditionally a great love indeed." (F10, age34, master's degree)

"You are a role model." (F11, age38, bachelor's degree)

"To be a child again for those who managed to remain children." (F10, age34, master's degree)

The fathers stated that prenatal training was important and necessary before attending the birth. In addition, preparing for postnatal care was also important.

"Get all the training in all aspects." (F1, age39, bachelor's degree)

"Fathers must first learn what birth is. That birth is not an operation. They have to digest it well." (F8, age42, bachelor's degree)

"The fathers' duty is not to be saviors. Never try to save the mother at birth. Your job is just to be there to share the moment. This is my advice to fathers." (F5, age37, bachelor's degree)

The presence of midwives at birth was the most important factor determining whether the fathers' experiences were positive or negative. They state that the presence of midwives gives confidence and reduces their anxiety. The support provided by midwives at birth is described as emotional, physical, and social support as a subcode.

"The most important figure is the midwife. I mean, as far as I see, a more important figure than the doctor because she is with her at every moment." (F9, age42, master's degree)

"It was very good for my confidence to have the doctor and midwife there." (F8, age42, bachelor's degree)

"The one [the midwife] who constantly controls everything, the baby and the mother." (F9, age42, master's degree)

"Midwives are an indispensable part of the birth." (F10, age34, master's degree)

When the fathers talked about their participation in childbirth with other men, they reported that the response was generally positive. However, some fathers received negative reactions or no reaction.

"Everyone was envious. Fathers said, I wish I had been with her." (F8, age42, bachelor's degree)

"Fathers-to-be who consider negatively the idea that the man participated in the birth and saw the mother in such a state, and that this will harm their future sex life, have a not very harsh but negative attitude." (F9, age42, master's degree)

DISCUSSION

Regarding prenatal preparation, previous studies show that fathers who attend prenatal courses and receive the necessary information about birth support become more willing to participate in the birth (Huusko et al., 2018; Molina-Velásquez et al., 2018). In contrast, fathers who do not receive such prenatal courses do not feel emotionally or mentally ready at birth. Previous studies show that fathers who want to support their wives but lack knowledge experience negative emotions, such as anxiety, worry, fear, and stress at birth (Johansson et al., 2012). In our study, the fathers who felt powerless and inadequate during the birth due to a lack of information stated that they could not support their wives enough.

All the fathers participating in our study had received prenatal courses. Consequently, they stated that they felt confident, comfortable, and strong during the birth process in normal situations and could therefore provide effective support to their partners. However, three fathers also stated that they did not know what to do in unexpected situations

that required intervention. This made them feel helpless and resulted in a negative birth experience. Regarding their emotions when faced with unexpected situations during the birth, three fathers felt disappointment and could not cope with their own fears. These findings indicate that, although these fathers had sufficient information about birth support in normal situations, they needed more training about what to do in risky or interventional situations.

The studies indicate that fathers believe they should be present for their partner and child, and that participating in the birth increased their well-being (Huusko et al., 2018; Johansson et al., 2012). Similarly, the fathers in our study wanted to participate in the birth to support their wives, viewed the birth as a special moment, and did not want to be excluded from the process. For some fathers, participating in to support the mother is equivalent to protecting her (Eggermont et al., 2017).

Physical support from the father is important during childbirth. Physically supportive fathers massage their partner, encourage breathing techniques for pain management, help them change positions, and encourage them to relax with water (Lindgren & Erlandsson, 2011; Johansson & Thies-Lagergren, 2015; Premberg et al., 2011). Premberg et al. (2011) reported that fathers massaged and hugged their wives at birth to comfort them while Johansson and Thies-Lagergren (2015) reported that fathers held their partner's hand to support them, gave back massages, and helped her change their position during labor. Lindgren and Erlandsson (2011) found that fathers became particularly sensitive to their partner's needs and provide basic support by being present during the birth, holding their hand, and talking and calming them. The fathers in our study stated that they supported their wives by meeting their needs and providing a relaxing environment by being present during birth, holding their hands, and encouraging breathing exercises.

The studies report that fathers experience many contrary emotions during the birth process (Premberg et al., 2011; Ledenfors & Berterö, 2016). Fathers who experience frequent mood swings feel particularly surprised and relieved at the birth (Vischer et al., 2020; Zhang and Lu, 2014). However, fathers also feel helpless due to uncertainties during the birth and worry about the safety of their partner and the baby (Eggermont et al., 2017). Likewise, the fathers who participated in our study reported helplessness, anger, stress, and anxiety when their wives experienced pain, and wanted the pain to end and the birth to take place. Nevertheless, they also reported having a good time with their partner during the birth process and found it a positive process.

During the birth, fathers may experience disappointment from unexpected situations and cannot cope with their own fears. Being a mere spectator makes them feel excluded unable to show strength, and causes fear and anxiety (Xue et al., 2018; Hildingsson et al., 2011). In our study, the fathers gave several reasons for a negative birth experience, including induced birth, cancellation of a planned water birth because of the risk, or an emergency cesarean section. In these cases, the change to the planned birth process made the fathers disappointed. Previous studies of fathers' birth experiences (Xue et al., 2018; Hildingsson et al., 2011) report the same results.

Fathers emphasize that midwives play an important role in childbirth (Eggermont et al., 2017; Johansson et al., 2012; Johansson & Thies-Lagergren, 2015). The longer that midwives are present in the delivery room, the greater the birth satisfaction of the fathers. Indeed, fathers have complete trust in the midwives (Ledenfors & Berterö, 2016; Lindgren and Erlandsson, 2011). In our study, the fathers also described the midwives as "indispensable" and the captains of the birth. They state that midwives support the mother during the birth in all ways necessary. The midwives' support during the birth enabled the fathers to have a positive birth experience.

CONCLUSION

The fathers who participated during the birth of their child had positive birth experiences. This depended significantly on receiving the prenatal courses. If fathers are informed beforehand about the birth process and how to support their partner, then their birth experience is more positive. While waiting for the birth, fathers experienced contrary emotions, such as anxiety, fear, stress, helplessness, and anger, as well as excitement, curiosity, and happiness. The fathers had a negative experience if the expected birthing process changed due to emergency cesarean section, induction, or abandoned water birth. The most important factor for a positive birth experience for fathers was the presence of the midwife.

Several recommendations can be made, based on these findings. First, fathers who want to support their partners during the birth should be informed about the importance of participating in prenatal courses. Second, this prenatal courses should inform fathers about the need for interventions in risky situations. Third, necessary midwife support should be provided to enable fathers to control their emotions during risky situations. In Türkiye specifically, fathers should be encouraged to join the prenatal courses to support their wives at birth. Midwives should guide pregnant women and their wives, and health institutions should develop a supportive approach to fathers' participation in childbirth.

ACKNOWLEDGMENTS

We would like to thank all the fathers who made this study possible by readily agreeing to share their intimate thoughts and feelings.

NOTE

This study was approved as Pelin Baskurt's midwifery master thesis by Manisa Celal Bayar University Health Sciences Institute in 2022.

REFERENCES

- Alio, A.P., Lewis, C.A., Scarborough, K., Harris, K., & Fiscella, K. (2013). A community perspective on the role of fathers during pregnancy: A qualitative study. *BMC Pregnancy Childbirth*, 13, 60. <https://doi.org/10.1186/1471-2393-13-60>.
- Bohren, M.A., Hofmeyr, G.J., Sakala, C., Fukuzawa, R.K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7. <https://doi.org/10.1002/14651858.CD003766.pub6>.
- Çetinkaya, A., & Özsoy, S.A. (2021). *Nursing Field: Examples From The Qualitative Research* (1st ed). Çukurova Nobel Medical Bookstore.
- Eggermont, K., Beeckman, D., Hecke, A.V., Delbaere, I., & Verhaeghe, S. (2017). Needs of fathers during labour and childbirth: A cross-sectional study. *Women and Birth*, 30(4), 188–197. <https://doi.org/10.1016/j.wombi.2016.12.001>.
- Ergin, A., & Ozdilek, R. (2014). The Changing Role of Fatherhood and Its Effects on Men's Health. *Journal of Education and Research in Nursing*, 11(1), 3-9. <https://link.gale.com/apps/doc/A419764067/HRCA?u=anon~22ea6b9&sid=googleScholar&xid=6cb67cf8>
- Etheridge, J., & Slade, P. (2017). "Nothing's actually happened to me.": The experiences of fathers who found childbirth traumatic. *BMC Pregnancy and Childbirth*, 17,80. <https://doi.org/10.1186/s12884-017-1259-y>.
- Hildingsson, I., Cederlöf, L., & Widen, S. (2011). Fathers' birth experience in relation to midwifery care. *Women and Birth*, 24(3), 129–136. <https://doi.org/10.1016/j.wombi.2010.12.003>.
- Hodnett, E.D., Gates, S., Hofmeyr, G.J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7. <https://doi.org/10.1002/14651858.CD003766.pub5>.
- Huusko, L., Sjöberg, S., Ekström, A., Wahn, E.H., & Thorstensson, S. (2018). First-Time fathers' experience of support from midwives in maternity clinics: An interview study. *Nursing Research and Practice*, 7. <https://doi.org/10.1155/2018/9618036>.
- Johansson, M., & Thies-Lagergren, L. (2015). Swedish fathers' experiences of childbirth in relation to maternal birth position: A mixed method study. *Women and Birth*, 28(4), 140–147. <https://doi.org/10.1016/j.wombi.2015.06.001>.
- Johansson, M., Rubertsson, C., Radestad, I., & Hildingsson I. (2012). Childbirth - An emotionally demanding experience for fathers. *Sexual and Reproductive Healthcare*, 3(1), 11–20. <https://doi.org/10.1016/j.srhc.2011.12.003>.
- Karaçam, Z., & Karatepe, E. (2020). The opinions and needs of the fathers on participating to labour. *Manisa Celal Bayar University Journal of Institute of Health Science*, 7(3), 360- 366. <https://doi.org/10.34087/cbusbed.70056.1>
- Ledenfors, A., & Berterö, C. (2016). First-Time fathers' experiences of normal childbirth. *Midwifery*, 40, 26–31. <https://doi.org/10.1016/j.midw.2016.05.013>.
- Lindgren, H., & Erlandsson, K. (2011). She leads, he follows - fathers' experiences of a planned home birth: A swedish interview study. *Sexual and Reproductive Healthcare*, 2(2), 65–70. <https://doi.org/10.1016/j.srhc.2010.12.002>.
- Mbekenga, C.K., Lugina, H.I., Christensson, K., & Olsson, P. (2011). Postpartum experiences of first-time fathers in atanzanian suburb: A qualitative interview study. *Midwifery*, 27(2), 174–180. <https://doi.org/10.1016/j.midw.2009.03.002>.
- Morita, A. (2021). Prenatal intervention program for Japanese first-time fathers to adapt to the paternal role: A mixed methods study. *Nursing and Health Sciences*, 24, 183-194. <https://doi.org/10.1111/nhs.12914>
- Molina-Velasquez, L., Belizan, J.M., Perez-Villalobos, C., & Contreras-Garcia, Y. (2018). Fathers for the first time: Validation of a questionnaire to assess father experiences of first childbirth in Latin America. *Midwifery*, 67, 32–38. <https://doi.org/10.1016/j.midw.2018.09.002>.
- Ngai, F.W., & Lam, W. (2020). The experience of first-time Hong Kong Chinese fatherhood: A qualitative exploratory study. *Nursing and Health Sciences*, 22, 723–731. <https://doi.org/10.1111/nhs.12719>.
- Premberg, A., Carlsson, G., Hellström, A., & Berg, M. (2011). First-Time fathers' experiences of childbirth- A phenomenological study. *Midwifery*, 27(6), 848–853. <https://doi.org/10.1016/j.midw.2010.09.002>.
- Premberg, A., & Lundgren, I. (2006). Fathers' experiences of childbirth education. *Journal of Perinatal Education*, 15(4), 21-28. <https://doi.org/10.1624/105812406X107780>.
- Serçekuş, Ak, P., Vardar, O., & Özkan, S. (2018). Why is it important for Türkiye widespread of the mother friendly hospitals? *Necmettin Erbakan University Journal of Faculty of Health Science*, 1(1), 25-29.
- Sundler, A.J., Lindberg, E., Nilsson, C., & Palmer, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, 6, 733–739. <https://doi.org/10.1002/nop2.275>.

- Taşhan, S.T., & Duru, Y. (2018). Views on spousal support during delivery: A Türkiye experience. *BMC Pregnancy and Childbirth*, 18. <https://doi.org/10.1186/s12884-018-1779-0>.
- Vidaurreta, M., Lopez-Dicastillo, O., Serrano-Monzo, I., Belinton, M., Bermejo-Martins, E., & Mujika, A. (2021). Placing myself in a new normalized life: The process of becoming a first-time father. A grounded theory study. *Nursing and Health Sciences*, 24, 152-162. <https://doi.org/10.1111/nhs.12906>.
- Vischer, L.C., Heun, X., Steetskamp, J., Hasenburg, A., & Scala, C. (2020). Birth experience from the perspective of the fathers. *Archives of Gynecology and Obstetrics*, 302, 1297–1303. <https://doi.org/10.1007/s00404-020-05714-z>.
- Xue, W.L., He, H., Chua, Y.J., Wang, W., & Shorey, S. (2018). Factors influencing first-time fathers' involvement in their wives' pregnancy and childbirth: A correlational study. *Midwifery*, 62, 20–28. <https://doi.org/10.1016/j.midw.2018.03.002>.
- Yıldırım, A., & Şimşek, H. (2016). *Qualitative Research Methods in the Social Sciences* (10th ed). Seçkin Publishing.
- Zhang, X., & Lu, H. (2014). Childbirth expectations and correlates at the final stage of pregnancy in Chinese expectant parents. *International Journal of Nursing Sciences*, 1(2), 151–156. <https://doi.org/10.1016/j.ijnss.2014.05.019>.