

THE FATHERING EXPERIENCE OF THE TRANSITION INTO PARENTHOOD
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ABSTRACT

The Fathering Experience of the Transition Into Parenthood

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Men who become fathers undergo a transitional period during which they adjust to their new role as the caregiver of a child, a time that is usually viewed as a major life transition (Lamb, 2010). Much of the published literature focuses on fathers with identified issues (e.g., divorced fathers); therefore, there is a need for research that looks at the experiences of more typical fathers in the current Canadian context. To understand how fathers experience this transition, a series of focus groups were conducted with first-time fathers across the Peel Region of Ontario, Canada. Analysis of the focus group transcripts using an interpretative phenomenology framework identified four overarching metathemes: intrapersonal experiences, extrapersonal experiences, father's role, and supports. Practical implications, theoretical implications, and limitations are discussed.

Keywords: Fathering, Transition into Parenthood, First-Time Fathers, Fathering Experience

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Chapter 1: Introduction

The birth of a child is not only an occasion to celebrate, but also a stressful time as the transition to parenthood is known to be challenging for both men and women (Cutrona, 1983). While there has been considerable research concerning the transition into parenthood from the prenatal period to the end of the first year of an infant's life, most of this research has focused on the maternal transition (Lamb, 2010; Nyström & Öhrling, 2004). This maternal-centric focus in the literature has led to the extensive exploration of 'new motherhood' from various perspectives. These perspectives include topics such as: prenatal factors impacting the outcome of pregnancy, the effects of labour and delivery experiences on maternal mental health and well-being, postnatal challenges such as maternal depression, and the impact of social factors such as single parenthood on the transition to motherhood (Nyström & Öhrling, 2004). In contrast, the experience of becoming a parent for men has received much less attention in research, potentially meaning that many of the experiences of fathers during the transition to parenthood have not been empirically identified (Goldberg, Tan & Thorsen, 2009).

The literature that does exist on transitioning to fatherhood tends to be highly focused on those who are experiencing a specific problem or concern, such as parenting a medically fragile child, living in poverty, divorced fathers with (or without) custody of their child, or those who are fathers at very young (e.g., teenagers) and/or part of an "at risk" group (Ball & Daly, 2012). Very little of the research on fathering explores new parenthood from the perspective of fathers who have not been targeted owing to a specific circumstance that impacts their experience during this transition. The tendency

to explore parenting from a 'crisis' lens is also often true of the mothering research. As a result, much of the published research on fathering is limited as it may mistakenly present perspectives of men's transition into parenthood that are more related to the social and emotional challenges they have encountered, rather than the experience of fatherhood *per se*.

A review of fathering literature reflects that much of the published research has been on particular subgroups of fathers. These fathers are often of interest because they are members of a marginalized or disadvantaged group, or because they are undergoing an acknowledged life crisis. Typical groups of fathers frequently targeted for study include:

- Ethnic minority fathers (Ball, 2009, 2010; Ball & Daly, 2012; Chuang & Su, 2009; Este & Tachble, 2009a; Este & Tachble, 2009b; Roer-Strier, Strier, Este, Shimoni, & Clark, 2005; Sloand, Gebrian, & Astone, 2012; Waters, 2010)
- Fathers who do not reside with their children (Ball & Daly, 2012; Hallman, Dienhart, & Beaton, 2007; Jenkins, 2009; Trinder, 2008; Troilo & Coleman, 2012)
- Teenage or young fathers (Ball & Daly, 2012; Deslauriers, Devault, Groulx, & Sévigny, 2012; Devault et al., 2008; Paschal, Lewis-Moss, & Hsiao, 2011; Tyrer, Chase, Warwick, & Aggleton, 2005)
- Fathers of children who require exceptional care, due to a medical or health issue (Ball & Daly, 2012; Jones, Pelletier, Decker, Barczyk, & Dungan, 2010; Jones & Neil-Urban, 2003; Kayfitz, Gragg, & Orr, 2010; McNeill, 2004; Neil-Urban &

Jones, 2002; Pelchat, Lefebvre, & Perreault, 2003; Pelchat, Levert, & Bourgeois-Guérin, 2009; Tsimicalis et al., 2012; Waite-Jones & Madill, 2008)

- Primary caregiving fathers (Ball & Daly, 2012; Colombo, 2008; Doucet & Merla, 2007; Doucet, 2001, 2004, 2006, Latshaw, 2011; McKay & Doucet, 2010; Rochlen, Suizzo, McKelley, & Scaringi, 2008)

The second major limitation of fathering research is that many studies on fathering explore psychological issues and constructs that have been a focus in mothering research (e.g., depression, anxiety). For example, in his anthology "*Father in Child Development*" the editor (Lamb, 2010) noted that the underlying assumption is that the constructs that are important to mother-child attachment and children's outcomes will be the same (or similar) for fathers. However, mothers and fathers can differ significantly on parenting psychological constructs, indicating that these measurements may not always be useful for both groups (Stolz, Barber, & Olsen, 2005). In fact, Lewis and Lamb (2003) outlined evidence that using factors from mothering research to explore fathering may have led to an incorrect estimation of the actual impact of fathering on children and misunderstandings of the importance of father-child bond. Accordingly, there is a need to examine fathering using observational methods to identify important father-centric themes, constructs, and processes rather than relying on research that focuses on mothers or research that incorporates both mothers and fathers.

A third notable limitation is that most of the published English-language research on fathering is from outside Canada, particularly in the United States, Europe (including

the United Kingdom), and Australia (Genesoni & Tallandini, 2009). The differences between the social and medical services available to parents differ substantially across these countries (Ray, Gornick & Schmitt, 2009). For example, it has been well documented by Ray et al. (2009) that although the network of support for parents in Canada is much more comprehensive than in the United States, it is still not as well established as many Nordic European countries. As a result, the implications of poverty, poor health, racial inequalities, and the availability of social programs to support parents differ across countries and may limit the generalizability of the fathering research to the Canadian context. Understanding the experiences of Canadian fathers requires research with Canadian families. Unfortunately, the last published qualitative Canadian research study on ‘typical’ fathers transitioning into parenthood was conducted in 1991 by Henderson and Brouse. As this study is now over 20 years old, there is a need for an updated description of the experiences and perspectives of Canadian men when transitioning into parenthood.

The experiences of fathers on a more typical level are especially important from a preventative, population health, and programming perspective. Having an understanding of these experiences can allow for program and service planning for fathers at this broad level. Ideally, preventative programs help provide support and resources to reduce the likelihood that parents experience problems. However, if parents do encounter problems, programs are available to ensure they have some resources (personal and interpersonal) to help them cope more effectively (Lamb, 2010). As many of the parenting programs that operate using this population health perspective provide supports to any parents, there is a

definite need to have an understanding of parenting experiences at the broad-typical population level.

Typical fathering experiences need to be understood for population health programs to effectively support fathers, but the research that currently attempts to describe these experiences is lacking. Because of the three major research limitations noted above, (focus on particular groups, fathering research concerning mothering, and research from outside of Canada) those who engage in Canadian population health programming for fathers cannot be certain that the research on this topic is applicable to the context of the populations they serve. These limitations warrant the need to empirically identify fathering experiences at a very broad level. The particular context in which the current research was developed and conducted will be discussed next to identify the goals and needs of this research.

Research Context

The need for information about fathers and their perspectives of transitioning into parenthood is especially important for public health organizations as they work from a population-health perspective. For example, the Public Health Unit in the Peel Region of Ontario (Brampton, Caledon, and Mississauga) decided to review their programming for new parents in this community. Their goal was to determine if the existing programming was empirically-based and effective as a preventative measure to support new parents and to develop more supportive programming to provide information, social support, and social connections for new parents (Nurturing the Next Generation, 2013).

The initial steps to determine what information was available on the transition into parenthood included a comprehensive review of the published literature (both peer-reviewed and web-published reports) evaluating programs for new parents. The Nurturing the Next Generation research team¹, which is composed of academic researchers as well as research and policy staff from Peel Public Health conducted a realist review (Nurturing the Next Generation, 2013). The results of this review showed two major gaps in the available literature on parenting. Firstly, there was not much current Canadian research that identified the experiences of new parents who were not actively experiencing a challenging circumstance that could influence their transition into parenthood. Secondly, there was a specific lack of current research on the experiences of men as they transition into parenthood. As a result of this review, the Nurturing the Next Generation research team identified the need to closely examine men and women as they transition into parenthood and to identify common experiences- a goal which led into the parenting experiences study as the group's next phase of research.

The goal of the parenting experiences study was to gather information about the experiences of new parents (with at least one infant under the age of two) who lived in the Peel Region. In particular, this qualitative study was designed to explore what parents (both mothers and fathers) enjoyed most, what challenges they experienced, what they found helpful, and what they wished they could change about parenting. The study sought to be inclusive of a broad range of parents by recruiting from various locations

¹ Peel Public Health: Claudine Bennett, Melanie Gillespie, Judy Buchan, Poonam K. Sharma, Kevin Black
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throughout the community rather than from social programs for parents with particular concerns. Fathers were invited to attend all available focus groups, but some father-only groups were also conducted to ensure an adequate number of fathers as participants (specific recruitment methods and recruited sample characteristics will be discussed in the methodology section). This method of recruitment allowed for a diverse range of parenting experiences to be gathered, mainly from parents who were easily engaged with this research study.

In the parenting experiences study researchers collected data from both mothers and fathers and conducted a thematic analysis of the experiences shared by both all parents. The research presented in this document will be an in-depth analysis of fathers' experiences (both those who attended father-only and mixed gender focus groups). By doing this, the experiences that represent a typical man's transition into fatherhood can be identified and relayed to those who provide supports for fathers in the Peel Region.

The Nurturing the Next Generation team conducted a realist review in the area of population health programming geared to parents (including programs for fathers), however they did not conduct a specific literature search on general fathering experiences. A review of the literature on fathering was therefore undertaken to inform this aspect of the current study. Some of this research is not current and is from other countries and, therefore, may not be entirely reflective of the experiences of current, typical Canadian fathers- as was earlier identified. Reviewing the experiences of fathers in this literature may help identify consistent common experiences that will guide the current research analysis. This section will begin with a summary of the statistics on

fathering in Canada, as the data on indicates that there have been significant changes in the experience of fathering in recent times.

Past and Current Trends in Canadian Fatherhood

Statistics on fathering in Canada.

Lamb (2010) noted that in North American society there have traditionally been rigid roles to which men have subscribed when it comes to parenting. Early in Canadian history, the main societal enterprise for Canadian families was farming with most parents working in and around the home. Parenting duties were traded off between parents, relatives, or older siblings so that tasks could be completed. As soon as a child was able, they were expected to contribute to the family enterprise and work alongside their parents (Comacchio, 1999). Around the time of industrialization (the 1800s), fathers increasingly took on the role of a financial provider in their family that consequently led to a lack of presence and involvement in daily family activities. Lamb (2010) further summarized the historical phenomena that led to the cultural ideal of the 'nuclear family' consisting of a working father, a stay-at-home-mother, and their children. Even though there is some scepticism that the nuclear family was ever the norm in Canadian society given past trends in family statistics (Statistics Canada, 1983), this ideal informed societal values and expectations that fathers were expected to be involved in their children's lives in this particularly narrow fashion. As a result of these expectations, many fathers continue to feel that they should be breadwinner and disciplinarian in their families (Ball & Daly, 2012).

The ideal of father-as-breadwinner with a stay-at-home mother as the primary parenting pattern continued until in the post-War era. After the dawn of the 1960's more women began entering the workforce and contributing to their family's financial resources. As a response to this change, in the late 20th century an increased value was placed on the idea that fathers should be more involved with their children (Goldberg et al., 2009). This is not to say that the expectations of fathers as the primary wage-earner was no longer an influence but a greater involvement in child-rearing practices became an additional expectation (Lamb, 2010). Demographic and family statistics collected during this era reflect the changes to the expectations around the role of fathers (typically from census data or data gathered by various fathering research and advocacy initiatives). Table 1 contains a summary of some of the data reflecting a shift in men's work patterns and changes to the societal expectations and practices around fathering.

Looking at the number of men who identify themselves as stay-at-home fathers, (which in the traditional nuclear family ideal was the mother's role) can identify possible role changes. As shown in Table 1, Canadian statistics indicate a ten-fold increase in the number of stay-at-home fathers across time. In 1976, only 1% of fathers identified as a stay-at-home parent. By 2011, 12% of fathers identified themselves in this role (Jeong, 2011). As the number of stay-at-home fathers has increased, the number of women identifying as stay-at-home mothers has likewise decreased from 54% in 1976 to 23% in 1997 (Marshall, 1998). The change in the pattern of stay-at-home parenting reflects that the majority of modern families usually involve both parents in the workforce. The increase in the number of stay-at-home fathers is not a Canadian-centric phenomenon. A

similar pattern has emerged in the United States where the estimated number of stay-at-home fathers has increased from approximately 90,000 in 1998 to 140,000 in 2008 (Latshaw, 2011).

Most Canadian families do not have a stay-at-home parent, but statistics on parental leave programs in Canada provide support for the idea that fathers are becoming more involved in active parenting when they have a new child. Another statistic of note is the change in parental leave patterns for fathers. Canadian parental leave from employment has been available in some form since the 1920s to protect mothers from being forced back to work before they were ready or while they were still recovering from giving birth (Marshall, 2008). *The Maternity Protection Act of 1921* prohibited employers from employing women for six weeks after they gave birth (Pulkingham & Van der Gaag, 2004). Maternity leave similar to what is available today began in 1971, when Canadian mothers with 20 weeks of insurable earnings were allowed to claim up to 15 weeks of benefits through the Federal Unemployment Insurance program (now known as the Federal Employment Insurance program). In 1984, mothers of adopted babies were included. In 1990, an additional ten weeks of parental leave was made available, but this parental leave was made available to either the mother or father. Since 2001, Canadian parents can access 15 weeks of maternity leave and a maximum of 35 weeks of parental leave. Parents can decide to share these 35 weeks of parental leave however they choose (Adoptive parents can also use these benefits) (Marshall, 2008).

The inclusion of the opportunity for parents to decide how to split the majority of their parental leave time since 2001 reflects an important transition to what is now

expected of a father in Canadian society. For example, Baker and Milligan (2008) noted that the decision to increase parental leave to almost a full year after a child is born was done mainly to facilitate an increase in breastfeeding durations for children. At the time of the increase, data had indicated that many women were only breastfeeding for four to six months and that the common reason they changed to another form of feeding was because they had to return to work. This increase also corresponded to changes in guidelines from Health Canada, who advised mothers to breastfeed exclusively for a minimum of six months (preferably for the first year) and up to two years as a supplement. The focus on increasing breastfeeding duration was also the target of government media campaigns designed to promote frequency and duration of breastfeeding. Interestingly, Baker and Milligan noted that according to the available evidence, the increase in parental leave only increased the average length of breastfeeding by 13 days (p. 881).

If the intention of increasing the allotted time for parental leave to a year was only to increase the duration of breastfeeding, one might expect that the increased time would have been solely for mothers. The decision to allow either parent to use the 35 weeks of parental leave reflects a societal shift away from the expectation that fathers are solely financial providers and an acknowledgement that they should have the option to take a portion of the parental leave if parents wish. As identified in Table 1, this shift in policy did reflect a change. In 2000, only 3% of fathers took parental leave of some type. By 2011, 29% of fathers took some parental leave indicating that many men are embracing this newer model of expectations of fathers.

This societal shift in the expectations around fathering is more notable in certain areas of Canada. Quebec has a unique parental leave system which specifies fathers have five weeks of paternal leave upon the birth of their child in addition to any of the shared weeks of parental leave they may wish to take advantage of with their partner. Fathers do not have the option of transferring this time to the mother of their children. This structural difference likely accounts for the fact that, in 2006, 56% of eligible fathers in Québec claimed paternal leave benefits (Marshall, 2008). While these provisions potentially allow for an increased presence of fathers during the beginning of a child's life, it is unknown whether this possibly increased presence also leads to increased paternal involvement after the conclusion of parental leave or what impact this has on a father's transition into parenthood. This increased rate of fathers taking parental leave in Québec may indicate that parenting policy can affect family behaviour. Conversely, the creation of this policy could reflect a shift in societal values meaning that pressure from societal changes influenced the Québec government to implement this system for fathers.

Table 1

Category	Year											
	1976	1988	1994	1995	1997	2000	2001	2004	2005	2006	2007	2011
Stay at Home Fathers	1% ¹	4% ¹	7% ¹	-	6% ¹	-	-	-	-	-	-	12% ²
Sole Maternal Custody	-	76% ³	79% ⁴	79% ⁴	-	-	-	45% ³	-	-	-	-
Sole Paternal Custody	-	15% ³	7% ⁴	7% ⁴	-	-	-	8% ³	-	-	-	-

Joint Custody	-	-	13% ⁴	13% ⁴	-	-	-	47% ³	-	-	-	-
Fathers Taking Parental Leave	-	-	-	-	-	3% ⁴	10% ⁴	12% ⁴	15% ⁴	20% ⁴	-	29% ⁴
Father Work Days Missed Per Year for Family Reasons	-	-	-	0.9 ⁶	1.8 ⁵	-	-	-	-	5.4 ⁵	6.3 ⁵	-
Avg. Wks. of Paternal Leave Taken	-	-	-	-	-	-	-	-	11 Wks ⁴	17 Wks ⁴	-	-

¹ (Marshall, 1998); ² (Jeong, 2011); ³ (Milan, Keown & Urquijo, 2011); ⁴ (Department of Justice Canada, 2000); ⁴ (Marshall, 2008); ⁵ (Statistics Canada, 2008); ⁶ (Akyeampong, 1996)

In addition to more fathers taking parental leave, the number of weeks being used by fathers who take time away from work has also grown. For example, Marshall (2008) observed an increase from an average of 11 to 17 weeks across a single year (2005-2006). Also, Canadian fathers appear to be have been taking more time away from work for family reasons outside this parental leave. In 1995, fathers missed an average of 1.8 work days per year for family reasons yet in 2007 this number increased to an average of 6.3 days per year (Statistics Canada, 2008). These statistics indicate that even if father involvement was not the primary reason for the increase in allocated weeks of parental leave per couple, it seems to have had a positive effect (Baker & Milligan, 2008). This

pattern provides evidence for the idea that as Canadian society, in general, has increased emphasis on the importance of father involvement, and that fathers have (on average) had an increasing presence during their child's early life through the use of both parental leave and sick time.

A shift in the expectations of fathering roles is apparent when looking at the decisions of child custody cases outlined in Table 1. We see that the past family court decisions clearly favoured maternal custody of children in times of marital breakdown. In the data available from 1988 to 1995, sole maternal custody after the divorce was much more frequent than sole paternal custody or shared custody between parents (Department of Justice Canada, 2000). The pattern has shifted since that time and the rates of sole paternal custody after divorce have remained relatively stable (from 7% in 1995 to 8% in 2004) while the rates of sole maternal custody have dramatically decreased from 79% in 1995 to 45% in 2004 (Milan, Keown, & Urquijo, 2011). The rates of shared custody after a divorce have considerably increased from 13% in 1995 to 47% in 2004. Overall, these statistics show a strong emphasis on the idea that parenting is a shared job after divorce and acknowledge, at least at a superficial judicial level, the important role a father has in parenting a child.

It is important to note that many of the fathers who do not possess custody of their children likely still maintain visitation and/or provide in-person care for their children. In a similar sense, shared custody does not necessarily mean that a child spends equal time with both parents; therefore, these statistics should be interpreted cautiously as a reflection of fathering roles. It could be that a change in societal attitudes (e.g., father's

presence becoming more expected) are influencing the legal system or that changes in the legal system are leading to more shared custody cases and therefore having an effect on societal attitudes. Further analysis of the impact of these societal shifts is needed to determine what these roles entail and whether the statistics on fathering reflect changes at the level of lived parental experiences.

Canadian fathering initiatives.

In response to the increased emphasis on father involvement in recent years there have been several Canadian initiatives related to supporting fathers, trying to decrease forms of tension in their lives, and increasing knowledge of the importance of father involvement. The most recent and largest Canadian fathering initiative has been the *Father Involvement Research Alliance* (FIRA). This initiative that was active from 2004 to 2009 was composed of a broad range of academic researchers from various disciplines all with the goal of understanding and increasing awareness of the importance of father involvement. Although this group is no longer an active research organization, in the time they were active they produced a wide range of fathering research related to six broad topics: immigrant fathers, gay fathers, separated/divorced fathers, new fathers, indigenous fathers, young fathers, and fathers of children who need exceptional care (FIRA, 2013).

There were also two major provincial father involvement initiatives: *Pros Père* in Québec and *Dad Central Ontario*. *Pros Père* operated in Québec from 1993 to 2011 and was a network that focused on encouraging father involvement as a protective factor for

children. *Dad Central Ontario* has been in operation since 1997 and uses a population-health based approach to promote father involvement to increase the chances of healthy development of children in the province (Dad Central Ontario, 2013). The underlying premise of these organizations is that if fathers are involved in their child's life then their children will be more likely to develop in a healthy manner (Ball & Daly, 2012).

A recent Canada-wide study of parenting intervention programs, that either focused on or had a component that included fathering supports, identified several problematic issues (Devault, Gaudet, Bolte, & St-Denis, 2005). In Devault et al.'s survey of 61 fathering projects across Canada three major problems were identified: lack of funding (62% of the programs surveyed indicated having an annual budget of \$10,000 or less), difficulty getting fathers to participate in these programs, and difficulty getting fathers to stay in these programs. The lack of funding led to difficulties hiring and maintaining staff to coordinate these projects. Without adequate staffing, it was difficult to promote programs. This review identified problems associated with getting fathers to take part in and stay with these kinds of programs, but no specific reasons for the difficulties in engaging fathers were identified (Devault et. al., 2005).

While it is worthwhile to attempt to determine problems with programs that provide services for fathers, Duvalt et al.'s research is limited by the fact that only service providers were interviewed. This study did not involve interviewing the fathers (attending or non-attending) who were the target of these programs. This indicates that there was a gap in identifying what fathers thought about programming and the reasons they did not attend or remain involved. With respect to the content of these fathering

programs, 60% targeted fathers and their families directly (e.g., parenting education classes that welcomed fathers), 14% targeted the immediate environment in which the fathers lived (e.g., engaging in advocacy for fathers in the community), and 26% targeted the environment at large (e.g., engaging in advocacy for fathers in all of Canada) (Devault et. al., p. 5) . It is certainly encouraging that there are several programs for fathers across Canada, but changes need to be made to facilitate access and engagement by fathers to allow these programs to continue and grow.

The initiation of research and policy initiatives to promote fathering in Canada at a national and provincial level reflects that there is at least some acknowledgment that fathering practices needs to be understood in more detail. The observation that all but one of the major research and/or knowledge dissemination initiatives is currently active may reflect that there is limited, or inconsistent support for a continuing examination and promotion of fathering issues. Regardless, FIRA, *Pros Père*, and *Dad Central Ontario* continue as important archives for research, research summaries, policy analyses, and policy recommendations on fathering in Canada. As will be discussed later, the context of the Canadian environment is an important consideration for understanding and supporting men who are beginning the experience of becoming a dad.

Past Fathering Research: A Review of Key Studies

Academic fathering research history.

While my opinion is that fathering is an important topic that warrants thorough academic research, it has not always been a popular subject of study for other researchers. Goldberg et al. (2009) reviewed the history of academic research on fathering and found

some past notable trends. The journals analyzed were: *Child Development*, *Developmental Psychology*, *Journal of Family Psychology*, *Family Relations*, and *Journal of Marriage and Family*. These researchers gathered literature from five primary academic journals between 1930-2006 about child and family development and conducted a content analysis to determine which articles focused on fathering or contained a component related to fathers. The most common topics relating to fathers in these journal articles were the following: parenting attitudes and behaviours, father's interactions with their children, and care provided by fathers to their children. These researchers found that the overall percentages of articles relating to fathering per year ranged from 0% (this occurred multiple times between 1930 and 1950) to 14% in the early 1990s. Since the beginning of the 1990s, the overall percentage of fathering articles per year did not fall below 8%. The increase in published fathering research was significant overall, but the average increase was only 0.14% per year. While the proportion of articles relating to fathering increased over time, the authors noted that the rate of increase in academic research has been slow.

Goldberg et al. (2009) summarized the general content categories and the rate of increase, but they did not address historical changes to the interest in particular categories of research. To address this gap, Roer-Strier, Strier, Este, Shimoni, and Clark (2005) conducted a literature review and noted three primary trends that have occurred over time with respect to fathering research: father presence, father involvement, and the meaning of fatherhood. Earlier fathering research tended to focus on the impacts of father presence/absence on children. Much of this research focused on the emotional,

behavioural, and long-term outcomes of children that were part of father-absent families in an attempt to determine the short and long-term effects of this absence on children.

Roer-Strier et al. (2005) identified that as this traditional pattern of the nuclear family changed, and the numbers of mothers working outside of the home increased, the focus of research studies changed as well. Researchers became interested in parent caregiving roles, based on the observation that some fathers subsequently started taking on more caregiving and housekeeping roles in the family. When more fathers started engaging in the caregiving role, the focus of researchers shifted away from the question of the impact of the simple designation of absence or presence of a father in the home, to a more detailed examination of the effects of father involvement on the development of children. Roer-Strier et al. summarized that many studies at this time found that when a father consistently provided a healthy, safe, and supportive environment for his children, these children were more likely to have positive developmental outcomes. The research trend again shifted in the 1990s in response to past reliance on quantitative data to exploring the experiences of fathering, and the meaning fathers attribute to these experiences. This shift reflects an acknowledgment that fathering was not understood at an in-depth level and a need to identify experiences unique to fathering, rather than looking at fathering as an extension of mothering (Roer-Strier et. al., 2005). It is with this newest research trend that more qualitative research methods have been used to uncover the in-depth experiences of fathers as they transition into parenthood.

While there have been no large-scale review syntheses or meta-analyses focusing solely on Canadian fathering research, there have been two recent large-scale literature

reviews concerning fathering experiences from fathers of several different nations (Genesoni & Tallandini, 2009; Nyström & Öhring, 2004). These reviews incorporated research about different groups of fathers from many locations and/or research focusing on various aspects of fathering using both qualitative and quantitative research. Genesoni and Tallandini (2009) conducted a review specifically to consolidate research between 1989 and 2008 related to men's psychological transition into fatherhood. This research reviewed studies that took place in: North America, The United Kingdom, Australia, Finland, and Sweden. They identified a total of 32 articles that fit their criteria for this review. Genesoni and Tallandini found that most research focused on one of three time periods during the transition into fatherhood: the prenatal period, the arrival of the child, or the postnatal period (6 weeks following birth). While these researchers identified that men begin to feel like they are in a positive shared parental partnership during the prenatal period, they also reported some common challenges (Genesoni & Tallandini, 2009). These researchers showed that during the prenatal period fathers felt anxious and uncertain as they began to consider how their lifestyle would change in the upcoming months believing they would lose some of their independence as they provide care for their new child. Furthermore, this time was frequently accompanied by challenges in their relationship with their partner as they tried to determine their expectations of each other as future parents. Because of these challenges, the prenatal period was viewed by some fathers as more challenging than the early stages of caring for a child after they were born.

Genesoni and Tallandini (2009) noted that in the research the arrival of the child was also a frequent time frame studied as an important period of the transition into parenthood. Understandably, many studies noted that fathers were anxious and concerned about the well-being of their partner and child during this time. Furthermore, many fathers believed themselves to be unprepared for the challenges that occurred during labour but, typically had positive attitudes (e.g., excitement and relief) once it was over. These authors further noted that challenges continued to occur for fathers during the postnatal period. The frequent challenges that took place during this period indicated in this review were: needing to return to work soon after the birth of their child, changes in their relationship with their partner, an inability to continue with their pre-child lifestyle, and feeling that they were not as skilled at childcare as their partner. In summary, Genesoni and Tallandini (2009) found that father's difficulties navigating their new role in the family was one of the most challenging aspects of the transition into parenthood. The addition of a child to their family obviously added a new dynamic that affected their other relationships and brought challenges that needed to be resolved.

Nyström and Öhrling (2004) conducted a review of parenting experiences during the first year of a child's life for both mothers and fathers. The findings of this research did not specifically identify the nationalities of the research studies analyzed, but did note that they predominately sampled Caucasian populations. These researchers identified 33 articles that provided sufficient information on this topic, 13 of which included fathers in their research. Through an analysis of these studies, these researchers identified three main themes related to father's experiences during this first year: positive emotions

towards fathering, emotional strain in relationships, and difficulties bonding with children.

The first of these themes was positive emotions towards fathering. Nyström and Öhrling (2004) noted that after the birth of their children, fathers reported that they began to feel more confident in their parenting abilities. This confidence seemed to elicit positive emotions. In particular, fathers expressed feelings of happiness that these abilities would allow them to develop a close relationship with their infant.

The second major theme identified by Nyström and Öhrling (2004) was an emotional strain in relationships caused by new responsibilities. Since many of these fathers were spending most of their time caring for their children they sometimes found it difficult to maintain the same type of relationship with their partner they had before their child was born. Fathers viewed these changes as negative and the source of strain in their relationship with their partner. These relationship challenges were also found as a common theme throughout research by Genesoni and Talladini (2009).

Nyström and Öhrling (2004) also identified that some fathers found it difficult to bond with their children because their partners were providing most of the primary childcare while they were working to take on the provider role for their family. In some cases, fathers expressed feeling sadness as they perceived emotional and physical distance between themselves and their children as their partners provided a disproportionate amount of care for their children. This made them feel like the second best caregiver for their child rather than being an equal caregiver with their partner.

Unfortunately, none of the summarized studies in this research offered suggestions to combat these feelings. However, given the results presented in the first theme of this research, the aspect of feeling like an unequal caregiver may diminish as fathers feel more confident in their abilities as a parent.

In summary, it appears that fathers are taking on roles within their families that are more than a traditional breadwinner/disciplinarian. They consistently report placing importance on developing a relationship with their children and providing care for them. However, this transition does also have challenging aspects. Major challenges noted by fathers in both of these reviews included difficulties maintaining their relationship with their partner and difficulties learning to provide care for their children to feel like an equal parent.

Research on groups of fathers typically targeted for supportive services.

It is important to review the literature from studies that targeted fathers from marginalized groups, or who have experienced a specific fathering concern or crisis because the majority of the published data is from this perspective. Although they may not all represent typical fathering experiences, these research studies conducted with fathers of specific groups are important to review because that they use similar methodologies and ask similar research questions to the research question of the Parenting Experiences Study. This type of research establishes some significant themes in fathering across a diverse range of fathers. In the following summaries, the focus is

kept on research related to qualitative fathering experiences and is about Canadian fathers whenever possible.

Ethnic minority fathers.

Ethnic minority populations have a history of being marginalized in Canadian society (Ball & Daly, 2012). Given the past and current equality issues that are experienced by all minority populations (which are much broader sociological issues than the focus of this document) it should not be surprising that being part of a minority population can influence parenting experiences. Canadian fathering research in this area has focused on two main ethnic minority populations: First Nations fathers (Ball, 2010) and immigrant fathers (Este & Tachble, 2009; Roer-Strier, Strier, Este, Shimoni, & Clark, 2005; Waters, 2010). The experience of fathers from identified ethnic groups is of particular importance owing to the patterns of immigration across Canada and in Peel Region in particular. In Peel Region, an estimated 69% of the parent population was born outside of Canada (Peel Public Health, 2009). Aside from Canada, the most common places of birth for individuals living in Peel region were South Asia (17%), Europe (11%), and Eastern/Southeast Asia (7.8%) (Peel Public Health, 2014). Many immigrants in Peel Region are also English-as-Second-Language (ESL) speakers with only 4% of the population that do not speak either English or French. The Region of Peel clearly has a diverse population with potentially differing cultural values about parenthood. Because of this diversity it is important to understand the experiences of parents in this region in a broad sense to be able to provide them with adequate support through public health programming.

First Nations people, including fathers, have a history of being marginalized within Canadian Society (Ball & Daly, 2012). Ball (2010) conducted a research study in which she engaged in conversational one-on-one interviews with 80 First Nations fathers in communities throughout British Columbia about their experiences becoming a father. One common important theme discussed by First Nations fathers was perceived changes in gender-based parenting roles. Fathers in these communities, like the rest of Canadian society, have seen an increase in female paid employment and expansion of feminine roles in the community. These fathers identified that in the past child care was primarily the role of the mother in the family, but they perceived that they were now able to be more actively involved in raising their children. The fathers were overwhelmingly positive about this change in traditional gender roles as they viewed it as an opportunity to form an emotional bond with their children that they had not formed with their own fathers.

Ball (2010) identified that many First Nations fathers in the study also discussed a belief that they had to learn to become a father, as opposed to experiencing fatherhood as a natural, intuitive process. These fathers did not describe their transition of becoming a father with a single event (such as the birth of their child) but as a gradual process that occurred over time and through many experiences. Part of the way in which they claimed they learned to become a father was learning to become what they believed to be a more responsible person. Some the fathers who participated in this study reported undergoing some process of rehabilitation from drug or alcohol abuse to become more responsible as a father. Fathers who engaged in this process felt that it contributed to them “becoming a

man” or “becoming a father” and subsequently reported taking on an active role in the lives of their children.

Many of the First Nations fathers interviewed in the research by Ball (2010) also believed that some of the problems they have faced when transitioning into parenthood have been partly caused by their community’s history of marginalization. These men believed that once their communities moved away from a family model where most fathers were expected to engage in hunting/fishing to provide for their families that fathers no longer understood their role in the family. This is perceived to have caused instability in the family dynamics and left them with fathers who did not know how to parent, as this was typically the primary role of the mother. Many of these men felt that when they were growing up they didn’t have appropriate father figures so when they became fathers themselves they faced difficulties understanding how to care for their children and facilitate the development of healthy family dynamics. For these fathers, the early months/years of the transition into parenthood were perceived as the most difficult as they tried to overcome these challenges. Overall, most of these fathers found fatherhood a positive, self-actualizing transition. Although First Nations individuals are an important group in Canada, most members of visible minority/ESL groups in Peel are immigrants from other countries (Ball & Daly, 2012). It is a widely held belief that sometimes when these individuals immigrate to Canada, they find that many of the cultural values of their home nation are not common in Canada. Not surprisingly, this includes typical parenting practices (Este & Tachble, 2009).

Este and Tachble (2009) conducted individual semi-structured interviews with 20 Sudanese immigrant fathers residing in Calgary all of whom had resided in Canada for no more than ten years. The researchers asked these men about the meaning and values they place on fatherhood, how they have experienced fatherhood in Canada (how they interact with their children, benefits of being here), and about their family dynamics (challenges they face, how they make decisions). These researchers found that fathers had many similar experiences to non-immigrant fathers, such as caring for and protecting their families and trying to give their children the best lives they can. However, they also reported experiences they perceived to be unique or more prevalent for immigrant fathers. Most notable of these perceived differences was that upon arriving in Canada many of these fathers found that their education credentials (many of them held university degrees) were either diminished or completely unrecognized in Canada. This lack of Canadian credentials led to very high rates of underemployment (i.e., accepting jobs that were at a lower education level than they had attained) or unemployment.

Many of the fathers according to Este and Tachble (2009) noted that in their jobs where they were underemployed they faced discrimination and unhappiness in the workplace in addition to the financial difficulties associated with being underemployed. These fathers reported that they initially went through training in their home countries to be able to provide financial resources for their families, but in their current financial situation they felt unable to provide adequate resources. Another commonly reported theme in this research was a lack of familial relations nearby that resulted in a lack of sharing the responsibility for their children that would have been common in their home

countries. This lack of familial aid led to a general lack of perceived social support within these groups of fathers.

Roer-Strier et al. (2005) conducted a mix of individual interviews and focus groups with 54 Asian and South American fathers who immigrated to Canada in an attempt to identify potential positive experiences for immigrant fathers. These interviews were conducted using a frame of positive experiences in an effort to dispel the idea that immigration adds or amplifies the challenging aspects of parenthood. It should be noted that while much of the fathering research on those who have immigrated to Canada focused on the challenges of these individuals undergoing a cultural transition, many of the fathers in this study specifically expressed that Canada was a more positive atmosphere to be parents compared to their home countries (as did many of the fathers in the research by Este and Tachble; 2009). One of the main positive aspects that was reported by these immigrant fathers was a feeling of the importance or appreciation of community resources (e.g., access to quality education) they had in Canada which allowed them to facilitate their child's development. Furthermore, there was also a feeling of optimism amongst these fathers about their futures in Canada and their children's futures.

The research described above concerning ethnic minority and immigrant fathers demonstrates that they value the experience of being a father and caring for their children, in spite of some extremely challenging circumstances concerning employment (Ball, 2010; Este & Tachble, 2009; Roer-Strier et al., 2005). Many of these fathers indicated feeling that their cultures sometimes value different aspects of parenting than is typical in Canadian society, but they reported having adapted to or were in the process of

adapting to these expected roles. Overall, these findings demonstrate that the transition into parenthood is a time with many changes for fathers (Este & Tachble, 2009). Despite the challenging experiences encountered, the positive aspects that come with being able to live with and raise their children in Canada may sometimes overshadow or diminish the importance of some of the challenges encountered during the transition into parenthood (Roer-Strier et. al., 2005).

Non-resident fathers.

Non-Resident fathers are fathers who do not primarily live in the same residence as their children. This usually occurs because of divorce/separation, or parents who have never cohabitated (Ball & Daly, 2012). Most research in the area of parental divorce and non-resident fathers has focused on the developmental outcomes of the children in these families. However, there has been some recent research on the experiences of these fathers. For example, Canadian researchers explored the experiences of fathers living in Ontario after divorce from their partner (Hallman et. al., 2007). These researchers conducted individual semi-structured interviews with 28 men who self-identified as non-resident fathers. The fathers who participated in this research study had varying custody structures and lengths of time since divorce or separation from their partner, but all of their children lived primarily with their mothers.

Hallmen et al. (2007) found that one of the most salient overarching themes presented within the interviews was the importance fathers placed on spending time with their children. Rather than focusing on their challenging experiences going through a

divorce or difficulties with their ex-partner, the fathers reported focusing on their desire to spend time with their children and ways to make that happen. While these fathers did want more time with their children, the time they did spend in the company of their children was welcomed as a positive experience. Interestingly, fathers expressed that they spent extended periods of one-on-one time with their children. During their relationship, they had to share childcare time with their spouse and, therefore, didn't typically get one-on-one time. One consistent challenge that did arise amongst these fathers was a feeling of losing out on aspects of their children's daily activities that they attributed to a lack of communication with their ex-partner. Some of these fathers reported attempts to foster this communication and be involved in these aspects of their children's lives but were met with a lack of cooperation from their ex-partner.

Overall, this research demonstrates that fathers who do not reside with their children continue to provide care and want to spend as much time with them as possible (Hallman et al., 2007). In spending time with their children, fathers have been able to develop a new type of one-on-one relationship that many felt distanced them from the traditional breadwinner/disciplinarian role. These fathers may sometimes have felt excluded from decisions and day-to-day activities with their children because their former partner engaged in gatekeeping activities. This can occur through mildly intrusive activities such as mothers attempting to control all childcare activities to extreme circumstances where fathers are outright denied access to their children.

Young fathers.

Another group of fathers who may have unique experiences when compared to others in Canada is those who undergo the transition into parenthood at a young age. In most research, those considered to be young fathers are men whose children were born when they were teenagers (i.e., 19 or younger). In their Canadian study, Ball and Daly (2012) interviewed a sample of 35 young fathers using in-depth interviews. At the time of the interviews, the average age of these men was 22, but they had become fathers while they were teens. Many of these young fathers described their early life experiences as unstable or troubled, a situation they believed could have contributed to their becoming fathers at a young age. Fathers who felt like their early life experiences affected their transition into parenthood believed they were able to overcome their own early-life challenges. For some, overcoming their past experiences involved lifestyle changes such as transitioning into sobriety. Many of these fathers also experienced both social and financial problems when undergoing the transition into fatherhood. However, many of these men described that becoming a father encouraged them to become responsible and care for their children. These fathers usually identified that they became more responsible by furthering their education and gaining employment. This theme is similar to previous findings in research on First Nations fathers by Ball (2010), as was previously described.

Another study on young fathers in Kansas, USA, found similar themes to the Ball and Daly (2012) research. Paschal et al. (2011) individually interviewed 30 African-American fathers about their perceptions of fatherhood, their involvement with their children, and the supports they accessed. They found that these young dads believed that

they needed to take on a provider and caregiving role for their children (although many faced difficulties taking on this role because of their unemployment). Owing to their young age, several of these fathers were still in school or working many hours in very low paying jobs to support their children. As a result, they sometimes felt overwhelmed by their responsibilities. Also, several reported facing barriers caring for their children caused by the mother of their children restricting the father's access. Mothers acting as gatekeepers has also been noted by Trinder (2008) and Troilo and Coleman (2012) when discussing the experience of divorced fathers. Paschal et al. (2011) also interviewed a small number of participants who were not taking on any fathering-related responsibilities for their children and did not intend to in the near future. Rather than taking on responsibilities for their children, these fathers focused on their own well-being and improving their own lives which they indicated would put them in a position to better support their children at some point in the future.

According to the research presented in this section, there is a common misconception that young fathers do not wish to be parents but have fallen into fathering because of inappropriate or lack of contraception use. This assumption can make some of these fathers feel judged by others because of their age when raising their children (Deslauriers, 2011). Except for a small group of fathers in one study, most young fathers expressed a desire to be involved parents. The barriers they faced included the realities of school and/or work—indicating that they felt a need to be ‘a provider’ and that this role took precedence to spending time with their child. Interestingly, the fathers in Pashal et al. (2011) who were not taking an active role in parenting justified their non-

involvement in terms of their ability to contribute. For example, by focusing on themselves, they would be in a better position (economically and/or emotionally) later. What they could currently contribute to raising their children was typically viewed as less valuable than desired, by themselves and their partners. This could be a reflection of father's perceptions that they are not valued in society owing to their status as young fathers.

Fathers of children with special needs.

Fathers of children with special needs and children that require exceptional care have also been studied within Canada. Most research in this area has focused on fathers of children with illnesses or disabilities. Although this is a broad category as there are many different situations resulting in a child needing exceptional care, the fathers of these children may share some experiences related to the more typical fathering experience. It should be noted here that there is a trend that occurs with respect to parenting roles when families have children that fall into this category. If their children require extensive care the mother of the family is more likely to be a stay-at-home mother, meaning the father tends to be the primary wage earner in these households (Ball & Daly, 2012).

Pelchat, Lefebvre, and Perreault, (2003) conducted a qualitative study in Québec to explore the parenting experiences of four sets of parents of children with Down Syndrome. Most of the fathers studied in this research occupied a traditional fathering role in which they worked outside of the home while their partner engaged in the majority of the child caregiving roles. This study involved interviewing the parents in

one of two focus groups (one for mothers and another for fathers) in which facilitators used open-ended to engage parents to discuss their experiences.

Families in this study reported differences in the ways that mothers and fathers expressed and perceived each other's emotions (Pelchat et al., 2003). For example, in Pelchat et al.'s research, fathers reported expressing their emotions associated with parenting a child with Down's syndrome often to their partner and found this an important activity. Despite the father's feelings, their partners did not typically feel that fathers expressed enough emotion about the difficulties their families faced and claimed they (as mothers) were more emotionally expressive. However, they viewed their partner as an important source of emotional support and found this primary relationship important to their ability to cope and they acknowledged that they needed to invest in their relationship to facilitate the well-being of their whole family.

Fathers in research by Pelchat et al. (2003) also reported the perceived need to protect their child. These fathers also believed this need was stronger for them than is felt by fathers of typically developing children. Another Canadian research study involving fathers of children with special needs also identified the role of the father as a protector. McNeill (2004) conducted individual interviews with 22 fathers of children with juvenile rheumatoid arthritis and analyzed the data using a grounded theory framework. In addition to the challenges these fathers expressed related to assisting in childcare related to their child's illness (e.g., managing appointments, medications, helping their child cope with pain), these fathers identified that they felt the need to protect their child.

Some fathers who had children with serious illnesses described how they believed they had to protect their children from medical professionals. For example, in research conducted by Jones and Neil-Urban (2003) fathers felt that they needed to ask questions about what was happening with their child's medical care and direct these professionals how best to care for their children, which could sometimes be in conflict with the recommendations of medical professionals. The perception that fathers perceived that they needed to 'protect' their child reflects a traditional role. When the fathers perceived that their child was vulnerable this feeling was intensified, leading to conflict.

Given a review of this body of research, it seems that fathers of children with special needs are more likely to feel that they take on a specific roles in their family in which they do provide extensive care, but also feel an intense need to provide extensive protection for their child. Although they may take on some traditional roles, they also report being very highly involved with raising their children, which may be more prominent than past conceptions of fathers. Being highly involved as fathers allows them to engage in what they perceive to be extensive protection of their child. This protection is a role that these fathers clearly value and believe is essential to their child's wellbeing.

Primary caregiving fathers.

Of all qualitative research conducted on the subject of Canadian fathers, the most comprehensive recent research focuses on the subject of fathers as primary caregivers (Doucet & Merla, 2007; Doucet, 2001, 2004, 2006). Doucet and colleagues conducted the majority of the research on this topic in Canada which Docuet has summarized in the

book *Do Men Mother?* (Doucet, 2006). In this book, Doucet analyzed narratives of 118 Canadian fathers who were interviewed across Canada through face-to-face interviews, phone interviews, and focus groups in an effort to illustrate the lived experiences of men who may do not conform to traditional gender-based stereotyped parenting roles. The sample used in this research consisted of single fathers, stay-at-home fathers, fathers with joint custody of children, gay fathers, and fathers who worked but were able to have a flexible employment schedule that allowed them to be the primary caregiver for their children. The research presented in Doucet's (2006) book did not focus specifically on experiences shared by fathers as they transitioned into parenthood, but many experiences shared did fit into this time frame and will be reviewed here.

Doucet (2006) found that when parenting children, most primary caregiving fathers perceived there to be fundamental differences between parenting experiences of mothers and fathers. One of the major themes discussed by fathers through the majority of these interviews was the difference in the ways in which primary caregiving fathers engage in social activities with their children. Many of the fathers discussed situations where they either felt uncomfortable or were ostracized by other parents (usually mothers) because of their gender, which hindered socializing. Many of the experiences reported ranged from minor incidents such as being stared at by others or being asked why they were at the playgroup, to extreme cases where attendees told fathers they were not welcome because their presence made others uncomfortable. Owing to these types of reactions from others, most fathers reported that they did not attend such groups after their negative experiences. Those who did continue to attend reported still feeling

uncomfortable in such situations and only continued to attend to allow their children to socialize with others. There was a small minority of fathers who indicated that they began to feel welcomed by others in these situations as they spent more time in them. They felt that they needed to break a barrier.

With respect to parenting styles, the participants who were in a relationship at the time of the study reported minor differences between themselves and their female partners. When primary caregivers were interviewed with their partners, none reported a belief that minor differences in parenting styles would be detrimental to their child's development. The few minor differences reported included: a tendency for fathers to be more open to allowing their children to explore their environment, fathers feeling the responsibility to engage their children in their community, and incorporating fewer household chores into their daily routines caring for their children than their partners would. Interestingly, fathers who took on non-traditional fathering roles did not feel overly compelled to take on other traditional housekeeping/homemaking roles that are usually associated with stay-at-home mothers.

The synthesis of several years of research conducted by Doucet and colleagues that presented in this book represents the overall experiences that primary caregiving Canadian fathers encounter throughout all stages of parenthood. This research does show that fathers can effectively act as primary caregivers for their children if they choose to do so. Fathers who take on this role may face certain challenges and situations where they feel ostracized because of their gender, but they value being able to raise their children and report feeling proud that they have done this rather than conforming to

traditional gendered parenting roles. Although this group of fathers is not the specific group to be studied for the current research study, they are of interest as they represent a highly involved group of fathers and being highly involved is a common role fathers wish to take on in their families (as will be discussed in an upcoming section).

First-time fathers.

As it currently stands, there is no recent academic published Canadian research concerning the early years of the post-birth experiences of typical first-time fathers using qualitative research methods. The most recent qualitative research conducted in Canada on this subject was published by Henderson and Brouse in 1991 (over 24 years ago) and concerned the post-birth experiences of 22 fathers from British Columbia during the first three weeks of their child's life. While this may seem like relatively recent research, given the changes related to fathers demonstrated in the statistics in Table 1 of the introductory section of this review and the many technological advances in this time (including the introduction of social media platforms), the experience of fathering may have changed substantially since this study was completed.

Henderson and Brouse (1991) conducted interviews with these 22 fathers and their partners and found that among the challenges discussed by these fathers was the idea that existing preparations, such as going to prenatal classes, were not always helpful. Fathers reported that the information they received from books and prenatal classes conflicted with what nurses told them in the hospital. The fathers also noted that some information given to them was inconsistent between nurses as well. These kinds of

formal prenatal preparations also led to fathers having expectations about early fatherhood that were sometimes not reflective of the reality of their situation. For example, many of these fathers criticized the prenatal classes they had attended for not giving them a realistic representation of the amount of pain their partner would experience during the birth. This resulted in feelings of uncertainty and frustration during the actual childbirth.

Henderson and Brouse (1991) found that another major challenge these Canadian fathers shared was that they felt that their relationship with their spouse was strained after their child was born, with one father describing it as one of the most difficult weeks of his marriage. Father discussed relationship strain by indicating that that they sometimes felt envious of their spouse, as they perceived them to be better at handling the new baby's needs than themselves. On the other hand, the mother was also often described as an important source of support during these early weeks, as they understood what fathers were feeling during this time. Despite these challenges, there was a consensus from these fathers that they believed all fathers should be highly involved in the lives of their children as it made parenting a rewarding experience. Genesoni and Tallandini (2009) and Nyström and Öhring (2004) also noted findings similar to these relationship challenges in their large-scale literature reviews.

Premberg et al. (2008) researched how Swedish men experienced the first year of the transition into fatherhood through individual interviews with ten fathers. During these interviews, the initial question used to begin the conversation was "what was it like to be a father during the first year of your child's life?" This question was intentionally

vague to allow fathers to describe the experiences they deemed to be important without the interviewer priming them to provide specific information. From there, the interviewer asked fathers how they felt during the experiences they described and to elaborate when necessary. Common views expressed by these fathers were: feeling overwhelmed by their parenting responsibilities, feeling good when they mastered certain parenting skills (e.g., changing diapers, calming the baby), and feeling that their family was now complete that they had a child. The themes expressed throughout this research emphasized the idea that fathers perceived predominately finding a way to ensure their new child was the most important aspect of their lives would continue to be their priority. These fathers believed that by this shifting of their priorities they, and their families, would continue to develop in a healthy manner.

Using focus group settings, New Zealand researchers Gage and Kirk (2002) examined the experiences of soon to be and recent first-time fathers (all had children less than six months old) and their perceptions regarding how prepared they felt they were to make the transition into parenthood. These researchers conducted four focus groups with a total of 19 participants all of whom resided in New Zealand. To do this, the researchers asked fathers what becoming a father means to them, preparations they are making/made, how prepared they are/were to become a father, how they learned to be a good father, and what challenges they encountered/expected to encounter.

Gage and Kirk (2002) found that these men described undergoing three main forms of preparations for their child: physical, emotional, and financial. The fathers almost universally discussed physical preparations in terms of preparing their homes for

the arrival of their baby (e.g., purchasing furniture, baby proofing etc.). Financial preparations were identified by saving as much money as they could leading up to the birth. Few fathers reported making emotional preparations because they were unsure how to make them but felt that they were important. The domains noted in this study reflect concerns about traditional fathering issues (finance, protector/procurer) but also an interest in a more involved and emotional connection to fathering even though they were unsure of what it entailed.

Gage and Kirk (2002) also researched relationship changes between new fathers and their friends, family, and healthcare professionals by asking them how they believed their relationships would change or how they had changed after the birth of their children. Fathers perceived that the friendships they had before becoming a father continued with friends who also had children, but friendships with others who did not have children became strained. These fathers also said that they found themselves making new friends with other parents they had met since becoming a father. Unfortunately, relationships with in-law grandparents were frequently described in a negative manner as they perceived them to provide too much input concerning decisions about the child. When discussing healthcare professionals these fathers reported receiving conflicting advice from healthcare providers and friends, but felt that as they were able to spend more time with their children they stopped listening to some of this conflicting advice and did what they thought was best. Overall, the fathers viewed their role beyond that of a traditional provider, but the emotional aspects were unclear to them. As this study did look at pre-

birth and very new fathers it is possible that themes of uncertainty may have resolved with more parenting experience.

Using longitudinal research methods, Miller (2010, 2011) individually interviewed 17 fathers in the United Kingdom about their transition into fatherhood over a period of several years; during the prenatal period, six to eight weeks after the birth of their child, nine to ten months after the birth, and around the time of their child's second birthday. This researcher asked questions related to father's expectations about fatherhood, how they engaged in parenting practices, and their perceptions of their changes and societal changes that have occurred over time. Prior to the birth of their child these men overwhelmingly expressed a desire to take on as much of the caregiving as they could, both after work and by re-arranging their work schedules so that they were more flexible. Unfortunately, many fathers recognized that these goals were harder than they had imagined as many found it very difficult to balance their work and parenting schedules. Many of these fathers reported feeling extremely grateful that they were able to provide care for their child during the first few weeks. As time went on, and they had begun to spend more time away from their children, many felt like they became secondary caregivers and were uninformed about many things happening with their children. Interestingly, the disappointment these men reported as becoming secondary caregivers to their children reflects that they had hoped/expected a more involved role, but that there were workplace barriers to their involvement with their child.

Other studies in different westernized countries have also noted this theme of tension between work and fathering. For example, it is a theme noted in Australian

fathering research where Barclay and Lupton (1999) researched the experiences of first-time fathers. A sample of 15 fathers was interviewed individually four times between when their children were born up to when their child was six months old. The researchers in these interviews sought fathers' opinions on their expectations about fatherhood, their thoughts on what was being a 'good' father, and how their relationship had changed by having children. These researchers found that while all of the fathers worked long hours to support their families, they did add some new priorities to their lives after becoming a father. These new priorities included: developing an emotional bond with their children, engaging in childcare activities, and helping their partners with household chores. The most challenging aspect for these fathers was the strain in their relationship with their partners after the birth of their child. Many fathers described the birth as an emotional high point in their relationship. However, when they had to go back to work, they felt tension between themselves and their partner, which they attributed to their own and their partner's fatigue. The relationship challenges noted here are very similar to those that were identified in reviews by Genesoni and Tallandini (2009) and Nyström and Öhrling (2004) as well as in prior Canadian research by Henderson and Brouse (1991).

Barclay and Lupton (1999) support much of the prior research reviewed in this section on first-time fathers. These studies identified that in addition to the positive aspects of the transition into parenthood, new fathers continue to experience issues with balancing work, changes in their relationship with their spouse, challenges dealing with friends and family, making preparations for the arrival of their child, and dealing with

conflicting advice about parenting. Together these studies demonstrate that most first-time fathers intend to be highly involved with their new children to provide them with care alongside their partner but continue to encounter difficulties when navigating this transition.

Key fathering research findings.

There is a need to also review key aspects of this transition that occur across many groups of fathers to understand the experiences of fathers during the transition into parenthood as a whole. Reviewing these aspects can help identify experiences that are consistent across groups and, therefore, may be representative of ‘typical’ fathering experiences. These key findings will be the subject of the next section of this literature review and identify important aspects of father involvement, relationships, and caregiving.

Father involvement.

In most fathering research, there has been an underlying assumption that fathers should be involved in the lives of their children to promote the likelihood of healthy child development. In part, this represents a historic trend noted by Ball and Daly (2012) in the sociological and psychological research that identified that fatherless children were much more likely to live in poverty (e.g., loss of the provider), experience risk (e.g., loss of protector), and engage in ‘delinquent’ behaviours. Historically, it has been assumed that the greater the degree of positive father involvement in a child’s life the more likely a child will develop in a positive manner, emphasised in a fundamental theory called the

Lamb-Pleck Formulation (Lamb, 2010). This theory stressed positive paternal engagement activities, warmth/responsiveness and control (i.e., monitoring and decision making) as important paternal involvement factors that can facilitate healthy child development.

In his book, renowned fathering researcher Lamb (2010), reviewed studies spanning decades (most of which were published after 1980) about the positive effects of father involvement on child developmental outcomes. A major limitation he identified with many of these studies was that the researchers relied on a problematic operational definition of 'involved fathering' in which researchers classified fathers who did not primarily live with their children as uninvolved. He noted that marital separation of parents was associated with factors that may be confounding the association between fathering and child outcomes. For example, marital breakdown is more frequent when there are financial problems, violence or aggression, mental health issues, or other stressors. These factors are already known to be associated with negative developmental outcomes on their own. Lamb noted that divorce does not necessarily mean that the father is uninvolved with his child and that divorce, resulting in less father involvement, is directly associated with negative developmental outcomes. Likewise, just because parents are still together does not necessarily indicate that the father is actively present and involved in the life of their child. As a result of this observation, Lamb noted that the findings from much of this research should be interpreted with caution. A better measure of the degree of father involvement needs to be developed.

Despite the limitations in the measure of father involvement in the research field, Lamb (2010) was able to summarize the positive impact of fathering across studies. Children with involved fathers (those who are actively present and report providing care for their children) tended to have increased cognitive competence, empathy, internal locus of control, linguistic achievement, socio-emotional achievement, and fewer sex-stereotyped beliefs as they developed (Lamb, 2010). Lamb noted that owing to the limitation inherent in the field, father involvement may not necessarily have had a direct effect on the children (whether positive or negative), but may have had effects on the family unit as a whole. The benefit to children may accumulate from benefits at the family level.

Lamb (2010) concluded that based on the current state of the research, it cannot be determined that father involvement is a proximate or distal factor in child developmental outcomes. However, he noted that it is reasonable to conclude that children benefit when they have relationships with their parents that are “secure, supportive, reciprocal, and sensitive” (p. 11). This secure attachment with parents may support the child to develop into psychologically well-adjusted adults. Lamb emphasized the point that there may not necessarily be something about parental gender that elicits positive developmental outcomes in children (e.g., unique to either mothers or fathers), but that parents should create a positive familial atmosphere to allow them an increased chance to develop into well-adjusted adults.

Lamb, Pleck, and Levine (1987) noted that equal involvement between parents in all activities is not always practical or necessary. For example, most North American

families need at least one major income provider for economic stability. Work requirements are often not flexible to provide the opportunity for parents to equally divide the role of parenting. This does not necessarily mean that the child will be at a disadvantage, as long as the parents mutually support the division of parent activities. They proposed that when families are given the choice to establish their degrees of involvement for both parents the entire family (including the children) are happier.

The notion that parenting does not have to be equal did not mean that Lamb et al. (1987) believed that one parent in a family should choose to be completely uninvolved while the other takes on all caregiving activities. Nor have they proposed that one parent be expendable. The only situations they identified where parental involvement may not be in the best interest of the child are extreme and very rare circumstances, such as a parent's severe mental illness. For optimal developmental outcomes, both parents are important, even when one of them does not reside continually with the child.

Pleck (2007) has also noted that several major psychological theories can be used to emphasize the importance of father involvement in the family unit. Pleck primarily discusses attachment theory (Bretherton, 1985), social capital theory (Coleman, 1988), and Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1980, 1986, 1992). Pleck noted that attachment theory would likely state that allowing the child to develop a secure attachment style to their father would enable them to develop a positive view of themselves and facilitate the development of other healthy relationships in the future. He further argued that social capital theory says that fathers can provide financial and social capital to their children, which facilitates a child's healthy development. In terms of

Bronfenbrenner's ecological systems theory, the father represents a major portion of the innermost relationship system (the microsystem). These microsystem relationships can provide good proximal processes (interactions) which could also facilitate the child's healthy social development. Pleck interprets these major theories in developmental psychology to mean that father involvement can be a positive process that facilitates healthy child development, it should be embraced and encouraged.

In my reasoned opinion, these ideas proposed by Lamb et al. (1987) and Lamb (2010) provide support for the notion that whenever a father can provide a healthy environment for their child they should be present and highly involved in that child's life as they suggest that in general father involvement positively influences a child's development. Pleck (2007) noted how several major theories in developmental psychology, most notably attachment theory and ecological systems theory, can be modified to incorporate fathers and fathering as developmental factors. The importance of the involvement of both parents is supported and reflected in the policy changes in Canada, allowing for the allocation of parental leave to fathers, or as has been done in Québec, providing specific leave directly for fathers. These policy changes reflect a change in the value and nature of optimal father involvement while also promoting social change in how fathers are involved.

Relationships.

Becoming a father is a significant life event that typically requires major changes and reorganizes a new father's entire social world (Genesoni & Tallandini, 2009). The

relationships primarily discussed in the qualitative fathering literature include those with family, spouses, friends, and medical professionals (Barclay & Lupton, 1999; Fägerskiöld, 2008; Gage & Kirk, 2002; Genesoni & Tallandini, 2009; Henderson & Brouse, 1991; Nyström & Öhring, 2004; Pelchat et al., 2003). When a man becomes a father, he has to engage in new activities to provide care for his child (e.g., changing, feeding, bonding), which takes up much of his time and energy. Some fathers have reported that these activities diminish time spent on some of their other relationships, particularly relationships with friends who do not have children of their own (Gage & Kirk, 2002; Nyström & Öhring, 2004). For some, these relationship changes have been related to having to spend so much time caring for their new child that they do not feel they have time to engaging in these relationships. For other fathers, the relationship changes described as intentional and the result of a perceived evolution in their personalities (e.g., perceptions that they become more sensitive and caring people after becoming a father).

With the arrival of a new baby, some fathers reported that their relationship with their partner diminished in importance and felt strained during the first few weeks of their child's life because they felt as though they were focusing on caring for their new child (e.g., Henderson & Brouse, 1991; Pelchat et al., 2009). Despite these findings, in the early periods of raising a child (first few months/years) perceptions that their relationship with their partner has been strengthened have been reported by other fathers. These men reported that they feel more united and more like a stable family unit (Chin, Hall, & Daiches, 2011; Premberg et al., 2008). Researchers have also identified new parents

viewing each other in a new parental role as a contributing factor to a perceived strengthening of their relationship (St John, Cameron, & McVeigh, 2005).

The importance of a close relationship with the partner was emphasized when this relationship was absent owing to a breakup or divorce (Hallman et. al., 2007; Trinder, 2008; Troilo & Coleman, 2012). In these cases, fathers have perceived the mother as serving as a barrier, or gatekeeper, preventing a close bond between father and child. These situations are obviously problematic for these fathers as their primary concern is typically spending as much time with their children as possible. To spend this time with their children, they need to try to have a relationship with the mother of their children in which they can cooperate in raising their child without these barriers.

Fathers have indicated that they relied on their family for support in many ways across several studies. This support included emotional support, instrumental support, and for asking advice (Lee et al., 2013). The most commonly discussed relationships in this literature were those between new parents and their own parents. While fathers are aware that their parents (or the parents of their partner) may not necessarily have any expertise with modern methods of infant care, they were sometimes beneficial as trustworthy sources of information (Lee et al., 2013). Furthermore, these sources of information were usually readily available which may have added to their perceived usefulness. This perceived usefulness did not always extend to others as some fathers identified that it was challenging to see the new child during the first few weeks as many of their family members were visiting and spending time with the child. There is also evidence that frequent family interaction during the transition into parenthood may cause

tension when family members offer unwanted or unhelpful advice to new parents (Gage & Kirk, 2002).

As noted, not all of a new father's relationships have been perceived as positive during the transition into parenthood. Many of the challenges encountered by fathers when interacting with medical professionals have taken place during the birthing experience or soon after (Chin et al., 2011; Genesoni & Tallandini, 2009; Nyström & Öhrling, 2004). Not surprisingly, the group of fathers who most frequently report challenges related to their relationships with medical professionals tend to be fathers who have children with illnesses (e.g., Jones & Neil-Urban, 2003). Conflicting professional advice can also exacerbate conflicts between parents, for example, conflicting advice among hospital nurses around delivery or birth (Coughlan & Jung, 2005, Gage & Kirk, 2002; Henderson & Brouse, 1991). The perceived lack of consistency and directive approach to parents seemed to trigger the 'father as protector' role among new fathers allowing them to step into situations to state their opinion to medical professionals and protect their partner and/or their child.

Overall, the literature on fathering indicates that changes occur with most of their relationships after a child is born. Some of these changes can be challenging (e.g., with partners) but may improve as fathers become more confident in their skills as a parent (Nyström & Öhrling, 2004). These shifts seem to occur because fathers are now changing their priorities and placing emphasis on spending time with and providing care for their new child. Even with major societal shifts around parenting as noted in the Canadian statistics there is evidence that the expectations around fathering have become

more expansive, requiring fathers to make these priority shifts to be a caregiver for their children.

Caregiving.

As noted in the introductory section of this review, there has been a recent increase regarding the importance of fathers providing care to their children rather than just being the financial provider and protector of their family. Despite this increase of the value for fathers to be highly involved in the beginning stages of their child's life, fathers are still often perceived or depicted as secondary caregivers as compared to mothers (Sunderland, 2006; Wall & Arnold, 2007). Fathers frequently noted the perception of being the 'secondary parent' as a source of concern or regret across studies. This perception reflects that fathers have an ideal, or expectation of their parenting involvement that may not always be met in reality. The source of this conflict between ideal and reality is owing to different barriers that fathers encounter.

As the mother has commonly been the one who provides primary care for children, some fathers have encountered maternal gatekeeping with respect to accessing their children (Trinder, 2008). In some cases, there was an acknowledgment from the father that the mother of their child may have more experience with child care, but fathers felt they were just as capable as their partner. Despite their confidence, some fathers reported a sense of resistance when they attempted to care for their children. In many cases, the fathers reported mild resistance such as the mother taking over most child care duties and not allowing him to engage in this activity (Barclay & Lupton, 1999). In some

extreme circumstances (e.g., relationship breakdown) fathers reported being blatantly denied access to their children; a situation that is especially prevalent with many separated and/or young fathers (Ball & Daly, 2012; Trinder, 2008). In these extreme cases where fathers reported that they were denied access to their children they felt guilty about not seeing their children, but they perceived the situation as being out of their control (Troilo & Coleman, 2012). These gatekeeping tendencies by mothers not only blocked fathers from providing some forms of care for their children but also strained their relationship with their partner, reducing their capacity to be supportive.

Trinder (2008) conducted semi-structured interviews with 22 non-resident fathers in the United Kingdom who were divorced from their partner. These fathers found it difficult to provide care for their children as they did not have the opportunity to spend time with them because of their differing residency. Jenkins (2009) also had similar findings studying a group of 18 non-resident Australian fathers through the use of individual semi-structured interviews. These fathers reported feeling guilty that they were not able to provide care for their children as they believed they did not have access to see them as often as they would like. The author suggests that there may be other groups of fathers who experience caregiving challenges, but they may be especially prevalent or stronger among these fathers that do not live with their children.

Positive experiences related to caregiving have also been found with young (teen) fathers (Devault et al., 2008). Many fathers have reported that they believed themselves to be highly involved with caring for their children and enjoyed engaging in this role. Several of these men reported difficulties with their own childhood (i.e., some reported

that their own father was absent from their lives during this time) and they felt that they were giving their children better lives by being present and engaging in caregiving activities. The desire to be an involved and responsible caregiver was noted in a similar study that used semi-structured interviews with 16 young fathers in the United Kingdom (Tryer et al., 2005). These researchers found that while many of these men reported that before having children they engaged in some activities they considered irresponsible (e.g., drugs) once they had their children and had to engage in caregiving they believed themselves to have become more responsible. To become more responsible and provide care for their children many of these fathers reported making lifestyle changes (e.g., quit using drugs) which they believed to be positive and allowed them to provide care for their children. Research with First Nations fathers by Ball (2010) also presented similar findings with regards to accessibility.

Recent research on fathering has identified that fathers want to be caregivers for their child, even if they are not sure what that entails (e.g., Doucet, 2006; Genesoni & Tallandini, 2009; Lewis & Lamb, 2003; Nyström & Öhrling, 2004; Trinder, 2008). This lack of knowledge about the caregiving role for a father seems to result from a combination of factors, including the need to work away from the home (Troilo & Coleman, 2012), maternal gatekeeping (Trinder, 2008), lack of role models about father caregiving (Devault et al., 2008), and the need to make major lifestyle shifts (Ball, 2010; Tryer et al., 2005). This represents an aspirational factor that new fathers perceived a caregiving role as their ideal of fathering. The conflict that results from fathers encountering these barriers seems to add to the perception of stress for new fathers. In

extreme cases, where fathers are totally blocked from achieving a caregiving role, as with relationship breakdown, fathers report feelings of frustration and guilt. This suggests that caregiving is important, beyond being a provider and protector: fathers want to be involved.

Limitations and Conclusions

Currently, there are limitations to the literature regarding fathering. As noted in the introduction to this review, these major limitations included: the prevalence of research focusing on specific subgroups of fathers, the use of constructs developed with mothers to research fathering, and the lack of fathering research applied to the Canadian context. Much of the research that has been done is certainly valuable in some contexts, but it does not necessarily inform researchers and service providers of the experiences undergone by typical Canadian fathers. Mothers and fathers both access many services, including public health programs, which aim to serve parents who could be considered typical. For these service providers to adequately serve this population, understanding these experiences is essential.

It would be unreasonable to suggest that it is possible to gather enough research to discern what a “typical” fathering experience is across all of Canada, but by focusing on particular areas and allowing the findings to inform parents and supports in these regions this type of research is highly relevant and applicable. The Nurturing the Next Generation parenting experiences study (and, therefore, this specific analysis of the data collected for that study) intends to do just that, through questioning the experiences of

any kinds of fathers in a large urban centre in Ontario. These findings can be relayed to the agencies that offer support to fathers, therefore, providing them with greater insight and possibly improving services. These findings could also be used by fathers themselves so they may understand that the experiences they are experiencing may or may not be atypical.

Chapter 3: Methods

Qualitative research methods were chosen for this study in an effort to gather information about the lived experiences of fathers as they transition into parenthood without making assumptions that all individuals attribute the same meaning to these experiences (Parker, 2005; Willig, 2008). Rather than asking direct questions about specific experiences related to the transition into fatherhood as is done in many hypothesis driven quantitative-based studies, the qualitative methods used in this study allow researchers to ask open-ended questions that look at the lived experiences as they are deemed important by research participants (Liamputtong, 2009; Willig, 2008). According to Willig (2008) this method is beneficial when a researcher wishes to understand how a group of individuals experiences a phenomenon in their lives and how this knowledge can be used to support them in some manner-which was the purpose of this study. This section will describe why qualitative methods were specifically chosen over other possible methodologies, outline the characteristics of the fathers who participated in the study, detail the focus groups they participated in discussing their experiences as new fathers, and explain the interpretative phenomenology framework used to analyze the data gathered.

Research Method Selection

As fathering is a common circumstance that men find themselves taking part in at some point during their life, it is not surprising that there has been research that focuses on various aspects of fathering. Researchers have used a variety of research methods to study this broad group of men. The research methods traditionally used to study fathers

can be broadly grouped into three categories: quantitative, intervention, and qualitative studies (or a mixed methods research study involving portions with two or more of the above-mentioned methods). Each of these methods has strengths and limitations with regards to studying fathering experiences.

Quantitative-based research on fathering has tended to focus on the measurement of psychological constructs in an attempt to represent underlying beliefs or perceived abilities of fathers and look for differences or associations among groups (Nyström & Öhrling, 2004). Usually, these studies make use of various scales that have been created by researchers in attempts to quantify psychological constructs that have been operationally defined in previous work (e.g., depression, anxiety) (Bradley & Slade, 2011). This type of research can benefit from sometimes being able to show “significant effects” that allow a researcher to demonstrate the potential importance of their research in a statistical fashion. For example, in research about parents of children with Autism, Kayfitz, Gragg, and Orr (2010) attempted to uncover what types of positive parenting experiences parents tend to report. To uncover these positive experiences, researchers unitized two different closed-ended Likert-type scales. In their results, they were able to show a significant difference between the number of positive experiences reported by mothers and fathers through the use of paired *t*-tests. Overall, their results demonstrated that mothers reported significantly more positive experiences related to parenting children with Autism than fathers ($t=2.41$, $p=0.02$).

The benefits of determining a significant difference between scores on a particular measure as was done by Kayfitz et al. (2010) must be tempered by an important

consideration. By using these surveys, the researchers were predetermining, limiting, and directing what they could uncover about parents of children with Autism to those the authors of the survey believed could be positive experiences (a common concern with many quantitative research studies; Liamputtong, 2009). With regards to the specific survey used in research by Kayfitz et al. (2010), these results may have been found because the survey did not ask about experiences fathers considered to be positive. Even if researchers include open-ended questions in this type of survey in an attempt to account for these possibilities, these questions are often very targeted to look for specific experiences, rather than allowing participants to say whatever they believe is important. This type of research method leaves little to no room for parents to express any experiences they want to share with researchers not previously identified given that there is no free-flowing discussion. Even if surveys in this type of research contained hundreds of items, it could still not contain all of the possible experiences a parent could view as positive. As well, exposure to the questions in the survey predispose the participants to think about the issues in the content areas that are discussed. As a result, even the open-ended questions (that often appear at the end of the survey or after a series of questions) can bias the participants' responses.

While quantitative research in psychology can be useful/necessary for some topics, its use in uncovering the lived experiences of fathers for this research project seemed limited. For the purposes of this research study, it is necessary to have an in-depth understanding of the experiences of participants as the role of a typical father in his family has been changing in recent years and researchers need to be able to provide

support for them. There is the potential to use knowledge of these experiences to identify and develop surveys for quantitative research on specific topics, but it is essential to explore the phenomenon as guided by the lived experiences of fathers as an important first step.

Intervention-related research has tended to focus on the possible effects of an enacted intervention regarding a group of fathers. Participants who take part in this research are quite frequently those considered to be high risk or those who are likely to benefit from the proposed intervention rather than the population of fathers in general. The interventions that take part in fathering research are usually parenting education/support programs (e.g., Magill-Evans, Harrison, Benzies, Gierl, & Kimak, 2007; Scott & Lishak, 2012). For example, Scott and Lishak (2012) used three different self-report questionnaires to assess whether an intervention program for fathers who were previously abusive towards their families reduced their abusive tendencies. While they did find statistically significant improvements for fathers who underwent their program, these self-report measures are of questionable value as evidence for actual changes outside of a clinical setting. Not only did the self-reports measure more 'subjective intention' as opposed to objective behaviours, these measures are also open to social desirability bias, as was noted by the authors as a limitation of this type of research (Scott & Lishak, 2012). Ideally, the impact of an intervention targeting abusive behaviours needs to be based on measures of subsequent and actual behavioural change. Unfortunately, assessing actual behaviours and behavioural change is very difficult in many social contexts and it is important for researchers to be mindful of the measures

they are using to evaluate these effects and whether they could be biased in some manner. Accordingly, the appropriate conclusion must at least reflect the possibility of social desirability biases existing in the data collected.

As was previously described, qualitative research methods tend to make use of data derived from transcribed interviews with researchers and participants discussing their personal experiences in an open and free flowing conversation (Parker, 2005). This allows qualitative research to be a very flexible method of inquiry that attempts to make as few assumptions as possible about the lived experiences of those being interviewed (Liamputtong, 2009). The flexibility of qualitative research is demonstrated through the open-ended questions typically being asked and by allowing the participants to guide the conversation with the researcher. An effective qualitative researcher will enable participants to discuss what is important to them in relation to the overarching subject rather than forcing the conversation in a specific direction. A researcher will also probe for further clarification and elaboration where appropriate as well as reinforcing the guiding principle to the participant that their views are important and that they are they experts of their own experience (Willig, 2008). Also, individuals who participate in qualitative research studies where they share their experiences have described it as an empowering experience as they sometimes report that they feel they are contributing to the research process as well as clarifying aspects of their lives for themselves (Liamputtong, 2009; Parker, 2005).

While qualitative research methods are flexible, they still have notable limitations. One major downside is that the reliance on interpretation by the researcher

can potentially cause problems related to the meaning of the data (Liamputtong, 2009).

When a researcher has to interpret what is being said by a participant there is the potential for their biases to influence what they believe or interpret the person to be saying as opposed to understanding what the participant meant.

To overcome this limitation, qualitative researchers use reflexivity. When using reflexivity researchers need to think about and acknowledge how their reactions to the data itself can influence interpretations and analysis (Willig, 2008). Before, during, and after coding the textual data the researchers need to engage in discussions and verifications with others to identify and discuss the effects personal biases could have on the data analysis. In the case of this research, discussions took place regarding potential biases with my supervisor and others who participated in the Nurturing the Next Generation Research Group. For example, one potential bias that was often discussed with regards to this research study was that I, as someone who is not a father, has never experienced the transition into parenthood. This was discussed as having both a potential positive and negative influence on the analysis. In a positive sense, I could interpret the data as the participants described it without inadvertently imposing my own experiences of these events on this interpretation. However, this lack of directly experiencing the transition fathers described could lead me to be more likely to misunderstand or misinterpret certain experiences shared. Having these discussions and allowing these issues to be identified is fundamental to qualitative analysis. Furthermore, as a second reflexive practice at least one external researcher can independently read and interpret the transcripts to see if both researchers have similar interpretations can

potentially support this process to minimize the presence of these biases. The important aspect of this reflexivity is that these potential biases are explicitly acknowledged.

Another limitation of using qualitative research is that these research studies tend to have relatively small sample sizes (Willig, 2008). Small sample sizes usually occur because of the amount of time it takes to interview participants and the large amount of data that is obtained from each participant. If the same number of participants took part in qualitative research studies as in quantitative research studies, the data would be far too cumbersome to analyze efficiently. However, qualitative researchers tend to report that they do not feel they need large sample sizes. In fact, many researchers do not even set out the exact number of interviews that they intend to complete at the beginning of a research study but treat it as an iterative process. Researchers will engage in constant comparative analysis in which they conduct interviews and analyze data simultaneously until they reach a point at which they feel that conducting additional interviews will not gain them any new information, which is referred to as the point of theoretical saturation (Liamputtong, 2009). This point of theoretical saturation is not reached in all research studies if the number of participants a research has access to can be limited, but is typically what a qualitative researcher strives for to feel their data is as thorough as possible. With regards to the parenting experiences study, this point was reached. After many focus groups had been conducted it was decided by the overarching group that conducting further groups would not yield better results as the same themes were repeating.

The best method used to interpret the data gathered in this particular research study was interpretative phenomenology. Interpretative phenomenological analysis allows researchers to describe the meaning of experiences of participants as they are presented in the data, as these are what individuals who have gone through these experiences deem most important (Starks & Brown Trinidad, 2007). Using this method, the researcher's personal values are not ignored (i.e., the researcher does not claim to be "objective" with their interpretations) but are identified as possible influences on the analysis. With the use of this analysis, the researcher must keep in mind that they are creating an interpretation of a participant's experience that does not necessarily reflect the "true" experience of the participant, but is still relevant to describing their lived experiences.

This interpretative phenomenology framework was chosen for analysis as it identifies phenomena as they have been presented in the data while utilizing the researcher's interpretation of the phenomena (Willig, 2008). This is preferable to a method such as grounded theory where researchers sometimes use a pre-set coding index to analyze their data and develop their themes. Interpretative phenomenology was also beneficial for this particular research over qualitative discourse analysis as this research was simply an attempt to identify common experiences, rather than conducting an in-depth analysis. Furthermore, a thorough analysis of the conversations held including such aspects as patterns of speech would have been very difficult to discern given the quality of the tape recording, and the extent of background noise experienced during the sessions. Given these data limitations discourse analysis was also not possible. As there is little qualitative research about how new fathers experience the transition into

parenthood, interpretive phenomenology is extremely useful. For this research study using interpretive phenomenology identifies the experiences of fathers, rather than analyzing their experiences in a specific cultural or personal context, which further research could do.

Participants

Participants who took part in this research study consisted of a subsample from a larger overarching study conducted by a research partnership between Trent University and Peel Public Health for their research project: Nurturing the Next Generation – Parenting Experiences Study. Part of this overarching research project involved an assessment of the experiences of new parents in the Peel Region of Ontario, Canada. Peel is a large, mixed metropolitan/rural area (Mississauga, Brampton, & Caledonia) with a large annual birth cohort; there were 15,993 registered births in 2009. Peel also has a large population of immigrants with approximately two-thirds (67%) of the parent population not born in Canada (Peel Public Health, 2009).

The Parent Experiences study was a direct outcome of a previous review of the literature on population-based interventions that are effective for supporting new parents. Three categories of programs were considered: parent education, social connectivity (creating social networking opportunities), and social media initiatives (for a complete report see Nurturing the Next Generation, 2013). In the review of parent educational programs, three major issues were identified. First, there was a lack of consideration of the needs and interests of parents when designing content; particularly for programs

designed for the general parent population. Second, much of the past research predated significant shifts in the use of social media and changes to the Canadian parental leave programs and that there is very little recent research on parents in the Canadian context. Thirdly, the review also concluded that there is a lack of consideration of the needs, interests, and engagement of fathers in the design of parent education interventions. As a result of these conclusions in the review, the Nurturing the Next Generation group decided to conduct a study to identify the lived experiences of new parents in that region. As part of the Parent Experience study, the inclusion of fathers was an important consideration to address the lack of research on their needs at the onset of becoming a parent. As the Region of Peel offers many different services for parents, having a better understanding of the typical parenting experiences in the area will help inform multiple agencies in Peel. In turn, this could help improve supports for parents in the area and potentially extend to other regions with similar characteristics.

For the first phase of the research, the Nurturing the Next Generation group decided to conduct publically accessible focus groups. Researchers decided to use open focus group sessions as it was unclear from the literature who in Peel Region represented a ‘hard to engage’ parent, there was a lack of research on non-targeted parents, and also a lack of research on fathers as a group. A limitation of this approach is that the focus groups would likely represent parents who often attend community groups and programs (e.g., such as Ontario Early Years Centers, libraries, or parent education classes), but given the lack of research on even the easiest to access parents, this limitation was

deemed to be appropriate for the first pass of gathering information from community members.

To ensure the involvement of fathers, the Nurturing the Next Generation group identified that it would be beneficial to hold specific ‘fathering’ focus groups that would include only new fathers (with at least one child of less than two years of age). A male researcher (myself) and trained male facilitator were asked (whenever possible) to develop and conduct focus groups with fathers only groups. The goal was to provide an environment that was father-focused as one concern expressed in the parenting education literature was that fathers often felt that their concerns and opinions were easily overridden when mothers and/or female educators were present (Gilmer et al., submitted). The father-only team ensured that the questions, prompts, and focus group sessions were properly adapted for fathers (e.g., removing prompts associated with mothering challenges of labour/delivery and breastfeeding, changing the wording to reflect male gender).

Table 2 shows demographic information for the sample of fathers who took part in the focus groups. A total of 30 fathers participated in these focus groups, but demographic data was only collected from 29 as one father failed to complete the demographic survey. As noted below, all fathers lived in Mississauga or Brampton, all considered themselves to be part of a two-parent family and ranged in age from 20 to above 45. The most frequent age group of fathers in this sample was 30-34 (41.4%) which is comparable to the national average age of a man becoming a father at 29 (Beaupré, Dryburgh, & Wendt, 2008). All except one of these fathers were first-time

parents. The average age of children of these fathers was 7.4 months. The modal age of their children was one month (n=9) indicating that not only were these fathers almost all first-time fathers, but many had become fathers very recently.

Virtually all of these fathers (93.1%) indicated that they were employed and only one father indicated that he was currently on parental leave. This is consistent with the national average from 2006 which indicated that 94% of fathers were employed (Beaupré et al., 2008). Many of these fathers were highly educated as more than 70% had completed college or university. The average annual household income for these fathers ranged from less than \$20,000 to above \$80,000 although the majority of fathers (73%) indicated their annual household income to be either between \$40,000 to \$80,000 or above \$80,000. Accordingly, this sample reflects a generally well-educated, middle- to high-income group.

As previously mentioned, Peel contains a large proportion of parents who were not born in Canada. Only 30% of the fathers that participated in these focus groups were born in Canada. India was the most common non-Canadian home country in this sample with five participants citing this as their country of origin. This large proportion of immigrants in this sample is very slightly higher than the overall reported percentage of immigrants in Peel (which is 67%; Peel Public Health, 2009). Of those who were not born in Canada, 41.3% had immigrated after the year 2000. Despite many of these fathers immigrating into Canada, the majority (73%) still cited English as at least one of the languages they primarily spoke at home. The demographic composition of the participating fathers is very comparable to the demographic composition of Peel Region.

Table 2

N=29

Question	Response	Percentage
Where do you live?	Mississauga	55.2%
	Brampton	41.4%
	No Response	3.4%
Family Type	Two-Parent Family	93.1%
	Two-Parent Family with Other Relatives	6.9%
Number of Children	One	96.6%
	Three or More	3.4%
Employment Status	Currently Working	93.1%
	On Parental Leave	3.4%
	No Response	3.4%
Education	High School or Less	13.7%
	Some College or University	10.3%
	Completed College or University	72.4%
	No Response	3.4%
Country Born	Canada	31.0%
	India	13.8%
	Jamaica	10.3%

	Other	44.9%
	No Response	3.4%
Year Immigrated	1986-1999	23.9%
	2000-2011	41.3%
	Born In Canada	31.0%
	No Response	3.4%
Language Spoken at Home	English	62.1%
	English/Other Language	10.2%
	Hindi	6.9%
	Other	20.8%
	No Response	3.4%
Parent Age	20-30	13.7%
	30-34	41.4%
	35-39	27.6%
	40-44	10.3%
	45+	3.4%
	No Response	3.4%
Annual Income	20,000\$ to 40,000\$	6.9%
	40,000\$ to 80,000\$	34.5%
	80,000\$ +	37.9%
	No Response	20.7%

Focus Groups

Eight focus groups of fathers were conducted for this research, each lasting between 45-75 minutes. This method of interviewing allowed researchers to obtain data from a large number of participants efficiently, compared to conducting individual interviews (Liamputtong, 2009). This factor was important for this research as Peel is a very diverse community, so there was a need to identify the experiences from a large number of parents. This method allows for discussion between participants, rather than just looking at interviewer-participant conversational dyads. Allowing between-participant discussion was valuable for this research as it may have given some of the fathers' ideas about their experiences that they would not have immediately discussed in an individual interview (Liamputtong, 2009).

Many of the participants who took part in this study were frequent participants of programs or groups where individuals met on a regular basis (Daddy Drop-Ins, Daddy and Me programs, library storybook readings, or community centre programming) or brought their children to a drop-in service where they may see some of the same parents regularly (graduates of parent programs, baby playgroups). Owing to the nature of this convenience sampling, many of the participants had pre-existing relationships with each other before taking part in the focus groups. The nature of any of these possible relationships were not recorded as they were not immediately relevant to the research questions. In many of the focus groups, this familiarity among participants resulted in good-natured banter and fairly frequent comments of support or shared opinions. A few fathers attended session outside of the eight that specifically recruited fathers. A brief

review of the comments made by fathers in the mixed gender groups were similar to those raised by the fathers in the father-only groups, although there were fewer comments made. Those comments were incorporated into the results of the father-only focus group analysis.

Researchers recruited participants through flyers at various parenting-focused areas around Peel (e.g., OEYC centres, parenting groups, prenatal classes) and through recruiting by staff at these locations. On the day of each focus group, three individuals from the research team were present: two to facilitate (trained facilitators) and one to take notes (researcher). Wherever possible, male team members were used. Upon arriving at the location of the focus group, participants were given information that included the informed consent form and an overview of the questions to be asked (see Appendix A). The pre-focus group information also included a brief survey each of the parents filled out indicating some of their demographics (Appendix B); the results of which were described previously. Those who agreed to participate were also permitted to enter their names into a draw for a small gift certificate to thank them for participating. After participants had provided informed consent, the primary focus group facilitator introduced the research team and went through the review of what would take place. This preamble spoken to participants included a reiteration about the focus groups being audio-recorded and informing them of their privacy rights including that they would never be individually identified in any subsequent writings about the research conducted.

Once all of the preparations noted above were complete, the audio recorders were turned on, and the primary facilitator began the discussion. While conducting the group,

the facilitator followed along with a basic outline of questions to help ensure some consistency across groups. This outline contained five fundamental questions concerning both the pre- and post-natal experiences of being a parent in Peel, which encouraged both positive and challenging experiences to be shared (See Table 3). As participants responded to each of these questions, the facilitator would ask for clarifications or for them to expand on what they had said when necessary. The facilitator outline contained appropriate prompts (See Appendix D). In instances where participants were not responsive to a question (quite often there was hesitancy with the first question), the facilitator outline also contained some probing questions or clarifications that that could be used in an attempt to expedite discussion. The focus group facilitators were instructed to intervene in the group as little as possible in an effort for participants to experience an open and free-flowing natural conversation rather than being led to converse about specific topics.

The questions used in these focus groups were intended to be as open-ended as possible to elicit spontaneous and undirected answers from participants about their experiences rather than probing them to give specific answers. This is an important aspect of qualitative research to allow participants to speak on their own terms and not give the answer they believe the researcher wants because it is phrased in a leading manner (Liamputtong, 2009). Researchers also used these open-ended questions as they required an explanation from participants so they would not be given one-word answers, allowing for an analysis of the narratives of the participants. The Nurturing the Next Generation Team developed the questions used in the study (I was a member of this

team) and then adapted to father-only groups by myself. The changes were reviewed by the Primary Investigator (Smith-Chant) and then reviewed and approved by the members of the Nurturing the Next Generation research group.

Table 3

Question	
1.	To begin, I would like to ask you to introduce yourself, and tell us and your child's name and age.
2.	Tell us about a time that made you feel good as a parent.
3.	What are the biggest problems you've had as a parent so far?
4.	What have you found to be helpful in your first few years (or months/weeks) as a parent
5.	If you could have one wish to change one thing that would make it easier to be a parent in Peel what one thing would you change?

The study used trained facilitators from the research division of Peel Public Health. A researcher (myself, or Smith-Chant) attended as an observer and note-taker in all of the sessions involving fathering only groups. The research was conducted over a period of 4 months in the late winter and spring of 2013. Two recorders were used in each session to ensure that all comments were collected, particularly with larger groups.

Analysis

After a professional transcription service had transcribed the audio-recordings, they were verified by myself to ensure that they were complete. This comprehensive verification ensured that the data collected was as accurate as possible. As the audio-recordings sometimes contained background noise and talking between participants certain elements of speech such as short pauses, hesitations, and repeated words were not included. Furthermore, participants were not individually identified in the transcripts; they were all labelled as "participant," in an effort to ensure their confidentiality, but also reflecting that it is not possible to attribute statements made in a group to the specific individual who made them.

The transcripts were each analyzed individually in three main stages as recommended for interpretative phenomenological analysis by Willig (2008). The first stage involved multiple readings of the text. While conducting these initial readings, notes were inserted into the margin of the documents concerning different questions, concerns, or issues that stood out in each of the transcripts. Furthermore, Researchers kept separate files corresponding to each of the transcripts with more extensive notes about the coding of each transcript. This was done to provide a clear understanding of the discussions that took place during the interview or focus group and to raise initial thoughts or questions that could influence later analyses, as well as to note any personal biases of the researcher that may have influenced the analyses.

In the second stage of this analysis researchers noted themes for all relevant portions of the text. While reading the text any portions related to the overarching research question, how a man experienced the transition into fatherhood, were identified

as relevant. When a part of the text was identified as relevant, it was then given a code that described the overall meaning of that text. Each code was then inserted into the margin of the electronic document so they could be easily identified. For example, all portions of the transcript related to a father discussing his excitement to see his child develop were labelled with the code "excited to see child develop." For the first two transcripts analyzed, codes were developed individually for each part of the text. After these two transcripts had been coded, a list of all the codes that had been used was made. This list was then used to code the rest of the transcripts to ensure consistent language use to describe similar phenomena across groups. When a portion of the text was identified as relevant, but none of the established codes summarized the meaning of that portion a new code was developed and added to the list.

These initial steps of the analysis were also coded independently by a second researcher to enhance the validity of the coding scheme and similarity of interpretations. This was done to identify and account for any potential biases that may impact results when only one researcher conducts the analysis. Once a transcript was coded independently both researchers calculated a percentage of agreement. This percentage of agreement was calculated by comparing the independent codings of the transcript by both researchers and noting whether both researchers agreed or disagreed with each coded portion of the transcript. The number of codes that were agreed upon by the researchers divided by the total number of portions coded was then calculated as a percentage of agreement between the two transcripts. Initial independent coding for each group resulted in percentages of agreement between 75-85%. Upon completion of these

calculations, both researchers came together to discuss where disagreements were present and to resolve them, resulting in an average agreement rate above 95%. When disagreements did occur, they were usually attributed to differing interpretations of phenomena or relevant portions of the text that one of the researchers missed as important.

In the third stage of the analysis of each transcript an effort to identify connections between codes within each group was made. This was done by taking the list of all codes used in each particular transcript to look for continuing themes. When researchers identified codes as having similar concepts they were placed together in a "cluster," which was labelled to identify the overarching idea of the codes noted and how they were related. Conducting this analysis separately for each of the focus groups identified the most commonly shared experiences in each of the groups. If a theme was frequently discussed during one focus group but not discussed in others, this might then be noted as a unique personal experience rather than a common overarching theme consistent across multiple groups. Next, a summary table of the relevant themes and the clusters to which they belong was created for each group as well as supporting lines from the text that represent each theme (base table example can be seen in Appendix C). These summary tables represented the identified lived experiences of fathers in each of the individual focus groups.

The transcripts and summary tables for all groups were then brought together to identify consistent themes. Through these comparisons, the most commonly occurring themes were identified as well as themes that were particularly salient across groups.

These themes were organized into overarching metathemes that provide a good representation of a concept throughout multiple focus groups. These overarching themes/metathemes were then organized into an easily understandable visual representation of the phenomena occurring within these focus groups (Appendices D-I). These metathemes provide an understanding of how the participants have experienced the early stages of fathering, what has been important to them, what has been challenging for them and shows how fathers can be better supported by Peel Public Health and other services in the region.

Chapter 3: Results and Discussion

Throughout the following section, the results for each of the four overarching metathemes identified from the data collected are summarized individually and are immediately followed by a summary and discussion section. These summary and discussion sections have been added to the end of results of each of the metathemes to emphasize clarity. Given that many of the aspects between the overarching metathemes are qualitatively similar, having a brief discussion surrounding the unique aspects of each metatheme at the end of each of the results minimizes overlap and reduces repetition and potential confusion. At the end of the Summary and Discussion section for Metatheme Four, there is an overall general discussion section that incorporates the aspects that relate to the overall context of the findings.

Furthermore, the results are not quantified with regards to the frequency of comments or the number of participants who contributed to particular discussions. These results were not placed into quantifiable terms for two main reasons. First, quantifying the frequency of comments within qualitative research can give the false impression (to the researcher and/or to the reader) that because participants discuss a particular aspect that the information gained from those discussions is more important than aspects discussed less frequently. For this research, it was deemed more important to identify the importance of themes based on the depth or importance of discussion with which participants discussed them rather than the specific frequency with which they were discussed. Second, as was identified in the methodology, given the use of focus groups for data collection and the background noise on the audio recordings (e.g., babies crying,

playing with toys) it would be extremely difficult to distinguish between participants and accurately track their contributions to the various conversations. Throughout the results terms such as more, several, many, and few are used to describe the frequency with which comments were discussed. These terms are not used with the intent to emphasize frequency as importance to the overall themes but simply to give the reader a general idea of frequency.

Metatheme One: Intrapersonal Experiences: The transition into parenthood is positive and affirming for fathers.

Experiences shared by fathers about their thoughts and emotions as they transitioned into parenthood have been categorized as intrapersonal experiences. These experiences demonstrate that a man's developing relationship with his child is a powerful experience and overshadows many, if not all, of the challenging aspects of the transition into fatherhood. Fathers also expressed other emotional experiences and changes that occurred during their transition into parenthood but were not directly related to their developing relationship with their child. For a visual depiction of the intrapersonal experiences reported by fathers in these focus groups, see Appendix E.

Developing Relationship with Child.

When fathers discussed their emergent relationship with their new child, they consistently expressed their joy of being able to spend time with their children. Fathers usually shared these experiences early in the focus groups when the facilitator asked "Tell us about a time that made you feel good as a parent." Positive experiences related

to developing a relationship with their child were frequently shared by fathers and they typically seemed to enjoy discussing this topic.

As depicted in purple in the visual representation of this metatheme in Appendix D, this aspect was the most thoroughly discussed of all intrapersonal experiences. When discussing the time they were able to spend with their children, fathers indicated that they were happiest when they got to spend time bonding with their child, seeing their child develop, and their excitement to have a child. All of these features positively contributed to a father's developing relationship with his child, which they identified as imperative to them.

The most prominent of these topics fathers shared were about their experiences bonding with their children. Fathers expressed excitement about being able to spend time with their children when they had completed their work obligations. Having this time set aside to provide care and for playtime was seen as an important way fathers developed their relationship with their child at this age, which they enjoyed. For example, one father expressed his eagerness to see his new baby after work: "I'll walk in the door, and I'm just like 'where is he? Where is he? Where is he?.' Before any of that I walk into the house and sometimes I just can't believe it." (CP02, 751-754).

When describing what occurs when they spend their time with their children, fathers expressed their enjoyment and excitement about seeing their child develop. Fathers with older children described how they enjoyed seeing aspects of their child developing (e.g., hearing them speak, seeing them crawl) while those with younger

children described looking forward to these same events occurring in the near future. As children developed and became more aware of their surroundings, fathers reported enjoying interacting with their children. Fathers valued experiences such as their child expressing excitement when the father walks into the room, being able to engage in playtime, and hearing the child call them “dad” during these early months of the transition into parenthood.

Emotional Experiences.

Fathers indicated that they felt as though this new experience of being a father had elicited new states of mind in themselves that they had never experienced. Fathers positively described all of these changes they experienced with respect to their emotions after becoming a father. They described this new feeling of overwhelming love as powerful and unexplainable and directly related to having a child. One father exemplified this idea by saying:

It’s just a whole... you love things... but when you sit with your son, you say to yourself, holy smokes. This is a whole different thing that comes from inside your gut. It’s like from your heart, and it’s something really like wow. (MV03, 163-168)

Fathers conveyed that these feelings of joy were so overwhelmingly positive that they overshadowed many of the challenging aspects of the transition into fatherhood. When these positive emotions were experienced, the negative emotions associated with difficulties encountered did not seem to affect fathers to the same degree. One father

emphasized these the mediating effects of the emotional rewards of fathering on his experience of challenges when he said the following:

When his head came out, I was just so overcome with that feeling. I didn't collapse, but I had to sit for a minute. It hits you really hard and deep. I couldn't be happier. Everything in my life now is pretty much looking forward with him in mind. Every up and down I see coming I can just completely justify by saying, 'He's worth it.' (MV03, 199-205)

Many fathers discussed enjoying spending time with their children and developing this relationship, but they did not all discuss feeling as though they were a father at the same time. For many men, the moment they felt like they were a father for the first time occurred as soon as their child was born. Other fathers did not have this immediate sense of being a father; and the perception of being a father occurred later: "I turned to her (his partner), and I said to her 'I'm responsible for another human life.' That's when it hit me that I'm a dad now, and it's not just us anymore." (MV01, 178-180).

It is interesting to note that it did not matter whether these fathers felt like they were a father when their child was born or at some point after, they still experienced a similar rush of intense emotions upon this realization. When discussing these differences, all fathers who shared these experiences shared them freely and with no negative connotations. The fathers who indicated that they did not feel like a father as

soon as their child was born did not portray this as a negative experience compared to those who felt this right away, they simply noted that they felt differently.

Some fathers felt that their attitudes and demeanor changed after the birth of their child. The diagram of this metatheme in Appendix E depicts these characteristic changes. Many fathers indicated that they perceived themselves to have become more patient with time and that their stress levels had decreased with time. They discussed how they now had levels of patience with their children that they would never have needed before. This new degree of patience also extended beyond their child care duties, with fathers feeling more patient in general. One father compared this experience to what would have occurred in his workplace:

...At work if someone tries that at work with me yelling, I would have him out the window by now, but you sit there and go, hey, that's okay. We're going to fix this. We're going to get you some milk for you. Get you something to keep you happy, keep you going. It's a great feeling. (MV03, 171-176).

In addition to patience, many fathers also expressed how they felt that becoming a father elicited other personal changes in their attitudes and beliefs. Among these other changes mentioned were that fathers felt more responsible, tolerant, calm, less stressed the longer they were a parent, and that fathering had begun to feel natural. All of these personal changes were described in a positive manner, and grew stronger as time progressed.

Although most these emotional changes described above were positive in nature, fathers also identified some emotional challenges they experienced during the transition into parenthood. These emotional challenges were only expressed by a few fathers, but they were identified as important by these individuals. While several fathers reported feeling that they were emotionally tired, some fathers expressed feeling extreme emotional distress after the birth of their child. One father, for example, discussed his extreme feelings of anxiety during the early stages of fatherhood:

It just got to the point where it just felt so overwhelming. It brought me to the point where he was crying, and I kind of had a bit of a kind of breaking point I guess. I sang that song and calmed down. I broke down. I bawled. I just flat out bawled at that point, and I think it was just part of how do you stop crying, but I hate that I feel so anxious. I was constantly checking my heart rate. (MV03, 567-574).

An additional emotional strain expressed by a few fathers was a persistent feeling that they were not prepared to be fathers. This emotional difficulty was not expressed to the same degree as the other emotional challenges noted above, but it was still present with some fathers. When fathers did not think that they were prepared to be a parent they were unsure of themselves and what they were doing with their new children, causing them stress. For example, one father stated:

When we went home the very first time we were at her uncle's place and at first I didn't know what to do. The little I could do best was to change diapers. That's

it. The only thing I honestly could do. I didn't know what to do. I didn't know what to expect. (MV01, 611-615).

Fathers perceived most of the intrapersonal experiences they encountered as positive. Even when negative intrapersonal experiences did occur, fathers reported being able to put them aside as they were happy to have their children. As these experiences dealt with father's thoughts and feelings, they may not be easily apparent to those that provide support for fathers. In fact, none of the fathers reported sharing these feeling of emotional stress with others, outside of discussing it in the focus group.

Summary and Discussion.

The most striking feature of this metatheme is the degree to which fathers express enjoyment about developing a relationship with their children and how these new experiences give meaning to their lives. Previous literature has noted this enjoyment to a lesser degree (e.g., Nyström & Öhrling, 2004) but the fathers in the current study did not vaguely refer to this phenomenon, they frequently had in-depth discussions about it in almost all of the focus groups. Similar to findings in the research conducted by Barclay and Lupton (1999) fathers in this study described the birth of their child as a positive emotional highpoint. The fathers in this study expanded on these feelings by indicating that they continued to feel these overwhelming positive emotions throughout the early stages of their transition into parenthood. Although fathers who participated in other studies may have felt these emotions as well, they do not seem to have been discussed with the same thoroughness that took place in these focus groups. This may be attributed

to previous researchers asking questions that specifically lead fathers to discuss their challenges more thoroughly than their positive experiences. As the purpose of this study was simply to gain an understanding of the experiences of parents in Peel region, fathers were able to thoroughly discuss their positive experiences.

Personal characteristic changes found in this study expand upon on some findings from previous research. For example, previous research with Swedish fathers by Premberg et al. (2008) identified that men believed themselves to be more patient, sensitive, and mature after becoming fathers. The current research elaborated on this by identifying that fathers also perceived increased patience to be a skill acquired after becoming a father. This new degree of patience was not only applicable to parenting as it extended to their demeanor at their jobs as well. This finding is important to note as fathers who perceive changes like this to have occurred could potentially be more at ease in these situations.

In contrast to previous literature where fathers discussed the preparations they made for the arrival of their children (e.g., Gage & Kirk, 2002; Henderson & Brouse, 1991), fathers in the current research did not go into depth on this topic. It is unclear whether they did not discuss this issue because they were focused on more recent stages of their transition into parenthood or if they chose not to address it as it wasn't an important or currently salient component of their transition into parenthood. Of the few fathers who did discuss their experiences during the prenatal period, they identified that that they felt unprepared to be a father during this time, rather than discussing the preparations they made. Fathers who felt unprepared sometimes reported feeling

distressed/anxious during the prenatal period and early weeks of parenting but felt less anxiety the longer they were a father. This is valuable information as it pinpoints a potential time close after the birth of their child when new fathers could experience the most emotional challenges, which should be identified by those who provide them with support.

Rather than treating the time a new father spends with his child as a chore that needs to be done, the fathers in this study expressed their enjoyment of being able to spend time with their children and watch them develop. Fathers valued spending time bonding with their child when they were not at work above all other parenting activities. There were certainly challenges that occurred related to child care (as will be discussed in the next metatheme) but fathers reported that the positive attributes of these activities overpowered the negative attributes. Relaying these findings to new fathers or soon-to-be new fathers has the potential to ease certain challenges that may occur during their transition into parenthood. If they are aware that a typical father thoroughly enjoys their transition, then they may believe their feelings of distress will subside with time.

Metatheme Two: Extrapersonal Experiences: Interactions with elements in a father's environment often cause them challenges.

Experiences reported by fathers that were related to their interactions with elements of their immediate surroundings rather than their inner emotional experiences and influenced their transition into parenthood were categorized as extrapersonal experiences. Among the varieties of extrapersonal experiences encountered by fathers

during the transition into fatherhood, they frequently identified daily child care challenges, new experiences with immediate relationships, issues with societal attitudes about fathering, and other immediate/pragmatic challenges. For a visual depiction of the extrapersonal experiences reported by fathers, see Appendices E and F.

Daily Child Care.

Fathers expressed challenges related to providing care for their children. Given that fathers described these challenges as being a frequent source of difficulty when parenting, they were termed daily child care challenges. These challenges included issues such as: difficulties with child feeding, sleep deprivation, difficulties with time management, child medical issues, and learning to cope with their child's temperament.

As demonstrated in the diagram of this metatheme in Appendix E, the most prominent daily child care challenge expressed by fathers were the difficulties related to feeding. Fathers reported that while their partners felt physical difficulties caused by breastfeeding (soreness, problems with latching, little milk production) fathers felt frustrated that when these difficulties occurred, they were unable to help resolve the problem. Further adding to this frustration, when their partners were breastfeeding, fathers felt that the baby constantly needed to be close to the mother, meaning that they couldn't provide their partner with time away from their child. One father in these focus groups exemplified these feelings by saying: "My wife is on the breast purely, so we don't do bottles or anything. It's kind of stressful because we can't give the baby to anyone, and I can't feed the baby, so it's purely dependent on her" (MV03, 513-516).

To alleviate the frustration related to breastfeeding for both the mothers and fathers, some fathers discussed that they tried bottle feeding their babies. While this method had the potential to decrease the need to have babies close to mothers at all times, some fathers reported that their children did not bottle feed easily. When this occurred, fathers continued to feel as though they couldn't help their partners. For example, the following father discussed how he woke up during the night to bottle feed the baby, allowing his partner to rest but ended up waking her anyway:

If I wake up in the middle of the night to help, like last night I was up at 3, and so she can sleep but at a point... the milk that she expressed was basically useless because he wouldn't take it. Each time I tried feeding him, he pushes back with his tongue. I have to wake her up. (MV01, 392-398)

Another common challenge expressed by fathers was sleep deprivation. Some fathers had experienced a lack of sleep as they were periodically attending to their child's needs throughout the night, causing frustration and fatigue. Adding to this frustration, one father felt that the manner in which he slept changed after the arrival of the baby and caused him to get less sleep. This father felt like he needed to be alert to hear the child if it needed attention:

Every time she cries, you actually become a more alert sleeper. You don't sleep as deep. Somehow in the back of your mind, in case something happens you want to be the first one to jump up and go take a look check this and check that. (MC01, 37-41)

Fathers concerned with their own lack of sleep also worried about their partner's lack of sleep. If their partner was not getting enough sleep fathers were worried about their partner's well-being. One father was concerned that if his partner did not get enough sleep, she could find it harder to care for their child and that could put strain on the whole family: "That's my worry, that's she's not getting enough sleep. If she's not sleeping well, then she's tired, and she might not be able to do what is expected of her to do as a mother for the baby" (MV01, 398-401).

Another frequent child care challenge expressed by fathers was time management. Fathers often identified that with the duties associated with a new infant they had to ensure they were managing their time appropriately. Many of these fathers felt that time management could be a difficult task but overall, they felt they were managing their time fairly well, making it a surmountable challenge. A lack of time to research daycare options and difficulties being informed about/attending their child's medical appointments while maintaining their work schedule were the only difficulties with relation to time management that were not easily resolved.

Other daily child care challenges expressed by a few fathers were child medical issues and learning to handle child's needs and temperament. Although medical issues with children were not common in this sample, the few issues represented in this research indicated that having a child with extensive medical problems added other challenging aspects to the difficult transition into fatherhood as these children required extra care. Learning how to deal with his child's temperament was also expressed as a challenge by

one father who said that he felt anxiety when his baby was unusually fussy during the first few weeks.

In every focus group, fathers expressed that daily child care challenges were worrisome. Luckily, many of these challenges could potentially be alleviated through forms of support. For example, if new fathers had support to take care of their child so they could get a reasonable amount of sleep they may have felt less frustration and fatigue, potentially improving their experience. Understanding these common challenges are important for fathers and those who provide them with support.

Immediate Relationships.

Other types of extrapersonal experiences discussed throughout the focus groups were fathers' relationships with their partner and extended family. The diagram in Appendix G displays a depiction of these relationships for clarity and to emphasize its importance. As these are some of the closest relationships fathers have, there is the potential for them to impact a father's experiences as he transitions into parenthood.

Fathers in these focus groups mainly reported that they felt that their relationship with their partner was strengthened after the birth of their child as they believed they were more attached to their partner after their child was born. They reported that this stronger attachment allowed them to feel closer to their partner than they did before, which they perceived to improve their overall relationship. Although some fathers reported that these feelings occurred naturally, others believed they had to put effort into their relationship with their partner to maintain this closeness. For example, one father

identified that he felt the need to invest in his relationship with his partner to best care for their child:

Right. I'm glad you talk about the investing in each other component because, over the last few weeks, we've just been on this whole hey, let's not forget each other thing because the health of our son is also dependent on the health of our relationship. If Mom and Dad, if we're not doing good be it mentally, physically, sexually, all of that stuff, it's going to projected onto him and he's going to see that (MV01, 315-322).

Despite this new degree of closeness with their partner, many fathers perceived that there were some gender differences related to parenting between themselves and their partners. Several fathers felt they had different parenting styles than their partners (they usually perceived themselves to be more laid back) which could cause tension in their relationship. Fathers perceived that these differences were more concerning for their partner than for themselves with relation to childcare. These fathers believed that they sometimes did things differently than their partners would have (e.g., diaper changing methods) but did not believe their way to be wrong, even if their partner thought it was incorrect.

While many fathers reported a perceived strengthening of their relationship with their partner after the birth of their child, familial relationships, especially with grandparents (i.e., the child's grandparents), were often strained after the birth of the child. Some fathers reported that grandparents could be a source of support during the

transition into parenthood when they were engaging in supportive activities rather than creating difficulties. The most challenging aspect of these relationships reported was that fathers felt caught in between their partner and the grandparents, particularly when attitudes towards childcare differed across the generations. One father, in particular, described that when his parents came to visit his partner would go to another room to breastfeed privately. When this occurred, he would feel the need to split his time between his partner and his parents. When he would do this, both his partner and his parents would be unhappy, which he found stressful. This information is important for families of new fathers to understand as they need to be supportive and non-judgmental to not put added pressure on fathers during this time.

This observation suggests that the traditional father 'role of protector' might be a source of stress when it come in conflict with his personal relationships. What is apparent here is that fathers want these relationships to be positive. If these relationships are mutually beneficial fathers may feel decreased stress, which may allow them to provide better care for their children and improve the overall well-being of their family. Currently, there is very little focus on educating grandparents on the need to be supportive.

Societal Attitudes about Fathering.

Since many of these fathers were born outside of Canada (as is common in Peel where 67% of the parent population are born outside of Canada; Peel Public Health, 2009), a prevalent topic in this category was cultural differences raising a child in Canada

rather than their home country. While one father expressed that he enjoyed how parenting was a shared job between parents in Canada rather than all the care being done by the mother, other fathers noted challenges as immigrants. For example, one father found it difficult that he did not have access to herbal remedies for his child while another father was concerned that he had to pay for daycare services rather than having a family member look after his child.

In these focus groups, there were not many direct discussions about beliefs about societal attitudes towards fathers. When these discussions did take place, fathers strongly felt that they were affected by these issues. A series of topics in this theme were each only discussed within one focus group including the following: the need to acknowledge father's role as a caregiver, negative perceptions about fathers, and feeling pressured to have children. While these each only had one example, together they showed that fathers want to be viewed as capable caregivers for their children and believed that they are not perceived in this way- for instance, by wives who feel that the father isn't doing things correctly. Unfortunately, if there is a perception by some others that fathers are not suitable caregivers to the same degree as mothers are then there may be fewer fathers who choose to engage in this role. Therefore, fewer father-friendly supports and services would be developed to support active fathering and those who do engage in this role face cultural barriers.

Immediate/Pragmatic Challenges.

Experiences categorized as immediate/pragmatic challenges were everyday issues that fathers needed to deal with that were not directly related to child care, yet still affected the transition into fatherhood. While these challenges were apparent in multiple focus groups, they were not as prevalent as daily child care challenges or experiences with familial relationships. With relation to these challenges, fathers expressed feeling financial pressures on their family, difficulties when their partners had medical issues, and difficulties with transportation.

As caring for a child is a large expense, financial pressures were the majority of these challenges discussed. All except one of the fathers in this sample were currently employed while raising their children, so they were providing some financial resources for their family. Many fathers in this sample expressed that they sometimes feared they would not be able to provide all the necessary finances for their family during this expensive time, which caused them stress. The other major difficulty causing financial pressure was expenses fathers were not expecting (e.g., breast pumps), which further strained their budget.

Some families alleviated financial pressures through the use of government assisted parental leave. Unfortunately for some of the families accessing this support, several fathers perceived that this assistance was not sufficient for their needs as it is only a portion of the salary the parent would make if they were working. For example, one father expressed how his need to provide finances for his family caused him stress:

It's just am I going to be able to provide for all of us during that time? I want her to be able to go back in that career. It's just the stress of being able to earn enough to be able to give us security (TC02, 245-248).

Challenges related to partner medical issues took place during discussions about postpartum depression. Only one father explicitly stated how his partner was suffering from postpartum depression while others discussed how they watched for signs in their partners. It should be noted that in Peel Region, the prenatal education program includes extensive discussion on this topic and the need for fathers to be vigilant for the warning signs. In these comments, there is evidence that fathers viewed their role as supportive caregivers to their partners (as will be discussed in the summary of metatheme three) and watched for symptoms to support their partner's mental health.

Only one father expressed issues with transportation. He indicated that he felt the public transit in his area was too infrequent which made it difficult for him to get around- as he was a stay-at-home father and did not have access to a personal vehicle. As only one father discussed this issue, it may not be a representative challenge for a typical father in Peel during the transition into parenthood. This is a noteworthy experience that was shared as he was one of the few fathers in this sample from a semi-rural area so this challenge could be more common in these parts of Peel. The lack of transportation would be a factor in creating isolation from supportive resources. In the larger cohort of the Parent Experience Study (with mothers), the issue of isolation caused by weather was a major concern. Winter poses both cultural and pragmatic limitations. For example, cold and snow make it more difficult to go outside, as a parent must be concerned with the

child's warmth and safety. It requires more equipment (e.g., snowsuit, sled, blankets). Interestingly, some new immigrants who were unfamiliar with extremes of cold expressed beliefs that they could not go outside with a baby (e.g., it was impossible or too dangerous). Also, those who use public transit or walk must contend with getting on/off buses with bundled children and/or walking down sidewalks with snow or imperfect clearing. This observation of a difficulty with the winter is one that may be unique to northern countries.

While these immediate/pragmatic challenges were not as prevalent in the comments as other challenges in this sample, fathers indicated that they made the transition into fatherhood difficult. Unfortunately, many fathers may not have the means to help themselves alleviate these challenges as they are out of their individual control. As fathers cannot always help themselves improve these challenges, there is an opportunity for changes to the supports in the community to ease the transition into fatherhood.

Summary and Discussion.

Although previous non-Canadian research (e.g., Gage & Kirk, 2002) observed many of the daily child care challenges discussed by these fathers, the current research confirms that these challenges continue to be experienced by current first-time Canadian fathers. While this finding is not surprising, these challenges do show that fathers in this study believed they were actively engaged in caring for their children rather than being secondary caregivers. Similarly to the findings identified with Australian fathers by

Barclay and Lupton (1999), this study specifically identified the issues relating to infant feeding for fathers. While breastfeeding can clearly be a problem for many mothers, it is interesting to note that when difficulties with breastfeeding do occur, fathers can feel frustrated that they cannot help their partner. They do not see this issue as a ‘mothering’ issue but as a matter for both of them. In this situation, fathers take an active role in supporting their spouse emotionally and pragmatically, providing information from the internet, and attempting to protect the mother from unsupportive influences (e.g., negative family and professionals).

Previous literature has also discussed the immediate/pragmatic challenges identified by fathers in this research. For example, fathers in this study expressed challenges related to their financial difficulties during their transition into parenthood it was already well established that this was a common challenge (e.g., Doucet, 2006; Höfner et al., 2011; Lamb, 2010). This shows that some modern Canadian fathers still feel these financial pressures, it is still important to attempt to diminish these challenges as they could cause fathers stress during their transition into parenthood. The current parental leave employment policies are not sufficient for even these fairly well-employed middle-income families to cope with financially.

Societal challenges at the level that were discussed in this research are not traditionally discussed in the fathering literature, with the exception of some groups of fathers who take on atypical roles such as primary caregiving fathers (e.g., Doucet, 2006). The findings of the current research study suggest that even in a recent sample after fairly dramatic shifts in the patterns of father involvement, fathers can still feel as though their

roles as a parent are not acknowledged by others as they perceive it is for mothers. This can certainly be a problem; if a father does not feel that his parenting role is valued he may feel discouraged or blocked from continuing or increasing his involvement in future. Of note are a few comments from fathers who expressed hope that their role would increase once the child was older and finished breastfeeding.

Previous fathering literature has widely discussed challenges related to cultural differences, including within Canada (e.g., Este & Tachble, 2009). However, it is important to note in the context of this research Peel is an ethnically diverse community. This research did not specifically focus on immigrant fathers, but they did comprise a majority of the sample. These findings suggest that many immigrant fathers have had many similar experiences to typical Canadian fathers. These fathers tend to face additional challenging experiences when transitioning into parenthood that are caused by them being immigrants (e.g., not having family members living close by, generational/cultural differences in parenting practice with grandparents).

When discussing parental relationships, much previous research focused on the challenges fathers and their partners seem to face when entering the transition into parenthood (e.g., Barclay & Lupton, 1999; Henderson & Brouse, 1991). Contrary to these previous findings, many of the fathers in this research discussed how they made sure to invest in their relationships with their partners. By doing this, they hoped to avoid many of the challenges they had heard of some new parents having. When discussing these findings with staff from Peel Public Health, they recognized that in many of their services (e.g., prenatal education, parenting classes) their staff purposefully talk about the

need to invest in their own relationship for their child's wellbeing. This could be a limitation in the sense that it may not be reflective of the feelings of a typical Canadian father, but it is also encouraging that this type of education seems to have had an effect on these fathers as they express that they intend to make it a priority to invest in their relationship with their partner. This may be especially important given that previous research demonstrates that this relationship can diminish in perceived importance after the birth of a child (Fägerskiöld, 2008).

With respect to other familial relationships, previous literature identified that new fathers tend to rely on their families for several forms of support during the transition into parenthood (e.g., Gage & Kirk, 2002; Lee et al., 2013; Rochlen et al., 2008). The current research identified that family members can be a beneficial form of support when they are helpful and non-judgmental. Unfortunately, when family members have demands of new fathers or their partners, they can also cause strain in their relationships with the new father and in the relationship between the new father and his partner. This is an important distinction to make as it identifies that family can be a helpful source of support during the transition to parenthood, but the degree of support that is perceived depends on an individual's familial circumstances.

Metatheme Three: Fathers' Perception of their Role: Support, protector, and now emotional/instrumental caretaker.

Many fathers perceived that their role in their family during the transition into parenthood was to be a caregiver for their partner and their child. Fathers exhibited this

role by providing both instrumental and emotional care for their partner and their child. Both of these forms of support lasted from the beginning of the transition to fatherhood (partner's pregnancy) through the birth of their child and the initial weeks/months as a father, but they were exhibited in different ways throughout these stages. As can be seen in the diagram of this metatheme in Appendix G, this information can be organized with respect to time, but within each of the periods, forms of emotional and instrumental care provided by fathers were noted, so it is structured with respect to these forms of care for writing. In general, these experiences were reported more often when discussing the later stages of the transition into fatherhood (after the birth of their child) than the earlier stages (before the birth).

Emotional Care.

Several fathers expressed that they believed one of their primary roles as a new father was to provide emotional support for their partner during her pregnancy and the postnatal period. These fathers indicated that they provided emotional support by talking with their partner and ensuring that they were comfortable. Fathers believed that this helped to regulate their partner's emotions and diminish their stress before and after the birth of their child.

Many fathers reported that during the birth of their child they felt one of the few things they were able to do was to comfort their partner to ease the difficulties of labour. Comforting their partner was viewed as an important role for fathers since their partner was in a very stressful situation during that time. Unfortunately, this was not necessarily

expressed as an easy task. Some fathers expressed a sense of helplessness that they felt providing comfort was all they were able to do: “When she was having those contractions you feel that you want to do so much, you want to take half the pain, but you can’t. It was very sad how they go through all of that.” (CP02, 530-533).

Fathers reported that the perceived need to provide emotional care for their partners continued after their child was born. As noted in the previous metatheme summary, some fathers described their fears of their partner falling into a state of post-partum depression and needing to support them emotionally. For example, the following father clearly identified this to be an important aspect of his role:

You’re also invested in a wife who’s been at home all day without any sort of human contact. It’s like, how have you been? How are you doing emotionally? That’s when she broke down, I was like oh, gosh. I’ve got to go into my reserves now, and I’ve got to be this rock for her. (MV01, 486-496).

While fathers expressed that they felt the need to comfort their partner during the birth of their child, others noted that they could have benefited from emotional support themselves during this process. Several fathers expressed that they were distressed during this time yet none reported receiving any emotional support from others. For example, the following participant said that he found it difficult to watch his partner during the labour process and how it affected his emotions:

Not useless, but just totally helpless during the actual labour. I was cool as a cucumber up until, and I think I’ve been pretty level-headed since, but the day of,

I don't know. Just sitting there watching your poor wife struggle away, and there's literally nothing you could do. You can pat her head; you can coach her, you can do all the things you're supposed to do but at the end of the day she's the one doing all the work. All the crying and stuff is brutal. I didn't enjoy it at all.
(CP02, 382-390)

These experiences expressed by fathers may indicate that they could have benefited from emotional support themselves to cope with the birth of their child, although this was not true for every father in these focus groups. Some reported maintaining a calm state during the process, indicating that this need could be treated on a case-by-case basis. The following father, for example, indicated that he felt composed during the birth of his child:

Actually I was very strong, and I was surprised... I'm still surprised with myself that I was standing beside her all the time, and I didn't lose any calm of mine. I was very strong. It was a good experience. I didn't feel the way I was expecting.
(CP02, 696-698).

Although there were variations in father's own emotions experienced during the labour process, after it was over all fathers who discussed the arrival of their child described it with joy. One father even said that it was the greatest day of his life. These experiences show that the labour process itself may be overwhelming for some fathers at times and they may require support. However, once it has concluded, their immediate emotions are frequently positive.

Instrumental Care.

Providing instrumental support was noted by participants to some degree throughout the entire transition into parenthood but was least prominent during the prenatal period. The only way fathers expressed providing instrumental support for their partners during this time was by engaging in research. Some fathers reported engaging in research before the birth of their child, so they would understand what would happen during the birth and hopefully be able to provide that support. Other fathers reported researching childcare activities so they would know how to best care for their child after the birth. It is possible that this was minimally presented with relation to the prenatal period because fathers did not view this role as important during this time or that as new fathers they preferred to discuss their more recent experiences.

When their partner was in labour, fathers provided instrumental support by communicating with health care providers and advocating for their partner's needs. For some, this meant that they needed to communicate with nurses at the hospital or Telehealth when they thought their partner was going into labour and to help determine when they should go to the hospital. Other fathers provided health care during this period by timing contractions (specifically by using applications on their cell phones) in conjunction with healthcare providers. This interesting combination of managing the communications (online and in person) and online aspects of communicating with the outside world is an interesting modification to the traditional role of protector. It is apparent that most of the fathers in this sample were connected to online and social media resources.

During the labour process, fathers felt that their partners were sometimes unable to communicate effectively with their healthcare providers (doctors, nurses). Some of these fathers felt that their partners were not being listened to, so they had to intervene on their behalf to advocate for their needs. This is an important role as fathers may think that they are the only ones who can advocate for their partner during the labour process and get them proper healthcare. For example, one father said the following when discussing an error made by one of the doctors during the labour process: “Yeah, I don’t know what happened. We didn’t let it go too far because I was there, I was standing right there. I knew what was happening.” (CP02, 639-641).

All fathers who spoke about providing instrumental care after the birth of their child felt that it was important for them to be highly involved in the life of their child. Because of this, fathers discussed how they started a new routine in their lives after the birth of their child. In this new routine, fathers reduced other aspects of their lives such as sleep and work in order to provide care for their child. Consider the following father, for example, who described his new routine in which he provides instrumental care for his partner:

I put a lot of effort in and I help (partner) a lot. I sacrifice a lot of hours before work and after work so she can sleep. Probably the most rewarding for me is when...actually how thankful she is that...she’s like, “You’re such a good daddy and you’re so good with the baby and he’s so calm around you.” When I come home from work, it’s right on baby duties so mama can take a nap. I get up a few hours...I have to be at work at 7:00 so I’m usually up around 4:00 or 5:00 to give

mama another break before I head off. It feels really good when she's happy.

(MV03, 286-296)

After their child had arrived, fathers reported beginning to provide instrumental care for their children as well. This included diaper changing, feeding, and playtime. When discussing their roles related to caring for their children directly, many fathers felt as though they needed to show their partner that they were capable of engaging in these activities on their own. These fathers felt confident in their abilities to take care of their children but thought that sometimes their partners did not have that same confidence in their abilities. Having their caregiving role underestimated and the need to demonstrate to their partner that they were able to care for their children was perceived as frustrating. One father said the following: "In the husband's sense, you have to build the confidence to your spouse, 'yes yes I can take care of the kids by myself so that you can go and have your personal time' " (MC01, 290-293). It seems that there is some hesitancy on the part of the mothers to accept that fathers can provide adequate instrumental care.

Aside from providing instrumental care for their children, fathers also reported feeling their other child care roles included teaching their children and establishing a father-child attachment. These roles were described as positive experiences as discussed in the first metatheme. Fathers discussed these ideas as something they planned to do in the future since most of their children were too young to engage in these activities. Fathers perceived that these activities facilitated the development of their relationship with their children, which they looked forward to, as was discussed in the first metatheme summary.

Summary and Discussion.

As was to be expected given the recent changes in the statistics related to fathering in Canada (displayed in Table 1), all of the fathers who participated in this study believed themselves to be involved with their children. Despite only one of the fathers in this study being considered a primary caregiver (i.e., a stay-at-home father) many still identified how they were trying to spend as much time looking after and caring for their children as they perceived possible. These perceptions the fathers had influenced the roles that they chose to take on in their families and the roles they believed they were able to take on.

As almost all of these fathers were currently working, many described how they felt pressure to be a financial provider for their families. Although this was already a thoroughly researched experience for fathers (e.g., Doucet, 2006; Höfner et al., 2011; Lamb et al., 1987; Lamb, 2010) it is interesting to see that it is still apparent even though other typical roles for fathers have changed. Since many of these fathers reported that their partners were receiving parental leave benefits, it is possible that these pressures have diminished compared to past conceptions of fathers.

Prior research has demonstrated that some fathers (mostly non-resident fathers) can experience maternal gatekeeping with respect to accessing their children (Trinder, 2008). Maternal gatekeeping is usually discussed in the sense that fathers are denied access to their children by the mother. No fathers in this study reported experiencing maternal gatekeeping outright denial to access, but some reported experiences that could

be considered mild maternal gatekeeping. For example, the fathers in this study who felt like they had to demonstrate their child care capabilities to their partner may have experienced mild maternal gatekeeping. While these fathers seemed to report that they were able to overcome these obstacles, they did not like that their partners were not comfortable leaving them alone with their child.

The findings of this research have clearly shown that modern Canadian fathers take on some roles that deviate from past conceptions of fathers. For the most part, this has been a welcome and positive change and many fathers believe they have done their best to facilitate the overall health of their families. However, one area where this has recently been causing fathers problems is when they feel judged for deviating from past conceptions of fathering roles. While primary caregiving fathers take on roles that differ substantially from past conceptions of fathers in Canada, this study demonstrates that even typical fathers have felt these same pressures to some degree. While this research cannot determine whether feeling these pressures are as problematic as they can be for fathers like primary caregiving fathers, those who provide support for typical fathers still need to be aware of these pressures and avoid causing challenges for them (e.g., maternal gatekeeping). If fathers are not supported through this transition and feel like their role of caregiver for their children is diminished then they may not feel comfortable taking on the role of being highly involved with their children.

Metatheme Four: Supports: Not all aspects intended to be supportive assist fathers overcome challenges during the transition into parenthood.

Supports were used by fathers throughout the transition into parenthood as a preventative measure and to relieve frustrations caused by challenges experienced. In this sense, a support was categorized as anything that may have helped fathers during the transition into parenthood; anything from family members to formal services specifically for parents. Specific supports discussed in these focus groups were coded into one of three categories: positive supports which had no associated negative aspects, negative supports that either added challenges during the transition into fatherhood or did not help alleviate them, and circumstantially differing supports that were discussed as having both positive and negative features. Fathers also extensively discussed parenting information as a particular form of support they accessed.

Positive Supports.

As can be seen on the left side of the diagram for this metatheme in Appendix I, fathers identified formal parenting services such as prenatal classes, Ontario Early Years Centres (OEYC- a freely available centre for parenting resources across Ontario), feeding clinics, and support groups as positive supports during their transition into fatherhood. All of these services offered similar supports in the sense that they provided resources for parents through which they could access information and provide care for their children, which fathers found helpful. Fathers also enjoyed that these supports were available to them at little to no cost. In fact, one common refrain with some of the immigrant fathers

in this sample was the appreciation of services that were free in Ontario that would either be absent or high cost in their country of origin.

Prenatal classes were the only of these particular formal supports thoroughly discussed; the others were only noted briefly. Fathers reported feeling these classes were helpful as they provided them with information not typically taught to fathers that they could use throughout the transition into parenthood. Specifically, information about the birthing process was seen as helpful for these fathers as they felt that this helped them understand the stages of labour, what was supposed to be happening, and some of the potential complications. Knowing this information helped sustain their confidence throughout the birthing process. Although there were a few fathers who identified that they found it difficult to remember some of the information they learned in prenatal classes, they were in the minority compared to those who found this information helpful.

Prenatal classes also helped some of these fathers by providing them with information about caring for their partner after the birth of their child. For example, the following father stated how he learned about post-partum depression from these classes: “Another great advantage I thought is that if (I had) not attend those classes I would never have known about the depression thing that women go through” (CP02, 321-323). Knowing this information may have helped fathers engage in a caregiving role for their partner after the birth of their child that may have promoted their partner’s health during this time.

Other positive supports that fathers mentioned (but did not thoroughly discuss) were: fathering support groups, feeding clinics, OEYC classes, and parks. Fathers perceived that these supports provided them with useful resources, were a source of trusted information, and were welcoming to them. While there were certain elements of these supports that could be improved upon, which will be discussed in the general discussion, they are usually seen as helpful by fathers.

Negative Supports.

Participants in the study reported that there were intended support measures that they found did not support their transition to parenting. Participants reported that using a support that they considered to be negative put added stress on them during an already difficult time. As can be seen the diagram of this metatheme in Appendix H, few specific supports were discussed as solely negative. The analysis identified major features of supports that made them negative for fathers. This included aspects identified by fathers as lacking from most (or all) formal supports making them problematic. This also includes descriptions of father's specific difficulties with daycares as they described challenging experiences with these services.

The most frequently identified negative aspect fathers noted about supports was that they perceived many of them to be unwelcoming to fathers. This was especially difficult as they perceived that some services left them feeling left out, especially after the birth of their child. For example, some fathers indicated the hospital staff addressed questions about the child to the mother rather than to both parents, negating the father's

role during this time. Furthermore, one father identified that when he had been out with his children it was difficult to find areas with change tables in male washrooms. He perceived this accessibility gap as being a general lack of support for fathers.

Experiences such as these added to some fathers feeling like they are not always acknowledged as a caregiver to their child. The following father felt that the lack of consideration for change tables was a reflection of a larger problem and indicated that he felt as though Peel could do a better job incorporating fathers into their services:

I think one resource that Peel can do is invest in dads. Everywhere I go, there's posters of mom and baby. Oh, great. Thanks. What about the dudes? We love our kids just as much. I think there's this social norm that excludes dads as being the blue collar guy that just shows up to work, goes home, kisses the kid and goes to bed. (MV01, 902-908)

The issue of childcare loomed heavily on the minds of many fathers. Most of these fathers had very young children so either they or their partners were on parental leave. Fathers were also concerned about needing daycare services in the future. When discussing daycares fathers perceived them to be overwhelmingly negative as they found them expensive and difficult to access. As many of these fathers were already feeling financial pressures (as previously discussed) the idea that they would soon need to pay for daycare added to this financial pressure (currently, full-time daycare in the Peel Region can exceed \$1800 per month for an infant under 18 months, \$1200 per month for a child 18-36 months). Also, daycares were seen as difficult to access as several fathers

reported that their partners wanted to find a daycare but were unsure how to get access to one that was available and appropriate in their area.

When fathers in these focus groups were discussing the negative aspects of supports they had accessed during their transition into parenthood, they provided suggestions about specific qualities they needed from supports. Fathers identified these features during discussions about what they would change if they had one wish to make it easier to be a parent in Peel and when discussing challenges they had with supports. Fathers indicated that supports that were easily accessible and personalized to their needs were the most valued.

Discussions about accessibility included supports that were close to (or at) home, occurred at various times, and were of little or no cost. When supports did not provide at least some of these qualities, fathers perceived them to be negative. As the transition into parenthood is a very busy time for fathers they already feel like they lack time, as was previously discussed as a challenge in the second metatheme summary. Owing to this lack of time, fathers did not want to spend more of their time accessing a service that is not readily available to them, so accessibility is an important positive aspect of a support.

Fathers also noted that they want supports personalized to their needs as new parents. With relation to personalization, fathers indicated that they want services that would allow them and their babies to be active while connecting and sharing their experiences with other parents (e.g., family based activities, daddy and me drop in groups, prenatal classes for couples). Fathers were not impressed with activities that took

them away from their families. These qualities were useful for both fathers and children as they engaged them in activities that may strengthen the father-child bond.

Furthermore, fathers identified that sharing their experiences with other parents at these supports is also beneficial to get new parenting strategies and have someone acknowledge their challenges.

Circumstantially Differing Supports.

There were some specific supports mentioned that were depicted as having both positive and negative aspects depending on the father's individual context, thus being categorized as circumstantially differing supports. This category included: medical professionals, parental leave, and family/friends. Although fathers depicted medical professionals as mostly negative with few positive associations (except for midwives), parental leave and family/friends were depicted as positive with few negative aspects.

Midwives were the only medical professionals discussed as solely positive. There were only a few fathers who indicated that they and their partners used midwives during pregnancy and birth, but those who did believe them to be extremely valuable. Fathers noted that using midwives made them feel as though they were part of the overall birthing experience rather than being told what to do (as with traditional doctors) which eased their transition into parenthood. One father emphasised this notion when he said:

I can see the experience is different from some of you who've been with an OB versus the midwife. I know the support seems a lot more...I guess they consult us. You understand, and you make your own choice. It's not forced. They tell

you why you're doing something, and they give you a choice to do something if you want, like the tests. (CP02, 83-90)

Some fathers in these focus groups also discussed their experiences using Telehealth. Telehealth is an Ontario based telephone line where people can speak to nurses about their non-emergency health needs (Get Medical Advice: Telehealth Ontario, 2015). This service was portrayed as both positive and negative. Although there were fathers who felt it was helpful to be able to call the Telehealth line for reliable medical information, others felt they spent more time giving their information and waiting to be called than they did speaking to a nurse. When fathers felt this system was wasting their time, they were frustrated.

Unfortunately, the medical professionals depicted in the most negative sense were doctors. Several fathers felt that their partner's doctor had a bad bedside manner which stressed them during the birthing process. If a father has added stress put on him during the birth because of a doctor, he may not be able to provide adequate support for his partner during this time. Several fathers, like the following, felt the care provided by some doctors during the birth of their child was inadequate:

When the doctor came in they were pretty brutal. That's one thing I didn't like as well. That didn't feel right to me. The bedside manner of the doctors wasn't really that great. There are certain things looking back, the doctor didn't...there are certain things I would have checked out because I think they made the assumption that she was on an epidural and that was the wrong assumption.

That's something they should have done. They should have checked. (CP02, 616-624)

Fathers frequently discussed parental leave as helpful in terms of a parent being able to take time away from work, but some fathers noted difficulties accessing this service. Fathers reported that they received conflicting information from Service Canada about the process to obtain this support. Furthermore, when fathers successfully accessed this service, some felt the financial resources it provided were not enough. Those fathers who felt that the financial resources were not sufficient may have also felt increased financial pressures (as was previously discussed in the second metatheme summary).

Extended family members were also depicted differently depending on father's differing circumstances. Fathers discussed the negative aspects of family support in terms of challenges with familial relationships in the last metatheme. When fathers had a challenging relationship with their family during their transition into parenthood, their family was usually not providing support. Some fathers noted that their families could be supportive during this transition when they were helpful and non-judgmental. Some fathers relied on family for information while others had them offer extensive instrumental support, assisting their transition into parenthood. The most salient examples of support provided by family came from fathers who reported that they had their parent or a parent of their partner move in with them (or move to an area close by) to help with childcare during the first few months of the child's life. When this occurred, fathers such as the following found this was helpful:

We got lucky. My mother-in-law moved in with us. We got very lucky. She lived a few streets down from us. She moved in with us. She left five weeks later. She stayed for five full weeks. During the day, she was helping my wife sleep. (MV03, 446-450)

Information.

The support most thoroughly discussed was information. Specifically, fathers discussed the methods and places they used to gather information related to parenting, as well as their challenges related to information. Information is an important form of support as new parents cannot be expected to instinctively know how best to care for their children without any advice. Fathers who gathered helpful and reliable information felt supported, but there were sometimes negative aspects associated with gathering information. Aspects of information discussed by fathers were put into their own diagram in Appendix J to emphasize all of the important components.

While fathers suggested a variety of sources they accessed for information, the most prominent were government sources, medical professionals, and the internet. The first of these two resources were frequently noted as reliable sources of information as they provided trustworthy information, but internet resources were sometimes a concern for fathers. Some fathers felt weary of using internet resources as they were unsure of the reliability of this information source and the overwhelming variety and diversity of sources. For example, the following father did not use internet resources: “Don’t you find google a little bit... anyone could put up information, not accurate. It’s kind of scary

sometimes when you... I've been told a lot of times with especially health things, 'don't google it!'" (HL02, 584-587). Other fathers saw the utility in using internet resources, with one father offering a solution: "My thing is that if I can get the same information on multiple, what I would consider reliable resources on that subject..." (HL02, 593-595). It is important for fathers to have reliable information, which can be provided by supports such as public health agencies. If fathers are frequently using the Internet to access this information, agencies should be able to facilitate this method of information gathering to provide them with support.

Aside from reliability, fathers also indicated that they experienced challenges relating to receiving conflicting information, difficulties accessing information, feeling overloaded with information, and receiving repetitive information. The most prominent of these categories was the notion of receiving conflicting information from a variety of sources including government offices and medical professionals. Conflicting information can be troubling, especially coming from sources that are supposed to be reliable (e.g., doctors), as fathers are unsure which information to trust that can cause them stress. Conflicting information was discussed in this research in two main forms: about government assistance programs, and about child care. The main conflicting information about government assistance programs came from officials when fathers were looking for information about accessing parental leave. Several fathers reported being told to send in different information by different officials that confused them as it delayed their access to this system. With relation to childcare, fathers received conflicting information from various medical professionals and family members.

Summary and Discussion.

Given the experiences that fathers shared throughout these focus groups, it is apparent that they value supports that assist them in caring for their new children, but also engage both themselves and their children (and partner). Part of the reason fathers seem to identify this as an important aspect of a support is because they are not always taught how best to care for their children in the same way that they believe their partners are. Based on the discussions related to supports in these focus groups, fathers indicated that to be seen as valuable these supports need to have the following elements: reliable, engaging, accessible, and personalized to their needs. Reliability is important so fathers believe they can trust the information they are getting from a support. Engagement is needed, so fathers feel actively involved with a support rather than passively listening. Accessibility is necessary so fathers can be in contact with supports easily. Personalization is important so fathers feel like information is tailored to their needs as new dads and that the support understands their needs. To be seen as valuable for a father, a single support does not always have to have all of these qualities but it seems that the more qualities that are present, the better the support is. For example, looking for information on the internet may not be especially engaging, but fathers may still use it if it is reliable (information they can trust), personalized (the exact information they are looking for), and accessible (easy to find without spending too much time searching).

As several of the supports identified as positive were put on by formal agencies, this provides potential evidence that these agencies are helpful. Although it is possible that parents may have felt the need to provide positive feedback about formal services, as

will be discussed in the limitations section of this document. Given the context of this research, there is particular evidence that these agencies may be particularly useful when there is a focus on topics that the fathers find relevant. It should be noted that many of these programs identified as useful had been redesigned by Peel Public Health to incorporate a fathering focus in the past 10 years, and they now offer information specifically aimed at new fathers (Peel Public Health, 2014).

It is also apparent that fathers do not always need to access formal services to help support them through the transition into parenthood. Some fathers felt sufficiently supported by family and friends and didn't feel the need to engage with formal services to assist them during this time. While some fathers do not want this kind of support from their families, other are unable to access this support (even though they may want it) as their families live far away. This was apparent for several fathers in this study who had immigrated to Canada. While some fathers were able to navigate this challenge by using online video chatting to talk to and see their families and get advice, they still lacked the physical presence of their family members to provide instrumental support.

It is important to keep in mind that although many fathers identified that prenatal classes were a helpful support, there is a potential bias in this sample. Three of the focus groups of fathers interviewed were members of prenatal classes that were reuniting after the birth of their children. Some of the facilitators of the focus groups were also Peel Public Health staff members who taught the prenatal classes and asked questions about the prenatal classes during the focus groups. Participants may not have wanted to identify negative aspects about the classes, or they may have felt the need to

acknowledge the classes as helpful because of these individuals facilitating the groups. This potential bias could also be a reason that these findings contrast those of Henderson and Brouse (1991) where Canadian fathers did not always find prenatal classes helpful. It is difficult to compare this aspect of these two studies because the fathers in both groups lived in different locations in Canada and prenatal education has changed in the 23 years between when Henderson and Brouse (1991) interviewed fathers and when fathers were interviewed for this study. With regards to information, this research shows that fathers want information that is, above all, reliable and easy to access. While the internet may be a solution for some fathers with relation to accessibility, not all fathers believe it to be reliable. Part of the issue with this aspect could be that some fathers may have an idea that there is one correct answer to help solve their problem and are frustrated when information seems to be inconsistent.

For example, if new parents encounter difficulties breastfeeding fathers may look for information to help them solve their problems. If fathers find different suggestions from many sources, they may be unsure of which one will solve their problem. In reality, no one solution is going to work for all children but fathers may feel frustrated when trying different suggestions if they are not successful. This needs to be taken into account when services are providing support/information for new fathers. These services should be able to provide many suggestions rather than present a perspective of 'one best practice'. While this may be possible for some services, it could be difficult for some that are heavily regulated.

For example, due to the Baby Friendly designation held in Peel Region, hospitals are required to only promote breastfeeding for the potential health benefits and are actively deterred from providing any information or help to support bottle feeding. This ‘best practice’ approach means that bottle feeding cannot be mentioned on the Peel Public Health website or in publically available sources, much less supported. Unfortunately, this means that the parents who choose bottle-feeding right from birth and those who switch to bottle-feeding after that cannot easily find reputable information on this form of feeding. In fact, with new requirements for breastfeeding promotion, even retailers and producers of formula and bottles are not permitted to post information in public spaces. As a result, parents reported that they feel frustrated by the need to look up information from questionable and unknown sources online. While this metatheme does provide information about practical implications of changes that can be made to improve services, these will be discussed in the overall context of the general discussion.

Chapter 4: General Discussion

The information collected in this study provides insight into the experience of a sample of urban Ontario fathers who have recently transitioned into parenthood. The observations summarized in the preceding metathemes reflect that many of the traditional expectations and roles for fathers (e.g., breadwinner, disciplinarian, protector, sometimes playmate) are still very much an influence on current fathers. However, there are definite shifts away from these traditional views. In this sample, fathers identified that they viewed themselves as nurturers, caregivers, providers of emotional and instrumental support, and involved parents. These perceived roles suggest that the narrow perspective on fathering, particularly of very young infants, has changed. The frustrations of fathers with many structural factors that do not reflect their perceptions of their diverse role (e.g., lack of change tables in bathrooms, feelings of gatekeeping by mothers) suggests that many of these changes are happening more quickly at the level of the individual than at the level of society. It is clear that some of these changes have occurred at a societal level (e.g., access to parental leave) and that these societal level changes are affecting the parenting choices of fathers in this sample (e.g., taking or wanting to take at least part of the parental leave for themselves. This may be most evident in the perceptions of ‘cultural change’ around fathering norms that were noted by the new Canadian fathers.

The adherence to a traditional role for fathers was very apparent in the results, with some clear shifts away from the role of father as breadwinner, protector, and disciplinarian. In discussions that were thematically categorized into metatheme one (Intrapersonal Experiences) fathers identified that spending time with their children and

developing a relationship was crucial throughout the early stages of the transition into parenthood. The men who participated in this research perceived this to be an important quality of fathers. This high level of involvement also differentiates these men from past conceptions of traditional fathering roles during this stage of the transition into parenthood where childcare has been largely the domain of the child's mother (Lamb, 2010). When compared to previous research with similar groups of fathers (Sunderland, 2006; Wall & Arnold, 2007) the fathers who participated in this research study were different in that they did not explicitly identify that they felt like or should be secondary caregivers compared to their partners. In this sense, these fathers believed they were positively contributing to caring for their child. Fathers identified that being highly involved with their children was an important aspect of their roles (as was discussed in the summary for metatheme 3), but they never specified whether this belief was personally derived or perceived to be a general societal expectation.

Although the participating fathers did believe they were highly involved with their children, all of the fathers in this sample indicated that they were employed full-time and therefore, were quite traditional breadwinners. They reported spending less time with their new children than their partners did and only being able to develop a relationship with their child when they were not at work (i.e., evenings and weekends). To some, this was not the ideal situation as they reported wanting to spend as much time as possible with their children; however, they did not report this as an extremely challenging circumstance compared to past research (Genesoni & Talladini, 2009). In a practical sense fathers identified that they needed to work to provide financial resources

for their families, given financial strains during this time (as discussed in the summary for metatheme 2). As no fathers in this research discussed any time they took away from work (except for one stay-at-home dad) to care for their children they are not representative of the Canadian statistics discussed in the introductory section of this document which identified that 29% of fathers take at least some parental leave to care for their children (Marshall, 2008).

The rationale for the decision for the mother to take the majority of the parental leave may be based on three major considerations: first, in the analysis of the larger Parenting Experiences Study, the majority of the mothers indicated that they were attempting to breastfeed for the recommended one year (Nurturing the Next Generation, 2013). Some comments parents made about the difficulties posed by returning to work identified that in some situations breastfeeding could be viewed as a barrier to returning to work. The percentage of new mothers who breastfeed (primarily or exclusively) is very high in Peel Region (i.e., 97% initiate breastfeeding after birth, 23% at six months; Peel Public Health, 2012) compared to the national Canadian average (89%; Gionet, 2013). The second reason may be that the Employment Insurance parental leave program does not fully supplement the income of the stay-at-home parent. Many families in this study (and in Peel Region) rely on two incomes. Given the reduction in salary, it is typical for the parent with a lower income to take the parental leave to minimize the cut in household income. Third, this sample consists of a large number of new Canadians. The decision for a mother to remain at home while the father works may reflect either a more traditional sex-role expectation among some of the parents in this sample, or it may

reflect the employment complexities of a new-Canadian woman finding work in Peel Region. For example, in the larger Peel Parenting Experiences study, a theme identified among the mothers was a desire to attend language and/or training and educational upgrading classes during their child's infancy so that they were more employable (Nurturing the Next Generation, 2013). These possibilities should be explored further in a more targeted study of new immigrant mothers in Peel Region.

Some of the common challenges experienced by fathers and identified in the summary of metatheme two (Extrapersonal Experiences) could also be considered to be related to traditional fathering roles. Because fathers in this research were feeling pressure from outside entities to be a parent and remain committed to their pre-childcare activities (e.g., work, family obligations), they noted difficulties with sleep deprivation and time management. Feeding difficulties were also common with these fathers. This research was able to identify that when partners had difficulties breastfeeding children, the fathers experienced emotional challenges because they did not feel that they could improve the situation. This demonstrates that while fathers have no control over breastfeeding, the familial challenges related to breastfeeding can still influence their experiences.

Many of the fathers who participated in this research also seemed to endorse aspects of a traditional fathering role with respect to accessing outside supports related to parenting. Most of the fathers did not report accessing many community, public health, or provincial supports (see metatheme four). Aside from the fathers who were part of dad and baby groups, the only recurring formal in-person supports accessed were prenatal

classes (which they attended with their partner). A small number of fathers did note that they tried to access other formal in-person parenting services after their baby was born but were either not welcomed or did not feel comfortable. Previous research (e.g., Doucet, 2006) has also noted the lack of consideration of fathers in the programming or design of parenting as a barrier. The statements by the fathers reflect a level of frustrated interest; they did want to engage with parenting programs, but effectively felt blocked. This observation reflects that there is a gap between the interests of some fathers and the provision of services.

Information gatherer was one new interesting role identified in the results. In our sample, the fathers indicated that they accessed information related to parenting, either to support their partners (e.g., around breastfeeding issues) or instead of leaving this to up to their partners. One specific stage where this seemed common was the prenatal stage of the transition into parenthood. Fathers were able to use the internet to access information during the prenatal period that may have helped them avoid feeling unprepared as they entered into parenthood. While none of the fathers specifically stated that their information-seeking reflected a feeling or worry that they were unprepared to have children, information-seeking to reduce concerns with new parenthood was a concern noted in past research (Gage & Kirk, 2002; Genesoni & Talladini, 2009; Henderson & Brouse, 1991). As the internet has become more accessible, and more diversified to include a breadth of helpful parenting information, this ease of access has potentially had an influence on parenting experiences and diminishing feelings of unpreparedness.

Fathers in this research also identified that they perceived their relationship with their partner to have improved after the birth of their child. This finding is contrary to previous Canadian research with first-time fathers by Henderson and Brouse (1991) in which partner relationships were experienced as challenging during the first three weeks of parenthood and contrary to literature reviews that included a broad range of fathers (Genesoni & Talladini, 2009; Nyström & Öhrling, 2004). This study clearly identified that modern Canadian fathers (at least the ones in this sample) either do not experience these challenges or do not report them as challenging. This relationship strengthening could be related to father's perceptions that they are highly involved with their new child reducing the potential for tension between new parents and potentially avoiding this stressful element in their environment.

It seems as though the fathers sampled in this research continue to adhere to certain aspects of traditional fathering roles but have expanded and adapted these roles to make their child the most important aspect of their lives. It is not always clear what has caused these adaptations to occur- whether the factors are externally pushed on them or whether their personal beliefs have shaped their attitudes and interactions with their environment. Most likely, there has been a dynamic interaction of fathers influencing their environment and elements in their environment exerting influence over them. These factors have allowed fathers to adapt their roles to differentiate themselves in some ways from traditional fathering roles. Given this data, it is important to look at the findings under this lens of a complete environmental system to understand their context and what insight they can provide into the experiences of the transition into fatherhood.

Theoretical Model

Upon completion of the analysis, it became quickly apparent that the experiences fathers expressed about the transition into parenthood corresponded to several aspects of Bronfenbrenner's dynamic ecological systems model (Bronfenbrenner, 1980, 1986, 1992). This is a multi-layered dynamic model that identifies how an individual affects their environment and how their environment affects them. This model also incorporates many factors in an individual's environment. These factors can range from the individual and their immediate family to government systems and societal beliefs at large and their changes across time. These factors are organized into five subsystems that encapsulate an individual's environment and how it influences their development. This data was not coded with this theory in mind but correspondence to this theoretical model was noted after all of the data had been coded and analyzed.

The dynamic ecological systems model is based on the concept of 'spheres of influence' (Bronfenbrenner, 1980, 1986, 1992). The centre of the model is based on the individual. The model identifies that individuals are not autonomous and completely independent, they respond and are influenced by factors in both their immediate and more distal environment. The model also notes that individuals are not only influenced by the surrounding spheres, but also act as agents of influence on the other levels. Immediately surrounding the individual are the factors termed the microsystem. The microsystem consists of an individual's immediate environment, including family, peers, work, and school. Owing to their proximity to the individual, they have a direct impact on the social functioning of the individual. However, the elements in the microsystem

experience influence (and in term exert an influence) on the local social system level, a level termed the mesosystem. The mesosystem accounts for the interactions between factors in the microsystem (e.g., how family and school systems interact). The exosystem is composed of elements in an individual's environment that can affect their development, but they may not directly interact with on a regular basis, such as government bodies or the media. Next, the macosystem is composed of elements of ideological beliefs and attitude within a culture that are out of the control of the individual and with which they do not interact but influence all other subsystems. The outermost layer of this model is the chronosystem that identifies changes in an individual's environment with respect to time. For the sake of clarity, the order of these levels and how each one relates to fathering experiences in this study is outlined below in Table 4 followed by detailed descriptions of these levels.

Table 4

Level Number	Level Name	Relation to Fathering Experiences
1	Individual	Fathers in this study.
2	Microsystem	Father's families (including their partners), their friends, their employment.
3	Mesosystem	Interactions between elements in the microsystem.
4	Exosystem	Father's relations to formal support and social services.
5	Macrosystem	Societal beliefs about fathering.
6	Chronosystem	Environmental changes that affect fathering across time.

The experiences shared by fathers in this study do not work in this linear fashion from the outside inwards; this is a dynamic and bidirectional system and internal forces have an impact on more external levels. Bronfenbrenner's ecological systems model indicates that while societal attitudes influence the roles fathers take on in their family, the roles they take on in their family can also dictate societal norms and attitudes about fathers. For example, societal attitudes about fathering (which occupies an outer layer of a Bronfenbrenner model) could influence the role a father chooses to take on in his family and the supports he engages with which could impact his family, and his experiences. Over time, individual decisions can ultimately filter up the spheres of influence to impact government policies and societal norms such as the decision by the Canadian government to pass legislation to support parental leave for both mothers and fathers of infants.

Most of the experiences described in this research can be categorized into the layers closer to the center of this model. This indicates that fathers discussed aspects of their immediate environment such as their family more so than wide-reaching societal factors when discussing their transition into parenthood. This finding is not surprising considering the questions asked of the fathers in these focus groups. Fathers were asked about their own experiences as a new father, rather than direct questions concerning their beliefs about society, so they chose to discuss their experiences in their immediate environment as these were the most salient to them. Although some of these aspects that fit the outer layers of this model were apparent, had more direct questions been asked about these types of experiences fathers may have further discussed these topics.

The innermost layer of Bronfenbrenner's ecological systems model is the individual in question. In the case of this study, that includes the fathers who took part in this research and their individual characteristics. With respect to this research, this layer of the model is encompassed by the experiences categorized into the first metatheme; intrapersonal experiences. These experiences included father's thoughts and feelings as they entered into parenthood. Furthermore, some aspects of the third metatheme (father's role) were also contained within this layer of the model as these discussed father's feelings about what roles they believe they should engage in within their family. These experiences have a key role in influencing other experiences of the transition into parenthood. For example, if a father does not get to spend time with his child (which is an important aspect of their intrapersonal experiences) then they may not feel they can engage in a fathering role or may not engage with fathering supports.

The next layer of Bronfenbrenner's ecological systems model is the microsystem. This layer contained aspects of the father's immediate environment, including their family and community. Some aspects of three of the four metathemes from this research (all except intrapersonal experiences) can be categorized in this layer of the model. In terms of extrapersonal experiences, daily child care challenges (how a father provides care for his child) and experiences with their immediate relationships (with their partner and their family) can be categorized in this layer. Aspects of father's role and how they care for their partner and their child are also contained within this layer. Some of the supports from the fourth metatheme can also be categorized into this section of

Bronfenbrenner's model including family, medical professionals, and parental education programs.

Although the next layer of the Bronfenbrenner model is the mesosystem, none of the experiences shared can be directly categorized into this model. As this model deals with the interactions between entities in the microsystem, they are difficult to directly categorize. These interactions are inherent in the experiences shared by fathers in these focus groups. Therefore they were present, just not directly shared.

The next layer occupied by the data from this study is the exosystem (Bronfenbrenner, 1980, 1986, 1992). This is occupied by aspects of metathemes two and four (extrapersonal experiences and supports). With relation to extrapersonal experiences, this includes aspects of social services and how fathers relate to them, and fathers feeling financial pressures. In terms of supports, this was related to social services and how fathers engage with them.

Metatheme two contained the few aspects discussed during these focus groups that fit into the macrosystem layer of the Bronfenbrenner's model. Societal challenges noted by fathers fit into this layer as it relates to societal attitudes at large. This also relates to how fathers believe they are perceived in their communities and families.

Given the level of discussions occurring in these focus groups and the short time frame being studied, no elements fit easily into the chronosystem level with respect to the transition into parenthood. However, it is important to note that with respect to the father's lives as a whole the transition into parenthood would occupy this chronosystem

level as this is a major life transition. If these fathers were studied over a longer period of time, other transitions such as separation from a partner could potentially be viewed as a chronosystem element of the transition into parenthood.

While it is important to recognize that the experiences shared by fathers can be categorized into this dynamic systems model, this also adds to the knowledge base about fathering experiences. Although Bronfenbrenner's ecological systems model has been used to describe fathering experiences in previous literature, this helps researchers identify that the context of fathering in Canada continues to change. Elements of father's environments are now different than they were in past conceptions of fathers in Canada such as: other's perceptions of their roles, their own perceived priority of employment, and immigration. Fathers are now generally perceived and expected to be highly involved with their families, their family and developing relationships tend to be the most important aspect of their lives, and there are many fathers who have immigrated into Canada who may have differing cultural values related to parenting. Overall, these changes have led to fathers taking on roles in their family where they are highly involved with their children and engage in a collaborative parenting relationship with their partner.

Another major change in fathers' environments that seems to have influenced their experiences compared to past conceptions of fathers is access to the internet. Now with the access to the internet widely available fathers have access to all kinds of information whenever they choose. This can be a challenge when fathers look for parenting information as they perceive the information they access to be inconsistently relevant. Fathers identified that they want access to reliable information that will answer

their problems immediately, and when they find information they believe to be unreliable they become impatient. Some fathers identified that they could access this reliable information through a medium like Telehealth, but they didn't like that they had to wait for this information.

The fathers in this research indicated that they still want more changes to occur and that they could potentially happen by changing aspects of their environment. Fathers want individuals in their family (i.e., their partners) and society at large to put more emphasis on their roles as caregivers for their children so they can engage with their children with no resistance. Fathers also want societal changes that will promote more services and programs for fathers that will allow them to have a higher degree of involvement with their families. Although some major social changes may need to occur to significantly improve these issues, fathers advocating for these changes could potentially help induce these changes.

Implications

Many of the experiences shared by fathers in each of the preceding four meatehemes could be utilized by those intending to provide support for new fathers, and by new fathers themselves. In particular, having an understanding of fathers' intrapersonal experiences gives insight as to how fathers feel during the transition into parenthood. Support for new fathers could be provided by educating them that many fathers report that positive experiences associated with the transition into parenthood overshadow the negative experiences. This can demonstrate to fathers that challenging

experiences do occur but are typically surmountable in the overall context of the transition into parenthood.

Having knowledge of these typical intrapersonal experiences could also help new fathers themselves so they can know that they are not the only ones going through these experiences and some of their challenges in these aspects may be temporary. Similarly, the identification of the common challenges expressed by fathers with relation to extrapersonal experiences could provide them with some relief that these are challenges many new fathers go through and offer them possible solutions. Understanding these challenges can also help those who intend to provide support for new fathers prepare for the potential challenges to come and prepare to support them.

Information about the typical roles fathers take on during the transition into parenthood can provide them with ideas about how to have greater degrees of involvement and how to better support their partner through challenging aspects. Having this information could also help them feel more prepared for this transition, as has been identified as important in previous literature (Gage & Kirk, 2002; Henderson & Brouse, 1991). Understanding that other fathers feel as though they should be highly involved with their families may also encourage new fathers to engage in roles that may not be considered traditional. This could allow new fathers to involve themselves in their families in ways that they weren't aware of before their child was born, potentially improving their transition into parenthood.

Experiences identified as directly related to supports and categorized in metatheme four can provide information to anyone supporting a new father. In terms of informal supports (e.g., family members) this information could potentially provide them with indications of how they can support new fathers without causing more challenges. For example, if the information in this research regarding the challenges in relationships with parents encountered by new fathers could be relayed to these individuals they may be conscious of acting in non-supportive ways as they transition into parenthood. Given that having this information provided to new fathers in Peel through prenatal classes was helpful (as was previously discussed) passing on this same information through other sources may also influence new parents to invest in their relationships with one another. What is apparent here is that fathers want their relationships to provide them with support and be positive. If these relationships are mutually beneficial for both fathers may feel decreased stress, which may allow them to provide better care for their children and improve the overall wellbeing of their family.

With relation to formal supports, the experiences expressed by fathers in this research indicate what might be going well in these supports and what needs to be improved upon to better serve fathers. There is a danger that if supports are accessed that do not have these qualities then they may hinder rather than support their transition into parenthood. If supports are aware of and sensitive to these needs for personalization and accessibility as new parents then there may be a greater chance that fathers will benefit from them. Supporting agencies should account for these ideas and implement them into their services.

Although it was not intended as part of the original study design, upon analysis of the focus group data I brought the findings to staff members at Peel Public Health to discuss the practical implications from their perspective. This project was part of a research partnership, so it made sense to consult them on the findings as they are public health experts who conduct some of the services and supports for new fathers in the region. While they certainly do not have a direct influence on all parenting programs in Peel, they did acknowledge that there is a general lack of father-based programming in the region. This was noted as a potential improvement for future programming initiatives.

In addition to generally having more father-specific support programming, particular aspects of these supports need to be considered to ensure that fathers can easily engage with them. There have been barriers to engaging new Canadian fathers in these programs/supports as acknowledged by fathers in the current research and in previous research (e.g., Devault et al., 2005). Peel Public Health staff suggested several strategies that they could use to engage new fathers based on the findings of this study. For example, they suggested that having programs at various times that are appropriate for many new fathers (which can be difficult as most of them are working full time) is a critical point that needs to be addressed as fathers need to be able to attend these services. Furthermore, having services that have an active component where new fathers can engage with their children is a necessity as this is an activity new fathers in this research indicated was important for supports.

These types of programs could also incorporate the entire family rather than just involving fathers and their children. This change could be important as one of the challenges new fathers report is that they feel they don't get to spend enough time with their families, so they want to spend as much time with them as possible, even if they are engaging with a parenting support activity. Thus, any parenting service that provides support for fathers should include their children and/or partner in the support as well.

Peel Public Health also acknowledged that they may be able to engage fathers in social media initiatives. They currently have an active social media presence which engages parents with questions, discussions, activities, and encourages them to ask for recommendations to help resolve their challenges. These activities seem to engage mothers frequently, but have difficulties getting fathers to engage. It seems likely that fathers are not using these social media initiatives because they do not find them particularly engaging. In the focus group discussions, it was very clear that fathers value supports that they felt they were actively involved in alongside their children. Rather than offering suggestions to get fathers involved in parenting-based social media initiatives, these findings indicate that other forms of support should be used to engage fathers (e.g., active father-welcoming play groups).

When fathers in this research did discuss using the internet for parenting resources they talked about their concerns with finding a source of information they deemed to be reliable. It is possible that some fathers don't consider a social media outlet to be reliable, so they do not engage with them, but this would require further research to determine if this is a viable option for fathers to get parenting information. Social media

services like those put on by Peel Public Health should not close off the possibility for fathers to be involved in their activities. If the questions being posed to users and discussions being stated are worded in a way that is exclusively for mothers rather than for parents in general, fathers may not believe they are welcome to engage with them. Making this simple change and being sensitive to the way present an initiative could potentially increase the number of fathers using these services.

Another implication that is apparent in this data is that fathers want to get all of their information about parenting in one central location that is easy to access. Although this would require extensive cooperation between various agencies and entities, it could be possible to have a website that contains all of this information. There are websites run by professionals that do have information about parenting, such as the website run by Peel Public Health, but they do not always have all the information fathers need. For example, some fathers in this study expressed difficulties accessing information about parental leave and services for new parents in their area. If agencies, such as public health agencies, could work in conjunction with others that do have this information and include them on their website, or show fathers exactly where to get specific information one potential challenge for fathers could be eased during the transition into parenthood.

Finally, while Peel Public Health does have a hand in executing several programs for parents in Peel they do not run all of the Peel Region parenting activities. There is a need for to engage with community partners to not only improve supports for fathers in the region but to improve supports for parents in general. If some of these findings can be relayed to these community partners of all sorts (including hospitals where children are

born, as fathers identify that this experience can be difficult for them) then there is the potential to improve father's experiences, which can enhance their family's experiences, which can in turn improve their children's experiences and facilitate their healthy growth and development.

Limitations

As with any research, there are certain limitations that need to be acknowledged with this study. Firstly, as this is only a sample of 30 fathers from one region of Ontario, it cannot be assumed that this is representative of all fathers across Canada. Based on a comparison of the demographic profiles of the participants of the study and the general demographics of Peel, this seems to be a fair representation of fathers in Peel. While Peel tends to have similar demographics to most large Canadian urban centres, is not reflective of all communities across Canada.

As this was a qualitative research study it does not have the benefit of some quantitative research studies that can gather information from a large number of fathers, as was described in the methodology. The benefit here is the depth of data acquired from these participants. Although there were only 30 fathers, the amount of data gathered from each of them was substantial. This methodology allowed fathers to share their experiences as they deemed them to be important, which may not have been gathered using quantitative research methods.

Another limitation of this research is the context in which these fathers were interviewed. Three of these focus groups consisted of fathers who went through prenatal classes together (along with their partners) and were reuniting after their children were

born. Some of the facilitators involved in these groups were also involved in teaching the parental classes these participants originally accessed. This was beneficial in some ways as it facilitated potential comfort within the groups but some of the discussions related to the benefits of these services may have been exaggerated. For example, with respect to the prenatal classes fathers may have felt (consciously or not) that they should acknowledge this service as important given the context of the group. This was not only the case for prenatal classes (i.e., this could have occurred in OEYCs or fathering groups as well) but seemed most apparent in the focus groups that occurred with previous prenatal classes. This interview context may explain the disparity between the findings of this research where prenatal classes were touted as helpful and previous research by Henderson and Brouse (1991) where prenatal classes were primarily discussed in a negative context. This is not to say that these services weren't important, just that their importance could have been exaggerated in some contexts.

Although two researchers independently coded the focus group transcripts, there is still a possibility that their views were biased. Two researchers independently coded this data intending to avoid biases, but both researchers had similar education backgrounds which could have inadvertently caused them to pull out similar themes from the data. As this study was an initial interpretative phenomenology content coding, these potential biases are not a major concern. If this study were looking more in-depth at the conversations that occurred (as would be done in discourse analysis) then this would be more of a concern than it was for this basic content coding.

Finally, the fathers who are willing to participate in these groups may be a biased group of individuals. There is the potential that to go through the effort to take part in a focus group like this a father needs to be highly involved in his role as a father. While this may be true, this research is simply a starting point to understand the experiences of a typical Canadian father and, therefore, only engaged with fathers who were willing to participate and easy to access. While fathers who are not necessarily easy to access are certainly necessary to study, many of them could be part of the particular subgroups of fathers that have been thoroughly studied, as discussed in the introduction but were not identified as such.

Future Research

Future research studying typical Canadian fathers should expand on the four main domains of the experiences of new fathers identified in this research: intrapersonal experiences, extrapersonal experiences, father's role, and supports. Further qualitative research could confirm, clarify, or enhance some findings within each of these domains through participant interviews. With relation to intrapersonal experiences, further interviewing could expand upon the findings related to the benefits of fathers developing a relationship with their child. If further discussions about extrapersonal experiences were to take place, researchers could discuss specific aspects of father's challenges to better understand them and potentially provide better suggestions to supports to alleviate these challenges. Interviews discussing father's perceived role could add focus on whether fathers think they deviate from traditional fathering roles and what effect this may have on their transition into parenthood. Further interviewing related to supports

could attempt to discuss why they access some supports, what stops them from accessing supports, and what they would like to improve about supports.

Furthermore, now that this study provides a general understanding of typical fathering experiences in Peel, further research could be done to understand the experiences of specific groups of fathers. Having an understanding of these groups of fathers in the context of Peel region itself could be useful to those who provide support for fathers. For example, one demographic that was missing from this sample were fathers who lived in rural areas of Peel. Although many services do not specifically seek to engage with fathers in these groups, there need to be supports for these fathers. Having an understanding of the differing experience of these fathers could allow those who provide support to them to better engage with these fathers. For example, transportation could be an issue for some of these fathers who live in rural areas. Individuals who intend to put on a service for fathers in this area would need to be aware of this challenge to put their service in an easily accessible area, and engaging in further research with these specific fathers could help to understand their needs with regards to this challenge.

Studying fathers who are accessing parenting services was important in this context for Peel Public Health as they need to ensure they are conducting these services appropriately for fathers who are accessing them. While this is an initial step, further research could study fathers who are not accessing these supports to potentially get more fathers to engage with them. Unfortunately, this would likely be a difficult task as these fathers would be difficult to access given the context of these fathers in general, but

would be a necessary experience to get an overall understanding of fathers in Peel region, not just those who are easy to access.

Chapter 5: Conclusion

Although all fathers go through the transition into parenthood individually, this research has achieved its intention of identifying common experiences shared by typical fathers in an urban area of Ontario. These findings can be used to inform policy, services, and programs that provide support to fathers, it can also be used by any individual who intend to support a new father, or new fathers themselves. Having an understanding of these experiences could be extremely important to prepare soon-to-be new fathers for the experiences that are soon to come or for new fathers to understand that what they are experiencing is also shared by other fathers and that they can be supported through it.

It is important when interpreting these findings to keep Bronfenbrenner's ecological systems model in mind to understand that while their environment can influence father's experiences, fathers can also influence their environment to affect their experiences. Although many of the experiences shared were related to fathers at their own individual level or at the level of their families, these fathers can be heavily influenced by their overarching environment and they can also influence their own environment. While many of these factors cannot be controlled by the researcher directly, they need to be identified to understand fathering in the complete context.

Keeping this ecological systems model in mind, this research has identified fathering issues with regards to current parental leave practices in most of Canada. No Canadian province aside from Québec has specific parental leave time set aside for fathers. This means that not all fathers can be consistently present during some of the

early challenging stages of the transition into parenthood. If a leave such as this were put into place specifically for all fathers across Canada this could facilitate all parents being able to spend time with their children during this time. Although there is the option for fathers to use the shared parenting leave time, many do not access it. This indicates that some current parental leave practices do not currently meet most father's needs.

Furthermore, because most new mothers choose to breastfeed their babies during this year mothers typically need to take most of the parental leave time to allow for ease of feeding. The transition into parenthood could potentially be eased for some families if a societal or governmental change could occur that would allow for father-exclusive parental leave time without taking away time from mothers.

Systemic changes could also allow for more father friendly supports to help families ease into being parents. This research identified a frequent lack of access to formal supports (aside from prenatal classes) by fathers. When discussing why they did not access these supports fathers indicated that they felt uncomfortable as they were perceived to be for mothers and their children. Being cautious when program planning so that programs for parents aimed at both mothers and fathers, as well as having specific supports for mothers and others for fathers could increase the uptake of fathers during this time and facilitate their wellbeing and the wellbeing of their child. Changes like this would obviously need to occur at the level of individuals as well as large-scale societal levels, but are certainly not impossible.

This research indicates that Canadian fathers value their experiences and their role as they transition into parenthood. Entering into this new social dynamic sometimes

elicits more changes than they expect, but they tend to welcome these changes and work to overcome them when they are challenging. These fathers do not wish to be, or to be depicted as, secondary caregivers to their children. They want to spend as much time with their children as they can while also doing their best to keep up with their responsibilities outside of childcare. Above all else, these new fathers felt that developing a relationship with their child is now the most important thing in their lives. This importance should be an important consideration for any formal or informal support that intends to engage with a new father. If fathers are able to spend time with their new children and develop this relationship this may be beneficial to their overall psychological wellbeing which may benefit their family as a whole and assist their new babies to develop into healthy, well-adjusted children.

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Chapter 7: Appendices

Appendix A

Background

Purpose of this Focus Group Discussion

The purpose of this research project is to help us better understand your experience as parents raising young children in Peel. We think that by having conversations with parents we will be better able to work with our community to provide you with supports that meet your needs. Our goal is to support expectant parents and families in Peel, to be healthy before, during, and after pregnancy and to support good parent-child relationships during the first two years of life. Peel Public Health is conducting this research in partnership with Trent University.

This focus group is part of a larger project on early child development in Peel called Nurturing the Next Generation (NTNG). We are also gathering information from parenting agencies. Our focus is on the prenatal and postnatal periods and infancy up to the 2nd year of life. The discussion today will allow us to include the important views and perspectives of parents to improve the parenting experience for all parents in Peel.



Focus Group Questions:

1. To begin, I would like to ask you to introduce yourself, and tell us briefly about your child(ren).



Prenatal & Parenting Experience: Challenges and Supports

2. Tell us about a time that made you feel good as a parent.
3. What are the biggest problems you've had as a parent so far?
4. What have you found to be helpful as a parent so far?

5. If you could wave a magic wand to change one thing that would make it easier to be a parent in Peel what one thing would you change?

Appendix B

Demographic Survey:

1. Where do you live?

Mississauga
Brampton
Caledon
Don't know/not sure

2. How would you describe your family?

2 parent family
1 parent family
2 parent family with other relatives
1 parent family with other relatives
Other _____

3. Are you a:

Mother
Father

4. How many children live in your household?

1
2
3 or more

5. How many of these children are 0 to 24 months?

1

- 2
- 3 or more

6. What is the age (in months) of your youngest child?

_____ Months

7. Please describe your current employment status:

- Currently working
- Currently on maternity or parental leave
- Stay-at-home parent
- Unemployed

8. What is the highest level of education that you have ever completed?

- Less than high school
- High school diploma
- Some college or University
- Completed trade school or college
- Completed University

9. In what country were you born? _____

10. If you were not born in Canada, what year did you come to Canada to live? _____
(year)

Don't know

11. What language do you speak most often at home? _____

12. What is your age?

15 – 19

20 – 24

25 – 29

30 – 34

35 – 39

40 – 44

45 +

To better understand the use of various programs and services in Peel, we ask a question about household income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

13. What is the best estimate of your total household income before taxes, during 2011?

Less than \$20,000

20,000 -40,000

40,000 -80,000

80,000 +

Do not want to answer

Appendix C

Fathering Focus Group Analyses

**Focus
Group
code:**

Cluster 1 Label:	Quotes/keyword	Line Numbers
Theme:		
Theme:		
Theme:		

Appendix D

Moderator Tips for Facilitation

Working through awkward pauses:

1. **Pause:** don't be afraid of a little silence. Wait 5 to 10 seconds to see if someone will respond before you try anything else.
2. **Re-phrase:** ask the question again in using different words or use examples provided in the interview guide.
3. **Probe:** Use the probes in the facilitator guide to break down the question or to generate more specific responses. This may be particularly important for participants who speak English as a second language or participants with lower literacy levels
4. If you only receive yes/no or non-verbal responses, ask a probing questions like "Can you give me an example?"

Other good generic probes:

- "Anything else?"
- "Any other reason?"
- "Could you tell me more about....?"
- "I'm not sure I understand."
- "Could you explain further?"
- "Have we missed anything?"
- "What about that experience made it stand out?"

Re-inforcers:

- "I see."
- "I want to make sure I have that right."
- "It's useful to get your ideas on this."
- "Thanks. It's important to get your opinion"

* Avoid normative responses that cue participants about what is acceptable or expected. E.g. "Excellent response", "That's great", or "I totally agree." Encourage participants not to make judgements either.

Segues:

- "Ok, so we've covered ___ now let's move on to ___"
- Speaking of ___ let's talk about ___"

Managing Personalities:

- **The Expert:** This personality knows more about the topic than everyone else and frequently attempts to dominate the discussion. The best way to handle this personality is to gently remind them of the value of getting input from everyone:

- Say "Thank you. Now I'm going to ask some of the other participants to share their viewpoints as well."

- **The Dominant Talker:** This personality literally takes over the discussion making it difficult for you and other participants to get a word in. The best way to handle this personality is to firmly, but respectfully re-gain control of the discussion and remind them you need to hear equally from all respondents through verbal and non-verbal cues. The following tips are helpful to respectfully interrupt a dominant talker:

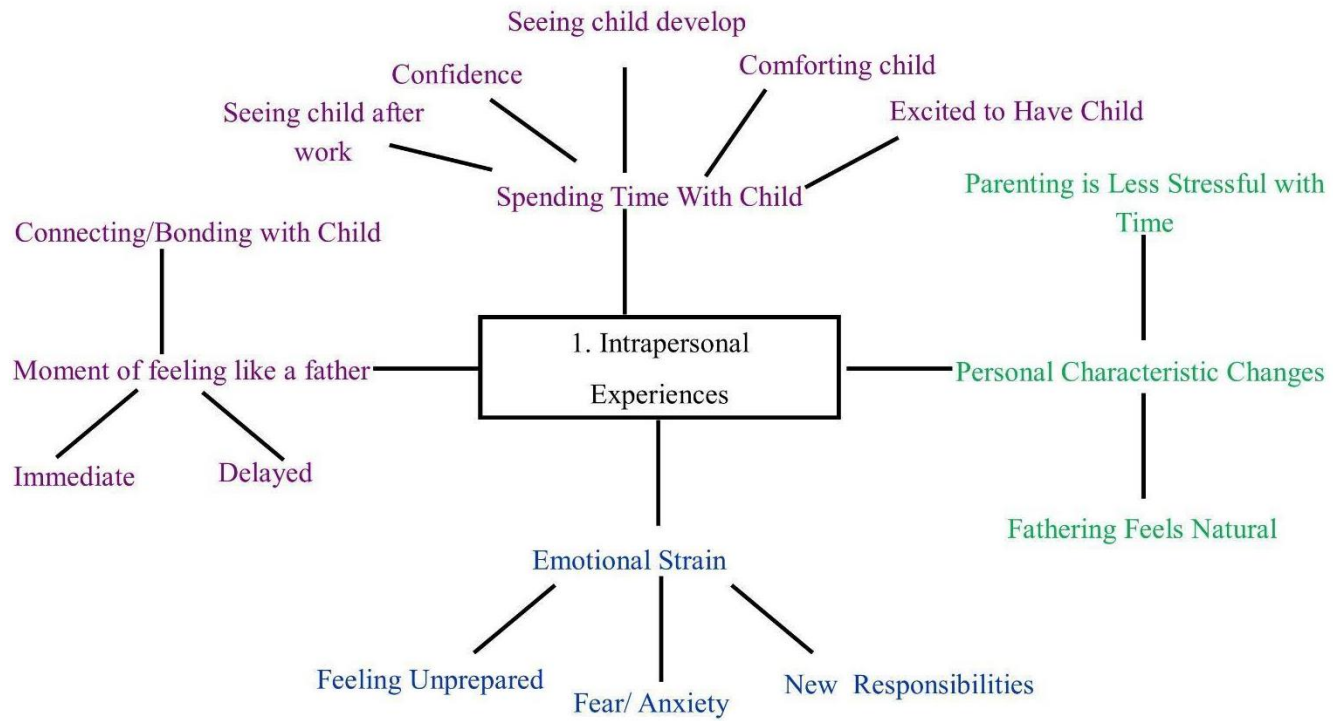
- Say "Thank you"
- Summarize the speaker's statement
- Point out gently that there are others waiting to speak
- Remind them of the time limit on the item
- Offer an upcoming break
- Say "Okay we need to move on, is there anything else?"
-

- **The Shy Guy:** This personality type is reluctant to express opinions. The best way to handle this personality type is to use eye-contact and make direct statements such as "I don't want to leave you out of the discussion, what do you think?" to draw them out.

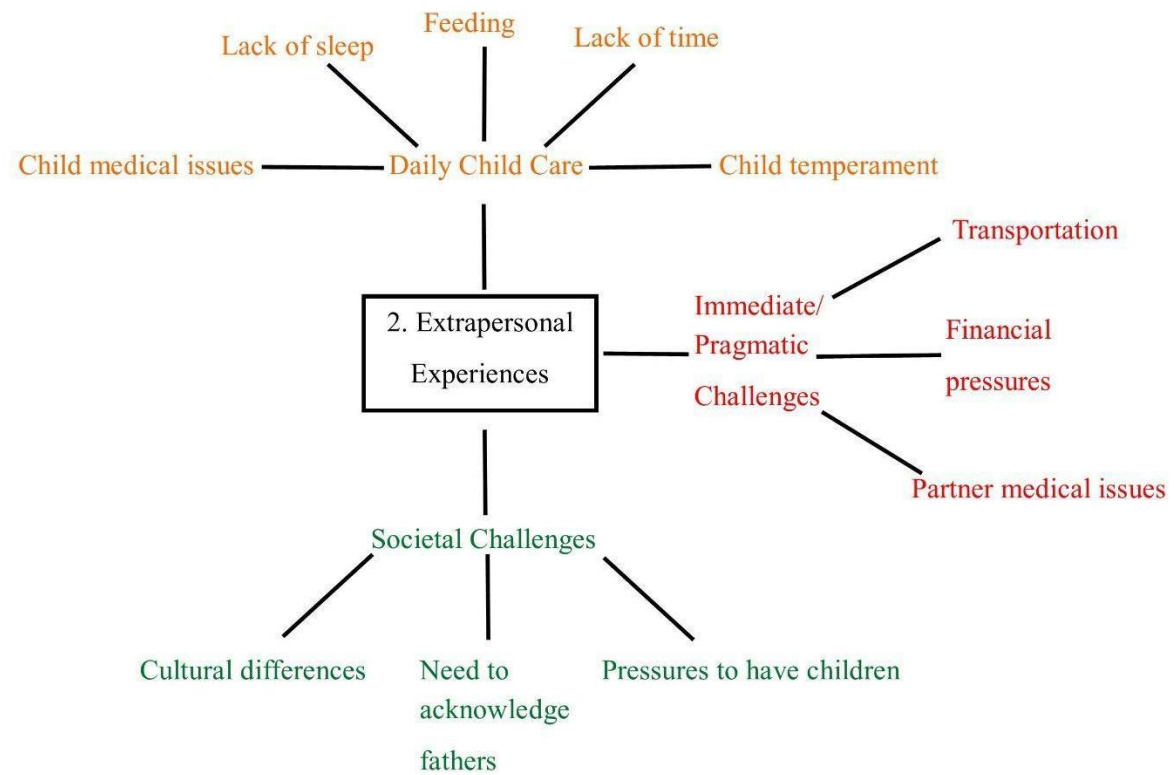
Managing Emotions and Conflicts:

- Validate shared stories (e.g. "Thank for sharing that experience." I want to make sure we understand what you're saying")
- Remind the group that there are no right or wrong answers
- Get permission to transition: "I realize that people feel strongly about..... Is it ok if we move on?" (Try not to transition too early as emotional content may also be high value content.
- Check in with participants who may have been upset after the focus group is finished.

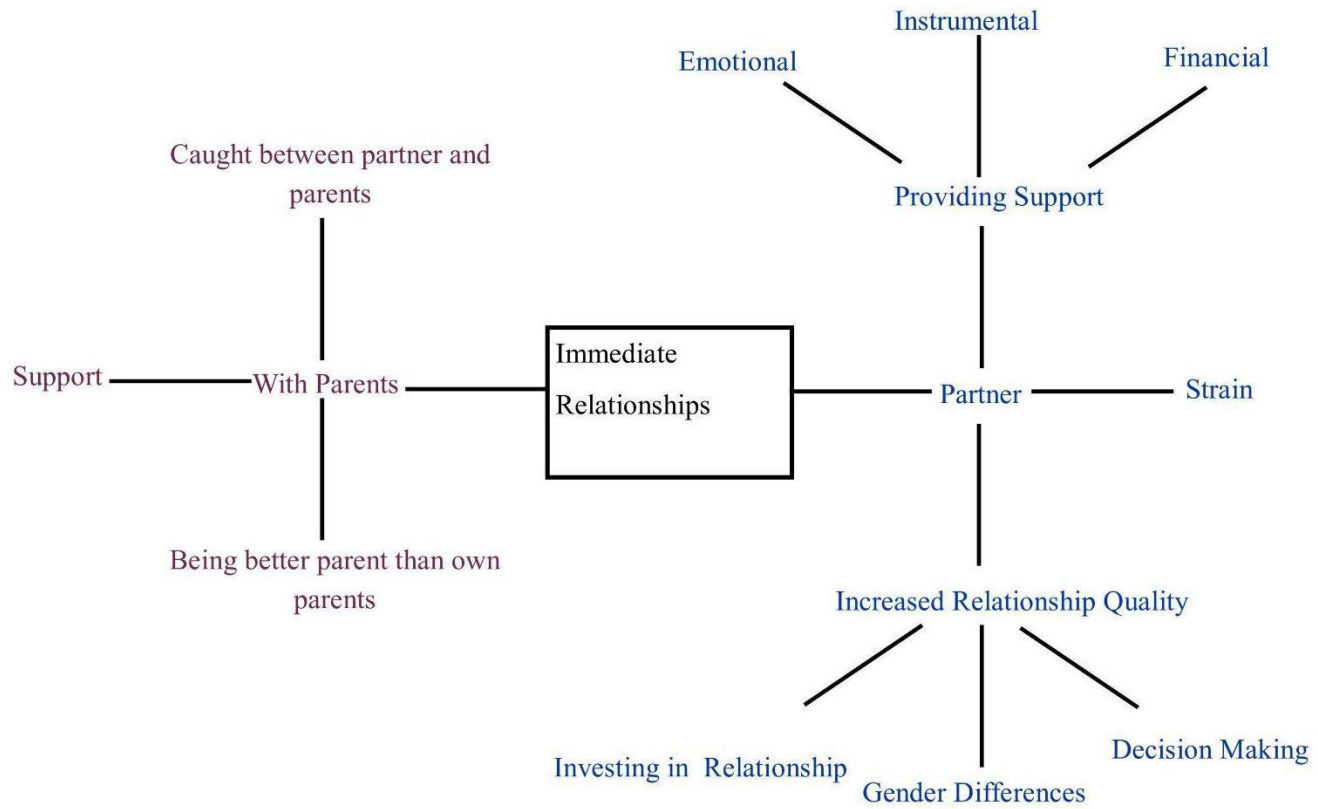
Appendix E



Appendix F



Appendix G



Appendix H

3. Father's Role

Before Birth :

Providing care for/ supporting partner

Researching

During Birth:

Emotional:

-Comforting partner

-Confidence in coaching skills

Instrumental:

-Communicating with health care providers

After Birth :

Providing care for partner

-emotional

-instrumental

Providing care for child

-Instrumental

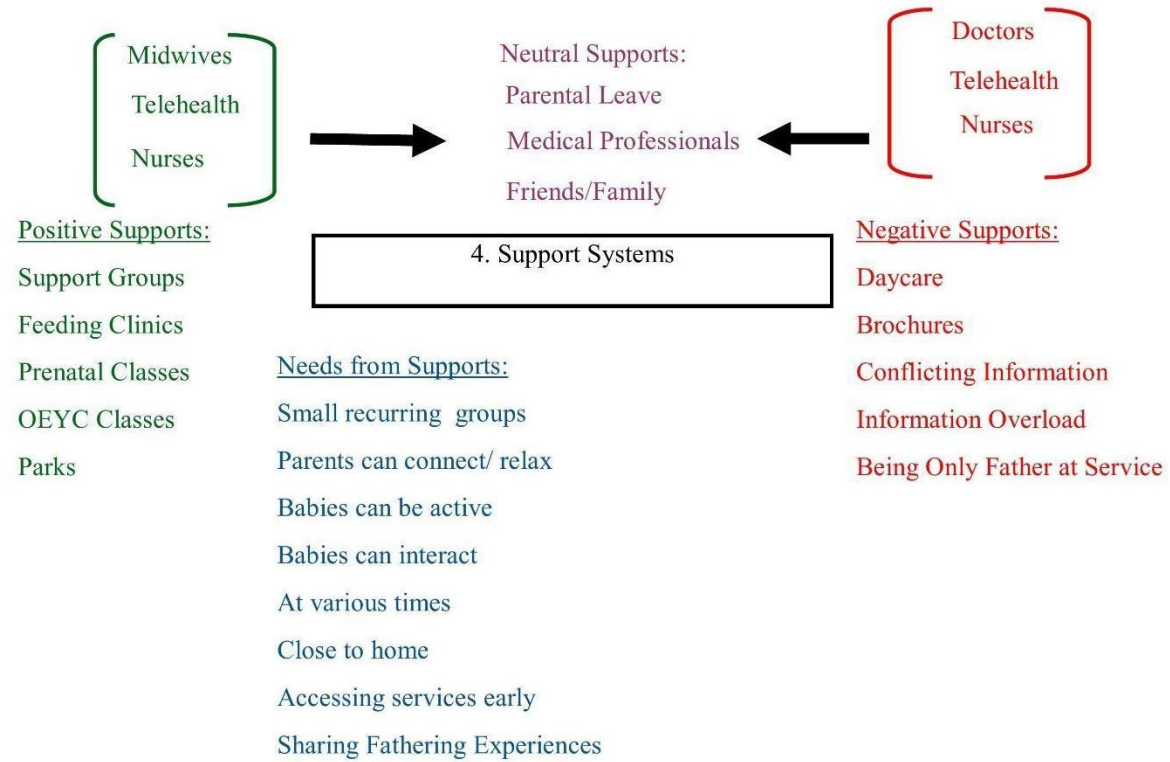
-Teaching

-Instilling values

- Establishing father child attachment

Showing partner capabilities

Appendix I



Appendix J

