An exploration of preparation for parenthood amongst first-time biological parents.

Georgette Spiteri

Submitted in accordance with the requirements for the qualification of Doctor of Philosophy

Institute of Health and Society, Faculty of Medical Sciences

Newcastle University

September 2018

Abstract

Background and aim: The first-time experience of parenthood is a major life event which is associated with many stresses and rewards. Lack of preparation for parenthood has been shown to result in sub-optimal transitions for the individual parents and the dyadic relationship if present. Hence, this study aimed to explore preparation for first-time parenthood from multiple perspectives.

Methods: A multi-method, multi-phased, study consisting of a concept analysis using Walker and Avant's framework was used to explore the term 'preparation for parenthood' (phase one); a systematic review of measurement instruments used in the assessment of preparation for first-time parenthood (phase two) and; in-depth interviews with women, men and couples to develop an understanding of their experiences of preparation for first-time biological parenthood (phase three). Interpretative phenomenological analysis was used to analyse the data elicited in phase three of this study.

Results and discussion: Phase one resulted in a preliminary conceptual model consisting of five core domains (psychological, sociological, cultural, spiritual and physical) related to preparation for first-time parenthood. These core domains served as the foundation for the development of phases two and three respectively. The systematic review work revealed that currently there are only a few instruments which measure aspects related to these core domains. Existing tools focus on parental competence, maternal adjustment, expectations, postnatal support and paternal adaptation. The qualitative findings of this study showed how preparation for the first-time experience of parenthood launched a transformation within the women, men and couples alike and was an integral part of their journeys. What may seem like a natural transformation was, in fact, the result of a complex endeavour, with its difficulties and consequences, but also with a possibility for empowerment and growth within individual parents and within the dyadic relationship.

Conclusion: There is a need to support both women and men as early as the preconception phase, creating learning opportunities and promoting engagement with educational resources all throughout the childbearing experience, with a particular focus on preparation for parenthood. Addressing the apparent contradictions that are related to the first-time experience of parenthood is paramount in achieving optimum transitions with positive outcomes for both the parents and their children. The findings of this overall study hold potential importance for future work with prospective first-time parents especially with regards to the design and implementation of interventions aimed at supporting individuals through the transition to first-time parenthood.

Acknowledgements

After a long and challenging journey, this PhD dream has become a reality. I owe several people thanks for their invaluable help, advice, and support throughout these past six years. First and foremost, I would like to thank God for giving me the strength, knowledge, ability and opportunity to undertake this research study and to persevere. Without His blessings, this achievement would not have been possible.

I sincerely thank Professor Rita Borg Xuereb, Professor Debbie Carrick-Sen, and Professor Eileen Kaner firstly for their guidance as it was a privilege to have supervisors who were not only experts in their fields but also role models. They provided a perfect balance between sharing their knowledge with me while allowing me to work independently, and allowing me to grow professionally. They believed in me from the start, they trusted in my ability to achieve over the years despite the difficulties I faced and continually encouraged and motivated me every step of the way.

Many thanks are also owed to the women, men, and couples who participated in this study. Thank you for sharing your experiences with me, for your time, and for having faith in my research. I feel honoured to have met you all. I am also grateful to the University of Malta who sponsored my research allowing me to further my studies.

Special thanks go to my colleagues and friends at the Department of Midwifery, University of Malta – Mary Carmen, Josephine, Rita, Nicole, Christie, and Carmen, for all your words of encouragement over many cups of tea. Special thanks go to Petra, for understanding me better than anyone else and for setting such an example of perseverance. To Javier, for apart from being a ray of sunshine at the office also very patiently reviewed my translation work. Thanks also to my colleagues at the Maternity Ward, Gozo General Hospital for their moral support and encouragement throughout these past years.

To my parents, my brother and his family and my in-laws who have been a tremendous support in so many ways: encouraging me to start this journey six years ago, minding my son when I'd be away or working, accompanying me on several visits to Newcastle, and providing hearty, home-cooked meals at times when cooking was the last thing on my mind. I cannot begin to thank you all enough.

Finally, I dedicate this work to my husband John and son Luke. Thank you, John, for believing in me, for sharing my sacrifices, for your endless support, for giving up so much yourself so that I could achieve. Luke, thank you for being patient with me while I did my "homework" and thanks for showering me with your innocent and unconditional love. I want you to understand that achievement comes through hard work and persistence. Believe in yourself always.

List of abbreviations

CDC	Centres for Disease Control and Prevention
CV	Convergent Validity
CVI	Content Validity Index
CVR	Content Validity Ratio
DLM	Discharge Liaison Midwives
DV	Discriminant Validity
EFA	Exploratory Factor Analysis
HIV	Human Immunodeficiency Virus
IC	Internal Consistency
ICM	International Confederation of Midwives
IPA	Interpretative Phenomenological Analysis
KMO	Kaiser-Meyer-Olkin
MAMA	The Maternal Adjustment and Maternal Attitudes Scale
NICE	The National Institute for Health and Care Excellence
NOIS	National Obstetric Information System (Malta)
NSO	National Statistics Office (Malta)
ONS	Office for National Statistics
PAQ	The Paternal Adaptation Questionnaire
PES	The Parent Expectations Survey
PFA	Principle Factor Analysis
PMES	The Prenatal Maternal Expectations Scale
PPBB	Preparation for Pregnancy, Birth and Beyond
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PSOC	The Parenting Sense of Competence Scale

PSQ	The Postpartum Support Questionnaire
PSS	Perceived Stress Scale
PV	Predictive Validity
SEI	Self-Esteem Inventory
SES	Socio Economic Status
WHO	World Health Organisation
WPL-R	What Being a parent of a New Baby is Like - Revised

Table of contents

Chapter 1. Introduction *1*
1.1 Chapter introduction **1**
1.2 Background and area of study **1**
1.2.1 What is the problem? 1
1.2.2 The transition to first-time parenthood 3
1.2.3 Supporting parents 4
1.3 The Maltese context **7**
1.4 Theoretical framework **12**
1.4.1 Family systems theory 12
1.4.2 Transitional theory 12
1.4.3 Gender theory 13
1.4.4 Dialectical theory 14
1.5 Aim and objectives **16**
1.6 Overview of the thesis **17**
Chapter 2. Concept analysis [Phase 1] *19*
2.1 Chapter introduction **19**
2.2 Defining concepts **19**
2.3 The value of having conceptual clarity **19**
2.4 Epistemological Position – Critical Realism **20**
2.5 Concept Analysis **21**
2.6 Walker and Avant's model of concept analysis **23**
2.7 Concept analysis procedures **23**
2.7.1 Identifying all uses of the concept 23
2.7.2 Determining the defining attributes 30
2.7.3 Identifying a model case 31
2.7.4 Identifying borderline, related, contrary, invented and illegitimate cases 32
2.7.5 Identifying antecedents and consequences 33
2.7.6 Defining empirical referents 34
2.8 Preliminary conceptual framework **34**
2.9 Summary **35**
Chapter 3. Systematic Review [Phase 2] *37*
3.1 Aim and objectives **37**
3.2 The rationale for performing a systematic review **37**
3.3 Methods **38**
3.3.1 Inclusion and exclusion criteria 38
3.3.2 Search strategy 38
3.3.3 Study selection and quality assessment 40

3.3.4 Data analysis 40
3.4 Review results 42
3.5 Summary of included studies 44
3.5.1 The parenting sense of competence scale (PSOC) 51
3.5.2 The maternal adjustment and maternal attitudes (MAMA) scale 51
3.5.3 The parent expectations survey (PES) 52
3.5.4 The prenatal maternal expectations scale (PMES) 53
3.5.5 The postpartum support questionnaire (PSQ) 53
3.5.6 The paternal adaptation questionnaire (PAQ) 54
3.6 Mapping of the included measures to the concept analysis framework 56
3.7 Discussion 58
3.8 Summary 60
Chapter 4. Methodology and methods of the qualitative phase [Phase 3] 62
4.1 Chapter introduction 62
4.1.1 Operational definitions 62
4.2 Research approach 63
4.2.1 Methodological and philosophical considerations 63
4.2.2 Epistemological standpoint and the use of Interpretative Phenomenological Analysis (IPA) 64
4.4 Quality and rigour 66
4.5 Method 69
4.5.1 The semi-structured interview 69
4.5.2 Pilot work 70
4.5.3 Sampling of participants 71
4.5.4 Inclusion and exclusion criteria 72
4.5.5 Recruitment strategy 72
4.5.6 Interview process 75
4.5.7 Data analysis procedure 76
4.5.8 Ethical considerations for this research 79
4.6 Reflexive account 80
4.7 Summary 83
Chapter 5 Qualitative findings [Phase 3] 84
5.1 Introduction 84
5.2 Participant demographics 84
5.3 Preparation for first-time parenthood as the embarkation of a transformative, life-long journey 88
Part 1 – The Women 91
5.4 Main Theme –Defining the 'destination' 93
5.4.1. Family intentions 93

5.4.2 “Do your best to be a mother” 95
5.4.3 “I came into this world to do something great” 97
5.5 Main Theme – The beginnings 98
5.5.1 The right ‘time’ for parenthood 98
5.5.2 Mental preparation 99
5.5.3 Awareness of difficult parenthood scenarios as a form of preparation 100
5.5.4 Spiritual preparation 101
5.5.5 Physical and lifestyle preparation 102
5.5.6 Relationship preparation (familial relationships and sexual relationships) 104
5.5.7 Nesting and material preparation 106
5.5.8 Career and employment preparation 107
5.5.9 Engaging with formal and informal sources of information 109
5.6 Main Theme – Bumps and detours on the road to parenthood 113
5.6.1 Autonomy versus connection 113
5.6.2 Being proactive as a coping mechanism 114
5.6.3 Connectedness and support 116
5.7 Main Theme – Discovering your changed self on the path to first-time parenthood 117
5.7.1 Becoming resilient through a process of flexibility and adaptation 117
5.7.2 Realising own potential 118
5.8 Summary 119
Part 2 – The Men 120
5.9 Main Theme – Defining the ‘destination’ 122
5.9.1 Family intentions 122
5.9.2 “Be responsible first and foremost for yourself” 125
5.9.3 “Leaving my own child in this world” 126
5.10 Main Theme – A *“blueprint”* or journey map for parenthood 127
5.10.1 The right ‘time’ for parenthood 128
5.10.2 Mental preparation 128
5.10.3 Male nesting and materialistic preparation 129
5.10.4 Awareness of difficult parenthood scenarios as a form of preparation 131
5.10.5 Spiritual preparation 133
5.10.6 Physical and lifestyle preparation 133
5.10.7 Engaging with formal and informal sources of information 135
5.11 Main Theme – Reaching milestones on the journey to parenthood 138
5.11.1 The pregnancy – “The pregnancy changes you” 138
5.11.2 The birth – “We need to be different now” 141
5.11.3 The first postnatal year – “It has its own trials and tribulations, suffering even” 142
5.12 Main Theme – Discovering your changed self on the path to first-time parenthood 144
5.12.1 Becoming resilient through a process of flexibility and adaptation 144

5.12.2 Realising own potential 145
5.12.3 Being proactive as a coping mechanism 145
5.12.4 Fostering fatherhood at a societal level 146
5.13 Summary 147
Part 3 – The Couples 148
5.14 Main Theme – Defining the 'destination' 150
5.14.1 Family intentions 150
5.14.2 "To try and do our very best" 153
5.14.3 "We all try to leave our mark and leave something meaningful behind" 154
5.15 Main Theme – Getting *"licensed"* 155
5.15.1 Couple's preparation 156
5.15.2 Female specific domains in preparation 163
5.15.3 Male-specific domains in preparation 165
5.16 Main Theme – Bumps and detours on the road to parenthood 167
5.16.1 Juxtaposing realities 167
5.16.2 Being proactive as a coping mechanism 170
5.17 Main Theme – Discovering us on the path to parenthood and paving the way for others 172
5.17.1 Resilience and adaptation 172
5.17.2 Improving the support available to couples in preparation for first-time parenthood 174
5.18 Summary 176
Chapter 6. Discussion and Conclusion 178
6.1 Chapter introduction 178
6.2 Study contributions 178
6.3 Social determinants involved in preparation for first-time parenthood within the Maltese context 179
6.4 Gendered issues involved in preparation for first-time parenthood within the Maltese context 180
6.5 Preconception preparation for first-time parenthood 180
6.6 Preparation for first-time parenthood during pregnancy 185
6.7 Preparation for first-time parenthood during the first postnatal year 188
6.8 Theoretical discussion 190
6.9 Synthesis of the three phases of the study 191
6.11 Limitations of this research 194
6.12 Implications for clinical practice and midwifery education 195
6.13 Suggestions for further research 196
6.14 Suggestions for policy 197
6.15 Conclusion 198
Appendices 200

Appendix A: Publication **200**
Appendix B: Dissemination strategy **214**
Appendix C: 'In/out' Form used in the systematic review **216**
Appendix D: Data extraction form used in the systematic review **217**
Appendix E: Citations of studies excluded after full paper review and reasons for exclusion within the systematic review **220**
Appendix F: Topic Guide for Qualitative Interview (English version) **224**
Appendix G: Newcastle University Ethical Approval **226**
Appendix H: University of Malta Ethical Approval **227**
Appendix I: Permission from the Primary Health Department **228**
Appendix J: Permission from the Cana Movement **229**
Appendix K: Information Sheet (English version) **230**
Appendix L: Consent form (English version) **236**
Appendix M: Research Diary **240**
Appendix N: Example transcript and example analysis charts **242**
References **261**

List of tables

Table 1.1 - Births according to maternal age group.
Table 1.2 – Maternal education distribution.
Table 1.3 – Total live births resident in Malta by age and economic status/occupation of fathers for 2014.
Table 3.1 – Search terms employed within the bibliographic databases as part of the systematic review.
Table 3.2 – Cronbach's alpha classification.
Table 3.3 – Pearson's r and Spearman's rho classification.
Table 3.4 – Kappa or ICC inter-rater measure classification.
Table 3.5 – Suitability of data for factor analysis.
Table 3.6 – Key characteristics of the included studies.
Table 3.7 – Mapping of the domains elicited from the concept analysis to the included measures from the systematic review.
Table 4.1 – Sampling criteria.
Table 5.1 – Female demographics.
Table 5.2 – Male demographics.
Table 5.3 – Couple demographics.

List of figures

Figure 1.1 – Supra-dialectics.
Figure 1.2 – Study design.
Figure 2.1 – Proposed conceptual framework demonstrating the potential domains of preparation for parenthood.
Figure 3.1 – Review flowchart of the number of papers identified and then excluded at each stage of the review.
Figure 4.1 – District map of Malta and Gozo.
Figure 4.2 – The analysis process.
Figure 5.1 – Preparation for first-time parenthood as experienced by the women.
Figure 5.2 – Preparation for first-time parenthood as experienced by the men.
Figure 6.1 – Revised conceptual framework.

Chapter 1. Introduction

1.1 Chapter introduction

This thesis presents the multi-method, multi-phased study undertaken to explore preparation for first-time biological parenthood. This chapter provides a background to this study and presents a rationale for the need for research in this area. Specifically, it will address why preparation for first-time biological parenthood is an area of midwifery and public health concern. The evidence regarding the lack of preparedness experienced by new parents is also presented. The aim and objectives of this study are also brought forward while an overview of the thesis concludes this chapter.

1.2 Background and area of study

1.2.1 What is the problem?

Parenthood is a complex and multi-faceted life event (Bornstein, 2001; Martins, 2018). Its arrival brings about a distinctive blend of stresses and rewards (Bornstein, 2001; Nomaguchi and Milkie, 2003; Martins, 2018) and preparation for the first-time experience of parenthood can have an impact on generations (Martins, 2018). Lack of adequate preparation has been shown to have long-term effects on both the parents and their children (Barry et al., 2005; Crnic, Gaze and Hoffman, 2005; Guterman et al., 2009). This is why nations have invested so much in supporting parents with programmes such as 'Sure Start', 'Best Beginnings' and 'Positive Parenting' (UK), 'The Salut Programme' (Sweden), 'Head Start' (US), 'Early Years Plan' (Australia & Canada) and 'Home-Start Malta' (Malta), amongst others. These programmes mainly target families in need (e.g. adolescent parents, single parents, and parents with mental illness) and aim to support parents who may not be best equipped to deal with the demands of a new baby. They offer parent-to-parent support or group support, identify with distressed parents and offer practical solutions related to child rearing. The support provided through these programmes also helps to enrich parents' attitudes towards themselves, thus empowering them both as individuals and as parents. Consequently, bonding is enhanced as is the quality of care that is provided.

Moreover, in many countries, women are expected to seek antenatal care (Finlayson and Downe, 2013; WHO, 2014) as it attempts to monitor the developmental progress of the fetus and often this can seem to outweigh focus on mothers' health. Despite this, antenatal monitoring enables detection and management of high-risk conditions in both the woman and

the infant (WHO, 2009). In some countries around the world, adverse conditions may lead to a decision to terminate the pregnancy. The 1967 Abortion Act allows termination of pregnancy in England, Scotland and Wales before 24 weeks (1. If it reduces the risk to a woman's life; 2. If it reduces the risk to her physical or mental health; 3. If it reduces the risk to the physical or mental health of her existing children or 4. If the baby is at substantial risk of being severely mentally or physically handicapped). Malta, however, is the only European country that bans abortion in all cases (Chapter 9, Laws of Malta, 1854).

The World Health Organisation (WHO) suggested that antenatal care should include support and guidance to women and their partners or families in an attempt to assist them in their transition to parenthood (WHO, 2003). Health providers try to address this by offering antenatal education for expectant parents (Nolan, 2012). Antenatal education is meant to prepare and support individuals for birth and their transition to parenthood (Ahlden et al., 2012; Nolan, 1997). Despite this, the information delivered during these courses focuses merely on preparation for labour and delivery (Entsieh and Hallstrom, 2016). Discussions about self-confidence, emotional wellbeing, and the couple's relationship are among many of the untouched topics in many antenatal education classes (Borg Xuereb, 2008; Renkert and Nutbeam, 2002). In fact, many new parents all over the world still feel unprepared for the reality of first-time parenthood (Mercer, 1981; Cowan and Cowan, 1992; Berger and Loveland Cook, 1996; Nolan, 1997; Macleod, 1999; Gage and Kirk, 2002; Cronin and McCarthy, 2003; Nelson, 2003; Carrick-Sen, 2006; Borg Xuereb, 2008; Deave, Johnson and Ingram, 2008; Borg Xuereb, Abela and Spiteri, 2012; Spiteri and Borg Xuereb, 2012). Despite having little or no formal preparation for this life-changing experience, parenthood continues to be a responsibility that is taken on by many men and women all around the world. While some individuals stumble upon this experience without having had any plans for it to happen, others prepare and plan for it in advance. Some purchase books, download apps or surf the world wide web to help them understand the processes of pregnancy, labour and the first years of childrearing (Bornstein et al., 2010). This form of preparation, however, is unpredictable as the quality of information varies, and some individuals might not be able to afford such resources, hence relying only on lay advice (Bornstein and Bradley, 2003; Hoff, Laursen and Tardif, 2002). Despite the large bodies of literature about parenthood (Eastlick Kushner et al., 2014), comparatively little is known about preparation for this first-time event. Hence, an exploration into preparation for first-time biological parenthood was warranted.

1.2.2 The transition to first-time parenthood

The transition to parenthood is defined as giving birth to a first child (Katz-Wise, Priess and Hyde, 2010) however; there appears to be no consensus as to when this process is complete. Traditionally, it was thought to be complete by the first few weeks after the birth of the child (Goldberg, 1988). Some studies have suggested that the implications of this significant change in life circumstance continue into the first postnatal year (Lewis, 1988; Lewis, 1989) with others suggesting that it continues into the second and third year from the birth of the child (Wright and Leahey, 1994). The early transition to parenthood has been referred to as the adaptation phase, and this denotes a life-changing process in which parents establish their new roles. Failure to adjust to this new phase may result in internal crisis and disruption within the dyadic relationship if one is present (Robson and Mandel, 1985; Tomlinson, 1987). When compared to the subsequent parenting experiences, this initial transition is thought to be the most challenging (Goldberg, Michaels and Lamb, 1985; Lorensen, Wilson and White, 2004).

Transitioning into parenthood for the first-time has been described as a significant life event and has also been described as a contradictory experience in itself (Woollett and Nicholson, 1998). It requires resilience and reorganisation from both individual parents when present (Pancer et al., 2000) as it has been associated with significant declines in the dyadic relationships between men and women (Prancer et al., 2000). Some women, however, go through this experience alone, with or without choice (Budds, Locke and Burr, 2013). In 2016, 5.2 % of births in the UK were registered to the mother only, and another 10% were registered with two parents that live apart (ONS, 2017). In other groups, the transition to parenthood commences with the decision about "when and whether to have a child and try to become pregnant" (Parke, 1996, p.17), however, in an unplanned pregnancy circumstance this is not the case. There has been a long-term gradual increase in the percentage of conceptions and births occurring outside of marriage in the UK and Malta alike. In 2016, conceptions outside of a marriage/civil partnership accounted for 58% of all conceptions in England and Wales compared with 55% in 2005 and 51% in 1994 (ONS, 2018). In 2016, the percentage of conceptions occurring outside marriage/civil partnership which resulted in maternity was 68%, compared with 92% of conceptions inside marriage/civil partnership (ONS, 2018). This difference could be the result of a lack of preparedness in this group of individuals, financial instability, age-based reasons or lack of support amongst others (Sandstrom and Huerta, 2013). Therefore, it is essential to acknowledge that there may be different types of preparation for first-time biological parenthood for different groups with specific needs and

concerns. Moreover, much more information and support appear to be available for high risk or 'problematic' groups rather than for the 'low risk' groups (Robling et al., 2016). Preparation for parenthood of subsequent children may be different from first-time parenthood, and indeed, preparation for parenthood may also be different in cases of planned and unplanned pregnancy as with individuals who have a pre-existing medical condition. An unplanned pregnancy for example may involve unanticipated or untimely changes in role statuses and may add stress on the couple's relationship (Leathers and Kelley, 2000).

Individuals who come from more deprived, socio-economic groups are less likely than those in more affluent or educated groups to plan for pregnancy as the rate of unplanned pregnancies is higher in these groups (Wellings et al., 2013). Individuals who plan for pregnancy are more likely to attend antenatal education (Nolan, 1997). Research has shown that planning for pregnancy has implications for the well-being of the next generation (Faisal-Cury et al., 2017; McCrory and McNally, 2013; Sonfield et al., 2013). Parents are less likely to see themselves as prepared for parenthood and to develop a positive relationship with their children if they approach first-time parenthood as a teenager or if the birth of the child is unplanned (McCrory and McNally, 2013). These types of planning outcomes, in turn, appear to be tied to children's subsequent mental and behavioural development and their educational achievement (Fletcher and Wolfe, 2008; Hofferth, Reid and Mott, 2001; Sonfield, 2013).

Parental stress and distress are said to occur amongst 10-21% of expectant parents during the pregnancy with a substantial increase noted to occur after the birth of the child (Morse, Buist and Durkin, 2000; Simpson et al., 2003). Fathers appear to experience less change than mothers (Salmela-Aro et al., 2000). Despite these concerns, limited studies have explored potential interventions to better prepare men and women for the realities of first-time parenthood. Nolan (1997) suggested that traditional antenatal education sessions should focus more on information with regards to preparation for parenthood as opposed to mere childbirth preparation. Preparing parents for parenthood is an essential role for midwives (Carrick Sen, 2006) as a Cochrane review conducted in 2000 suggested that antenatal education has a vital role in improving maternal, perinatal psychological outcomes (Gagnon, 2000).

1.2.3 Supporting parents

There appears to be an assumption that expectant parents are primarily concerned with gaining knowledge and skill with regards to labour and delivery (Entsieh and Hallstrom, 2016; Nolan, 1997). The 'brick wall of labour' idea assumes that during pregnancy men and women focus on preparation for labour and delivery, thus implying that any information

regarding broader preparation for parenthood will not be well received or retained (Weiner and Rogers, 2008). This belief, however, has been challenged by others (Pugh, De'Ath and Smith, 1994; Parr, 1998; Parr, 2002). If expectant parents can retain information about parenthood during the antenatal phase, or even in the pre-conception phase, service providers need to decide who would be most appropriate to deliver such information (health and non-health professionals) and which topics should be addressed. While antenatal education has become synonymous with midwives, there is the potential to engage a wide range of other professionals, and it can commence as early as the pre-conception period.

For health care professionals to offer adequate support to parents in an attempt to optimise outcomes (for both the parents and their children), they need to be equipped with the necessary skills, tools, information and resources. A UK project entitled 'Brief Encounters' was designed to give professionals including midwives, health visitors and general practitioners, the skills and confidence required to maximise advice and support given to individuals and couples in their care. With regards to parenting programmes, the UK government endorsed parenting interventions to better support parents in a number of policy documents [including the National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004a), Every Child Matters (Department for Education and Skills, 2004) and the public health white paper 'Choosing Health' (Department of Health, 2004b)]. Despite these attempts, the Institute for Public Policy Research claims that low levels of support for parents occur because the government does not want to be perceived as interfering and being judgemental with regards to family life (Harrison, 2003). Harker and Kendall (2003) reported that unless support for mothers and fathers is improved, children will not be given the best start in life and other attempts will be futile.

One of the pioneer countries with regards to parenthood education is Sweden with midwifery-led parenthood programmes integrated within routine antenatal care (Ahlden et al., 2008). In 1997, The Swedish Department of Health published the results of a survey on parental education which gave prominence to the need to support the inquisitiveness, capability and competence of the pregnant woman and her partner in parenthood education programmes (Statens Offentliga Utredningar, 1997 as cited in Ahlden et al., 2008). The Swedish national guidelines on public health, stress the importance of society's role in providing support for parents to improve the child outcomes and to encourage parental participation (National Institute of Public Health, 2003). Attendance for these programmes amongst first-time parents is around 80% (The Swedish Society of Obstetrics and Gynaecology, 2003). This high uptake

is an indirect marker of its importance for expectant parents (The Swedish Society of Obstetrics and Gynaecology, 2003).

From a clinical perspective, it would be ideal to assess levels of preparation amongst individuals going through this experience. Assessment of parental readiness is crucial because as described, its presence can have a significant impact on the lives of the parents themselves, their infants and society at large. Furthermore, being able to identify individuals (both men and women) who are less prepared for parenthood will allow professionals to offer more support and education in an attempt to decrease poorer outcomes and improve the quality of life for the parents and their children.

Being unprepared for such a life-changing event may result in parents being more stressed (Matthey et al., 2004). Research has shown that parenting stress may cause sub-optimal parent-child interactions, insecure child attachments and child abuse or neglect (Crnic, Gaze and Hoffman, 2005; Guterman et al., 2009). It has also been associated with aggression and hyperactivity amongst children (Barry et al., 2005). Increase in stress due to parenthood tends to negatively impact also on the dyadic relationship resulting in decreased relationship satisfaction (Cowan and Cowan, 2000; Ahlborg, Dahlof and Hallberg, 2005; Faxelid and Nissen, 2005; Pauls et al., 2008; Michelson and Joseph, 2012) and sexual activity which may change in terms of frequency and meaning (Pacey, 2004).

Since parenthood is developmental (Galinsky, 1987; Schumacher and Meleis, 1994), it would be ideal for parents to be supported even in the preparation phase, in an attempt for them to have a strong foundation to embark on this journey. Support types may vary from practical aspects of caring for a newborn to enhancing awareness of the inherent change as new parents. Within a dyadic relationship, creating an awareness of how these changes may influence their personal and intimate relationship is also essential (Deave, Johnson and Ingram, 2008). Being prepared for the impact of first-time parenthood may help couples maintain a positive and healthy relationship which is also best for their child in due course.

A scoping review of the literature revealed how many of the measures used in parenthood research today are old, lack conceptual precision and are characterised by a lack of operational comprehensiveness and logical consistency (Sabatelli and Waldron, 1995). In this regard, I set out to investigate this concept to be able to understand its attributes using a concept analysis (Chapter 2). The results of this exercise informed the subsequent stages of this research study, namely the systematic review of measures used in preparation for first-

time parenthood and the in-depth exploratory exercise with individuals going through the experience of preparation for first-time biological parenthood.

1.3 The Maltese context

The present study was carried out in the archipelago of Malta, which is made up of five islands, Malta (which is the largest), followed by Gozo, Comino, Cominotto and Filfla (the latter two are uninhabited islets) (Schembri, 1993). The Maltese islands are situated centrally in the Mediterranean Sea, 96 kilometres south of Sicily and 290 kilometres north of Libya (Schembri, 1993). Malta is approximately 245.7 km^2 in size, Gozo is 67.1 km^2 while Comino is 2.8 km^2 (Schembri, 1993). The total population of the Maltese Islands in 2016 was 460,297 (National Statistics Office, 2018). Maltese culture is significantly influenced by its long colonial history (Zammit, 2009). Malta is a bilingual country with Maltese and English as the official languages. The predominant religion is Roman Catholicism with 91% of the population considering themselves as Roman Catholics (Vallejo and Dooly, 2008). Religion is also considered as highly intertwined within the culture of the Maltese islands (Abela, 1994). As already indicated, termination of pregnancy is illegal in Malta (Chapter 9, Laws of Malta, 1854). Family structure in Malta mainly consists of a husband, a wife and their children. It was only recently in 2011 that divorce was introduced in Malta after a national referendum (Chapter 16, Laws of Malta, enacted in 1870, added in 2011). Same-sex marriage became legal in Malta on September 1st, 2017 (Chapter 530, Laws of Malta, enacted in 2014, amended in 2018).

With regards to pregnancy in Malta, close monitoring of both mother and baby within a hospital setting or at privately run clinics is the norm. Antenatal care is a standardised medical system of care for all pregnant women. However, before the 1950's no formal antenatal care existed (Savona-Ventura, 2003). Nowadays, expectant parents are encouraged to attend parentcraft lectures within one of the local state hospitals when they attend for their initial booking visit. These classes have been a regular feature of local maternity services since 1981 (Savona-Ventura, 2003). The current programme consists of eight sessions that mainly focus on preparation for childbirth and childcare. Expectant fathers were initially invited to attend these classes in the early 1990's (Borg Xuereb, 2008). Currently, parentcraft services offer two main courses: The 'Early Pregnancy Course' which is ideal for couples who are less than 20 weeks' gestation since it entails information regarding nutrition in pregnancy, what to expect in the early weeks and pregnancy exercises and the 'Childbirth Course' which offers information on pregnancy, childbirth, baby care and breastfeeding. Both courses are offered in the Maltese and English languages and are delivered during the mornings and evenings. A grandparenting course is also offered at the local main state hospital.

The number of deliveries in Malta in 2016 was 4455 (Gatt and Borg, 2017). The frequency distribution of births in 2016 according to maternal age group is shown in table 1.1:

Age group (years)	*2016*	
	Frequency	***%***
<15	3	0.1
15-19	146	3.3
20-24	503	11.3
25-29	1276	28.6
30-34	1588	35.6
35-39	787	17.7
40-44	143	3.2
45+	9	0.2
Unspecified	0	0

Table 1.1 – Births according to maternal age group (Gatt and Borg, 2017).

1256 (28.2%) of all deliveries occurred to mothers who were reported as never married (single); while 3029 (68.0%) of all deliveries occurred to mothers reported as married and 170 (3.8%) reported being widowed, separated or divorced (Gatt and Borg, 2017). Most deliveries in 2016 occurred to women of Maltese nationality (n=3565, 80.0%) while 889 (19.9%) were non-Maltese. The remaining 0.1% did not have a nationality specified (Gatt and Borg, 2017). Maternal education distribution is presented in table 1.2.

Level of Education reached	***2016***	
	Number	**%**
Primary or no education	127	2.8
Secondary	1422	31.9
Post-Secondary/Vocational non-tertiary	1115	25.0
Tertiary	1618	36.3
Unspecified	173	3.9

Table 1.2 – Maternal education distribution (Gatt and Borg, 2017).

Paternal demographics can be found on the latest Demographic Review published by the National Statistics Office in 2016. Table 1.3 is an abridged version of the table published by NSO (2016a) illustrating the total live births resident in Malta by age and economic status/occupation of fathers for the year 2014.

Almost all (99.8%) births in 2016 occurred within a hospital setting (Gatt and Borg, 2017) with mothers returning home on the second postnatal day following a normal vaginal delivery and on the fifth postnatal day following a lower segment caesarean section. These short hospital stays mean that many new parents are taking their newborn home without much practical instruction. Following their return home, new parents can opt to be visited by the community midwife. In Malta, postnatal community care is delivered by two service providers namely Healthmark and the Discharge Liaison Midwives (DLM). Midwives from Healthmark offer two postnatal visits, on the second-day post-discharge and then another visit two to three weeks after the initial visit (Ms V. Pollacco, personal communication, 25 April 2017). The DLM service was introduced in April 2014. Generally, a midwife from the DLM visits the new parent/s while still in hospital for an initial assessment, and then another midwife visits them three to four times during the first nine weeks at their house (Ms J. Muscat, personal communication, 27 April 2017). DLM works in close collaboration with the walk-in breastfeeding clinic, the physiotherapy department and with the perinatal mental health services (Ms J. Muscat, personal communication, 27 April 2017). Postnatal mothers are also offered a cervical smear test at six weeks postpartum at local health centres situated around the islands. On that same day, newborns are reviewed at the well-baby clinic and given their first immunisation.

Economic status/occupation	Age											Total
	Under 20	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60+**	**Unspecified**	
Employed	26	223	712	1256	836	285	81	16	6	-	-	**3441**
Unemployed	9	32	54	52	36	30	7	4	2	-	1	**227**
Inactive (pensioner/student/other)	-	5	3	1	1	1	1	-	-	3	-	**15**
Unspecified	2	27	69	86	70	33	14	3	6	1	197	**508**
Total	**37**	**287**	**838**	**1395**	**943**	**349**	**103**	**23**	**14**	**4**	**198**	**4191**

Table 1.3 – Total live births resident in Malta by age and economic status/occupation of fathers for 2014 (NSO, 2016a).

A local study by Borg Xuereb (2008) showed how Maltese parents would like more practical knowledge to help with the transition to parenthood. This study used a mixed-method longitudinal design to explore the experiences and perceptions of first-time parents between pregnancy and the first six months of the postnatal period. The results of this study identified several needs of first-time Maltese parents in their transition to parenthood. Participants' testimonies revealed how there was a gap in the local service offered to them with regards to parenting education (Borg Xuereb, 2008). They commented on how parentcraft sessions were supportive but not enough to help them in the adaptation process. The primary needs of these couples included: the importance of discussing parenthood issues, childcare and child rearing, how to strengthen marital relationships, ways to enhance communication, social support, emotional wellbeing and family health (Borg Xuereb, 2008).

In Malta, traditional gender roles prevail. Knowingly or not, men and women engage in power-sharing, but when one tries to confront issues such as inequality and abuse of power, women are often faced with an uneven playing field (Spiteri and Borg Xuereb, 2012). It has been suggested that Maltese society needs to send a clear message that men are as important as women when it comes to nurturing their young and taking care of family life as this can help in reducing inequalities and poorer outcomes (Attard, 2011). The issue of paternal involvement is inextricably tied to cultural values about what roles are appropriate for men and women, respectively, to embody within the family structure (Lavee and Katz, 2003). Theories of "biological essentialism" and "sex roles" promote the idea that men and women are each biologically suited to perform different tasks (Ferree, 1990; Gaunt, 2006). These differences imply that gender expectations in Malta will affect the way men and women prepare for parenthood also. While women undergo many physical changes throughout their pregnancy; men are often disregarded, however; this experience impacts them as well (e.g. loss of control and relationship changes amongst) (Deave and Johnson, 2008).

Malta also has a unique face-to-face community, which means that everyone knows everyone (Abela, 1997). This type of community is the result of the small size of the island as well as its architecture and climate which favour contact especially in the streets and is further facilitated by family groupings and solidarity (Boissevain, 1993; Mizzi O'Riley, 1981). Living in this type of community means that the behaviour of other members within it influences the behaviour of its members which may not be as evident in big urban towns (Abela, 1997). Moreover, the influence of the Catholic Church permeating in every aspect of Maltese culture including family life (Boissevain, 1969; Vassallo, 1979; Mizzi O'Riley, 1981; Koster, 1984; Tabone, 1987, 1995; Abela, 1991; Scicluna Calleja, 1992; Abela, 1997; Borg

Xuereb, 2008) makes Malta an exciting context to study preparation for first-time parenthood as it includes issues about traditionalism, morality and patriarchy, which all come into play.

1.4 Theoretical framework

Different theories have been used in parenthood research. These include family systems theory (Broderick, 1993; Friedman, Bowden and Jones, 2003), transitional theory (van Gennep, 1960), and gender theory (Ferree and Hess, 1987; Rogers and Amato, 2000) amongst others. A brief overview of these theories in relation to this research is presented in the following sections. My clinical role as a midwife and my personal experience of first-time parenthood have, however, contributed to the fact that I chose to use relational dialectics as it focuses on the inherent contradictions that exist in first-time parenthood. This theory, as proposed by Baxter and Rawlins (1988) acted as a framework to guide this research and is described in section 1.4.4.

1.4.1 Family systems theory

An approach to family systems theory was developed by Bowen (Friedman, Bowden and Jones, 2003) and continued to evolve throughout the years. The family systems theory is rooted in bio-ecological principles and has been used in different research fields such as psychology, health and social work (Broderick, 1993; Casey, 1996). This model posits that the family unit has an adaptive nature and has the potential of understanding of individual family lifeworld experiences. Holistically, a system must be understood as a whole and cannot be known by examining its individual parts and interactions in isolation from each other (Whitchurch and Constantine, 1993). With this in mind, it became apparent that using the family systems theory as a framework to guide this research would not be doing this research justice as I was interested in the individual and coupled experiences of preparation for first-time parenthood.

1.4.2 Transitional theory

The seminal work carried out by the anthropologist van Gennep in 1960, showed how *'rites of passage'* represent a way of understanding traditional societies' rituals and rites. van Gennep (1960) explained how the life of an individual might be seen as a series of passages from one point to another that can be classified into three main groups. "All rites of passage have a similar tripartite form of separation, transition and incorporation" (Froggatt, 1997, p. 124). The first stage of these passages was in fact, separation where the individual is removed from his or her usual environment. van Gennep (1960) explained how during pregnancy, some women from different cultures were separated from society, their families and sometimes

even from other women. The second part of these passages involved the actual transition or *'limen'* during which a person transitions into a different role or state. The last stage of the passages involved the reintegration of the individual within his or her society or a new one with new roles or positions.

In more modern writings, the transitional theory has been linked to structural functionalist roots by Draper (2003, p. 66), who stated that the theory could be helpful in guiding "contemporary transitions across the life-course". Borg Xuereb (2008) contended that when this theory was applied literally to the transition to parenthood, it fit quite weakly in the sense that parents not only kept their old roles but added additional ones with the birth of their new baby. Therefore, despite, offering insight into the transition to parenthood itself, this theory would not have aided the understanding of the preparatory experience itself, and hence it was not used in this study.

1.4.3 Gender theory

Parenthood is socially constructed around the philosophies of family life and gender roles. Gender is constantly being renegotiated and re-formed (Margolis, 1985) and it is principally apparent at points of change during the lifespan. Gender is not static, and its meaning is understood through the beliefs that people hold and in the context of social interaction rather "than in any inherent qualities of males or females" (Deaux and Kite, 1987, p. 111). Gender ideology is defined as one's belief about how men and women should behave and how each constructs his/her masculinity/femininity (Belsky and Kelly, 1994). When applied to the context of parenthood, Sanchez and Thomson (1997, p. 747) highlighted how "parenthood crystallises a gendered division of labour, largely by reshaping wives' not husbands' routines". The transition to parenthood is a crossroad, a time when many decisions about the future of the couple and as individuals need to be taken. Thus, the first-time experience of parenthood is influenced by gender.

However, in a time of global changing discourses related to gender and parenthood, new subject positions are being taken up (Nentwich, 2008). Therefore, I did not want to be bound by gendered restrictions in my exploration of preparation for first-time parenthood even though I was interested in biological parents and their experiences in Malta. I wanted to be open to subversive or alternative ways women and men prepared for this life transition in contemporary Malta and hence I chose not to use gender theory as a framework for my research.

1.4.4 Dialectical theory

Leslie Baxter (1988) explained how dialectical theory was about the unity and the differences within relationships. According to Wood (1997), there are inherent tensions between opposing impulses or dialectics and these tensions and our reactions towards them are what we can use to understand how relationships function, and how they develop through time. Lusk (2008) claimed that by studying dialectics, one could acknowledge these facts and try to find solutions for the conflicts that exist.

The relational dialectic is an expansion of Mikhail Bakhtin's idea that life is an open monologue and humans experience collisions between opposing wishes and needs within relational communications (Baxter, 2004). Baxter and Erbert, (1999) described the dialectical theory as a family of theories rather than a single, unitary theory since dialectical theorists share some fundamental rules but vary in some details. Shared assumptions include a belief in the centrality of contradiction to relationships and the role of contradiction in change processes (Cornforth, 1968). Three supra-dialectics exist which are: (1) the dialectic of Integration – Separation; (2) the dialectic of Stability – Change and (3) the dialectic of Expression – Privacy (Baxter, 1993; Werner and Baxter, 1994). Baxter and Erbert (1999) described how each dialectic could be exhibited either internally or externally. Figure 1.1 displays the three main supra-dialectics together with their internal manifestation within dyadic relationships and external manifestations of the dyad with the broader social order as explained by Baxter (1993)

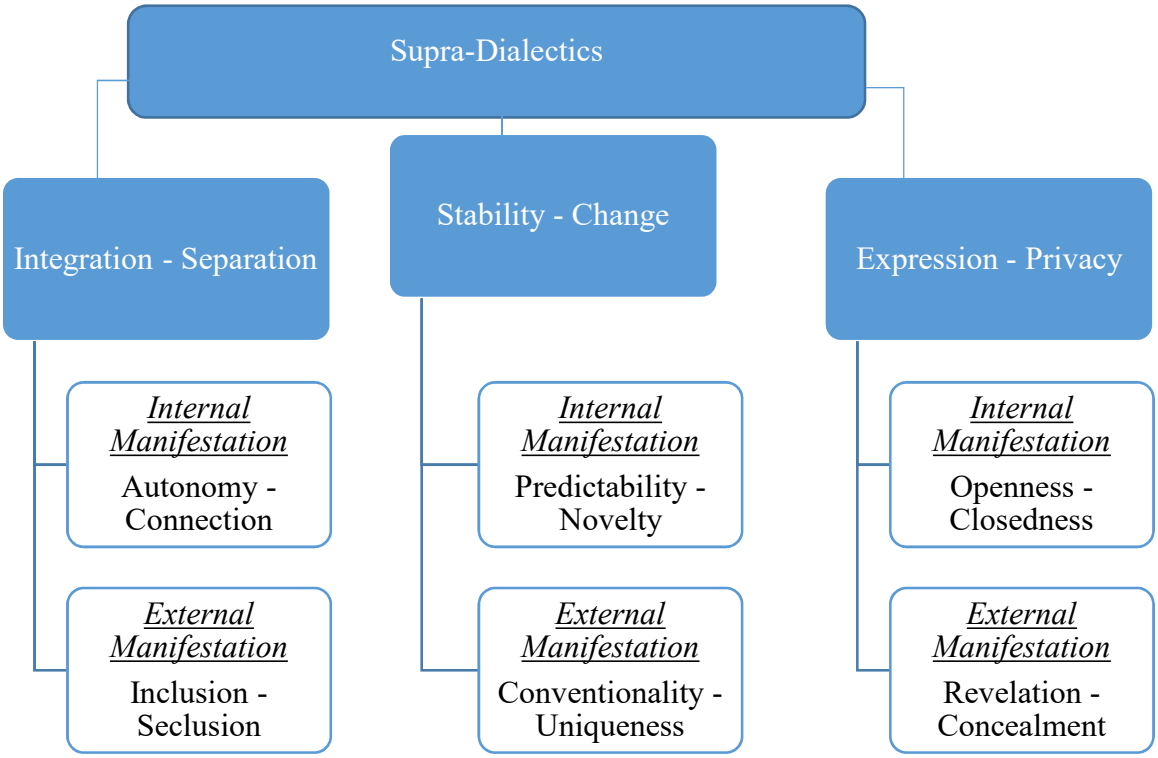


Figure 1.1 – Supra-dialectics (Baxter, 1993).

The first supra-dialectic, Integration – Separation refers to the basic contradictory tensions between social solidarity or unity, and social division or separation (Baxter and Erbert, 1999). Within a dyadic relationship such as a couple about to become parents, this dialectic refers to the tension between the autonomy or independence of the individuals and their interdependent connection. Baxter (1993) refers to this internal manifestation as the Autonomy – Connection dialectic. Healthy relationships need both autonomy and connection of the partners, yet these two necessities are generally viewed as oppositional: naturally, partner autonomy confines connectedness just as connectedness limits partner autonomy. At the interface of the dyad with the broader social order, dyadic members face the dialectic of Inclusion – Seclusion, that is, the pressure between the pair's connection as a couple with others versus the pair's isolation from others. Healthy relationships need alone time to develop a unique culture of two; but simultaneously, relationships need to be embedded with others so that they can be acknowledged. However, having alone time as a couple restricts the time available for the couple to engage socially with others, and vice versa (Baxter and Erbert, 1999).

Stability – Change, the second supra-dialectic refers to the central opposition between stability and instability (Baxter, 1993). Within the couple's relationship, this dialectic appears as the Predictability – Novelty paradox. Here, individuals are faced with concurrent yet antagonistic needs for uncertainty and novelty versus certainty and predictability (Baxter and Erbert, 1999). Relationships need predictability and certainty of various types while at the same time absolute certainty and predictability can give rise to emotional deadening, boredom and inadequate stimulation for partners, requiring spontaneity, novelty and other kinds of uncertainty. Within the social order, this supra-dialectic is exhibited in the Conventionality – Uniqueness contradiction (Baxter and Erbert, 1999). While relational identity is built on a perception of uniqueness for the pair; the dyad also relies on the support of basic social norms in conducting the ordinary task of relating (Baxter and Erbert, 1999).

The third and last supra-dialectic, Expression – Privacy, refers to information openness versus informational discretion (Baxter and Erbert, 1999). This dialectic turns into the Openness-Closedness conflict within with dyadic relationship as partners struggle with concurrent needs to be both open and closed with one another. Partner trust and intimacy are built on the foundation of disclosive openness yet at the same time, honesty can hurt and the partners and their relationship thereby destabilising their trust and intimacy (Baxter and Erbert, 1999). The Revelation – Concealment tension captures the external expression of the third supra-dialectic, as dyadic partners wrestle with the different needs to both reveal and conceal information about the relationship from others in their social network (Baxter and Erbert, 1999). On one side we are presented with a society that needs information about the couple to acknowledge its existence while on the other side the relationship itself needs a boundary of privacy for themselves. With all these contradictions in mind, preparation for first-time parenthood appeared to offer a unique context to understanding these paradoxes whilst illuminating the genuine realities faced by the women, men and couples during their experiences.

1.5 Aim and objectives

This research aimed to explore the experience of preparation for first-time parenthood amongst biological parents in Malta. The following specific research objectives were set to achieve the study's overall aim:

1. To develop a comprehensive understanding of the term 'preparation for parenthood' and provide a conceptual framework, which will assist in the theoretical grounding of this research using a concept analysis [Phase 1]
2. To systematically review published literature to identify existing tools that measure all aspects or contain domains that relate to specific areas of preparation for first-time parenthood [Phase 2]
3. To explore, using qualitative in-depth interviews, mothers, fathers and couples' accounts of their experience with preparation for first-time biological parenthood to develop a deeper understanding of it [Phase 3]
4. To bring together the findings from the three phases, along with the theoretical underpinnings to meet the overall aim of this research.

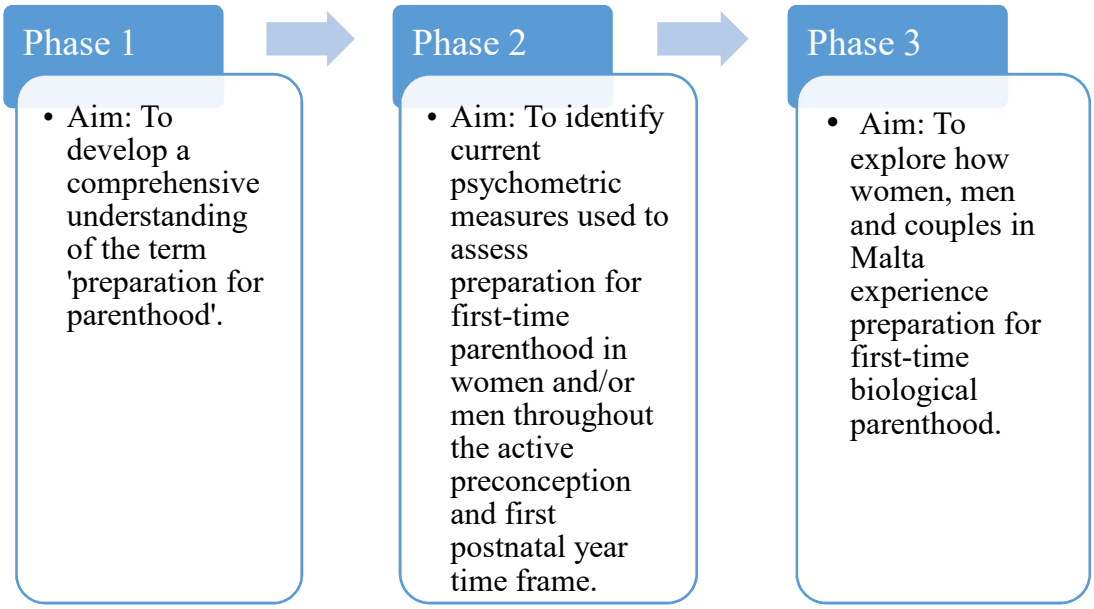


Figure 1.2: Study design

This study used a multi-method, multi-phased approach to be able to incorporate three data collection phases. Multi-method approaches involve the combination of different methods to answer the research question (Hunter and Brewer, 2015). This approach allowed for a comprehensive exploration of multiple perspectives which also aimed to enhance scientific rigour.

1.6 Overview of the thesis

This chapter has provided a background and rationale for the need of this study while also highlighting the aim and objectives of this research. As indicated above, the different phases

are iterative, and hence this thesis presents each phase in separate and consecutive chapters. The second chapter presents a concept analysis carried out to understand the term preparation for parenthood better. The third chapter presents the systematic review work. Chapter four consists of the methodology and methods used in the qualitative third phase of this study while chapter five presents the resultant findings. Chapter six brings the resultant data together with the integration of theory, identifies the study's strengths and limitations while also presenting the recommendations for future research, practice and policy.

Chapter 2. Concept analysis [Phase 1]

2.1 Chapter introduction

This chapter presents the epistemological and philosophical underpinnings of the approach used for this phase of the research study. It then moves on to present a concept analysis of the term 'preparation for parenthood', expanding on the issues introduced in Chapter 1. The empirical referents, antecedents and consequences together with the defining attributes underpin preparation for parenthood as an integral dimension of midwifery practice and healthcare delivery at large. This exercise was deemed to be an essential part of the overall study as it set the foundations of the empirical study that followed. This exercise explored the existing body of evidence, added to the rationale of the need to undertake the study reported in this thesis, and contributed to the body of evidence on the topic being explored.

This chapter is based on the jointly authored publication listed below:

Spiteri, G., Borg Xuereb, R., Carrick-Sen, D., Kaner, E. and Martin, C. R. (2014) 'Preparation for parenthood: a concept analysis', *Journal of Reproductive and Infant Psychology,* 32(2), pp. 148-165 (see Appendix A).

2.2 Defining concepts

Concepts form the foundation of applied theory in the social sciences (Morse, Hupcey, and Cerdas, 1996). A concept is a mental image of a phenomenon or experience, an idea or a construct in mind about a thing or an action (Sykes, 2014). Concepts are seen as aids to categorising the things around us and therefore provide an efficient way of learning, communicating and classifying our experiences in a meaningful way. Walker and Avant (2011) explained how a concept analysis allowed for an examination of the basic elements of a particular concept. The analysis allows for the concept under investigation to be distinguished from others which are similar to it. Walker and Avant (2011) described how concepts or ideas need to be broken down into simpler elements to be able to establish their internal composition.

2.3 The value of having conceptual clarity

The confusion that exists between the terms parenthood and parenting demonstrates a lack of conceptual clarity. In fact, the terms are often used interchangeably. A study into preparation for first-time parenthood thus needed to initially define and grasp the conceptual meaning of

the term to be able to ensure shared understanding and improve future services in this regard. Skyes (2014) explained how failure to clarify concepts created difficulties when discussions around the concepts took place. Unsworth (2000) explained how concept analysis allowed for a better definition of the focus of a piece of research.

The International Confederation of Midwives (ICM) stresses that midwives have a vital role in health counselling and education, not only for the women but also for the family and community at large. This work involves antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare (ICM, 2017). Therefore, midwives must ensure conceptual clarity about these concepts in an attempt to achieve their professional aims. Skyes (2014) in fact, attributed failure to achieve professional goals either to a lack of empirical knowledge or to a lack of conceptual understanding. Moreover, the concept of preparation for parenthood warranted consideration, further clarification and development so that it could then be placed within a framework which may offer a solution to improve the services currently being provided.

2.4 Epistemological Position – Critical Realism

Concept analysis, as a research methodology, offers the opportunity to clarify, refine and sharpen concepts to enhance understanding when there may be competing or inconsistent points of view. The need for conceptual clarity in this research was outlined in section 2.3. 'Preparation for parenthood' is both an ordinary and scientific concept that is used within healthcare, thus in an attempt to ensure appropriate use of the term it needs to be understood through an ontological and epistemological lens. Epistemology refers to what researchers say about human nature which will determine the kind of knowledge that will be generated through data collection and analysis. Willig (2001) described ontology as the way truth is established regarding our existence. In this section, I will discuss my epistemological and ontological positions.

Over the past few decades, critical realism has gained popularity as a philosophical framework for social scientific research. Critical realism was originally developed as a critique of positivism (Harre, 2009) with Bhaskar (1989) as its founder. It was further expanded by other critical realists like Andrew Sayer (1992), Margaret Archer (1995), Andrew Collier (1994), David Graeber (2001) and Amber Fletcher (2017). One of the core beliefs of critical realism is "that reality exists independently of our knowledge of it" (Danermark et al., 2002, p.25). Human knowledge captures only a small part of a deeper and vaster reality. In this respect, critical realism deviates from both positivism and

constructivism. Bhaskar (1998) critiqued positivism of reducing ontology to epistemology, which is the theory of knowledge and justification (Audi, 2011). The same critique applies to constructivist perspectives that view reality as completely created through and within human knowledge or discourse (Fletcher, 2017). Critical realism does not deny that there is a real social world we can attempt to understand through philosophy and social science, but it accepts that some knowledge can be closer to reality than other knowledge. As an ontological perspective, critical realism is stratified into three levels (Fletcher, 2017). The first is the empirical level, which is at the crux of events as we experience them. At this level, events can be measured empirically and are often explained through common sense, but these events are always understood through the filter of human experience and interpretation. Fletcher (2017) described this as the transitive level of reality. The middle level consists of the actual. At this stage, there is no filter of human experience. Events occur whether or not we experience or interpret them and these true occurrences are often different from what is observed at the empirical level (Danermark et al., 2002). The third level then is the real. At this level, causal structures or mechanisms exist. These are the intrinsic properties in an object or structure that act as causal forces to produce events. Critical realism's main aim is to explain social events through reference to the causal mechanisms and the effects they can have (Fletcher, 2017). All levels are part of the same entity or same reality. Bhaskar (1979) explained how unlike the natural world, social structures were, in fact, activity-dependent meaning that causal mechanisms "exist only in virtue of the activities they govern and cannot be empirically identified independently of them" (p.48). He went on to explain that "for critical realism, the social world, being itself a social product, is seen as essentially subject to the possibility of transformation" (Bhaskar, 1989, p.4). This idea makes concepts like preparation for parenthood worthy of scientific investigation in an attempt to emancipate individuals through their experience.

2.5 Concept Analysis

Having identified the philosophical underpinnings for this phase of research, it was necessary to recognise a compatible methodology to meet the aims of this analysis. I explored the different approaches to concept analysis that have been developed and scrutinised them according to their methodological rigour.

Introduced by Wilson (1963) and further developed into a number of different approaches, concept analyses are now firmly established as a research methodology. The most common approach used is that developed by Walker and Avant (1983; 2011), but others include those developed by Chinn and Jacobs (1987) and Rodgers (2000). Each method has a systemic

process for synthesising existing views and ideas about a particular concept while distinguishing it from others. All approaches share a common goal, which is to bring to light the attributes of a particular concept in an attempt to clarify its meaning. The philosophical underpinnings of these models differ, as does their methodology. Concept analyses are very popular within the nursing profession but not so much in other disciplines. The reason for this is unclear. Risjord (2010) attributed this to its mixed reputation. Additionally, criticisms have been made that it is "an arbitrary and vacuous exercise" (Paley, 1996, p. 578) and that its possible input to intellectual development is constrained (Hupcey and Penrod, 2005).

Despite this, Walker and Avant's framework (2011) ensures that the uses of the concept are not just limited to nursing and medical literature, suggesting a more in-depth review of sources such as dictionaries, thesauruses, colleagues as well as research papers. While a concept analysis offered a useful methodology in achieving the first research objective of this study, the particular approach to concept analysis selected needed to be compatible with the philosophical positioning of the research. Duncan, Duff Cloutier and Bailey (2007) examined several of the different models of concept analyses and established the ontological positioning of each. They concluded that many of the models of concept analyses that have been developed have either implicitly or explicitly associated themselves with a realist stance. They go on to show that understanding the ontological position is significant because it primarily influences the result. Models that present concepts through a realist lens seek to produce an end product that offers an absolute definition; "concepts as measurable variables that ideally are knowable outside of context and functional in a realist research world for which, at least in part, they are created" (Duncan, Duff Cloutier and Bailey, 2007, p. 297).

Wilson's original model (1963) was based on the relativist position as it does not seek to create a fixed meaning of a concept but to create a useful understanding of the shared meaning of a concept within a specific context. Many of the subsequent models, including the most frequently used model offered by Walker and Avant (2011), are heavily influenced by Wilson (1963) in the procedural application of the diverse stages. However, it has been argued that Walker and Avant (2011) moved towards a more realist position (Duncan, Duff Cloutier and Bailey, 2007; Risjord, 2010). This was revealed through the insertion of 'model cases' to exhibit a fixed truth example rather than, as Wilson (1963) had proposed, as a way of giving a 'context bound' example. Rodgers (1989) argued that the popularity of models that adopt a relativist approach had been influenced by an era of critical philosophy and logical positivism as well as the appeal that a clear conceptual definition offers. The appeal to pursue such a clear conceptual definition is not surprising since the most frequently cited

reason for conducting a concept analysis is because of the confusion and vagueness that exists in the understanding and application in the practice of concepts (Sykes, 2014).

2.6 Walker and Avant's model of concept analysis

The Walker and Avant model of concept analysis (2011) is one of the most frequently used models. The authors modified and simplified Wilson's (1963) classic concept analysis procedure reducing the number of steps involved from eleven to eight. These eight stages involve: 1) Selecting a concept. 2) Determining the aim of the analysis. 3) Identifying all uses of the concept. 4) Determining the defining attributes. 5) Identify a model case. 6) Identify borderline, related, contrary, invented and illegitimate cases. 7) Identify antecedents and consequences. 8) Define empirical referents. This model was adopted for use in this study because it was deemed more rigorous and logically structured. Despite appearing sequential, these steps are iterative which renders the results to be much more precise (Walker and Avant, 2011). The approach used has the strength of being based on both a critique of scientific literature (empirical referents) and everyday usage of instances and of recognising that concepts are context dependent (Risjord, 2009).

Walker and Avant's (2011) method has limitations and has been criticised for lacking rigour because of the bias inherent in the interpretations of the concepts explored (Hupcey et al.,1996; Hupcey and Penrod, 2005). Furthermore, adopting an inherently reductionist approach may fall short to capture the effect of time and rapidity of changing contexts that inevitably influence conceptual understanding (Risjord, 2009). Despite these criticisms, Walker and Avant's (2011) eight stage process offered an explicit and systematic method of enquiry. It facilitated the development of meaningful descriptions of preparation for parenthood grounded in the evidence. The approach allowed for the identification of antecedents and consequences which were both essential components of the broader study presented in this thesis. This method has also been used successfully by international authors to conceptualise concepts relating to health and wellbeing (Aita and Snider, 2003; Allan, Carrick-Sen and Martin, 2013; Almond, 2002; Murphy Tighe and Lalor, 2015; Ridner, 2004; Unsworth, 2000).

2.7 Concept analysis procedures

2.7.1 Identifying all uses of the concept

A rigorous literature search was conducted using the PubMed, PsycINFO and CINAHL databases via the EBSCO*host* platform between September 2012 and September 2013. These

databases were chosen as their content allowed for a search that would generate many uses of the concept. The keywords used were ‘preparation’ and ‘parenthood’. References were excluded if the primary focus did not contribute information towards the concept of preparation for first-time parenthood. No time restriction was given to this search. This electronic search yielded 103 citations, and these were reduced to 81 once duplicates were removed. These titles were screened, and 51 citations were excluded as the title did not reflect that it would contribute to a better understanding of the concept. The resultant 30 citations’ abstracts were read by all members of the team to establish if the focus of the paper would help in understanding preparation for parenthood. Discussions were held and 19 papers were excluded post abstract review as it became apparent that these papers would not contribute to the conceptual understanding of the phenomenon in question. 11 papers were brought forward for full review and analysis by two members of the research team.

A variety of books, dissertations, dictionaries and thesauruses were also searched as Walker, and Avant (2011, p.162) suggest using both “ordinary and scientific” material while identifying all uses of the concept as this would help in yielding a deeper understanding of the concept. Identifying all uses of the concept in a concept analysis is thus different from a systematic literature search. 53 additional sources were identified as containing sufficient information that would aid the concept analysis.

A narrative approach was used to bring all the material together. After reviewing the retrieved material, it became evident that much of what was currently available regarding preparation for parenthood could be grouped under the following headings: law, historical perspectives, culture, gender, spirituality, antenatal education, lifestyle and/or preparation for parenthood as a life course journey. These headings were used to structure this phase of the analysis. The first uses of the concept were elicited from dictionaries and thesauruses and are highlighted below.

2.7.1.1 Dictionaries and thesauruses

Dictionary definitions are useful because they convey accepted ways in which words are used in mainstream society (Unsworth, 2000). ‘Preparation’ is defined as ‘something done in order to prepare for something else’ (Collins English Dictionary, 2006), ‘groundwork’ (synonyms include development, preparing, arranging, devising, getting ready, thinking up, putting in order), ‘readiness’ (synonyms being, expectation, provision, safeguard, precaution, anticipation, foresight, preparedness, alertness) and an ‘arrangement’ (plan, measure and provision being the synonyms) (Collins Thesaurus, 2006). The Merriam-Webster Dictionary

(Webster, 2005) defined ‘parenthood’ (noun) as ‘the state of being a parent’. Collins Thesaurus (2006) described ‘parenthood’ as fatherhood or motherhood, bringing up, child rearing, nurturing and upbringing. The Collins English Dictionary (2006) defined ‘parent’ (noun) as ‘a father or mother’, ‘a person acting as father or mother; guardian’, while ‘parenting’ also a noun as ‘the activity of bringing up children’.

While the terms ‘parenthood’ and ‘parenting’ are frequently used interchangeably, they are defined differently. With ‘parenting’ the connotation is on the child. In fact, parenting covers a wide range of narrowly defined constructs including parenting practices (in relation to a child), parenting style and parental social cognition (McMahon and Metzler, 1998). Parenting involves practices which relate to the physical aspects of raising a child. In contrast ‘parenthood’, focuses on the parental role rather than on the child. Virasiri, Yunibhand and Chaiyawat (2011) argue that parenting is not the same as parenthood, which focuses on the birth of the child. The birthing aspect further defines the biological, social, legal, cultural and emotional issues related to the transition to parenthood.

2.7.1.2 Law and parenthood

Legislators refrain from trying to define the term ‘parent’ as it is an extensive concept (Dr J. Axiak, personal communication, 7 July 2012). The term ‘parent’ may denote different things; for example, a person may become a parent naturally (by birth) or legally, by for example adoption. There may also be no legal or blood relationship between a person and a child, though that person may exercise a degree of parental function over that child (for example, a child who is under the care of a guardian). Black’s Law Dictionary (Garner, 2011) defines ‘parent’ as the lawful father or mother of someone. In ordinary usage, the term denotes more than responsibility for conception and birth. The term commonly includes: (1) either a biological father or biological mother of a child, (2) the adoptive father or mother of a child, (3) a child’s putative blood parent who has expressly acknowledged paternity and (4) an individual or agency whose status as guardian has been established by judicial decree. The definition of a parent changes in different social contexts given varying family structures and new reproductive technologies. It has now been suggested that the concept of a parent includes “biological procreators”, surrogates, foster and adoptive parents (Raphael-Leff, 2010, p. 9). Given the complexities involved in these types of parenthood scenarios, which suggest potentially traumatic events, this current study focused on preparation for biological parenthood.

2.7.1.3 Historical perspectives on parenthood

In pre-industrial societies (1750–1850), the extended family was viewed as a unit. Family size was quite large as offspring were seen as an economic asset and child-rearing practices were influenced by Puritan views (Habenstein and Olson, 1992). Fathers were the moral leaders of the family (Aldous, 1998). In the industrial period, a division of labour among all family members emerged (Habenstein and Olson, 1992). Fathers worked outside of the house while mothers worked within the house. Children were expected to help out as much as they could to maximise preparation for adulthood and eventually parenthood (Woollett and Nicolson, 1998). Child-rearing practices evolved during this period. In contemporary societies, family structure changed with the formation of merged families, adoptive families, same-sex parents and single parents. Such structural changes within the family disintegrated extended kinship, increased number of mothers returning to paid employment, the changing role of fathers and rising divorce rates, all of which might have contributed to parents exercising less power over their children (Habenstein and Olson, 1992), with preparation for parenthood taking a new form throughout the ages.

2.7.1.4 Culture and preparation for parenthood

The issue of culture is also very relevant to preparation for parenthood. Anthropology helps one appreciate how different reactions towards parenthood are at times the product of specific cultures. Cultural anthropologists, Levi-Strauss (1967) and Schneider (1980) explained how the determination of kinship and parental relations was not a biologic product but a cultural construct. The meaning of preparation for parenthood will indeed vary widely among different cultures; hence it is imperative that professionals keep this in mind while dealing with individuals from different cultures as their realities and needs might vary. Different cultures need to be considered in the context of individual lives. In doing so, we will understand why parents in a variety of contexts come to think, feel and act in the way they do (Harkness and Super, 1995). While different individuals might prepare differently for parenthood, one should keep in mind that the decisions we take are often a cultural orientation passed onto us by our parents (Harkness and Super, 1995) also in preparation. The state and shape of the world we live in any moment in time is a direct result of previous parenting practices (Harkness and Super, 1995). The decisions we take and the values we pass on will help to create a possibly different culture amongst future generations (Hofstede, 2011) which might in turn influence how individuals prepare for parenthood.

2.7.1.5 Gender and preparation for parenthood

Gender may also affect preparation for parenthood. Gender refers to socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (WHO, 2013a). Eagly and Wood (1999) developed what is called 'social structural theory' in an attempt to challenge evolutionary theories of gender differences. The theory argues that the roles people occupy, whether due to individual choice, socio-cultural pressures or biological potentials, lead them to develop psychological qualities and, in turn, behaviours to accommodate those roles. Motherhood, for example, is seen by many in society as central to a woman's identity (Katz-Wise, Priess, and Hyde, 2010). Simon (1992) argues that parenthood is more salient for women's self-conceptions than for men's, with men generally perceiving fathering as something they 'do' rather than something they 'are' as in the case of women (Ehrensaft, 1987). This idea is consistent with other research in which fathers were seen as helping rather than sharing parental responsibilities (Borg Xuereb, 2008; Cowan and Cowan, 2000; LaRossa and LaRossa, 1981; Spiteri and Borg Xuereb, 2012; Stueve and Pleck, 2001).

2.7.1.6 Spirituality and parenthood preparation

Boyatizis, Dollahite and Marks (2006) highlighted how the behaviour of individuals might be influenced by meanings, perceptions and beliefs which they referred to as the spiritual paradigm. Cecil (1996) explained how one should consider pregnancy as a testimony to one's state of harmony with one's family, community and spiritual world. It has been suggested that spirituality forms the basis of how life is lived and how decisions are made (Boyatizis, Dollahite and Marks, 2006). Mahoney et al., (2003) explained how spiritual beliefs often compel individuals to sanctify their roles as parents. Marks (2004) discussed how spiritual practices guide individuals to engage in rituals and traditions among themselves and with their children. Boyatzis, Dollahite and Marks (2006) also talked about the spiritual community which allows prospective parents to form part of an inter-generational community. They described this as a congregation of faith and care.

2.7.1.7 Antenatal education and preparation for parenthood

Traditionally, antenatal education has focused on preparation for labour and delivery. Nolan (1997) suggested that these sessions should include information relating to parenthood. A Cochrane review endorsed antenatal education as an essential role in improving maternal, perinatal psychological outcomes (Hodnett, 2000). A review commissioned by the

Department of Health and carried out by the University of Warwick (Schrader McMillan, Barlow and Redshaw, 2009) found antenatal education provision to be inconsistent, with a low uptake by the most socioeconomically deprived families and health professionals feeling ill-prepared and unsupported to deliver this care. In this regard, the Department of Health brought together a group of experts to consider what needs to be in place to prepare contemporary mothers and fathers-to-be for pregnancy, birth and beyond. They developed a four-level framework to help local provision of services. This framework also referred to as the Preparation for Pregnancy, Birth and Beyond (PPBB) framework commences by recognising that most learning and reflection takes place through family and friends, individuals learning on their own, through observing others and using media sources of information available to them (Schrader McMillan, Barlow and Redshaw, 2009). This type of learning brings forth the importance of the wider community in relation to education for preparation for parenthood.

2.7.1.8 Lifestyle preparation for parenthood

Individuals may choose to make lifestyle changes to prepare for parenthood. This includes changes to optimise their health and may involve healthy eating, exercise, smoking and alcohol cessation. Some women may even start taking vitamin supplementation in preparation for a pregnancy. In the period leading up to a pregnancy, the recommendations for smoking, exercise and diet are similar to those for women in the general population (Inskip et al., 2009). During pregnancy, many women are further motivated to adhere to the mentioned lifestyle changes to give the best possibilities to their unborn baby. These changes can make a difference in the overall health of the parents as well as in the health of their babies. Optimising women's health through lifestyle preparation in the preconception period is of utmost importance for fetal development (Chapin et al., 2004). Grivell, Dodd and Robinson (2009) stated that, ideally, women should plan a pregnancy as this will provide an opportunity for lifestyle changes, reduction of risk factors and optimisation of medical conditions. These attempts would help decrease potentially poor outcomes with regards to the fetus which may include intrauterine growth restriction or fetal growth restriction, miscarriage and even stillbirth given placental insufficiency (Cohain, 2013; Grivell, Dodd and Robinson, 2009). Despite this, a general population cohort study showed that only a few women adhered to the nutrition and lifestyle recommendations for planning a pregnancy and concluded that greater efforts are needed to improve compliance (Inskip et al., 2009). Upon the confirmation of a pregnancy, many women try to employ health-related behaviours which protect the well-being of the unborn child (Condon, 1993). These lifestyle changes can be related to the

concept of prenatal attachment which is said to commence before the birth of a baby and increases as the pregnancy progresses (Berryman and Windridge, 1996).

2.7.1.9 Preparation for parenthood: a life course journey

Riedmann (2008) described the preparation for parenthood as a process consisting of a series of steps which presents unique challenges and dilemmas. These stages include the decision to become a parent, choices regarding modes of birth, the impact of new parenthood and child care issues (all of which may be social, culturally and spiritually situated). Becoming a parent means that one's previous life will change and hence individuals may need to prepare for a new reality. For example, an expectant woman should learn about and prepare for all the physical, emotional and hormonal changes she will experience throughout a pregnancy, while an expectant father should strive to learn about the importance of having an active role and commit to sharing responsibilities when it comes to childcare (gender-specific differences which are culturally affected). As previously discussed, however, fathers tend to help rather than share when it comes to childcare responsibilities (Borg-Xuereb, 2008; Borg Xuereb, Abela and Spiteri; 2012; Cowan and Cowan, 2000). It has been suggested that fathers can also prepare emotionally especially with regards to their relationship with their partners during this journey (Borg Xuereb, Abela and Spiteri, 2012; Cowan and Cowan, 2000).

In a planned pregnancy scenario, parenthood is a process that starts with the decision about "when and whether to have a child and try to become pregnant" (Parke, 1996, p. 17). This stresses the fact that preparation for parenthood may start long before the actual pregnancy. Lewis (1989) described this time as the birth of the family. Leon (2008) agreed that parenthood was a process in its own right. He explained how preparation for parenthood commenced with the decision to become pregnant, or the discovery of pregnancy in an unplanned circumstance. Bibring et al., (1961) recognised pregnancy as allowing parents-to-be the opportunity for an adaptive solution towards a new, transformed organisation of one's personality. Smith (1999) discussed how women were able to use the pregnancy in itself as psychological preparation for mothering. He went on to state that this preparation was based on and highlighted the relational self. Pregnant women in his study used their engagement with significant others to facilitate their preparation for taking on a new identity of a mother. Hence, one can argue that pregnancy in itself is an essential preparatory period where individuals can practice taking on their new roles as parents. The duration of pregnancy allows for the emotional attachment to the fetus. Ultrasonography, for example, has been said to increase fetal attachment especially in the first trimester (Sedgmen et al., 2006) so such practices could be viewed as assisting with preparation for parenthood.

Cowan and Cowan (2000) explained how preparation for parenthood allowed for a process of growth as it carries with it a sense of accomplishment and meaning. Mansfield (1993) discussed two essential aspects required for preparation for parenthood. These included material preparation and personal preparation. With regards to material preparation, she noted that many couples tried to make their home more 'nest-like' and welcoming for a child. There was also a monetary aspect towards material preparation. Money needed to be earned and saved for the impending added financial burden that accompanies parenthood. Hence, employment takes on a new dimension. In an attempt to adequately prepare for parenthood, some parents might discuss employment issues as early as the pre-conception phase because nowadays income from both partners is sometimes required to offer financial security and this can be culturally specific in itself (Spiteri and Borg Xuereb, 2012).

Mansfield (1993) also discussed personal preparation for the childbearing and childrearing phases of family life. She stressed the importance of being ready to have children. The definition of being ready to have children is very personal. It is frequently based upon the popular image of parenthood which stresses the disadvantages of becoming parents. Mansfield (1993) argued that being personally prepared for parenthood meant that each individual must accept a somewhat limited social life, different from life without children, constant financial burdens and the invasion of a third person within the family. It must be acknowledged, however, that all parents do not experience these limitations. Essential characteristics required for the personal preparation of parenthood according to Mansfield (1993) included tolerance, resignation and selflessness. This notion brings with it the concept of resilience into the picture. Mackay (2003) explained how resilience was a process of adaptation as it involved how individuals bounced back or coped successfully despite adversity. Luthar, Cicchetti and Becker (2000) defined resilience as a dynamic, modifiable process.

2.7.2 Determining the defining attributes

This step involved gathering "clusters of attributes that are most frequently associated with the concept" (Walker and Avant, 2011, p. 162). While identifying all uses of the concept (Step 3), I took note of the characteristics of the concept that appeared repeatedly. Preparation for parenthood is considered to be a life-long process that generally involves a readiness to take up a responsibility to bring up and nurture a child. It involves a waiting period in anticipation of the arrival of a child which is then followed by parenting-in-action during the various parenting stages. Preparation for parenthood involves organising oneself to become receptive to change and to become financially ready for this responsibility. Preparation for

parenthood is multi-dimensional as it has physical, social, psychological, cultural and spiritual components to it.

Despite this, preparation for parenthood is unique for each individual, with men and women focusing on different aspects. Preparation for parenthood involves resilience as it often requires individuals to let go of previous lifestyles while adapting to new ones. This process of letting go is sometimes perceived as self-sacrificing. Social practices and expectations regarding parenthood are historically and culturally situated. Hence, the critical attributes that appear to apply to all instances of preparation for parenthood are as follows:

- It is a process which involves organising one's self: psychologically, spiritually, physically and materialistically.
- It is time and gender-specific.
- It is affected by societal and cultural expectations.
- It involves an ongoing commitment that entails resilience and is at times challenging.
- It involves a process of growth and adaptation.

2.7.3 Identifying a model case

Walker and Avant (2011) described the model case as an example of the use of the concept that demonstrates all of the defining attributes of the concept, a pure exemplar. Walker and Avant (2011, p. 163) explained how "model cases may be actual examples from real life, found in the literature or even constructed by the researcher". The following is a constructed model case which contains all of the defining attributes of the concept.

Sarah and Joe, both in their late twenties, have stable jobs and are planning to get pregnant this year as they feel that this will make them feel fulfilled as a family. They would love nothing more than to have a child together, to love and nurture that child to the best of their abilities. They have both quit smoking in anticipation that they will soon have a child (physical domain). Sarah has been taking folic acid for three months now in preparation for pregnancy while Joe has been working extra shifts to contribute financially (gender differences in preparation). They acknowledge that no matter how prepared they feel, it is still going to be a challenge, but it is a challenge they have been looking forward to for a long time. They have been together for seven years, and they now feel ready for parenthood. They admit that even their families are waiting for a grandchild and they are already discussing who will be the child's godparent (cultural/spiritual domain). They have been putting things in order as much as they possibly can. They bought a new house with a nursery and have been slowly transforming their house into a home (material preparation). Their friends think

that they are naive and do not know what they are getting themselves into, but Sarah and Joe feel that they are at a right phase in their life to start this journey which they believe will make them more responsible individuals and give them a sense of completeness (spiritual domain). They feel that parenthood is all about compromise and resilience, a responsibility they are committed to taking on (ongoing commitment and readiness).

2.7.4 Identifying borderline, related, contrary, invented and illegitimate cases

A borderline case is an example or an instance that contains most of the defining attributes of the concept but not all of them (Walker and Avant, 2011). The following is an invented borderline case example.

Ann and Jim are in their early thirties and have been together for almost ten years. They feel that after all these years it is expected of them to have a child. They plan to start trying for a baby in the upcoming year but admit that they constantly find reasons to postpone it. In fact, they have planned a five-week holiday over the summer, and upon returning they plan to move house, so they would need to settle in before conceiving. They feel that they have some loose ends that need organising before they enter the next phase of their lives because they know that a baby is a big responsibility and a commitment on their part. Once settled, they will be able to focus entirely on this. Their colleagues at work tell them that parenthood brings about many losses such as loss of income and loss of freedom, but they know that these losses will be nothing compared to the joys associated with having a baby.

While Jim and Ann would like to have a child together, they are not fully committed to this. This lack of commitment is highlighted in their decision to take a five-week holiday. They do realise that they will need to organise themselves in preparation. Societal and cultural expectations are also highlighted in this case. While realising that this might be a challenging step they are willing to grow and adapt. Gender issues involved with preparation are not mentioned in this example, and hence it is described as the borderline case. Related cases provide instances of concepts, but do not contain all the defining attributes as indicated in the following case:

Kim has always desired to have a child. She has memories of the women from her childhood fussing over their children, always trying to do their best. They appeared to be fulfilled. She used to spy on them to learn from them as they fascinated her and she wanted to be just like them when she grew up. So she learnt to sew, iron, change nappies, make a bottle and bathe a baby. Without knowing why or how she wanted to be a mother. Today she is a 38-year-old single woman. She does not know if she will ever have children as now she has gotten used to

being alone. She loves kids and is crazy about her nieces, but when she is with them, she feels exhausted, so she takes them back to their mother. Although Kim wanted to have children in the past, she now feels comfortable with her situation.

There appears to be a lack of willingness to change or adapt to a new lifestyle. It appears that Kim does not feel ready to have an ongoing commitment with a child. While gender issues are highlighted in this case, there is no indication about to how Kim is organising herself in preparation. Hence, this case is a related one. Contrary cases are clear examples of what the concept is not (Walker and Avant, 2011). In the following example, there are no attributes of the concept under investigation.

Sandy and her husband just found out they are pregnant. It came to them as a shock as they were not planning to have a child. Sandy just changed jobs, and her husband is unemployed as he is focusing on his studies. They do not feel psychologically prepared or ready to have a child, and they do not feel financially stable either. They are apprehensive because they do not want to let go of their previous lifestyles.

While the couple is on their way to parenthood, they are not interested in it. They are not ready for a change. There are no attributes highlighted in this case. Invented cases are those "which contain ideas outside our own experience" (Walker and Avant, 2011, p. 166), often reading like science fiction. Walker and Avant (2011) stressed that not all concept analyses need invented cases. Since I felt that this concept was exemplified through the cases presented there was no need to present the invented case. The same was true for the illegitimate case which was described by Walker and Avant (2011) as the example of how the concept is wrongly used.

2.7.5 Identifying antecedents and consequences

Antecedents are those events or incidents that must occur or be in place before the occurrence of the concept (Walker and Avant, 2011). This analysis highlighted that preparation for parenthood is multi-faceted and complex. The analysis implied that law, culture, gender and spirituality are likely to influence the antecedents and consequences of the concept. It became evident that the concept was not static and was in itself developmental. Consequently, preparation for parenthood is likely to differ among cultures, between societies and nations and thus may not apply to all individuals seeking parenthood.

The concept analysis has identified the following antecedents:

- A self-evaluation of the individual to consider personal readiness for parenthood Mansfield, 1993);
- The individual understands and feels the need to become a parent (Mansfield,1993).

Consequences are events which occur as a result of the concept (Walker and Avant, 2011). The analysis identified the following consequences or outcomes of the concept.

- Preparation for parenthood is likely to have an impact on the lives of the parents themselves, the infant and society as a whole in the form of improved quality of life for all concerned (Crnic, Gaze and Hoffman 2005; Guterman et al., 2009).
- Preparation for parenthood allows parents to feel more competent during the transition to parenthood (Borg Xuereb, 2012; Borg Xuereb, Abela and Spiteri, 2012).
- Preparation for parenthood allows for parents to be receptive to change (Borg-Xuereb, 2008; Mackay, 2003).

2.7.6 Defining empirical referents

Empirical referents are defined as categories of the actual phenomena and that by their presence demonstrate the occurrence of the concept itself (Walker and Avant, 2011). Since preparation for parenthood is multi-faceted and complex, there are many empirical referents. Indicators of appropriate preparation for parenthood may include assessments and adaptation of lifestyle to optimise the outcome. Another indicator of preparation for parenthood deals with psychological aspects such as parental readiness, commitment and self-reorganisation. There are also sociological indicators for preparation for parenthood which include material preparation and financial stability (Borg Xuereb et al., 2012; Mansfield, 1993). Spiritual indicators of preparation for parenthood may include spiritual practice (Boyatzis et al., 2006; Marks, 2004). Cultural indicators of the concept may take the form of gender-specific parenting practices and values.

2.8 Preliminary conceptual framework

This literature-based concept analysis exercise assisted in the development of a preliminary conceptual framework. The domains of preparation for parenthood identified during the search were recorded in order to help develop and complete the preliminary framework as shown in figure 2.1 below. The provisional framework was thoroughly re-edited during the literature search, resulting in domains that contributed to preparation for parenthood. The identified domains were distributed amongst the five main aspects of the proposed conceptual

framework. Each domain is influenced by the others, and each form an integral part of the preparation for parenthood. The next phases of this thesis continue to inform this conceptual framework.

Figure 2.1: Proposed conceptual framework demonstrating the potential domains of preparation for parenthood.

2.9 Summary

This concept analysis sought to provide a literature-based analysis of the many issues inherent in preparation for parenthood. However, the significance, use and application of this concept may change over time and hence needs further clarification. This analysis helped to inform and animate further research and discussion especially with regards to the further development of the conceptual framework. This concept analysis has differentiated between preparation for parenthood, parenting and the transition to parenthood and established

preparation for parenthood as a distinct concept. Knowledge about this concept is relevant to the health profession at large because the attributes, antecedents and consequences may enable healthcare professionals in identifying individuals that might be struggling to prepare for parenthood, to support them during this life-changing experience.

The next step in this broader research study was to establish whether or not psychometric measures incorporating all of the elicited domains from this concept analysis existed in the literature. Accurately measuring parenthood preparedness amongst individuals would help with the comparison between cases to assess those more or less prepared as this can guide the action of any supportive interventions. Therefore, the following chapter presents the systematic review work carried out.

Chapter 3. Systematic Review [Phase 2]

3.1 Aim and objectives

This systematic review aimed to identify current psychometric measures used to assess preparation for first-time parenthood in women and/or men throughout the active pre-conception and first postnatal year time frame. This aim was achieved through the following objectives:

1. To summarise published evidence relating to psychometric tools that are currently available to help measure preparation for parenthood in first-time biological mothers and fathers.
2. To determine if current measures encompass all or merely some of the domains of parenthood preparation identified in the preliminary conceptual framework (see chapter 2 section 2.8). This framework included the psychological, spiritual, physical, sociological and cultural aspects of preparation for first-time parenthood.
3. To describe the key constructs and items that are used to assess preparation for parenthood in first-time biological mothers and fathers.
4. To evaluate the psychometric properties of the identified tools and measures.
5. To map out how current measures and tools relate to each other and the domains in the pre-developed conceptual framework.

3.2 The rationale for performing a systematic review

Systematic reviews typically involve a detailed and comprehensive plan and search strategy derived a priori, with the goal of reducing bias by identifying, appraising and synthesising all relevant studies on a particular topic (Uman, 2011). To my knowledge, no systematic reviews have been conducted looking at psychometric measures used in the assessment of preparation for first-time parenthood amongst biological parents. This apparent literature gap was something I was very much interested in particularly because of my clinical role as a senior midwife but also as a midwife researcher. When considering measurement instruments, systematic reviews can help in the identification and selection of the most appropriate tool for research and clinical practice (Terwee et al., 2016). They also help in identifying gaps in knowledge and report on the quality of the measurement instruments that are included in the review (Terwee et al., 2016).

3.3 Methods

In this systematic search, the guidelines and criteria for systematic reviews described by the Centre for Reviews and Dissemination (2008) and the Preferred Reporting for Systematic Reviews and Meta-analyses (PRISMA) Statement (Moher et al., 2009) were followed. The systematic review protocol used was prospectively registered on PROSPERO (CRD42017056077).

3.3.1 Inclusion and exclusion criteria

This systematic review applied the following as eligibility criteria for inclusion:

1. Quantitative research that aimed to develop, validate, customise or adapt and utilise or apply formal measures to assess the extent to which one or both biological parents are prepared for first-time parenthood;
2. Tools/measures designed and/or used prospectively, i.e. before the first child is born and retrospectively up to one-year post birth;
3. Included research must have investigated aspects of reliability and/or validity;
4. Participants included in this review needed to be women and/or men of childbearing age who were actively trying to conceive their first child in the following year and/or mothers and fathers who were either pregnant with their first child or had an infant up to 12 months of age without having had any fertility problems and were considered to have had an uncomplicated pregnancy, birth and/or postpartum experience.

Exclusion criteria were:

1. Trials or studies evaluating the effectiveness of interventions where the measure was used as an endpoint of a study (outcome measure of change following intervention);
2. Non-research articles such as reviews, commentaries, conference proceedings, editorials and reports;
3. Qualitative research that was exploratory;
4. Any measurement instruments designed for use in high-risk contexts, for example, psychiatric patients, complicated pregnancy scenarios, conception after rape or trauma-related scenarios.

3.3.2 Search strategy

The databases used within this review were: Embase via Ovid (1974 – 07/2018), PubMed via EBSCO (1946 – 07/2018), PsycINFO via EBSCO (1911 – 07/2018) and CINAHL Plus with

full text via EBSCO (1982 – 07/2018). These databases were chosen as their content allowed for a search that would potentially generate many hits about preparation for first-time parenthood. No date restriction was applied to any of the searches in an attempt to increase maximum inclusion.

With the aim of identifying relevant literature within the bibliographic databases, a comprehensive set of search terms for the construct of interest, target population, instrument search and measurement properties was developed. These are listed in table 3.1.

1. Construct of interest	Prepar* for Parent* OR Parent* prepar* OR Parent*
2. Population search terms	Parent* OR mother* OR father* OR m*m OR dad OR m*n OR wom*n
3. Instrument search terms	Tool* OR measur* OR test* OR questionnaire* OR instrument* OR survey*
4. Measurement property search terms	Psychometr* OR clin*metr* OR internal consistency OR reliability OR measurement error OR content validity OR responsiveness OR interpretability

Table 3.1 – Search terms employed within the bibliographic databases as part of the systematic review.

The searches for these four characteristics were then combined with the conjunction 'AND' to obtain the list of references that were used to select relevant articles from the bibliographic databases. Relevant grey literature was identified by searching Google and Google Scholar (first 100 hits) using the terms: parenthood AND measurement OR instrument OR tool.

To identify any additional papers not retrieved from database and grey literature searching, hand searching of references and bibliographies of the identified papers and relevant review work together with contacting experts in the field to identify any submitted, unpublished or ongoing relevant research was also carried out. Authors were also contacted when relevant studies were published in a language other than English to determine if translations were available. Authors of relevant conference abstracts were contacted to determine if full papers had been published. I also hand-searched the *British Journal of Midwifery* from 1983 – to 07/2018. Websites of other key journals were searched to ensure identification of any relevant papers not indexed within the included bibliographic databases. These journals were the

International Journal of Birth and Parent Education, Parenting, Family Process, International Family Planning Perspectives, Journal of Family Issues, Cultural Anthropology, Spirituality and Health International, Gender and Society and Psychology, Health and Medicine.

3.3.3 Study selection and quality assessment

Once all hand and electronic searches were completed, the retrieved citations were transferred to RefWorks. Duplicates were electronically removed, and then the titles of the remaining citations were independently screened by two reviewers (GS and DCS). Where there was doubt whether an article met the inclusion criteria it was kept for further screening. Those papers that clearly did not meet the inclusion criteria were excluded at this point. All screening was a dual independent process which was divided across the four members of the team (GS, DCS, EK and RBX). These reviewers independently screened the papers brought forward by title and abstract and discussions were held in cases of disagreement until consensus was reached. The remaining papers underwent full review by the team to assess eligibility. The sifting of the full text of the papers was facilitated by the use of a standardised 'In/out' form developed for this systematic review (Appendix C). Differences in judgement from the reviewers were discussed with all the members of the team for an agreement to be reached. The following step involved data extraction on all of the included studies. A structured data extraction tool (Appendix D) was developed specifically for use in this systematic review and was piloted with one paper. Data extraction was independently performed by two of the reviewers (GS and RBX).

3.3.4 Data analysis

A narrative approach was used to synthesise the data in this review using: 1) data summary and 2) analytic discussion of the constructs being measured together with the psychometric properties presented in the included studies. A summary table of included instruments was produced to synthesise the results of data extraction (see table 3.6). This presents the name of the instrument, author/s, year of publication and country where study was conducted, together with the number of items in the tool, type of administration, participant characteristics, the parenthood "status" or time frame the measure was designed for use and the psychometrics reported (reliability testing by means of internal consistency or test-retest, content validity, construct validity or criterion validity). This was necessary because key indicators of the quality of an instrument are the reliability and validity of the measure itself.

Reliability refers to the consistency and accuracy of data collection (Gerrish and Lacey, 2012). It is the extent to which scores of individuals who have not changed are the same for repeated measurement under several conditions (internal consistency) usually measured by Cronbach's alpha (van Saane et al., 2003); over time (test-retest) measured with Pearson's or Spearman's correlation coefficient (Sung, 2002); by different persons on the same occasion (inter-rater); or by the same persons on different occasions (intra-rater). Tables 3.2, 3.3 and 3.4 present the classification of the reliability testing used within this review.

Cronbach's alpha (Ng, Brammer and Creedy, 2012)		
Acceptability	**Alpha value**	**Term used in this review**
Inadequate	0.00 – 0.69	Poor
Adequate	0.70 – 0.79	Moderate
	0.80 – 0.89	Good
High (with redundancy)	≥0.90	Excellent

Table 3.2 – Cronbach's alpha classification.

Pearson's r and Spearman's rho (Mukaka, 2012)	
Correlation coefficient value	**Term used in this review**
≤0.10	No correlation
0.11 – 0.29	Poor
0.30 – 0.49	Low
0.50 – 0.69	Moderate
0.70 – 0.89	Strong
≥0.90	Very strong

Table 3.3 – Pearson's r and Spearman's rho classification.

Kappa or ICC inter-rater measure classification (Cicchetti, 1994)	
Correlation coefficient value	**Term used in this review**
<0.40	Poor
0.40 – 0.59	Fair
0.60 – 0.74	Good
0.75 – 1.00	Excellent

Table 3.4 – Kappa or ICC inter-rater measure classification.

Validity is the extent to which data, and its interpretation, reflects the phenomenon under investigation without bias (Gerrish and Lacey, 2012). Validity can be assessed through content, construct or criterion validity. Content validity is the degree to which the content of an instrument is an adequate reflection of the construct to be measured. Construct validity is the degree to which the scores of an instrument are consistent with hypotheses based on the assumption that the instrument validly measures the construct to be measured. Many times, confirmatory factor analysis is used to assess an instrument's structure (also referred to as structural validity) (Solans et al., 2008). Criterion validity is the degree to which the scores of an instrument are an adequate reflection of a 'gold standard' (Gerrish and Lacey, 2012).

Suitability of data for factor analysis (Williams, Brown and Onsman, 2010)	
Kaiser-Meyer-Olkin	≥0.50
Barlett's test of sphericity	Significant value ($p<0.05$)
Eigenvalue	>1.00
Sample size	Poor 100
	Fair 200
	Good 300
	Very good 500
	Excellent 1000

Table 3.5 – Suitability of data for factor analysis.

3.4 Review results

Initially, the electronic search identified a total of 10,338 citations. An additional 212 papers were identified through grey literature searching along with three book chapters. The search terms used in this review contributed to the identification of this large volume of papers. No search filters were applied as I did not want to lose potentially includible papers inadvertently. Duplicates (n = 3455) were initially removed, and then the remaining papers (n = 7095) were screened by title only. A total of 6438 papers were excluded since they were deemed to be irrelevant. 657 records were potentially eligible for further analyses based on their title and abstracts. Of these, 552 were excluded because they did not meet the inclusion criteria of the review. 105 papers went through to full paper review out of which 99 were excluded. The full citations of the excluded papers post review of the full text are shown in Appendix E, together with the reason for exclusions. Six papers were ultimately included in the review and were used for data extraction. Figure 3.1 presents the flowchart of the number of papers identified and then excluded at each stage of the review.

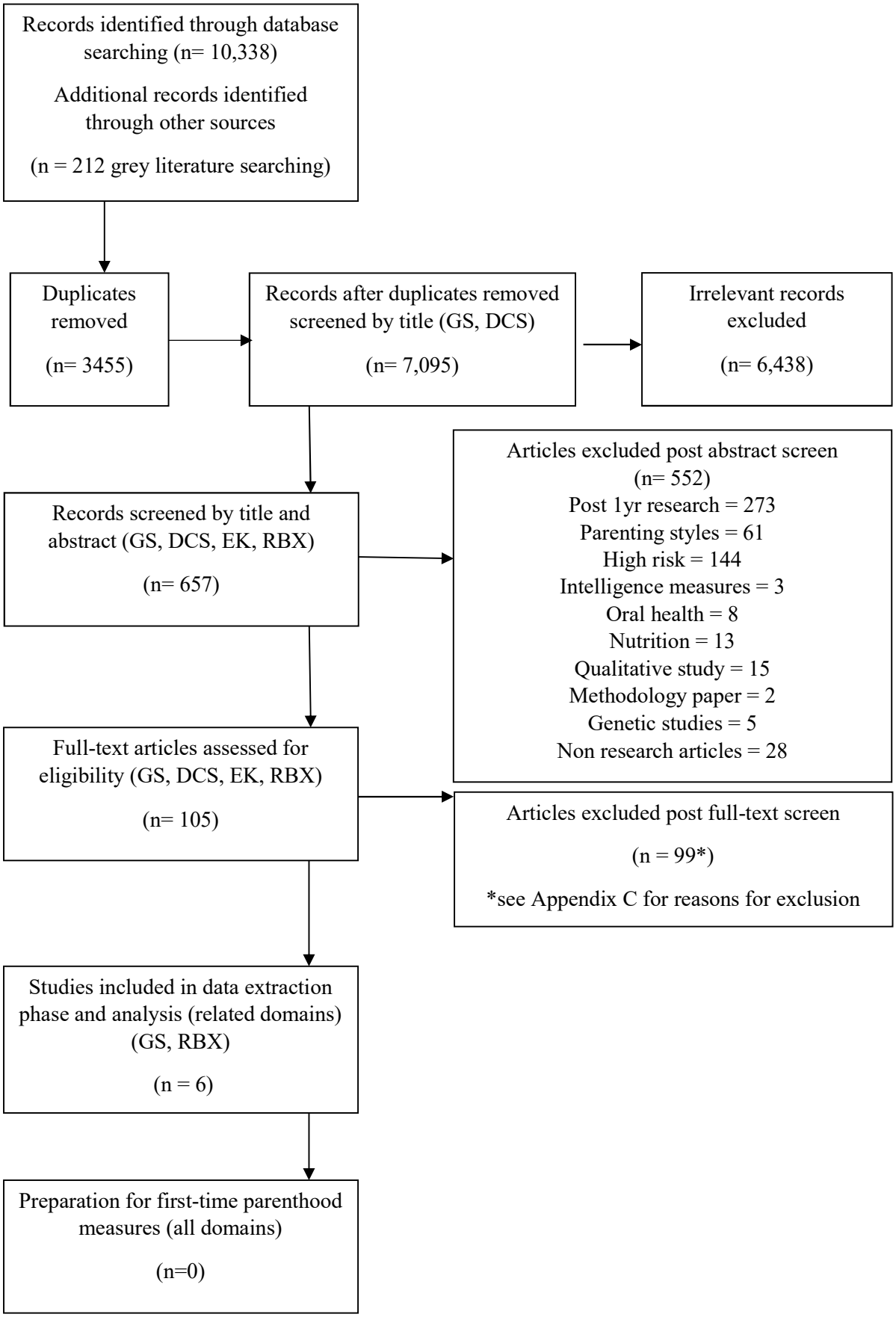


Figure 3.1 – Review flowchart of the number of papers identified and then excluded at each stage of the review.

3.5 Summary of included studies

Five peer-reviewed papers and an unpublished doctoral dissertation met the inclusion criteria for this review. They reported on the development and/or psychometric testing of instruments used to measure constructs related to preparation for first-time parenthood. No papers reported on specific measures that covered of all the domains included in the preliminary conceptual framework (see chapter 2, section 2.8). The review identified six different measurement tools which were: the parenting sense of competence (PSOC) (Gibaud-Wallston, 1977), the maternal adjustment and attitudes (MAMA) (Kumar, Robson and Smith, 1984), self-efficacy in early parenting (PES) (Reece, 1992), the prenatal maternal expectations (PMES) (Coleman, Nelson and Sundre, 1999), the social support specific to the postpartum period (PSQ) (Logsdon and Usui, 2006) and paternal adaptation (PAQ) (Eskandari et al., 2016a). The key characteristics of the included studies are summarised in Table 3.6.

Four of the included studies originated in the United States of America (Gibaud-Wallston, 1977; Coleman, Nelson and Sundre, 1999; Logsdon and Usui, 2006; Reece, 1992), one from the United Kingdom (Kumar, Robson and Smith, 1984) and the final included study was carried out in Iran (Eskandari et al., 2016a). The research included in this review covered an extensive time frame from 1977 (Gilbaud-Wallston, 1977) to 2016 (Eskandari et al., 2016a). Sample sizes were rather small ranging from 62 to 190 participants and a range of settings was represented. Four instruments were designed for use within the first postnatal year (PSOC, PES, PSQ and PAQ) (Gibaud-Wallston, 1977; Reece, 1992; Logsdon and Usui, 2006; Eskandari et al., 2016a), one was designed for use within pregnancy (PMES) (Coleman, Nelson and Sundre, 1999) and the other has an antenatal and postnatal version (MAMA) (Kumar, Robson and Smith, 1984).

Most of the instruments included in this review were designed for use with mothers (MAMA, PES, PMES and PSQ) (Kumar, Robson and Smith, 1984; Reece, 1992; Coleman, Nelson and Sundre, 1999; Logsdon and Usui, 2006), the PSOC was designed for use with both mothers and fathers (Gibaud-Wallston, 1977) and the PAQ was explicitly designed for use with fathers (Eskandari et al., 2016a).

All but one of the included questionnaires presented a multidimensional structure made up of at least two scales, with a variable number of items. All questionnaires contained answers using the Likert scale with varying points. With regards to the psychometrics covered in the included research in this review, all but one paper reported on internal consistency reliability

using Cronbach's α and a minimum value of 0.70 was considered to be adequate. The MAMA scale used split half reliabilities instead of Cronbach's α. With regards to test-retest reliability, however, only two papers reported its use on two different occasions. Taking into account the validity tests done in the reviewed studies, all reported at least one aspect of content (mostly through literature reviews, focus groups and expert evaluation), construct (with factor analysis or discriminant and convergent validity) or criterion-related validity (using other tools or interview responses).

Assessment tool and country	Number of items, subscales and response options	Type of administration	Participant characteristics	Parenthood "status"	Internal consistency (IC) reliability	Test-retest	Content validity	Construct validity	Criterion validity
The Parenting Sense of Competence Scale (PSOC), (Gibaud-Wallston, 1977) [United States].	17 item scale containing two subscales: 1) skill/knowledge 2) valuing/comfort Six-point Likert scale.	Self-administered.	N = 56 (pairs) of first-time mothers and fathers.	Ten weeks post-partum.	IC α range of subscales = 0.69 – 0.80 IC Total α= 0.80	-	-	CV: Coopersmith Self-Esteem Inventory (SEI) DV: Coopersmith Self-Esteem Inventory (SEI)	-
The Maternal Adjustment and Maternal Attitudes (MAMA) scale, (Kumar, Robson and Smith, 1984). [United Kingdom].	Sixty item scale containing five subscales: 1) body-image 2) somatic symptoms 3) marital relationship 4) attitudes to sex 5) attitudes to pregnancy and the baby Four-point Likert scale.	Self-administered.	n = 99 pregnant women n = 119 women who were either married or stably cohabiting.	Pregnancy and at 12 weeks postnatally (for attitudes to the baby).	Split half reliabilities ranged between: *r* = 0.58 – 0.82	✓	✓	-	Interview responses and the Neonatal perception inventory

Assessment tool and country	Number of items, subscales and response options	Type of administration	Participant characteristics	Parenthood "status"	Internal consistency (IC) reliability	Test-retest	Content validity	Construct validity	Criterion validity
The parent expectations survey (PES) (Reece, 1992), [United States].	One scale with 20 items which deal exclusively with caretaking tasks of infants (e.g. 1. I can manage the feeding of my baby, 2. I can manage the responsibility of my baby, 3. I can always tell when my baby is hungry etc.). 10-point Likert scale.	Self-administered.	105 first-time mothers Ages: 35 – 42 years (mean = 37 years).	One month, three months and one year postpartum.	IC α = 0.91 (at 1 month) IC α = 0.86 (at 3 months)	-	✓	-	Concurrent validity: What being a parent of a new baby is like – revised (WPL – R) PV: Postpartum self-evaluation questionnaire (PSQ), Perceived stress scale (PSS).

Assessment tool and country	Number of items, subscales and response options	Type of administration	Participant characteristics	Parenthood "status"	Internal consistency (IC) reliability	Test-retest	Content validity	Construct validity	Criterion validity
The Prenatal Maternal Expectations Scale (PMES) (Coleman, Nelson and Sundre, 1999) [United States].	46 items and five subscales: 1)baby 2)enjoyment 3)friends 4)life 5)image Five-point Likert scale.	Self-administered.	N = 62 first-time mothers. Ages: 16 – 32 (mean 25 years).	Third trimester of pregnancy.	IC Total α = 0.80	-	-	-	PV: WPL - R

Assessment tool and country	Number of items, subscales and response options	Type of administration	Participant characteristics	Parenthood "status"	Internal consistency (IC) reliability	Test-retest	Content validity	Construct validity	Criterion validity
The Postpartum Support Questionnaire (PSQ) - revised (Logsdon and Usui, 2006), [United States].	40 items and five subscales: 1) emotional 2) material 3) informational 4) comparison support 5) adolescent support Four-point Likert scale	Telephone interview.	N = 109 primiparas of low income. <u>Age range:</u> 13 – 19 years	Four – six weeks postpartum.	IC Total α= 0.97 IC α range of subscales = 0.86 – 0.94	-	✓	PFA	-

Assessment tool and country	Number of items, subscales and response options	Type of administration	Participant characteristics	Parenthood "status"	Internal consistency (IC) reliability	Test-retest	Content validity	Construct validity	Criterion validity
The Paternal Adaptation Questionnaire (PAQ), (Eskandari, Simbar, Vadadhir and Baghestani, 2016a). [Iran].	38 items and five subscales: 1) ability in performing the role and responsibilities 2) perceiving the parental development 3) stabilisation in paternal position 4) spiritual stability and internal satisfaction 5) challenges and concerns Five-point Likert scale.	Self-administered.	N = 190 first-time Iranian fathers Ages: 20 years +	Post-partum (exact time not specified).	IC Total α= 0.89 IC αof subscales = 0.61 – 0.86	✓	✓	EFA	-

✓ = presence of the measurement, - = absence of the measurement, IC = internal consistency, CV = convergent validity, DV = discriminant validity, PV = predictive validity, PFA = principal factor analysis, EFA = exploratory factor analysis.

Table 3.6 – Key characteristics of the included studies.

3.5.1 The parenting sense of competence scale (PSOC)

The parenting sense of competence scale (PSOC) was originally developed in 1977 by Gibaud-Wallston in the United States of America. It is a 17-item, self-report instrument which is divided into two subscales: the first, Skill/Knowledge (8 items) and the second, Valuing/Comfort (9 items). The Skill/Knowledge subscale assesses parents' perceptions of the degree to which they acquired skills and understanding to be a good parent while the Valuing/Comfort subscale assesses the degree to which the individual parent values parenthood and is comfortable in that role. These subscales are scored either separately or combined for a total score, with higher scores indicating a greater perception of parenting competence (Gibaud-Wallston 1977). It is measured on a 6-point Likert scale.

Reliability and validity testing were documented using a sample of first-time mothers and fathers (N = 56 pairs) with young infants (mean age: 11 weeks old). Internal consistency reliability produced an alpha coefficient of 0.80 for the Skill/Knowledge subscale, 0.69 for the Valuing/Comfort subscale and 0.80 for the total scale score (Gibaud-Wallston, 1977) which is classified as good. For both mothers and fathers, moderate to high correlations were noted between the subscales scores and total scale scores. Gibaud-Wallston (1977) reported findings to support the convergent and discriminant validity of the PSOC with the Coopersmith Self-Esteem Inventory (SEI) with Pearson's correlation coefficient of the total score of the PSOC and the Skill/Knowledge subscale being significantly correlated (r = 0.48 and 0.62, classified as low and moderate respectively).

3.5.2 The maternal adjustment and maternal attitudes (MAMA) scale

The MAMA scale (pregnancy and postnatal versions) is a self-administered questionnaire which was specifically designed to investigate patterns of change in maternal adjustment, the marital relationship and attitudes to the baby with a British sample of women (Kumar, Robson and Smith, 1984). The final version of the scale contained 60 items which made up five subscales: body-image, somatic symptoms, marital relationship, attitudes to sex and attitudes to pregnancy and the baby.

The MAMA scale was tested using two samples of pregnant women (N = 99 and N = 119). The reliability of this questionnaire was examined by using the test-retest and split-half reliability methods. Only 38 participants took part in test-retest which occurred with a one-week interval between tests. Kumar, Robson and Smith (1984) explained that this was done in order not to preclude too great a change in the subjects' attitudes and perceptions of their pregnancies. For split-half reliability, data were obtained from 119 women. All correlations

were significant ($p < 0.001$). With regards to validity, both content and criterion-related validity were tested in the paper by Kumar, Robson and Smith (1984). Content validity was assessed using the 99 women whom completed the first version of the questionnaire and were also asked to comment on any items that were unclear, irrelevant or offensive. In relation to criterion-related validity four (somatic symptoms, marital relationship, attitude to sex and attitude to baby) out of the five scales provided sensitive indices of the same sorts of attitudes and functions that were rated. Students' *t*-tests were used and the resultant *p* values were < 0.005, <0.001 (somatic symptoms which featured nausea and vomiting respectively), < 0.001 (marital conflict), < 0.001, < 0.001 (attitudes to sex which included enjoyment of sex and frequency of intercourse respectively) and < 0.001, < 0.01 (attitude to baby which encompassed feelings about the baby and the neonatal perception inventory respectively). Contrastingly, there were no data with which to compare body image.

3.5.3 The parent expectations survey (PES)

The PES was developed in the United States by Reece in 1992. It is a 20-item survey in Likert type format, which takes approximately 10 minutes to complete by self-report. It sets out to measure perceived parenting self-efficacy in early parenthood. It relates to tasks parents will perform in caring for their baby and to their role as a parent for example: feeding the baby, dealing with a crying baby, meeting the demands placed on oneself as a parent. For each question, the respondent circles a number from 0 (cannot do) to 10 (certain can do), which most closely represents how she feels about herself as a new parent. To score the PES, individual items are summed and divided by the total item number to determine the mean PES score.

Reliability and validity were tested using a sample of 105 first-time mothers who were between 35 and 42 years old (mean = 37 years). Participants were recruited from childbirth education programs in hospitals around Boston, USA. Of the 105 participants who agreed to take part in the study only 82 (78%) completed the questionnaires at all data collection points. The internal consistency of the PES was evaluated, and the Cronbach's α was reported to be 0.91 (at one month) and 0.86 (at three months), which is classified as excellent and good respectively. The PES was checked by Dr Bandura whose work in social learning theory helped guide the development of the scale, in an attempt to contribute to face and content validity. The PES was also tested for concurrent validity with the "What being the parent of a baby is like (WPL-R)" which sets out to measure self-perception of early parenthood. It was predicted that the PES and the WPL-R (self-evaluation domain) would demonstrate a positive statistical relationship and this was, in fact, true at one and three months postpartum.

Predictive validity was also assessed in the study by Reece (1992). It was expected that higher perceived self-efficacy, early in the transition to parenthood would be associated with greater confidence in parenting as measured by the PSQ and less stress as measured by the PSS later on during the transition. This was confirmed as Pearson product-moment correlations showed that self-efficacy at one month ($r = 0.28$, $p < 0.01$) and three months ($r = 0.40$, $p < 0.01$) postpartum was associated with greater maternal confidence in parenting one year after delivery. Additionally, the PES scores at three months had a negative association with perceived stress at 1 year ($r = -0.28$, $p = < 0.05$).

3.5.4 The prenatal maternal expectations scale (PMES)

The PMES was developed by Coleman, Nelson and Sundre (1999) in the United States of America. The PMES is a 46-item Likert-type scale designed to assess the nature of prenatal expectations regarding the infant and the maternal role among primiparous women on an unrealistically negative to an unrealistically positive continuum. Each item contains five response options, ranging from one 'strongly agree' to five 'strongly disagree', making the possible range of scores on the scale from 46 to 230. High scores on this instrument are believed to be representative of unrealistically positive expectations, while low scores are suggestive of unrealistically negative expectations. Therefore, scores in the middle range are likely to indicate realistic expectations. The scale is composed of five subscales: Baby, Enjoyment, Friends, Life and Image. The 'baby' subscale centres around baby issues and child care and is composed of 10 items. The 'enjoyment' subscale focuses on the degree of enjoyment anticipated in association with the mothering role and is composed of 11 items. The 'friends' subscale deals with changes in the woman's relationships with her spouse/partner and friends, and it is composed of nine items. Changes in the woman's lifestyle or quality of life are assessed in the life subscale which contains 8 items. The 'image' subscale addresses the woman's project image of herself as a mother through 10 items.

Cronbach's alpha for the total PMES scale was classified as good at 0.80. The PMES was also tested for criterion-related (predictive) validity with the WPL-R. A significant positive relationship was evident (r (29) = 0.57, $p < 0.01$) indicating that high scores on the PMES obtained during pregnancy were related to high scores on the WPL-R at 3 weeks after the birth of the infant and vice versa with lower scores.

3.5.5 The postpartum support questionnaire (PSQ)

The PSQ (a 34 item scale) was initially developed for use with middle class, adult women residing in the United States of America (Logsdon, 2002; Logsdon et al., 1996). It uses a four-

point Likert scale for scoring and takes approximately ten to fifteen minutes to complete. The instrument was designed to be administered either by self-report or by interview. Its development was based upon a conceptual definition which resulted in four subscales of social support (emotional, material, informational and comparison support).

The paper included in this current review reports on the revision of the PSQ for use with adolescents (Logsdon and Usui, 2006). The revised version of the PSQ contained 40 items and five subscales, adding adolescent support as the fifth subscale. This revision involved an extensive process to ensure the content validity of the measure. The techniques involved included a literature review, focus groups with experts which included social workers and counsellors (N = 9) and adolescents (N = 9). Also, minor amendments were made to decrease the reading level of the PSQ to a 6th - grade level.

This revised version of the questionnaire was tested using a convenience sample of 109 adolescents. All participants were primiparous and of low income. Most teenagers lived at home with their mother, and their age ranged from 13 -19 years of age. Internal consistency reliability was determined for each subscale and the revised 40-item scale. The results of the individual subscales and for the PSQ was considered to be adequate with Cronbach's alpha ranging from 0.86 – 0.94 (good to excellent) on the subscales and 0.97 (excellent) for the 40-item PSQ. Construct validity was assessed through factor analysis. The first-factor analysis using 109 participants (classified as fair) resulted in the Kaiser-Meyer-Olkin statistic for the correlation matrix equalling 0.94 and Bartlett's test of sphericity was highly significant with $p < 0.00001$. A second-factor analysis was conducted including the adolescent items in which the Kaiser-Meyer-Olkin statistic was 0.92 and the sphericity test also highly significant with $p < 0.00001$.

3.5.6 The paternal adaptation questionnaire (PAQ)

The PAQ was developed in Iran in 2016 by Eskandari et al., in an attempt to assess paternal adaptation. Participants were men experiencing parenting for the first time. Inclusion criteria required that participants had a healthy singleton infant, were more than 20 years old, were of Iranian nationality and were able to speak Persian. Different socioeconomic positions were represented. There was also a requirement of having no history of mental or physical diseases in the parents and the infants. Purposive sampling was carried out between February 2013 and August 2015 to recruit study participants. The study described in this included paper was devised in two phases: the qualitative phase (designing of the questionnaire) and the quantitative phase (assessment of psychometric properties).

The qualitative phase included conducting semi-structured interviews after a piloting phase with 17 fathers and 15 key informants (which included the spouses of the participants) as well as 12 specialists in neonatology, educational sciences, religious counsellor, counselling, midwifery and clinical psychology together with an extensive literature review. MAXQDA (Version 10) was used to manage the data and interpretive phenomenological analysis according to Smith, Flowers and Larkin (2009) was used to analyse the data that was generated. This step yielded the items used for the questionnaire and a definition of paternal adaptation and its sub-scales. Paternal adaptation was defined as understanding the fatherhood concept, attaining the requirements of fatherhood involving the adoption of some traits and performing fatherhood functions and responsibilities, while understanding the evolution and conversion (Eskandari et al., 2016b).

The second phase of this study consisted of an evaluation of the psychometric properties of the PAQ and included assessments of face, content and construct validity as well as a reliability assessment. Face validity was assessed by seeking the perspectives of 15 participants selected by convenience sampling together with calculating an item impact score as suggested by Polit and Beck (2006). This was done by asking the participants to rate the importance of each item on a five-item Likert-type scale. Items that scored lower than 1.5 were left out (Polit and Beck, 2006). Content validity was also assessed qualitatively and quantitatively. 15 specialists were asked to judge the items with respect to the grammar used, choice of words, placement of items and scoring (Polit and Beck, 2006). The content validity ratio (CVR) and content validity index (CVI) was also calculated by asking participants to evaluate each item about importance, simplicity, relevance and clarity using a Likert-type scale. A CVR score of 0.49 or above was considered significant (Lawshe, 1975). A CVI higher than 0.79 was considered suitable, 0.70 indicated that modifications were needed while lower than 0.70 indicated that the item was unacceptable. 51 items were omitted because CVR was lower than 0.49 and CVI was less than 0.7. The outcome post content validity assessment was a 132-item questionnaire.

Construct validity was evaluated using exploratory factor analysis (EFA) with questionnaires completed by 190 participants (considered to be a fair sample for a factor analysis). Items were scrutinised regarding appropriateness to enter the analysis phase, and the items with commonalities of ≥0.4 or higher were selected as the most appropriate items. Eigenvalue ≥1 and scree plot were used to determine the number of extracted factors. The EFA with Promax rotation was conducted with a minimum factor loading of 0.4 and minimum Eigenvalue of 1, limiting the number of factors to 5. Items with high correlation were then placed in the related

factors. The KMO index reached the value of 0.87, and the result of Barlett's sphericity test was significant with p = 0.0001.

Measurement of internal consistency reported a Cronbach's α of 0.89 (0.61 – 0.86 for subscales) which was classified as good. Stability assessment of the PAQ using test-retest showed excellent Spearman's correlation coefficients and an intraclass correlation coefficient of 0.962 (0.81 – 0.97 for subscales).

The final PAQ scale contained 38 items with five subscales: "ability in performing the role and responsibilities", "perceiving the parental development", "stabilisation in paternal position", "spiritual stability and internal satisfaction", and "challenges and concerns". The questionnaire was based on a 5-point Likert-type scale ranging from 1 to 5. The final subscale, "challenges and concerns" was reversely scored. The range of scores is from 38 (0%) to 190 (100%) describing a no adaptation to complete adaptation by fathers.

3.6 Mapping of the included measures to the concept analysis framework

The included measures were tabulated with the five domains from the concept analysis framework (see table 3.7). This was done to have a clearer picture of which domains were currently being measured using the identified tools.

Preparation for first-time parenthood					
Phase 1: Concept Analysis	Psychological domain	Cultural domain	Sociological domain	Physical domain	Spiritual domain
Phase 2: Systematic Review	PSOC MAMA PES PMES PSQ PAQ	PSOC MAMA PES PMES PSQ PAQ	PSOC MAMA PES - PSQ -	- MAMA PES PMES - -	- - - - - PAQ

Table 3.7 – Mapping of the domains elicited from the concept analysis to the included measures from the systematic review.

All included instruments appeared to have psychological assessments at their core. This is because the psychology domain included mental processes and emotions. The PSOC presented a Valuing/Comfort subscale which assessed the degree to which the individual

parent valued parenthood and was comfortable in that role; hence, a psychological facet was being explored. The MAMA scale explored attitudes towards sex and attitudes towards the pregnancy and the baby which could be viewed as an investigation into their mental outlook on these critical aspects of parenthood. The PES explored how women meet the demands they placed on themselves as a parent and delved into how they felt as a new mother which has psychological underpinnings. Moreover, the PMES assessed the nature of prenatal expectations regarding the infant and the maternal role among primiparous women. Kelly (1955, p. 46) stated that "a person's processes are psychologically channelised by the way in which he [or she] anticipates events". Thus, in exploring one's anticipations, a psychological process was also being investigated. The PSQ explored different forms of social support including emotional support which could also be viewed as an investigation of the psychological domain about first-time parenthood. The PAQ was also mapped with the psychological domain since its subscales "ability in performing the roles and responsibilities", "perceiving the parental development", and "stabilization in paternal position" chimes with personal readiness, commitment and self-organisation that are required of men during this time as indicated in the concept analysis presented in chapter two.

Moreover, since each of the six included instruments was developed and tested on a specific group of people who were culturally diverse, the cultural domain was also potentially or at least partially represented in the identified tools. Each instrument was used to assess aspects of preparation for first-time parenthood in a culturally specific context which means that for these instruments to be used elsewhere, they might need adaptations to be culturally sensitive and appropriate for use.

Preparation for first-time parenthood also involves a sociological component. The PSOC contained a skill/knowledge subscale which assessed parents' perceptions of the degree to which they acquired skills and understanding to be a good parent which could be viewed as sociological preparation in itself. A sociological assessment of preparation for parenthood would also entail an investigation into the individual's relationships with others similar to the marital relationship exploration in the MAMA scale. The PES sets out to measure perceived parenting self-efficacy in early parenthood and relates to tasks parents will perform in caring for their baby like feeding the baby and dealing with a crying baby, both of which are affected by social expectations of how these skills should be carried out. The PSQ moreover, focused mainly on social support and hence mapped out nicely with the sociological domain too.

The physical domain of preparation for first-time parenthood featured in two of the included measures; MAMA and PMES. The MAMA scale contained specific subscales which focused

on “body image” and “somatic symptoms” which relate to the physical aspects of parenthood. The PMES contained a specific scale designated for the changes in the woman’s lifestyle or quality of life which demonstrated coverage of the physical domain in this scale. The PES also tapped into the physical domain of preparation for first-time parenthood because it focused on infant care.

The spiritual domain was the least represented in this systematic review as components of this facet of preparation for parenthood only featured in the PAQ with a subscale designed explicitly for the assessment of “spiritual stability and internal satisfaction”. It is important to note however that this measure was designed specifically for use with males and a female version of this scale does not exist. This scale was also highly culturally specific as it was designed and tested using first-time Iranian fathers where spirituality and religion are highly intertwined (Markani, Khodayari and Yaghmael, 2012).

3.7 Discussion

This systematic review identified six studies reporting on the development and/or psychometric evaluation of six independent measurement instruments over a span of more than 40-years. The included instruments cover specific and very partial aspects of preparation for first-time parenthood, and none covered all key issues identified in the concept analysis. Interestingly, none of the included papers was developed for use during the pre-pregnancy context when preparation for first-time parenthood is said to commence (Parke, 1996). The included measures were predominantly designed for use within the postpartum context (PSOC, PES, PSQ, PAQ), with only the PMES designed to assess maternal prenatal expectations and the MAMA scale being used to assess maternal attitudes during the pregnancy. This is a crucial point as it highlights how most measures are focused on aspects related to parenting as opposed to the actual personal parenthood experience.

Four of the instruments were designed and tested on women (MAMA, PES, PMES and PSQ), one specifically designed for use with men (PAQ) and the final measure (PSOC) could be used with both women and men. There is a twofold explanation for why so many more instruments are specifically designed for use with women: 1) issues around parenthood are still predominately regarded as a woman’s niche 2) the biological differences and emotional experiences of women and men in preparation for first-time parenthood mean that issues around this topic need to be assessed independently amongst these two unique groups of individuals. This is congruent with what can be found in the literature around parenthood as the majority of research has been conducted with women (Briscoe, Lavender and McGowan;

2016; McCrory and McNally, 2013; McLeish and Redshaw, 2017; Moss et al., 2008; Nelson, 2003; Spiteri and Borg Xuereb, 2012) and less with men (Astone and Peters, 2014; Darwin et al., 2017; Fillo et al., 2015; Mkhize, 2006; Poh et al., 2014). Relatively fewer studies have focused on both mothers and fathers in parenthood related endeavours (Borg Xuereb, 2008; Klobucar, 2016; Morse, Buist and Durkin, 2000).

The MAMA scale appeared to be the most comprehensive out of the included six measures as it includes four out of five of the core domains of preparation for first-time parenthood (psychological, physical, sociological and cultural). Despite this, the MAMA scale also underwent both reliability and validity testing, but no sample size calculation was performed before the actual study. Paiva and colleagues (2014) explained how an insufficient sample size might not detect true differences, which might lead to unreliable results. Therefore, the results presented in the paper by Kumar, Robson and Smith (1984) need to be interpreted with caution.

This review has also exposed the variability in the study methods and rigour in the included studies which at times contributed to the difficulty in discussing and comparing the included six instruments. Sample sizes were often inadequate (i.e. they were too small) for some of the psychometric testing carried out. For example, factor analysis with 109 (PSQ) and 190 (PAQ) participants are not ideal as sample sizes should be more than 500 participants to be classified as excellent (Williams, Brown and Onsman, 2010). Moreover, some of the included measures were poorly described which made it difficult to understand the developmental and testing processes. Test-retest reliability could not be compared as the time intervals between the two measurements differed in the two studies reporting this type of reliability (MAMA and PAQ). Overall, the limited psychometric detail that was presented made it difficult to suggest which tool would be most appropriate for use within clinical and research arenas. Moreover, the issue of cultural specificity could not be disregarded. Efforts need to be made so that measurement instruments and their contents reflect the concepts and values of all population subgroups as this might also create limitations for their use.

This systematic review has also identified a gap in the literature in that it highlights, that to date, no psychometrically sound and comprehensive tool is available which helps in preparation for first-time parenthood. Accurately measuring preparation for first-time parenthood amongst men and women is crucial as it would help in comparing cases and this will, in turn, direct the action of any supportive interventions. In this current review, the questions asked did not restrict the population by age or sex, but it required participants to be in their first-time experience of parenthood (from actively planning to conceive up to the first

postnatal year). Most of the excluded papers, in fact, were excluded on the premise that they were reporting evidence not specific to the first-time experience of parenthood or else because they were reporting findings beyond the first year of parenthood. It was necessary for this review to focus on this specific time frame as evidence has shown that the first-time experience of parenthood has the most significant impact on individual parents (Katz-Wise, Priess and Hyde, 2010) with physical, emotional and relationship changes occurring all at once (Entsieh and Hallstrom, 2016). This transition is thought to be most challenging with the first child when compared to subsequent parenting (Goldberg, Michaels and Lamb, 1985; Lorensen, Wilson and White, 2004) as having had children already is a form of preparation in itself. Hence, this identified gap has potential implications for future research and clinical work in the area of preparation for first-time parenthood assessment.

3.8 Summary

This systematic review identified only six tools which considered aspects related to parental preparation, but the majority focused on the postnatal experience. Moreover, this literature is surprisingly sparse given the time frame of more than 40 years in which studies were published. Preparation for first-time parenthood is not being given its due importance, especially when its presence can contribute to optimising this life-changing experience for both parents. The consequences of inadequate preparation can affect families and societies for many years. Hence, this issue needs much more attention. While midwives could be pivotal in enhancing the transition to first-time parenthood; it appears that much more attention is being given to the physiologic measurements of pregnancy rather than holistically assessing individuals' emotional and relational needs and readiness in a mainstream pregnancy context.

Despite this, the review has given an overview of these related instruments and their psychometric characteristics. A critical issue that emerged from this review was the artificial separation of focus with regards to men and women, especially when in the planned pregnancy context, both individuals are required for the parenthood experience to ensue. In this regard, an assessment of preparation for this life-changing event would best be done if both sets of needs are attended to. There may, however, be instances when couples require time and space to discuss issues separately from each other, especially if there are problems within their relationship.

Having used a systematic approach means that this review can be replicated and updated with new and relevant studies in the future. In the absence of a holistic and psychometrically sound measure that can be used in preparation for first-time parenthood assessment, more

exploratory work with women and men independently and in the dyad form was deemed necessary. In addition to this, focused qualitative work throughout the different stages of the transition to first-time parenthood was also warranted as it would shed light on parents' views and needs at specific points throughout this significant life event. Hence, phase three of this study set out to explore these critical experiences. This work may also shed light on future developments in tool design and development that can be used with prospective parents in preparation for first-time biological parenthood.

In this regard, the subsequent chapter presents the methodology and methods used for the qualitative phase (phase three) of this study.

Chapter 4. Methodology and methods of the qualitative phase [Phase 3]

4.1 Chapter introduction

This chapter begins by formalising the research question and then goes on to discuss epistemological considerations and rationale for the choice of methodology. The development of the method is then described, including how the pilot study, recruitment and data collection were carried out. An introduction to the participants is given, and ethical considerations are discussed. Finally, a description of how I approached the analysis is provided, as a background to the following chapter.

As discussed in the first chapter, parenthood is a significant life event experienced by many with little or no preparation for it, and hence new parents are at times presented with multiple challenges. With the majority of research focusing on women's parenthood experiences, I was particularly interested in the individual (both women and men) and the dyadic experiences of preparation for first-time parenthood and the meanings placed on these experiences. Therefore, the research question was: *"How do women, men and couples in Malta experience preparation for first-time biological parenthood?"*

4.1.1 Operational definitions

The research question gave rise to the need to clarify the meanings of the keywords used (Cormack, 1996). Therefore, operational definitions needed to be established. The definition of 'women' was taken to mean the adult female person who was either in the active pre-conception phase, currently pregnant or had recently became a biological mother. Likewise, 'men' referred to the adult male person who was either in the active pre-conception phase, currently expectant, or had recently become a biological father. 'Couples' was taken to refer to two heterosexual people who were married or otherwise closely associated romantically or sexually. 'Experience' referred to a conscious reflection of one's actions and thoughts through a particular lived time-period, whether past or present, within the interviewee's lifeworld while in preparation for first-time biological parenthood. 'Preparation' referred to the action or process of preparing or being prepared for a new phase in life. 'First-time biological parenthood' included individuals who had spontaneously conceived or sired for the first-time (or were in the process of actively trying to get pregnant).

4.2 Research approach

As a midwife, it was imperative for me to primarily understand what the experiences of individuals in preparation for first-time parenthood was actually like. I felt as if this understanding would place me in a better position to offer support to parents or parents-to-be in their quest to first-time parenthood. Due to the complexity of the issues being explored, a qualitative research approach felt the most appropriate.

Willig (2012) explained how qualitative approaches were the most suitable to understand the experiences and the meanings people placed on these experiences. Moreover, another fundamental characteristic of qualitative research is that it actively seeks to engage with and acknowledge the researcher's experience of the data rather than attempt to ignore it. Since I had close personal and professional ties with the phenomenon under investigation, it was imperative to recognise how my background as a midwife and new mother myself was influencing the research process. I carried out reflexive exercises and kept a research journal in an attempt to maintain an inductive approach as much as possible as suggestive of Willig (2012). Finlay (2003) defined reflexivity as the process of frequent reflections on both the phenomena being studied and our personal experiences of it, to move beyond the bias of our fore-knowledge and our investment in particular research outcomes. A reflexive account is detailed in section 4.6.

4.2.1 Methodological and philosophical considerations

Very early on in my research journey, I realised that question I was asking would best be answered using an idiographic approach since this process aims to understand each individuals' experience in their own uniqueness without trying to generalise. The way people think and reflect upon their experience is ultimately the knowledge gained from that participant, and that is what interested me the most. By giving primacy to this subjective reality a participant created, I used a very different technique to that within the positivist paradigm, which believes that there is a distinct path and seeks to confirm or refute it (Smith, Flowers and Larkin, 2009).

I believed that the question I was asking fell within a constructivist-interpretivist paradigm. This paradigm grew out of the philosophy of Edmund Husserl's phenomenology, and Wilhelm Dilthey's and other philosophers study of interpretative understanding sometimes referred to as hermeneutics (Mertens, 2005). The constructivist-interpretivist approach seeks to understand "the world of human experience*"* (Cohen and Manion, 1994, p.36). I was not

interested in finding an exact answer to my question, but I wished to understand how each individual and couple made sense of their experience by engaging and interpreting it. Adopting this position meant that I was relying on "the participants' views of the situation being studied" (Creswell, 2003, p.8).

4.2.2 Epistemological standpoint and the use of Interpretative Phenomenological Analysis (IPA)

The data that were generated was indeed relativist in the sense that it presented how women, men and couples created meaning about their experiences rather than suggesting a fixed truth or single reality. These data were then analysed from a realist lens. However, I did my best to produce "accurate and valid knowledge about what is going on" (Willig, 2012, p. 5). This phase of the research tried to "truthfully represent the participant's subjective world" (Willig, 2012, p. 5) a position very fitting in qualitative research.

A phenomenological stance was used to understand how participants made sense of their lived experience of preparation for first-time parenthood. This approach allowed for the subjectivity embedded within the research question but also acknowledged the reality of the experience (Willig, 2013). Phenomenology permits that there may be more than one reality and this was appropriate for this research question since despite all participants experienced preparation for first-time parenthood their realities could have been different (Willig, 2012).
This study took the epistemological stance that in partaking in the study, each participant's reality would be understood through an analysis of the interaction going on between the participant and myself as the researcher. I attempted to enter their life-world by embracing our intersubjectivity, as making use of a dualist viewpoint would have limited the understanding I gained of their experience. This meant that I was still aware of placing my interpretation on their explanation and that this added another layer of construction to the data. This double hermeneutic (Smith, Flowers and Larkin, 2009) meant that the ultimate understanding was unavoidably co-created between the participants and myself as my experiences could be bracketed but never eliminated entirely.

I opted to use IPA as described by Smith, Flowers and Larkin (2009) since it focuses on exploring human lived experience. In view that the research question aimed to understand the lived experiences of preparation for first-time parenthood it felt like it was the most suitable approach to use. The idiographic nature of a phenomenological enquiry also seemed fitting since it allowed for an individualised approach in exploration (Smith, Flowers and Larkin, 2009). This meant that the process of investigation was holistic and empowering as it allowed for a detailed look at what this unique experience was like for the participants being studied.

Since IPA offered the opportunity to engage in the hermeneutic circle, it provided me with an opportunity to explore different aspects of preparation for first-time parenthood from the perspective of the part, whole and also combined relationships (Smith, Flowers and Larkin, 2009). Smith and colleagues explained how "to understand any given part, you look to the whole; to understand the whole, you look to the parts" (Smith, Flowers and Larkin, 2009, p. 28). They go on to suggest that this is a very useful style in interpretation as it requires a dynamic, non-linear, style of thinking (Smith, Flowers and Larkin, 2009).

An essential focus of IPA is the individual in relation to the phenomenon being explored. This has been described by Smith, Flowers and Larkin (2009) as Heidegger's Dasein, a concept of being in and of an experience without it becoming something one can own. Similarly, IPA uses the intersubjectivity of participant-researcher to understand the participant's reality as they apply it to the context of their world (Smith, Flower and Larkin, 2009).

The phenomenology involved in preparation for first-time parenthood is in a way related to Husserl's intrapsychic approach, Merleau-Ponty's more embodied understanding or Heidegger and Sartre's existential take on experiencing (Smith, Flowers and Larkin, 2009). This is because becoming a parent for the first time is a major life event for a person which also gives many individuals a purpose. IPA incorporates phenomenology, hermeneutics and idiography together without seeking to reach conclusions or develop theories from the generated data. IPA is committed to a thorough analysis of the data, at individual participant level and across all participants. As Willig (2012, p. 10) explained: "interpretative phenomenology reflects on the data in the context of wider meanings". This has implications and relevance for using existing theories while understanding the experiences of participants. I was not directly interested in theories or hypothesis or even critical discourse surrounding my research question, but I was, in fact, more concerned about how and what influenced participants' experience and how they made sense of this important phenomenon. The chosen theory, however, helped to shed light onto some of the lived experiences revealed by the participants. Since IPA was developed from wider philosophical positions, it allowed this project to be led by what transpired from the data itself.

I felt that IPA was most suited for my research question even after considering other approaches namely descriptive phenomenology, grounded theory, discourse analysis and a narrative approach. Descriptive phenomenology, for example, fails to acknowledge the influence of the researcher which seemed ill-fitting in my circumstances (Penner and McClement, 2008). Willig (2012) explained how disregarding the researcher's impact allowed for a missing link in understanding the experience being explored. Since my aim was

not theory development, grounded theory did not seem to fit either. With traditional grounded theory practices, it is common not to carry out a literature review before data collection and analysis as this would shape views and assumptions. This has at times been referred to as a constraining exercise rather than a guiding one (Glaser, 1992; Glaser and Strauss, 1967; Strauss and Corbin, 1990). In my case, this would have proven to be difficult, as I already had researched other areas relating to parenthood and was quite embedded in parenthood literature. I had also conducted a concept analysis to help guide and inform other areas of this research, and hence, grounded theory was excluded from my choice of approaches. Willig (2013) also explained how discourse analysis limits the understanding of the social context beyond the text, which I felt should be an integral part of an exploration into preparation for first-time parenthood. While language is an integral part of the communication of an experience; it was not the primary focus of my research. Narrative analysis tends to use methods embedded in grounded theory to analyse data. Riessman (2008) explained how the focus in a narrative analysis tends to be on the content or the structure of the story being told and not in the uniqueness of the experience as it is being told by the participants, and hence narrative analysis was also excluded from my choice.

4.4 Quality and rigour

The issue of quality and rigour in qualitative research is significant for the practice of good science (Streubert-Speziale and Rinaldi-Carpenter, 2007; Yardley, 2000). It relates to the overall planning and implementation of the research design while evaluating whether a study has been carried out logically and systematically or not. Yardley (2000) presented characteristics of good qualitative research, which include: sensitivity to context, commitment and rigour, transparency and coherence, impact and importance.

With regards to sensitivity to context, a qualitative inquiry must be attentive and sensitive to the context of the phenomenon being investigated (Yardley, 2000). Smith, Flowers and Larkin (2009) explained how sensitivity in an IPA study was demonstrated from its conception. This was closely intertwined with the choice of IPA as a methodology in itself which focuses on the sensitivity of experiences and the need to take an idiographic approach to understand preparation for first-time parenthood. The interview process itself also offered another opportunity for sensitivity to context. Smith and colleagues (2009) explained how being empathetic and putting participants at ease while negotiating the complex power play that exists between the researcher and participant are also modes of showing sensitivity to context.

This was something I took into consideration while partaking in all the interviews. I took my time to explain the research in detail and allowed participants to voice any concerns they might have had before the actual interview. I reassured them that fictitious names would be used and that their real identities would be concealed. Before commencing the interview, I spent some time talking about the participants' lives in general as this helped to put them at ease and served as a form of an icebreaker. Smith, Flowers and Larkin (2009) also emphasised the fact that the findings of an interpretative phenomenological study should be presented to a reader in a way that accurately reflects participants' experiences. The reader needs to be presented with enough information and detail about the participants and their circumstances to do this (Elliott, Fischer and Rennie, 1999). Another way in which sensitivity to context was respected in this study was through the presentation of analytic and interpretative claims which were always supported by participant excerpts (Smith, Flowers and Larkin, 2009).

The second characteristic presented by Yardley (2000) was commitment and rigour. This principle was demonstrated in this study by being thorough throughout the research process, analysis and even in the write up of this thesis. Providing detailed descriptions of the whole process as I went along facilitated this principle. Yardley (2007) also suggested that methodological competence was a means of demonstrating rigour. Despite having had used IPA, I continued to increase my awareness and knowledge on its developments, application and use by attending advanced workshops and conferences both in Malta and the United Kingdom. Reid, Flowers and Larkin (2005) suggested the use of triangulation as a means of ensuring rigour. In this study, triangulation was achieved by exploring the phenomenon from a number of different participant groups, i.e. individual interviews with women and men and then interviews with couples together. Also, the multi-method, multi-phased study presented here allowed for triangulation of the data and a holistic exploration of the phenomenon in question.

Rigour is sometimes also referred to as trustworthiness. According to Lincoln and Guba, (1985) trustworthiness in qualitative research is judged by its credibility, transferability, dependability and confirmability. Credibility is an evaluation of whether or not the research findings represent a realistic conceptual version of the data drawn from participants' original data. In other words, it could be described as the fit between the participant's views and the researcher's presentation of them (Beck, 1993). To address the credibility of this research study, I used two techniques. The first consideration, as advised by Lincoln and Guba, (1985) was the inclusion of member checking. As a researcher, I went back to the participants with

copies of the translated transcripts so that I was sure that what I had understood chimed in with what the participants had experienced. Only one participant got back to me with a minor typographical amendment which was fixed accordingly. The second technique used in order to try and maintain credibility was that of getting help from a competent peer debriefer. I consulted with my research supervisors throughout this phase of the project, discussing emerging themes as was suggested by Smith, Flowers and Larkin (2009).

Transferability is the adequacy of the description given by the researcher that will assist in noticing similarities with other situations so that findings might be transferred. To address transferability, I included the documents that were used to generate data (Appendix F). The complete set of transcripts and data analysis documents were kept and stored and are available upon request. This access into the inquiry's trail allows other researchers the means to transfer the conclusions of this process to other cases or to replicate as closely as possible the procedures of this particular study. Moreover, dependability is the transparency of the research process and decision trail while confirmability links the data findings with the interpretation of the data. To address the issues of dependability and confirmability, I relied on an independent audit of my research methods by a competent peer as advised by Lincoln and Guba (1985) and Patton (1990). An audit trail is crucial in order to establish the authenticity and trustworthiness of the data. This process allows the reader to follow the line of thought I used during analysis of the data. These criteria are very similar to what Yardley (2000) described as transparency and coherence which detailed how clearly the stages of the research process were described in the write up of the study (Smith, Flower s and Larkin, 2009).

The final characteristic proposed by Yardley (2000) was the need for the study to show impact and importance. The validity of a qualitative study is revealed through contribution towards knowledge (Yardley, 2000; Smith et al., 2009). Multiple perspective IPA studies are still relatively new, and there is a gap in IPA research especially with regards to preparation for first-time parenthood. Therefore, this study added to this new methodological perspective within the broader IPA sphere. Additionally, the recommendations that emerged from participants' real-life experiences together with the findings from the concept analysis (Chapter 2) and those of the systematic review (Chapter 3) have provided new and important insights for researchers, midwives, policymakers but most importantly to first-time parents themselves.

4.5 Method

The following sections describe the methods used to conduct phase 3 of this study and arrive at the analysis stage. The methods are those techniques used to collect data, i.e. they are the means by which I gathered information from my study participants. The methods chosen needed to be able to answer the question that was being asked. A semi-structured interview guide (Appendix F) was used to generate data from the study participants as it was deemed to be the most appropriate. Robson's sentiment encapsulated the motivation behind the type of method of data collection selected:

> *"When carrying out an enquiry involving humans, why not take advantage of the fact that they can tell you things about themselves?"* (Robson, 1993, p. 227).

4.5.1 The semi-structured interview

Semi-structured interviews enhance rapport and allow greater flexibility of coverage (Smith and Osborn, 2004). They are also the tool of choice in many IPA studies. Semi-structured topic guides are practical since questions are planned in a standardised format. However, they are flexible enough to allow participants to talk about their experiences and express their opinions (Rubin and Babbie, 2001). Semi-structured interviews are different from the structured interview format as the schedule is only designed as a guide, and the questions may be adapted to the interview at hand (Kvale, 1996). The semi-structured topic guide developed explicitly for this study helped me to focus in on the participant/s' experiences of preparation for first-time parenthood. The topic guide was developed based on the findings elicited from chapter two and chapter three. Open-ended questions were used in an attempt to elicit participants' lived experiences.

The interview questions were flexible, and despite having nine questions, there was no set order. The purpose of the topic guide was to serve as an aide, ensuring that relevant topics were addressed in each of the interviews but by no means forcing a firm order upon the interview itself. This flexibility allowed for emergent issues to be pursued. The initial question looked toward gaining a general description of the participant/s and their experience with parenthood or prospective parenthood. Subsequent questions explored the meanings placed by participants on the terms parenthood and parenting. The following two questions specifically looked at parenthood preparation in an attempt to explore how participants made sense of what this meant to them from various perspectives. Personal feelings about becoming a parent were also explored. Participants' views about what can help and/or hinder

preparation for parenthood were also sought. Participants' were also asked to talk about what they considered as important personal characteristics one should have in preparation for parenthood. Finally, participants' views about how could professionals help individuals preparing for first-time parenthood were explored. At the end of the interviews, participants were given the opportunity to share any additional information regarding their experience that they felt was important.

4.5.2 Pilot work

In order to determine whether the interview schedule would yield an appropriate depth of data for the study (Smith, Flowers and Larkin, 2009) I conducted two pilot interviews with personal contacts who fit the criteria. The pilot process was helpful for several reasons. It allowed me to become familiar with the questions I was asking and what I was listening out for so that the interview remained focused on the research question. The pilot work also helped to ensure that the questions I was asking were clear and easy to follow. It also was useful in providing an estimated duration of the interview (Polit and Hungler, 1995). The pilot study helped me practice my interview style to ensure that the data that was being generated was coming from the participants and was about their experience and not my own. The pilot interviews allowed me to recognise when I was trying to summarise or interpret the participants' narratives, and this helped me reflect about what information I was trying to get to and adjust my questions accordingly. The process helped me realise when I was not asking open questions and when my assumptions or agenda may have been influencing the participants' responses.

Post-pilot work, the interview schedule was reviewed by listening to the recordings again. In an attempt not to create any superficial themes, which would in turn influence the main study, I did not transcribe the pilot interviews. The pilot interviews were not included in the actual study because of the ethics involved with knowing the participants. My main aim during the piloting stage was to establish whether the data collection process was satisfactory. I also had conversations with each pilot participant regarding their experience during the interview process. Both participants spoke about how helpful it was to share their experiences, how the duration of the interview felt suitable to them and the questions being asked seemed applicable to the aim of the study without being intrusive to them either. Being able to discuss and review my pilot interviews with my supervisors and spending time reflecting on the whole process made it a meaningful and essential phase of my research journey.

4.5.3 Sampling of participants

The sample size in this project was determined by the informational needs and for the aim of the study to be achieved (Morse, 1994). Smith, Flowers and Larkin (2009, p. 52) stated that there was no right answer to the question of sample size; however, they suggested using between three and six participants, unless a "bolder design" was used. They suggested that an exploration of a phenomenon from multiple perspectives would help in developing a more detailed and multifaceted account of the topic under investigation (Smith, Flowers and Larkin, 2009). Conforming to this, I wanted to explore multiple perspectives (women, men and couples) of preparation for first-time parenthood. Hence, the sampling method used for this particular study was purposive sampling. This is a non-probability sampling method which provided an opportunity to select participants with the characteristics of interest. This method is considered to be appropriate when conducting phenomenological studies (Polit, Beck and Hungler, 2001). Thus, the aim was to recruit around four participants in each of the sub-groups. Participants were carefully selected, in that they had to be individuals who had all experienced or were currently experiencing the phenomenon in question. This is because they needed to give more than just an opinion or view about the topic under study; they had to be willing and able to give detailed descriptions of their own experiences.

While IPA studies tend to use homogenous samples Smith, Flowers and Larkin (2009) affirmed that the extent of homogeneity in a sample group could vary from one project to another. They explained how participants should be selected on the basis that "they can grant us access to a particular perspective on the phenomena under study" (Smith, Flowers and Larkin, 2009, p. 49). Moreover, they suggested that the idiographic nature of IPA was concerned with particular phenomena in particular contexts (Smith, Flowers and Larkin, 2009). The phenomenon in the present study was the experience of preparation for first-time parenthood and the homogeneity within the groups was their pregnancy status, i.e. being in the pre-conception, antenatal or first postnatal year phase. The sample, however, was diverse in relation to sex, age, educational attainment, geography, relationship status and employment status. Table 4.1 presents the sampling criteria used in this qualitative study. I aimed to recruit four participants in each of the groups (women, men and couples) at each of the different parenthood statuses (pre-conception, pregnancy and first postnatal year). This meant that I was aiming for twelve individual interviews with women, twelve individual interviews with the men and 12 dyadic interviews with the couples.

Sampling Criteria
Sex: Women, men, couples
Age: 18 years +
Relationship status: Single, married or in a stable relationship.
Parenthood status: Preconception, expectant, first postnatal year.
Geographical district: Northern harbour, western, northern, southeastern, southern harbour.
Nationality: Varied
Educational background: Primary, secondary, vocational, post-secondary, tertiary.
Employment status: Employed or unemployed.

Table 4.1 - Sampling criteria.

4.5.4 Inclusion and exclusion criteria

Participants were eligible for inclusion if they were 18 years of age and over since preparation for underage pregnancy was likely to be different. Participants needed to be actively planning to get pregnant with their first child, expecting their first child or else in their first postnatal year. Only participants considered to be 'low risk' were included in this study because it was deemed that people in complex or high-risk situations might have a different experience while preparing for first-time parenthood. For the purpose of this study 'low risk' was defined as having no known complications while trying to conceive, during pregnancy, or in the first year postpartum. Participants were also required to be able to converse in either the Maltese or English languages. Also, participants needed to be expecting a singleton pregnancy or needed to have had only one child at their first birth experience since having multiples might also influence the preparation experience.

Participants were excluded from this study if they were known to be experiencing any fertility, pregnancy or postpartum complication or if they were expecting or had multiples. They were also excluded if they were younger than 18 years of age or if this was not their first-time experience of parenthood (even if it was their first in their current relationship). Participants unable to communicate in either the Maltese or English languages were also excluded from this study.

4.5.5 Recruitment strategy

Participants were recruited through the Primary Health Department, Malta and the Cana Movement, Malta. The Cana Movement together with the seven main health centres across

Malta were chosen for recruitment purposes as they cater for antenatal visits, postnatal visits and well-baby clinics which allowed access to participants from these cohorts. I did not want to be restricted to one region, city or village in Malta, so I tried as much as possible to gather participants from all the districts in Malta (Figure 4.1) (Southern Harbour [District 1], Northern [District 2], Northern Harbour [District 3], Western [District 4], South Eastern [District 5]) as different regions have different cultural norms (Mizzi O'Riley, 1981) and I wanted to gain an understanding of the whole spectrum. Another reason why I opted to gain access to participants from different locations was to ensure due consideration to the fact that different districts in Malta have different perceptions towards family life (Abela, 2000). I also opted not to sample participants from the island of Gozo (District 6) since this is where I live and carry out my clinical work as a midwife, and I would have known many of the participants. I wanted to encourage openness and anonymity and Malta, as opposed to Gozo offered a better opportunity for this.

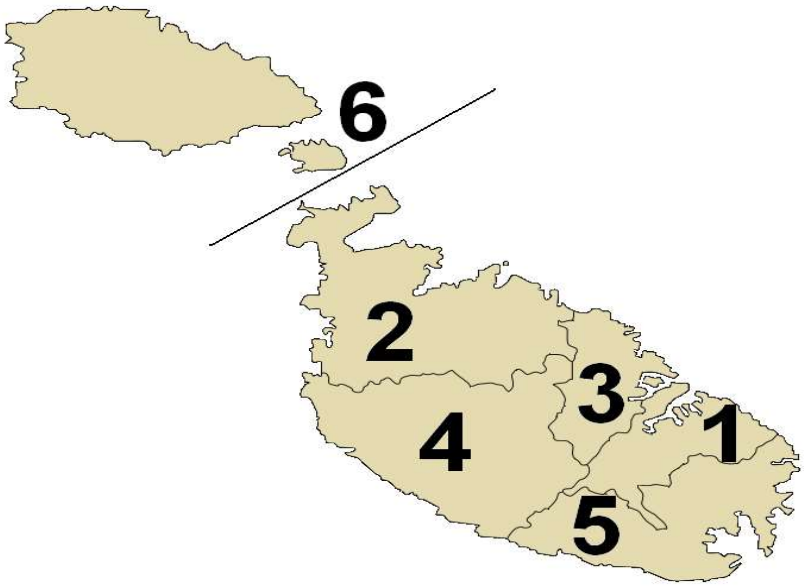


Figure 4.1 - District map of Malta and Gozo.

Contact was made with the group leaders at Cana and with the nurses or midwives in charge at the health centres. During my initial visit, I introduced myself and the purpose of my study. I explained what I needed from them with regards to recruitment and began a forming a professional relationship with these important gatekeepers. All individuals were willing to help with my study, and they asked questions about inclusion and exclusion criteria in order to clarify any uncertainties they had. I would visit or call in and constantly thank them for their efforts in helping me with my study. The recruitment process is detailed in Figure 4.2.

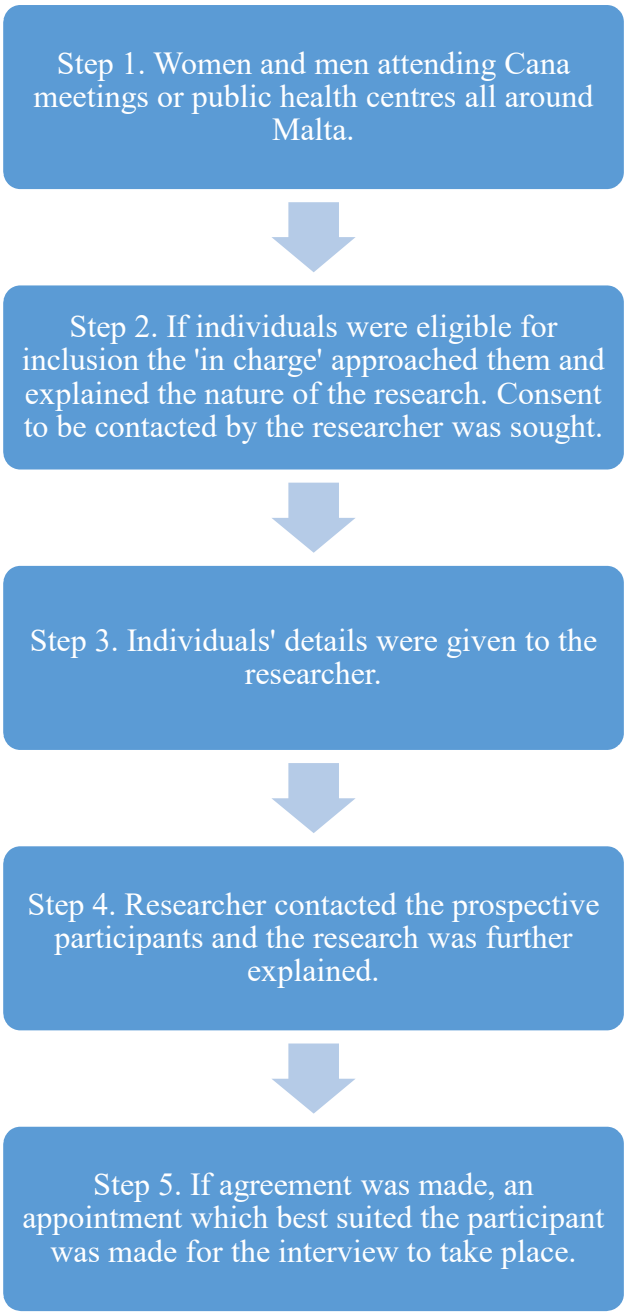


Figure 4.2 – Recruitment process.

On five occasions, however, this process was not adhered to as I realised that it was producing a sample with high socio-economic statuses (SES). Also, men would consent to participate in the interview more readily in a coupled interview rather than in an individual interview. An element of snowball sampling was eventually used to recruit more men and individuals with varying SES. This technique proved to be more amenable to accessing individuals who were willing to talk but did not wish to be recruited through more conventional means.

4.5.6 Interview process

The interviews took place between October 2014 and February 2016. All interviews were conducted at a time and place most convenient to the participants. Those participants from the pre-conception group were interviewed either at their house (n=1), at a private office at the University of Malta (n=8) or a cafeteria (n=3). Those who were expecting their first child were also interviewed in a private office at the University of Malta (n=9), in a cafeteria (n=1), at their house (n=1) or in a private office at the participant's workplace (n=1). All postnatal interviews (n=12) were conducted in participants' homes. These locations were discussed and agreed with the participants before the actual interview to ensure that they would be able to focus and feel comfortable at these sites during the interview.

The interviews were digitally recorded using an Olympus digital voice recorder (WS-831). All interviews were transcribed and translated by myself within a day of the interview (see Appendix N for an example transcript). This helped me include my reflections as faithfully as possible (see Appendix M). Being a bilingual Maltese-Canadian, facilitated the translation-transcription process. My translations were also verified by a professional linguist. Since Malta too has two official languages, Maltese and English, most participants (n=28) used both languages interchangeably during the interview. Five interviews were solely conducted in Maltese while three interviews were conducted in English only as the participants were expats living in Malta (two British Nationals, a German, a Swede, an American and a couple who classified themselves as Maltese-American). For academic transparency and presentation purposes, analysis continued in the English language.

Each interview lasted on average 60-90minutes which included 15 minutes for briefing and obtaining written informed consent and a further 5 minutes for debriefing at the end. Anonymity, a fundamental ethical principle was adhered to as the participants' actual names were removed and pseudonyms were used instead to preserve their identity. During some of the interviews, other people were present. In three instances, postnatal mums had their babies with them (Alison, Ruth, Reba), two out of the four men's postnatal interviews happened in the presence of their babies along with their partners (Fredrick and Larry). Also, all postnatal couple interviews took place in the presence of their infant. Given that the infants were present, sometimes the interview had to be paused so that the parent could attend to the infant's needs. When other adults were present for the one-on-one interviews, they did not actively participate in the interview. They were physically present, however attending to the baby while the interview was happening. Despite this, I was very aware of these individuals' presence and made it a point to look out for their possible contribution in the analysis phase to

see if third-party effect might have occurred as I did not want to end up with socially desirable accounts. It was possible that individual parents did not want to be judged or to say something that might lead to judgement as they wanted to be viewed as a good parent in front of others. In order to mitigate this, I ensured that the participants knew that there were no right answers to my questions. I tried to keep participants motivated throughout the interview with my probing questions and non-verbal communication. This was enhanced through the use of the semi-structured interview guide which allowed for flexibility in which emergent issues could be discussed. Qualitative research generally uses the principles of data saturation. Data saturation is the degree to which new data repeated what was expressed in previous data (Saunders et al., 2018). This is standard practice in qualitative research which aims at achieving a deep level of understanding rather than arriving at a statistically representative sample. IPA however, does not utilise data saturation principles as it acknowledges the uniqueness of each participant's lived experience and their meaning making process (Smith, Flowers and Larkin, 2009).

4.5.7 Data analysis procedure

As previously stated, I used IPA as described by Smith, Flowers and Larkin (2009) as a guideline for the data analysis phase. The initial analysis process was done separately for each of the sub-groups (pre-conception women [1], expectant women [2], postnatal women [3], preconception men [4], expectant men [5], postnatal men [6], pre-conception couples [7], expectant couples [8] and postnatal couples [9]). Figure 4.2 depicts the analysis process for the women, men and couples.

As the first step of IPA suggested, I had to read each transcript over and over again until I was familiar with it. I found that knowing the transcript very well helped immensely. While reading the transcripts, I took note of anything significant that the participant might have stated and jotted them down in the left-hand margin (Smith, Flowers and Larkin, 2009). These included short phrases or meanings of particular sentences and also descriptive themes. I also took note of any metaphors that participants might have used together with contradictions in their narratives. I was also very attentive towards the emphasis placed on specific words or phrases.

The next step of the analysis involved developing emergent themes from the data available. These interpretative themes were written on the right-hand margin of the transcript. These included my interpretations of the phrases written on the left hand side. This technique made rereading the transcript easier as first I got a description, then the quote followed by my

interpretative themes. Initial themes were then grouped together in clusters. After having analysed the first interview, the process was repeated with all transcripts from the same sub-group.

Subsequently, I examined the clusters of emergent themes in search for shared themes that reflected the characteristics of all the participants in that same sub-group. As Smith, Flowers and Larkin (2009) suggested, shared themes were then further grouped to create broad themes that were pertinent to more than half of the participants within that group. With the themes now at hand, I moved back to the transcripts and re-examined them while focusing on the theme to identify excerpts that represented the mentioned theme. These excerpts were then listed under their respective themes. At times, some extracts fell under more than one theme. I then moved on to explore patterns, connections and relationships within and between participants in the same sub-group. I examined the links between the broad themes as this enabled me to actually comprehend their lived experiences and eventually formulate the main themes. These steps were repeated for each of the broader groups included in the study (the women, the men and the couples). The final step required the same procedures to be carried out at the group level. This was achieved through constant reflection on my part together with the use of charts, tables, connections, sticky notes, coloured pens and lots of paper.

A narrative account using verbatim extracts to exemplify each main theme was then written and is presented in parts (women, men and couples) in the subsequent chapter. At this point, my reflective journal became very useful. Interpretation of data with this type of analysis is considered to be an unending process with the reader of the final thesis making the final interpretation (Crist and Tanner, 2003). Doing IPA with a large number of participants allowed for negotiating relationships between convergence and divergence, commonality and individuality and most importantly it created a multi-perspective understanding of preparation for first-time biological parenthood (Borg Xuereb, Shaw and Lane, 2016; Smith, Flowers and Larkin, 2009).

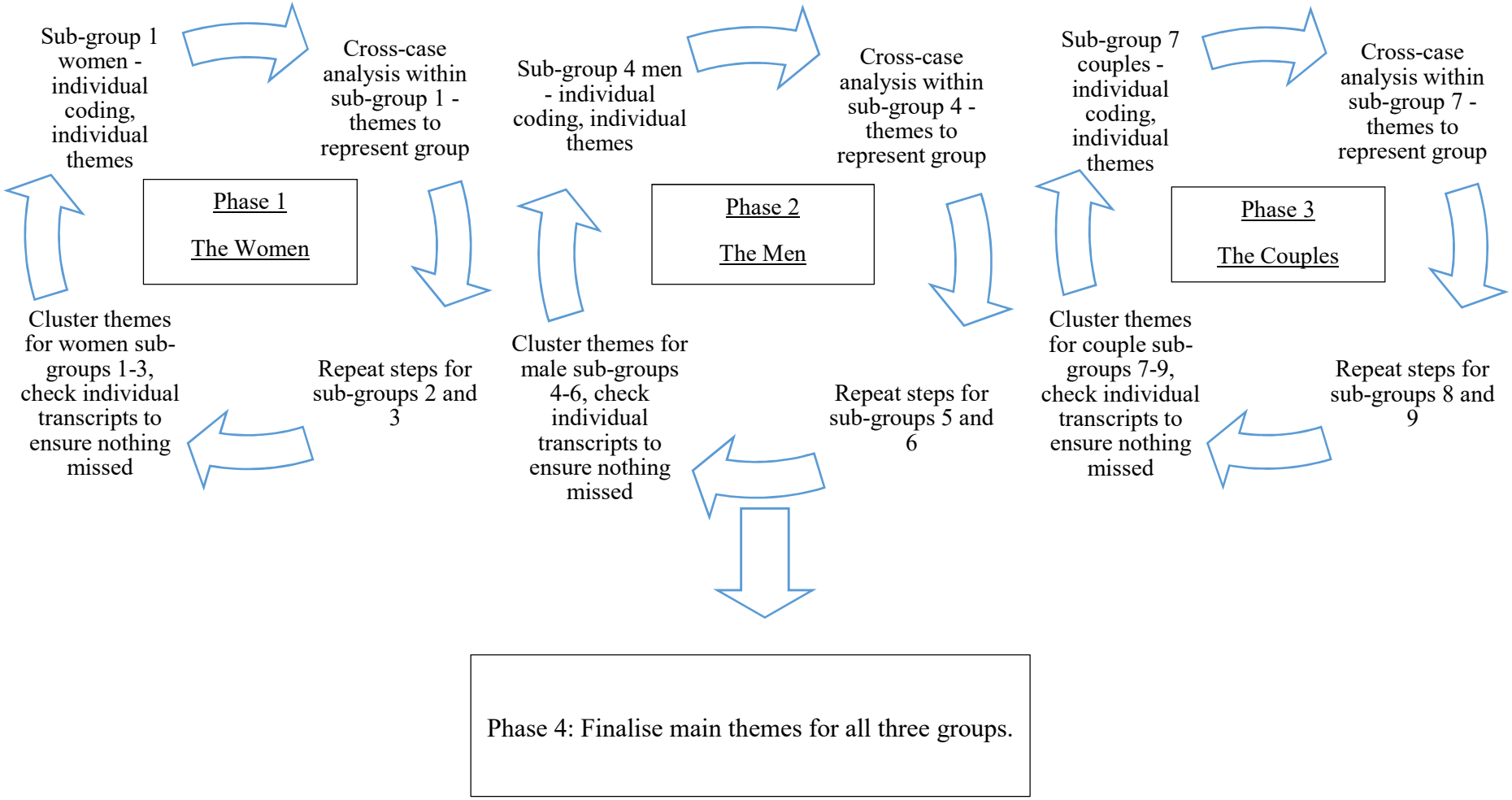


Figure 4.2 – The analysis process

4.5.8 Ethical considerations for this research

Ethical issues needed to be considered as participants must be protected throughout the research journey (Munhall, 2011; Morse, 2007). The researcher must respect participants' safety at all times (Tilley and Woodthorpe, 2011). Ethical approval was sought and granted from the Faculty of Medical Sciences Ethics Committee at Newcastle University (Appendix G) on 4th July 2014 and from the University of Malta Research Ethics Committee (Appendix H) on 14th July 2014. Permissions were also sought and granted by the Director of the Primary Health Department (Appendix I) and the Director of the Cana Movement in Malta (Appendix J).

Furthermore, informed consent which is considered to be a fundamental ethical principle was also adhered to (Langdridge, 2007). In phenomenological research, the norm is to provide the participants with full knowledge about the nature of the study in order to secure their agreement to participate. Since it is crucial that research participants were aware of what was going to happen during the study to ensure informed consent, an information sheet (Appendix K) explaining the purpose of the study was given to each participant so that they could gain a better understanding of the research process. This information sheet also made clear that participation was voluntary and that no inducement would be offered. Individuals who accepted to take part in the study were also asked to sign a consent form (Appendix L) before the actual interview. Participants were also told that even if they would have given consent, they were free to withdraw their consent at any stage of the research process.

Moreover, participants were made aware that all information gathered from them would remain confidential. Even though with phenomenological research it is sometimes hard for participants to remain anonymous due to the close relationship built between themselves and myself as the researcher, their identities were concealed by using pseudonyms. All information that was collected was kept in a secure location and the data collected was anonymised and stored on password protected computers with the participants' assigned pseudonym. Only my research supervisors and I had access to this data.

In this particular study, the research participants were not deceived in any way. In phenomenological research, the norm is for the researcher and the participants to work together to achieve a common goal. Considerable care was taken to avoid any harm or discomfort especially with regards to the questions of the interviews. Had the participants or their infants appeared to be in any serious risk of harm, the support of their midwife would have been sought. However, this was not the case as all participants spoke freely and stated that they had enjoyed their experience of the interview process.

4.6 Reflexive account

The researcher is a crucial component of the research process and is responsible for making decisions at every phase of the study. This meant that my values, experiences and views on the world were likely to influence my research decisions. An essential step in my research was in fact, acknowledging my positioning as it offered some degree of transparency about the decisions I took. It was also an essential process for myself as the principal researcher as it allowed me an opportunity for critical thinking about what was being done and why. Mason (2002) asserted that this helped to ensure a level of reflexivity that would ensure that assumptions were challenged. Lamb and Huttlinger (1989, p. 766) stated that reflexivity was "self-awareness and an awareness of the relationship between the investigator and the research environment".

Firstly, I needed to acknowledge my clinical role as a midwife and how this contributed to this research study. Being a midwife allowed me to have an insider's view of the pregnancy, childbirth and postpartum experience. Having started my career in midwifery in 2007, I became particularly interested in postnatal psychosocial issues and focused my Master's research on the experiences of women who returned to work following childbirth (Spiteri and Borg Xuereb, 2012). This work showed me that even though professionals and policymakers were critical in enhancing postnatal experiences, the individuals themselves and the communities they formed part of were just as important. This realisation motivated me to think of means by which my professional position could influence individual experiences. My experience working with individuals in all the different phases of the childbearing experience allowed me to question preparation for parenthood and its effects on the family and society at large. As a midwife, I questioned whether or not I was doing enough to help new families embark on this unique journey. This began to spark a research interest on my part. What I wanted out of this study was to have insight, to be able to offer other individuals in preparation for first-time parenthood the help and support they needed. I was particularly drawn to how individuals try to enhance their experiences of parenthood through engagement with formal and non-formal resources. I also became more and more aware that despite having a new baby, many parents often faced distress and dilemmas during this time of change. The emerging literature provided evidence of these challenges.

Due to the marked differences amongst men and women, I was also interested in knowing how preparation for first-time parenthood was experienced by the two independently but also jointly, together as a couple. I was particularly interested in this since I am responsible for delivering antenatal education on the island of Gozo. Therefore, I was keen to know if there

were gender-specific needs that needed to be addressed. As already mentioned, previous research focused mainly on the needs and experiences of women rather than those of men or jointly within a dyadic relationship. With this in mind, I was very keen on understanding how parents experienced preparation for first-time parenthood in Malta from the pre-conception period up to the first postnatal year. I wanted to understand better the meanings they placed on their experiences and learn about what sources of information they drew upon to support them. With these questions in mind, this research set out to explore the important concept of preparation for first-time biological parenthood.

As the researcher, I continually tried to reflect on my own experiences and understandings regarding preparation for first-time parenthood through a process of writing reflexive notes and using my research journal (Appendix M). I wanted to ensure that I was not assuming an understanding of my participants' experiences. I continued to ask questions of myself throughout my journey with the participants. Like many of the participants, I was also a new mother, but I was married and had actively prepared for parenthood the best way I knew how at the time. There was an element of separation from my own experience and that of others because mine was unique to me in my own context and the people participating in the interviews did not necessarily share my ideas and views around parenthood preparation. I was in fact, interested in understanding their own unique experiences.

Keeping a research journal allowed me to question my subjectivity. I made use of discussions with my supervisors to go over any personal issues that arose. This enhanced reflexivity in terms of methodology and my epistemological stance as I became more self-aware and in turn, learnt about the research process (Kasket, 2012). As I met my participants, I became aware of my similarity with some of them with regards to gender, age, employment status and educational background but despite this, I questioned assumptions I made and kept an open ear to hear the opposite of what I was expecting.

Being a new mum myself, I felt I could relate to these individuals. I needed, however, to understand my positioning and how this related to my views of preparation for first-time parenthood. I also was aware that I did not want my experience as a mother or as a midwife to overtake the interview, so I did my best not to disclose that I was a practising midwife or mother myself unless the participants specifically asked. This helped minimise socially desirable answers. I was also aware that my clinical role as a midwife sometimes meant that I made intuitive leaps. I wanted to make sure that my practical knowledge would not shadow the course of the interview process. Reflection pre and post-interview helped me in this sense. I also felt that throughout this research process, my midwifery practice was also changing.

Since I was engrossed in preparation for first-time parenthood both in my research and my practice, delivering antenatal education, I found myself understanding my attendees more. Having heard of the experiences of my study participants allowed me the opportunity to speak about the different realities and situations that exist. The interview process allowed me to feel even more empowered professionally as I found myself better able to discuss parenthood related issues during my antenatal classes. Overall, I think that the data collection process was as liberating to me as the researcher as it was for the interviewees as many expressed that they enjoyed the interview and were glad they consented to take part in the study as it allowed them the opportunity to discuss something that was very personal and important to them. With the women, for example, it became very evident that despite the intention of their pregnancy, there was a general acceptance of the situation that presented itself to them and the interview seemed to offer these women a therapeutic environment to speak about their experiences. Similarly, with the men, they were generally appreciative of the fact that I gave them an opportunity to discuss their experiences as otherwise, they felt that they would not have been given a chance. I must admit, however, that I particularly enjoyed interviewing the couples together. Observing their behaviour and their interaction during the interview helped to enhance the richness of the data being generated. This meant, that participants did not appear to hold back, and at times even disagreed with each other despite me being there. I felt that this was proof that my participants were giving me honest and real accounts of their experiences.

With regards to the data analysis phase, reflexive note-taking continued throughout the rest of the analytical process. The reflective journal I had kept during the interviews helped to refresh my memory regarding my own evolving beliefs and perceptions during the data generation process and helped keep track of my interpretations during the analysis. As might be expected my journal was filled with rough notes and sometimes phrases that did not necessarily make sense at times. Despite this, being able to reflect and jot down in my journal made coping with a large amount of data more manageable. This was especially true while synthesising the single groups (pre-conception women, pregnant women postnatal women, pre-conception men, expectant men, postnatal fathers, pre-conception couples, expectant couples and postnatal couples) and even more crucial when synthesising the analysis across the groups. The use of charts and sticky notes was another critical feature that made analysis easier, clearer and more manageable. Being reflexive together with supervisory discussions provided me with opportunities to think about new emerging connections between themes, or possible alternative interpretations. Furthermore, I felt that these meetings were crucial for me as a

researcher to help control the level of interpretation, in terms of not being over interpretative as well as drawing conclusions to all participants too early in the analysis phase.

4.7 Summary

This chapter has described the philosophical perspective of this study and presented a clear rationale for the use of IPA as the methodology for addressing the research question. Semi-structured interviews were identified as the most appropriate means of collecting data and details of interview preparation and process were discussed. Also, the process of data analysis using IPA was explained. Issues of ensuring rigour and quality were discussed, and consideration was given to the ethics governing this research study. A reflexive account of my positioning in relation to the interviews and analysis was also presented. The following chapter presents the results obtained from the interviews with the study participants.

Chapter 5 Qualitative findings [Phase 3]

5.1 Introduction

This chapter presents both the demographics of the participants interviewed and the findings generated from the analysis of the interviews' transcripts. It is presented in three main parts: Part 1 presents the findings from the female participants, Part 2 presents the findings from the male participants and Part 3 presents the findings from the coupled interviews. Areas of agreement and divergence within each sub-group and across groups are brought to light. Excerpts are used to highlight meaning throughout the chapter. In the excerpts presented, an ellipsis … refers to a significant pause, square brackets [ ] means that some material was omitted and words placed in round brackets for example, (her husband) are words included to help clarify the meaning of the quote or to indicate non-verbals that happened at that particular moment in time, for example, (sighs).

What is provided in this chapter is one possible construction of the phenomenon of preparation for first-time parenthood amongst biological parents. These themes are my subjective interpretations after having engaged in a double hermeneutic cycle. The readers of this work have to engage in a triple hermeneutic cycle which means; they have to try to make sense of myself interpreting the experiences of these participants who are in turn trying to make sense of their own lived experiences. The proposed conceptual framework previously presented in chapter 2 (Figure 2.1) encompassing the five main domains (psychological, spiritual, physical/lifestyle, sociological and anthropological domains) of preparation for parenthood was used to help organise some of the findings of this chapter. Dialectical theory as presented in chapter 1 was used as a theoretical framework to illuminate the lived experiences of these participants.

5.2 Participant demographics

The data presented in this chapter were collected from three subgroups; women, men and couples at three different stages within the first experience of parenthood; pre-conception, during pregnancy and in the first postnatal year. This chapter includes the analysis of the lived experiences of 12 individual females, 12 individual males and 12 dyads in preparation for first-time biological parenthood. The female and male sub-groups are unrelated and took part in a one-to-one individual interview while the dyads participated in a coupled interview. Tables 5.1, 5.2 and 5.3 present the demographics of each participant group

Table 5.1 - Female demographics.

Pseudo Name	Age	Relationship Status	'Parenthood Status'	District	Level of Education	Employment Status
Liza	24	In a relationship	Pre-conception	Northern	Tertiary	Unemployed
Donna	26	In a relationship	Pre-conception	South Eastern	Secondary	Employed
Jenna	33	In a relationship	Pre-conception	Northern	Tertiary	Employed
Lilly	34	In a relationship	Pre-conception	Northern Harbour	Secondary	Employed
Ruby	42	In a relationship	38 weeks gestation (Planned)	South Eastern	Secondary	Employed
Julie	28	Married	38 weeks gestation (Planned)	Western	Tertiary	Employed currently on maternity leave
Naomi	19	Single	28 weeks gestation (Unplanned)	South Harbour	Primary	Unemployed
Maxine	31	Married	32 weeks gestation (Unplanned)	South Harbour	Secondary	Employed
Pauline	30	Married	8 months postpartum (Planned)	Western	Tertiary	Employed
Reba	37	In a relationship	6 weeks postpartum (Planned)	Northern Harbour	Post-Secondary	Employed currently on maternity leave
Ruth	30	Married	12 months postpartum (Unplanned)	Northern	Vocational	Unemployed
Alison	36	In a relationship	7 weeks postpartum (Unplanned)	Northern Harbour	Post-secondary	Employed currently on maternity leave

Table 5.2 - Male demographics.

Pseudo Name	Age	Relationship Status	'Parenthood Status'	District	Level of Education	Employment Status
Nathan	28	Married	Pre-conception	Northern	Tertiary	Employed
Ken	28	Married	Pre-conception	Northern Harbour	Tertiary	Employed
Felix	30	Married	Pre-conception	Northern Harbour	Tertiary	Employed
Roger	31	Married	Pre-conception	Western	Secondary	Employed
Jamie	29	Married	28 weeks gestation (Planned)	Northern Harbour	Tertiary	Employed
Joey	30	Married	32 week gestation (Planned)	Southern Harbour	Tertiary	Employed
Ben	19	In a relationship	25 weeks gestation (Unplanned)	Southern Harbour	Vocational	Unemployed
Ricky	30	Married	35 week gestation (Planned)	Northern Harbour	Tertiary	Employed
Jeff	36	Married	8 months postpartum (Planned)	South Eastern	Tertiary	Employed
Fredrick	42	Married	6 weeks postpartum (Planned)	Southern Harbour	Secondary	Unemployed
Larry	19	In a relationship	6 weeks postpartum (Unplanned)	Southern Harbour	Secondary	Employed
Jan	28	Married	12 months postpartum (Unplanned)	Northern Harbour	Post-secondary	Employed

Table 5.3 - Couple demographics.

Pseudo Name	Age	Relationship Status	'Parenthood Status'	District	Level of Education	Employment Status
Lara & Charlie	23/28	In a relationship (still living with parents)	Pre-conception	Northern Harbour/South Eastern	Tertiary	Both employed
Martina & Max	31/35	Married	Pre-conception	Northern Harbour	Tertiary/Secondary	Both employed
Stacy & Michael	27/28	Married	Pre-conception	Northern	Tertiary	Both employed
Amy & Mitch	28/35	Married	Pre-conception	Northern	Tertiary	Both employed
Jessica & Peter	29/29	Married	36 weeks gestation (Planned)	Western	Tertiary	Both employed
Mollie & Dan	28/39	Married	34 weeks gestation (Planned)	Northern	Tertiary	Both employed
Ella & Damien	23/26	In a relationship (cohabiting)	32 weeks gestation (Planned)	South Eastern	Secondary	Both employed
Sheila & Noel	28/30	Married	38 weeks gestation (Planned)	Northern Harbour	Secondary/Tertiary	Both employed
Samantha & Shaun	35/35	Married	7 months postpartum (Planned)	Northern Harbour	Tertiary/Post-Secondary	Both employed (wife currently on parental leave)
Kylie & Chris	26/24	Married	11 months postpartum (Unplanned)	Western	Vocational/Secondary	Wife employed (currently on maternity leave)/Husband unemployed
Dina & Remy	27/30	Married	14 weeks postpartum (Planned)	Southern Harbour	Tertiary	Both employed (wife currently on parental leave)
Juliet & Mark	32/26	Married	6 weeks postpartum (Planned)	South Eastern	Secondary	Both employed (wife currently on maternity leave)

5.3 Preparation for first-time parenthood as the embarkation of a transformative, life-long journey

All participants, women, men and couples were asked to reflect upon the terms parenthood and parenting to help elicit meaning. Most participants described how they had never really given much thought to the two terms until I asked them. Despite this, the majority of the participants agreed that 'parenthood' and 'parenting' were two distinct terms related to a common life-changing experience. Many participants used the word *"responsibility"* while expressing what parenthood meant to them. This was exemplified in the following excerpt by Lara and Charlie, a couple who were in the pre-conception phase:

> *"I think it (parenthood) means responsibility. Being responsible for yourself and your family." (Charlie)*
>
> *"What about you Lara?" (Researcher)*
>
> *"I think there is more to it. I feel that being a parent and the parenthood experience are lifelong commitments." (Lara)*
>
> *"Ok, what about parenting?" (Researcher)*
>
> *"I think they are different terms. Parenting is the rearing of your children. Parenthood is deeper and lasts longer." (Lara)*
>
> *"I think parenthood is more relative to the person." (Charlie)*
>
> *"Parenthood is a greater responsibility; it's more than just an action." (Lara - Lara & Charlie, p1, 10).*

Similarly, Jenna a 33-year-old woman, who was also from the pre-conception phase explained how:

> *"Parenthood is a process, and parenting is the job in itself. I think that parenthood is a process that occurs over the years and it doesn't really end…parenting is a skill." (Jenna, p3, 61).*

The idea that parenthood was indeed a process was resonant in many of the interviews. Ricky, a father-to-be, expressed how parenthood was a process of change:

> *"Parenthood is a process of change that every parent will go through." (Ricky, p5, 96).*

New parents Dina and Remy explained how the process of parenthood was a personal experience while parenting related to the practicalities involved in the rearing of the children:

> *"I think parenting is an act and parenthood is a phase in your life. It's more of an experience." (Dina)*
>
> *"Or maybe parenting is more like the dos and don'ts of the experience. It is perhaps more skill oriented. Parenthood I think is then the reality of the experience on a more personal level." (Remy - Dina & Remy, p6, 147).*

The majority of responses from the participants were very similar in that they all described parenting as a *"skill"*, "*task", or "job that needed to be done".* It became evident that with the term parenting the connotation seemed to always be placed on the child while with the term parenthood the meaning was much more intimate and focused on the mothers and/or fathers themselves. New fathers Jan and Jeff suggested that parenting involved parenting styles and also associated it with supplying the resources needed to care for a child. For most men, this meant that they needed to be there as the breadwinner.

> *"I think parenting is something within parenthood. Parenthood is the whole picture. Parenting is more about the different styles that can be used in child rearing, that's what I think…I think that with parenting there is more of a direct link to the child. Parenthood, on the other hand, is more holistic." (Jan, p5, 142).*
>
> *"Parenting, in my opinion, is just being there to supply the resources needed to care for a child." (Jeff, p1, 24).*

When it came to parenthood, Liza (p3, 45), who was actively trying to conceive her first child described it as a *"new phase".* This *"new phase"* was also used in the descriptions of the pregnant and postpartum women. It was as if this new chapter initiated a transformative process that allowed these women *"to become a mother"*. Whilst the men acknowledged that parenthood was *"more personal"* their descriptions indicated that men's desire to become a father was less central to their identity as opposed to the women, despite bringing about a change within them too. Irrespective of their gender or parenthood status, most of the participants highlighted the longevity involved in parenthood and pointed out that parenthood was *"for life."* Participants described how parenthood was a *"journey"* that once embarked upon, *"never ends"* or *"lasts forever".* Many participants associated parenthood with personal growth which could be viewed as a transforming experience in itself.

> *"Parenthood is a process that occurs over the years, and it doesn't really end unless someone dies. Parenting is a skill." (Jenna, p3, 61).*

The findings of this study showed how preparation for the first-time experience of parenthood launched this transformative process and was an integral part of it. This journey as experienced by the women, men and couples who participated in this study is detailed in the following separate parts of this chapter. The chapter presents the process of transformation that an adult goes through when s/he is on the journey towards first-time biological

parenthood. What may seem like a natural transformation was in fact, the result of a complex endeavour, with its own difficulties and consequences, but also with a possibility for empowerment and growth within individual parents and within the dyadic relationship.

Part 1 – The Women

This part of the chapter presents the findings generated with the women during the one-to-one interviews. Women from the different sub-groups (pre-conception, pregnancy and postnatal) described how they experienced preparation for first-time biological parenthood. Their descriptions revealed that the preparatory experience of first-time biological parenthood was a journey in itself which allowed for a transformative process within them as women embarking on this passage.

Four main themes were elicited: (1) Defining the 'destination'; (2) The beginnings; (3) Bumps and detours on the road to parenthood; (4) Discovering your changed self on the path to first-time parenthood. Each main theme encompassed a number of sub-themes which were relevant to the female experience of preparation for first-time biological parenthood. Preparation for first-time parenthood as experienced by the women is illustrated in Figure 5.1. Since parenthood was defined as a lifelong journey, each main theme was presented by a forward arrow which indicated that the preparation process was a continuous onward journey.

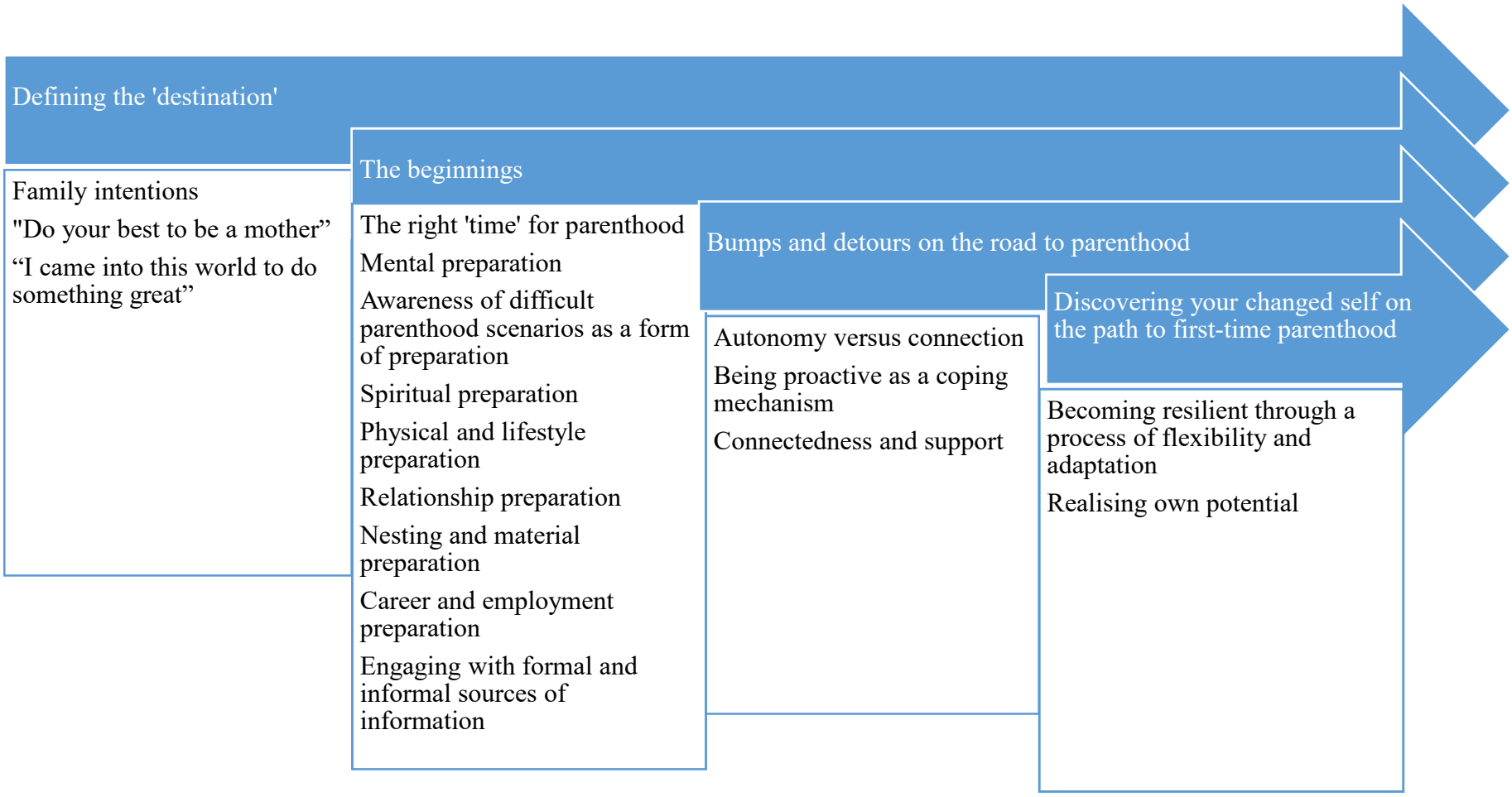


Figure 5.1 – Preparation for first-time parenthood as experienced by the women.

5.4 Main Theme –Defining the 'destination'

Many female participants described the antecedents of their preparatory experience of first-time parenthood. In doing so, they defined what it was they were preparing for. Knowing what they wanted for themselves as women aided them to describe their paths to their desired 'destination'. From the outset, it became evident that different women experienced different paths to their 'destination' (to parenthood). The women spoke of their family intentions and how these influenced their personal experiences. They also identified a number of personal characteristics and attributes that they felt were essential in the parenthood experience. Many spoke of how they had longed for first-time parenthood because they wanted to do something great with their lives and this journey allowed them the opportunity to do so.

5.4.1. Family intentions

Many women expressed how having a family was always something they desired. This desire was viewed as an important antecedent for preparation of the experience by many of the participants. All women from the pre-conception group were recruited on the premise that they were planning to get pregnant, so by default these individuals already had the intention of becoming parents. The mere thought of parenthood filled all women from the preconception cohort with much joy. Lilly who was trying to conceive stated:

> *"Oh, I'm so excited for it to happen. I can't wait! I am always thinking about it…This has always been my dream. I think that if I have a baby, my life will be complete. I've always wanted this, always, always." (Lilly, p3, 89).*

Some participants reminisced about their childhood and identified moments during that stage of their life where they were already very interested in becoming mothers. Liza who was trying to get pregnant recalled how as a young child, playing with her sister; she would always be the mother despite her being the younger sibling, which may be viewed as an antecedent for the experience in itself on her part.

> *"I always wanted to have my own family. It has always been something on my mind. When we were younger, my older sister and I used to play mummy. I would be mummy though, and she would be the baby. I think I always wanted to be a mother." (Liza, p2, 22).*

Similarly, Naomi, an expectant mum explained how:

> *"I think it is every woman's dream to have their own child and go through this experience. I always wanted to become a mother; even when I was a little girl, I'd always play with my dolls pretending they were my babies." (Naomi, p5, 126).*

The women from the antenatal and postnatal subgroups described how their pregnancies occurred and their reactions towards it. Some women had different family intentions than the ones presented earlier. Maxine an expectant mum (p3, 100) explained how she *"was never really sure"* if parenthood was for her *"but then it just happened."* Reba, also pregnant similarly explained:

> *"I used to think about it (parenthood) a lot, but…how can I put this, it was just a nice idea. It was never something at the top of my list of things to achieve in life." (Reba, p3, 90).*

At times it seemed as if participants found difficulty in articulating their complex emotions as they used repetitive words in their descriptions to emphasise their importance. A state of disbelief seemed to present itself to the women who had an unplanned pregnancy.

> *"I am happy. I'm happy that I'm pregnant and happy that I will have a baby. It's a little bit overwhelming really…it is like I am living a dream." (Naomi, p3, 82).*

Irrespective of how the pregnancies occurred the women had accepted their new realities at the time of the interview. This was further enhanced by the typically positive responses of those around them (partner, immediate family and friends). Two women, however, recalled negative reactions to their pregnancy news from their own mothers. Their anxiety in approaching their mothers with the news of their pregnancy instilled a sense of fear and tension within them as they were faced with generational shame. This shame was related to the fact that these women got pregnant out of wedlock. Despite being grown women, they still felt as if they needed their mothers' approval, something they both felt they had not yet gotten.

> *"I am not married. I know that my mother felt very uncomfortable telling her neighbours and friends that I am pregnant. I think there is still a bit of stigma and taboo around this. For example, I told my mother I was pregnant after 3 months because I was really worried that because I wasn't married she would take it badly and it would negatively impact her health being that she is 78… and it did cause me some tension. A lot of tension…she didn't even congratulate me." (Ruby, p6, 175).*
>
> *"My mother is too strict. I'd say I'm still scared of her to a certain extent…I was scared about how she'd react. I think this (her mother's reaction to her pregnancy) is the one thing that affected me the most, it still does." (Alison, p3, 69).*

Some women spoke of how they needed some time to accept what had happened, especially because the news came to them as a shock. In fact, their experiences showed how preparation for the life-changing event was delayed until acceptance was achieved. Religious connotations were made by many of the women as the pregnancy was sometimes referred to as a *"blessing"* or a *"miracle"* irrespective of the intention. Some experiences seemed to

indicate that their spirituality helped them accept their new situations. For some, this was even more so because they were unwed which meant that they needed to be strong in the face of a culture that was not as accepting despite its religiosity.

> *"It was unplanned, but I'd always wanted to have a baby, and I thank God that I have my son. When I found out, it was a bit of a shock though because I was doing some exams at the time so I had some mixed feelings about it. I had a lot to study, and when I found out, I needed some time to accept it, but eventually, I did…" (Alison, p2, 29).*

> *"I got to know about a month after because I kept on waiting for my period to come because it wasn't a planned pregnancy. In the beginning, I was a bit shocked because I didn't expect it to happen but then you start accepting it, and you start to feel blessed that it actually happened because not everyone can have a baby. Then you start to realise how lucky you are." (Maxine, p2, 31).*

The majority of female participants also attributed unintended or unplanned pregnancies as possible reasons why individuals might opt to delay or not prepare for parenthood. This was especially evident in Alison's narrative as she had experienced an unplanned pregnancy and described how unacceptance could hinder the preparatory phase:

> *"Some people find it difficult to accept the change that will be happening. If you and your partner never really discussed having a baby together and all of a sudden it just happened, it might be difficult to accept...It has brought about a change obviously. This unexpected situation will make you change your ways, and you might not be ready to do so. Other people might not feel comfortable holding a baby in their arms and all of a sudden they find out they are pregnant so that might affect them also. It might be a shock to the person, as it was in my case, if it is something planned, it's a different story obviously." (Alison, p7, 187).*

Irrespective of their family intentions, the women in this study spoke of personal characteristics and attributes that were deemed necessary for the first-time experience of parenthood, and these are presented in the following sub-themes.

5.4.2 "Do your best to be a mother"

The experiences shared, illustrated the ideals held in relation to being a 'good' mother in Malta. Many women spoke of the ability to offer unconditional love to their child as an essential characteristic of good motherhood. Lilly who was from the pre-conception cohort explained how she would try to be the best mother she could be just like her parents did with her.

> *"… to do your best to be a mother…I will try to do my best to bring up my child, to the best of my abilities as my parents did with me." (Lilly, p4, 132).*

Similarly, other women recalled their own experiences of childhood and reflected upon them. They discussed how as new mothers they would strive to pass on all the positive experiences they had in an attempt to be a good mother. Other women, were reminded of the negative experiences they encountered as children and expressed how they wanted to do things differently. These early childhood experiences may be viewed as an early form of preparation for first-time parenthood. Ruby, an expectant mum, gave primacy to being affectionate towards her child because she had failed to experience this from her own mother. Ruby claimed that her mother gave her *"nothing"* because affection was lacking.

> *"The one (thing) that I am going to do for sure is be affectionate towards my daughter because my mother was never affectionate towards us. I will make sure to give my daughter hugs and kisses. My mother is very conservative so for sure I don't want to be like her. I want to make sure that my daughter feels loved. My mother gave us nothing. [ ] She is still like that today." (Ruby, p2, 28).*

Other qualities described by most women were those related to the ideas of devoting a high-level of attention to one's child, becoming child focused. This notion was at the centre of most of the women's narratives irrespective of the parenthood stage they were in. Naomi, a 19-year-old expectant woman, indicated that there was no other way but to put the child at the centre of your own existence.

> *"Once you are a parent your life has to revolve around your child." (Naomi, p1, 13).*

This awareness on Naomi's part despite her young age contradicted Ruby's idea that the maturity required for parenthood came with age. When probed about her views in relation to maturity she replied:

> *"For example, with all due respect, it's different having a baby at 16 and having a baby at my age, it's different." (Ruby)*
>
> *"How so?" (Researcher)*
>
> *"I think you'll be more responsible and stable. You'll be able to realise that your child needs to be the priority. You're just not mature enough to realise that when you are younger." (Ruby, p2, 41).*

Ruby's response suggested that she thought teenagers might have difficulties in integrating their own individualistic desires with the demands of new parenthood. Being the best version of themselves allowed women to realise their full potential as mothers or mothers-to-be. Most participants realised that 'good' parenthood allowed them to contribute to the world by leaving a better version of themselves in it.

5.4.3 "I came into this world to do something great"

Many female participants spoke of the great emotional advantages of parenthood. Prospective mothers talked about how having a child would bring about happiness, meaning and add purpose to their lives. For some women, parenthood appeared to be central to their identity. Irrespective of their parenthood status most women described how parenthood brought with it a sense of completion. The mere prospect of impending parenthood filled the women from the preconception group with much pride.

> *"I will feel very proud, that I would have achieved this. It is as if I came into this world to do something great, to leave someone behind." (Lilly, p4, 131).*

Lilly's description demonstrated the importance she placed on leaving a genetic link in this world after her passing, as a driving factor for first-time parenthood. Most pregnant women also described how parenthood instilled a sense of fulfilment in them. This was especially evident in Ruby's experience. Being an expectant mum, she described her reaction towards the news of her pregnancy as:

> *"It was a miracle; I couldn't believe it…I felt fulfilled. I was able to become pregnant, and this made me content. At the same time, I was happy that I could give my partner a baby. [ ] Had I not been able to conceive, I think I would have actually told my partner that if he wanted out of the relationship, I would understand because you know…I mean men are different from women, biologically men can have children at any age not like us women so I wouldn't have wanted him to miss out on the experience." (Ruby, p5, 125).*

Ruby described her ability to conceive as miraculous in view of her advanced maternal age. This seemed to preoccupy her as she made reference to her age at various points throughout the interview.

> *"I'm not young and considering my age I used to always tell my partner that it (pregnancy) might take longer to happen, or maybe I cannot get pregnant whatsoever" (Ruby, p 4, 107).*

Ruby recalled how she was anxious whilst trying to conceive and this also appeared to be attributed to her advanced maternal age:

> *"There was no pressure from him, but I was getting anxious month by month, it was on my mind. It took about a year for it to happen and when you want it to happen, a year is a very long time." (Ruby, p4, 115).*

Whilst recalling her experience of trying to get pregnant, it was as if Ruby felt that her relationship would have been threatened had she not been able to conceive. Her description of her experience highlighted how she considered her fertility as her primary function and the

possibility of not being able to exercise her full potential as a woman appeared daunting to her.

5.5 Main Theme – The beginnings

All women shared their preparatory experiences, and many spoke of the different levels of preparation involved in first-time parenthood. While most participants discussed the various 'steps' they took, these steps were not physical steps yet a metaphorical expression which included preparation prerequisites, their initial thoughts and reactions and also preparation-in-action. This first step was generally described as a decision either to commit or to act and hence prepare for parenthood. The levels of preparation portrayed hereunder represent the various forms of preparation women engaged in, for first-time parenthood. The order in which they are presented here does not mean that they followed that particular sequence in any given experience, as each individual experience was unique to each woman. Different women focused on different forms of preparation because they seemed to be more relevant to them at the time of the interview while others were more thorough in their approach and engaged in many different levels.

5.5.1 The right 'time' for parenthood

Many women who were actively trying to conceive or had experienced a planned pregnancy spoke of how their preparation commenced with conversations about the prospect of becoming pregnant. Timing appeared to play a vital role in many women's decisions regarding parenthood. The right 'time' related to their age and the right time in their lives which was generally related to relationship and financial stability.

Many women brought up their age as an important deciding factor regarding preparation for parenthood. Their accounts revealed a sense of time-limited fertility, which many associated with their age. Awareness of decreasing fertility with age appeared to create a sense of panic in women most especially in those who were still trying to conceive, like Jenna and Lilly.

> *"I am 33 years old. Compared to all my friends who are already married and have children I basically feel as if I've fallen a bit behind…I think that a lot of people would want to have their own children, eventually. [ ] I always wonder whether I would be able to have children you know." (Jenna, p2, 29).*

> *"I am scared that I won't be able to conceive. Everyone tells me not to worry too much, and the doctors even told me that I'm healthy and that there are no problems for me to worry about but still my brain is consumed with all the bad things that could happen." (Lilly, p3, 96).*

The right 'time' for parenthood did not always reflect women's age, it sometimes related to the right time in their life or their life-plan in general. Being in a good and stable relationship affected most participants' parenthood desires, which in turn allowed them to prepare for the eventuality or not. Lilly explained how she never had a responsible partner and this made her delay parenthood, but now her life situation was different which explained her eagerness to approach parenthood.

> *"I never had a responsible partner in the past, so I could never plan a pregnancy. My new partner is very different, he has a job, and we have a house." (Lilly, p2, 46).*

Financial stability seemed to be another critical factor required before embarking on the parenthood journey. Perhaps this is because having a child and adding a new member to the family was perceived as expensive by the women.

> *"When you are preparing for a baby you need a lot of money." (Ruby, p2, 38).*

Pauline a new mum, however, presented a juxtaposition to the notion of right timing for first-time parenthood. It was as if she felt the timing could never be perfect. She stated:

> *"At the end of the day there is never a right time or situation; there is always somewhere else to go, something else to do, some more money to save and if you wait for everything to be perfect, you will be 45 and infertile." (Pauline, p 9, 294).*

All women recognised that people's situations were different and that the decision taken to commence first-time parenthood preparation was very personal, and only the individual would know which time is best for him/her.

5.5.2 Mental preparation

Some women from the various sub-groups spoke of the importance of being mentally prepared for an impending change. Pre-conceptionally, Jenna (p4, 79) explained how her partner and she *"talked a lot about this (parenthood)"* and their conversations about how their life was likely to change was helping her to mentally prepare for the impending experience. Ruby (p1, 10), an expectant mum felt that while she was the focus now (in her pregnancy), post-birth, the baby would undoubtedly be the focus of her life and the pregnancy offered her time to reflect and mentally prepare for this impending *"shift of focus."*

Postnatally, Ruth (p3, 104) referred to this mental preparation as *"emotional and psychological preparation."* Pauline, a postnatal mum, explained how she began to prepare even before she started trying to conceive. Her narrative brought to light some personal questions she asked herself while contemplating with the idea of getting pregnant. These

questions carried with them a sense of self-doubt in her ability to mother and adapt in times of change.

> *"I think that is when you really start getting interested (the pre-conception period). Or maybe even before when we were considering it, like thinking about having a baby. I think at that time you start paying attention to people with children, seeing their state of life, state of being, can I do this, maybe I can't, should I do this now or should I wait…" (Pauline, p1, 10).*

This change in these women's lifeworld was a predominant issue that featured in almost all interviews. All but one woman from the pre-conception sub-group spoke about how they expected their life to change while the postnatal mums described how it had changed since the birth of their infants.

> *"I don't think anything would need to change just because I'd be pregnant. I don't think your life has to stop because you are pregnant or have a baby. A lot of people think you have to stop living your life, but I don't think it's really true." (Donna, p3, 67).*

While Donna's perception of pregnancy preparation appeared to be very different from the views held by the other women, she had previously described how in preparation an individual needed to make the necessary work arrangements to be able to raise their own children themselves until school age (pre-primary school in Malta commences at age 3 and primary school at age 5).

> *"You cannot be at work all the time and never see your baby. I imagine that it would be ideal to spend the initial months with your baby and then go back to work. Children belong to their parents and not to the grandparents or to a childcare. You have to do your best to raise them yourself until they go to school." (Donna, p2, 42).*

When asked how she was preparing for first-time parenthood Donna claimed:

> *"Nothing in particular. Children will come whenever they want. It is useless to say I want them now or in that particular month or whatever. They will come when God decides to give them to you." (Donna, p3, 50).*

This quote by Donna highlighted her fatalistic attitude towards parenthood. Despite *"always wanting to be a mother, ever since I was a little girl,"* Donna (p1, 16) believed that her fate was predetermined and therefore, inevitable, irrespective of whether or not she prepared for the event.

5.5.3 Awareness of difficult parenthood scenarios as a form of preparation

This notion of fatalism as expressed in Donna's narrative was also brought up by other participants whilst describing the need to prepare for difficult parenthood scenarios. They

attributed this type of preparation to the unknown territory that came with parenthood. Naomi stated:

> *"It (parenthood) is like this big black hole you have to enter not knowing what you'll find or how to get out. You can try to prepare, but you can only do so much because you don't know what will happen. I don't know what is coming my way so I have to be prepared for every eventuality as much as I can be." (Naomi, p4, 95).*

Pauline was more specific in her narrative as she described how she used to think about the eventuality of having an *"unhealthy baby"*.

> *"You have to prepare yourself for the potential of having an unhealthy baby. I think you cannot really prepare yourself enough in this regard, but this was something that I really used to think about. I used to think about my life and what would happen to it should my child be born with a disability. It's a completely different story…you need to be prepared for any eventuality." (Pauline, p8, 246).*

Jenna explained how her previous exposure to difficult scenarios has helped her prepare for this eventuality as she described:

> *"…my goddaughter has cerebral palsy, and she still hasn't walked yet, so I have to think about the eventuality of this happening to me as well…it is not easy, but I know what it's like so I feel prepared in that sense." (Jenna, p6, 115).*

Donna, who previously stated that she was not personally preparing for parenthood and appeared to have a fatalistic attitude towards preparation in general, continued to reinforce her reliance on God when she said:

> *"I tell God not to send me a burden too heavy for me to carry." (Donna, p4, 83).*

Donna appeared to be using her spirituality to negotiate with higher powers for a positive parenthood outcome and experience. It was as if her parenthood experience lied on a continuum of control in which instrumentalism and fatalism were at the opposing ends. While the majority of women expressed various forms of preparation for the experience in an attempt to exercise an internal locus of control, others like Donna, had a tendency to attribute outcomes to forces outside their control.

5.5.4 Spiritual preparation

Reference to higher powers was made by all the women from the different subgroups. They spoke about how they spiritually prepared for this important journey. Given that Malta is predominantly Roman Catholic, reference was made to the *"Holy Mary"*, *"God"*, *"prayer"* and *"mass"*. Julie, a pregnant woman, explained how:

> *"I have always considered myself to be a spiritual person, but in these past two weeks, I've been praying all the time. I think the Holy Mary is fed up with me right now because I've been extra demanding lately. I think that spirituality is important [ ] You have to believe in God, and you have to pray because it is just too scary to go through alone. You have to turn to higher powers for help." (Julie, p5, 157).*

Pauline confessed how she and her husband prayed more than they usually did whilst trying to conceive. Apart from associating spirituality to prayer she also mentioned Holy mass and admitted that with new parenthood it has been hard for her and her husband to attend mass like they normally did, indicating that conventional practices were difficult to uphold with a new baby:

> *"I actually think we did pray a little bit more when we were trying to get pregnant. Perhaps this is something that we need to pick up back on because we are not praying and attending mass that much at the moment." (Pauline, p7, 210).*

It is as if Pauline noticed how in the pre-pregnancy state prayer helped her to conceive, as if her husband and her herself were rewarded with a pregnancy for their prayers, again in a negotiating context. Pauline's interest in turning to prayer and mass again might be an indication that she wants to renegotiate with God for a positive postnatal experience.

5.5.5 Physical and lifestyle preparation

Another significant level of preparation for first-time parenthood that featured in all of the female narratives was that of making healthy physical and lifestyle adjustments. Women actively planning for a pregnancy started to prepare themselves for the experience early on. They commenced folic acid, and vitamin supplementation and most tried to become healthier individuals. Julie who was currently pregnant recalled how her physical preparation pre-pregnancy involved a period of becoming more fertility aware in the sense that she started to take note of her periods, ovulation and when she and her husband were intimate. She explained:

> *"Well, we had personally started with our gynae, health checks, started taking vitamins and folic acid. I started charting my periods and ovulation and took note of when we were intimate. Then once the pregnancy was confirmed, we continued with visits to our gynae." (Julie, p3, 71).*

The women who had an unintended pregnancy but had accepted it by the time the interview occurred explained how their initial instinct was to seek antenatal care.

> *"When I got to know I was pregnant I arranged an appointment with my gynaecologist so that I could start my visits and discuss any vitamins I needed to start taking. I wanted to do my best to have a healthy pregnancy." (Alison, p3, 74).*

Striving to do their best and be healthy was seen as an indirect way of being a *"good"* mother. Many women viewed this as an opportunity to give the best possible opportunity for a healthy start in life for their unborn child. In fact, Ruby (p3, 62) claimed to be *"quite cautious because I have the baby's best interest at heart".*

Many of the women who were experiencing or had a planned pregnancy described how they attended doctor's appointments for a check-up.

> *"…for example, in my case, my gynae had told me that it would be easier if I lost weight, so I did. He actually wanted us both to lose weight because he told us that high cholesterol levels decrease sperm count. I made my boyfriend quit smoking. I was a social smoker, and I quit too. I pay a lot of attention to what I eat now. I'm trying to do my best. If I feel like eating something really unhealthy I really try not to." (Jenna, p3, 65).*

While Jenna quit smoking, she wanted her partner to quit too. Her statement indicated that he might have needed some persuasion as if it did not come naturally to him. This could be because of the biological proximity during gestation that women and their fetuses have as opposed to their male counterparts. When asked how she was personally preparing for parenthood, Ruby, an expectant mum who had a planned conception also described how she quit alcohol and smoking as part of her pre-pregnancy preparation. Her narrative also suggested that she was keen on never smoking again.

> *"Before I started to plan for my pregnancy, I quit smoking, and I used to drink, and I stopped that too. So I stopped those before I got pregnant, about a year before I conceived. I've no regrets that I did, and I'm really looking forward to continuing, especially with smoking, never again. I also took folic acid, and I started it well before I got pregnant," (Ruby, p2, 50).*

Striving to be healthy for the benefit of the unborn child was also exemplified in pregnant Naomi's description of her experience:

> *"I've been eating healthier foods, and I'm trying to drink as much water as possible. I stopped smoking because my baby's health is my main priority." (Naomi, p4, 105).*

Reba, a new postnatal mum, recalled how despite previously enjoying a drink she was ok with not having any alcohol to safeguard her baby.

> *"So, with regards to food, I think I continued with my regular diet, [ ] but obviously there are some things that you cannot have like maybe a glass of wine, I mean you can have a little, but I never used to have any. I didn't want to say ok let me just have a little today, then a little tomorrow, a little here and a little there, not that I am an abuser or an alcoholic or anything but you know, it's best not to have any." (Reba)*
>
> *"How did that make you feel?" (Researcher)*

"Even though it was something I'd normally enjoy; I was ok with not having any to protect my son." (Reba, p6, 178).

While some participants like Alison talked about the importance of being physically fit and active during pregnancy as a form of preparation, others like Ruby expressed how their pregnancy left them too tired and exhausted to continue with their normal exercise routine, so they had to stop.

"Being healthy will allow you to feel good about yourself. What really helped me was the fact that I went swimming every day. I love to swim so the fact that I continued to do so while pregnant helped me to enjoy it. It [exercise] gives you a bit of a boost." (Alison, p8, 201).

5.5.6 Relationship preparation (familial relationships and sexual relationships)

Some women spoke about how they tried to prepare from a relationship perspective. Many described how they invested in their relationship during the pre-conception phase but even more so during the pregnancy in an attempt to experience as much as they could together as a couple before the baby arrived. This was exemplified in Ruth's narrative:

"*Another type of preparation has to be that you are ready for your relationship to change. Throughout the pregnancy, my husband and I invested a lot of time in each other, but we also used to include her even though she was still inside me. We made it a point to do all the things we knew would be difficult to do with a newborn. Not necessarily so that we wouldn't have any regrets, but just to say like we don't feel like this or that because we would have experienced them not too long ago." (Ruth, p3, 113).*

She went on and described how:

"I think that with regards to preparation, the person needs to acknowledge that there is someone else now. So, acknowledging that third person while pregnant really helps you prepare. We used to talk to her and read her a story before we'd go to bed at night. It became more real I'd say at around the seventh-month mark because it took me a while to show, so it was a little bit hard for us to relate to her, it was like we were talking to our imaginary person. Then, when I started to show and she'd kick, we could acknowledge her presence even more. We used to enjoy the experience and knew that now we were three. I think that this type of preparation really helped us. When she arrived, and we held her in our arms all that was left was a face to this person we already knew so well. We prepared from beforehand that a third person already existed so that when she arrived, there were no hard feelings if we had to deny ourselves and our relationship of something. I think this form of preparation really helped us" (Ruth, p3, 120).

This description highlighted how antenatal attachment and acknowledging the presence of the baby within their relationship whilst pregnant was instrumental in Alison's preparation. It helped to enhance her changing relationship with her husband as they were transitioning from

dyad to triad. Her narrative revealed how acknowledging their unborn baby and including her from as early as pregnancy enhanced their own personal relationship as a couple and their relationship with their unborn daughter.

Other participants like Pauline, a new mum went a step further and described how parenthood brought about changes in her body and in her sexual relationship with her husband so preparing from this aspect was also deemed necessary by her. Her description highlights how adjustment and change both to physical body and intimate relationships are necessary during the transition to first-time parenthood.

> *"My husband and I haven't had sex in three weeks because we cannot find the time. You might think, how is that possible, but it is. At 11 o'clock when I manage to put our son to sleep, I wouldn't imagine making a sound that could possibly wake him up. So if you aren't in a comfortable relationship with your partner… …for example, you cannot think that if you aren't keeping your husband satisfied, he will go to work and find someone there who will do the job. You have to be prepared for this aspect too; you have to be in an ultra-comfortable relationship. You have to be prepared that the sexual relationship will be different too. If your husband is with you because you are 36, 24, 36 he has a problem. Your self-esteem has to be good too. This is something else we didn't discuss. If you are the type of person that is obsessed with your body image you need to accept the fact that your body will change. If your husband is used to going to bed and having you there in nice lingerie, now [postnatally], he has to get used to having you in maternity bras with leaking breasts and breast pads. It's true. So there needs to be an element of relationship preparation, and the relationship needs to be good. As a woman, you need to be comfortable with yourself and in your relationship. I think this is very important". (Pauline, p9, 304).*

Pauline's excerpt highlighted this sense of togetherness which is needed in parenthood. As women physically change throughout the transition to parenthood, Pauline indicated that there needed to be a certain level of trust and confidence in her relationship with her husband postnatally to enhance intimate relationships. Women's perception of their changed bodies appeared to be related to the social construction of female beauty. Alison, a new mum, appeared to be preoccupied with her altered body image.

> *"Something that really affected me in my pregnancy and even afterwards was the fact that I felt very unattractive. I used to wonder if I would ever regain my pre-pregnancy figure. I think this is what I was most worried about [ ] I was more concerned about how I'd look afterwards. I worried about not looking good. I worried about people and my partner seeing me as fat; I think that's what affected me the most [ ] it's not the end of the world (parenthood), you still have to feel good about yourself, and it is also important for your relationship with your partner." (Alison, p4, 105).*

Intimate relationships in the postpartum appeared to be affected by tiredness, lack of time, changing lifestyles and body image issues. This has implications for health professionals in providing support to women with body image dissatisfaction.

5.5.7 Nesting and material preparation

Upon confirmation of their pregnancies, most female participants spoke of how they prepared for their parenthood experience from a materialistic point of view. This mainly involved shopping for baby items and getting their house ready in preparation for the new arrival.

> *"…we started to prepare our house, and you start buying things that you will need for the baby. My house is packed with stuff…So you prepare from each and every aspect, your house, your life, your work, we even changed our cars because they were both two-door so we bought one which is four-door…" (Julie, p3, 78).*

A few women also spoke of how their partners helped with the physical labour involved in nesting. These women identified the pregnancy phase as a period when their partners were very protective of them because they were carrying their child.

> *"He really helps me. It is his first baby also, so it is a new experience for the both of us. For example, we live in a penthouse, and he is really trying to finish the work that still needs to be done. He's doing his best to get the lift installed. With regards to housework, he's doing everything. As soon as he got to know that I was pregnant, he really took care of me. I cannot complain." (Ruby, p3, 65).*

The concept of nesting, however, was challenged by Pauline, one of the postnatal mothers. She explained that even though there were moments antenatally when she found herself lost in material preparation which she admitted created a sense of panic at the time, her postpartum experience made her realise how superficial her thoughts were. The actual parenthood experience made her realise what her true priorities were in life.

> *"With regards to our house we tried to get some things ready before the baby arrived but that never really happened. We still haven't gotten the nursery ready or our bedroom for that matter. Looking back, I think that I used to create some unnecessary panic because, in reality, I do not think that our baby needs anything that he doesn't already have. So in reality, you don't really have to get the house ready before the baby comes. I think I was a little bit superficial at the time; now I realise that." (Pauline, p6, 181).*

This is an area where speaking to 'role models' or people who have transitioned to parenthood could potentially help. They could illuminate areas of preparation which are more relevant and needed for the actual experience. Their experiences could help individuals approaching parenthood in actualizing what the experience is really like.

In fact, engagement with family and friends who have gone through the experience were viewed as a contemporary source of information and support. Alison's narrative highlighted how valuable conversations with people who had experienced parenthood were in her preparatory experience. She described this encounter as *"personal and real"* and gave it primacy when she compared it with other sources of information.

> "*...more importantly through conversations with people who have already lived through the experience. They can give advice with regards to things that might help you in the experience…I think that people's experience will help much more than actual reading. Reading is like a standard thing, but an experience is more personal and real. Real life experiences can help a person learn. [ ] I think that asking people about their experience can help you prepare. It allows you to approach the experience with a level of understanding of what it could potentially be like. Ok, as we said before, different people have different opinions and experience different situations but having heard about different scenarios and different possibilities will probably help. It's a matter of putting everything together and creating your own experience." (Alison, p 5, 127).*

As previously mentioned, no matter how much preparation occurred the actual experience was still a surprise to all postnatal mums. However, the impact of the first-time experience could be attenuated by exposure to individuals who could offer first-hand experience and advice. As Liza (p5, 100) indicated *"the context of the experience may be different"* highlighting the uniqueness involved in preparation for first-time parenthood, with different people having different needs and thus requiring different forms of support.

5.5.8 Career and employment preparation

Another area which some of the women identified as an area which required preparation was from a career and employment perspective. Lilly described how she was already in the process of making the necessary arrangements despite the fact that she was not as yet pregnant. This was viewed as extremely important by the females that were in gainful employment.

> *"If you are preparing for parenthood, you should also make the necessary work arrangements… you cannot just rely on support from others. You need to have the time for a baby. After a day's work, you need to be able to go home and have the time and energy to continue doing everything for that baby. You need to organise yourself and your work too…I've already asked and been offered a different shift, and now I am trying to see which will best fit my life with a baby." (Lilly, p1, 34).*

This type of planning ahead even in relation to childcare seemed to put the women's minds at ease. The women, however, described different reactions from their employers and colleagues in response to their pregnancy, work adjustments and maternity leave.

"Even at work, thank God, my bosses were really great and understanding. They changed my job because as a manager I used to spend a lot of time standing and now I've been moved to a new department so I can sit more. They changed my shifts too, so I am not working nights anymore. I only work days now. So they've been supportive…I am planning to take maternity leave and then 6 months off…I would like to continue working till the end of my pregnancy so that I can take my maternity leave after the baby is born. I don't have any stress at work, thank God, so hopefully, I will work till the end." (Ruby, p5, 146).

The support received by Ruby was contrary to that described in Julie's experience. Julie described the opposition and stress created whilst she was trying to make the necessary employment arrangements. She also explained how she was robbed of a work-related promotion in view of her pregnancy.

"Then I started to prepare everything at my place of work too". (Julie)

"How did you do that?" (Researcher)

"Well my friends and colleges were very supportive but higher up it was more like when are you going to return to work? How much maternity leave are you going to take? Can you work from home? These are the questions that I was presented with. They were only interested in how my absence would affect the company, and this was a stressful experience for me because of them. I can understand my employer's viewpoint, but I needed to keep my rights in mind too. I have a right to maternity leave, and I have the right to decide when I'd return to work. It was a bit of an unfortunate situation because I had just applied for a promotion and then because I had just told them I was pregnant I didn't get it. So yes, slightly unfortunately but I am over it now." (Julie, p 3 83).

It was as if Julie's pregnancy allowed her to feel empowered with regards to her legal rights at her workplace. She also associated unsupportive working environments as causing a delay in the actual preparation phase. Julie explained:

"I know people who were forced to work up until their due date despite having a difficult pregnancy. So yes, there are things that can make the preparation period difficult." (Julie, p6, 195).

Working mothers described the reality of balancing multiple roles and put forward suggestions that may help others in similar situations.

"Women nowadays work, and if you do not have people at home to support you, you have to take some time off to. You need to plan ahead to see how your family will manage with just one paycheck. Sometimes, people do not have options at work either. Some women are faced with just 18 weeks of maternity leave and have no other option available to them or nobody to support them with the rearing of the child when they go back to work. [ ] So these people need to prepare themselves to be ready to put their child in a nursery. So I'd say this is another form of preparation. I know people who would have to quit their job or else would be ready to do so in this eventuality, knowing that she would lose her everything. That is preparation. Are you ready to give

> *up so much of your work or your career? Before, this was never a problem because men would go out for work while women would stay at home to raise the children. My mother did not need to run around in search of a nursery because she stayed with us. Nowadays, society imposes loads of norms on all of us." (Pauline, p7, 224).*

In her narrative, she made reference to how *"some women are faced with just 18 weeks of maternity leave"* indicating that this was not enough for new mums. Reba, another postnatal mum currently on maternity leave described how she still did not know whether or not she could take some time off from work in the form of parental leave because the company she worked for did not foster any family-friendly measures.

> *"I had some problems with regards to availing myself of parental leave. I have no idea what is going to happen after my maternity leave because I cannot really say that the company I work with has any family-friendly measures." (Reba, p4, 115).*

She later continued:

> *"It would be ideal if I could take my child to work with me if there was a nursery available. Where I work though, there is nothing of the sort. I don't even know if they'd accept reduced hours at my place of work. I know that some companies offer teleworking which is excellent. Telework is perfect you know, but in my line of work it wouldn't work, so it all depends on what you do and where you work." (Reba, p9, 286).*

This excerpt by Reba has implications for women's role in the economic development and also in relation to the current fertility rate in Malta.

5.5.9 Engaging with formal and informal sources of information

All of the female participants engaged with a number of formal and informal sources of information in the different phases of their experiences. Some of the resources were deemed to be very helpful while others not so much. Participants predominately spoke of antenatal education and how they independently read books or online material.

> *"I think preparation generally happens mainly through reading and using the internet…" (Alison, p2, 50).*

During the preconception phase, women's engagement with resources was more personal in that they independently read about certain aspects of parenthood which in turn helped them with knowing what to expect in the coming months. Reading intensified during the pregnancy as issues became even more relevant and real to them as expectant mothers. Many spoke about how they read birth stories and stories about life with a baby. Others surfed the internet to gain insight into aspects relating to first-time parenting, like breastfeeding and baby care.

Irrespective of their parenthood status, all twelve women appeared to be well informed about the antenatal education offered locally. Women from the pre-conception cohort explained how once they would have achieved a pregnancy they would definitely attend antenatal education as they thought it would help them in preparation. Acquiring professional advice was viewed as an asset to the preparatory experience by many of the participating women.

> *"I will attend some courses that might help me prepare myself because I know that they are delivered by professionals." (Liza, p3, 57).*

Lilly's narrative, however, implied that her partner would not be interested in attending such sessions but that she would still be willing to attend even if that meant going alone.

> *"I think that education, while you are pregnant, is the best thing…even if he doesn't come with me, I will still go." (Lilly, p3, 100).*

This contradicted her earlier views that the responsibility of parenthood needed to be a shared act because the baby belonged to both parents. In fact, Lilly's narrative went on to almost excuse her partner from being unavailable. This juxtaposition presented by Lilly revealed an integration – separation contradiction. Whilst Lilly appeared to be autonomous in that she stated that she would attend the course on her own, her relationship with her partner lacked connection and interest as she described his indifference.

> *"Men don't fuss about it. I don't even think they feel the need to have children as women do. I don't think they fully understand. [ ] I think he will be more into it once we are actually pregnant. His work is very time-consuming. In fact, he already told me not to expect him to be very involved once the baby comes because he will not be readily available. I'm sure he won't even come in with me to have the baby. He's doing his best though; he is interested." (Lilly, p4, 118).*

All antenatal and postnatal female participants attended antenatal classes. Julie, an expectant mum, explained how the course at parentcraft helped her a lot because the topics discussed were interesting and relevant to her needs at the time.

> *"Personally, I feel that Parentcraft really helped me because every time we used to go we used to have a couple of topics to discuss and the topics chosen used to make us think. Hadn't I gone, I probably would not have thought about them in that much depth." (Julie, p4, 101).*

Julie's narrative also made reference to prospective grandparents attending Parentcraft education. Here, also, grandfathers appeared to be uninterested in learning about issues revolving around grandparenthood. This might indicate that parenthood and grandparenthood are viewed primarily as a woman's domain in Malta. Her description below also revealed a

sense of grand-motherhood nesting in preparation for the impending arrival of the first grandchild.

> *"Our parents went to parentcraft…maybe about two weeks ago. Only the grandmas though, none of the men were interested. My mother also decided that she wants to allocate a whole wardrobe for the baby at her house [ ]" (Julie, p4, 79).*

Retrospectively, the postnatal cohorts explained how antenatal classes helped with preparation for the delivery but left them lost in relation to what would happen after the delivery. Postnatal women talked about the importance of educators informing individuals about difficult scenarios too and stressed the importance of discussing postnatal recovery and its effects on the overall experience of early parenthood.

> *"I think parentcraft mainly focused on the delivery and let's say the immediate time after that, discussing issues like breastfeeding but if you were to take me as an example, I had a tough delivery. Perhaps I am doing good because I have a very strong character which helped me cope, but I think creating an awareness that the delivery is not necessarily a piece of cake and also an awareness about dealing with trauma resulting from difficult or unexpected situations at birth is also very important." (Alison, p6, 165).*

> *"If I could put forward a suggestion with regards to parentcraft I think they prepare you for the birth but then what happens afterwards, nothing." (Ruth, p4, 136).*

These findings have practical implications for midwives and other health professionals as there appears to be a missing link in the support offered in relation to post-birth issues which includes adequate transition to parenthood support. Women's narratives highlighted that the romanticised image of post-birth and immediate parenthood needs to be addressed by professionals since the actual experience is very different from what they had imagined. Ruth also suggested that should postnatal education be implemented; it needed to be flexible and compared this idea of flexible postnatal education to the current breastfeeding walk-in-clinic at the main local hospital. She described how:

> *"My only apprehension about that (postnatal education) would be the commitment; for example, I used to really love the breastfeeding walk-in-clinic because you would just show up whenever you needed. With a baby, you need that type of flexibility. Sometimes, I would have to delay my plans for an hour or an hour and a half because it was always so busy but the fact that they (the midwives) were there ready to help I never really minded the wait because the flexibility was just too comfortable" (Ruth, p5, 210).*

Alison another new mum explained how attending postnatal education would give her the opportunity to get out of the house and meet new parents like herself. Discussing real life

experiences with peers in the form of support groups was also considered to be beneficial by many women.

> *"I think that postnatal education is important, maybe once or twice a month. I think discussing certain health issues would also be beneficial so that you don't alarm yourself for nothing…it would be interesting even for you and it would give you a reason to get out of the house which would in turn help with your overall wellbeing." (Alison, p7, 179).*

Participants from all the sub-groups offered suggestions to strengthen midwifery support in preparation for first-time parenthood. The women felt as if midwives needed to offer more time in an attempt to better support individuals during this critical life event.

> *"All they need to do is genuinely care and listen. If they could offer you more time that would be great." (Donna, p5, 102).*

> *"They (the midwives) might be able to offer time, especially with the unplanned cases like me so that the person can accept their reality. I think they can help you prepare in this way. They can help the person accept the changes that will occur, for example, they can tell you about all the physical changes that will occur, but they can also offer you time and explain that you can still feel good about yourself. They (the midwives) can help empower women. They can help women understand that a pregnancy is not the end of the world. They can encourage people who aren't as strong emotionally or maybe people who haven't yet accepted the pregnancy. I think that the way they handle and approach situations can have a great impact on the lives of many women." (Alison, p9, 232).*

The women also spoke of continuity of care and how this would ultimately enhance the forming of trusting relationships between themselves and their midwives. This has practical implications for Malta because currently there is no system of continuity of carer.

> *"Continuity would also be very good. I mean, if you could always meet with the same midwife that would be ideal." (Liza, p6, 122).*

Many women commented on how they thought midwives were in a prime position to discuss specific issues with prospective or expectant parents. They felt that through *"informal conversations"*, the midwife could understand preparation levels and at that moment offer tailor-made advice to the individuals in her care. Participants were asked about their thoughts on using a more formal method of assessment to better identify individuals in need of support. Surprisingly, they felt that a one-to-one conversation would elicit much more information. As Jenna explained:

> *"I don't really think something formal like a questionnaire would help. I think they (midwives) would be better off just listening and understanding where that person is coming from. I think midwives can really take their time and use lay terms whilst trying to support and help you understand certain things." (Jenna, p8, 175).*

This main theme has presented the various types of preparation the women found themselves focusing on during their first-time experience of parenthood, with different women from different parenthood phases focusing on different types of preparation according to their needs at the time.

5.6 Main Theme – Bumps and detours on the road to parenthood

The reality that presented itself to the postnatal female participants caught them by surprise despite all efforts to prepare themselves for the experience. Their journey to first-time parenthood provided many new challenges. They were presented with many contradictions one of which was autonomy versus connection. Despite the 'bumps in the road' the women proved to be proactive and took 'detours' as a means of coping with these challenges. Having supportive connections allowed the women from the pregnancy and postpartum sub-groups to have a better overall experience.

5.6.1 Autonomy versus connection

Postnatally, the tension between personal autonomy as opposed to connections with others was particularly pronounced. Participants found themselves exploring their own identity in the context of their relationships and the world around them. While this process seemed to deepen their understanding of their self, it also unearthed conflict. Parenthood required a shift in priorities which involved negotiating personal commitments and those held with others as Pauline stated:

> *"A person needs to keep in mind that the baby needs to be the priority and not a priority because there is no other way. What I mean is, when a baby is born obviously he is the priority because he is very demanding and he needs everything from others, but the baby also needs to become the priority in your personal life too. For example, the priority cannot remain the report that is needed at work; your priority is your baby. If a person can have this characteristic in the sense that he or she puts their baby as their main priority, then everything is easier. You have to pause your life for a little bit especially in the beginning [ ] maybe for about 3 months or so. You have to; everything else has to stop because it's difficult in the beginning…" (Pauline, p4, 122).*

She continued:

> *"You have to let go of everything else that is happening around you…The person needs to prepare himself for sacrifice, but I don't want to sound negative...You have to be willing to sacrifice and give a little." (Pauline, p5, 143).*

Letting go of everything else presented an integration – separation contradiction which has implications both for the self but also for the dyadic relationship. Since the new baby was

positioned as “the” main priority and not as “a” priority everything else was secondary. The individual’s freedom was compromised as was the connectedness within the couple’s relationship. In fact, postnatal mothers described an overwhelming feeling that their sense of independence was severely compromised. This resulted in new mothers having less personal time. Women explained how they had to restructure normal activities or tasks while trying to master difficult and new responsibilities in relation to childcare. All postnatal women spoke of prioritisation and flexibility, however, this generally meant that they had to let go of their previous selves and many described this as “self-sacrificing”.

> *“I really gave up a lot of things that I used to enjoy doing [ ] I don’t exercise as much as I used to either. [ ] It is not like I can go out for a run and enjoy it, I have no more leisure time now. I do not go to a beautician any more either…it’s not like I go out and meet people as often as I used to now anyway. Certain things that I used to enjoy doing to take care of myself, I barely do now. I miss them, I cannot say that I don’t, so it affected me to a certain extent. The funny thing about it is that when I talk about it to someone, like my husband for example when I tell him like I miss doing this or that his reply would be sort of you are the one that stopped doing it; there is nothing stopping you! But when you are trying to do everything, and you are trying to balance your roles, you put everything else on the top of the list, and you are always at the end of it. So it is difficult to make time for an appointment for example. These things are the things I miss.” (Ruth, p2, 61).*

Ruth’s experience introduced two essential concepts pertinent to the postpartum period; self-care and choice. While self-care is generally understood as the human regulatory function which is under individual control, deliberate and self-imitated, in Ruth’s instance, she is deliberately choosing not to take care of herself, and the underlying reason why she opts not to self-care is that she does not seem to have the time. For Ruth, it was as if her husband was expecting her to do most of the childcare related tasks. This could also be a reflection of the wider societal expectation in Malta. New parents need to understand that self-care is an essential aspect of new parenthood.

5.6.2 Being proactive as a coping mechanism

Early on in the experience, many participants identified time management, conflict management, planning ahead and patience as important factors in decreasing the stresses that were associated with new parenthood and balancing multiple roles, even if they were still planning a pregnancy.

> *“I think you have to have a lot of patience…you cannot get disheartened easily either. You have to be aware that you need to prioritise everything and there will be many more responsibilities. It’s not just all about you. Time management is also very important. You also have to be committed for this new experience.” (Liza, p5, 109).*

Jenna and Donna, both trying to conceive their first child, described other types of coping strategies they considered to be important in preparation for parenthood.

> *"I don't think anyone is perfect. You have to try to be calm. If you have a child and you and your partner are going to argue, you should try to have a civil conversation in private and not in front of the child. You should try to give your child the best life, and they shouldn't be involved in arguments. As a parent, you need to have good conflict management techniques I think." (Donna, p4, 94).*

Similarly, Jenna stated:

> *"You have to be calm. Calmness is essential. Conflict management maybe, like counting to ten before speaking to your partner especially if you are angry or upset because of something." (Jenna, p8, 159).*

Conflict management could help the impact of having a new baby on the dyadic relationship, and hence this has practical implications for midwives delivering antenatal education as well as postnatal support. Julie also identified patience as an essential characteristic an individual should have in preparation for parenthood. As a pregnant woman, she realised that she needed to plan ahead as a form of coping mechanism to help her for when the new baby came.

> *"Patience! Dedication I think also, but patience the most. Patience that commences with marriage and then increases in preparation for parenthood…You have to start imagining yourself living with a new baby, whilst trying to be practical about it too. The other day, I was thinking to myself ok, imagine the baby was here and I needed to cook something that wouldn't take up so much time what would I cook and I couldn't think of many things, so I thought of preparing some dishes and putting them in the freezer for when the baby comes. You have to try and think of coping mechanisms for when the time comes." (Julie, p2, 46).*

The postnatal females described parenthood as being something which was very time-consuming. Having experienced the initial weeks of parenthood, Pauline suggested that in preparation individuals should assess whether they have the time for parenthood. She explained how having time allows for a more tranquil experience.

> *"It's ultra-demanding. I mean, I cannot even cook sometimes…I do not feel that I would be suitable to stay at home all the time, rearing kids. Not because it is not satisfying for me, that's not the point; the point is I do not have enough patience I think. [ ] Yes, you have to be patient. You have to have the time, and I think then if you have the time, automatically you'll be more patient. If for example, I wake up one day and my son is not letting me do anything if I don't have the time I cannot say ok let's get ready and we'll have a day out you know. I cannot because I work. So you get stressed because you don't have the time. If you have time, patience comes naturally I guess, because there aren't any other things causing you more stress. [ ] So I guess it's the lack of time. So if I had to recommend something it would be that time is important. You have to have the time for parenthood because it is very time-consuming." (Pauline, p3, 72).*

Planning ahead was a form of coping mechanism identified by all postnatal mums also. They realised that planning things in advance helped to enhance their overall experience. They discussed planning ahead with regards to housework and childcare which will be discussed in the following section. Planning ahead allowed these women to acquire a sense of achievement.

5.6.3 Connectedness and support

Having supportive connections in the form of immediate family and close friends took on a new meaning for the majority of the women. Many mentioned their respective partners, parents, in-laws, siblings, relatives and close friends as their main source of help in times of need. All participants explained how having support makes their experience easier.

> *"Support from my husband was essential. I also have loads of support from my parents. Support is essential; I'd say support makes it easier." (Julie, p6, 187).*

> *"I must say I have loads of support from my mother and my mother-in-law… I do not think that I would have survived without the support I had……the more support you have, the fewer things you have to sacrifice." (Pauline, p4, 109).*

These key players offered all kinds of help, such as helping around the house, helping with child-care, providing emotional and physical help. Support, however, was not always well received, and some participants commented on how support can sometimes turn into intrusion.

> *"We struggled a bit with the relationship we had with our extended family. I used to enjoy their company don't get me wrong especially when I'd be here all day alone, but it was a different story for my husband. Every time he'd come home from work, he would never find me alone so we never really got to experience that time together as a family until it was time to go to bed and by then we would be exhausted. (Ruth, p4, 159).*

Hence, in this instance, support also came with its own contradiction (inclusion – seclusion). Whilst support from the extended family was generally viewed as beneficial as it allowed the couple to spend time with others, it also took time away from the couple to have moments to themselves as a new family.

Furthermore, as previously mentioned working females also discussed the importance of having support especially if they intended to work after the birth of the baby so that childcare needs would be seen to. It also became apparent that all the women would rather leave their children with their immediate family as opposed to making use of nurseries or childcare especially during the first postnatal year if these key players were available to them.

"I have people that can take care...in the sense that if I were to go to work, I could leave him with my mother. He is their first grandchild, so you can only imagine how happy they are to have him. But if something were to happen to them, God forbid, I don't know what I'd do. I'd have to think of other options…I wouldn't want to leave him in a nursery at such a small age." (Reba, p9, 290).

This type of support however only worked when there was the availability of the extended family, and this was not always the case especially since nowadays a lot of grandparents are still in employment themselves. If the immediate family was not available to assist with childcare, working mothers had to make alternative arrangements.

5.7 Main Theme – Discovering your changed self on the path to first-time parenthood

Whilst all the postnatal women described feeling overwhelmed in the first few weeks of their postpartum experience; they described how it got better through time because they had changed during the transition to first-time parenthood. Their experience improved because as women they became more resilient and were able to adapt to their new situations. Many described, their first-experience of parenthood as a learning experience in itself. The postnatal women realised that they had to go through the experience to fully comprehend what it was really like. They also felt that it was important to acknowledge their own potential as women, mothers and partners alike whilst preparing for parenthood.

5.7.1 Becoming resilient through a process of flexibility and adaptation

Throughout the different phases of the experience, participants spoke about how their lives were changing. This change was described as "enormous" by antenatal participants with postnatal women stating that despite thinking that you know what parenthood entails and how it will be, you cannot fully understand what it is actually like until you live through it. Julie, an expectant mum, already felt that:

"I've changed, and my husband has had to adapt." (Julie, p2, 52).

The postnatal experience of parenthood allowed participants the opportunity to learn through their own experience. They learnt a lot about their selves and their relationships with several others.

"Parenthood is something that you can only fully understand once you go through the experience. You know your life will change, but you cannot really understand to what extent. You need to prepare yourself to become flexible. If you are the type of person that likes to have their routine nicely written down on a diary, you need to change, forget that, you can never be like that with a baby. Your regular routine goes out the window." (Pauline, p5, 165).

Pauline later admitted that she had thought her life would be over with parenthood but now she realised that that was not the case. She stated:

> *"For whatever reason, I used to think that my life was over, but that was not the case. It is just different, but it's definitely not over."*

Pauline's description could be looked at through a metaphorical lens. Through a process of flexibility and adaptation, her journey as her own individual continued on the path incorporating all her roles. Her life was indeed different, but it was definitely not over for her as her new journey had just begun. This process of metamorphosis was exemplified in all of the postnatal women. Pauline went on to hint that flexibility and adaptation to new situations were vital to new parenthood. She stated:

> *"What is working very well now might not be the situation tomorrow. You have to live day by day and take the situation as it comes." (Pauline, p9, 299).*

Pauline's description highlighted how the family undergoes a natural cycle of disorganisation and reorganisation in an attempt to reach a desirable level of equilibrium. Individuals needed to be flexible and able to adapt to many changes: physical, psychological, emotional and relational. The transition to first-time parenthood was enhanced by adequate preparation and knowledge. This has practical implications for midwives and other professionals supporting individuals through their transition to parenthood.

5.7.2 Realising own potential

The postnatal women in this study talked about how the parenthood experience made them aware of their own potential, despite having moments of self-doubt.

> *"I think everyone has doubts… … doubts about whether or not you'll be a good mother [ ] Now I feel as though I am doing the best that I can [ ] Throughout this process of change you have to believe in yourself and in your abilities. Everyone has their own opinion. It is ok if we don't agree or have different views. It is ok to be different from everyone else. We don't all have experience it [parenthood] in the same way." (Alison, p5, 114).*

There appeared to be a general consensus amongst most participating women that they were their own experts because their experiences were unique to them highlighting the uniqueness involved in preparation for parenthood which has implications for individualised care.

> *"…you have to see what would be best for you at the time. You need to adapt. You need to see what is best for you and your situation." (Maxine, p4, 117).*

Many participants acknowledged the fact that what might have been favourable or helpful in their experience might not necessarily help other parents. Most women realised that there were multiple realities and that everyone adapts to the situations they find themselves in, whilst trying to achieve the best possible experience. This showed that they were aware that there might be other ways in which difficult situations could be dealt with. They realised that trusting their instincts and their own personal abilities helped them to deal with many new and challenging situations.

5.8 Summary

In this part of this chapter, the analysis of the data arising from the interviews with the women was detailed. Four main themes were generated, each contributing to preparation for first-time parenthood as perceived by the women. A journey analogy was used to present the different phases of the preparatory experience. *Defining the 'destination'* helped to understand women's contexts, their aspirations and their goals in relation to first-time parenthood. Many women spoke of a desire for parenthood, and others expressed their previous uncertainty towards approaching parenthood. This revelation brought with it an understanding of what it meant to be a good mother for the participating women. *The beginnings* presented women's mental and physical 'steps' taken whilst in preparation for first-time parenthood. Different women focused on different types of preparation depending on what appeared relevant to them during the phase they were in at the time of the interview. The journey into first-time parenthood was not as straightforward as many had previously envisaged and in fact, many participating women spoke of the *bumps and detours on the road to parenthood*. The 'bumps' reflected the challenges met whilst the 'detours' reflected the different methods used by the women to avoid dealing with difficulties during their experiences. *Discovering your changed self on the path to first-time parenthood* brought to light the changed identities new mothers emerged with having had transitioned to parenthood. First-time parenthood was in fact described as a transformative process which allowed these women to transform into mothers whilst becoming more resilient through a process of flexibility and adaptation. Having gone through the experience, they now realised that they had the potential to support others on similar journeys.

The following part of this chapter presents the findings generated from the male interviews.

.

Part 2 – The Men

This part of the chapter presents the findings generated with the men during the one-to-one interviews. Like the women, participating men from the different sub-groups (pre-conception, pregnancy and postnatal) described how they experienced preparation for first-time biological parenthood. Similar to the main themes generated with the female interviews, a journey analogy was also used to depict the four main themes elicited: (1) Defining the 'destination'; (2) A "blueprint" or journey map for parenthood; (3) Reaching milestones on the journey to parenthood; (4) Discovering your changed self on the path to first-time parenthood. Each main theme brought to light a number of sub-themes which the men experienced during their preparatory experience of first-time biological parenthood. Figure 5.2 illustrates preparation for first-time parenthood as experienced by the men.

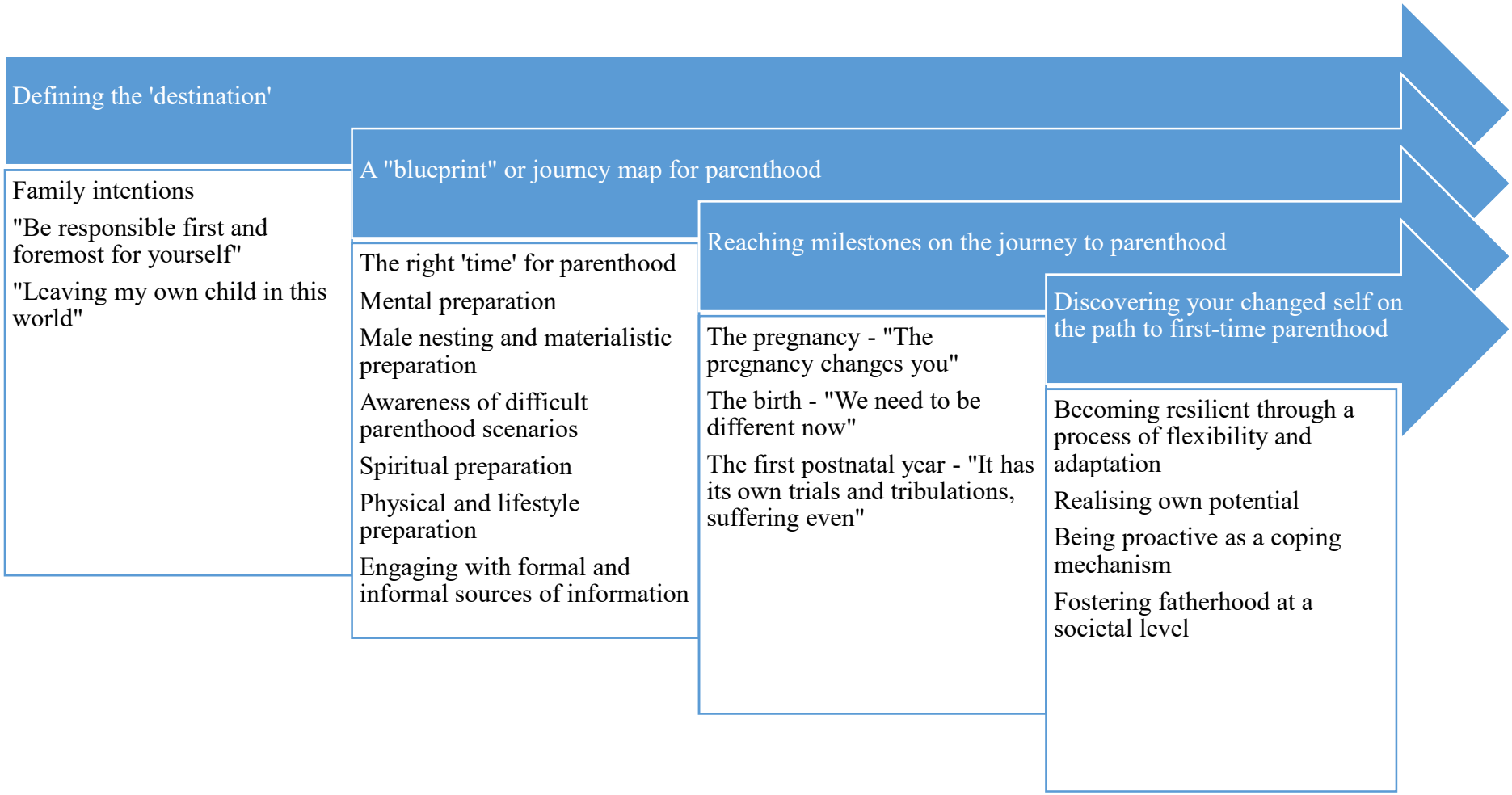


Figure 5.2 – Preparation for first-time parenthood as experienced by the men.

5.9 Main Theme – Defining the 'destination'

Many men from the different sub-groups spoke of what first-time parenthood meant to them and identified antecedents that contributed towards preparation for first-time parenthood. In doing so, they described their family intentions and their reactions towards parenthood. Men's experiences highlighted the importance of personal responsibility in preparation for first-time parenthood. Like many of the women, participating men spoke about their desire to contribute to making the world a better place by having their own child.

5.9.1 Family intentions

Some male participants spoke about how they were *"always very attracted towards family life" (Jeff, p1, 13).* Despite still trying to conceive, Nathan's narrative revealed how important having a family was to him. He described how parenthood was something he had longed for.

> *"It has been my dream since childhood to have a happy family, so that's like the one thing, or really it was the only thing I could see in my future. Whenever anyone asked me, how do you see yourself in the future, I would say I want to have a happy family, so it was like what I always saw for myself. It was always something I wanted to experience." (Nathan)*
>
> *"Very interesting. How do you personally feel about becoming a parent?" (Researcher)*
>
> *"In my personal situation, I've wanted this for so long. [ ] It's perhaps the thing that makes me excited the most in life. It is something that I look forward to." (Nathan, p4, 112).*

The men that spoke of their desire for parenthood related this to their personal readiness for this new phase in their life while the others described their uncertainty about approaching parenthood, stating that they did not really know if it was something they had wanted at that particular moment.

Felix, a man from the pre-conception cohort, described how he was eagerly anticipating first-time parenthood. He placed emphasis on the present by using the word "now", indicating that his current status was ready to transition into parenthood and that "before", this was not the case. He went on to state that "It's time!", stressing the point that he felt ready now.

> *"We wanted to have some time for ourselves; we wanted to travel and move into our new house. It is always good to plan ahead so that you can have enough time to prepare for it gradually. [ ] I really want it to happen now more than ever before. I used to think I wasn't ready but now I think I am. It's time!" (Felix, p4, 96).*

Jamie, an expectant father, also claimed that at present he was ready and prepared for first-time parenthood and this realisation came to him as he matured. This recognition, as he

described it, was a natural progression which brought him to this "ready" state. His narrative indicated this inevitable step that was bound to happen without him exercising much agency on taking a decision himself because he wanted to become a father. It was as if his free will was being compromised and that parenthood would happen irrespectively of what his wishes were.

> *"When I got married, I really didn't know if I was ready or not [for parenthood], but then it is as if it happens naturally. You start to think to yourself ok…I am married, I've got a house, I have a career, financially we are stable. It's like it was the next thing to happen, [ ] I know I am ready." (Jamie, p3, 90).*

Jamie went on and referenced the Roman Catholic faith, stating that getting married within this church meant that he had to procreate. His explanation highlighted how getting married in this faith necessitated the intention to conceive offspring. This further contributed to my interpretations above reinforcing the fact that he did not arrive at a decision himself but it was somewhat imposed on him.

> *"Given that we get married in the Roman Catholic Church, one of its elements is to procreate." (Jamie, p4, 129).*

The men from the pre-pregnancy cohort were also recruited on the premise that they were actively trying to achieve a pregnancy and hence they had the intention of pregnancy. Participants who experienced an unintended pregnancy described their initial and current reactions towards the news that they were going to have a child and become fathers. Despite their initial shock and disbelief on confirmation of their partner's pregnancy, they described that presently they all felt happy.

Ben, a 19-year-old expectant father, described his reaction towards parenthood. His narrative revealed a sense of disbelief as he stated:

> *"We were together, and we were talking about what might have happened and stuff so I told her she should get a pregnancy test done so she did and it came back positive. We couldn't believe it, and we wanted to be sure so we went and bought another one and took that one too and it was positive also." (Ben, p1, 19).*

He later continued to expose his neutral response in finding out he was going to be a father which came to him as a "shock".

> *"I never expected it to happen, but you still feel happy." (Ben)*
>
> *"Any other feeling at that moment?" (Researcher)*
>
> *"I guess I felt normal, not over the moon happy but not down or sad either. It came as a shock, but at the end of the day I am happy" (Ben, p2, 32).*

Here, Ben's reaction, or lack thereof, may indicate his awareness and control over his virility. It was as if he was trying to keep an ethic of moderation, not wanting to appear too emotional otherwise his virility could be lost.

Larry a young new father stated:

> *"I am very happy about what happened. [ ] I never really thought it would happen now as it did…but I am happy. [ ] You have to really accept it and be happy with it." (Larry, p1, 5).*

The word *"now"* in this statement may imply that Larry did not think he would become a father at 19 years of age, especially since in his narrative he continuously made reference to his young age and how he still needed to *"mature"*. He also hinted at the importance of accepting the situation. For Larry, it was as if a non-accepting attitude would cause a hindrance in moving forward with the experience.

Most male participants also identified unintended pregnancies as possibly contributing to a delay in preparation for parenthood. Ricky who was an expectant father described this sense of worry and stigma that unfortunately still existed in contemporary Malta in relation to unintended pregnancy.

> "*I think that if the pregnancy isn't planned, the couple might be more worried and anxious as to how they are going to break the news to their family rather than focusing more on actually preparing for the experience. I have relatives that have been through something similar, and I used to tell them really… …I used to tell them that they were too worried and invested in what people are going to say and how they were going to tell the people around them instead of focusing on the fact that they were becoming parents and we're going to have a baby." (Ricky, p14, 310).*

This fear Ricky hinted at mainly centred a concern about being judged especially in Malta, where everybody 'knows everybody' so the effects of the morality of reputation are even more pronounced. This is similar to Ruby's earlier description of her personal experience of how her fear of generational shame was causing her much anxiety. Joey, an expectant father, appeared to be most aware of the negative effects small societies carried with them. He explained:

> *"The effects of a small society are horrible especially in relation to people. Everyone knows everything about everyone. In a big society, you wouldn't even know who your neighbours are, or if you know who they are, you don't know where they work for example or at what time they've returned home after work. [ ] The effect of a small society is really unfortunate in a society; it really holds it back, and it's the same with issues around parenthood too." (Joey, p5, 180).*

In the planned pregnancy scenario, participants described how their intention of entering the parenthood journey contributed to when they started to prepare for the actual experience. Nathan, who was from the pre-pregnancy cohort, pointed out how growing up he unconsciously would observe his parents and grandparents and he classified this as an early form of preparation for parenthood.

> *"Perhaps not consciously, but I used to observe my parents and grandparents. If that classifies as preparation for parenthood, then I guess it started when I was young myself." (Nathan, p4, 122).*

Nathan's observation is a form of social learning which has both strengths and weaknesses to it, especially in the context of parenthood. Whilst a lot can be learnt through observation, there is little control over what is learnt; good and bad practices could be engrossed in a person's psyche, later influencing their own personal experiences. Social learning ignores the humanistic approach to learning, which includes cognitive abilities, emotions and free will. Jamie, who previously mentioned his Roman Catholic faith and how this affected his pregnancy intent, went on to explain how marriage also brought about this sense of parenthood preparation.

> *"I think it begins when you get married because then as you go along this feeling of wanting a child increases…So I'd say that is where it starts from (marriage) but then its importance increases as time goes by. These thoughts in your head start to materialise when your wife becomes pregnant. Preparation for this event happens with marriage I'd say yeah. Even when we bought our house, we didn't buy a one-bedroom, because we knew we'd have children. Even if I'd buy a car, I wouldn't buy a sports car because I'd need to fit a car seat in it and I need to have a big boot. So I guess preparation takes many forms and starts from before the actual pregnancy." (Jamie, p4, 128).*

However, Ben and Larry, whom both experienced an unintended pregnancy and were both unmarried at the time of the interview admitted that they only started to prepare for parenthood later on in their experience.

5.9.2 "Be responsible first and foremost for yourself"

Without exception and with great lucidity all male participants identified personal and particular characteristics contemporary good fatherhood entailed. Good fathers were described as being patient, calm, nurturing, dedicated, mature, disciplined and most importantly responsible. Nathan, who was from the pre-conception sub-group explained how these good qualities could be identified in men well before parenthood.

> *"I think a certain element of nurture, caring, patience and understanding, these sorts of things. You can almost identify these characteristics in a person well before parenthood." (Nathan, p2, 53).*

> *"They have to have a strong character and be responsible, even if they were never responsible before. The experience in itself will make you responsible I think…you need to remember that with the decisions you take you have to have the interest of your family at heart. You have to assume responsibility and make smart decisions." (Jan, p12, 341).*

Participating men also spoke of their disciplinarian role as a necessity for good fatherhood. They referred to the word "discipline" with reference to themselves as being self-disciplined, and as a value, they would like to pass on to their child.

> *"I think the person needs to be responsible first and foremost for himself because if you aren't, you cannot be responsible for someone else. You have to be self-disciplined too. If a person has these characteristics, automatically he will adopt them to the new parenthood experience. This new baby will not be responsible or disciplined. You will start with a blank sheet. Any qualities a parent has will be passed on. If you are disciplined, have respect and have a nice way of going about life you will pass these along. Discipline, respect towards yourself and towards others I think need to be there. These values need to be there." (Jamie p3, 71).*

Whilst good motherhood presented a dichotomy for many women, as it necessitated putting the baby first while also trying to maintain their own individualities, men's narratives indicated a need to be responsible primarily for themselves. Also, discipline was a characteristic that featured only in the men's experiences which may indicate that this is a hegemonic masculine trait.

> *"I think that the discipline I was brought up in is very important…without discipline, you cannot raise a good man or a good woman…Yes, I think discipline is very important, but you need to have patience too." (Fredrick, p2, 35).*

Patience was another characteristic that featured in both the female and male interviews. Demonstrating patience could be viewed as a sign of value and validation to both partners and to the child, and this may be why it was deemed so important by both sexes. Losing patience, could cause undue stress and create frustration in an already challenging situation.

5.9.3 "Leaving my own child in this world"

Many men's desire for parenthood also stemmed from this innate need to contribute to the world by leaving their mark through having their own offspring. Ricky *(p16, 356)* an expectant dad, referred to his unborn child as the "fruit" of his "loins". The use of Biblical terms in the context of parenthood sheds light on the spiritual and religious meanings placed on the experience by many of the participating men. Malta's unique culture and traditions

might have influenced men's views in relation to this concept. The men from the pre-conception sub-group described how they worried about not being able to contribute to the world through their offspring. This was most evident in Felix's experience:

> *"I am a bit melodramatic, but sometimes I think about death and dying. I worry that I will die young without leaving my own child in this world. This is something that really worries me. I sometimes even dream about it…Yeah, I am really afraid of it happening." (Felix, p3, 79).*

Men's narratives also contained a sense of pride while discussing the prospect of having a child. Jamie's quote revealed how even getting to say that he was going to have a baby with his wife, filled him with immense joy. He went on to explain how this experience gave him the opportunity to create someone better than himself in an attempt to make the world a better place.

> *"It's a wonderful experience to get to say that you are going to have a child and that you are going to give him or her your best. It is like you get to make someone better than you are for future generations so that the world will be a bit better than it is today, it's something amazing." (Jamie, 4, 138).*

This sense of pride continued to resonate throughout men's narratives irrespective of the parenthood stage they were in.

> *"There is still an element of pride in it though. I am the man I am today because I have gone through this experience, I've experienced parenthood and parenting. You do these things that you'd never thought you'd do but you feel proud that you are doing them. So, it comes with a sense of personal pride as well. I say to myself; I've gotten through it, I'm managing." (Jan, p8, 215).*

Jan's description of his experience was somewhat revelatory in that it was different from other experiences which were described as something God-given or fatalistic. It appeared that his experience of parenthood challenged him and his sense of pride comes from his ability to adapt to his new lifeworld, similar to the females' experiences.

5.10 Main Theme – A *"blueprint"* or journey map for parenthood

Male participants described what Fredrick referred to as a "blueprint" for parenthood; which focused on the different steps involved in preparation for first-time parenthood. This main theme mirrored that of the women, entitled "The beginnings."

> *"When you build a house, you have to make a blueprint. So in an unplanned pregnancy, something might be left out in preparation." (Fredrick, p4, 133).*

Fredrick's blueprint analogy highlighted the importance of detailed planning for a positive transition to parenthood experience, which can also be linked to the detailed planning

involved in long journeys. This has implications for the unplanned context, where pre-pregnancy and pregnancy preparation may be limited. Similar to the experiences of the female participants all men described how they were preparing or how they had prepared for their first-time experience of parenthood and they identified many of the domains previously elicited in the conceptual framework in Chapter 2.

5.10.1 The right 'time' for parenthood

Irrespective of their current parenthood status, many male participants described how it needed to be the right time in their lives with regards to relationship stability as a necessity for first-time parenthood. They expressed their thoughts on how communication between the couple was also essential. They felt as if a stable relationship would lay the foundations for a positive preparatory experience.

> *"I think that first of all you have to be in a really good relationship with your partner and you really need to be able to communicate well with one another. Then it will almost be like a process, like a build-up. I believe communication is key." (Roger, p3, 84).*

Many of the participating men identified unstable relationships as a possible contributor towards a delay or hindrance to preparation for first-time parenthood. This was even true for the younger participants as Ben (p7, 168) explained that if *"the relationship isn't so good"* acceptance and the transition would be difficult.

> *"If they are like me, still young with an unplanned pregnancy they have to be ready to assume responsibility and make sure that as a couple they are ready to be with each other so that they won't have as many problems in the future." (Ben, p4, 105).*

Ben appeared to almost be convinced that his future would be shadowed with difficulty, possibly in view of approaching this unplanned experience at a young age and also in view of his unemployment, an issue that is picked up further along in this chapter.

5.10.2 Mental preparation

Many of the participating men identified mental preparation as an essential facet in preparation for first-time parenthood. This realisation happened as early as the pre-conception phase and continued to resonate all throughout the phases of first-time parenthood represented in this study. They recommended being psychologically prepared for this significant life event. Nathan, who was from the pre-pregnancy cohort described:

> *"For me, I think it's very important to prepare mentally and psychologically for parenthood. I understand that it will not be business as usual, someone will be depending on me. I understand that this is a big thing." (Nathan, p2, 58).*

Ricky, an expectant father, compared the whole experience of preparation for parenthood to a mental ability, an enabling capability to understand that with first-time parenthood, your lifeworld will undoubtedly be different. He stressed the importance of embracing this change in an attempt to help himself and the broader situation at hand.

> *"I think that preparation for parenthood is a mental ability…I needed to really understand that I am going to have a baby and with that things were going to be different. At the same time, I needed to try as much as possible to help myself accept this change so I can help this new baby that is coming." (Ricky, p5, 102).*

5.10.3 Male nesting and materialistic preparation

Many male participants spoke of how they prepared for the experience from a material perspective. Some participants focused on making sure their house was welcoming for a newborn baby. It was very easy to notice how this type of preparation or 'nesting' filled them with excitement. They were very expressive in their descriptions as was their body language. Perhaps this was because this type of preparation allowed them to visually register changes that were occurring around them in relation to the child. They went shopping with their partners and bought clothes, nappies, bottles and buggies. They painted the baby's room. Some participants had some construction work done within the house while others moved house entirely in preparation. This male form of nesting offered them concrete, physical and tangible ways in which to connect with the pregnancy and the actual experience of preparation.

> *"I think initially we mainly focused on the material aspect of it all. We bought clothes, nappies and stuff…I used to think about the stairs we have in our house, and how this might affect her in her daily activities, so I discussed this issue with my wife, and we decided to bring the bedroom downstairs…we also did some construction work, I made sure there was hot water access so that she will be comfortable when the baby comes. The wardrobe is filled with baby clothes. Throughout these past months, she washed all the clothes that we got from our family and friends and organised them according to their ages. Two weeks ago, we prepared the clothes we are going to bring with us to hospital." (Ricky, p5, 105).*

Ricky's description of his experience almost felt ritualistic in the positive sense. Being that his wife was in the third trimester of pregnancy, there was hope that the baby would soon be with them. Some participants, however, described a sense of fear in getting things in order too early worried that something bad would happen and they would be stuck with multiple

reminders of what could have been. This notion also revealed a sense of lack of control which some men may experience during the pregnancy period.

> *"Obviously during pregnancy, you start shopping around [ ] Maybe because of my character, being a little more conservative or maybe because I've seen some people have mishap happen to them, I tried to delay this part of preparation as much as I could. I didn't want to have things ready too early because I didn't know what was going to happen." (Jeff, p4, 113).*

Most men also reported that financial stability was an important precursor for first-time parenthood. Men's narratives revealed a heightened preoccupation with money in relation to parenthood in comparison to the females. Roger, who was from the pre-conception cohort was already pondering about the possibility of his wife taking some time off work which would result in their family relying on just one income. In fact, he described this hypothetical situation as "difficult". He felt very strongly about financial stability and suggested that it should be "the first thing that should be discussed" in preparation for first-time parenthood.

> *"The reality is that you cannot get by with just one income. I don't know what will happen if she needed to take a year off. I imagine it would be difficult because our income would decrease but the demands and needs of our family would be that much greater… … I give money importance because the reality of the situation is that without money we can't get by. I cannot prepare to have a baby without having the financial stability for the experience. I think that finances are something that couples discuss in preparation and it should be discussed very early on I think." (Roger, p2, 51).*

Men also described financial instability as a hindrance to preparation since parenthood brought with it an additional member of the family which in turn meant that expenses would naturally increase. Jamie described his proactive response to financial planning. His preparedness and readiness, like many other men, focused on materiality as the key element as opposed to a more emotional adjustment and relational shift for many of the woman.

> *"This infant will be totally dependent on you, so if you are not financially stable, I feel that you will not be as prepared and ready. We also need to remember that there will come a time when you will be relying on just one pay so your resources will decrease [ ] I tried to save more, I created a fund and tried to economise a bit more I guess. I did some overtime here and there, but yeah it has to be planned from a financial point of view too." (Jamie, p3, 99).*

On the contrary, Fredrick a new father affirmed that money was not the most important thing. Interestingly, Fredrick was currently unemployed at the time of the interview so his perspective might have been self-protecting.

"From the financial aspect, money comes and goes. Ok, money is essential to be able to bring up children, but I don't think it is the most important thing." (Fredrick, p1, 20).

Dissimilarly, Ben was very preoccupied with his lack of financial stability in view of his unemployment. He described:

"I feel challenged because I don't have a job, so I don't have a stable income." (Ben)

"How does this make you feel?" (Researcher)

"Oh, I am extremely worried about it." (Ben, p5, 125).

It became evident that the men in this study predominantly felt consumed by the added financial responsibility parenthood brought with it. This may be due to the fact that men are still considered to be the primary breadwinner in Malta.

5.10.4 Awareness of difficult parenthood scenarios as a form of preparation

The majority of male participants also spoke of how not knowing what will happen in the future with regards to conception (for those planning a pregnancy) and pregnancy outcomes as things that worried them. They felt as though they needed to be prepared for both these realities without knowing how and at the same time they did not want to tempt their fate as previously mentioned. Acknowledging that difficult situations were a possibility was seen as the best way in achieving an element of preparation in this regard. Ken who was currently trying to achieve a pregnancy with his wife talked about the importance of being prepared for negative experiences too:

"I am prepared for everything and anything. I am also ready for the eventuality of not being able to conceive because that is also important I think." (Ken, 6, 148).

Other participants further elaborated on this issue and talked about how their family intentions might be affected by underlying causes such as infertility, and so it wasn't entirely up to them.

"We'd like to have two, but then I guess we have to wait and see what will happen because it is not entirely up to us and we don't know what will happen…Some people try to get pregnant, and they manage to do so with the first try but others take up to a year or two, so it doesn't just depend on us and our wishes." (Roger, p2, 44).

After having managed to conceive, participants were still afraid of what the future held for them. They appeared to be most apprehensive about the fact that their unpreparedness for these difficult situations left them feeling out of control because they would not know how to react in these eventualities. Men from all the sub-groups appeared to be more reactive in their thoughts when compared to the women. It was as if they needed to prove themselves as men. They talked about the importance of being "strong", "brave" and "courageous" as if they felt

the need to show their masculinity even during moments of adversity as was previously demonstrated with Ben and his neutral response at the news of their pregnancy.

> *"These are the things that worry me because I don't really know what will happen. Until we did the 4D, I was worried that something would be wrong with him you know…whatever happens, you have to be ready to deal with any problems that might arise. Let me give you an example, if my baby is born with a condition, I have to be brave enough to be able to support my wife and at the same time help my baby. If I am going to play victim all the time, nothing is really going to change for the better." (Ricky, p4, 82)*

Jan a new father also described how he feared the unknown and he also hinted at his virility as an important characteristic in his experience.

> *"I used to fear the unknown. I used to be afraid of having a disabled baby. It was always something on my mind, and this is why we used to discuss these things at length during the pregnancy. [ ] I think my strong character helped me in preparation." (Jan)*
>
> *"What do you mean?" (Researcher)*
>
> *"You have to assume responsibility and take smart decisions at each stage of the experience. Whatever came my way I was ready to deal with it. I'm very strong-willed, and I don't get disheartened easily." (Jan, p9, 267).*

Like many of the female experiences, some men also found themselves turning to God as a form of preparation in this regard. Roger, appeared to be very distressed when discussing the possibility of challenging scenarios.

> *"I think my biggest fear is having a sick or disabled child. I would rather God not give me any children than having to go through life in that situation. Not because I have anything against them, far from it, it's because I don't know how I would handle the situation. I think it would be better for me not to have children if that is the alternative. I don't know how I would handle it…I was never exposed to these types of situations, so I do not feel prepared. I rather not have any and I've always thought about it in the same way really. Maybe God would have another plan for me you know." (Roger, p6, 141).*

Roger (p6, 152) continued to reflect on this possibility and came to the conclusion that his "destiny is written, so whatever is going to happen will happen", and there was nothing much he could do about the situation but wait to see what the future held for him and his new wife. This sense of fatalism was very pronounced in Roger's experience. For him, his future was in the hands of God and unfortunately to him; there was nothing he could do to change his fate. This sense of fatality and awareness of difficult scenarios made most participating men turn to prayer in preparation for first-time parenthood.

5.10.5 Spiritual preparation

Similar to the female participants, some of the male participants made reference to spirituality, generally with religious connotations while describing how it helped them prepare for parenthood. Some relied on prayer while others discussed how they believed and trusted in "God's plan" when in preparation as previously discussed. Fredrick, a new father, described how when they had found out they were expecting, he and his wife would say prayers every day.

Felix, on the other hand, who hailed from the pre-pregnancy cohort, was the only participant who differentiated between spirituality and religion. He said:

> *"I am not a very religious person, but I am very spiritual. I enjoy spending an hour by myself to reflect and think about parenthood…So spiritual preparation but not in the religious sense, it's something higher. You cannot touch it, but it has great power, great weight on preparation." (Felix, p4, 109).*

Felix's experience of spiritual preparation went beyond religion. It was as if his spiritual preparation was a form of meditation which allowed him to be mindful. This spiritual exercise offered Felix a wider lens through which to see the world and his expectations for first-time parenthood.

5.10.6 Physical and lifestyle preparation

While all men talked about physical preparation for parenthood and acknowledged its importance, some held their biological differences from women as the main reason behind their disinterest in it. This was most evident in the interviews with the expectant fathers as they were currently going through the pregnancy with their partners who were physically changing.

> *"My wife is carrying the pregnancy so she is experiencing all the physical changes and I am not. I can see the emotional, but sometimes you don't understand it. Women have more of a load during pregnancy. She started taking vitamins and folic acid from before the pregnancy while I didn't take any. Even with regards to food, she has become more cautious about her diet while I remained the same. She isn't carrying anything heavy and is more restrictive in her movements, very different from myself. I continued with my exercise." (Jamie, p5, 176).*

Jamie's description highlighted a key finding in that whilst women experienced the physical changes which in turn promoted their preparatory experience, most men required epoch moments to change them. This, however, was contrasting with Jan's description as he recalled what appeared to be a primal urge to become a healthier individual upon hearing the news that he was going to become a father. He recalled how fostering a healthy lifestyle was central to

his experience of preparation for first-time parenthood and this was his way of contributing to physical preparation.

> *"Well as you can see I am quite tall, but I also weigh over 100Kg, and I am not the fittest of persons, but I remember that when my wife told me that she was pregnant, I felt this need to become healthy. I had this urge to empty our cupboards, fridge and freezer of all the junk that we had…It's a known fact that if you are healthy and eat a well-balanced diet, you'll be optimizing your health so for sure that is what I tried to do. So yeah, there and then, as soon as she told me (about the pregnancy) that was my urge. Even for example, when I'd go to buy meat, I'd try to buy a better quality cut then what I'd normally get. So yes, these issues were very important to me." (Jan, p6, 178).*

Expectant and new dads spoke of other lifestyle adjustments they made whilst in preparation. They talked about how the places they normally frequented changed in pregnancy and this continued well into the first postnatal year. Many men who classified themselves as non-smokers identified smoking cessation as a lifestyle adjustment which should be made in preparation. However, the smoking participants from this study did not feel the need to quit as they were not physically carrying the baby which contrasted to the woman's experiences and Jan's description above. Joey (p3, 113) who was from the pregnancy sub-group referred to him and his wife as being *"*two separate and distinct lines" when it came to lifestyle preparation. He went on to state that he could only think of the "logistics" because he was not carrying the baby. Joey described preparation for parenthood as a complicated activity, so careful planning was necessary. Despite this, his description of his experience of preparation for first-time parenthood contradicted this notion of careful planning as he admitted to have continued smoking, completely disregarding the effects of passive smoking.

> *"Unlike myself, she is carrying the baby, so for sure the relationship that we have with our baby is already different. For example, I've never threw up throughout the pregnancy. She quit smoking, but I continued, do you understand. Had I been the one carrying the child, maybe I would have quit. I don't smoke a lot, maybe 3 cigarettes a day, like a pack lasts me a whole week. So with regards to our lifestyle preparation, there are things that obviously were different for us because she is carrying the child. She watched what she ate. Even when we go for our appointment, she is the one that gets the check-up not me. It's like we are two separate and distinct lines in this regard." (Joey, p3, 106).*

Similarly, Jeff, a new father talked about smoking and alcohol cessation, however, his general attitude about these two was fairly passive. His reference to alcohol cessation appeared to be more for convenience sake rather than not drinking as a healthy lifestyle choice.

> *"Alcohol, for example, say if you are going out for a wedding or something and you normally can afford to have that extra drink because you are going to sleep it off and you'll be better in the morning. You have to forget about that with a baby. Once you*

get home, the baby will wake you up during the night, and you'll have to change him or prepare a bottle. It wouldn't be the best thing to make a bottle or change a baby with a hangover." (Jeff, p3, 79).

5.10.7 Engaging with formal and informal sources of information

Many male participants used a number of formal and informal sources of information in an attempt to help their preparatory experience irrespective of the nature of their pregnancy. Unlike the women, the male participants explained how during the pre-conception phase their engagement was not very personal, despite acknowledging that reading could help a person in preparation. It was as if most of the men relied on their partner's information gathering during the pre-conception phase.

"Books and websites might help if they are reliable I guess. I personally haven't been reading but my wife likes to search and read online and then she comes back to me with what she's found." (Ken, p5, 120).

Ken also hinted at gender with respect to pre-conception preparation:

"I mean, she is a woman, I am a man, and there is a tendency for women to be more thorough especially when it comes to this topic." (Ken, p6, 133).

Pre-pregnancy engagement with formal resources was also very limiting, and like the women, male participants also reflected upon their own personal experience as a child. They acknowledged how times have changed and what might have been accepted practice when they were a child might be obsolete now.

"You need to adapt to the times you are in because times change." (Fredrick, p2, 35).

The men from the pre-conception group, spoke about how it was too early for them to engage with formal resources and many were unaware of local support. The pregnancy, however, seemed to be a turning point for some men as their retrospective accounts showed that they tried to equip themselves with the necessary skills needed in preparation. Men from the pregnancy group described how helpful and interesting they had found antenatal education.

"I think what helped me most were the lectures I attended at the hospital. I think it was the most important because it was catered specially for us and own experience. We were attending to learn about our own personal experience. At the classes, there was direct contact with us, and it was catered towards the different phases we were going through during the pregnancy. I think it was really helpful for the both of us." (Ricky, p9, 193).

"I am attending the course, and I find them very interesting in the sense that all right you can read about something in a book but it's good to have that personal experience of someone who really understands what it's like. The course was given by

professional midwives who really helped us better understand. They demonstrated exercises which you cannot really fully understand from a book. Their personal experience is invaluable to someone like me." (Jamie, p4, 121).

Whilst reflecting upon his experience attending antenatal education, Fredrick, a new dad made an interesting independent observation. His observation chimed with Lilly's expression of interest in attending antenatal education despite the reluctance of her partner.

"What I observed during the course was that not many men attended. I think it is a pity that a lot of them do not attend because the baby belongs to both the woman and the man...I believe that the ideal would be for both parents to be there. It is both their responsibility." (Fredrick, p2, 63).

Irrespective of their parenthood status, participating men identified how midwives had an important supportive and educational role in preparation for first-time parenthood. Many men, however, put forward multiple suggestions for midwives and their services with the aim of improving the support given to individuals in preparation. Firstly, many identified the pre-conception period as an area which needed much improvement. They also perceived informal discussions with midwives as much more effective at gaining an insight into a person's situation with the aim of identifying their needs rather than by using any other form of surveys such as a checklist or questionnaire. They felt as if through conversations with midwives, they would have the opportunity to be informed about issues relating to preparation for first-time parenthood and would be given an opportunity to voice any concerns they might have during that time.

"I think if they can try to organise sessions for people who plan to get pregnant in the future that would be really good. I think that contacting a midwife at that point would be ideal. Midwives and health care professionals are the experts in the field so they should be your go-to person. I don't think a checklist or questionnaire would be of any use. I think it should be more informal, a discussion in a relaxed environment. Maybe we could discuss issues that are at the back of my mind. When a person gets to talk about certain issues that might be worrying him, I think he will be better prepared for the impending experience. So I think having a chat is the best way." (Felix, p7, 182).

"Maybe something can even be organised for the preconception phase too because I feel there isn't any form of support in that regard…Maybe there can be somewhere within the hospital that caters for people who have any type of question relating to the experience so that they can feel better prepared and supported for the experience." (Jan)

"I see. What about using a checklist or having a questionnaire, would this help?" (Researcher)

"Actually, if I were to be given a questionnaire, I don't know what kind of a difference that would make. I'd rather talk to someone about my worries." (Jan, p12, 356).

Others stated that pre-conception support by midwives might help encourage people who were still on the fence and unsure about what first-time parenthood entailed. Some participants spoke of the importance of explaining things at length, especially if individuals were approaching parenthood for the first time.

> *"I don't know if these exist or not, but perhaps classes before the actual pregnancy. Maybe some people would benefit from such classes because some people might be afraid to take on such a commitment because they aren't sure what to expect." (Ken, p6, 154).*

Some participants also suggested that antenatal education should commence earlier on as presently courses commenced halfway through the pregnancy, so the first few lectures were deemed to be too late by the men. This suggestion might help the men that appeared to be in denial of the experience until the birth of the child as it might help them to actualise the changes that occur during pregnancy. They also commented on group size and suggested that these should be kept small so that individuals would feel comfortable talking about sensitive and private issues.

> *"I think that an induction course of some sort would also be very helpful. I think that there were many aspects that could have been better explained to us which would have helped us to better prepare for parenthood…there were a lot of things that we learnt by word of mouth and not because any professional ever told us about them. When we had started attending parentcraft, we were already past the first trimester, so I remember during the first lecture, we just confirmed the things we did because we had already experienced everything that was explained to us. So, I feel that those first lectures happen a bit too late. I think that had that first lecture happened on that first visit when we came for our booking visit it would have been much more beneficial, especially for people who aren't aware of certain issues. (Ricky, p17, 370).*

> *"Maybe midwives can create more awareness through education. I think the educational classes they provide are very useful, but I think ideally they should be conducted in smaller groups. I think this will actually help both the midwife and the couples attending because I think they will feel more comfortable in a smaller group setting. I think couples might be a bit apprehensive in discussing at group level so maybe having smaller groups or even one-to-one sessions would help." (Roger, p7, 170).*

Others made suggestions regarding postnatal support. Whilst the new dads appreciated the support offered by the community midwives who would visit their homes after the birth of their newborn, the wished they could attend postnatal classes or classes with their babies. During the postnatal period, some men also described how they would use the internet as a point of reference when they encountered difficulties or needed prompt answers.

> *"I would use Google to look up any ailment she would experience. I used to search and read about everything. I'd look up things like how to prevent vomiting in*

pregnancy for example. Every question that I'd have I would look it up online." (Jan, p7, 201).

Most of the male participants identified having the support of family, friends and health professionals as an important facet of their preparatory experience irrespective of their parenthood status. They relied on the first-hand experiences of their family and friends but also gave importance to the professional advice of health practitioners whilst trying to equip themselves better in preparation for first-time parenthood. They referred to these individuals as their "role models".

"I think talking to people who have gone through the experience themselves would be the best. I think they would be able to tell you what it's really like because they've been through it already." (Roger, p6, 158).

Larry, a teenage father who attended antenatal education with his girlfriend, also claimed to rely on the support of his family members who had already been through parenthood.

"My cousins also helped to support me because they've been through the experience already." (Larry, p2, 47).

Other participants, like Jan, referred to different people for different questions depending on what he perceived their area of expertise was. He explained how his mother was his primary source of support postnatally however he acknowledged how times had changed and some of his mother's suggestions were in fact, outdated.

"For example in my case, if I had a pregnancy oriented question I would ask the midwives if I had a question regarding parenting or parenthood I would ask my mother. I actually did ask her a lot of questions. She's gone through the experience with myself and my other two siblings. Who can be a better role model for me if not my mother and my mother in law? But still, their experience was 20 to 30 years ago, so things have changed. A lot of practices, for example, have changed. I remember hearing my mom say that if we had a fever, she would put a facecloth soaked in vinegar on our forehead, something unheard of today." (Jan, p9, 249).

5.11 Main Theme – Reaching milestones on the journey to parenthood

The men taking part in this study described 'stand out' moments throughout their experience which were noted to bring about significant changes within them and their relationships with their partners and offspring. These epochs included the pregnancy, the birth and the first postnatal year.

5.11.1 The pregnancy – "The pregnancy changes you"

Many men recalled events from their current or recent pregnancy experience whilst describing their journeys. They spoke of their ultrasound experience as that epoch moment when they got

a visual confirmation that they were really going to have a baby. It was as if the visual experience helped to make the experience actual for them since they were not experiencing any physical changes themselves. For the majority of the men who were expecting or else were new fathers, it was as if pregnancy scans offered them the first opportunity for their hypothetical and imagined notion of parenthood to actualise.

> *"Our hospital visits with our obstetrician were also very important even when we went for the 4D scan. I think that was the first time I really understood that we have a baby already that is really happening. I got to see him move, it was amazing!" (Ricky, p2, 24).*

Similar to the women, the pregnancy experience exposed this sense of self-doubt in most male participants. Ricky admitted to thinking about how his life was likely to change whilst worrying about if his family would manage this life-altering experience.

> *"I think about how my life will change and I even sometimes think about how we will manage to get by…what will happen to us, how will we survive?" (Ricky, p3, 62).*

Ricky, a teacher, continued to describe how he found himself worrying about all the impending changes that were bound to happen. However, he confessed that he did not share his fears with his wife as he did not want to worry her. His narrative revealed that he was most concerned about not having enough time to spend with his wife and new baby. Later on in his narrative, his worries were shut down as he affirmed that "it will all work out to be ok."

> *"Then, she'll go to bed, I always stay pondering on what will happen, how are we going to get by and all these types of things. I worry, but I don't show her. I try to boost her confidence as much as I can, but I'd say, one of the main things that worry me is the issue of time [ ] So until mid-March I will be very close and available. Then my students will start sitting for their 'O' levels, and I will be ready at around 5pm. Then in June, I will only have 3 hours in the morning so really, and truly it will all work out to be ok." (Ricky, p11, 258).*

Ricky's experience of keeping his worries to himself stressed the importance of offering adequate antenatal support for expectant fathers. In an attempt to protect his wife from his added worries he risked his own wellbeing. The fact that he hid his feelings may also result in heightened anxiety which has further implications for the health and wellbeing of men during the transition to parenthood. Ricky's experience can also be viewed as a contradictory experience in itself as it presented a desire for him to be open and involved as much as he could with his partner throughout their pregnancy experience but at the same time wanting to keep certain things to himself. This could be viewed as an expression – privacy dialectic.

This protective notion presented by Ricky resonated with other men. Many described a heightened sense of responsibility during pregnancy. Expectant fathers described how they

would not take any unnecessary risks when it came to their pregnant partners. Joey explained how despite his love for travel, he was not willing to take any unnecessary risks since his wife was carrying their child.

> *"This year we didn't go anywhere…she's pregnant and I will not take that risk. I would be too worried that something would happen to her." (Joey, p2, 47).*

Men focused on making sure their partners were made comfortable, and this was an indirect way to protect their unborn child. They felt that this was their responsibility. Ricky explained how this helped him prepare for the experience.

> *"I think part of my personal preparation is making sure she is comfortable" (Ricky, 11, 252).*

Jan, a new father also recalled how he wanted to make sure his wife was left as comfortable as possible. He also associated this with his personal preparation for parenthood.

> *"You become so overprotective. I used to try to make sure my wife was always in the best possible conditions because I really didn't want anything to happen to her or to the baby." (Jan, p9, 269).*

Moreover, many men described how the pregnancy made them feel at one with their partners. Ben, a 19-year-old expectant father, explained how the pregnancy transformed him in the sense that now it was as if his girlfriend was a part of him, he was no longer just her boyfriend. This was a common feeling amongst participating men as they expressed how the pregnancy experience brought the couple closer together. Ben, continued to explain how he was a changed being. He talked about how the pregnancy experience made him a more mature and responsible person. His narrative also contained an undertone of his increased responsibilities.

> *"The pregnancy changes you. I've had to be much more patient. I find myself planning ahead now in everything that I do. I was much more carefree before the pregnancy; after all, I am still a teen. I had never really thought that far ahead, except maybe for school but now it's like I have to, I don't have much of an option, the baby is mine, so I have to. It is as if the pregnancy experience in itself has made me mature." (Ben, p2, 44).*

Whilst many fathers-to-be felt closer to their partners during pregnancy, Jamie's experience was different in that he talked about feeling sidelined by his wife and surrounding family members. Jamie's honest account highlighted how his partner's attention had shifted from him to the baby despite them still being in the pregnancy phase. In fact, he expected to be "left out of the picture" once the baby arrived and was yet unsure about how this would make him feel. He also had noticed a change in the attention he got from other family members which he was also expecting to continue with the arrival of the baby. Jamie used the word

"fixated" to describe his expectation of his mother's reaction towards her soon to be grandchild which indicated a sense of obsessiveness towards the child. This type of attachment might be detrimental to the new family and also to the couple's dyadic relationship.

> *"The attention she used to give me now has shifted towards the baby, but I can understand that, and I expect it to continue once the baby is born with me being left out of the picture. I know that will happen, but I don't know how it will make me feel. Hopefully, knowing that it will happen will help me prepare for it. So yes, relationship-wise, there have been changes so far, and I expect them to continue. If my mother used to come to visit and spend time with me now, she's focused on my wife, and in the near future she will be fixated on the baby." (Jamie, p5, 152).*

5.11.2 The birth – "We need to be different now"

Most postnatal participants reflected upon the labour and birthing experience while describing their journeys into first-time parenthood. Witnessing the birth of their child came with a realisation that from that moment onwards they could only look ahead. Their previous preparations, now all needed to come into play. They identified the birth as the point of no return and hence this unique moment came with great responsibility. It also appeared to offer them a sense of togetherness with their partners.

Jeff described how his experience of witnessing the birth of his son made him realise that he needed to change. Most postnatal fathers also made reference to a shift in priorities that necessitated with the birth of the baby. They described how the arrival of their baby meant that their lives revolved around them and they were now no longer a priority.

> *"From day one, that day you see your baby for the first time, you know that there is no turning back. I mean at that point; the baby is here so now your actions have to reflect what we have been talking about all along. We need to be different now [ ] once the baby arrives, everything needs to centre him." (Jeff, p4, 107).*

Similar to men's descriptions of feeling at one with their partners during the pregnancy, they also had similar feelings of connectedness upon witnessing their first child being born. Most of the postnatal men spoke of how at that instance they felt immensely connected with their partners. They described this unique moment as "precious", "amazing", "incredible" and "life-changing". Jeff's narrative contained this sense of appreciation and harmonization with his wife at that particular moment in time.

> *"That moment when your child is born, that moment is so precious, it's the moment that changes your life. Even if you have a really good relationship with your wife, that moment is incredible; it makes you at one with her. It's an amazing experience." (Jeff, p5, 154).*

Larry, the youngest of the new fathers, could not relate to the birthing experience since he was not there to witness it, despite his desire to do so. He explained that he really changed when he saw his baby after the actual birth. At that moment in time, his experience became real to him.

> *"I wish I went in for the delivery but I didn't want to cause any trouble, especially with her mother so I let her go in instead of me. [ ] I think I started to prepare myself a little bit when we found out she (his girlfriend) was pregnant but you really start to change when you see your baby for the first time after the birth." (Larry, p3, 64).*

Having missed out on his daughter's birth, Larry wished he had done things differently, but it was as if he had to give up his right to witness the birth of his child because he was not married yet and did not want to cause any additional tension within the wider family context.

5.11.3 The first postnatal year – "It has its own trials and tribulations, suffering even"

New fatherhood presented itself with many contradictions for the men. They struggled with the idea of their expanding roles and talked about how their lives were changing. Most of the postnatal men described how hard new fatherhood was for them.

> *"…he means the world to me, but it isn't easy." (Jan, p6, 153).*
>
> *"It has its own trials and tribulations, suffering even." (Fredrick, p1, 18).*

Fredrick's description of his parenthood experience so far was as if he required epic endurance and patience to survive this difficult situation he found himself in. Larry, a teen father, talked about how everyone around him wanted him to focus on his new baby to the detriment of him having to give up the things he normally enjoyed doing. This resonated with the previously mentioned descriptions about how the men's lives changed upon the delivery of their baby. It was as if their carefree life was taken away from them with the arrival of their child. Some even expressed a sense of privation during this time of change. Larry's description of his postnatal lived experience showed how he had to change since the arrival of his daughter. He was "told" to make some changes by his mother, indicating that these changes weren't instinctively decisions he made on his own terms. This echoes the previously discussed experience of Ruth who gave up things she usually enjoyed doing solely based on her personal convictions. Larry's overall experience also brought to light the broader dynamics involved in teenage parenthood.

> *"Everyone wants me to focus on the baby. My mother told me to get rid of my computer and my PlayStation to focus on the baby. If I have some extra money now, I've decided to give it to my daughter. She comes first now, it's true. I haven't played*

a game since Sunday…I don't go out with my friends anymore like I used to. I used to like to ride my bike and play football, but I don't anymore." (Larry, p2, 48).

Jeff, also a new father described the reality of new parenthood and suggested that it required a mental shift in an attempt to manage all the new responsibilities.

"Your mentality needs to change. You have to realise that changes are needed, and they will affect you, so you have to be ready to sacrifice certain things, like lack of sleep for example but it's your mentality that needs to change." (Jeff, p4, 101).

Most participating men were also presented with a dilemma as they felt as if they were expected to be present at home, to be able to care for their child and partner but also needed to go to work to contribute financially to their growing families. They spoke about how they "helped out" in this regard. They spoke of their expanding role as fathers and how difficult it was to balance multiple identities whilst retaining a bit of their pre-father self, different from the women's experiences as the latter were letting go of their pre-mother identity, their bodies, their minds and their individualities.

Jan's narrative hereunder detailed how his wife was "constantly" involved in the caregiving of their son "day and night". He described how he assisted with the cooking and cleaning at the outset of the experience almost because he still felt very emotional about all the changes that had occurred. Interestingly to note, despite leaving the house for work and not being fully involved in the care of his son as this was being taken care of by his wife he still felt that he had no time to himself as he did in his previous lifeworld.

"She was at home for about four months, so she was constantly there taking care of him (the baby). I used to help. I used to help because especially in the beginning, she barely ever had time to cook or clean. In the beginning, it was like I made a bigger sacrifice because I was still very excited and emotional about the whole thing and I felt the need to help. In the beginning, I used to be afraid of holding my son because he was so small. At that time, I remember my wife was spending every passing moment with our son, day and night. She spent nights awake taking care of him. I used to try and contribute as much as I could during the night, and I used to try to take over whenever I had the time. It's very tiring though because you have to deal with work too. You might ask me but isn't it worth it still, you have a baby? Yes, it's worth it, but sometimes you don't even realise how time-consuming it is and how you don't get any free time for yourself anymore, almost nothing, or rather nothing really. Then you're at a point when you feel drained, and you'd really need to rest." (Jan, p3, 73).

Jan's vivid description of his experience was unique in that while reflecting upon his experience he was actually thinking of ways to cope and support his new family.

5.12 Main Theme – Discovering your changed self on the path to first-time parenthood

The participating men identified enhancers to their first-time experience of fatherhood, irrespective of the phase they were in. Like the women, they also recognised the importance of flexibility and adaptation for an adequate transition to first-time parenthood and also acknowledged their own potential as men and fathers in this unique experience. Many were proactive and thought of coping strategies that could be put in motion for an optimum first-time experience of parenthood.

5.12.1 Becoming resilient through a process of flexibility and adaptation

Many men spoke of how, as fathers, they were needed in the parenthood experience. The postnatal participants described how after all their preparation for this major life event, what was paramount to them was this sense of achievement, having gone through it. This was only possible as they learnt to adapt in times of change, becoming resilient in the process. Being able to manage their stresses in an attempt to function well even when faced with the challenges of new parenthood was an admirable quality amongst most participating men. They pushed forward and used their inner strength to meet all the new demands put on them. Like the women, they also acknowledged the importance of flexibility for this experience which was also sometimes described as self-sacrificing.

> *"My life changed completely. With regards to personal time for myself definitely, it is much less, but I wouldn't have it any other way. Despite it being a difficult, hard, self-sacrificing experience, at the end of the day, when I put my head on the pillow at the end of the day, exhausted, tired and beat I think to myself I am a father, and it is definitely worth it. So if I had to go through this process all over again, I definitely would." (Jan, p11, 333).*

Jeff also became more resilient through his experience. However, his narrative went a step further in that he also highlighted the important contribution of men during the transition to parenthood.

> *"It has been a very positive experience I think because I already want to go through it again. Yes, there will be some difficult times, but they will pass and obviously, the nice moments make it so worth it. I mean like every day is a new experience, and there is something new to learn. Everything moves you as a parent, a smile from your child, a babble, a step. I think that's the best part of it really…All men need to realise that this new baby is theirs too so yes they are also needed for the experience. Yes, there will be instances when you will be exhausted, but you have to be ready to be responsible. I feel very happy, but I will feel complete when I have more…I believe that I've learnt a lot of things through this experience and that it has changed me to become a better version of myself." (Jeff, p5, 63).*

5.12.2 Realising own potential

Most postnatal men felt that the process of transitioning to parenthood was empowering in that it enabled them to realise their full potential. With this realisation, some of them felt as if now they could make a difference to others in preparation as they felt they had the expertise to do so. They felt as if they could be great teachers after having passed through the experience. This was exemplified in Jan's narrative:

> *"I feel that now that I've gone through so many experiences, I can be a teacher. So I think that any parent can be a great teacher. (Jan, p8, 243).*

Similarly, Fredrick also felt as though he has now gained enough knowledge and experience to support and teach others going through the experience.

> *"I feel that the experience has thought me a lot and now I am in the position to help others going through parenthood for the first time. I think that parents can offer support and act as teachers in that regard." (Fredrick, p4, 121).*

The implications of these experiences are very interesting especially with regards to thinking ahead about intervention approaches delivered by peers to better support individuals in preparation for parenthood.

5.12.3 Being proactive as a coping mechanism

Irrespective of their parenthood status, participating men were proactive in thinking of coping strategies that they needed to put in play to ensure an enjoyable experience of fatherhood. Similar to the women, most men talked about the importance of being patient and avoiding conflict if and when problems arose.

> *"You also need to keep in mind that you need to keep a good relationship with your wife. You need patience in that regard too. If there are any problems or arguments, arise you need to be calm and try to resolve these issues rather than adding insult to injury." (Fredrick, p2, 49).*

Their eagerness to maintain a good relationship with their partner indicated a process of growth on their part.

> *"You need to continue to give your wife all the attention she needs and vice versa. I think you need to try to find some time to talk about the experiences you both would be going through." (Joey, p5, 163).*

Time management also featured in the male experiences. In view of their awareness of their increasing roles and their desire to retain their own individuality, they were invested in ensuring that they managed their time to the best of their abilities in an attempt to get

"everything" done. Many a times they referred to good time management as being able to "strike a balance", and this was generally possible by a process of adaptation as explained earlier. Proper time management helped to alleviate the contradiction experienced by the male participants in relation to autonomy and connection.

> *"I believe that all right, the baby will change your life but you need to continue to live and be yourself. You have to know how to manage your time really I think. Otherwise, you'll freak out. I need to continue to exist with all my baggage but possibly with things rearranged differently because I will have a new responsibility. The same thing applies to my wife. You have to adapt and change otherwise you won't survive. You won't manage this experience. As humans, we seek happiness so if something gives me happiness I cannot just remove it from my life. All work with no play makes Jack a dull boy, literally. So, it wouldn't make sense to stop doing the things you love." (Jamie, p6, 196).*

> *"But in terms of actual duties which I will be taking up, it will very much depend on how I was explaining earlier and how we divide and find a compromise and balance as to how we will apportion time because we do not yet know what is going to happen in that sense." (Nathan, p3, 102).*

5.12.4 Fostering fatherhood at a societal level

Interestingly, men from all parenthood stages discussed how fatherhood was a forgotten concept within society. They felt as if society did not attribute the same importance to new fatherhood as it did to motherhood, yet most men become fathers.

> *"I actually think that our society should help us (men) better prepare for parenthood. To be honest, nobody has ever talked to me about this except yourself and I actually never thought I would have discussed these things with anyone else. I don't think society gives fatherhood, or preparation for it enough importance when actually it is something that a lot of us (men) experience." (Felix, p5, 122).*

Ricky's description below highlighted how gender roles were still traditional in contemporary Malta. He acknowledged that things were slowly changing and he attributed educational levels as a contributory factor when it came to paternal involvement. He explained what he felt was a mainstream belief in relation to parenthood preparation for men within society.

> *"I also think that a lot of men feel too proud… …the mentality a lot of men have is that this is a women's thing and she should take care of it. I think that this mentality really hinders men in preparation for parenthood. If men think that this experience only involves women, they will not even try to involve themselves, let alone prepare. I think this is also a hindrance. I do believe that as a society things are changing for the better even though I think gender roles are still very real…Nowadays I do think that men are becoming more involved. However, I think their educational level plays an important role when it comes to involvement or lack thereof. Unfortunately, society still believes that men's role is solely as the breadwinner and that women are there to raise the children." (Ricky, p14, 324).*

5.13 Summary

This part of the chapter has presented the findings generated from the interviews with the male participants. The male and female interviews generated similar themes and hence indicated that preparation for first-time parenthood is broadly experienced in comparable ways. Despite this, the men approached certain aspects of the experience differently from the women. A key finding from the male interviews was that they needed to reach epoch moments in their experience to be able to fully understand and actualise the changes that were underway and hence prepare for them. In fact, very little preparation for parenthood happened during the pre-conception phase which was different from the women who appeared to delve deeper during this phase. Masculinity and virility were also pronounced at various parts of their preparatory journeys and experiences.

Overall, a central feature of male preparation was a focus on the material and materialistic domain which was dissimilar to the female experience as these focused mainly on the emotional and relational domains of preparation. Men's narratives also highlighted their struggles in finding adequate time for themselves, which is why they stressed the importance of time management as a means of coping with all their new responsibilities. Despite this, they did not always suggest planning ahead as an enhancer to balancing their roles as did the women and some even expressed not wanting to tempt their fate by early preparations. They too realised that preparation for first-time parenthood required a process of adaptation and flexibility. Men put forward suggestions in relation to improving the services currently provided in an attempt to improve support all throughout the experience of parenthood. Their narratives also indicated that traditional gender roles are still prevalent in Malta and most appeared to want to see a change in the mainstream mentality so that men can feel more supported at a societal level with regards to preparation for first-time parenthood.

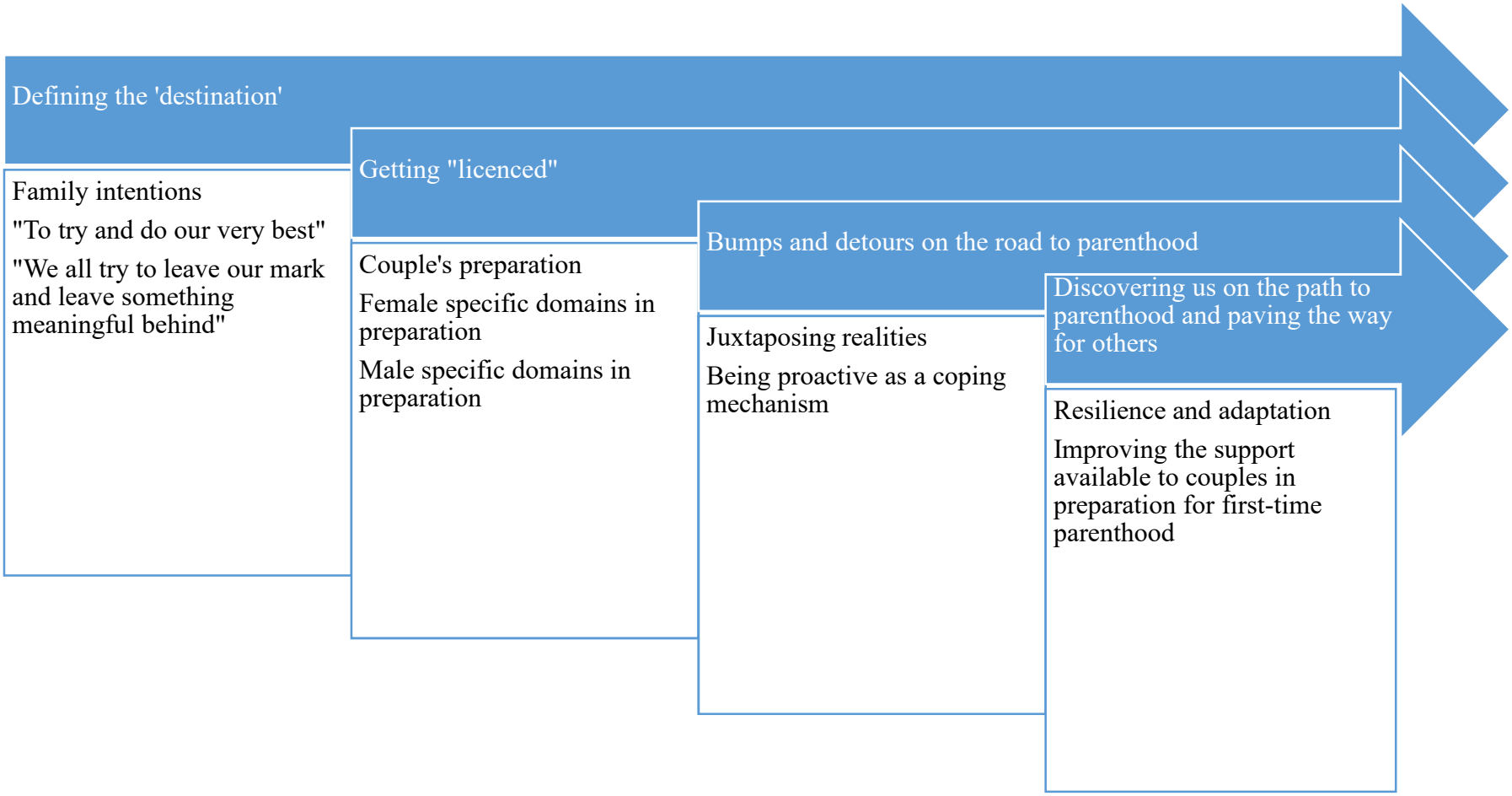
The following part of this chapter presents the findings generated from the coupled interviews.

Part 3 – The Couples

The dyadic interviews provided a common reflective space for the couples who were jointly experiencing preparation for parenthood at different stages. The experiences shared related to both the couples and the individuals. These interviews allowed for the production of rich data which is presented hereunder. Besides this, the dynamics of the interview situations revealed patterns of communication between the partners and at times disagreements were brought to the floor.

Figure 5.3 depicts the four main themes and their respective sub-themes generated from the coupled interviews. The main themes mirrored those elicited in the one-to-one interviews: (1) Defining the 'destination'; (2) Getting "licenced"; (3) Bumps and detours on the road to parenthood; (4) Discovering us on the path to parenthood and paving the way for others.

Figure 5.3: Preparation for first-time parenthood as experienced by the couples



5.14 Main Theme – Defining the 'destination'

All participating couples described the antecedents of preparation for first-time parenthood that were in play in their own personal experiences. They spoke of their family intentions and how these influenced their current situations. They also identified a number of personal characteristics and attributes that they felt were essential in the parenthood experience. Many also spoke of how they longed for first-time parenthood because they wanted to leave their mark on the world.

5.14.1 Family intentions

All participating couples, except one, were either planning a pregnancy or had a planned pregnancy, and hence the majority described having had the intention of parenthood. As early as the pre-conception phase, the couples spoke of how having a family was something they both desired, and hence there was a joint agreement that parenthood was what they both wanted.

> *"At this stage (the pre-conception stage) we both know what we want so why wait any longer? We had talked about this even before we got married so there was an agreement that we wanted to experience parenthood." (Max)*
>
> *"Yes, an agreement that we both wanted to have children and experience life as parents." (Martina – Martina & Max, p1, 18).*

Most male participants from the dyadic accounts spoke of how their intention to approach parenthood came naturally to them as if it was the next expected step in their relationship. This was in agreement with men's earlier accounts of how parenthood was inevitably the next step to happen in their relationship, without exercising any agency in their decisions. Despite, claiming he desired to experience parenthood with his wife, Michael who was from the pre-conception sub-group appeared to be very laid back in his approach. He stated:

> *"I'd like to be a parent don't get me wrong but I kind of feel like it's something that just has to happen and I shouldn't over think it. It will come when it comes and we'll cross that bridge when we get to it." (Michael)*
>
> *"There isn't a real commitment I feel on your part." (Stacy)*
>
> *"I honestly feel that when it happens I will be right there with you but when it happens it happens, you know because there is an element of luck too in it and nature also so it might take us a while for it to happen also so c'est la vie, let it be, come what may." (Michael – Stacy & Michael, p3, 66).*

During their discussion, it was as if I took a back seat whilst listening to their highly relevant conversation and negotiating amongst themselves about their family intentions and

commitment to actively try to get pregnant. Similarly, Jessica and Peter who were an expectant couple at the time of the interview shared an interesting conversation about their desires for parenthood.

> *"It was something that we had both wanted (referring to the pregnancy). We had been married for 3 years and we'd always used to say that we wanted to have a baby." (Peter)*
>
> *"I think the idea of a family was something I had always wanted, so I always wanted to have children and become a mother." (Jessica)*
>
> *"I think having children for us always came naturally." (Peter - Jessica & Peter, p7, 60).*

Jessica and Peter's narrative revealed a thought-provoking distinction amongst themselves too in that Peter used the words "we" and "us" while Jessica chose to use the word "I" whilst describing their experience. For Jessica, this might have indicated a heightened desire to approach parenthood as it was deemed to be more personal to her than it was for her husband. Perhaps, becoming a mother was central to her identity as opposed to her husband.

Only one postnatal couple, Kylie and Chris described their pregnancy as "unplanned". Their experience revealed their contrasting views regarding their wishes for procreation. While Chris explained how he had always desired to have children, ideally at a younger age, his wife Kylie was adamant that she never wanted to have children.

> *"I always wanted children, ever since I was young but because of the Church, I couldn't before I got married. Well, not couldn't but ideally not. I wanted to have children young so that when they got older I would still be young and there wouldn't be such a big age gap between us." (Chris)*
>
> *"I never wanted children, never. I've always said this even after we got married." (Kylie)*
>
> *"How did you feel once you got to know you were pregnant?" (Researcher)*
>
> *"(Laughs out loud). I was shocked, but then I was ok. (Kylie)*
>
> *"Until you are sure that the baby is ok and you actually see him you don't really realise what has happened. So I'd say at birth (when he started to actually prepare for the experience)." (Chris - Kylie & Chris, p4, 124).*

This description highlighted a very interesting cultural perspective. Chris's desire to have children at a younger age was shut down in view of his religion, a highly influential factor in Maltese culture. Again, it was as if Chris gave up his control to decide for himself because of his faith. He needed to wait for marriage, similar to an earlier description by Jamie stating that one of the conditions of marriage within the Catholic Church was to procreate. It was as if Chris was waiting for a Catholic marriage to actualise what he really wanted. His wife Kylie,

on the other hand, described an entirely different experience in that she never wanted children despite her marriage within the Catholic Church. Her exaggerated laugh upon being asked what her feelings were with the news of her pregnancy could be an indicator of her uneasiness in discussing the matter with myself in front of her husband who so eagerly described how much he wanted parenthood. Her reaction might have concealed her true emotions in this regard.

Not being on the same page in relation to their parenthood desires resulted in a delay in preparation as described by Chris. They identified the unplanned nature of their pregnancy as a hindrance to their personal preparation for parenthood. Kylie affirmed that acceptance was needed so that preparation for parenthood could follow.

> *"I think we started (to adjust) after the baby was born because before that we didn't really understand what would happen really…People with unplanned pregnancies like us will definitely take longer to start preparation because first, we needed to accept what had happened." (Kylie & Chris, p4, 120).*

The majority of the other participants, on the other hand, expressed how their preparation for first-time parenthood commenced when they both agreed to start trying to get pregnant.

> *"I guess there is a little bit of preparation that happens beforehand, but that is kind of mental preparation. You never know what will happen, or how long it will take to happen, so it is as if you are ready at a certain stage for it to happen but then when it actually happens you need to be ready in a different way." (Mollie)*
>
> *"Dan, could you please tell me when do you feel you started to prepare for parenthood because I only got one view earlier on?" (Researcher)*
>
> *"I think it started when we said let's try and have a baby." (Dan - Mollie & Dan, p6, 132).*

Other couples like Lara and Charlie, expressed how they thought that preparation for parenthood commenced at a very young age when unconsciously the human brain stores behaviours and practices that individuals could fall back on once they are ready for first-time parenthood. This was also similar to the previously presented view of Nathan and social learning.

> *"I think it (preparation for parenthood) actually starts when you are young. Your brain starts to actively select certain things and then when you are in a stable and serious relationship I think it's then when you really start to plan your future life. It's a lifelong commitment, so you need a lifetime of preparation for it." (Charlie).*
>
> *"I think he's right, as you grow older you realise that throughout your life you've noticed good and bad things which will help you in preparation for your own personal experience like we're doing now." (Lara - Lara & Charlie, p4, 112).*

Lara and Charlie's description highlighted the importance of couple stability as an antecedent in preparation for first-time parenthood which was also identified by participants in the one-to-one interviews.

5.14.2 "To try and do our very best"

The conversations had about preparation for first-time parenthood exemplified the standards couples had in relation to being a good parent. Amy and Mitch who were trying to get pregnant seemed to be in agreement that as parents they needed to give themselves to their child, highlighting the self-sacrificing notion generally associated with parenthood.

> *"As a prospective parent, I feel that my mission is to give myself to this child so that he can have the best." (Mitch)*
>
> *"I think I agree with you. I think parenthood is a joint effort, moving forward and never backwards for the best interest of all involved. It is as if we have this mission to try and do our very best, it might not always be ideal, and we will be challenged and make mistakes along the way I am sure, but I feel we can only try to do our best. As a parent, I think you always come from a good place." (Amy – Amy & Mitch, p9, 190).*

Amy described how she felt that parenthood meant she would move forward and never backwards whilst striving to do her best on this journey. Her views implied that she was ready to leave her past in the past and move forward with her new experiences.

Dan (p6, 171), an expectant father, also described how *"*a parent should always try to do his/her best". Striving to be the best parent for his son was especially evident in Shaun's narrative. He described his feelings and stated that he was going to be the best dad that he could be for his son and would strive to give him everything that he did not have growing up, especially since his relationship with his father was far from ideal.

> *"We didn't have any special bond or anything. That was my reality, so I got used to it. Since I didn't have a father present, I feel that I am going to be the best dad that I can for my son and give him everything that I didn't have growing up. I think that's the best I can do in reality." (Shaun - Samantha & Shaun, p3, 90).*

Similarly, in her conversation with her husband Mark, Juliet also recalled how despite having had a younger sister, she was never allowed to care for her. She associated this lack of exposure with a possible reason as to why she was unsure of her own maternity. Juliet's fears stemmed from an internal belief that she would not be able to be a "good parent" since she had never been exposed to one herself. Her husband Mark, however, instilled in her a sense of self-confidence, which made her realise that she would be a good mother to her baby because it would be on her own terms and without external judgement. Their honest narrative revealed

a sense of mutual support which was also deemed necessary for good parenthood, as it enhanced their overall experience.

> *"I was never exposed to young children before. My sister was eight years younger than me, but we had a rough childhood, so I was never allowed to take care of her. I was never a good enough older sister. Maybe that's why I never wanted anything to do with small children, with babies. So that was my biggest fear. I'd worry I wouldn't be a good parent because I had never experienced one myself. I had no role model. Mark manages to put my mind at rest though, he calms me down and fills me with confidence. He told me once when we were still considering this (parenthood) of course you'll be a good mother. Deep down I knew I would become a good mother eventually, but it needed to be on my own terms and with my own baby. With my own baby, I am good. Nobody can judge me or tell me what to do because she is mine and I am taking care of her in my own way, how I think is best because I am her mother…I don't want to sound like I am doing a perfect job, or I am doing 100% better than my own parents, but I try to do my best, and I try to create a better situation for myself and for our daughter. That's all you can do." (Juliet)*
>
> *"What about you Mark?" (Researcher)*
>
> *"I had a very different experience myself. My childhood was very positive." (Mark)*
>
> *"I experienced a lot of negativity in my past experiences which actually makes me appreciate the positive things more" (Juliet - Juliet & Mark, p8, 205).*

Other couples identified other characteristics needed for good parenthood. They described how a certain level of maturity was required. They spoke of how good parents should strive to be good communicators and offer each other support in an attempt to keep up a good relationship between themselves. This notion of mutual support featured predominately in the coupled interviews. It was as if the dyadic interview allowed participants to show gratitude to each other for being there through thick and thin.

> *"Like at the beginning of the pregnancy, she would always panic about this or that but talking about issues that would be worrying her really helped to calm her down." (Mark)*
>
> *"Mark is my soulmate; he is not only my husband; he is my best friend. He is my everything. I speak to him more than I do my own mother and that's not because I have a bad relationship with her or anything. He is my first point of reference. He manages to calm me down." (Juliet – Juliet & Mark, p8, 199).*

5.14.3 "We all try to leave our mark and leave something meaningful behind"

While many couples from the pregnancy and postnatal sub-groups spoke of how their desire to approach parenthood was a result of them wanting to leave their mark on the world, others from the pre-conception sub-group held different views. This was exemplified in Stacy and Michael's experience as they expressed uncertainty about what the future held for them since they were still trying to conceive. They brought up adoption and fostering as alternatives to

biological parenthood and recognised that parenthood via these modes would still allow them to make the world a better place. Michael seemed to have agreed with some of the men and women in the one-to-one interviews in that he demonstrated a fatalistic mentality towards parenthood.

> *"Even though I'd like it to happen, I don't know what will happen because we are still trying." (Stacy)*
>
> *"At the end of the day, it's not the most important thing in life. We could still have a good relationship and marriage if God doesn't give us children." (Michael)*
>
> *"If that were the case, I think we'd consider adoption or fostering because I still feel we could have a positive impact on someone's life and the world for that matter." (Stacy – Stacy & Michael p4, 90).*

Other expectant couples expressed how biological parenthood filled their lives with meaning and purpose. Dan's worldview was that everyone tries to positively contribute towards a better world and, for him, parenthood was a prime example of this giving process.

> *"As time goes by and you get older, deep within you'd look back on your life and think, what have I given to this world. Then you look at your child, and there's your contribution." (Dan)*
>
> *"After all, I think that's all that matters." (Mollie)*
>
> *"If you think about it, you are born, and you are given this space of time, so you really need to try to use it wisely and at the end of the day to give. [ ] We all try to leave our mark and leave something meaningful behind." (Dan - Mollie & Dan, p3, 80).*

Similarly, Shaun, a new dad also recalled how through parenthood he was contributing to a better world.

> *"I wanted us to have a child to bring up. I thought the baby would add quality and happiness to our lives. I knew that we both had so much love to give and I knew we'd be good parents. I knew we could at least have one (child) and he would have a good upbringing and we would be doing something good for this world." (Shaun – Samantha & Shaun, p4, 108).*

5.15 Main Theme – Getting *"licensed"*

Participating couples spoke of how they collectively or individually prepared for first-time biological parenthood. Many couples also identified prerequisites they had in play prior to commencing preparation for their first time experience of parenthood. Samantha and Shaun suggested that people approaching parenthood should get some form of external endorsement in preparation and compare this to getting a driver's license, with proper training and testing.

> *"This might sound a bit weird, but if you want to drive a car, you need to get a driver's licence, so you have to take lessons and take a test. It's like you need proper*

permission to drive but then to have a baby anyone can do it without anything, no preparation and no tests". (Shaun)

"We think that's crazy. We think it's absolutely insane. We can't understand why? I mean a car is a piece of metal for crying out loud, but with parenthood, you are bringing a person into this world. You change, the couple changes, the situation changes, everything. We should have to get licenced for having a baby too." (Samantha – Samantha & Shaun, p6, 192).

5.15.1 Couple's preparation

All couples from the pre-pregnancy cohort explained how they jointly were preparing from a financial point of view which corresponded to the sub-theme "the right 'time' for parenthood" generated in the one-to-one interviews with both the women and the men. They described how they were "saving up for the experience" as a contributor to their readiness for the impending experience.

"We would like to settle in first and maybe save some money because we wouldn't want to have a baby and be struggling financially. You have to be ready from that aspect too." (Charlie)

"Yes, we are saving up for the experience. It wouldn't be the most responsible thing to enter parenthood without an element of financial stability." (Lara - Lara & Charlie, p2, 58).

Moreover, similar to the findings generated with the female participants, many of the couples from the pre-conception sub-group explained how they considered their ages whilst planning to get pregnant. Martina and Max who were trying to conceive and were currently 31 and 35 years old respectively explained how they needed to get pregnant very soon because of the increased risks associated with increased maternal age. They also brought up maturity, a characteristic that had been identified by many as important in preparation for parenthood. The couple implied that maturity was associated with increased age which rendered them at the appropriate time to take on this lifelong commitment. The female partners seemed to be more preoccupied with their ages which was an indication that they were more aware of their fertility.

"Since we are over 30, we don't think it's a good idea to delay parenthood any longer. We can't wait that long because Max would be nearing 40 and I would be approaching 35, so I don't think that would be a good idea because we could end up having problems then. [ ] I mean, we are mature enough, we're 31 and 35". (Martina - Martina & Max, p1, 12).

Other couples from the pre-conception sub-group spoke of how they were mentally and spiritually preparing for first-time biological parenthood, similar to what had been described in the one-to-one interviews with both the women and then men.

> *"You need to mentally prepare for it too. You have to allocate a place in your mind for this experience. I feel like I am mentally preparing for how I will be as a father. Spiritually also. I will be entrusted with this child of God, and I need to understand my mission and my calling in this experience with my wife and with my baby." (Mitch - Amy & Mitch, p6, 116).*

All but one participating couple described the moments leading up to them reaching a conclusion that they were "ready" for parenthood. Jessica and Peter who were pregnant at the time of the interview, however, highlighted how they felt that they needed to put their marriage to the test prior to embarking on parenthood. Once they knew that they worked as a couple, they felt ready to take on this "responsibility".

> *"As I already said, before we had gotten married we both knew that we wanted children, but we didn't want to have children right after we got married. We wanted to spend some time together. First, we wanted to travel and experience life just the two of us. We wanted to make sure we were ready to have children…We needed to know that we were compatible with one another, in a sense to sort of see if our marriage would work or not." (Peter)*

> *"As a couple I guess. We wanted to make sure we were compatible before we brought children into this world. Once we were sure, we felt ready." (Jessica - Jessica & Peter, p6, 177).*

This excerpt echoed the description given by Ruby from the woman's interviews as she also had suggested that couples undergo an informal type of assessment to make sure their relationship worked. It was as if the participants needed a reassuring sense of stability prior to being able to commit themselves to parenthood.

Mollie and Dan who were from the pregnancy cohort described how they had been together for twelve and a half years, so from a relationship perspective, they felt quite stable and ready for the next big thing in their relationship. Besides that, they were both settled in their careers and had bought a new house too.

> *"I was settled in my career; we had bought a house too, but up until then we were still renting a place. It took us about a year later for us to actually settle into our new home. At the same time, you feel like there is the need for something else…it is as if you feel like there is there is this to have a child." (Mollie)*

> *"It was good that it was planned because it was as if it was the next thing to happen, it was the next step we'd take. There was a kind of build up for it." (Dan)*

> *"Yes, and at one point you realise that you need that next thing to happen. In our case, we had been together for so long too. We got married on our 10-year anniversary, so we've been together for 12 and a half years now." (Mollie - Mollie & Dan, p2, 47).*

In their candid account new parents Kylie and Chris on the other hand, suggested the importance of stability since they felt that their lack of stability contributed to their delay in

preparation for parenthood. They mentioned the importance of having a house, with immediate family ready to support them during the transition to parenthood. They too identified being in a stable relationship as an important feature of preparation for parenthood.

> *"I think you need to be stable." (Kylie)*
>
> *"What do you mean by stable?" (Researcher)*
>
> *"Ideally you'd have a house and a family to help you. I mean sometimes it just happens as it did in our case, but ideally, you'd be in a stable relationship because I think it makes a difference. I can't even imagine what I would have done if I was going through it alone. It would have been much harder than it already is…Our pregnancy was unplanned, so maybe that's why [we started to prepare after the birth of the baby]. Our house was still being built, so we need to hurry up with that because we were having a baby." (Kylie)*
>
> *"Ok. I understand." (Researcher)*
>
> *"The pregnancy came at the worst possible time." (Kylie - Kylie & Chris, p5, 142).*

The majority of postnatal couples, however, described how despite feeling ready for parenthood during the pre-conception and pregnancy phases, their realities were very different from their previously held expectations.

> *"Personally, I felt ready." (Dina)*
>
> *"Yes, we were ready…but even though you feel ready, you have to go through the actual experience to fully understand what it's like." (Remy)*
>
> *"You can never be ready enough I think." (Dina - Dina & Remy, p3, 66).*

Expectant couple Mollie and Dan's sense of togetherness was also revealed as they jointly experienced some physical symptoms of pregnancy together while in preparation for parenthood. Mollie suggested that Dan was experiencing Couvade syndrome, sometimes referred to as sympathetic pregnancy This was a unique description, one which only Mollie and Dan experienced and cared to divulge.

> *"We have this book called day by day which we read together every day…He also experienced a lot of physical changes with me too. He experienced back pain recently, and he had some nausea, what else?" (Mollie)*
>
> *"I had haemorrhoids." (Dan)*
>
> *"He has Couvade!" (Mollie - Mollie & Dan, p4, 121).*

Later on in their narrative, they also spoke of a natural family planning course they had attended and explained how this helped them towards optimal preparation.

> *"What also helped us a lot was the course we attended at the Cana Movement (The Natural Family Planning Course)." (Mollie)*

"Yes that was really good...it was a great choice we'd made." (Dan)

"I spoke to some people who did not attend, and it is a shame because it was a very interesting course. It helps you understand your fertility, so it's good if you want to plan a pregnancy or use it as a means of contraception. From that day that we took the course, we started to take my temperature on a daily basis. He used to take it for me actually. I would be asleep, and he would place the thermometer in my mouth, then he'd chart it too. [ ] Dan was always very much involved. [ ] Then in the morning, I used to find the thermometer on my bedside table, and I used to say to myself he must have taken my temperature. So yeah, that (Natural Family Planning Course) really helped us, and I would recommend it to everyone." (Mollie - Mollie & Dan, p5, 137).

Dan's eagerness and involvement throughout all stages of their preparatory experience might be an indication of his personal preparation for his parental role. This might have influenced his closeness to his unborn child which could have in fact resulted in him experiencing some of the signs and symptoms of pregnancy or as Mollie suggested, Couvade syndrome.

Other participating couples from the pregnancy and postnatal sub-groups also described behavioural changes that they adopted especially in relation to their lifestyle. This was particularly evident in Ella and Damien's description of their experience.

"We have also talked about changing our group of friends. We used to go out to drink with our friends, but with a baby, we can't do that anymore, so that's something that has to change." (Damien)

"We've also talked about how we need to behave in relation to the baby. We can't go out partying anymore." (Ella - Ella & Damien, p2, 47).

It was as if Ella and Damien were already in the process of letting go of their previous selves and experiencing changes in their pregnancy phase in preparation for their transition to first-time parenthood.

The participants from the pregnancy and postnatal sub-groups also described how they were aware of the possibility of difficult parenthood scenarios as a form of their preparation in this regard. Interestingly, none of the couples from the pre-conception sub-group discussed this whilst sharing their experiences of preparation for parenthood which was a contrasting finding when compared to the one-to-one interviews as both men and women spoke of their awareness of these possibilities. New parents Dina and Remy described how their awareness of difficult parenthood scenarios was also linked to their spiritual preparation. Their belief that life was indeed growing inside Dina filled the couple with a strength that whatever the outcome they would be there for this third person.

"I think you really need to be courageous too. You have to be courageous to face the unknown, whatever it might be, especially in the event of something bad happening…I never told you [directing his conversation to his wife], but deep down I used to say to

myself whatever happens, whatever comes our way I have to deal with it, and I have to support you throughout the process. I heard stories of women dying in childbirth and fathers being left alone with the baby. Just the thought of that happening would break me. (Remy)

"I also had my worries, with every scan and in-between. You have to try to be positive but being aware of possible realities I think helps people. For example, when we were still in the Netherlands, they had offered us screening for Down syndrome, but we opted not to do it. I mean if the baby had something, it would have still been our baby. I was carrying a person. We used to pray we'd have a healthy baby, but even if we weren't Catholic, if you really want that baby you'll believe that there is life inside of you and that he or she has its own purpose in this world. I don't know how to explain this really. It wasn't because of our religion that we didn't do the test. We just believed that there was a third person inside of me that we needed to be there for no matter what. (Dina - Dina & Remy, p13, 294).

This excerpt could be compared to Ricky's reality presented earlier on in Part 2. While both Remy and Ricky chose to keep their fears and worries from their wives, the dyadic interview gave Remy the opportunity to come clean. For a moment, it was as if I was invisible and they had their own intimate conversation. Remy presented a contradictory experience in that he revealed an initial instinct to be closed off from his wife but later deciding to be open and able to communicate his fears with her.

Irrespective of their parenthood status, all participating couples also described how they used formal and informal sources of information in an attempt to feel better prepared for their first-time experience of parenthood. They predominately talked about attending antenatal classes, reading various types of literature and having conversations with people who had already experienced first-time parenthood.

"So we discussed the fact that change is coming. We are exposed to a family with young children, and it's like we can see this change in them so in some way that prepares us. [ ] I mean the fact that I've seen them go through it, it helps us of course. She (her sister-in-law) has told me stories about different scenarios that might affect me as a mother. I ask her lots of questions about work-life balance and stuff like that. (Stacy)

"Yeah, we've asked them about how these changes have impacted on their lives and on their relationship as a couple too." (Michael – Stacy & Michael, p3, 77).

All couples from the pregnancy and postnatal cohorts attended antenatal classes, and while they appreciated being somewhat prepared for labour and delivery, the postnatal couples did not find them particularly helpful for parenthood in general as they failed to discuss issues related to this extraordinary phenomenon.

"To be honest I was expecting much more out of Parentcraft. I thought we'd talk about what would happen once we got home, like the real stuff. I thought we'd discuss

the practicalities involved too like sterilization and practice nappy changing." (Damien)

"Yeah me too. There wasn't anything about parenthood it was all about the delivery. I also thought they'd give us a doll and allow us to practice certain things but that wasn't the case. I would have appreciated something similar where I could practice." (Ella - Ella & Damien, p6, 126).

This type of practical preparation in relation to baby skills was something many couples yearned for. This was especially evident in the couples who described themselves as never having had exposure to young children. They felt that they needed additional support in this regard. Samantha and Shaun described how they had to film the hospital staff whilst carrying out infant care so that they could watch it together and learn together once they returned home with their newborn.

"We never had any young kids in our families, neither of us so…like the most basic things that people take for granted that you should know, we didn't. For example, when we were in the hospital, we had no idea to hold him, how to pick him up without hurting him. So all these little things." (Samantha)

"Like changing his nappy, they had to show us at the hospital a few times because we just didn't know. I recorded it to see how it needs to be done." (Shaun)

"Then we took it back home, and we watched it together for a couple of times." (Samantha)

"Everything was really new for us." (Shaun - Samantha & Shaun, p2, 36).

Other couples were disappointed in that their course commenced way into their pregnancy, and certain topics that were being discussed did not appeal to them at that particular moment in time.

"I think these classes that we attended at the hospital ran a bit late in the pregnancy; I would suggest that they commence earlier on in pregnancy [ ] I would have liked to do it a bit before because the first and second lessons were a bit too late for me at that stage. The topics we were discussing I had already been through." (Sheila)

"I think that it would also be interesting to have some sessions maybe against pay about other sessions that maybe are more relevant later on in the parenthood experience, or maybe to discuss something personal that you would want to discuss with the midwife. I noticed that a lot of people would stay after the session to discuss personal issues with the midwife, we did too a couple of times." (Noel – Sheila & Noel, p9, 224).

Dina and Remy recalled how at the end of their pregnancy they realised that they were not prepared for their postnatal experience. Dina implied that in the pregnancy she focused on topics that were relevant to her then only to be left wanting more by the end of the course because she realised she wasn't at all prepared for the realities of parenthood.

> *"At around my seventh month I was reading an article about baby's first hours at home, and I realised that I wasn't prepared at all in that sense. I was so focused on pregnancy and labour that I didn't think about what was going to happen once we got home [ ] It's like everyone is focused on pregnancy and the birth and nobody really tells you about what happens afterwards. [ ] Even though we attended the course, I think we were selective in our hearing. You will only hear or pay attention to what you think is relevant to you at that particular moment in time, whatever is worrying you at that time and not really focusing on what is yet to come." (Dina - Dina & Remy, p6, 153).*

The majority of couples also spoke of how they invested in reading material mainly in the form of commercial texts like books and magazines. Another popular source of information was the internet as it was perceived as a very easily accessible source of information. While some parents viewed the information sought as credible others were not as sure. Parents spoke about seeking reliable sources namely medical websites or governmental sources.

> *"If you are preparing for parenthood, go and search about it, become knowledgeable. Read and study all about it. Plan it well. Read books, use the internet, and become knowledgeable." (Dan)*
>
> *"You need to make sure your source is reliable though. It's one thing to be getting information off the WHO website but if you are using some weird site that's another story and I wouldn't be so sure." (Mollie - Mollie & Dan, p9, 265).*

Some couples spoke of seeking a range of views only to acknowledge what made sense to them, while others only considered views that suited their needs at the time.

> *"He patiently listened to me telling him all about it." (Samantha)*
>
> *"Yeah, that summarizes it." (Shaun)*
>
> *"I read everything that was available online, and then I told him about it. I tried to read reliable sources like the NHS and the American Association of Paediatrics and stuff like that, even some Australian ones which were also really good. So I had my little pile of information which made sense to me and suited my need, our needs, so we worked with that. That is how I prepared really." (Samantha - Samantha & Shaun, p7, 217).*

Couples also called on the support and information from their immediate family and close friends as well as from the health professionals they met along their journey into parenthood. Family and friends with young children were considered a great source of contemporary information and advice by the couples. They were however divided when it came to advice from their own parents. While some found their advice, invaluable others considered it to be out of date and unhelpful. This view stemmed from their acknowledgement that times had changed. This is contrasting to those participants who reported using their own upbringing as a guiding factor for their own parenthood experience.

"And you need to talk to people about things. We've talked to some people about certain things, and they told us this and that which helped us I think." (Peter)

"People with experience are our main source of reference." (Jessica - Jessica & Peter, p4, 121).

Other participants described how they preferred professional advice and how this advice was more reliable than mere opinions that were randomly thrown at them even if they never asked for it. Whilst advice was generally viewed as comforting, the couples were presented with instances all throughout their preparatory phase and even after the baby was born in which they received unsolicited advice. This presented yet another dilemma for many couples as they struggled with expression and privacy. Acquiring unrequested disclosure-advice from family and friends were seen to contribute to privacy dilemmas for many of the couples. They were presented with scenarios where they did not want to hurt the discloser's feelings, but at the same time, they were not ready to cope with the information being revealed to them. It was as if couples felt like their privacy was being violated against rather than being privileged to be receiving this unsolicited advice and hence this is why some couples preferred professional advice.

"I personally think that advice should come from someone professional. I'd prefer a professional's comment or opinion. I think a professional can really impact on the person's journey. They have the ability to calm a person in distress with the information they provide. I actually think that other people's opinions or suggestions are more intrusive rather than helpful." (Remy)

"Yeah, we had to ignore them sometimes." (Dina - Dina & Remy, p8, 212).

5.15.2 Female specific domains in preparation

The female counterparts of the couple predominately focused on optimising their overall health for the sake of their unborn baby when compared to their partners who tended to focus more on the material and materialistic aspects of preparation. The female partners spoke about the importance of folic acid, eating healthier foods, exercising, smoking and alcohol cessation, similar to what had been generated with the women in Part 1 of this chapter.

"You start taking your vitamins and folic acid, you pay attention to lifting and handling, you try to rest more, exercise, stretch mark prevention oil, circulatory stockings. These all helped me with the physical aspect of preparation." (Mollie - Mollie & Dan, p7, 216).

Healthy lifestyle choices were features that the female partners focused much more on. A prime example of this was from Ella and Damien, an expectant couple who discussed smoking and drinking habits in relation to preparation for parenthood. They both used the

word “had to” in their narrative which is somewhat indicative that quitting was not an intrinsic choice. It was as if society’s expectation of how a good mother should act during pregnancy was being forced onto Ella. Whilst she quit, Damien continued to smoke and drink. Ella explained how she would have otherwise felt guilty, which continued to shed light on the fact that with alcohol and smoking there seemed to be this perceived increased risk of female use and harming the unborn child. Damien, on the other hand, described how he still smoked, disregarding the effects of passive smoking, despite moving away to do so. His physical separation from his partner during smoking also reinforced separation in a metaphorical sense.

> *“You had to stop drinking.” (Damien)*
>
> *“Yeah, drinking and smoking. I had to quit. I would have felt guilty if I didn’t. I don’t think it would be right not to quit even though I’d enjoy drinking a bottle of wine with my partner.” (Ella)*
>
> *“What about you Damien?” (Researcher)*
>
> *“I still smoke and drink, but I don’t smoke near her.” (Damien - Ella & Damien, p2, 26).*

On the contrary, Mark’s narrative highlighted how he reduced his alcohol consumption in support of his wife during the pregnancy phase. Juliet then revealed an awareness of the hierarchy of risk in relation to alcohol consumption as a “little bit” or a “sip” were deemed as unharmful to the developing baby by her relatives.

> *“I had started taking folic acid for example because I knew it could happen, so I wanted to be safe, so I started them from before. I also stopped drinking.” (Juliet)*
>
> *“I also cut down because it wasn’t comforting anymore knowing that we couldn’t have a drink together especially knowing that she would have normally enjoyed it.” (Mark)*
>
> *“I really missed the wine you know. My family used to tell me its ok to drink a little bit but for me, it was like what difference would a sip make, I didn’t want a sip I wanted to drink, like a proper glass of wine. I also ate a lot of fruits. I only drank water, three litres a day and I really paid attention to the amount of water I was drinking…and I used to eat fruits not because I really enjoyed it but because I knew it was important for me to do so. I made sure that I was having my 5 a day. I also took care not to overeat. I didn’t want to gain too much pregnancy weight because then after the pregnancy I would have to lose it, so I took care.” (Juliet - Juliet & Mark, p5, 108).*

Another important domain of the preparatory experience for the female partners was employment preparation. All the women were in employment or on maternity-related leave at the time of the interview, and hence they all spoke of how they prepared from a career and employment perspective. They described how this type of preparation caused them much stress, potentially because they did not know how their pregnancy news would be received at work and also because they were still undecided if they should return to work or not. They

explained how they did not want to leave their child behind or in childcare at such a young age. They also did not want to be entirely dependent upon family members when it came to help with childminding. Others spoke of the uncertainty of being able to make use of family-friendly measures should they decide to re-enter the workforce post-maternity leave.

> *"I think there is also an element of employment preparation. I needed to think about how I was going to manage my work with a baby in the picture. This was actually one of my biggest headaches. I didn't want to completely stop working, but at the same time, I didn't want my baby to spend most of his time with his grandparents…Thank God, I managed to arrange to work from home once I have the baby." (Sheila - Sheila & Noel, p6, 140).*

The female-specific domains in preparation tallied well with those expressed in the one-to-one interviews.

5.15.3 Male-specific domains in preparation

While the female description of their experiences focused on the importance they put on maintaining a healthy lifestyle and optimising their health and wellbeing to give their unborn child the best possible start in life, men discussed how they took care of all the physical labour, strenuous lifting and contributed more towards the domestic needs within the household. This was referred to as nesting and materialistic preparation in men's independent interviews (see section 5.10.3).

> *"I think that I took care of the manual labour, for example, last week I painted the house in preparation." (Dan - Mollie & Dan, p8, 231).*

While the female partners experienced physiological and emotional labour as part of their journeys, Dan's excerpt implied that men also contributed to this significant life event in that they engaged in the manual labour which was a necessary feature in the preparatory phase.

> *"I enjoyed putting up the wallpaper while she watched me." (Mark – Juliet & Mark, p6, 137).*

Within the coupled interviews men's accounts of their experiences of their nesting and material preparation presented a contradictory process in itself, a struggle between integration and separation. Within the dyadic relationship, most men tried to be as connected to their wives as they could. Most attended appointments, scans, and antenatal education however they also explained needing moments for themselves as if they needed to have some separate space for themselves in preparation. Expectant and postnatal fathers described how they felt as if they were bystanders within the antenatal period and hence this type of preparation allowed them to exercise some control over all the changes that were occurring.

"We attended the course." (Peter)

"Yeah, we went to the course." (Jessica)

"What else?" (Researcher)

"We read, we searched the internet, we looked at some literature together, and I got the house ready too." (Peter)

"In which ways?" (Researcher)

"I got the nursery done; I did some construction work within the house. I did all of this by myself [ ], but I also went to all of the lessons." (Peter)

"Yes, we went together." (Jessica)

"I think we did most things together. I went to all the pregnancy visits too." (Peter)

"Even when it came to shopping, we bought everything together." (Jessica)

"Yeah, it was just the manual stuff that I did alone. That was my role in preparation." (Peter – Jessica & Peter p7, 197).

All men also talked about financial preparation and how they needed to make sure their new family would be able to live a comfortable life. This meant that before the baby arrived, most men were working extra shifts and staying overtime so that this extra financial income would go towards their budding family. Charlie compared financial instability to "stress", something he would rather not add to the equation.

"I am not the type of person that focuses on the material aspect of things or the financial, even though they are important but I think my focus will be more on my personal experience. How will I need to change, will I have enough love to give, enough time to give, my approach in all of it, values, these things are important. I think this is how I am preparing. I think everything else is secondary. (Lara)

"I think I am focusing more on the material aspect of preparation especially in relation to money. I wouldn't want to enter parenthood with this type of stress. I think men are more cautious of their partners too once pregnant." (Charlie)

"Could you give me an example of what you mean?" (Researcher)

"I mean I think that I will take on more responsibility within the house once we are expecting. I think I will be more cautious of her. Everyone tells you how women suffer in labour and everything, I know I won't feel any of this so obviously we will both approach the situation differently. [ ] I think there will an increased sense of belonging during pregnancy." (Charlie)

"I think that because men don't feel any of the pregnancy changes, their way of feeling involved is through protecting their partner and baby to a certain extent. I think that is how a man feels connected to the experience and bonds with the baby." (Lara)

"That's exactly it, that's what I was trying to explain." (Charlie - Lara & Charlie, p3, 88).

Most men described what appeared to be a heightened need to protect their partners whilst making sure that they were left comfortable during pregnancy as a means to their personal preparation. They wanted to protect their other halves, fill them with confidence, support and cater to all their needs. Again, this was their means of integrating into an experience that they generally felt separated from.

> *"The process of it will be experienced by the woman. As a man, you just have to be her supporter. You have to build up her confidence so that she feels ready for the experience and well supported." (Dan - Mollie & Dan, p2, 62).*

> *"You have to become more patient and take good care of your wife." (Chris - Kylie & Chris, p4, 101).*

> *"I was only focusing on her because she was the one going through all the physical changes during those nine months…I focused on her and her needs." (Mark - Juliet & Mark, p5, 118).*

5.16 Main Theme – Bumps and detours on the road to parenthood

This main theme highlights the realities faced by couples during their first-time experience of parenthood. Postnatal couples described how they were immediately faced with a reality very different from their pre-conceived expectations of what it would be like.

5.16.1 Juxtaposing realities

This sub-theme highlights the paradoxes faced by each member of the dyad as they welcomed their newest addition and transition from dyad to triad. They were faced with a reality they had not genuinely prepared for. They found themselves internally conflicted and at odds with their significant others.

The majority of postnatal couples described their experiences as "hard", "difficult" and "tiring". Many of the female partners described experiencing moments of guilt. They doubted themselves as mothers and sometimes felt inadequate in their role, which contributed to their feelings of guilt. The excerpt from Samantha and Shaun hereunder revealed yet another contradiction, the stability versus change dialectic which was experienced by many new parents especially the female partners. Shaun recognised that since he still went out for work, his reality was very different from that of his wife, especially since she had a very active life pre-baby. This also echoed previous accounts by some of the women from the individual interviews as they also experienced personal struggles in having to let go of all that they were pre-baby.

> *"I've had my moments, but I am getting a bit better, much better. [ ] I was just so overwhelmed, I missed my old life because this reality I was in was so different from*

what I was used to, my body image, my self-image but most importantly the fears of not doing things right by him (her son) or failing as a mother." (Samantha)

"I think it has been a little bit easier for me because I have kept my job and Samantha was a very active person; she was always doing something and then suddenly it all just stopped." (Shaun)

"And with no additional help from extended family or friends either." (Samantha - Samantha & Shaun, p8, 259).

Similar to Samantha's narrative, Peter was also apprehensive about letting go of his previous self. Despite still an expectant father, he expected his wife to take care of the baby, so he could continue to watch football like he usually did. He felt that this was central to his identity and without it, he would have felt as though this new addition "has ruined his life."

"I think you need to have a level of understanding and a certain level of empathy." (Peter)

"Well, I think that your priorities need to be set straight." (Jessica)

"I like to watch football for example, and this is something that we have discussed. I expect her to take care of the baby so that I can watch the game like I normally do every week because I do not want to start looking at my child as someone that ruined my life. I mean, I want to remain myself to a certain extent. I have no idea what will actually happen, but I would like to keep my sanity at the end of the day. I don't know, we'll see. I mean I am going to be adding a new 24-hour role, and I imagine this will take a lot of effort, but it can be done." (Peter)

"Is there anything else you would like to add Jessica?" (Researcher)

"No, I don't think so." (Jessica)

"I think you need to try to find balance with parenthood." (Peter)

"Yeah, I think that one needs to be able to put priorities in order too." (Jessica - Jessica & Peter, p5, 139).

This excerpt identified a certain level of disagreement. While Jessica repeatedly mentioned the importance of prioritization, her husband felt as if he would still need to continue doing what made him happy in the past, which is similar to Jamie's description in section 5.11.3. Despite realising the increased responsibilities that were involved in new parenthood, these men were not willing to let go of what made them happy; it was as if they needed to retain some of their pre-parenthood identity for their own sanity.

Parents also experienced moments of isolation and loneliness. Dina and Remy explained how attending a postnatal massage class with their newborn helped them feel part of a wider community going through similar turmoil.

"We used to go to an infant massage class. We used to be really looking forward to them not because we would give a massage to our daughter but because it provided us

with an opportunity to meet and discuss things with other parents who were basically experiencing similar things we were. We used to end up staying there after the session ended to talk about experiences and challenges." (Dina)

"Yes, it was nice to meet other parents going through a similar experience. It was an opportunity to share our experiences." (Remy - Dina & Remy, p10, 266).

The postnatal couples struggled to find time for themselves because all their time was centred on their baby. This sense of loss of personal identity, time and space seemed to have negatively impacted new parents. They described how their previously held expectations were very different from their actual experiences. Kylie and Chris, who had an unplanned pregnancy exemplified this struggle in their conversation. Despite having always wanted children, Chris still described his experience as hard and different from what he had imagined. Kylie, on the other hand, reinforced this by stating that first-time parenthood was "like a shock to my system". Her heartfelt narrative indicated that she was still trying to find her feet despite nearing one year postpartum.

"You end up never having time for yourself. All time available goes towards your child…emm…you actually start to understand what it is really like to have children. Reality is very, very different from what you hear about parenthood. People told me the baby would cry, and stuff and the whole experience is life-changing, and I was like ok, no big deal you know, but in reality when you are actually going through the experience yourself it's totally different than what you would have thought it would be like…it's like a shock to my system." (Kylie)

"What about you Chris?" (Researcher)

"It's hard. It's hard…I mean it is a lot to take in. I used to think it would be straightforward but it's definitely not. It is really different from what I had thought." (Chris)

"I don't know…it is difficult…I think it's a difficult experience overall but most especially for me, because I spend the whole day here with him alone. Day after day, it's very time-consuming. He's with me all the time. Ok, sometimes I give him to my parents or grandparents, but I still feel as if I need to find my feet. I don't feel settled at all. [Baby starts to cry]. This is how it is; he doesn't let me be for just one second. I guess I'm happy, but I haven't yet come to terms with it." (Kylie - Kylie & Chris, p1, 18).

Kylie's previously desire never to have children, lack of pre-birth preparation and acceptance of the situation at hand proved to cause a delay in adequate transition to first-time parenthood. Moreover, all postnatal couples expressed how they longed for time together however their new lifeworld had left them exhausted and unable to find the time to invest in their relationship. They also held their fatigued selves responsible for conflict within their relationship. They were, however, hopeful they would get back on track once their infants were older. This was most evident in Samantha and Shaun's account. They described how

parenthood affected their romantic relationship. As a couple, they reminisced about their relationship before their son arrived. They offered words of reassurance that they were still attracted towards each other during their conversation, offering hope and optimism to getting their relationship back to where it was, despite being new parents.

> *"I still look at him the same way and love him to bits, but it (parenthood) has had a huge impact on our relationship in the sense that we don't have that alone time anymore. We don't have those intimate moments anymore. I mean, we do share our bedroom with our little boy, and he is very demanding, so we are always very tired and exhausted for each other. We do sometimes pick at each other and get grumpy at each other as well because we are so tired." (Samantha)*
>
> *"We will have our time again when he grows older though. It's not like we are never going to have it back." (Shaun)*
>
> *"I still miss our old life. I can't say that I don't. I love our son to death, but I do miss us. We were free." (Samantha - Samantha & Shaun, p9, 276).*

Time management was another essential feature that came into play when trying to meet all the new demands placed on the couple. This became even more important when partners returned to gainful employment. While the majority of the men felt that one of their primary roles was to contribute financially to their family, and hence they needed to go to work, they also longed to be at home with their partners and baby. They struggled emotionally as they were not ready to let go of this baby that they had grown to love so much already. Dina and Remy's account echoed their struggles. Placing their daughter as their main priority meant that they diverted all their attention to her, which resulted in decreased communication between themselves which had implications on their relationship.

> *"I personally feel that for the both of us, our main challenge has been time management, especially now that we are trying to return to the workforce. We are finding it very difficult even from an emotional perspective because this means that we will leave her behind. It pains me to do so…I think we have forgotten about ourselves and our relationship to a certain extent…this is what is happening to us." (Remy)*
>
> *"I think we are focusing on working hard for her and sometimes we don't even find the time to talk to each other. It is as if you have to really make an effort to have some quality time. (Dina - Dina & Remy, p2, 29).*

Time management featured as a crucial means of coping by the majority of postnatal couples.

5.16.2 Being proactive as a coping mechanism

Irrespective of their parenthood status the couples were very pro-active in highlighting coping strategies that could be used in preparation for first-time parenthood. Since their roles and family-related demands were in a process of change which contributed to potential role

overload, proper management of their time needed to be in play so that each role would be fulfilled to its maximum potential.

> *"Time management needs to be in play I think because your priorities will change." (Dan)*
>
> *"Yes will all these added things that need to be done, it will still be a 24-hour day." (Mollie - Mollie & Dan, p10, 316).*

The male participants also spoke of the importance of keeping calm and being patient with their partners as a form of conflict management.

> *"I think conflict management, being aware of when you've made a mistake and saying sorry. Being responsible for yourself as an individual and your behaviour too. Showing respect and keeping calm is important I think." (Charlie - Lara & Charlie, p3, 83).*
>
> *"You have to be responsible for the things you say and do. If you are angry because of something, stop and think about the consequences of your actions, don't go and get angry at your wife for no apparent reason. You have to try to prepare for these instances too. Keeping calm and remembering that at the end of the day your baby is the result of your relationship with your partner." (Noel - Noel & Sheila, p11, 261).*

During the course of the interviews, I could observe some couples' connectedness to one another. As a unit, they realised that they had to have each other's back and offer as much support as they could to ensure a smooth transition into parenthood. This was even truer for the couples who lacked external support from immediate family or friends. Participants spoke of the importance of "being committed" to each other and to their child. They also highlighted the importance of acknowledging that both parents were equally vital for the experience.

> *"I am fully committed to Shaun and to this child we brought into this world. I have to say this because with some men they are not even committed to the pregnancy in the sense that they just felt that it is the woman who has to go through it alone. I was committed from the moment I realised that I was pregnant or actually when we started trying for the baby because it was a planned pregnancy. There are a lot of responsibilities during the pregnancy, and you can help pave the way for your child during the pregnancy. That's what we wanted. If I was doing this on my own, it would have been much harder. The commitment and dedication from a partner are crucial in this experience. There is just no break, it's a 24-hour commitment, and for us, it was like just him and I because we don't have any family members helping us out. It was just the two of us supporting each other the best we could." (Samantha - Samantha & Shaun, p5, 172).*

Having realised how having adequate support from their respective partners was instrumental in their experiences, some participants spoke of their admiration of parents who didn't have this type of support and managed single parenthood.

> *"I was lucky that during that time (the immediate postpartum) Remy was here. He used to give me breaks so that I could sleep and vice versa. There were two of us, so it*

was a shared joint effort. I really admire people who are able to go through this experience alone because it isn't easy. It's hard sometimes, and we are two." (Dina - Dina & Remy, p13, 334).

Despite a general consensus that support from immediate family and friends was beneficial for this experience, the postnatal cohorts explained how sometimes too much "support" had detrimental effects on the new family. This was exemplified in Kylie's narrative as she felt that allowing the new family to have some alone time was extremely important in preparation for first-time parenthood and a smooth transition from dyad to triad. This presented yet another dilemma between needing some support but also needing the space and time to readjust.

"Maybe if my son were to have kids of his own, as a parent I would give him his own space especially in the beginning of the experience. It's important for a new family to have some alone time. They (the new grandparents) used to come every single day to visit and see him. I understand that they would want to see their grandchild, but you would still need to have some time to yourself right?" (Kylie - Kylie & Chris, p3, 85).

Despite the challenges new parents were faced with in the postpartum period, they did their best to make use of strategies and create opportunities that would enhance the quality of their changed realities.

5.17 Main Theme – Discovering us on the path to parenthood and paving the way for others

Many couples from the pregnancy and postpartum sub-groups accepted their changing identities, and this came with a great sense of accomplishment despite all their hardship. They spoke about how they were transforming into a new unit; transitioning from dyad to triad. This involved a process of growth and adaptation which rendered them more flexible and resilient individuals but also more resilient as a couple. They identified how believing in themselves, and their abilities contributed to a better overall experience. Most postnatal couples also realised that now having gone through the experience they could offer support to others approaching parenthood for the first time.

5.17.1 Resilience and adaptation

Many of the couples spoke of the importance of adapting to first-time parenthood. They acknowledged how a change in their lifeworld was "inevitable". They felt as if the sooner this realisation was made, the easier the transition would be.

"I think that a parent must understand that change is inevitable and they shouldn't fear the unknown. They need to accept that their lives will change and they need to move forward and adapt." (Dan)

"Yeah, and you need to forget about how your life was before the change too." (Mollie - Mollie & Dan, p4, 101).

Adapting into this new lifeworld sometimes brought with it self-sacrifice as previously discussed. Parents needed to be able to let go of their previous selves to a certain extent to be able to move forward in their new roles. The interviews identified individuals from the dyads that were struggling to let go of their previous identities, and these appeared to be the ones who were least satisfied with where they were in their current experience. Most postnatal parents acknowledged how becoming a parent has made them more resilient and proud of their achievements.

"Even the routine that we both had before, it has changed. Now she's the boss. You have to adapt for the sake of yourself and for your baby. The baby won't adapt to accommodate the parents. Until you realise and accept that you aren't as independent as you were before you'll be stuck in this stage of not being able to move on with your life." (Dina)

"Speaking for the both of us I think we were both ready to sacrifice everything for her. We moved countries, sacrificed our careers. I think people need to be aware of what the experience is really like. We were ready to sacrifice everything, but I don't know if everyone else is. Yes, it is a difficult experience, but you will come out of it stronger than ever and so proud of your accomplishments. (Remy - Dina & Remy, p1, 21).

Whilst acknowledging that prospective parenthood brought about a change in the lifeworld of the couple, they identified believing in themselves and their ability to face challenges together as a potential enhancer of first-time parenthood.

"I believe that parenthood brings about a complete change. You change." (Dan)

"How so?" (Researcher)

"In a good way. I think it is a process of love. You change from 'I' to 'We' because now you have your wife and your child. Parenthood brings with it a greater sense of family and coherence. You have to believe in yourself and in your capabilities." (Dan)

"What are your views, Mollie?" (Researcher)

"For me, parenthood is a new chapter…I think it is a process of giving, a process of letting go of yourself and to a certain extent your existence to give everything to your family. We are now a changed unit able to face anything that is thrown at us." (Mollie - Mollie & Dan, p1, 18).

With their new identities at hand, most of the postnatal couples spoke of how they felt that they could contribute to others in preparation since they now had the know-how or expertise having gone through the experience first-hand.

"You have to dedicate time to the actual preparation phase. It is a lot of work, more work than planning for a wedding. I had the wedding sorted in 6 months, and that was just for a one-day event, parenthood is for a lifetime! I had read so much, but still, there was so much more to learn. You learn something new every day literally. Now I am having my friends asking me for advice and stuff. It feels good." (Samantha - Samantha & Shaun, p10, 302).

5.17.2 Improving the support available to couples in preparation for first-time parenthood

Many of the couples spoke about how couples like them could feel better prepared and supported whilst on their journey to first-time parenthood. Some of the couples spoke about the influence of gender roles in contemporary Malta as was identified in the one-to-one interviews. Society still identified the male partner as the breadwinner and the female partner as the child carer and homemaker.

"Gender roles are still very much alive in Malta." (Lara)

"Yes, they are for sure. Even if they aren't so in every family, they still are in society." (Charlie)

"Yes definitely. We are brainwashed into these roles from a very young age I think." (Lara)

"I think people judge you here in Malta if you don't adhere to these defined roles." (Charlie)

"Yes, in fact, I don't know of any stay at home dads, and I am not sure how they would be looked upon here in Malta, to be honest." (Lara - Lara & Charlie, p5, 145).

This mentality seemed to create a contradiction for many of the participating women who were predominately highly educated and established in their careers. Society's mixed messages made it difficult for them to make a decision with regards to returning to paid employment or not. Stacy's excerpt below highlights a somewhat apprehensive stance on her part. It was as if she was already feeling pressured to be a stay at home mum which was in line with Lara's description above.

"I have been studying all my life, so I am not sure if I will be able to stay at home and just be a mother. On the other hand, I feel as though I am expected to be with our baby all the time while my husband goes out to work. What happens if I want to work too?" (Stacy - Stacy & Michael, p5, 150).

Moreover, the couples also talked about how their work orientation had helped them acquire a sense of achievement. Having the opportunity to work from home through telework, having flexible hours, decreasing their working hours by either working reduced or part-time seemed to be beneficial to these new parents or parents-to-be.

"I wish employers could realise that fostering family-friendly measures would be so helpful for working parents. Having this type of support at your place of work would be ideal and not just for the mothers but for the fathers too." (Michael - Stacy & Michael, p5, 157).

All the couples proposed suggestions as to how midwifery support could be enhanced in preparation for parenthood. They also identified the pre-conception period as a time where support was lacking and suggested that this was an area that should be taken up by local midwives.

"Pre-conceptionally there is no support or information whatsoever. You really do know what to do. I feel this is something that should be taken up by midwives. I think there is a lack of awareness and knowledge. I think that had I not had my medical background I would not have known about the importance of folic acid in preparation for example. I had never read it anywhere. I think as a nation we can really improve our public health care system in relation to preconception awareness and knowledge." (Amy - Amy & Mitch p17, 346).

They also suggested that pre-conception support should be organised outside the hospital setting and within community settings.

"I think that in Malta, midwifery services are associated with the hospital. I think however that their services can also be given within the community. People who are still planning a pregnancy, for example, they don't have any support. I'm sure that speaking with a midwife would help." (Martina - Martina & Max, p8, 188).

They felt as if the content of current antenatal education should be revised to better equip parents to be for the realities of new parenthood which was a common finding all throughout the separate parts of this chapter.

"The course (antenatal education) was good, but the focus was on the delivery, and nobody really tells you what will happen after the baby arrives. It's like everyone helps you throughout the pregnancy, and there is loads of support, but then you end up alone once the baby arrives. I think teaching new parents about the realities of parenthood would be very helpful." (Kylie - Kylie & Chris, p6, 182).

Another essential aspect brought up by Dina and Remy was the need for midwives to provide consistent and research-based information to expectant and new parents. They explained how they were faced with different views and opinions from midwives who worked in the hospital and also those from the community setting. The advice given by the two different entities were conflicting and confusing to the new parents, and this has implications for midwives and their continuing professional development.

"Another thing is the advice given postnatally by midwives it's really not consistent!" (Dina)

"Yes, I agree." (Remy)

"Especially between the midwives working in the hospital and those that work in the community." (Dina)

"I'd say even amongst those working in the hospital; it is just not the same." (Remy)

"Everyone gives you their opinion, and sometimes they just lack professionalism." (Dina - Dina & Remy, p15, 384).

5.18 Summary

The couples shared their experiences and the meanings they placed on preparation for first-time biological parenthood. They discussed the nature of their pregnancies and related their situations to how that influenced their preparation. While most couples shared a common desire to approach first-time parenthood, one couple discussed their unplanned context of parenthood and the effect that it had on their journey, which was noticeably different from the others'. The couples described how they individually and collectively prepared for their experience while identifying sources of information and support they used along the way.

All postnatal couples, however, admitted that the reality of first-time parenthood took them by surprise irrespective of the fact that they all tried to prepare to some extent. Their new lifeworld left them torn between their own personal needs and those of their family. Their overall experience was presented with multiple contradictions both on a dyadic level but also in relation to their relationships with others. These struggles were much more pronounced in the coupled interviews when compared to the one-to-one interviews in parts 1 and 2 respectively. In the dyadic interview, the couples' interconnectedness and vulnerability were particularly noticeable. This type of interview allowed the couples to go through a process of exposing themselves to each other whilst offering each other support and understanding, in an attempt to make their shared experience more positive. It allowed them the time and space to have a raw conversation with each other about their personal experience. It was particularly interesting to note men's contribution to these conversations which sometimes exposed their more sensitive sides which was less evident in the individual interviews. The postnatal couples, for example, were able to speak about their fears and concerns especially with regards to how their intimate relationship had changed since the birth of their child. They explained how fatigue had an adverse effect on their relationship and most of the time they were too tired to have sex. In view of these struggles, the couples needed to become proactive in identifying coping strategies that could be put into play to enhance their experience. They acknowledged how trusting themselves, and their relationship was an essential step in making their experience more positive. The couples also put forward recommendations in an attempt to better support other couples on their journeys to parenthood.

The following chapter presents the findings of this chapter in relation to the relevant literature and brings together the three phases of the study.

Chapter 6. Discussion and Conclusion

6.1 Chapter introduction

This chapter presents the key findings of this study from all three phases in the light of other literature and theory in this area. The findings of this study reinforce but also extend reported findings in other existing research on first-time parenthood. This chapter also presents the methodological strengths and limitations of the study and concludes by presenting implications for practice, policy and suggestions for future research.

6.2 Study contributions

This research aimed to explore the experience of preparation for first-time parenthood amongst biological parents in Malta. My intention was to explore the ways in which those most directly affected by first-time parenthood made sense of their preparatory experiences. This adds important first-hand knowledge to the majority of existing research, which has been critiqued in the past for isolating the views of women and men or the dyadic couple. I have attempted to explore both the shared and distinct experiences of my participant groups, however, not at the detriment of unravelling individual variations at participant level as suggested in IPA research.

I believe this study was the first of its kind to use a multi-method, multi-phased approach to explore preparation for parenthood from a multi-perspective point of view, adding to the expanding realm of local and international IPA research. Since the study was carried out in Malta, it provides a contribution to the literature regarding preparation for parenthood in a Maltese context which has specific cultural influences of traditional values with the majority sharing a faith-based belief system.

Understanding the experiences of individuals whilst preparing for first-time parenthood can assist professionals in supporting them during their transition to parenthood. The findings of this study have in fact highlighted a service void in relation to preconception care which includes adequate holistic preparation for parenthood. Current antenatal education in Malta fails to adequately prepare individuals for their transition to parenthood as it still focuses on pregnancy and childbirth. This study also highlighted a need to strengthen postpartum education and support about critical parenthood issues, namely relational changes, body image and sexuality but also infant care.

6.3 Social determinants involved in preparation for first-time parenthood within the Maltese context

Preparation for parenthood enhances the health and wellbeing of individual parents and the health of their children (Borg Xuereb, 2008; Riedmann, 2008). Social determinants, however, may affect the means by which individuals prepare for parenthood. The World Health Organisation (2015, p.1) defined the social determinants of health as "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life". Baron (2004) added that social determinants are influenced by social norms. Norms are encouraged by mechanisms which include a sense of guilt and consequences that can cause shame (Hammond and Axelrod, 2006). The Maltese context represents a unique Southern European cultural context given the persistence of particular social and cultural processes which in turn influence social norms. Research on other Mediterranean societies has shown that one's social position within any given society is based upon kinship and family; honour and reputation; culturally determined gender roles; and adherence to religion (Osiek, 2008).

Pitt-Rivers (1966, p.21) defined honour as "the value of a person in his eyes, but also in the eyes of his society. It is the estimation of his own worth, his claim to pride". Thus, a person's sense of honour is dependent upon social norms. Consequently, shame may be experienced by those who do not adhere to societal expectations. According to anthropologist Peristiany, (1966, p11): "Honour and shame are the constant preoccupation of individuals in small-scale, exclusive societies where face to face, personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office". This was experienced by two women from the one-to-one interviews, Alison and Ruby, as they described feelings of fear and worry in telling their mothers they were pregnant out of wedlock. They were afraid of generational shame and stigma which has been associated with causing anxiety and depression as well as contributing towards coronary heart disease and stroke (Major and O'Brien, 2005).

These social norms featured in the experience of many of the participants of this current study which also confirmed the sociological and anthropological or cultural domains involved in preparation for first-time biological parenthood as had been elicited in the preliminary conceptual framework in Chapter 2. Maltese culture was a constant presence in many of the experiences of the participants, and this was especially relevant with regards to religiosity and spirituality featuring as important features of preparation for parenthood. Most parents expressed their use of religiosity as part of their preparation, confirming the spiritual domain

in preparation for parenthood as identified in Chapter 2. Participants spiritual and religious beliefs provided many with the emotional support required during their transition to first-time parenthood. Despite Montebello's (2009) claims that religious-cultural supremacy was decreasing in Malta, it still appeared to be highly intertwined with Maltese culture (Abela, 1994) and to issues relating to parenthood.

6.4 Gendered issues involved in preparation for first-time parenthood within the Maltese context

During the interviews, the participants also described characterisations comprising good mothers and good fathers. There appeared to be some core characteristics describing what it meant to be a 'good parent' in Malta regardless of gender. This included offering unconditional love, being responsible, having time and patience while also providing for the child. These characteristics were similar to the qualitative findings generated by Perala-Littunen (2007) in Finland who aimed to explore cultural images of a good mother and a good father. Similar to the present study, a good father in Perala-Littunen (2007) was also expected to be manly, physically strong hence able to defend his family. Mkhize (2006, p. 186) explained that "fatherhood is intertwined with the process by which men come to an understanding of who they are…[it] does not occur in a vacuum…[but] is informed by the dominant discourses of what it means to be a man in one's society". He described fatherhood as being "interconnected with the social production and reproduction of masculinities" (Mkhize, 2006, p. 186). It needs to be acknowledged, however, that the standards of masculinity vary across different cultures and historical periods and some of the statements presented here do not present the world views of others. Despite this, similar to the results generated from the male participants of the current study, other research has also shown that fathering a child can be a symbol of sexual virility an important masculine marker as are other important fathering roles namely being the financial provider and moral protector (Datta, 2007; Hunter, 2006; Lamb, 1986). Moreover, this present study also revealed that men associated discipline with good fatherhood. This is congruent with the review findings of Marsiglio et al., (2000) as they also explained that traditionally men have been responsible for enforcing rules and administering discipline.

6.5 Preconception preparation for first-time parenthood

The preconception period is viewed as a critical time where intervention may result in both immediate and long-term benefits for women, men and their offspring (Frey, Engle and Noble, 2012; WHO, 2013c). In this current study, most participants described how they

prepared for parenthood during the preconception phase and while doing so highlighted their independent but also common areas of preparation which they mainly focused on during their journeys. In the planned pregnancy context, participants spoke of their mental preparation, and this featured as an integral part of their experience. Both sexes described how they were anticipating changes in their lifeworlds. For the women, this type of preparation appeared to be much more emotive when compared to the men. In the planned scenario, participants generally began with a consideration of whether or not they were ready to commit to a new reality.

Preconception motivating factors for pregnancy seemed to arise from a complex interaction between long-term personal goals and values together with the current circumstances individuals were in, and hence preparation for this first-time experience of parenthood changed through time. This confirms one of the critical attributes of preparation for parenthood as revealed in the concept analysis in chapter 2 (see section 2.7.2) which stated that preparation for parenthood was in fact time-specific. In the planned pregnancy context, many of the preconception desires for approaching parenthood had, in fact, a strong "time" relatedness. For the women, this was generally associated with their ages as they feared decreasing fertility with advancing maternal age as suggested in the literature (Lemoine and Ravitsky, 2015; Perheentupa and Huhtaniemi, 2009). Many women, in fact, held their ages as contributing to their desire to start preparing for first-time parenthood. Despite this concern, the western world has seen an increase in women having their first child over the age of 35. In 2016, 13.6% of all primiparous women in Malta were 35 years old or more, an increase from 5.12% in 2006 (Gatt and Borg, 2017). In this present study, the female participants as opposed to the men, also showed concern that with increased maternal age came an increased risk of adverse outcomes of the pregnancy and compromised health for them and their infants. This concern appeared to influence their reproductive decisions. This has important implications for preconception care especially in view of the increase in women pursuing an education and personal career goals before starting a family. In fact, a multicentre European study carried out by de La Rochebrachard and Thonneau (2002) concluded that the risk of an adverse pregnancy outcome is highest if both partners are advanced in age (women aged ≥35years and men aged ≥40 years).

Other participants who had planned for the experience described needing to feel *"ready"* and associated this readiness with a broader sense of stability. This stability related to relationship and financial security in both women and men, with men exhibiting a heightened preoccupation with the latter. The men were seen to take up the responsibility for their new

role as a parent by preparing financially to have a baby, irrespective of the parenthood phase they were in. In their minds, their partners and themselves were each responsible for different aspects of preparation which were equally as important. As early as the preconception phase men described how they were working overtime to save up for when the baby arrives. In a study exploring the relationship between residential, biological fathers' parental engagement, financial contributions and psychological well-being in two-parent families, Schindler (2010) indicated that men's engagement in financially contributing to their families resulted in their enhanced psychological well-being. This study included a sample of father-child pairs (N = 771) however response rate was poor with only 52% of eligible fathers participating. This implies that only the more involved fathers participated in this study which may have resulted in bias. In fact, the author of this paper highlighted that eligible fathers that did not participate in the study were less educated, worked fewer hours, and had less annual income when compared to the participants who remained in the study (Schindler, 2010).

Women, on the other hand, considered their jobs and careers while considering first-time parenthood (career and employment preparation). Research has shown that women's stable employment situations were a prerequisite for forming families (Andersson, 2000; Hoem, 1990; Kreyenfeld, 2010). Kreyenfeld (2010) describes that employment aspirations, as well as chances to combine work and family life, vary by a woman's socio-economic background. Research has shown that highly educated women are better able to balance work and family life than others and it has been noted that they return to work soon after childbirth (Drobnic, 2000; Spiteri and Borg Xuereb, 2012). Kreyenfeld (2010) describes how employment uncertainties may indeed act as a hindrance for the postponement of parenthood, especially with highly educated women.

Most participants also described how the prospect of parenthood offered them a sense of personal achievement, which could be viewed as an emotional positive childbearing motivation. Others expressed social positive childbearing motivations in the form of continuity as parenthood would allow for familial lineage and a sense of immortality. Some participants also expressed their desires in having a biological link with a child as a motivating factor. This was similar to the personal fulfilment factor which focuses on the intrinsic motivations related to the inherent satisfaction of having a child as described by Miller and Jones (2009). Interestingly, some men from this current study spoke of their religious and moral obligations as a driving force for seeking parenthood which may be attributed to the social and cultural context of Malta as previously described.

Religious connotations were also made in participants' descriptions of their preconception preparatory experience. During the pre-pregnancy and pregnancy phases, some women revealed their negotiating tactics with God; they prayed to get pregnant and to have a healthy baby. These can be viewed as spiritual-positive coping mechanisms as suggested by Hamilton and Lobel (2008). Many men and women also displayed a reliance on God with some exhibiting fatalistic attitudes. Bell and Hetterly (2014) described fatalism as the belief that life events are predetermined or controlled by outside forces such as God or fate. Many programs and policies aimed at improving health outcomes, like the 2013 preconception care policy brief put forward by the WHO encourage individuals to engage in healthy behaviours and change unhealthy ones, or to act with agency (WHO, 2013b). In a qualitative study aimed to explore issues of fatalism during pregnancy amongst 52 unmarried women aged 20-30, Jones, Frohwirth and Blades (2016) revealed how pregnancy planning might be particularly vulnerable to fatalistic thinking. In fact, they suggested that some degree of fatalism informs how women perceive their fertility (Jones, Frohwirth and Blades (2016). This was particularly evident in Donna's fatalistic attitude towards parenthood despite her desire to be a mother. Women in Woodsong, Shedlin and Koo (2004) also expressed a fatalistic outlook when they stated that childbearing was an important part of the plan that God had for them.

Participants from all parts of this present study recognised that currently there is no formal type of preconception support in Malta. The WHO has defined preconception care as "the provision of biomedical, behavioural and social health interventions for women and couples before conception occurs. It aims at improving their health status, and reducing behaviours and individual environmental factors that contribute to poor maternal and child health outcomes." (WHO, 2013, p.1). When compared to the available guidelines for preconception care for females, there is a paucity of literature focusing on recommendations for men. The Centre for Disease Control and Prevention (CDC) (2018) however, recognised the importance of preconception health for men too as it has been shown to improve their health, as well as the health of their partners and children. Despite the global significance of preconception care, the findings of this study revealed the lack of importance given to preconception support in Malta. The participants of this current study suggested the formal set up of a preconception care unit whereby midwives and other professionals could meet with individuals considering first-time parenthood and offer tailor-made advice and support during this significant time. The WHO (2013b) recommends thirteen areas that should be addressed in their preconception care package. These include nutrition, vaccine-preventable diseases, genetic conditions, environmental health, infertility/subfertility, female genital mutilation, too early, unwanted

and rapid successive pregnancies, sexually transmitted infections, HIV, interpersonal violence, mental health, psychoactive substance use and tobacco use (WHO, 2013b).

The female participants of this study appeared to be aware of the potentially modifiable risk factors which are associated with poor pregnancy outcomes as most strived to optimise their health during the preconception phase. They described how they started taking folic acid and vitamin supplementation pre-pregnancy, heavier women tried to lose weight, they started eating healthier foods, and they stopped smoking all in preparation. These lifestyle changes reaffirm the physical and lifestyle domain elicited in chapter 2 of this study. In an attempt to determine the extent by which women plan and prepare for pregnancy, Stephenson et al., (2014) used a cross-sectional questionnaire survey to gather data from pregnant women attending three maternity services in London. They also revealed that many women were motivated to adopt healthier behaviours in the preconception period. Their study included 1173 women with a median age of 32 years. The authors of this study acknowledged however that the retrospective reporting of preconception behaviours might have led to socially desirable responses (Stephenson et al., 2014).

Dissimilarly, the male participants, did not prepare from a lifestyle point of view during the preconception phase despite the CDC (2018) recommendation that men should aim to reach and maintain a healthy weight during the preconception phase. Men who are either underweight or obese are at risk of developing serious health issues, and obesity is also directly related to male infertility (Moos et al., 2008; Sallmen et al., 2006). In fact, the CDC (2018) also recommend that men try to prevent infertility during the preconception phase by engaging in behaviours that do not harm male sperm. Alcohol consumption, drug use and cigarette smoking all contribute to changes in male sperm which in turn results in infertility (O'Brien et al., 2018). From an ethical point of view, men have a moral responsibility to engage in healthy lifestyle behaviours during the pre-pregnancy phase in an attempt to optimise a safe environment to bring up their child (O'Brien et al., 2018).

Finally, another form of preconception preparation (engaging with formal and informal sources of information) was mostly taken up by the female participants of this study. Similar to the women in Soltani et al., (2017) the females in this current study independently read about certain aspects of parenthood which in turn helped them with knowing what to expect in the coming months. Unlike the women, the male participants explained how during the pre-conception phase their engagement was not very personal, despite acknowledging that reading could help a person in preparation. Most men felt that the preconception period was too early for them to start to prepare for the first-time experience of parenthood actively. It was as if

most of the men relied on their partner's engagement during the pre-conception phase. Pre-pregnancy engagement with formal resources was also minimal given the absence of preconception support in Malta.

6.6 Preparation for first-time parenthood during pregnancy

The pregnancy period offered the parents-to-be unique yet different experiences which in turn helped to enhance their preparation for parenthood. Most female participants described how they sought antenatal care as soon as they found out they were pregnant as a form of preparation. Most men described how they almost always accompanied their partners for hospital appointments and they described how pregnancy scans offered a visual confirmation and opportunity to register the changes that were occurring within the female body. This was crucial in helping the men come to terms with impending parenthood. Draper (2002) described how for men the best access to the unborn baby was indeed through ultrasound scans, and the participants in his study spoke of its impact on their experience of the pregnancy. Draper (2002) went on to describe that pregnancy scans increased men's awareness of the baby and triggered a realisation that within their partner's body was a real baby, a human being and not an abstract concept.

All female participants described how they watched what they ate in an attempt to optimise the health of their unborn child and this was sometimes accompanied by the positive affective reinforcement of their partners who bought healthier foods and cooked healthier meals. For other men, who viewed themselves and their partners as "two separate and distinct lines", this type of preparation was not deemed necessary. In fact, these men did feel the need to quit smoking or drinking because "she is the one that is carrying the baby", although some stropped smoking near their partner. These men appeared to separate themselves from the pregnancy and were less thorough in their pregnancy preparations for parenthood. Other participants described how in preparation they modified their behaviours to adhere to what would be perceived as "good" and socially acceptable for example, they changed their group of friends, stopped partying and changed the places they would typically frequent which mirrored the findings from other studies (Poh et al., 2014). In a qualitative study conducted with seven first-time expectant fathers in Sweden, Finnbogadottir, Svalenius and Persson (2003) also highlighted how men experienced some psychological, social and/or physical changes during the pregnancy. In view of the pregnancy, the men in their study explained feeling socially isolated (Finnbogadottir, Svalenius and Persson, 2003). Like expectant father Dan, from the coupled interviews, some of the men from Finnbogadottir, Svalenius and

Persson (2003) also experienced physical changes during the pregnancy which included pelvic girdle pain and weight gain.

Some of my participants also described relationship preparation during the antenatal period. This type of preparation was given primacy by the female participants. They discussed how the pregnancy allowed them and their partners to start to transition from dyad to triad. They started to acknowledge this third person during their pregnancy in an attempt to decrease the impact of new parenthood postnatally. It was as if the pregnancy period brought the couple closer together. Most men became highly protective of their partners, ensuring they were left comfortable while not taking any risks. This was seen as one of their main responsibilities during the pregnancy period. This protectiveness was a form of their preparation for parenthood and can be linked to their masculine characteristics. Similar findings were elicited in the study by Finnbogadottir, Svalenius and Persson (2003) as participants experienced feelings of heightened responsibility in relation to taking greater care of their partners during the pregnancy phase.

Most parents-to-be also rearranged their homes to accommodate the new baby (nesting and material preparation). In this respect, many expectant parents spoke of the baby's nursery which enhanced the shift from dyad to triad. The setting up of this space for the unborn baby can be viewed as a venture into the future, a space that could be filled with the desires and imaginative plans of becoming mothers and fathers. This, however, might not apply in all instances of new parenthood as access to space and socio-economic circumstances could constrain this possibility (Kehily, 2014). This was in fact observed in the current study as women, men and couples who were either single, unemployed or had an unplanned pregnancy spoke about their nesting processes with seemingly less enthusiasm.

For most men in this study however, this type of preparation was particularly important to them as it allowed them to exercise an element of control onto an experience that most of the time left them feeling like a bystander. They were in charge of all the strenuous physical labour that was involved in getting their homes ready to welcome the new child. Despite this, some men spoke of their apprehension to get things in order too early because they were worried something bad would happen. Feelings of exclusion were also experienced by the men in Finnbogadottir, Svalenius and Persson's study (2003). The authors reported a twofold explanation as to how their participants felt side-lined. Firstly, while their partners' bodies were changing and becoming very obvious they were pregnant, men were left feeling invisible to this experience. Secondly, men also were disregarded by most of the health professionals they met during the pregnancy.

Many fathers-to-be, from my study also expressed feeling anxious and afraid about what the future held for them. Similar to the findings of Poh et al., (2014) they explained how after the birth of their children, they felt relieved and grateful to have had a healthy child and that their partners made it through the labouring experience. The pregnancy and birthing experiences were viewed as epoch moments for many of the participating men (Finnbogadottir, Svalenius and Persson, 2003; Roberts, 2016). These instances offered them visual confirmation of how and why their lives were changing. Childbirth had a significant impact on many men's feelings of becoming fathers similar to the Japanese findings of Iwata (2014). Meeting their child for the first time had an unparalleled effect on experiencing the reality of the child as many transitioned from a hypothetical situation to an actual one during the actual birth (Iwata, 2014).

Some men confessed to having kept these negative emotions to themselves during the pregnancy period because they did not want to worry their partners. Poh et al., (2014) stated that the extent to which men share their feelings, concerns and worries with others is unknown. This may be associated with their masculinity (Dolan and Coe, 2011). A Maltese qualitative study carried out by Christie in 2013, indicated Maltese society sends both indirect and direct messages about men's emotional expression. Her participants felt that society portrayed men as individuals whose emotions should be under control and there appeared to be an association between emotional expression and weakness (Christie, 2013). Hence, when faced with negative emotions such as fears or anxiousness related to the pregnancy or the impending birth, Maltese men might not verbalise their worries but suffer in silence. This corresponds with what Polce-Lynch et al., (1998) had described as the "stereotype masculine display rule" (p. 1038). This has implications for health professionals who work with men in preparation for parenthood. Anticipating any negative emotions in men by educating and discussing relevant issues may offer a step in the right direction (White, 2007).

Antenatal education was a very common means of preparation during the pregnancy. All expectant parents had attended parentcraft at the main local hospital by the time of the interview. Since grandparents are an essential source of social support during the transition to parenthood in Malta, they can also attend a separate grandparents course at the hospital too. Such courses aim to help prospective grandparents to comprehend the transition to grandparenting (Polomeno, 1999). This service is particularly taken up by the female grandparents and as one participant stated: "only the female grandparents went". A similar observation was made by one of the fathers who commented that "not many men attended" parentcraft despite all fathers or fathers-to-be in this study claimed to have completed the

course with their partners. This may be indicative of the fact that traditional gender norms are still very much alive in Malta and childbearing is still considered to be a woman's domain.

The pregnancy period also called for making working arrangements. Some of the working pregnant women made arrangements at their place of work to ensure a healthy working environment for the duration of their pregnancy. Others had to quit work altogether because they could not make the necessary arrangements. Upon disclosing their pregnancies at their place of work some women were faced with unsupportive reactions while others felt they were discriminated against. Some women started to make arrangements to return to work post maternity leave. As Coulson et al., (2010) stated, planning to return to the workforce is a complex and multi-faceted process. The female participants talked about how planning in advance helped to put their mind at ease. Planning commenced during pregnancy and continued after childbirth adapting gradually to their everyday experiences. Planning was seen as a continuous process as was demonstrated by Scholnick and Friedman, (1993). Planning with regards to childcare seemed to bring about much stress amongst the employed female participants. They were grateful to have family available to watch their children as these they were being indispensable to their experience of returning to work. The findings of this study correspond to other local studies by Borg (2003) and Spiteri and Borg Xuereb (2012) which demonstrated that child-care centres were not very popular with Maltese mothers. Preference was given to other members of the family to help with child-care rather than to other institutions as working mothers seemed to struggle with trust issues. The issue of trust was also demonstrated by some mother's in Himmelweit and Sigala's (2004) study which found that they did not trust anyone who was not a family member to look after their children. This emphasises the importance of family within the Maltese culture (Abela, 2000; Tabone, 1995). Literature likewise cautions parents that childcare centres can impact a child's development either positively or negatively (Belsky, 2001, 2006; Belsky et al., 2007; Harker and Kendall, 2003, Himmelweit and Sigala, 2004). A recent national survey revealed that children less than one year of age in Malta were mainly dependent on informal childcare despite the free childcare scheme available to all children whose parents are in work or in education (NSO, 2016b).

6.7 Preparation for first-time parenthood during the first postnatal year

Despite having tried to prepare for their first-time experience of parenthood, the participants reported that they found their experience difficult and stressful, especially in the beginning which corresponds to other local and international research (Borg Xuereb, Abela and Spiteri,

2012; Deave and Johnson, 2008; Sanders, Lehmann and Gardner, 2014; Woolhouse, McDonald and Brown, 2012). New parents had to deal with unrealistic expectations of new parenthood which sometimes left them feeling disappointed and even guilty. The new parents needed to reorganise their lives, with the women taking up the greatest share of domestic and childcare work, which reflects broader cultural norms about gender. Many times this was because of the gendered division that exists in most households in Malta where many women stop or pause paid work while their male counterparts continue with gainful employment. This has also been shown in other contexts like Australia and America (Craig and Mullan, 2011; Horchschild and Machung, 1989).

Despite having had attended antenatal education, the majority of postnatal parents realised that while they felt that parentcraft had somewhat helped them to prepare for the labour and birthing experience, they were not adequately prepared for the realities of new parenthood. The importance of delivering parenthood information during antenatal classes has been raised in the literature (Borg Xuereb, 2008; Nolan, 1997; Parr, 1998). Despite this, some midwives, believe that during the pregnancy, parents are too consumed by the pending birth of their child to engage with information relating to the postnatal period (Weiner and Rogers, 2008). Most participants from this current study, however, believed that they would have benefitted from such information. Milgrom et al., (2011) in fact showed how parents who received information relating to parenthood during the antenatal period were less likely to experience anxiety/depression and coped better with the stressors associated with new parenthood.

During the first postnatal year, most participants' struggled to engage with parenthood resources, advice and support. Many spoke of their desire for adequate preparation for parenthood. Postnatal participants revealed their depreciation of receiving unsolicited advice after the birth of their first-born. Congruent with other studies, the participants from this current study preferred to access information on their terms, generally from books, the internet, peers but most importantly they valued information from health professionals (Sanders, Lehmann and Gardner, 2014). Similar to the Australian qualitative findings of Sanders and colleagues (2014) the participants in this study appeared less likely to seek out the advice of their parents since this was considered to be outdated, despite calling on them for childminding support. Given technological advancements, it was much more straightforward for parents to look up information and answers online for any of the queries they had postnatally (Cohen and Adams, 2011; Khoo et al., 2008; Moseley, Freed and Gold, 2012; Sanders, Lehmann and Gardner, 2014). Participants claimed to use reliable resources which included governmental websites and those pertaining to health-related agencies.

However, search engines like Google were also used (Grimes, Forster and Newton, 2014; Sanders, Lehmann and Gardner, 2014). Similar to what Sanders, Lehmann and Gardner (2014) found, parents often only considered what made sense to them at that particular moment in time, and they were the ones who decided what information most suited them.

Peers were also deemed as an essential source of support and social interaction for new parents. This is congruent with other research that has shown that peers can offer informational support to new parents (Sanders, Lehman and Gardner, 2014). The postnatal parents spoke of how they longed to meet up with people also experiencing first-time parenthood. Sanders, Lehmann and Gardner (2014) suggested that playgroups, library services and other activities that cater to children's needs should be reorganised to create opportunities for adult-oriented interactions too. These may help enhance parental psychological wellbeing which in turn has implications for the child as well. Parfitt and Ayers (2013) also recommended re-evaluating opportunities available for new parents with regards to social interaction given the association between the mental health of the primary caregiver and children's development.

6.8 Theoretical discussion

The results of the qualitative phase of this study found the participants' experiences of preparation for first-time parenthood to be dynamic, sometimes conflicting, changing with time and also with the context these individuals found themselves in. Chapter 5 presented the range and polarity of some of the experiences which could be viewed as dialectical positions. Dialectics as described in chapter 1, are understood as points of views or experiences that are seemingly contradictory, yet that can be true at the same time (Goldberg, 1980). The three main supra-dialectics described in chapter 1 were exhibited during the interviews.

Partners in a relationship face an ongoing challenge of negotiating the oppositions of integration and separation (Braithwaite and Baxter, 2006). From the moment of conception, the male and female participants engaged in this dialectic. For the men, as their sperm separated from their bodies and integrated with the female egg to create new life, most appeared to extend this separation to many of their preparatory experiences as now they were separate from their partners and their unborn child. This separation meant that many men required epoch moments to help internalise (or actualise) the changes that were occurring, prompting them to integrate better with the experience. The dialectic of integration and separation was also apparent as the postnatal couples described their need for couples' time in an attempt to sustain their romantic relationship. At the same time, however, relationship

wellbeing is dependent upon others' legitimisation of the couple as a social unit, or in this case, a family unit and this was in fact exhibited by the participants who stated that they would be interested in attending postnatal groups together with their infants.

The dialectic of expression-privacy was also revealed during the qualitative interviews. In its internal manifestation, this dialectic captured the dilemma of openness and closedness, as the participating men and women communicated with their respective partners. Relationships are built on the foundations of open and honest disclosure (Braithwaite and Baxter, 2006). Simultaneously, relationships involve respect for each person's right to privacy and the obligation to protect one's partner from the hurt that can often result from excessive honesty (Rawlins, 1983). This dialectic was particularly pronounced amongst the men as they chose to keep their fears and worries from their partners throughout the pregnancy phase. Dindia (1998) in fact, framed the expression-privacy dialectic around issues of protection, in which the decision to disclose or not revolved around a concern to protect oneself from hurt or embarrassment versus a concern to protect the other from hurt. Hence, men's decision not to express their true feelings during pregnancy may be viewed using this same example, they could have kept their feelings to themselves in an attempt to protect their wives, or they might have withheld their true emotions not to embarrass themselves or threaten their virility.

A third dialectic, stability-change was also expressed by the participants of this study. Baxter and Montgomery (1996) described how relationships required both stability and change to establish and sustain their wellbeing. The connection between stability and change may be especially crucial to relationship parties during times of significant transition like the one explored here. The postnatal experience in itself created a dialectic in that while it was a joyous time for most parents it also presented many of the participants with hardship. Participants struggled with establishing routines that would work for their new realities because they needed to be flexible in their approaches.

6.9 Synthesis of the three phases of the study

Further to the integration of phases one and two in chapter 3 (see section 3.6), it was also necessary to combine the findings of the qualitative interviews with these results. The qualitative results confirmed the presence of the five core domains elicited in the concept analysis but also added a sixth dimension: the knowledge domain. This domain ensued as all participants spoke of their preparations by exposure to formal and informal sources of information during their preparatory experiences. This was achieved through recalling their own experiences as a child, reading books, articles, surfing the world wide web, having

conversations with family, friends and professionals and also by attending courses such as the natural family planning course and antenatal education. Moreover, participants of both genders indicated the need to offer more support through education by means of the creation of preconception care units, restructuring of the current provision of antenatal education and the introduction of postnatal education for new parents.

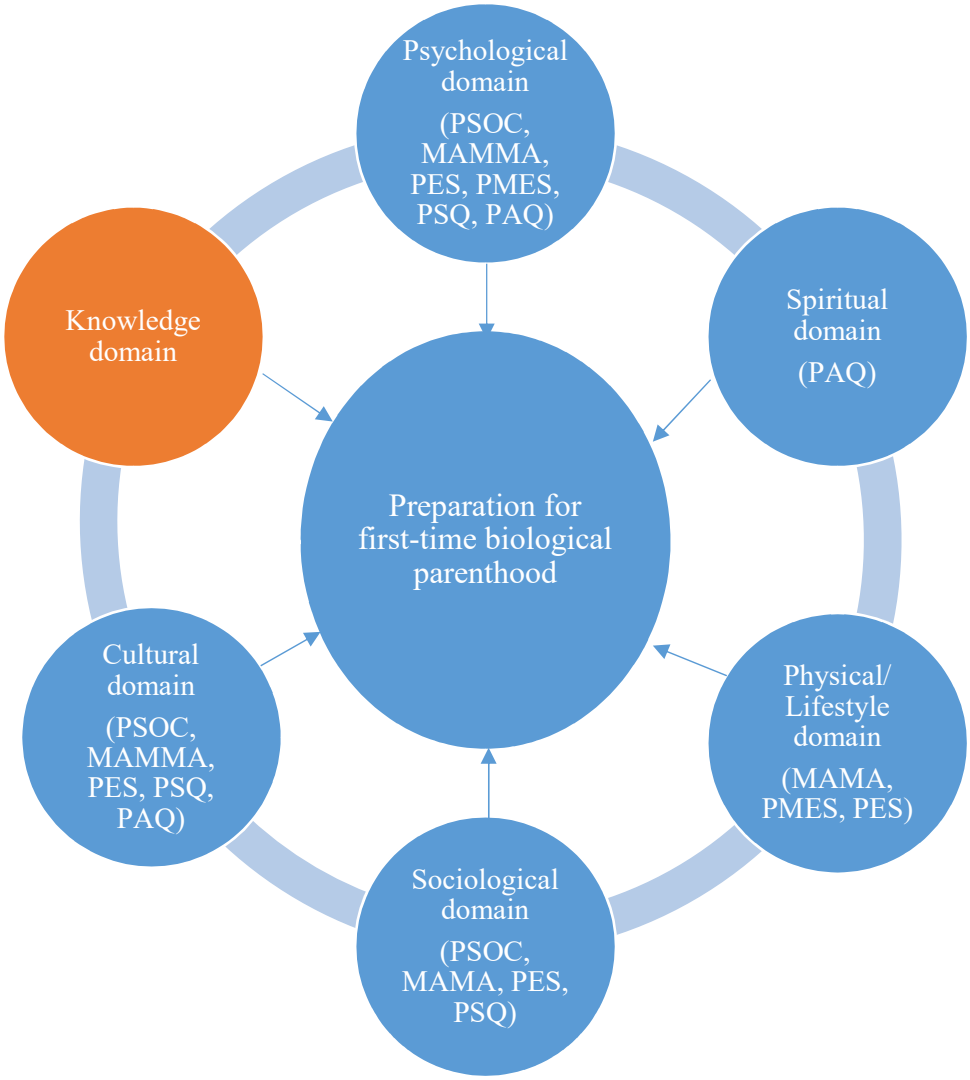


Figure 6.1 – Revised conceptual framework.

6.10 Strengths of this research

One of the main strengths of this research is that the methodology used has allowed for triangulation of the data. This approach has comprehensively looked at the phenomenon of preparation for first-time parenthood to understand it better. Phase 1 served as a preliminary conceptual framework for phases 2 and 3 respectively. Phase 2 helped to confirm that currently there is no holistic measure that incorporates all of the domains elicited in the concept analysis for use in preparation for first-time parenthood assessment. The resultant

related measures, however, can be used as surrogates to assess related aspects of the phenomenon in question. Also, the multi-perspective qualitative exploration allowed for further robustness in the understanding of preparation for first-time parenthood. Phase 3 presented real-life experiences of preparation for first-time parenthood both for the individual parent but also as a couple which confirmed previously elicited domains from the preliminary conceptual framework and also contributed to the addition of another vital domain, that of knowledge.

This study is the first of its kind both locally and internationally to use IPA to explore the lived experiences of women, men and couples alike with regards to preparation for first-time parenthood within the Maltese context. A phenomenological perspective allowed for the generation of rich data that has provided insights into the ways individuals and couples alike experience preparation for first-time parenthood. Thus, the findings of this study are critically important to the growing body of knowledge on parenthood research which has predominately revolved around the experiences of women. Moreover, the findings presented here have the potential to be theoretically transferred (Smith, Flowers and Larkin, 2009). Situational, rather than demographic, representativeness is what qualitative research aims to achieve as opposed to generalizability. Smith, Flowers and Larkin (2009) posit that generalizability in qualitative research refers to the extent to which the theory developed within one study may be exported to provide an explanation for the experiences of other individuals who are in comparable situations in different places around the world.

The interviews provided the participants with an opportunity to talk about their feelings, to reflect on their experiences and to voice their hopes and aspirations for themselves as first-time parents. This opportunity to talk about their experiences may be viewed as therapeutic in itself and adds strength to the study. Moreover, generating data through direct, face-to-face contact with study participants had several advantages over collecting data by other means namely, self-report questionnaires. Opting to use the semi-structured interview schedule as a tool to guide data generation allowed for questions to be answered with more richness and depth about participants' actual experiences as opposed to choosing options from a predetermined list.

Furthermore, participant nuances could be investigated and clarified through further questioning. Open-ended questions also allowed for the richness and complexity of human experiences to emerge, where participants were given time to expand on their responses and the supplementary data of respondents' non-verbal behaviour could also be observed. For

these reasons, the semi-structured interviews were better in eliciting interaction and offered better advantages regarding both the overall quality and the number of responses (Kvale, 1996).

As previously discussed in Chapter 4 (Section 4.5.5 Recruitment strategy), opting not to recruit study participants from Gozo, Malta's sister island may also be viewed as a strength to this study. My clinical role and familiarity with individuals preparing for first-time parenthood in Gozo would have created a social desirability bias and a potential power struggle with me as their midwife and educator.

6.11 Limitations of this research

Throughout the whole duration of this research project, I carefully tried to ensure that trustworthiness was ensured, however, potential limitations need to be addressed nonetheless. As with every IPA study, one needs to consider the role of the researcher's interpretations and the way this impacts the analysis. The results of an IPA study are a co-construction between the participants and the researcher (Smith and Osborn, 2003; Smith, Flowers and Larkin, 2009). In this regard, the findings presented in this research study are just one interpretation and hence remain tentative, emergent and uncertain (Finlay, 2008). Hence, this may be viewed as a limitation to the overall study. Despite this, frequent discussions with my supervisory team allowed for validity checking through reflection on how participant experiences were interpreted. I also presented preliminary interpretations and findings to my peer group and sought feedback on the authenticity of my work.

Having originally left the recruitment of participants in the hands of Cana leaders and Nursing/Midwifery officers at the health centres could have potentially led to recruitment bias. This means that individuals with particular characteristics might have been more readily selected with the results of others with varying characteristics not being given the opportunity. As previously discussed in chapter 4 (4.5.5 Recruitment strategy), I ended up using snowball sampling to recruit 5 participants. The snowball sampling method may have further limited the study by creating a bias towards participants with certain characteristics (in my case, men and individuals with lower SES). Using snowball sampling is likely to result in participants naming others with whom they have close social links and hence might have similar narratives. Despite this, the varied participant characteristics in my sample suggest that what I was, in fact, trying to do with my snowball approach was to vary to a certain extent, participant characteristics while keeping the phenomenon under investigation homogenous. Hence, recruitment bias may not have been so influential in this study. It needs to be

acknowledged that recruiting men was not an easy process. Some men refused to participate in this study citing reasons like ‘lack of time’ and ‘not interested’. Dolan and Coe (2011) speculate that the rejection to participate in parenthood research may be because of fathers' anxieties and fears around this issue. Regardless of the reason, it has been well-documented that men are generally reluctant to participate in qualitative research (Dolan and Coe, 2011). This might suggest that I managed to recruit the more motivated men.

Another limitation of this study is the large sample size for an IPA piece of work which generally opts for smaller sample sizes. The large data set made data management and analysis a lengthy process especially since there is a certain level of depth that is warranted with an IPA study. Smith, Flowers and Larkin (2009) refer to these types of studies as having “bolder designs” (p. 52) because of the level of commitment that is required by the analyst. They argue, however, that an exploration of a phenomenon from multiple perspectives, like the one I set out to explore helps in developing a more detailed and multifaceted account of the topic under investigation (Smith, Flowers and Larkin, 2009).

Also, given that Malta is more conservative, gender roles might be more firm and this may be the reason behind some of the findings and interpretations of phase 3 of this study especially when compared to less traditional cultures. Another limitation is that this work focused on individuals and couples in an entirely heterosexual context which brings forth the need for more work on diversity regarding preparation for parenthood.

6.12 Implications for clinical practice and midwifery education

The pre-conception and antenatal period should be viewed as an opportunity to strengthen the family unit by encouraging prospective parents to talk about the changes they will face during the transition to first-time parenthood. This study recommends the implementation of preconception care clinics or units within the community to offer advice and support to prospective parents regarding diet and nutrition, healthy lifestyle behaviours and fostering healthy relationships. There is the potential for these preconception clinics to be run by midwives but may also engage others such as family therapists, psychologist, nutritionists and other new parents who could offer practical and realistic advice. Given the findings of this study, potential parents should have the opportunity to speak about their concerns regarding prospective parenthood before embarking on this life-changing journey. Participants suggested readiness for parenthood assessment via informal discussion with midwives during the preconception and antenatal stages so that support could be offered to individual parents accordingly. The findings of this study also indicated that the communication between them

and professional staff was not always satisfactory. This suggests that professionals working with parents need to reassess their interpersonal skills. Participants spoke of the importance of being offered adequate time to be able to communicate with a professional, and this has implications for support staff and professionals dealing with parents during their transition to parenthood. Individuals need to feel safe in exposing their wishes and concerns.

The findings of this study also suggest that the current provision and delivery of antenatal education needs to be revised to better prepare parents for parenthood. Participants recommend that the courses delivered start earlier on during the pregnancy and include aspects of parenthood which they would need post-birth of their infant. In view of the findings of this study, gender-specific domains could be addressed with more emphasis on the role of men. It is recommended that these antenatal classes be marketed better to encourage better attendance especially by men and grandparents (for the grandparenting course especially in view that in Malta many grandparents are involved in childminding). The findings also suggest that the current parentcraft programme continues well into the first postnatal years. This would allow issues around new parenthood, child rearing and psychosocial issues to be discussed.

This study also recognises the importance of mandatory continuing professional development by all midwives working in Malta. This would ensure that irrespective of their workplace, all midwives, would be updated with the latest research-based information regarding issues related to preparation for first-time parenthood or supporting new parenthood transitions. This would help minimise the conflicting advice that new parents are currently being faced with.

6.13 Suggestions for further research

The study reported in this thesis can be considered a catalyst to trigger future studies in exploring preparation for subsequent parenthood, adoptive parenthood and parenthood using surrogacy and reproductive technologies as well as exploring the experiences of very young mum and dads or those approaching parenthood alone. It is hoped that this study proves a base for future inquiry into the experiences of these groups of individuals. Such research could provide a broader understanding of parents' experiences and identify needs specific to particular groups of parents. It would be interesting to note how these different parenthood scenarios would impact on the couple dynamics, siblings and the broader social support system.

Moreover, a study could be carried out with the professionals who are involved during the transition to parenthood. This study could explore how professionals see themselves as

supporting individuals who are preparing for first-time parenthood. Results could be compared with the findings of this study to examine if professionals and parents identify the same challenges, concerns and needs.

It would also be interesting to see if the findings elicited in this study would be the same if the couples that were interviewed independently as well as in the dyad form were the same. This would reveal if any topics were concealed or further elaborated on in either of the interviews.

In the absence of a holistic tool covering all of the resultant domains of preparation for first-time parenthood, this study can act as the foundation for the development of a psychometric measure in this regard. Since participants would prefer to be informally assessed, a self-assessment measure might be more appropriate in this context rather than a formal tool administered by a professional.

6.14 Suggestions for policy

Transitioning to first-time parenthood has been associated with a lifelong responsibility by both parents which involves personal responsibilities but also responsibilities directed towards their partners and young children. Since these young represent the future of society, parents should be supported in their journeys to parenthood. Locally, there seems to be a continued need to sensitise society about the transition to parenthood and the realities involved for both parents during this time. More importantly, the importance of fathers during this crucial time needs to be reinforced. This study brought forth how individuals and couples prepare for the first-parenthood experience. Supporting parents at a national level during this critical life event would strengthen families who are at the crux of the society. Currently, maternity leave policy allows women in Malta the right to eighteen weeks of maternity leave. With men only receiving a one-day birth leave allowance by law. At European level, a new work-life balance directive is being discussed. These discussions involve the introduction of a minimum of 10 days of paternity leave around the birth of a child (European Commission, 2018). This would allow parents to share better the responsibilities involved in new parenthood but would also give new fathers the opportunity to bond with their child during this critical time. It would be ideal to extend local maternity leave from eighteen weeks to twenty-three weeks which is the average duration of maternity leave in the European Union (Institute for Family Policy, 2008) for all new mothers who are gainfully employed. Even though most working mothers in this study identified employment and career preparation as an essential feature while preparing for parenthood, men should also be given the opportunity to avail themselves of flexible working arrangements should they be in employment. This notion is also being proposed by the

Directive on work-life balance for parents at a European level (European Commission, 2018). The proposal extends the right to request flexible working arrangements (reduced working house, flexible working hours and flexibility in place of work) to all working parents of children up to twelve years of age (European Commission, 2018).

6.15 Conclusion

This research aimed to explore the experience of preparation for first-time parenthood amongst biological parents. The specific objectives were to (1) develop a comprehensive understanding of the term 'preparation for parenthood' and provide a conceptual framework, which would assist in the theoretical grounding of this research by means of a concept analysis [Phase 1]; (2) systematically review published literature to identify existing tools that measure all aspects or contain domains that relate to specific areas of preparation for first-time parenthood [Phase 2]; (3) explore, using qualitative in-depth interviews, mothers, fathers and couples' accounts of their experience with preparation for first-time biological parenthood to develop a deeper understanding of it [Phase 3]; (4) bring together the findings from the three phases, along with the theoretical underpinnings to meet the overall aim of this research. These aims and objective were met and key findings highlighted.

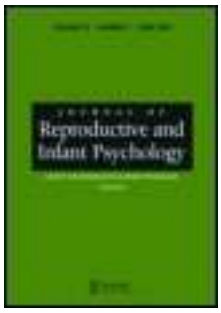
Firstly, phase one and phase three of the study have identified a difference in the meanings associated with the terms 'parenthood' and 'parenting' which are generally used interchangeably. Moreover, these two phases have contributed to the development of a conceptual framework regarding preparation for-first time parenthood. Phase 2 has shown that there is a dearth of measurement instruments available that can be used to assess areas related to preparation for first-time parenthood with no instrument available to holistically assess preparation for first-time parenthood. Phase three of this research study has however indicated that the majority of the participants were not keen on being formally assessed using a measurement instrument but would rather have informal conversations with their midwives as a form of assessment during their preparatory stages. Alternatively, self-assessment of how well prepared individuals feel might be useful given the complexities and uniqueness involved in first-time parenthood.

In summary, these findings hold potential importance for future work with prospective first-time parents especially with regards to the design and implementation of interventions aimed at supporting individuals through the transition to first-time parenthood. In particular, the need for supporting both women and men as early as the preconception phase, creating learning opportunities and promoting engagement with educational resources all throughout

the childbearing experience, with a particular focus on preparation for parenthood. Addressing the apparent contradictions that are related to the first-time experience of parenthood is paramount in achieving optimum transitions with positive outcomes for both the parents and their children.

Appendices

Appendix A: Publication



Journal of Reproductive and Infant Psychology

Publication details, including instructions for authors and subscription information: http://www.tandfonline.com/loi/cjri20

Preparation for parenthood: a concept analysis

Georgette Spiteri[a], Rita Borg Xuereb[a], Debbie Carrick-Sen[b], Eileen Kaner[c] & Colin R. Martin[de]

[a] University of Malta, Midwifery, Faculty of Health Sciences, University of Malta, Msida, Malta [b] Newcastle University, Newcastle, UK

[c] Newcastle University, Institute of Health and Society, Newcastle, UK

[d] Buckinghamshire New University, Middlesex, UK

[e] West London Mental Health NHS Trust, London, UK Published online: 06 Jan 2014.

To cite this article: Georgette Spiteri, Rita Borg Xuereb, Debbie Carrick-Sen, Eileen Kaner & Colin R. Martin , Journal of Reproductive and Infant Psychology (2014): Preparation for parenthood: a concept analysis, Journal of Reproductive and Infant Psychology, DOI: 10.1080/02646838.2013.869578

To link to this article: http://dx.doi.org/10.1080/02646838.2013.869578

Journal of Reproductive and Infant Psychology, 2013
http://dx.doi.org/10.1080/02646838.2013.869578

Routledge
Taylor & Francis Group

Preparation for parenthood: a concept analysis

Georgette Spiteri[a]*, Rita Borg Xuereb[a], Debbie Carrick-Sen[b], Eileen Kaner[c] and Colin R. Martin[d,e]

[a]University of Malta, Midwifery, Faculty of Health Sciences, University of Malta, Msida, Malta; [b]Newcastle University, Newcastle, UK; [c]Newcastle University, Institute of Health and Society, Newcastle, UK; [d]Buckinghamshire New University, Middlesex, UK; [e]West London Mental Health NHS Trust, London, UK

(Received 31 January 2013; accepted 22 November 2013)

Objective: This article reviewed the literature and critically analysed the concept of preparation for parenthood. The analysis is mainly of a discursive nature with some theoretical underpinnings. Background: Preparation for parenthood is a concept that is generally used within psychology, sociology and health professional practice especially midwifery, in terms of preparation for birth and parenthood sessions. However, parents often report feeling unprepared during this period. In order to ensure appropriate delivery of support and education during this time it is important to fully understand what preparation for parenthood really means by unravelling its component elements and understanding its contemporary relevance. Methods: A number of sources were searched using the keywords 'preparation' and 'parenthood'. The concept analysis framework put forward by Walker and Avant was used to develop appropriate cases to further illustrate and explore meaning. Results: The literature search confirmed limited evidence with regards to an in-depth exploration of the concept and the separate elements that are related to each other. This investigation is the first of its kind considering the full range of meanings with regards to the concept and the contemporary evidence available. Law, gender, culture and spirituality all influence the concept and thus antecedents and consequences cannot always be applied to contexts which are fundamentally different. Conclusion: Preparation for parenthood is multi-faceted and changing, thus further research with regards to this concept is warranted. This analysis provides the groundwork for the development of measures that may be used within clinical practice.

Keywords: concept analysis; preparation; parenthood

Introduction

Parenthood is a complex and multi-faceted life event. Its arrival brings about a distinctive blend of stresses and rewards (Nomaguchi & Milkie, 2003). Preparation for this event can have an impact on future generations. This is why nations have invested so much in supporting parents with programmes such as 'Sure Start' and 'Positive Parenting' (UK), 'Head Start' (US) and 'Early Years Plan' (Australia and Canada). Despite these efforts, new parents all over the world still feel unprepared for the reality of parenthood (Borg Xuereb, Abela, & Spiteri, 2012; Carrick-Sen,

*Corresponding author. Email: georgette.spiteri@um.edu.mt

© 2013 Society for Reproductive and Infant Psychology

2006; Condon, Boyce, & Corkindale, 2004; Cowan & Cowan, 2000; Cronin & McCarthy, 2003; Gage & Kirk, 2002; Macleod, 1999; Spiteri & Borg Xuereb, 2012). The concept of preparation for parenthood needs to be firmly established as a phenomenon that offers a new, alternative and family-centred approach in addressing the needs of parents during their transition to parenthood.

Even though preparation for parenthood is a concept generally linked to the midwifery profession, there are other contexts where its importance should be recognised. The authors of this article acknowledge that there could be different ways people may prepare for parenthood; however, much more information appears to be available for high-risk or problematic groups (Moriarty Daley, Sadler, & Dawn Reynolds, 2013; Ross, Church, Hill, Seaman, & Roberts, 2012). Preparation may be different with those planning first-time parenthood from those experiencing subsequent parenthood. With the case of pregnancy, preparation for parenthood might also be different in cases of planned and unplanned pregnancies and for those carrying a singleton or a multiple pregnancy.

This concept analysis aims at developing a more in-depth understanding of preparation for parenthood in order to be able to inform the care and support offered by health professionals, with the aim of providing a grounding that can support further research. While preparation for parenthood can span from pre-pregnancy to a number of years after the birth of the child, this article will focus on preparation from pre-pregnancy through the early stages of parenthood (up to one year after birth), in a planned pregnancy scenario involving a man and a woman.

Concept analysis methodology

Concepts form the foundation of applied theory in the social sciences (Morse, Hupcey, & Cerdas, 1996). A concept is a mental image of a phenomenon or experience, an idea or a construct in the mind about a thing or an action. A concept analysis is a process that examines the basic elements of a particular concept (Walker & Avant, 2011). The analysis allows for the concept under investigation to be distinguished from others which are similar to it. Walker and Avant (2011) described how concepts or ideas need to be broken down into simpler elements so as to be able to establish their internal composition.

A number of concept analyses can be found in the literature, many of which were based on or adapted from Wilson's model (1969) cited in and supported by Walker and Avant (2011). A more radical version of this model was proposed by Rodgers (1989). However, both models share a common goal: that is, to bring to light the attributes of a particular concept in an attempt to clarify its meaning. The philosophical underpinnings of these models differ, as does their methodology. Walker and Avant's framework (2011) ensures that the uses of the concept are not just limited to nursing and medical literature, suggesting a more in depth review of sources such as dictionaries, thesauruses, colleagues as well as research papers. While Rodgers (1989) used a cyclical model allowing the analysis to reflect the changing nature of concepts, Walker and Avant (2011) offered a more linear and simple model which consists of eight steps. These steps include the following.

(1) Selecting a concept.
(2) Determining the aims or purpose of the analysis.
(3) Identifying all uses of the concept.
(4) Determining the defining attributes.
(5) Identifying a model case.
(6) Identifying borderline, related, contrary, invented and illegitimate cases.
(7) Identifying antecedents and consequences.
(8) Defining empirical referents.

This method was chosen to be used as a framework to guide this concept analysis as it was deemed more rigorous and logically structured by the authors than other methods currently available. Also, this

format has been used successfully by international authors to conceptualise concepts relating to health (Aita & Snider, 2003; Almond, 2002; Ridner, 2004).

Results Steps 1 and 2: Selecting a concept and determining the aims of the analysis

The purpose of this concept analysis was to develop a more in-depth, holistic understanding of the term 'preparation for parenthood'. Although this term is perceived to be understood, one must acknowledge that it is a multi-faceted concept which requires a broader understanding of each individual aspect pertaining to it. Concept analyses are appropriate for terms that have been used across disciplines for many years but are poorly defined, particularly if these terms are used within current and evolving areas of research (Earvolino-Ramirez, 2007). Moreover, concept analyses are an important step when a measuring instrument is being developed (Paley, 1996).

Within clinical settings and for research purposes, we want to measure preparation for parenthood among men and women. This is important because it has the potential to have a great impact on the lives of the parents themselves, their infants and society at large. Professionals need to be able to identify individuals (both men and women) who are less prepared for parenthood in an attempt to decrease poorer outcomes and improve quality of life for both the parents and their children. It is thought that this can be achieved through support and education. Evidence suggests that parenting stress may cause suboptimal parent–child interactions, insecure child attachments and child abuse or neglect (Crnic, Gaze, & Hoffman, 2005; Guterman, Lee, Taylor, & Rat, 2009). It has also been associated with aggression and hyperactivity among children (Barry, Dunlap, Cotton, Lochman, & Wells, 2005). It has been argued that parenthood is developmental in nature (Galinsky, 1987; Schumacher & Meleis, 1994). Support for parents in the preparation phase could allow for a strong foundation to embark on this journey. Many measures used in parenthood research lack conceptual precision and are characterised by an absence of operational comprehensiveness and logical consistency (Sabatelli & Waldron, 1995). Hence, it is important to undertake a concept analysis on preparation for parenthood.

Step 3: Identifying all uses of the concept

A literature search was conducted using the PubMed, EBSCO and PsycINFO databases between September 2012 and September 2013. These databases were chosen as their content allowed for a search that would generate many uses of the concept.

The keywords used were 'preparation' and 'parenthood'. References were excluded if they were not available in English and if the primary focus did not contribute information towards the concept of preparation for parenthood. No time restriction was given to this search. A variety of books, dictionaries and thesauruses were also searched as Walker and Avant (2011, p. 162) suggest using both 'ordinary and scientific' material while identifying all uses of the concept as this will help in yielding a deeper understanding of the concept. Identifying all uses of the concept in a concept analysis is thus different from a systematic literature search. The research team consisted of five academics.

After reviewing the literature, it became evident that much of what is currently available regarding preparation for parenthood could be grouped under the following headings: law, historical perspectives, culture, gender, spirituality, education, lifestyle and/or preparation for parenthood as a life course journey. These headings were used to structure this phase of the analysis. The first uses of the concept were elicited from dictionaries and thesauruses and are highlighted below.

Dictionaries and thesauruses

‘Preparation’ is defined as ‘something done in order to prepare for something else’ (Collins English Dictionary, 2006), ‘groundwork’ (synonyms include development, preparing, arranging, devising, getting ready, thinking up, putting in order), ‘readiness’ (synonyms being, expectation, provision, safeguard, precaution, anticipation, foresight, preparedness, alertness) and an ‘arrangement’ (plan, measure and provision being the synonyms) (Collins Thesaurus, 2006).

The Merriam-Webster Dictionary (Webster, 2005) defines ‘parenthood’ (noun) as ‘the state of being a parent’. Collins Thesaurus (2006) describes ‘parenthood’ as fatherhood or motherhood, bringing up, child rearing, nurturing and upbringing. The Collins English Dictionary (2006) defines ‘parent’ (noun) as ‘a father or mother’, ‘a person acting as father or mother; guardian’, while ‘parenting’ also a noun as ‘the activity of bringing up children’.

While the terms ‘parenthood’ and ‘parenting’ are frequently used interchangeably, they are defined differently. With ‘parenting’ the connotation is on the child. In fact, parenting covers a wide range of narrowly defined constructs including parenting practices (in relation to a child), parenting style and parental social cognition (McMahon & Metzler, 1998). Parenting involves practices which relate to the physical aspects of raising a child. In contrast ‘parenthood’, focuses on the parental role rather than on the child. Virasiri, Yunibhand and Chaiyawat (2011) argue that parenting is not the same as parenthood, which focuses on the birth of the child. The birthing aspect further defines the biological, social, legal, cultural and emotional issues related to the transition to parenthood.

Law and parenthood

Legislators refrain from trying to define the term ‘parent’ as it is a very wide concept (Dr J. Axiak, personal communication, 7 July 2012) The term ‘parent’ may denote different things; for example, a person may become a parent naturally (by birth) or legally, by for example adoption. There may also be no legal or blood relationship between a person and a child, though that person may exercise a degree of parental function over that child (e.g. a child who is under the care of a guardian). Black’s Law Dictionary (Garner, 2011) defines ‘parent’ as the lawful father or mother of someone. In ordinary usage, the term denotes more than responsibility for conception and birth. The term commonly includes: (1) either a natural father or the natural mother of a child, (2) the adoptive father or mother of a child,
(3) a child’s putative blood parent who has expressly acknowledged paternity and (4) an individual or agency whose status as guardian has been established by judicial decree. The definition of a parent changes in different social contexts in view of family structures and new reproductive technology. It has now been suggested that the concept of a parent includes ‘biological procreators’, surrogates, foster and adoptive parents (Raphael-Leff, 2010, p. 9).

Historical perspectives of parenthood

In pre-industrial societies (1750–1850), the family was viewed as a unit. Family size was quite large as offspring were seen as an ‘economic asset’ and child-rearing practices were influenced by Puritan views (Habenstein & Olson, 1992). Fathers were the moral leaders of the family (Aldous, 1998). In the industrial period, a division of labour among all family members emerged (Habenstein & Olson, 1992). Fathers worked outside of the house while mothers worked within the house. Children were expected to help out as much as they could to maximise preparation for adulthood and eventually parenthood (Woollett & Nicolson, 1997). Child-rearing practices evolved during this period. In contemporary societies, family structure changed with the formation of merged families, adoptive families, same sex parents and single parents. Such structural changes within the family resulted in the disintegration of extended kinship, increased number of mothers returning to paid employment, the changing role of fathers and rising divorce rates, all of which might have contributed to parents exercising less power over their children (Habenstein & Olson, 1992), with preparation for parenthood taking a new form throughout the ages.

Culture and preparation for parenthood

The issue of culture is also very relevant to preparation for parenthood. Anthropology helps one appreciate how different reactions towards parenthood are at times the product of specific cultures. In fact, cultural anthropologists, Levi-Strauss (1967) and Schneider (1980) argued that the determination of kinship and parental relations is not a biologic product but a cultural construct. The meaning of preparation for parenthood will indeed vary widely among different cultures, hence it is imperative that professionals keep this in mind while dealing with individuals from different cultures as their realities and needs might vary.

Different cultures need to be considered in the context of individual lives. In doing so, we will understand why parents in a variety of contexts come to think, feel and act in the way they do (Harkness & Super, 1995). While different individuals might prepare differently for parenthood, one should keep in mind that the decisions we take are often a cultural orientation passed onto us by our own parents (Harkness & Super, 1995) also in preparation. The state and shape of the world we live in any moment in time is a direct result of previous parenting practices (Harkness & Super, 1995). The decisions we take and the values we pass on will help to create a possibly different culture amongst future generations (Hofstede, 2011) which might in turn influence preparation for parenthood.

Gender and preparation for parenthood

Gender may also affect preparation for parenthood. Gender refers to socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (WHO, 2013). Eagly and Wood (1999) developed what is called 'social structural theory' in an attempt to challenge evolutionary theories of gender differences. The theory argues that the roles people occupy, whether due to individual choice, sociocultural pressures or biological potentials, lead them to develop psychological qualities and, in turn, behaviours to accommodate those roles. Motherhood, for example, is seen by many in society as central to a woman's identity (Katz-Wise, Priess, & Hyde, 2010). Simon (1992) argues that parenthood is more salient for women's self-conceptions than for men's, with men generally perceiving fathering as something they 'do' rather than something they 'are' as in the case of women (Ehrensaft, 1987). This is consistent with other research in which fathers were seen as helping rather than sharing parental responsibilities (Borg Xuereb, 2008; Cowan & Cowan, 2000; LaRossa & LaRossa, 1981; Spiteri & Borg Xuereb, 2012; Stueve & Pleck, 2001).

Spirituality and parenthood preparation

Boyatizis, Dollahite and Marks (2006) argued how the behaviour of individuals may be influenced by meanings, perceptions and beliefs which they referred to as 'spiritual paradigm'. Cecil (1996) argued how one should consider a pregnancy as a testimony to one's state of harmony with one's family, community and spiritual world. It has been suggested that spirituality forms the basis of how life is lived and how decisions are made (Boyatizis et al., 2006). Mahoney, Pargament, MurraySwank and Murray-Swank (2003) explained how spiritual beliefs often compel individuals to sanctify their roles as parents. Marks (2004) discussed how 'spiritual practices' guide individuals to engage in rituals and traditions among themselves and with their children. Boyatzis et al. (2006) also talked about 'spiritual community' which contributes to prospective parents forming part of an intergenerational community. They described this as a congregation of faith and care.

Education and preparation for parenthood

Traditionally, antenatal education has focused on preparation for labour and delivery. Nolan (1997) suggested that these sessions should include information relating to parenthood. A Cochrane review endorsed antenatal education as an important role in improving maternal perinatal psychological

outcomes (Hodnett, 2000). The 'brick wall approach' theory suggested by Wiener (2002) postulates that while pregnant, women are unable to receive information regarding parenthood. However, this has been disregarded in many studies (Parr, 1998, 2002; Pugh, De'Ath, & Smith, 1994). If it is accepted that pregnant parents are receptive of information concerning parenthood during pregnancy, or even prior to that, then we need to think about who would likely benefit from such a service and who would provide this service. Carrick-Sen (2006) further argues that if this notion is accepted, there is a need to involve health professionals. As a consequence, there is a potential for a wide range of different disciplines that might impact on preparation for parenthood which include financial advisors, family therapists and infant care professionals, among others. Midwives are ideally situated to provide increased support while preparing prospective, expectant and new parents for parenthood.

Lifestyle preparation for parenthood

Individuals may choose to make lifestyle changes in order to prepare for parenthood. This would include changes to optimise health. This may involve healthy eating, exercise, smoking and alcohol cessation. Some women may even start taking vitamin supplementation in preparation for a pregnancy. In the period leading up to a pregnancy, the recommendations for smoking, exercise and diet are similar to those for women in the general population (Inskip et al., 2009). During pregnancy, many women are further motivated to adhere to the mentioned lifestyle changes so as to give the best possibilities to their unborn baby. These changes can make a difference in the overall health of the parents as well as in the health of their babies. Optimising women's health through lifestyle preparation in the periconceptional period is of utmost importance for fetal development (Chapin et al., 2004). Grivell, Dodd and Robinson (2009) argue that, ideally, women should plan a pregnancy as this will provide an opportunity for lifestyle change, reduction of risk factors and optimisation of medical conditions. These attempts will help decrease poor outcomes with regards to the fetus. These may include intrauterine growth restriction or fetal growth restriction, miscarriage and even stillbirth in view of placental insufficiency (Cohain, 2013; Grivell et al., 2009). Despite this, a general population cohort study showed that only a few women adhere to the nutrition and lifestyle recommendations for planning a pregnancy (Inskip et al., 2009). They concluded that greater efforts are needed to improve compliance. Once a pregnancy is confirmed, however, research has shown that in view of the developing baby, women employ health-related behaviours which protect the well-being of the unborn child (Condon, 1993). This can be related to the concept of prenatal attachment which is said to commence prior to the birth of a baby and increases as the pregnancy progresses (Berryman & Windridge, 1996).

Preparation for parenthood: a life course journey

Riedmann (2008) describes 'preparation for parenthood' as a process consisting of a series of steps which presents unique challenges and dilemmas. These stages include the decision to become a parent, choices regarding modes of birth, the impact of new parenthood and child care issues (all of which may be socially, culturally and spiritually situated). Becoming a parent means that one's previous life will change and hence individuals may need to prepare for a new life. For example, an expectant woman should learn about and prepare for all the physical, emotional and hormonal changes she will experience throughout a pregnancy, while an expectant father should strive to learn about the importance of having an active role and commit to share responsibilities when it comes to childcare (gender-specific differences which are culturally affected). In fact, as previously discussed, fathers tend to help rather than share when it comes to childcare responsibilities (Borg-Xuereb, 2008; Borg Xuereb et al., 2012; Cowan & Cowan, 2000). Fathers can also prepare emotionally especially with regards to their relationship with their partners during this journey (Borg Xuereb et al., 2012; Cowan & Cowan, 2000).

In a planned pregnancy scenario, parenthood is a process that starts with the decision about 'when and whether to have a child and try to become pregnant' (Parke, 1996, p. 17). This stresses the fact that preparation for parenthood may start long before the actual pregnancy. Lewis (1989) describes this time as 'the birth of the family'. Leon (2008) agreed that parenthood is a process in its own right. He argues that preparation for parenthood begins with the decision to become pregnant, or the discovery of pregnancy in an unplanned circumstance. Bibring, Dwyer, Huntington and Valenstein (1961) recognised pregnancy as allowing parents-to-be the opportunity for an adaptive solution towards a new, transformed organisation of one's personality. Smith (1999) discussed how women are able to use pregnancy in itself as a psychological preparation for mothering. He goes on to state that this preparation is based on and highlights 'the relational self'. Pregnant women in his study used their engagement with significant others to facilitate their own preparation for taking on a new identity; that of a mother. Hence, one can argue that pregnancy in itself is an important preparatory period where individuals are able to practice taking on their new roles as parents. The duration of pregnancy allows for the emotional attachment to the fetus. Ultrasonography for example has been said to increase fetal attachment especially in the first trimester (Sedgmen, McMahon, Cairns, Benzie, & Woodfield, 2006) so such practices can be viewed as assisting with preparation for parenthood.

Cowan and Cowan (2000) argued that preparation for parenthood allows for a process of growth. Successfully raising a child is seen as a source of accomplishment and meaning. Mansfield (1993) discussed two important aspects required for preparation for parenthood. These included material preparation and personal preparation. With regards to material preparation she noted that couples tried to make their home more 'nest-like' and welcoming for a child. There was also a monetary aspect towards material preparation. Money needs to be earned and saved for the impending added financial burden that accompanies parenthood. Hence, employment takes on a new dimension. In an attempt to adequately prepare for parenthood, some parents might discuss employment issues as early as the pre-conception phase because nowadays income from both partners is sometimes required to offer financial security (this can be culturally specific in itself; Spiteri & Borg Xuereb, 2012).

Mansfield (1993) also discussed personal preparation for the childbearing and childrearing phases of family life. She stressed the importance of 'being ready' to have children. The definition of 'being ready' to have children is very personal. It is frequently based upon the widespread image of parenthood which stresses the disadvantages of becoming parents. Mansfield (1993) argues that being personally prepared for parenthood means that each individual must accept a somewhat limited social life, different from life without children, constant financial burdens and the 'invasion' of a third person within the family. It must be acknowledged, however, that a 'limited social life' and 'constant financial burdens' are not experienced by all parents. Important characteristics required for the personal preparation of parenthood according to Mansfield (1993) include tolerance, resignation and selflessness. This notion brings the concept of resilience into the picture. Mackay (2003) argued how resilience is a in itself a process of adaptation as it is the way individuals bounce back or cope successfully despite adversity (Rutter, 1985). Luthar, Cicchetti and Becker (2000) defined resilience as a dynamic, modifiable process.

Step 4: Determining the defining attributes

This step involves gathering 'clusters of attributes that are most frequently associated with the concept' (Walker & Avant, 2011, p. 162). While identifying all uses of the concept (Step 3), the researchers noted characteristics of the concept that appeared repeatedly. Preparation for parenthood is a life-long process that generally involves a readiness to take up a responsibility to bring up and nurture a child. It involves a waiting period in anticipation of the arrival of a child which is then followed by parenting-in-action during the various parenting stages. Preparation for parenthood involves organising oneself to become receptive to change and financially ready for this responsibility. Preparation for parenthood is viewed as being multi-dimensional as it has physical, social, psychological, cultural and spiritual components to it. Despite this, preparation for parenthood is unique for each individual, with men and women focusing on different aspects. Preparation for

parenthood involves resilience as it often requires individuals to let go of previous lifestyles while adapting to a new one. This could be perceived as self-sacrificing. Social practices and expectations regarding parenthood are historically and culturally situated. Hence, the critical attributes that appear to apply to all instances of preparation for parenthood are as follows.

- ✓ It is a process which involves organising one's self: psychologically,
- ✓ 'spiritually', physically and materialistically.
- ✓ It is time- and gender-specific.
- ✓ It is affected by societal and cultural expectations.
- ✓ It involves an ongoing commitment that entails resilience and is at times challenging.
- ✓ It involves a process of growth and adaptation.

Step 5: Identifying a model case

Walker and Avant (2011) describe the model case as an example of the use of the concept that demonstrates all the defining attributes of the concept, a pure exemplar. Walker and Avant (2011, p. 163) explain how 'model cases may be actual examples from real life, found in the literature or even constructed by the researcher'. The following is a constructed model case which contains all of the defining attributes of the concept.

> Sarah and Joe, both in their late twenties, have stable jobs and are planning to get pregnant this year as they feel that this will make them feel fulfilled as a family. They would love nothing more than to have a child together, to love and nurture that child to the best of their abilities. In fact, they have both quit smoking in anticipation that they will soon have a child (physical domain). Sarah has been taking folic acid for three months now in preparation for a pregnancy while Joe has been working extra shifts to contribute financially (gender differences in preparation). They acknowledge that no matter how prepared they feel, it is still going to be a challenge, but it is a challenge they have been looking forward to for a long time. They have been together for seven years and they now feel ready for parenthood. They admit that even their families are waiting for a grandchild and they are already discussing who will be the child's godparent (cultural/spiritual domain). They have been putting things in order as much as they possibly can. They bought a new house with a nursery and have been slowly transforming their house into a home (material preparation). Their friends think that they are naive and do not know what they are getting themselves into, but Sarah and Joe feel that they are at a right phase in their life to start this journey which they believe will make them more responsible individuals and give them a sense of completeness (spiritual domain). They feel that parenthood is all about compromise and resilience, a responsibility they are committed to take on (ongoing commitment and readiness).

Step 6: Identifying borderline, related, contrary, invented and illegitimate cases

A borderline case is an example or an instance that contains most of the defining attributes of the concept but not all of them (Walker & Avant, 2011). The following is an invented borderline case example.

> Ann and Jim are in their early thirties and have been together for almost 10 years. They feel that after all these years it is expected of them to have a child. They plan to start trying for a baby in the upcoming year, but admit that they constantly find reasons to postpone it. In fact, they have planned a five-week holiday over the summer and upon returning plan to move house, so they would definitely need to settle in before conceiving. They feel that they have some loose ends that need organising prior to them entering the next phase in their lives, because they know that a baby is a big responsibility and a commitment on their part. Once they are settled they will be able to focus entirely on this. Their colleagues at work tell them that parenthood brings about many losses such as loss of income and loss of freedom, but they know that these losses will be nothing compared to the joys associated with having a baby.

While Jim and Ann would like to have a child together they are not fully committed to this. This is highlighted in their decision to take a five-week holiday. They do realise that they will need to organise themselves in preparation. Societal and cultural expectations are also highlighted in this case. They do realise that this might be a challenging step, but are willing to grow and adapt. Gender issues involved with preparation are not mentioned in this example and hence it is described as the borderline case.

Related cases provide instances of concepts, but do not contain all the defining attributes.

> Kim has always desired to have a child. She has memories of the women from her own childhood fussing over their children, always trying to do their best. They appeared to be fulfilled. She used to spy on them to learn from them as they fascinated her and she wanted to be just like them when she grew up. So she learnt to sew, iron, change nappies, make a bottle and bathe a baby. Without knowing why or how she wanted to be a mother. Today she is a 30-year-old single woman. She does not know if she will ever have children as now she has gotten used to being alone. She loves kids and she is crazy about her nieces, but when she is with them she feels exhausted, so she takes them back to their mother.

Despite that Kim wanted to have children in the past, she now feels comfortable with her situation. There appears to be a lack of willingness to change or adapt into a new lifestyle. It appears that Kim does not feel ready to have an ongoing commitment with a child. While gender issues are highlighted in this case, there is no indication about to how Kim is organising herself in preparation. Hence, this case is a related one.

Contrary cases are clear examples of what the concept is not (Walker & Avant 2011). In the following example one can identify that there are no attributes towards the concept under investigation: preparation for parenthood.

> Sandy and her husband just found out they are pregnant. It came to them as a shock as they were not planning to have a child. Sandy just changed jobs and her husband is unemployed as he is focusing on his studies. They do not feel psychologically prepared or ready to have a child and they do not feel financially stable either. They are apprehensive because they do not want to let go of their previous lifestyles.

While the couple are on their way to parenthood, they are not interested in it. They are not ready for change. There are no attributes highlighted in this case.

Invented cases are those 'which contain ideas outside our own experience' (Walker & Avant, 2011, p. 166), often reading like science fiction. Walker and Avant (2011) argue that not all concept analyses need invented cases. The authors of this article agreed that this concept was clearly exemplified through the cases presented and there was no need to present the invented case. This was also the true for the illegitimate case which is described by Walker and Avant (2011) as the example of how the concept is wrongly used.

Step 7: Identifying antecedents and consequences

Antecedents are those events or incidents that must occur or be in place prior to the occurrence of the concept (Walker & Avant, 2011). This analysis has highlighted that preparation for parenthood is multi-faceted and complex. The analysis implies that law, culture, gender and spirituality are likely to influence antecedents and consequences of the concept. It became evident that the concept is not static and is in itself developmental. Consequently, preparation for parenthood differs among cultures, between societies and nations and thus may not apply to all individuals seeking parenthood. The concept analysis has identified the following antecedents:

- ✓ a self-evaluation of the individual to consider personal readiness for parenthood Mansfield, 1993);
- ✓ the individual understands and feel the need to become a parent (Mansfield, 1993).

Consequences are events which occur as a result of the concept (Walker & Avant, 2011). The analysis has identified the following consequences or outcomes of the concept.

- ✓ Preparation for parenthood is likely to have an impact on the lives of the parents themselves, the infant and society as a whole in the form of improved quality of life for all concerned (Crnic et al., 2005; Guterman, et al., 2009).
- ✓ Preparation for parenthood supports parents to feel more competent during the transition to parenthood (Borg Xuereb, 2012; Borg Xuereb et al., 2012).

- ✓ Preparation for parenthood allows for parents to be receptive to change (Borg-Xuereb, 2008; Mackay, 2003).

Step 8: Defining empirical referents

Empirical referents are defined as categories of the actual phenomena and that by their presence demonstrate the occurrence of the concept itself (Walker & Avant, 2011). Once these are identified they are extremely useful in instrument development because they are clearly linked to a theoretical base, thus contributing to both content and construct validity of any new instrument (Walker & Avant, 2011). As preparation for parenthood is multi-faceted and complex there are many empirical referents. Indicators of appropriate preparation for parenthood may include assessments and adaptation of lifestyle to optimise the outcome. Another indication of 'preparation for parenthood' deals with psychological aspects such as parental readiness, commitment and self-reorganisation. There are also sociological indicators for 'preparation for parenthood' which include material preparation and financial stability (Borg Xuereb et al., 2012; Mansfield, 1993). Spiritual indicators of 'preparation for parenthood' may include spiritual practice (Boyatzis et al., 2006; Marks, 2004). Cultural indicators of the concept may take the form of gender specific parenting practice and values.

Future research

The conceptual meaning elicited from this analysis may contribute to further insights and inform health professionals to focus on content and delivery of successful preparation for parenthood interventions. Available measures may underestimate the impact of preparation for parenthood due to a lack of conceptual understanding. This issue has been acknowledged by previous researchers who utilised surrogate measures in the absence of an appropriate preparation for parenthood tool (Borg Xuereb, 2008; Carrick-Sen, 2006). At times this can prove to be more difficult and time-consuming, but it suggests that inappropriate measurement is being conducted (Tayyem, Ali, Atkinson, & Martin, 2011). The use of several instruments may increase the number of irrelevant items and be burdensome to participants (Reaney, Martin, & Speight, 2008). Due to gender differences the authors will consider (if appropriate) the development of two separate preparation for parenthood measures, one for men and another for women, after having systematically reviewed the measurement properties of the currently available tools assessing this concept. Following the systematic review, the authors plan to conduct qualitative interviews with parents to add more depth to the knowledge on preparation for parenthood which will assist with the tool development.

Conclusion

This concept analysis aimed to provide some clarity on the frequently used concept of 'preparation for parenthood'. It confirms the concept to be multi-faceted and complex, with a number of contributing domains. Due to ongoing societal and cultural changes it may be necessary to review the concept in the future. The article adds to the evidence and may inform future research and discussion. Additional knowledge about this concept is relevant to many health professionals.

References

Aita, M., & Snider, L. (2003). The art of developmental care in the NICU: A concept analysis. Journal of Advanced Nursing, 41, 223–232.

Aldous, J. (1998). The changing concept of fatherhood. In M. Koen (Ed.), The family – Contemporary perspectives and challenges (pp. 3–18). Belgium: Leuven University

Press.

Almond, P. (2002). An analysis of equity and its application to health visiting. Journal of Advanced Nursing, 37, 598–606.

Barry, T. D., Dunlap, S. T., Cotton, S. J., Lochman, J. E., & Wells, K. C. (2005). The influence of maternal stress and distress on disruptive behaviour problems in boys. Journal of the Academy of Child and Adolescent Psychiatry, 44, 265–273.

Berryman, J. C., & Windridge, K. A. (1996). Pregnancy after 35 weeks and attachment to the fetus. Journal of Reproductive and Infant Psychology, 14, 133–143.

Bibring, G. L., Dwyer, T. F., Huntington, D. S., & Valenstein, A. F. (1961). A study of the psychological processes in pregnancy and of the earliest mother–child relationship. The Psychoanalytic Study of the Child, 16, 9–72.

Borg Xuereb, R. (2008). The needs of Maltese first-time parents during their transition to parenthood – Implications for the development of an educational programme. University of Malta: Unpublished PhD.

Borg Xuereb, R., Abela, A., & Spiteri, G. (2012). Early parenting – Portraits from the lives of first-time parents. Journal of Reproductive and Infant Psychology, 30, 468–482.

Boyatzis, C. J., Dollahite, D. C., & Marks, L. D. (2006). The family as a context for religious and spiritual development in children and youth. In E. C. Roehlkepartain, P. Ebstyne King, L. Wagener, & P. L. Benson (Eds.), The handbook of spiritual development in childhood and adolescence (pp. 297–309). Thousand Oaks, CA: Sage.

Carrick-Sen, D. (2006). Newcastle twin study. A randomised controlled trial of a specialist midwife to improve maternal psychological outcomes. Unpublished PhD, Newcastle

University.

Cecil, R. (1996). Anthropology of pregnancy loss: Comparative studies in miscarriage, stillbirth and neo-natal death. London: Berg.

Chapin, R. E., Robbins, W. A., Schieve, L. A., Sweeney, A. M., Tabacova, S. A., & Tomashek, K. M. (2004). Off to a good start: The influence of pre- and periconceptional exposures, parental fertility, and nutrition on children's health. Environmental Health Perspectives, 112, 69.

Cohain, J. (2013). The latest research on preconception and prenatal nutrition (pp. 52–54). Summer: Midwifery Today.

Collins English Dictionary – discovery edition (2006). 2nd ed. Glasgow: Harper Collins.

Collins Thesaurus A–Z – discovery edition (2006). 2nd ed. Glasgow: Harper Collins.

Condon, J. T. (1993). The assessment of antenatal emotional attachment: Developments of questionnaire instrument. British Journal of Medical Psychology, 66, 167–183.

Condon, J. T., Boyce, P., & Corkindale, C. J. (2004). The first-time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. Australian and New Zealand Journal of Psychiatry, 38, 56–64.

Cowan, C. P., & Cowan, P. A. (2000). The landmark ten-year study; When partners become parents. The big life change for couples. Mahwah, NJ: Lawrence Erlbaum Associates.

Crnic, K. A., Gaze, C., & Hoffman, C. (2005). Cumulative parenting stress across the preschool period: Relations to maternal parenting and child behaviour at age 5. Infant and Child Development, 14, 117–132.

Cronin, C., & McCarthy, G. (2003). First-time mothers – Identifying their needs, perceptions and experiences. Journal of Clinical Nursing, 12, 260–267.

Eagly, A. H., & Wood, W. (1999). The origins of sex differences in human behaviour:

Evolved dispositions versus social roles. American Psychologist, 54, 408–423.

Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. Nursing Forum, 42, 73–82.

Ehrensaft, D. (1987). Parenting together: Men and women sharing the care of their children. New York, NY: Free Press.

Gage, J. D., & Kirk, R. (2002). First-time fathers: Perceptions of preparedness for fatherhood. The Canadian Journal of Nursing Research, 34, 15–24.

Galinsky, E. (1987). The six stages of parenthood. Cambridge: Perseus Books.

Garner, B. A. (2011). Black's law dictionary (9th ed.). Minneapolis, MN: West Group.

Grivell, R., Dodd, J., & Robinson, J. (2009). The prevention and treatment of intrauterine growth restriction. Best Practice and Research Clinical Obstetrics and Gynaecology, 23, 795–807.

Guterman, N. B., Lee, S. J., Taylor, C. A., & Rathouz, P. J. (2009). Parental perceptions of neighbourhood processes, stress, personal control and risk for physical child abuse and neglect. Child Abuse and Neglect, 33, 897–906.

Habenstein, R., & Olson, R. A. (1992). Families and children in history. In C. E. Walker, & M. C. Roberts (Eds.), Handbook of clinical child psychology (pp. 3–17). New York, NY: John Wiley & Sons.

Harkness, S., & Super, C. M. (1995). Culture and parenting. In M. H. Bornstein (Ed.), Handbook of parenting, Vol. 2 (pp. 211–234). Biology and ecology of parenting Mahwah, NJ: Laurence Erlbaum Associates.

Hodnett, E.D. (2000). Support during pregnancy for women at increased risk. Cochrane Database Systematic Review, 2, CD000198.

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. Online Readings in Psychology and Culture, 2, 1–26.

Inskip, H. M., Crozier, S. R., Godfrey, K. M., Borland, S. E., Cooper, C., & Robinson, S. M. (2009). Women's compliance with nutrition and lifestyle recommendations before pregnancy: General population cohort study. British Medical Journal, 338, 481.

Katz-Wise, S. L., Priess, H. A., & Hyde, J. S. (2010). Gender-role attitudes and behaviour across the transition to parenthood. Developmental Psychology, 46, 18–29.

LaRossa, R., & LaRossa, M. M. (1981). Transition to parenthood: How infants change families. Beverly Hills, CA: Sage.

Leon, I. (2008). Psychology of reproduction: Pregnancy, parenthood, and parental ties.

Global Library of Women's Medicine. doi:10.3843/GLOWM.10110.

Levi-Strauss, C. (1967). Structural anthropology. New York, NY: Basic Books.

Lewis, J. M. (1989). The birth of the family: An empirical inquiry. New York, NY:

Brunner/Mazel.

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation of guidelines for future work. Child Development, 71, 543–562.

Mackay, R. (2003). Family resilience and good child outcomes: An overview of the research literature. Social Policy Journal of New Zealand, 20, 98–118.

Macleod, M. (1999). The millennial family: Survey conducted by MORI. London: National Family and Parenting Institute.

Mahoney, A., Pargament, K. I., Murray-Swank, A., & Murray-Swank, N. (2003). Religion and the sanctification of family relationships. Review of Religious Research, 44, 220– 236.

Mansfield, P. (1993). Getting ready for parenthood: Attitudes to and expectations of having children of a group of newly-weds. International Journal of Sociology and Social Policy, 2, 28–39.

Marks, L. (2004). Sacred practices in highly religious families: Christian, Jewish, Mormon, and Muslim Perspectives. Family Process, 43, 217–231.

McMahon, R. J., & Metzler, C. W. (1998). Selecting parenting measures for assessing family-based prevention interventions. In R. S. Ashery, E. B. Robertson, & K. L. Kumpfer (Eds.), Drug abuse prevention through family interventions (pp. 294–323). Bethesda, MD: US Department of Health and Human Services, National Institutes of Health.

Moriarty Daley, A., Sadler, L. S., & Dawn Reynolds, H. (2013). Tailoring clinical services to address the unique needs of adolescents from the pregnancy test to parenthood. Current Problems in Paediatric and Adolescent Health Care, 43, 71–95.

Morse, J. M., Hupcey, J. E., & Cerdas, M. (1996). Criteria for concept evaluation. Journal of Advanced Nursing, 24, 385–390.

Nolan, M. (1997). Antenatal education – Where next? Journal of Advanced Nursing, 25, 1198–1204.

Nomaguchi, K. M., & Milkie, M. A. (2003). Costs and rewards of children: The effects of becoming a parent on adults' lives. Journal of Marriage and Family, 65, 356–374.

Paley, J. (1996). How not to clarify concepts in nursing. Journal of Advanced Nursing, 24, 572–578.

Parr, M. (1998). A new approach to parent education. British Journal of Midwifery, 6, 160–165.

Parr, M. (2002). 'Making changes' a vision for antenatal and postnatal education and support for the new millennium, final report. St. Albans: PIPPIN.

Parke, R. D. (1996). Fatherhood. Harvard, MA: Harvard University Press.

Pugh, G., De'Ath, E., & Smith, C. (1994). Confident parents, confident children policy and practice in parent education and support. London: National Children's Bureau.

Raphael-Leff, J. (2010). Mothers' and fathers' orientations: Patterns of pregnancy, parenting and the bonding process. In S. Tyano, M. Kerem, H. Herrman, & J. Cox (Eds.), Parenthood and mental health: A bridge between infant and adult psychiatry (pp. 9–22). Chichester: Wiley-Blackwell.

Reaney, M., Martin, C., & Speight, J. (2008). Understanding and assessing the impact of alcoholism on quality of life. Patient, 1, 151–163.

Ridner, S. H. (2004). Psychological distress: A concept analysis. Journal of Advanced Nursing, 45, 536–544.

Riedmann, G. L. (2008). Preparation for parenthood. Global Library of Women's Medicine. doi:10.3843/GLOWM.10110.

Rodgers, B. L. (1989). Concepts, analysis and the development of nursing knowledge: The evolutionary cycle. Journal of Advanced Nursing, 14, 330–335.

Ross, N. J., Church, S., Hill, M., Seaman, P., & Roberts, T. (2012). The perspectives of young men and their teenage partners on maternity and health services during pregnancy and early parenthood. Children & Society, 26, 304–315.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry, 147, 598–611.

Sabatelli, R. M., & Waldron, R. J. (1995). Measurement issues in the assessment of the experiences of parenthood. Journal of Marriage and the Family, 57, 969–980.

Schneider, D. M. (1980). American kinship: A cultural account. Chicago, IL: University of Chicago Press.

Schumacher, K., & Meleis, A. (1994). Transitions: A central concept in nursing. Journal of Nursing Scholarship, 26, 119–127.

Sedgmen, B., McMahon, C., Cairns, D., Benzie, R. J., & Woodfield, R. L. (2006). The impact of two-dimensional versus three-dimensional ultrasound exposure on maternal– fetal attachment and maternal health behaviour in pregnancy. Ultrasound in Obstetrics and Gynaecology, 27, 245–251.

Simon, R. W. (1992). Parental role strains, salience of parental identity and gender differences in psychological distress. Journal of Health and Social Behaviour, 33, 25–35.

Smith, J. A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. British Journal of Social Psychology, 38, 409–426.

Spiteri, G., & Borg Xuereb, R. (2012). Going back to work after childbirth: Women's lived experiences. Journal of Reproductive and Infant Psychology, 30, 201–216.

Stueve, J. L., & Pleck, J. H. (2001). Parenting voices: Solo parent identity and co-parent identities in married parents' narratives of meaningful parenting experiences. Journal of Social and Personal Relationships, 18, 691–708.

Tayyem, R., Ali, A., Atkinson, J., & Martin, C. R. (2011). Analysis of health-related quality-of-life instruments measuring the impact of bariatric surgery: Systematic review of the instruments used and their content validity. Patient, 4, 73–87.

Virasiri, S., Yunibhand, J., & Chaiyawat, W. (2011). Parenting: What are the critical attributes?' Journal of the Medical Association of Thailand, 94, 1109–1116.

Walker, L.O., & Avant, K.C. (2011). Concept analysis. In Connor M. (Ed.), Strategies for theory construction in nursing (5th ed.). Cranbury, NJ: Pearson.

Webster, M. (2005). The Merriam Webster dictionary. Springfield, MA: Merriam Webster.

Wiener, A. J. (2002). The brick wall of labour. The Practicing Midwife, 5, 38–39.

Woollett, A., & Nicholoson, P. (1998). Post-partum care and experiences of motherhood. Journal of Reproductive and Infant Psychology, 15, 85–91.

World Health Organization (WHO) (2013). What do we mean by sex and gender. Geneva: WHO.

Appendix B: Dissemination strategy

Disseminating the findings and outcomes of research can be challenging, and requires a strategy to ensure a broad spectrum of outputs ensuring the study achieves maximum readership and influence (Green and Thorogood, 2014). The study reported in this thesis has implications for midwifery practice and education in the following areas:

1. The Ministry for Health
2. The wider midwifery profession
    a. Practice;
    b. Academics;
    c. The professional and regulatory bodies (The Council of Nurses and Midwives)
3. The general public.

Besides, the peer-reviewed article presented in Appendix A, the following represents how this study has already contributed to the debates around preparation for first-time parenthood.

Published protocol

Spiteri, G., Borg Xuereb, R., Carrick-Sen, D., Kaner, E. (2017). A systematic review of psychometric tools and measures used to assess preparation for first-time parenthood to improve positive parental and child health outcomes. *PROSPERO: International prospective register of systematic reviews.* doi: CRD42017056077 Available from: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42017056077

Oral presentations

'A systematic review of the psychometric properties of measures that assess preparation for parenthood' – 34th Annual Society for Reproductive and Infant Psychology (SRIP) Conference, The Grand Excelsior Valletta Malta, 17th September 2014.

'Preparation for first-time parenthood – A qualitative interview study' - NEPG Conference, Great North Museum, Newcastle 24th November 2016.

'Using a multi-perspective design to understand preparation for first-time parenthood' – The International Interpretative Phenomenological Analysis Conference, Glasgow Caledonian University, 19th May 2017.

Poster presentations

'Preparation for parenthood: A concept analysis' - 34th Annual Society for Reproductive and Infant Psychology (SRIP) Conference, The Grand Excelsior Valletta Malta, 16th September 2014. *(Poster Prize Winner).*

'Preparation for first-time parenthood – A qualitative interview study' - North East Postgraduate Conference, Great North Museum, Newcastle 25th November 2016.

Proposed publications and conference papers following submission of this thesis

Proposed publication	Intended format	Target audience
Executive summary of the findings.	Short executive summary relevant to midwifery participants and their managers.	Ministry for Health, council members, academics, midwives and women, men and couples preparing for first-time parenthood.
Workshops presenting the findings and implications for midwifery practice.	A two-hour workshop and presentation will be offered at the main state general hospital in Malta and another offered on the island of Gozo.	Health care professionals, especially midwives working with parents in preparation for first-time parenthood.
Couples preparation for first-time parenthood	Educational seminar (scheduled for April 8th, 2019).	Midwives, student midwives and expectant couples.
Preparation for first-time parenthood: a handbook.	Book	Individuals preparing for first-time parenthood.
Preparing for your parenthood journey.	Pregnancy magazine article.	Expectant parents.
A systematic review of psychometric tools and measures used to assess preparation for first-time parenthood to improve positive parental and child health outcomes.	Journal article	Midwifery Journal.
Using IPA to explore preparation for first-time parenthood.	Journal article.	Qualitative Health Research Journal.
Understanding the core domains involved in preparation for first-time parenthood.	Journal article and/or conference presentation	Qualitative Research Journal International Confideration of Midwives 32nd Triennial Congress 2020 – Bali, Indonesia.

Appendix C: 'In/out' Form used in the systematic review

Instrument name	
Author(s)	
Title of paper	
Full reference (Journal name, year, volume, issue, pages)	
Name of reviewer	
Verification of eligibility: If any answer is N then exclude:	Quantitative measure –Y / N / Unclear Must have investigated at least one measurement property encompassing reliability, validity, responsiveness, measurement error, responsiveness or interpretability – Y/N / Unclear Is designed to measure preparation for first-time parenthood or a related domain amongst males and/or females – Y/N / Unclear Participants include men and/or women who are actively trying to conceive, pregnant with first child and/or men and women who have an infant up to 12 months of age without having had any pregnancy/postnatal complication – Y/N / Unclear Is applicable for assessing preparation for parenthood from active pre-conception up to one-year post birth – Y/N / Unclear
If any answer is Y then exclude:	Study evaluating the effectiveness of interventions where the measure is used as an endpoint – Y/N / Unclear Non-research articles (reviews, reports, commentaries, conference proceedings & editorial pieces) – Y/N / Unclear Qualitative research – Y/N / Unclear Other reason for exclusion (please state): INCLUDE/EXCLUDE / Needs further discussion (circle as appropriate)
Notes: (e.g. issues for discussion, further information required from authors)	
Reference checking: list any potentially includable studies in the reference list	

Appendix D: Data extraction form used in the systematic review

Include page numbers by important details

Instrument name	
Author(s)	
Title of paper	
Full reference (Journal name, year, volume, issue, pages)	
Name of reviewer	
Verification of eligibility: If any answer is N then exclude:	Quantitative measure - Y/N Must have investigated reliability and/or validity - Y/N Is designed to measure preparation for first-time parenthood or a related domain amongst males and/or females - Y/N Participants include men and/or women who are actively trying to conceive, pregnant with first child and/or men and women who have an infant up to 12 months of age without having had any pregnancy/postnatal complication - Y/N Is applicable for assessing preparation for parenthood from active pre-conception up to one-year post birth - Y/N
If any answer is Y then exclude:	Study evaluating the effectiveness of interventions where the measure is used as an endpoint - Y/N Non-research articles (reviews, reports, commentaries, conference proceedings & editorial pieces) - Y/N Qualitative research - Y/N Other reason for exclusion (please state): INCLUDE/EXCLUDE? (circle as appropriate)
Notes: (e.g. issues for discussion, further information required from authors)	

Reference checking: list any potentially includable studies in the reference list	

General characteristics of the instrument

Construct being measured	
Subscales	
Number of items	
Version	

Study characteristics

Inclusion criteria:	
Exclusion criteria:	
Countries:	
Language:	

Characteristics of the study populations in which the reliability and/or validity were assessed

Sex of participants:	
Number of participants in total: **Distribution by sex (if applicable):**	
Ethnicity:	
Employment status:	
Educational level:	
Age (mean/sd or %):	
Setting of recruitment	
Method of recruitment	

Reason for exclusion	

Psychometric results

Reliability	
Validity	
Other(s)	

Additional information

Appendix E: Citations of studies excluded after full paper review and reasons for exclusion within the systematic review

Number	Study Citation	Reason for exclusion
1.	Adamsons & Buehler, (2007)	Child > 1 year of age.
2.	Ahlborg et al., (2005)	Used to assess the quality of dyadic relationship not preparation for first-time parenthood.
3.	Andrade et al., (2013)	Assess parental supervision during child play.
4.	Aroian (2013)	Not for use in active first-time parenthood.
5.	Asenjo et al., (2007)	Was not limited to first child experience.
6.	Badr (2005)	Review.
7.	Barni et al., (2015)	Was not limited to first child experience. Did not include participants who were actively trying to conceive.
8.	Barrera et al., (2001)	Child > 1 year of age.
9.	Barrocas et al., (2017)	Was not limited to first child experience.
10.	Bases & Schonfeld (2002)	Child measure.
11.	Batcho et al., (2011)	Not for use in active first-time parenthood.
12.	Becerra et al., (2008)	Child > 1 year of age.
13.	Beckmeyer et al., (2017)	Child > 1 year of age.
14.	Behrens et al., (2012)	Child > 1 year of age. Was not limited to first child experience.
15.	Benediktsson et al., (2017)	Included women in 'high risk' situations.
16.	Bobevski et al., (2015)	Included women in 'high risk' situations.
17.	Brockington et al., (2006)	Included women in 'high risk' situations.
18.	Brossart et al., (2006)	Was not limited to first child experience.
19.	Bruffaerts et al., (2000)	Tested on the general population, not in active first-time parenthood.
20.	Bugental et al., (1998)	Review.
21.	Cappelli et al., (2015)	For use in 'high risk' scenarios.
22.	Cardoso et al., (2015)	Included parents of children up to the age of six.
23.	Carli et al., (2016)	Included individuals who were childless by choice.
24.	Carroll & Hamilton (2016)	Was not limited to first child experience.
25.	Christian (2006)	
26.	Condon (1993)	Included both primiparous and multiparous women.
27.	Corney & Clare (1985)	Was not limited to first child experience. For use in 'high risk' scenarios (disability).
28.	Coulson et al., (2012)	Was not limited to first child experience. Included parents of children beyond the age of one.
29.	Cranley (1981)	Was not limited to first child experience.
30.	Crncec et al., (2008)	Was not limited to first child experience.
31.	Cusinato &L'Abate (2005)	Child > 1 year of age.

32.	Damen et al., (2017)	Child > 1 year of age. Was not limited to first child experience.
33.	de Haas et al., (1994)	Used to measure attachment in parents' childhood.
34.	Edgmon et al., (1996)	Was not tested with a sample in active first-time parenthood.
35.	Edhborg (2008)	'High risk' assessment.
36.	Ellis et al., (1976)	Child > 1 year of age.
37.	Feinberg et al., (2012)	Child > 1 year of age.
38.	Feldstein et al., (2004)	Child > 1 year of age.
39.	Ferguson & Schneider (1999)	Child > 1 year of age.
40.	Gee & Rhodes (2008)	Was not limited to first child experience.
41.	Gomez & Rohner (2011)	Not for use in active first-time parenthood.
42.	Gomez & Suhaimi (2014)	Child > 1 year of age.
43.	Gomez-Beneyto et al., (1993)	'High risk' assessment.
44.	Guedes et al., (2015)	Was not limited to first child experience.
45.	Halberstadt et al., (1995)	Child > 1 year of age.
46.	Hall (1993)	Child > 1 year of age.
47.	Hilton & Devall (1997)	Child > 1 year of age.
48	Hooper & Doehler (2012)	Not for use in active first-time parenthood.
49.	Hooper & Wallace (2010)	Not for use in active first-time parenthood.
50.	Hurley et al., (2014)	Review.
51.	Huth-Bocks et al., (2016)	Was not limited to first child experience. Child > 1 year of age.
52.	Jones et al., (2011)	Was not limited to first child experience.
53.	Kendall & Bloomfield (2005)	Was not limited to first child experience.
54.	Keys et al., (2017)	
55.	Krampe & Newton (2006)	For use with the general population not in active first-time parenthood.
56.	Kvist & Persson (2009)	Included primiparous and multiparous women.
57.	Laghezza et al., (2014)	Child > 1 year of age. Was not limited to first child experience.
58.	Lederman (1996)	Was not limited to first child experience.
59.	Lederman & Lederman (1979)	Was not limited to first child experience.
60	Lederman & Weis (2010)	Was not limited to first child experience.
61.	Lindberg et al., (2012)	Tested on the general population, not in active first-time parenthood.
62.	Lovejoy et al., (1997)	Was not limited to first child experience. Child > 1 year of age.
63.	Martinez Licona et al., (2014)	Assessment relating to parenting styles not specifically related to preparation for first-time parenthood.
64.	Matheny & Curlette (2010)	Tested on the general population, not in active first-time parenthood.
65.	Merrifield & Gamble (2013)	Child > 1 year of age.
66.	Meunier & Roskam (2009)	Child > 1 year of age.
67.	Migerode et al., (2012)	For use in 'high risk' situations.
68.	Miller (1995)	Included parents of children beyond the age of one.

69.	Moran et al., (2012)	Child > 1 year of age.
70.	O'Hara et al., (1992)	Was not limited to first child experience. Included women in 'high risk' situations.
71.	Pajulo et al., (2015)	Was not limited to first child experience.
72.	Pepping et al., (2016)	For use in 'high risk' situations.
73.	Persson et al., (2007)	Included primiparous and multiparous women
74.	Pinto et al., (2015)	Included primiparous and multiparous men.
75.	Prasopkittikun & Tilokskulchai (2010)	Was not limited to first child experience.
76.	Prasopkittikun et al., (2006)	Was not limited to first child experience.
77.	Pridham & Chang (1985)	Included primiparous and multiparous women.
78.	Pridham & Chang (1989)	Included primiparous and multiparous women.
79.	Rahe & Tolles (2002)	Tested on the general population, not in active first-time parenthood.
80.	Reck et al., (2006)	Included women in 'high risk' situations. Child > 1 year of age.
81.	Rees (1980)	Included primiparous and multiparous women.
82.	Roncolato & McMahon (2012)	Included primiparous and multiparous women.
83.	Ruble et al., (1990)	Collected qualitative data together with the questionnaire. Child >1 year of age.
84.	Ruch et al., (2014)	Not designed for use in active first-time parenthood.
85.	Sarason et al., (1987)	Not designed for use in active first-time parenthood.
86.	Scholte & Van der Ploeg (2015)	Child > 1 year of age.
87.	Schulenberg et al., (2011)	Not designed for use in active first-time parenthood.
88.	Scopesi et al., (2004)	Was not limited to first child experience.
89.	Secco et al., (2002)	Child > 1 year of age.
90.	Smeriglio & Parks (1983)	Included primiparous and multiparous women.
91.	To (2015)	Child > 1 year of age.
92.	Van Bussel et al., (2010)	Was not limited to first child experience. Included participants deemed to be 'high risk' (previous miscarriage and conception post fertility treatment).
93.	Van Dam & Van Ijzendoorn (1988)	Child > 1 year of age.
94.	Van den Troost et al., (2005)	Child > 1 year of age.
95.	Waldron-Hennessey & Sabatelli (1997)	Was not limited to first child experience.
96.	Warner et al., (1997)	For use in 'high risk' scenarios (postnatal depression).

97.	Wikman et al., (1990)	Not designed for use in active first-time parenthood.
98.	Winstanley & Gattis (2013)	Child > 1 year of age.
99.	Wittkowski et al., (2007)	For use in 'high risk' scenarios.

Appendix F: Topic Guide for Qualitative Interview (English version)

An exploration of preparation for parenthood amongst first-time biological parents.

Introductory Statements

- Thanks for agreeing to participate
- Recap purpose, audio-tape, duration of interview and consent
- Reiterate that participation may be withdrawn at any time
- Offer an opportunity for questioning before the commencement of the interview

Indicative Interview Questions

1. Could you tell me about yourself and your experience with parenthood?
    a. How did you approach parenthood? Planned/intended/wanted/kind of planned/it just happened?
    b. How has your experience been so far?
    c. Can you give me an example?
2. What does 'parenthood' mean to you?
    a. What does 'parenting' mean to you?
3. Could you tell me what you think about parenthood preparation?
    a. When did you start preparing for parenthood?
4. How can one prepare himself/herself for parenthood?
    a. On a more personal level, what does parenthood preparation involve?
    b. From an emotional/practical/relationship perspective?
5. How do you personally feel about becoming a parent?
    a. Fulfilled? Happy? Sad? Unsure? Challenged? Something you never thought about?
6. What would help you (or helped you) prepare for parenthood?
    a. Education at school, antenatal education classes, and postnatal education classes, positive experience of being parented, role models/peer support, books, websites, forums etc.
7. What may hinder or delay preparation for parenthood?
8. What do you consider as important characteristics one should have in preparation for parenthood?
9. How might midwives or other healthcare professionals help you while preparing for parenthood?
    a. Using a checklist
    b. Having a questionnaire
    c. Offering support through Parentcraft

Concluding/Debriefing Statements

- Thank you for participating
- Recap how information will be used
- Any questions or additional comments

Topic Guide for Qualitative Interview (Maltese version)

<u>Esplorazzjoni ta' tħejjija għall-ġenitorjalità fost ġenituri bijoloġiċi għall-ewwel darba.</u>

Introduzzjoni

- Grazzi talli aċċettajt li tieħu sehem
- Jiġi mfakkar l-għan ta' l-istudju, li l-intervista se tkun awdjo-rekordjata, il-ħin li bejn wieħed u ieħor se ddum l-intervista' u l-kunsens
- Parteċipazzjoni tista' tiġi mwaqqfa fi kwalunkwe ħin
- Offri ħin għal mistoqsijiet qabel tibda l-intervista

Mistoqsijiet għall-intervista

1. Tista' tgħidli ftit fuqek innifsek u fuq l-esperjenza tiegħek bħala ġenitur jew ġenitur prospettiv?
    a. Kienet tqala pjanata/intenzjonata/mixtieqa/ġrat bla ma kont qed tippjana għaliha.
    b. Kif kienet l-esperjenza tiegħek s'issa?
    c. Tista' ttini xi eżempju?
2. Xi tfisser għalik *parenthood?*
    a. Xi tfisser għalik *parenting?*
3. Tista' tgħidli x'taħseb fuq il-preparazzjoni biex issir ġenitur?
    a. Meta bdejt tipprepara?
4. Kif tista persuna tipprepara għall-ġenitorjalità?
    a. Fuq nota naqra iktar personali, x'tinvolvi t-tħejjija għall-ġenitorjalità?
    b. Minn naħħa emozzjonali/prattika/u li tirregwardja r-relazzjoni?
5. Kif tħossok rigward il-fatt li se ssir jew li inti ġenitur?
    a. Komplut? Ferħan? Imdejjaq? Mhux ċert? Sfidat? Xi ħaġa li qatt ma ħsibt fuqha?
6. X'jista' jgħinnek (jew x'għinnek) tipprepara biex issir ġenitur?
    a. Edukazzjoni l-iskola, edukazzjoni matul it-tqala, edukazzjoni wara l-ħlas, esperjenzi pożittivi ta' meta kont qed tikber, kotba, websites, forums etc.?
7. X'jista' jfixkel jew jikkawża dewmien fil-preparazzjoni biex wieħed isir ġenitur?
8. X'taħseb li huma l-karatteristiċi mportanti li għandu jkollu xi ħadd li jixtieq li jsir ġenitur?
9. Kif jistew l-qwiebel jew xi professjonisti ohra fil-qasam tas-saħħa jgħinuk waqt li qed tħejji għall-ġenitorjalità?
    a. Billi jużaw lista ta' kontrol *(cheklist)*
    b. Billi jużaw kwestjonarju
    c. Joffru iktar servizzi minn naħħa ta' *Parentcraft*

Punti għall-għeluq

- Grazzi talli għoġbok tipparteċipa
- Fakkar kif se tiġi wżata l-informazzjoni li tkun inġabret
- Ara jekk il-parteċipant/a j/tridx iżżid xi kummenti jew j/tistaqsi xi mistoqsijiet

Appendix G: Newcastle University Ethical Approval

Newcastle University

04 July 2014

Georgette Spiteri

Institute of Health and Society

Faculty of Medical Sciences
Newcastle University
The Medical School
Framlington Place
Newcastle upon Tyne
NE2 4HH United Kingdom

FACULTY OF MEDICAL SCIENCES: ETHICS COMMITTEE

Dear Georgette Spiteri,

Title: An exploratory study leading to the development and validation of a questionnaire which measures preparation for parenthood amongst men and women.
Application No: 00770/2014
Start date to end date: 01 August 2014 to 01 September 2018

On behalf of the Faculty of Medical Sciences Ethics Committee, I am writing to confirm that the ethical aspects of your proposal have been considered and your study has been given ethical approval.

The approval is limited to this project: **00770/2014**. If you wish for a further approval to extend this project, please submit a re-application to the FMS Ethics Committee and this will be considered.

During the course of your research project you may find it necessary to revise your protocol. Substantial changes in methodology, or changes that impact on the interface between the researcher and the participants must be considered by the FMS Ethics Committee, prior to implementation.*

At the close of your research project, please report any adverse events that have occurred and the actions that were taken to the FMS Ethics Committee.*

Best wishes,

Yours sincerely

K. Sutherland

Kimberley Sutherland
On behalf of Faculty Ethics Committee
cc.
Professor Andy Hall, Chair of FMS Ethics Committee
Ms Lois Neal, Assistant Registrar (Research Strategy)

*Please refer to the latest guidance available on the internal Newcastle web-site.

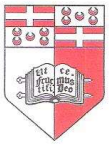
tel: +44 (0) 191 222 6000
fax: +44 (0) 191 222 6621

www.ncl.ac.uk
The University of Newcastle upon Tyne trading as Newcastle University

The Queen's Anniversary Prizes
For Higher and Further Education
2009

Appendix H: University of Malta Ethical Approval

L-UNIVERSITÀ TA' MALTA
Msida - Malta
KUMITAT TA' L-UNIVERSITÀ
GĦALL-ETIKA FIR-RIĊERKA



UNIVERSITY OF MALTA
Msida - Malta
UNIVERSITY RESEARCH
ETHICS COMMITTEE

14th July 2014.

Ms Georgette Spiteri
Manresa Mansions Blk D, Mais.1
Sta Domenica Street
Victoria VCT 9036
Gozo

Dear Ms Spiteri,

I am pleased to inform you that UREC has approved your request to carry out your research: "An Exploratory Study Leading to the Development and Validation of a Questionnaire Which Measures Preperation for Parenthood Amongst Men and Women."

Yours sincerely,

pp Rev Paul Pace
Chairperson
University Research Ethics Committee

TEL: (+356) 2340 2810 WEBSITE: http://home.um.edu.mt/urec E-MAIL: urec@um.edu.mt

Appendix I: Permission from the Primary Health Department

DIVIZJONI TAS-SAHHA PRIMARJA

7 Sqaq Harper,
Furjana
FRN 1940

Sahha Primarja

PRIMARY HEALTH DIVISION

7 Harper Lane,
Floriana
FRN 1940

Website: http://www.health.gov.mt

Telephone: + 356 21239993
Telefax: + 356 21222856

12 August 2014

Manresa Mansions,
Block D
Maisonette 1, Sta. Domenica Street
Victoria Gozo
VCT 9036

Re: Your request to carry out a study within the Primary Health Department entitled 'An exploratory study leading to the development and validation of a questionnaire which measures preparation for parenthood amongst men and women'

Dear Ms Georgette Spiteri,

I am pleased to inform you that your request to carry out the research within the department has been **fully approved**.
May I inform you that as we have to abide to the Data Protection Law, we cannot provide you with a list of data subjects' contact details unless the data subjects and the researcher are both public officers. The data subjects also have to sign a consent form that also includes a data protection statement prior to participating (see E below). Any modifications of this approach would have to be first discussed with the data protection officer. Where statistics are involved, only data in terms of age, sex etc can be forwarded to you but not names of individuals.

May I bring to your attention that the researcher is obliged to apply necessary safeguards as a condition for carrying out this research, namely -

A. The personal data (of data subjects) accessed or given are only to be used for that specific purpose to conduct the research and for no other purpose;
B. At the end of the research, all personal data should be destroyed;
C. All references to personal data should be omitted in the report unless consent is specifically obtained from the person being identified in the research report;
D. Participation in the research being conducted should be at the discretion of the individual, and they can refuse any participation whatsoever if they so wish;
E. If data subjects (patients/staff) are going to be interviewed, video recorded or given a non-anonymous questionnaire to fill, a consent form should be signed by the participating data subject and a privacy policy statement read to them; Faces should be hidden or digitally modified as to conceal identity;
F. Any other measure deemed fit by the respective Head, depending on the research to be carried out.

I sincerely wish you every success in your studies.

Yours truly,

Dr Mario Vella, DPO
f/ Dr R Degabriele CEO, Data Controller, Primary Health Care Department

Appendix J: Permission from the Cana Movement

The Cana Movement
Catholic Institute
St Publius Street
Floriana FRN 1441
Malta

Tel: (00356) 22039300
Fax: (00356) 22039310
E-mail: info@canamovement.org
Website: www.canamovement.org

Dear Sir/Madam,

Having met with the student Ms Georgette Spiteri, and having seen her keen interest in her studies, permission is granted to her to recruit participants from Cana Movement Marriage Preparation Courses (Malta) to help her fulfil the aim of her study which is to develop and validate a questionnaire which measures preparation for parenthood amongst women and men.

Given today, Friday 28th February 2014

Rev Dr Joseph Mizzi
Director

CANA MOVEMENT
CATHOLIC INSTITUTE
Floriana MALTA

Appendix K: Information Sheet (English version)

An exploration of preparation for parenthood amongst first-time biological parents.

Information about the research

Participant Information Sheet

Researcher: Georgette Spiteri

You are being invited to take part in a research study. It is important for you to understand why the research is being done and what it will involve before you decide whether to take part or not. Please take time to read the following information carefully and discuss it with others if you wish. We are happy to go through the information sheet with you and answer any questions you have. It should take about 5 minutes.

I am a research midwife, and I am currently in the process of conducting my PhD research. My study topic is preparation for parenthood amongst women and men.

What is preparation for parenthood?

Preparation for parenthood is a life-long process that generally involves a readiness to take up a responsibility to bring up and nurture a child. It involves a waiting period in anticipation of the arrival of a child which is then followed by parenting-in-action during the various parenting stages.

What is the purpose of the study?

The principal aim of this research is to explore the experience of preparation for first-time parenthood amongst biological parents.

Why have I been invited?

You have been asked to participate in this study because, you are either planning your first pregnancy, currently expecting your first child or else are currently in the first postnatal year and are thus considered an expert in the field.

Do I have to take part?

It is up to you to decide if you would like to take part in this study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw from the study at any time, without giving a reason.

What will happen to me if I take part?

If you decide to take part in this study, you will be asked to take part in an interview lasting approximately 60 minutes. The interview will occur at a time and place that is most convenient for you.

What will I have to do?

You will take part in a one-time face-to-face interview which will take approximately 60 minutes with the researcher. The interview will be about your experience of preparation for first-time parenthood. The interview can be carried out in a place that is most comfortable for you. This interview will be audio recorded.

Expenses and payments

You will not incur any extra expense whilst taking part in this study, and you will not be provided with payment either.

What are the possible disadvantages and risks of taking part?

There are no disadvantages or risks involved if you decide to take part in this study.

What are the possible benefits of taking part?

We cannot promise the study will directly help you but the information we get from this study will help us better understand important aspects of preparation for first-time parenthood.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed at the end of this information sheet.

What will happen if I do not want to carry on with the study?

It is completely up to you should you decide to withdraw from the study. If you do decide to withdraw from the study, it will have no impact on you or the care you may receive in the future. You may do this without giving us a reason. If you do withdraw, we may (with your permission) use the data collected up to the time of your withdrawal.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do her best to answer your questions. The researcher Georgette Spiteri can be contacted on (00356) 2340 1813 (office hours).

Will my taking part in this study be kept confidential?

All information which is collected during the course of the research will be kept confidential. To undertake the interviews, we will need to keep a record of your contact details. This information will be kept on a password protected computer that only the researcher will have access to. Once the interview is completed, we will only use non identifiable information to analyse the data and report the findings, again in a non-identifiable way.

If you take part in this study, the data collected may be looked at by authorised persons employed by the University of Malta or Newcastle University to ensure that the research is being/has been carried out correctly. All will have a duty of confidentiality to you as a research participant.

What will happen to the results of the research study?

The results from this study will form part of a PhD thesis. They will also be published in a peer-reviewed journal and will be presented at conferences. A summary report will be available on request. Please see the consent form. No personal information will be identifiable in any report,

paper or presentation. Information including the audio recording will be kept for 5 years and then will be disposed of.

Who is organising and funding the research?

This project is being organised by Newcastle University and the University of Malta. The research midwife working on this study has been funded through the University of Malta Scholarship Scheme.

Who has reviewed the study?

All research happening through the University of Malta is looked at by an independent group of people, called the University Research Ethics Committee, to protect your interests. This study has been reviewed and given a favourable opinion by Newcastle University.

Should you agree to take part in this study, you will be given a copy of this information sheet and a signed consent form to keep. A further copy of both will be kept in the research study file.

Further information and contact details

Should you require further information about this study or further advice about whether you should participate, please contact the study research midwife Georgette Spiteri on (00356) 2340 1813 or the local research supervisor Dr Rita Borg Xuereb on (00356) 2340 1823. Should you wish to speak to the main supervisor of this study, you may contact Professor Debbie Carrick-Sen via email on d.carrick-sen@bham.ac.uk or by telephone on (0044) 0191 213 8235

Thank you for taking the time to read this.

Information Sheet (Maltese version)

<u>Esplorazzjoni ta' tħejjija għall-ġenitorjalità fost ġenituri bijologiċi għall-ewwel darba.</u>

Informazzjoni dwar ir-riċerka

Informazzjoni lill-Parteċipanti

Riċerkatriċi: Georgette Spiteri

Din hija stedina sabiex tieħu sehem f'dan l-studju. Għalhekk huwa importanti li tifhem tajjeb għalfejn qiegħed isir dan l-istudju u x'jinvolvi qabel tiddeċiedi jekk tiħux sehem jew le. Jekk jogħġbok, ħu l-ħin tiegħek biex taqra din l-informazzjoni. Huwa wkoll possibbli għalik li tiddiskuti dan l-istudju u l-għan tiegħu ma' oħrajn. F'każ fejn xi informazzjoni ma tkunx ċara biżżejjed għalik jew ma tkunx fhimt xi ħaġa, aħna lesti li ngħinuk sabiex niċċaraw dik l-informazzjoni. Dan ser jieħu madwar ħames minuti.

Jiena qabla u bħalissa qiegħda nagħmel studju ta' dottorat. It-tema ta' dan l-istudju hi fuq il-preparazzjoni biex issir ġenitur għall-ewwel darba.

Xi tfisser preparazzjoni biex issir ġenitur?

Dan huwa proċess tul il-ħajja tal-bniedem li ġeneralment jinkludi li l-persuna konċernata tkun lesta għal responsabilità biex trabbi tarbija. Dan jinkludi kemm żmien ta' stennija sakemm titwieled it-tarbija kif ukoll jinkludi diversi azzjonijiet li jirrigwardjaw il-għadd ta' stadji tat-trobbija.

X'inhu l-għan ta' dan l-istudju?

L-għan ewlieni ta' dan l-istudju hu li jiġi esplorat fir-reqqa dan il-fenomenu.

Għalfejn ġejt mistieden/a biex tieħu sehem?

Intlabt tieħu sehem f'dan l-istudju għaliex jew qed tippjana għall-ewwel tqala tiegħek, jew tinsab fil-perjodu tat-tqala jew inkella tinsgħab fl-ewwel sena wara t-twelid tal-ewwel tarbija tiegħek u għalhekk gejt ikkunsidrat/a bħala espert/a fil-qasam.

Bilfors irrid nieħu sehem f'dan l-istudju?

Le, mhux bilfors tieħu sehem f'dan l-istudju. Id-deċiżjoni f'idejk. Aħna se nispjegaw l-istudju f'din l-ittra. Jekk tiddeċiedi li tieħu sehem imbagħad nitolbuk tiffirma formula ta' kunsens. B'danakollu, inti liberu/a li twaqqaf il-parteċipazzjoni tiegħek f'dan l-istudju fi kwalunkwe ħin mingħajr ma tagħti spjegazzjoni għaliex.

X'iġri jekk niddeċiedi li nieħu sehem?

Jekk tiddeċiedi li tieħu sehem f'dan l-istudju inti tkun ġentilment miltub/a tipparteċipa f'intervista li tieħu madwar siegħa mill-ħin tiegħek. Din l-intervista ssir f'ħin u post l-iktar addattat għalik.

Xi jkolli nagħmel?

Kif diġa spjegat, tkun mitlub/a tieħu sehem f'intervista li ddum madwar siegħa flimkien mar-riċerkatriċi. L-intervista se tiffoka fuq l-esperjenza tiegħek rigward it-tħejjija biex issir ġenitur. Din l-intervista se tkun awdjo-rekordjata.

Spejjeż u pagamenti

Biex tipparteċipa f'dan l-istudju inti ma trid tħallas xejn.

X'inhuma l-iżvantaġġi u r-riskji involuti f'dan l-istudju?

Ma hemm l-ebda żvantaġġi jew riskji involuti jekk inti tiddeċiedi li tieħu sehem f'dan l-istudju.

X'inhuma l-benefiċċji jekk nieħu sehem?

Għalkemm ma nistgħux niggarantixxu l-ebda gwadann, l-informazzjoni li se niġbru minn dan l-istudju se tgħinna biex nifhmu aħjar x'inhuma l-iktar aspetti importanti meta wieħed ikun qed jipprepara biex isir ġenitur.

X'jiġri jekk tinqala' xi problema?

L-informazzjoni fuq x'tagħmel jekk tiltaqa' ma' xi problema fuq kif ġejt trattat matul il-proċess ta' dan l-istudju jew issofri xi danni se tingħata fl-aħħar ta' din l-ittra.

X'jiġri jekk ma nkunx irrid inkompli nieħu sehem f'dan l-istudju?

Inti liberu/a twaqqaf il-parteċipazzjoni tiegħek fi kwalunkwe ħin. Ma jkun hemm l-ebda konsegwenzi fuq il-kura tiegħek jekk tiddeċiedi li tagħmel dan. M'għandek għalfejn tagħti l-ebda spjegazzjoni. Bil-permess tiegħek, aħna nkunu nistgħu nużaw ir-riżultati li nkunu ġbarna sa ma tkun iddeċidejt li tieqaf.

U jekk niltaqa' ma' problema?

Jekk għandek xi dubju fuq xi parti minn dan l-istudju, staqsi għal Georgette Spiteri u din tagħmel minn kollox biex tiċċaralek xi dubji li jista' jkollok. Tista' tikkuntattjaha fuq (00356) 2340 1813.

Il-parteċipazzjoni tiegħi se tinżamm kunfidenzjali?

Kull informazzjoni li se tinġabar se tinżamm b'mod kunfidenzjali. Sabiex nagħmlu l-intervisti se nżommu n-numru tat-telefon biex inkunu nistgħu nikkuntattjawk. Din l-informazzjoni se tinżamm fuq kompjuter li fih *password* u li r-riċerkatriċi biss għandha aċċess għalih. Meta nlestu l-intervisti nużaw biss informazzjoni li mhijiex identifikabbli biex nanalizzaw u nippreżentaw ir-riżultati.

Jekk se tieħu sehem f'dan l-istudju, l-informazzjoni miġbura tista' tinqara minn persuni awtorizzati mill-Università ta' Malta u mill-Università ta' Newcastle sabiex jiżguraw li l-istudju

qed isir b'mod serju. Dawn in-nies se jirrispettaw lilek bħala parteċipant u se jżommu l-kunfidenzjalità.

X'se jiġri mir-riżultati ta' dan l-istudju?

Ir-riżultati ta' dan l-istudju se jifformaw parti minn teżi ta' dottorat. Se jkunu wkoll ippubblikati f'ġurnali serji u ppreżentati f'konferenzi. Jekk tkun tixtieq, nistgħu nipprovdulek verżjoni mqassra tar-riżultati. L-ebda informazzjoni personali mhi se tkun identifikabbli f'ebda rapport, artiklu jew preżentazzjoni. L-informazzjoni li nkunu ġbarna flimkien mal-awdjo-rekordjar se jinżammu għal ħames snin imbagħad jiġu meqrudin.

Min qiegħed jorganizza u jħallas għal dan l-istudju?

Dan il-proġett qiegħed jiġi organizzat mill-Università ta' Malta u l-Università ta' Newcastle. Ir-riċerkatriċi li qiegħda taħdem fuq dan il-proġett ingħatat fondi mill-*University of Malta Scholarship Scheme.*

Min qed jevalwa dan l-istudju?

Kull riċerka li qed isseħħ mil-Università ta' Malta, qiegħda tiġi evalwata minn grupp ta' nies indipendenti msejjaħ, *The University Research Ethics Committee*. Dan isir biex jiġu mħarsa l-interessi tiegħek. Barra minn hekk, dan l-istudju ġie evalwat u ġie mogħti opinjoni favorevoli mill-Università ta' Newcastle.

Jekk tiddeċiedi li tieħu sehem f'dan l-istudju, inti tingħata kopja ta' din l-ittra ta' informazzjoni u kopja ffirmata tal-kunsens biex iżżomm għalik. Kopja oħra tinżamm għand ir-riċerkatriċi.

Iktar informazzjoni u dettalji fejn tista' tikkuntattjana

Jekk għandek bżonn iktar informazzjoni rigward dan l-istudju, ikkuntattja lil Georgette Spiteri fuq (00356) 2340 1813, jew lis-*supervisor* lokali, Dr Rita Borg Xuereb fuq (00356) 2340 1823. Jekk tixtieq titkellem mas-*supervisor* prinċipali ta' dan l-istudju tista' tagħmel dan billi tikkuntattja lill-Professur, Debbie Carrick-Sen fuq *email*, d.carrick-sen@bham.ac.uk jew bit-telefon, (0044) 0191 213 8235.

Grazzi talli ħadt il-ħin biex taqra din l-ittra.

Appendix L: Consent form (English version)

<u>An exploration of preparation for parenthood amongst first-time biological parents.</u>

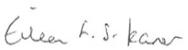
When completed: 1 copy for the participant; 1 copy for the researcher

	Please initial box
1. I confirm that I have read and understand the information sheet for the above-mentioned study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
3. I understand that I have to take part in a face-to-face interview with regards to my views on preparation for parenthood.	
4. I understand that this interview will be audio recorded.	
5. I am fully aware that the results of this study will form part of a PhD thesis and that they will be published and presented at conferences. I am aware that no personal information will be identifiable in any report, paper or presentation.	
6. I agree to take part in this study.	
7. I would / would not (delete as appropriate) like to receive a summary of the study findings.	

Name of Researcher _____ Signature _____ Date _____

Name of Participant _____ Signature _____ Date _____

Research Team Details

Main Researcher	Ms Georgette Spiteri	georgette.spiteri@um.edu.mt	(00356) 2340 1813		
Supervisor	Professor Debbie Carrick-Sen	d.carrick-sen@bham.ac.uk	(0044) 0191 213 8235		25/02/2014
Local Supervisor	Dr Rita Borg Xuereb	rita.borg-xuereb@um.edu.mt	(00356) 2340 1823		25/02/2014
Supervisor	Professor Eileen Kaner	eileen.kaner@ncl.ac.uk	(0044) 0191 222 7884		25/02/2014

Consent form (Maltese version)

<u>Esplorazzjoni ta' tħejjija għall-ġenitorjalità fost ġenituri bijologiċi għall-ewwel darba.</u>

FORMULA TA' KUNSENS:

Kopja għall-parteċipant u kopja għar-riċerkatriċi.

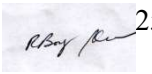
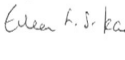
Agħmel l-inizjali fil-kaxxa

1. Nikkonferma li qrajt l-ittra ta' informazzjoni rigward l-istudju hawn fuq imsemmi. Nikkonferma li kelli l-opportunità nevalwa l-informazzjoni u nikkonsidra jekk niħux sehem jew le. Kelli wkoll opportunità li nistaqsi xi mistoqsijiet f'dan ir-rigward, liema mistoqsijiet ġew imwieġba.	
2. Nifhem li l-parteċipazzjoni tiegħi hija volontarja u jien liberu/a nwaqqaf il-parteċipazzjoni tiegħi mingħajr ma nagħti raġuni, u dan bla konsegwenzi fuq il-kura medika tiegħi u mingħajr ebda effetti fuq id-drittijiet legali tiegħi.	
3. Fhimt ukoll li se jkolli nieħu sehem f'intervista rigward il-fehmiet tiegħi fuq il-preparazzjoni biex issir ġenitur.	
4. Konxju/a li din l-intervista se tkun awdjo-rekordjata.	
5. Naf li r-riżultati ta' dan l-istudju se jifformaw parti minn teżi ta' dottorat u se jkunu ppubblikati u ppreżentati f'konferenzi. Naf li l-ebda informazzjoni personali mhi se tkun identifikabbli f'ebda rapport, kitba jew preżentazzjoni.	
6. Naċċetta li nieħu sehem f'dan l-istudju.	
7. Nixtieq / Ma nixtieqx (aqta' kif jaqbel) li nirċievi r-rendikont tar-riżultati ta' dan l-istudju.	

Isem ir-riċerkatriċi _____ Firma _____ Data _____

Isem il-parteċipant/a _____ Firma _____ Data _____

Dettalji tat-tim tar-riċerkaturi:

Riċerkatriċi Prinċipali	Is-Sa Georgette Spiteri	georgette.spiteri@um.edu.mt	(00356) 2340 1813	
***Supervisor* Prinċipali**	Il-Professur Debbie Carrick-Sen	d.carrick-sen@bham.ac.uk	(0044) 0191 213 8235	25/02/2014
***Supervisor* Lokali**	Dr Rita Borg Xuereb	rita.borg-xuereb@um.edu.mt	(00356) 2340 1823	 25/02/2014
Ko*supervisor*	Il-Professur Eileen Kaner	eileen.kaner@ncl.ac.uk	(0044) 0191 222 7884	 25/02/2014

Appendix M: Research Diary

As the main researcher I was actively involved in all stages of the study design and processes. Reflexivity is an important aspect of the study design from developing mere ideas about the study, through to the analysis and presentation of the results of the research. A reflexive account was previously given in Chapter 4 (see section 4.6). The following section presents some excerpts from my personal research diary.

Reflections before and after each interview provided the opportunity to explore in more depth the issues that appeared to be emerging, noting down key words or ideas that were coming to mind as the participants' spoke. Applying a consistent reflexive approach to data analysis was important for the positioning of the data to its context. After every interview, a reflection was written to establish what I thought was emerging. This continued whilst listening to the recorded interviews and during the reading of the transcripts.

2.12.2014

Interviewing Kylie and Chris presented an interesting experience. While most of the coupled interviews so far seemed to present a shared experience, Kylie and Chris presented themselves with varying viewpoints. Despite being well into the postpartum experience, Kylie appeared uneasy and unsettled in her role as a mother despite acknowledging that her experience has gotten better. Their disjointed reality intrigued me. I felt that they had opened Pandora's box and I had so many more questions that I needed to ask. They presented a reality very different to mine. (Research diary entry post-interview).

29.12.2014

I'm feeling very nervous today but excited at the same time (interviewing Felix – first male interview). Will I be able to understand his experience of preparation? I need to remember to have an open mind and be willing to understand his unique experience which may or may not be very different from mine. (Research diary entry pre-interview).

12.1.2015

With Maxine, I never felt that rapport was established during the interview. I felt that I struggled to get her to speak at length or in depth. (Research diary entry post-interview).

28.1.2015

Once I was inside Ruth's house I felt relaxed. Her home environment looked very similar to mine. I felt very privileged to be let into her home to hear about her experiences. I could clearly see the many similarities we shared with our experiences. Ruth had a wonderful way of expressing herself and she was very in tune with her

preparation. Having had her baby already, Ruth knew what worked, what didn't, what she wanted more of. (Research diary entry post-interview).

In keeping with reflective practices, I also recorded the process of data analysis and the decisions that were made during each step together with the rationale. My research diary was an effective way to support the process of data analysis especially in view of the large sample size I was working with.

26.10.2015

This next step feels very daunting but I plan to take it step by step and see where it takes me. I think I am just overwhelmed with the amount to data that has been generated. I've done IPA before so I should be ok. I've done all the prep work it's just a matter of getting the ball rolling now. I need to make sure I allocate enough time so that I can do justice to all this data. (Research diary entry).

Appendix N: Example transcript and example analysis charts

Interview with Ricky a 30-year-old male participant who is married. His wife and he are expecting their first child. Currently at 35 weeks' gestation. Interview conducted at his house while the wife was napping. Duration of interview 51 minutes 5 seconds.

Code:
R: Researcher
P: Participant
All other names present are fictitious

R: Thank you for agreeing to participate in this interview. Could you please tell me a little bit about yourself and your experience with parenthood?

P: I am 30 years old and I got married 4 and a half years ago. We used to say that as soon as we get married will immediately start trying to have a baby but then when reality hit and you realise how busy life is with work and our loan on the house and then I started a course at University so we decided to postpone it a bit. Then, when I was nearing completing of my studies, we started to try and after 3 months of trying she got pregnant. It's a different experience because you don't really know what you are getting yourself into but at the same time, there is this great interest in getting to know what it is like.

R: That's right.

P: And the course we were attending at the hospital was really helpful because it is like once a week you get to become more aware of what is happening and what is needed throughout the process. You hear a lot of things from people too and I work at a school and all the staff are around the same age so a lot of them have babies already so everyone tells you this and that and sometimes it's really confusing but it is a nice experience. Then we starting taking everything week by week. We tried to deal with priorities first so that we prepare everything for when the baby arrives. Our hospital visits with our gynaecologist were also very important

even when we went for the 4D scan. I think that was the first time I was really understanding that we have a baby already, that this is happening. You get to see him move, it's amazing.

R: Of course. How did you react towards getting to know you were having a baby?

P: After the first month we tried…I used to always worry that maybe she wouldn't get pregnant. She was very eager to get pregnant. The last two years, she really wanted to get pregnant but I would always tell her to let me finish my studies so that I would have more time. Then I started to worry that once we did start trying to get pregnant, there would be a problem. So yeah the first month nothing happened, but then the second month she really started to worry. Then for the third month, I told her sort of now it's up to you. We had to lead a normal life and when it happens it happens. Then I remember one time we went to give a wedding present to someone and she had a Sprite while we were there. On our way back home then she told me that she was feeling unwell and that she thought the Sprite made her sick. I didn't really think about it too much. Then the next day she woke up sick too. I was then talking to my mother and I told her that my wife was unwell, that she was nauseated and had a headache and then my mother told me that's because she's pregnant! I told her to make sure you don't say anything in front of her especially because she was very sensitive about the whole thing during that time. It happened though that she heard our conversation and so the next day she went and got the test done without telling me about it and when I returned from work I found the pregnancy test on the table in the garage waiting for me. And when I saw it instead of saying congratulations I told her, you are going to have a boy. *Laughs.*

R: Ok, so in your case, it was a planned pregnancy?

P: Yes, exactly. There was a build-up of it.

R: You also mentioned Parentcraft and hospital appointments. Did you always attend these?

P: Yes I always went with her and in between our hospital appointments we were also visiting our family doctor too. For the majority of these, I would go with her too but there were the occasional times that I wouldn't be able to make and my mother used to go with her instead. But with regards to Parentcraft, I always went with her.

R: How do you feel about having gone to these appointments and classes?

P: I feel that they really helped me. I felt more involved. I am at work every day till about 8o'clock so, to be honest, our conversations are mainly over the phone during my break, or while she is on her way back home from work. Then it is like during the evening that we have some time together. I tried to make an effort to be present though so that anything that needed to be bought, I would be there too. I used to tell her to focus on the baby. I told her to do some research online, to watch how the baby is growing and stuff like that. Then, when it came to shopping with regards to the baby, we did that together.

R: Ok, very well. How was your personal experience so far?

P: I think about how my life will change and I even sometimes dream about how we will manage to get by, what will happen to us, how will we survive? Sometimes I wonder if we are capable enough to bring up a child. I mean, you start to hear a lot of things about sick children or things that happened…but I think I was more afraid at the beginning of the pregnancy. I was confused I think. Throughout these nine months though with the help of a lot of things like reading and research we've done, from Parentcraft…now more than ever I feel very prepared for when the baby comes. I'm sure we can take care of him, we're supposed to anyways.

R: What are your main worries though?

P: I worry that I will not have enough time to help out. She is worried because her mother passed away so it is like from her side of the family she doesn't really have anyone to help out. We have a lot of back up from my side of the family though, there are six siblings and we

help each other a lot. My mother treats my wife as if she were one of her own children. But still, I don't want to burden her with a lot of responsibility while in the meantime leaving me deprived of help which I am ready to give. At the same time, we've always managed. I always cook, with regards to cleaning I told her not to worry too much about it, we'll do what we can and then we'll see but…I worry that he'll be sick and I wouldn't know how to take care of him. She is very eager to breastfeed for example, but I've heard that babies who are breastfed cry more so now she is worried that he is going to spend every night crying. I do worry about this because if we are going to be up all night taking care of the baby I would still need to go to work in the morning. These are the things that worry me because I don't really know what will happen. Until we did the 4D I was worried that something would be wrong with him you know…

R: Yes I understand. Thanks for your explanation it was very interesting. Ok, could you now tell me what the term parenthood means to you?

P: I think it means raising your child. Not just in the sense that you watch your child grow through bottles and feeding but also watching your child grow from an intellectual perspective also. You have to provide your child with the necessary skills that will make him an independent being. He needs to be able to eventually live his own life.

R: Ok. Do you think that parenthood has a personal meaning?

P: I think this will be a journey for the baby that is coming and for the parents. I think it is a journey that we will travel together. I mean, I think that we will also grow and learn with our son as parents.

R: Very interesting. I like that description. What do you think of the term parenting now?

P: …I think that parenthood is a process that every parent who has children will go through. Parenting is something that even though you have children you do not necessarily exercise your parenting role. If I am going to be present in my son's life, I am going to be using the

necessary parenting skills so that he and I both grow. But if I am always absent and I am not involved, then there is no parenting.

R: Ok. I see what you mean. What do you think preparation for parenthood means?

P: I think that preparation for parenthood is a mental ability…you need to really understand that you are going to have a baby and at the same time trying as much as possible to help yourself and this new baby that is coming. I think initially we mainly focused on the materialistic aspect of it all. We bought clothes, nappies and stuff ... At the same time, you have to mentally prepare yourself. You have to also think about ways of bringing up your child in relation to skills, values and everything else which is necessary.

R: Ok very good. When do you think in your case, this mental ability or realisation happened?

P: As I've already told you we are six brothers and sisters. I remember my mother raising the little ones. Because I was one of the eldest, we also had a role in their upbringing. We used to help out with the little children. So I mean, we really experienced upbringing. We had dual roles, we were their siblings but at the same time, we were actively involved in their upbringing. My father was injured when I was 12. That meant that I needed to go out for work. Money wise I used to help out with my youngest sister. My brother Mark used to help out with my brother Peter and Joanne used to help out with Ruth. Even when it came to helping out with school work I was responsible for Carla. So I do feel that I have a little bit of parenting experience because I used to help her. There is a nine-year gap between us. And I still do help out like she still comes to me to help her make certain decisions. So it is like from that regards, I have been involved in someone else's upbringing. Even from her side. My wife is a twin and her twin sister had a teenage pregnancy. So for the three, four years they lived together and my wife helped out a lot and she has learnt a lot through that experience too.

R: So you both have been exposed to this experience to a certain extent.

P: Yes, we have, it is like we already have some know how.

R: Exactly.

P: There still is the fear of the unknown you know because every child is different despite having the same approach from their parents. That is what I've observed.

R: Yes, I understand. So, in your case, this was a planned pregnancy because you'd started to think about things way before the actual pregnancy. Did you feel ready for parenthood at that time?

P: No not at all! I mean when we had started trying to get pregnant and nothing was happening I used to tell my wife, maybe it is for the better you know. Let's have a breather. It will give us more time especially because I had just been through two years of more schooling which were very demanding. I used to tell her that it would be best for her to be pregnant around May/June so that the baby will be born in March/April and she used to tell me no we still need to try. Then when she got pregnant, she really cried because she started to doubt herself and her abilities to take care of the baby. I told her you've been wanting this so much for the past two years and now you're going to fall weak now that you are pregnant. So yeah, we experienced moments of fear.

R: How do you feel now?

P: Now I feel much more confident and much more prepared. Prepared in the sense that when I know that the necessities are ready and set then I can focus on the approach or the broader picture. Now I have the energy to focus on the broader picture because all the other things are set.

R: Ok, I understand. How have you and your wife prepared for this experience?

P: Well, to be honest, my wife and I have opposite characters so for us to agree upon something it takes us a very long time but with regards to the pregnancy I've noticed that

we've started to agree on a lot of things. For example, for us to decide upon a name it was impossible. We had already decided that if it were a boy we would name him Dylan but with regards to a girl, we couldn't agree. We used to really fight about this but with regards to a boy, we agreed. Then when we got to know that we were actually having a boy, it stuck with us. I think for me this was the biggest hurdle! Even when we come for other decisions like for example with regards to clothes, prams and stuff like these, it is like she has relaxed and I'm not as anxious as I was before either so I think that really and truly the experience has brought us closer together in that sense. Now we are more responsible in our decisions and we don't worry about petty things.

R: Very interesting. How do you think your life will change in the next couple of weeks?

P: This is something that we've recently started to talk about. This week I was really happy because I found out that a new daycare centre is opening in our village. I was previously informed that one is going to open close by to where I work and this was way before we actually got pregnant. I used to imagine myself taking him there on my way to work and then pick him up when I finish. Then we'd come home and my wife would join us for her break and she would have time to cook and clean and then at 4pm she'll go back to work and I will stay at home with him. So we were set, and it was all figured out…but then they told us that it wasn't going to open so we weren't very happy. She started to panic about this a little bit but I always tell her lets deal with it as it comes and live day by day. I tell her, let's have this baby first, and then take 18 weeks of maternity leave, because she's decided to take that and then hopefully I would have started on half days in preparation for summer. Then I'd have the whole summer with him. So until the end of summer, he will always be with his parents. He wouldn't have to spend time with grandparents or at playschool. Then, if she starts to struggle with work and with the rearing of our son, she will stop for two years. This is what we've decided. My wife works as a secretary with a public notary and her hours are 8:30am till noon and then 4-7pm. I give private tuition after work so I'm busy till about 8pm. I'd rather send

my son to a nursery at 6 months rather than at 3 months. At around 6 months he will be a bit bigger so it will be different. On Wednesday afternoons and Saturdays she doesn't work so maybe I can give all the tuition on those days because she will be able to take care of the baby. If need be we need to involve the grandparents it will only be for once a week.

R: So, it seems like there is a very good plan.

P Yes, we're trying to figure out how we will manage.

R: I think it is very important.

P: Yeah and I am the type of person who loves to plan things in advance. She is more relaxed and focuses more on the present. She relies on me a lot because she knows I will get the job done. But I tell her that her ways aren't exactly fair because she burdens me with all these things. We actually had a fight about this yesterday because she needed to fill that form for fourteen weeks of full pay maternity leave to be able to hand it into her employer and she didn't because she said she waited for me to do it. I said no, that's not fair you need to be responsible for these things. She relies on me a lot.

R: I understand.

P: Then yesterday she came and showed it to me.

R: How do you think a person a better prepare himself for parenthood?

P: I think what helped me the most were the lectures I attended at the hospital despite all the exposure I had experience beforehand. I think that it was most important because it was catered specially for us and our own experience. Do you understand?

R: Yeah yeah.

P: We were attending to learn about our own personal experience. The other experiences were sort of a build-up which allowed us to understand certain things but at the classes, there was

like direct contact with ourselves and it was catered towards the different phases we were going through. I think it was really helpful for both of us. Then, we also used to look up things online because we don't really get explanations from our gynaecologist. I am sort of scared of him because he is very closed off. The GP we go to then is very easy to talk to, so I try to ask her all my questions, so does my wife. Sometimes, she'd (referring to his wife) be preparing something and something would come to mind, she'd (his wife) ask me to ask around at work. I have a very good relationship with my colleagues so I will ask them whatever it is. Sometimes, we end up hearing all these different experiences and nobody seems to be agreeing and I end up calling my wife telling her to do whatever she thinks is best. I do think there were very helpful so us though. My wife is friends with my colleagues at work so we've got a lot of information from them, they were very supportive of us. I still say though that those lessons were the best thing. Maybe it's because we are going to have our baby at the hospital so the fact that we were going to the hospital where the baby is going to be born helped us. I think the fact that the course is delivered by midwives also helps.

R: Very interesting.

P: The head of the school I currently work at was previously a guidance teacher. I had started off with health and safety. Our previous head had told me that she was interested in organising parenting courses. I told her what does that have to do with me, from health and safety but she said she needed help and I was willing to help her. I remember we used to organise these sessions during the afternoon and I was maybe 23 or 24 years old and I used to hear my current head talk about parenting issues. They used to be about the transition to teenagehood. I used to find them very interesting even though I was just 24 years old, with no intention of becoming a parent any time soon. So I can only imagine how interesting the parents themselves used to find these classes and I think the same can be said with regards to Parentcraft. I think postnatal classes or classes with a baby would also be very helpful.

R: Thank you for that suggestion, that's a very good point. What are your views regarding introducing something at school in relation to preparation for parenthood?

P: During PSD they talk to students about sexual relationships so I think having discussions about parenthood are also useful at that point in time, why not? Especially at all-girl schools, like the one I work in. Maybe boys will be a little immature to understand certain issues. For me personally, though, I think the best option would be for midwives to offer the same support postnatally. I think it will be very beneficial.

R: Alright. We talked about a lot of ways one can prepare himself for parenthood. What about from a more personal perspective? Is there anything you've done in particular?

P: Personal? Sometimes I find myself feeling sad and worried because I do not know what is going to happen. Her mother died because of respiratory problems. Until we got the 4D done it was something that I used to constantly think about and worry about. I used to really really worry about this issue affecting our baby. I never told her anything about this because I don't want to burden her with my worries. Now, I'm really worried that she is going to have a difficult labour. This is something that I am constantly thinking about. How will she manage to go through labour? What if she can't do it? So, far everything looks good and pro-natural delivery, I mean the placenta is in the upper segment and the baby is head down, but still, I worry about her strength. Will she have enough courage to go through with it? She gives out this impression that she is a very strong person but then when reality hits she can become weak. So my biggest fear is that she won't manage to go through labour or that she will be so weak after the actual birth that she will not be able to take care of the baby. I think about the eventually of her ending up having a caesarean section. I know that if that is the case, I need to be her comfort source because I know she will worry that she will not be able to manage. At the same time, I know that I have to see how to involve myself to a greater extent.

R: Yeah, that's right.

P: But deep down, I personally feel that I am much calmer than before. I really worked hard to deal with the fears I previously had. I used to think about the stairs we have in our house and how this might affect her in her daily activities, so I discussed this issue with my wife and we decided to bring the bedroom downstairs. I think part of my personal preparation is making sure she is comfortable. We also did some construction work, I made sure there was hot water access so that she will be comfortable when the baby comes. The wardrobe is filled with baby clothes. This is something that she really concentrated on. Throughout these past months, she washed all the clothes that we got from our family and friends and organised them according to their ages. Two weeks ago, we prepared the clothes we are going to bring with us to the hospital. We were very eager to do these things. Then, she'll go to bed and I always stay pondering on what will happen, how are we going to get by and all these types of things. I worry but I don't show her. I try to boost her confidence as much as I can but I'd say one of the main things that worry me is the issue of time.

R: Are there any other things that you've personally tried to prepare for?

P: My mind is at rest because I know that she is going to deliver beginning of February and I know that during that time my students will have their exams which means that I will not have any private tuition to give. That means I have some two weeks available to be with them. Then I know that after that I have a month of work till 8pm but I told her that if need be I will try to reduce the hours so that I will have more time to help her and at the same time, soon after it will be Easter recess. So until mid-March, I will be very close and available. Then my students will start sitting for their 'O' levels and will be ready at around 5pm. Then in June, I will only have 3 hours in the morning so really and truly it will all work ok. The timing couldn't have been better. To be honest, my mother helps us a lot too and she is willing to help out and be present as much as we need her to be. So I know we will have her help and help from her sister too. Her sister comes to our house every Wednesday. So she will have a lot of help.

R: What are your views about having support during this experience?

P: I think support is extremely important. For example, in our case my wife considers her twin to be a mother figure. Just like I feel the need to call my mother each day, she needs to call her sister every day. It's ok if she isn't in touch with her dad each day but she needs to call her sister every day. I think the fact that she knows she has her sister's support really comforts her. Sometimes, for example, we will have an argument and she doesn't listen to what I have to say, so I call her sister and ask her to talk to her because I know she'll listen to what her sister has to say. She gets a lot of support from her sister and I also do my best to support her so yes I think support is really important.

R: Ok, very good. What about preparation for parenthood from a relationship point of view?

P: The fact that we are now going to be three people are issues that we also discuss. She is always telling me how she doesn't want to let the baby sleep between us. She says that our lives as husband and wife need to remain ours. He will be with us but he will not take over our relationship. She always talks about how the baby will not be the number one priority and I always tell her that I enjoy listening to her say that, especially because I've heard a lot of people say that when a baby comes into the picture, the wife abandons the husband to focus solely on the baby. I always say that the baby will be an addition to the family but at the same time everything started with us and it needs to continue with us. I think the pregnancy in itself has made us more aware of this and at the same time closer together. Before we used to argue over everything, superficial things even for nothing, nowadays we realise how silly we were. Now we know that we have this common goal and aim that we are both working hard for. Today we went out and bought two dummies and a bottle…do you know how long that took us? Two whole hours. But I told myself its ok because we are together and we are sharing this experience. At the same time, it allows us to have conversations. My wife is very quiet. She doesn't really open up. I mean she isn't the type of person that you will get to know very easily. It is difficult to have a conversation with her so the fact that we have this experience to

share helps us to communicate. This experience is something that we are both interested in so it easy in that sense.

R: Ok I understand what you mean. How do you feel about the fact that you will soon become a parent?

P: Oh I am over the moon! I'm extremely happy. Now that it is so close I can't wait for it to happen. The fact that we've prepared all these things, we know that it is going to happen any moment now so it is as if every passing day is extra. I want him to come because I want to hold him in my arms.

R: Alright, what do you think may hinder or delay preparation for parenthood?

P: I think that if the pregnancy isn't planned, the couple might be more worried and anxious as to how they are going to break the news to their family rather than focusing more on actually preparing for the experience. I have relatives that have been through something similar and I used to tell them really… … I used to tell them that they were too worried and invested in what people are going to say and how they were going to tell the people around them instead of focusing on the fact that they were going to have a baby. It can also be that maybe people think that they are already prepared because they already have children and maybe then when reality hits them they realise how much it has impacted on their life. I remember my sister saying she felt lost with her third child. I remember trying to encourage her to go for the Parentcraft course because I had heard that people really find them good but she had told me she's already been through the experience so she didn't think she'd gain anything out of them.

R: Yeah.

P: Plus, I guess if there isn't a stable relationship between the couple. I don't think they will really concentrate on the baby and the experience if their relationship is on the rocks. I also think that a lot of men feel too proud… …the mentality a lot of men have is that this is a

women's thing and she should take care of it. I think that this mentality really hinders men in preparation for parenthood. If men think that this experience only involves women, they will not even try to involve themselves, let alone prepare. I think this is also a hindrance. I do believe that as a society things are changing for the better even though I think gender roles are still very real. I think that within the house, men always gave an input I think to a certain extent but going out into society and saying that he helps is another thing. That would be a big taboo and most definitely he would not help outside of the house. Nowadays, though I think that men are becoming more involved. I think their educational level plays an important role when it comes to involvement or lack their off. Unfortunately, I know people who still believe that men's role is solely as the breadwinner and that women are there to raise the children.

R: Alright very interesting. What are the most important characteristics one should have in preparation for parenthood?

P: … … Dedication, time, patience…willingness to learn…courage…

R: What do you mean by courage?

P: You cannot be the type of person that gets disheartened easily. Whatever happens, they have to be ready to deal with any problems that might arise. Let me give you an example, if my baby is born with a condition, I have to be brave enough to be able to support my wife and at the same time help my baby. If I am going to play victim all the time, nothing is really going to change for the better.

R: How do you feel your life with the baby will be affected?

P: I am actually looking forward to it to change. For the past nine years, all I've focused on was work and school, they were always my priority. I wanted to advance in my career. Now I'm looking forward to the baby to come so that I can enjoy doing things with the family more than I normally do. I am hoping that the focus I placed on my career will now be shifted

towards my baby. So I'm going to try to decrease the time I allocate towards my work so that I can look forward, very positively actually. A lot of guys told me that life with a new baby means no more football and no more this or that, I don't look at it in that way. I am looking forward to his arrival so that I can take him out. Before, for example, if I'd go out and don't study, I'd feel guilty but now I know I won't feel guilty because it is like my right to spend time with him. I don't have that guilt feeling and at the same time, I know that the fruit of my loin is growing.

R: Very interesting. How might midwives or other health professionals better assist people like you in preparation for parenthood?

P: I think that the approach I received during Parentcraft really boosted my self-esteem and filled me with courage because every time I had a question I was answered in a very supportive manner. I also felt very welcomed. The fact that I felt so welcomed reassured me that at the point if I had a problem and I'd ask for help, I knew I'd receive it. That was very encouraging to me. Information was passed on to us from the midwife, and she was very practical in her ways. Thank God for them. I am also aware that once we are back home with our baby, they will also come to see us at home and that is extremely helpful too. That's what I always say, I think it's a big bonus.

R: I am glad to hear. Do you think there should be a type of assessment in relation to parenthood preparedness?

P: When the experience is happening to you and reality hits I think that may be an induction of some sort would also be very helpful. I think that there were many aspects that could have been explained to us better which would have helped us better prepare. For example, for three whole years before the pregnancy, my wife was on the pill because she had a lot of cysts in her uterus and she was being seen by a gynaecologist. Nobody had ever told her that if she wanted to get pregnant she needed to start taking folic acid from before, we heard about that

from our friends. Even for example, when it was time to switch to a multivitamin, nobody told us, we just heard about it. So there were things that we learnt by word of mouth and not because any professional ever told us about. When we'd started Parentcraft, we were already past the first trimester so I remember during the first lecture, we just confirmed the things we did because we had already experienced everything that was explained to us. The others were really good, but I feel that that first lecture happens a bit too late. I think that had that first lecture happened on that first visit when we'd come for our booking visit it would have been much more beneficial, especially for people who aren't aware of certain issues.

R: How do you feel this additional support should be delivered?

P: I think it really depends on the individual but I think that an informal conversation would be best because the midwife would be able to explain things at length and the individual would have the opportunity to ask questions there and then.

R: What do you think about a questionnaire?

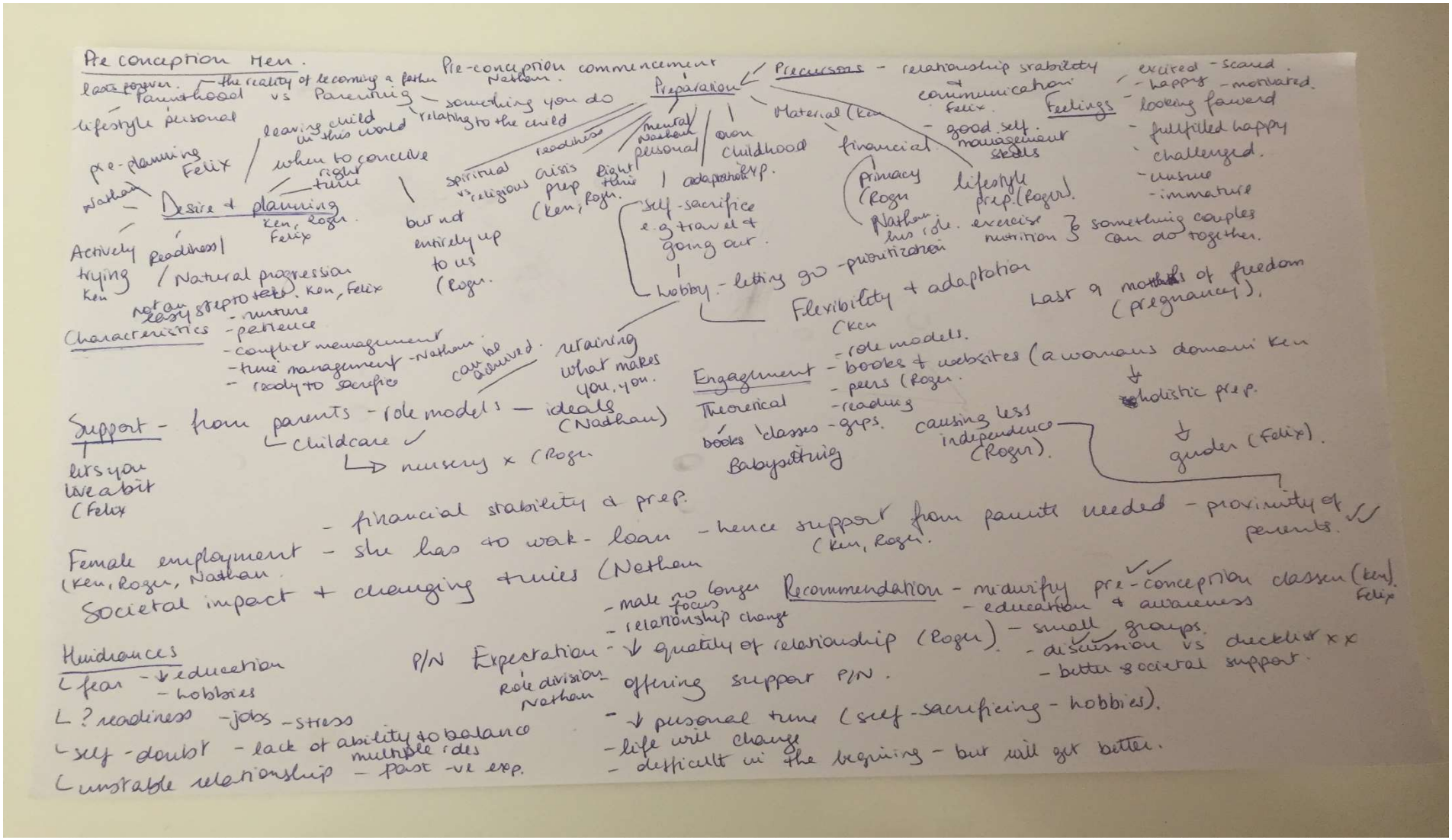
P: Ticking would be a good ok too but I think that in a conversation, things can be better explained and even observed.

R: Alright, I have no further questions. Is there anything else you would like to add?

P: No, no I don't think so.

R: Thank you very much for participating.

P: Thank you, you've made me much more aware of certain issues and I've really enjoyed our conversation.



Pre conception Men.

Pre-conception commencement Nathan.

Preparation

Precursors - relationship stability + communication Felix.
- good self management skills

Feelings
- excited - scared.
- happy - motivated.
- looking forward
- fulfilled happy
- challenged.
- unsure
- immature

Material (Ken
- financial
  - primacy (Roger
  - Nathan his role.
- lifestyle prep. (Roger).
- exercise nutrition } something couples can do together.

Parenthood vs Parenting - something you do relating to the child

lasts forever. - the reality of becoming a father

lifestyle personal

pre-planning Felix

leaving child in this world

when to conceive right time

Nathan

Desire + planning Ken, Roger. Felix

Actively trying Ken

Readiness / Natural progression not an easy step to take. Ken, Felix

but not entirely up to us (Roger.

spiritual vs religious

readiness

crisis prep (Ken, Roger.

Right time

mental Nathan personal

adaptation

own childhood exp.

self-sacrifice e.g travel + going out.

hobby - letting go - prioritization

Flexibility + adaptation (Ken

Last 9 months of freedom (pregnancy).

Characteristics
- nurture
- patience
- conflict management
- time management - Nathan
- ready to sacrifice

can be achieved.

retaining what makes you, you.

Engagement
- role models.
- books + websites (a woman's domain Ken
- peers (Roger.
- reading
- grps.

Theoretical
books classes
Babysitting

causing less independence (Roger).

holistic prep.

gender (Felix).

Support - from parents - role models - ideals (Nathan)
- childcare ✓
  - nursery x (Roger

lets you live a bit (Felix

- financial stability & prep.

Female employment - she has to work - loan - hence support from parents needed - proximity of parents. ✓✓
(Ken, Roger, Nathan.

(Ken, Roger.

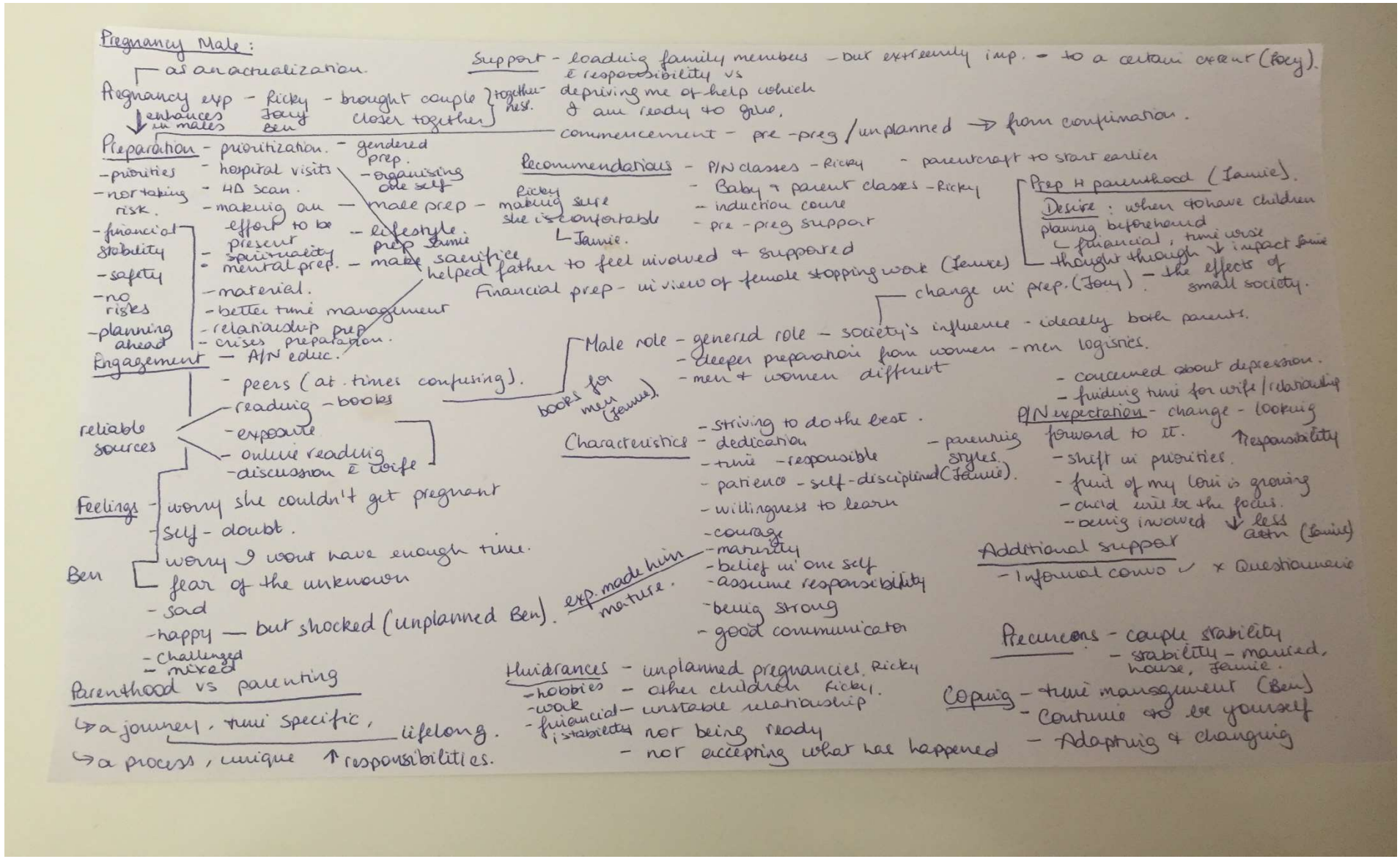
Societal impact + changing times (Nathan

Recommendation - midwifery pre-conception classes (Ken) Felix
- education + awareness
- small groups.
- discussion vs checklist x x
- better societal support.

Hindrances
- fear - ↓ education
  - hobbies
- ? readiness - jobs - stress
- self-doubt - lack of ability to balance multiple roles
- unstable relationship - past -ve exp.

P/N Expectation
- male no longer focus
- relationship change
- ↓ quality of relationship (Roger).
- offering support P/N.
- ↓ personal time (self-sacrificing - hobbies).
- life will change
- difficult in the beginning - but will get better.

Role division Nathan



Pregnancy Male:

Pregnancy exp - Ricky, Jory, Ben - brought couple closer together } togetherness.
- as an actualization.
- enhances in males

Preparation
- priorities
- not taking risk.
- financial stability
- safety
- no risks
- planning ahead

- prioritization.
- hospital visits
- 4D scan.
- making an effort to be present
- spirituality
- mental prep.
- material.
- better time management
- relationship prep
- crises preparation.
- gendered prep.
- organising one self
- male prep - Ricky making sure she is comfortable
  - Jamie.
- lifestyle prep Jamie
- make sacrifice
- helped father to feel involved & supported

Engagement
- A/N educ.
- peers (at times confusing).
- reading - books
- exposure
- online reading
- discussion ē wife

reliable sources

Feelings
- worry she couldn't get pregnant
- self - doubt.
- worry I wont have enough time.
- fear of the unknown
- sad
- happy — but shocked (unplanned Ben).
- challenged
- mixed

Ben

Parenthood vs parenting
- a journey, time specific, lifelong.
- a process, unique ↑ responsibilities.

Support - loading family members - but extremely imp. - to a certain extent (Jory).
ē responsibility vs depriving me of help which I am ready to give,
commencement - pre-preg / unplanned → from confirmation.

Recommendations
- P/N classes - Ricky
- Baby & parent classes - Ricky
- induction course
- pre-preg support
- parentcraft to start earlier

Financial prep - in view of female stopping work (Jamie)
- change in prep. (Jory).

Prep 4 parenthood (Jamie).
Desire: when to have children planning beforehand
- financial, time wise
- thought through ↓ impact Jamie
- the effects of small society.

Male role - generic role - society's influence - ideally both parents.
- deeper preparation from women - men logistics.
- men & women different

books for men (Jamie).

Characteristics
- striving to do the best.
- dedication
- time - responsible
- patience - self-disciplined (Jamie).
- willingness to learn
- courage
- maturity
- belief in one self
- assume responsibility
- being strong
- good communicator

exp. made him mature.

- parenting styles.

Hindrances
- hobbies
- work
- financial stability
- unplanned pregnancies. Ricky
- other children Ricky.
- unstable relationship
- not being ready
- not accepting what has happened

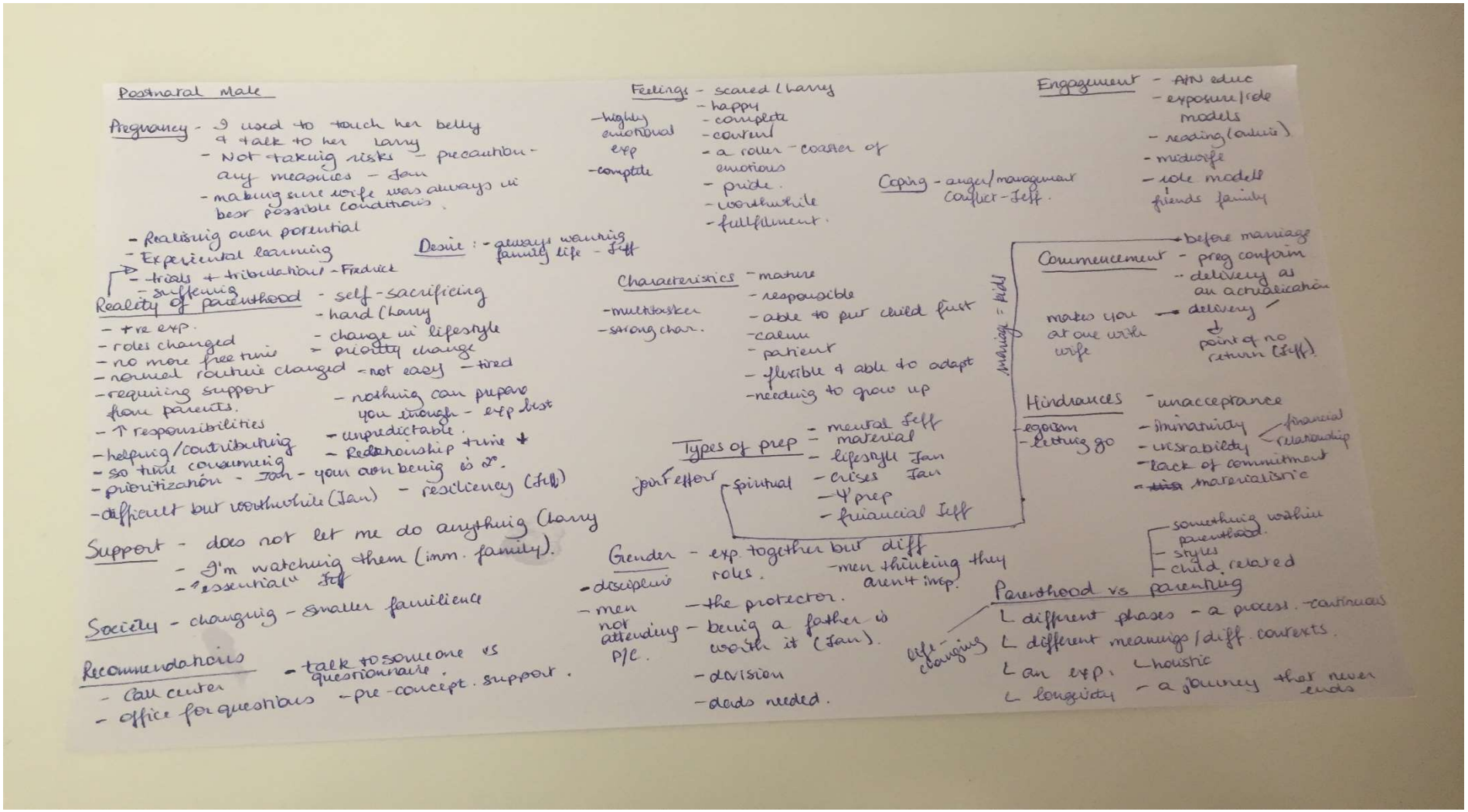
- concerned about depression.
- finding time for wife / relationship

P/N expectation - change - looking forward to it. ↑ responsibility
- shift in priorities.
- fruit of my loin is growing
- child will be the focus.
- being involved ↓ less attn (Jamie)

Additional support
- Informal convo ✓ × Questionnaire

Precursors - couple stability
- stability - married, house, Jamie.

Coping - time management (Ben)
- Continue to be yourself
- Adapting & changing



Postnatal Male

Pregnancy - I used to touch her belly & talk to her Larry
- Not taking risks - precaution - any measures - Jan
- making sure wife was always in best possible conditions.

- Realising own potential
- Experiential learning
- trials + tribulation - Fredrick
- suffering

Reality of parenthood - self-sacrificing
- hard (Larry
- change in lifestyle
- priority change
- not easy - tired
- nothing can prepare you enough - exp best
- unpredictable.
- Relationship time ↓
- your own being is 2°.
- resiliency (Jeff)

- +ve exp.
- roles changed
- no more free time
- normal routine changed
- requiring support from parents.
- ↑ responsibilities
- helping/contributing
- so time consuming
- prioritization - Jan
- difficult but worthwhile (Jan)

Support - does not let me do anything (Larry
- I'm watching them (imm. family).
- "essential" Jeff

Society - changing - smaller familience

Recommendations
- Call center
- office for questions
- talk to someone vs questionnaire.
- pre-concept. support.

Feelings - scared (Larry
- happy
- complete
- content
- a roller - coaster of emotions
- pride.
- worthwhile
- fullfilment.

- highly emotional exp
- complete

Coping - anger/management conflict - Jeff.

Engagement - A/N educ
- exposure/role models
- reading (online)
- midwife
- role models
friends family

Desire : - always wanting family life - Jeff

Characteristics - mature
- responsible
- able to put child first
- calm
- patient
- flexible & able to adapt
- needing to grow up

- multitasker
- strong char.

Types of prep - mental Jeff
- material
- lifestyle Jan
- crises Jan
- Ψ prep
- financial Jeff

joint effort - spiritual

Commencement - before marriage
- preg confirm
- delivery as an actualization
- delivery
↓
point of no return (Jeff)

makes you at one with wife

marriage = kids

Hindrances - unacceptance
- egoism
- letting go
- immaturity
- unstability
- financial
- relationship
- lack of commitment
- ~~[illegible]~~ materialistic

Gender - exp. together but diff roles.
- men thinking they aren't imp.
- the protector.
- being a father is worth it (Jan).
- division
- dads needed.

- discipline
- men not attending P/C.

Parenthood vs parenting
- something within parenthood.
- styles
- child related

Parenthood vs parenting
- different phases - a process. - continuous
- different meanings/diff. contexts.
- an exp. - holistic
- longevity - a journey that never ends

life-changing

References

Abela, A. (1997) *Marital conflict in Malta.* Unpublished PhD Thesis, University of London.

Abela, A. M. (1991) *Transmitting values in European Malta.* Malta: Jesuit Publications.

Abela, A. M. (1994) 'Values for Malta's future: Social change, values and social policy', in Sultana, R. G. and Baldacchino, G. (ed.), *Maltese society: A sociological inquiry.* Zabbar, Malta: Mireva, pp. 253-270.

Abela, A. M. (2000) *Values of women and men in the Maltese Islands.* Malta: Ministry for Social Policy.

Ahlden, I., Goransson, A., Josefsson, A. and Alehagen, S. (2008) 'Parenthood Education in Swedish Antenatal Care: Perceptions of Midwives and Obstetricians in Charge', *Journal of Perinatal Education,* 17(2), pp. 21-27.

Ahlden, I., Ahlehagen, S., Dahlgren, L. O. and Josefsson, A. (2012) 'Parents' expectations about participating in antenatal parenthood education classes', *The Journal of Perinatal Education,* 21(1), pp. 11-17.

Aita, M. and Snider, L. (2003) 'The art of developmental care in the NICU: A concept analysis', *Journal of Advanced Nursing,* 41, pp. 223-232.

Aldous, J. (1998) 'The changing concept of fatherhood', in Koen, M. (ed.), *The family – Contemporary perspectives and challenges.* Belgium: Leuven University Press, pp. 3-18.

Allan, C., Carrick-Sen, D. and Martin, C. R. (2013) 'What is perinatal well-being? A concept analysis and review of the literature', *Journal of Reproductive and Infant Psychology,* 31(4), pp. 381-398.

Almond, P. (2002) 'An analysis of equity and its application to health visiting', *Journal of Advanced Nursing,* 37, pp. 598-606.

Andersson, G. (2000) 'The impact of labour-force participation on childbearing behaviour: pro-cyclical fertility in Sweden during the 1980s and the 1990s', *European Journal of Population,* 16, pp.293-333.

Archer, M. S. (1995) *Realist social theory: the morphogenetic approach.* UK: Cambridge University Press:

Astone, N. and Peters, E. (2014) 'Longitudinal influences on men's lives: Research from the transition to fatherhood project and beyond.' *Fathering,* 12(2), pp. 161-173.

Attard, G. (2011) 'Is it still a man's world?' *Sunday Circle,* March, p. 89.

Audi, R. (2011) *Epistemology – A contemporary introduction to the theory of knowledge.* 3rd ed. New York: Routledge.

Baron, S. (2004) 'Social capital in British politics and policy-making', in Franklin, J., (ed.). *Politics, Trust and Networks: Social Capital in Critical Perspective, Families and Social Capital,* ESRC Research Group, Working Paper No. 7.

Barry, T. D., Dunlap, S. T., Cotton, S. J., Lochman, J. E. and Wells, K. C. (2005) 'The influence of maternal stress and distress on disruptive behaviour problems in boys'. *Journal of the American Academy of Child and Adolescent Psychiatry,* 44, pp. 265-273.

Baxter, L. A. (1988) 'A dialectical perspective on communication strategies in relationship development'. In S. Duck (Ed.), *Handbook of personal relationships,* pp. 257-273. New York: Wiley.

Baxter, L. A. (1993) 'The social side of personal relationships: A dialectical analysis'. In S. Duck (Ed.), *Social context and relationships,* pp. 139-165. Newbury Park, CA: Sage.

Baxter, L. A. (2004) 'A tale of two voices: Relational Dialectics Theory', *Journal of Family Communication,* 4(3-4), PP. 181-192.

Baxter, L. A. and Braithwaite, D. O. (2006) 'Social dialectics: The contradictions of relating', in Whaley, B. and Samter, W. (eds.) *Contemporary communication theories and exemplars.* Mahwah, NJ: Erlbaum, pp. 275-292.

Baxter, L. A. and Erbert, L. A. (1999) 'Perceptions of dialectical contradiction in turning points of development in heterosexual romantic relationships', *Journal of Social and Personal Relationships,* 16(5), pp. 547-569.

Baxter, L. A. and Montgomery, B. M. (1996). *Relating: Dialogues and dialectics.* New York: Guilford.

Beck, C. T. (1993) 'Qualitative Research: the evaluation of its credibility, fittingness and auditability', *Western Journal of Nursing Research,* 15(2), pp. 263-266.

Bell, A. V. and Hetterly, E. (2014) 'There's a higher power, but He gave us a free will: Socioeconomic status and the intersection of agency and fatalism in infertility', *Social Science and Medicine,* 114, pp. 66-72.

Belsky, J. (2001) 'Emanuel Miller lecture developmental risks (still) associated with early child-care', *Journal of Child Psychology and Psychiatry,* 42(7), pp. 845-859.

Belsky, J. (2006) 'Early child-care and early child development: Major findings of the NICHD study of early child-care', *European Journal of Developmental Psychology,* 3(1), pp. 95-110.

Belsky, J. and Kelly, J. (1994) *The transition to parenthood: How a first child changes a marriage.* London: Vermillion.

Belsky, J., Vandell, D. L., Burchinal, M., Clarke-Stewat, K. A., McCartney, K. and Tresch Owen, M. (2007) 'Are there long-term effects of early child care?' *Journal of Child Development,* 78(2), pp. 681-701.

Berger, D. and Loveland Cook, C. A. (1996) 'Maternal postpartum learning needs', *International Journal of Childbirth Education,* 11(1), pp.22-26.

Berryman, J. C. and Windridge, K. A. (1996) 'Pregnancy after 35 weeks and attachment to the fetus', *Journal of Reproductive and Infant Psychology,* 14, pp.133-143.

Bhaskar, R. (1979) *The Possibility of Naturalism.* Sussex, UK: Harvester Press.

Bhaskar, R. (1989) *Reclaiming Reality.* London: Verso.

Bhaskar, R. (1998) *The Possibility of Naturalism.* 3rd edn. London: Routledge.

Bibring, G., Dwyer, T. F., Huntington, D. S., et al. (1961) 'A study of the psychological processes in pregnancy and of the earliest mother-child relationship', *The Psychoanalytic Study of the Child,* 16, pp. 9-72.

Boissevain, J. (1969) *Hal Farrug: A village in Malta.* New York: Holt, Reinhart and Winston.

Boissevain, J. (1993) *Saints and fireworks: Religion and politics in rural Malta.* 3rd edn. Valletta, Malta: Progress Press.

Borg, C. (2003) *Child-care: Demand and perceptions.* Malta: Ministry for Social Policy.

Borg Xuereb, C., Shaw, R. L. and Lane, D. A. (2016) 'Patients' and physicians' experiences of atrial fibrillation consultations and anticoagulation decision-making: A multi-perspective IPA design', *Psychology and Health,* 31(4), pp. 436-455.

Borg Xuereb, R. (2008) *The needs of Maltese first-time parents during their transition to parenthood – implications for the development of an educational programme*. Unpublished PhD thesis. University of Malta.

Borg Xuereb, R., Abela, A., & Spiteri, G. (2012) 'Early parenting – Portraits from the lives of first-time parents', *Journal of Reproductive and Infant Psychology*, 30, pp. 468–482.

Bornstein, M. H. (2001) 'Parenting: Science and Practice', *Parenting: Science and Practice,* 1(1-2), pp. 1-4.

Bornstein, M. H. and Bradley, R. H. (2003) *Socioeconomic status, parenting, and child development.* New Jersey: Lawrence Erlbaum Associates.

Bornstein, M. H., Cote, L. R., Haynes, O. M., Hahn, C., and Park, Y. (2010) 'Parenting knowledge: Experiential and sociodemographic factors in European American mothers of young children', *Developmental Psychology,* 46(6), pp. 1677-1693.

Boyatzis, C. J., Dollahite, D. C. and Marks, L. D. (2006) 'The family as a context for religious and spiritual development in children and youth', *The Handbook of spiritual development in childhood and adolescence,* Thousand Oaks, CA: Sage Publications, Inc., pp. 297-309.

Briscoe, L., Lavender, T. and McGowan, L. (2016) 'A concept analysis of women's vulnerability during pregnancy, birth and the postnatal period', *Journal of Advanced Nursing,* 72(10), pp. 2330-2345.

Broderick, C. B. (1993) *Understanding family process: Basics of family systems theory.* Thousand Oaks, CA: Sage.

Budds, K., Locke, A., and Burr, V. (2013) 'Risky business – Constructing the "choice" to "delay" motherhood in the British press', *Feminist Media Studies,* 13(1), pp. 132-147.

Carrick Sen, D. (2006) *A randomised controlled trial of a midwife-led twin antenatal programme – The Newcastle Twin Study.* Unpublished PhD thesis. Newcastle University.

Casey, B. A. (1996) 'The Family as a System', in Bomar, P. J. (ed.) *Nurses and Family Health Promotion.* London: W. B. Saunders, pp. 49-59.

Cecil, R. (1996) *Anthropology of pregnancy loss: Comparative studies in miscarriage, stillbirth and neonatal death.* London: Berg.

Centres for Disease Control and Prevention (2018) *Before Pregnancy – Information for men.* [Online] Available at: https://www.cdc.gov/preconception/men.html (Accessed on 30 May 2018)

Centre for Reviews and Dissemination (2008) *Systematic Reviews – CRD's guidance for undertaking reviews in health care.* University of York: York Publishing Services Ltd.

Chapin, R. E., Robbins, W. A., Schieve, L. A., Sweeney, A. M., Tabacova, S. A., and Tomashek, K. M. (2004) 'Off to a good start: the influence of pre-and periconceptional exposures, parental fertility and nutrition on children's health', *Environmental Health Perspectives,* 112(1), p. 69.

Chinn, P. L., and Jacobs, M. K. (1987) *Theory and nursing: A systematic approach.* St. Louis: CV Mosby.

Christie, S. A. (2013) *A qualitative study: A Maltese male perspective on revealing their emotions.* Unpublished B. Psy. (Hons.) Thesis. University of Malta.

Cicchetti, D. V. (1994) 'Guidelines, criteria, and rules of thumb for evaluating normed and standardised assessment instruments in psychology', *Psychological Assessment,* 6, pp. 284-290.

Cohain, J. (2013) 'The latest research on preconception and prenatal nutrition', *Midwifery Today,* 106, pp. 52–54.

Cohen, R. A. and Adams, P. F. (2011) 'NCHS Data Brief: Use of the internet for health information: United States, 2009.' [Online] Available at: http://www.cdc.gov/nchs/data/databriefs/db66.htm (Accessed on 2 June 2018).

Cohen, L. and Manion, L. (1994) *Research methods in education.* 4th edn. London: Routledge.

Coleman, P., Nelson, E. S. and Sundre, D. L. (1999) 'The relationship between prenatal expectations and postnatal attitudes among first-time mothers', *Journal of Reproductive and Infant Psychology,*17(1), pp.27-39.

Collier, A. (1994) *Critical realism – An introduction to Roy Bhaskar's Philosophy.* London: Verso.

Collins English Dictionary – discovery edition (2006) 2nd edn. Glasgow: Harper Collins.

Collins Thesaurus A–Z – discovery edition (2006) 2nd edn. Glasgow: Harper Collins.

Condon, J. T. (1993) 'The assessment of antenatal emotional attachment: developments of questionnaire instrument', *British Journal of Medical Psychology,* 66, pp. 167-183.

Cormack, D. F. S. (1996) *The Research Process in Nursing.* 3rd edn. Oxford, United Kingdom: Blackwell Science Ltd.

Cornforth, M. (1968) *Materialism and the dialectical method,* New York: International Publishers.

Coulson, M., Skouteris, H., Milgrom, J., Noblet, A. and Dissanayake, C. (2010) 'Factors influencing the planning undertaken by women during pregnancy for their return to work after maternity leave', *The Australian and New Zealand Journal of Organisational Psychology,* 3, pp. 1-12.

Cowan, C. P. and Cowan, P. A. (1992) *When partners become parents: The big life change for couples.* New York: Harper Collins.

Cowan, C. P. and Cowan, P. A. (2000) *The Landmark Ten-Year Study, When Partners become parents. The big life change for couples.* NJ: Lawrence Erlbaum Associates Publishers.

Craig, L. and Mullan, K. (2011) 'How mothers and fathers share childcare: A cross-national time-use comparison', *American Sociological Review,* 76(6), pp. 834-861.

Creswell, J. W. (2003) *Research design: Qualitative, quantitative, and mixed methods approaches.* 2nd edn. Thousand Oaks, CA: Sage.

Crist, J. and Tanner, C. (2003) 'Interpretation/analysis methods in hermeneutic interpretative phenomenology', *Nursing Research,* 52, pp. 202-205.

Crnic, K. A., Gaze, C. and Hoffman, C. (2005) 'Cumulative parenting stress across the preschool period: Relations to maternal parenting and child behaviour at age 5', *Infant and Child Development,* 14, pp. 117-132.

Cronin, C. and McCarthy, G. (2003) 'First-time mothers – identifying their needs, perceptions and experiences', *Journal of Clinical Nursing,* 12(2), pp. 260-267.

Danermark, B., Ekstrom, M, Jakobsen, L., and Karlsson, J. (2002) *Explaining society: critical realism in the social sciences.* London: Routledge.

Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L., and on behalf of the Born and Bred in Yorkshire (BaBY) team. (2017) 'Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort', *BMC Pregnancy and Childbirth,* 17: 45. [Online] Available at: https://doi.org/10.1186/s12884-017-1229-4 (Accessed 2 June 2018)

Datta, D. (2007) 'Overstretched dads', *India Today,* 32(23), pp. 68-72.

de La Rochebroachard, E. and Thonneau, P. (2002) 'Paternal age and maternal age are risk factors for miscarriage; results of a multicentre European study', *Human Reproduction,* 17(6), pp. 1649-1656.

Deaux, K. and Kite, M. E. (1987) 'Thinking about gender' in Hess, B. B. and Ferree, M. M. (eds.), *Analyzing gender: A handbook of social science research.* Thousand Oaks, CA, US: Sage Publications, Inc, pp. 92-117.

Deave, T. and Johnson, D. (2008) 'The transition to parenthood: what does it mean for fathers?', *Journal of Advanced Nursing,* 63(6), pp. 626-633.

Deave, T., Johnson, D., and Ingram, J. (2008) 'Transition to parenthood: the needs of parents in pregnancy and early parenthood', *BMC Pregnancy and Childbirth,* 8(30), pp. 1-11.

Department for Education and Skills. (2004) *Every child matters: Change for children.* London UK: The Stationery Office.

Department of Health. (2004a) *National Service Framework for Children, Young People and Maternity Services.* London UK: The Stationery Office.

Department of Health. (2004b) *Choosing Health: Making Healthy Choices Easier.* London UK: The Stationery Office.

Dindia, K. (1998) 'Going into and coming out of the closet: The dialectics of stigma disclosure', in Montgomery, B. M. and Baxter, L. A. (eds.) *Dialectical approaches to studying personal relationships.* Mahwah, NJ: Lawrence Erlbaum, pp. 83-108.

Dolan, A. and Coe, C. (2011) 'Men, masculine identities and childbirth', *Sociology of Health and Illness,* 33(7), pp. 1019-1034.

Drobnic, S. (2000) 'The effect of children on married and lone mothers' employment in the United States and (West) Germany', *European Sociological Review,* 16, pp. 137-157.

Duncan, C., Duff Cloutier, J. and Bailey, P. H. (2007) 'Concept analysis: the importance of differentiating the ontological focus', *Journal of Advanced Nursing,* 58(3), pp. 293-300.

Draper, J. (2002) 'It was a real good show: the ultrasound scan, fathers and the power of visual knowledge', *Sociology of Health and Illness,* 24(6), pp. 771-795.

Draper, J. (2003) 'Men's passage to fatherhood: An analysis of the contemporary relevance of the transition theory', *Nursing Inquiry,* 10(1), pp.66-78.

Eagly, A. H. and Wood, W. (1999) 'The origins of sex differences in human behaviour: Evolved dispositions versus social roles', *American Psychologist,* 54, pp. 408-423.

Eastlick Kushner, K., Pitre, N., Williamson, D. L., Breitkreuz, R., and Rempel, G. (2014) 'Anticipating Parenthood: Women's and Men's Meanings, Expectations and Ideas(l)s in Canada', *Marriage and Family Review,* 50, pp.1-34.

Ehrensaft, D. (1987) *Parenting together: Men and women sharing the care of their children.* New York: Free Press.

Elliott, R., Fischer, C. T. and Rennie, D. L. (1999) 'Evolving guidelines for publication of qualitative research studies in psychology and related fields', *British Journal of Clinical Psychology,* 38, pp. 215-229.

Entsieh, A. A. and Hallstrom, I. K. (2016) 'First-time parents' prenatal needs for early parenthood preparation – a systematic review and meta-synthesis of qualitative literature.' *Midwifery,* 39, pp. 1-11.

Eskandari, N., Simbar, M., Vadadhir, A. and Baghestani, A. R. (2016a) 'Design and evaluation of the psychometric properties of a paternal adaptation questionnaire.' *American Journal of Men's Health,* pp. 1-11.

Eskandari, N., Simbar, M., Vadadhir, A. And Baghestani, A. (2016b) 'Exploring the lived experience, meaning and imperatives of fatherhood: An interpretative phenomenological analysis', *Global Journal of Health Science,* 8, pp. 139-148.

European Commission. (2018) *Work-life balance.* Employment, social affairs and inclusion. [Online]. Available at: http://ec.europa.eu/social/main.jsp?catId=1311&langId=en. (Accessed on June 29, 2018).

Faisal-Cury, A., Menezes, P. R., Quayle, J. and Matijasevich, A. (2017) 'Unplanned pregnancy and risk of maternal depression: secondary data analysis from a prospective pregnancy cohort', *Psychology, Health and Medicine,* 22(1), pp.65-74.

Ferree, M. M. (1990) 'Beyond separate spheres: feminism and family research', *Journal of Marriage and the Family,* 52, pp.866-884.

Ferree, M. M. and Hess, B. B. (1987) 'Introduction' in Hess, B. B. and Ferree, M. M. (eds.), *A handbook of social science research.* London: Sage, pp. 9-31.

Fillo, J., Simpson, J. A., Rholes, W. S. and Kohn, J. L. (2015) 'Dads doing diapers: individual and relational outcomes associated with the division of childcare across the transition to parenthood', *Journal of Personal and Social Psychology,* 108(2), pp. 298-316.

Finlay, L. (2003). 'The reflexive journey: mapping multiple routes' in Finlay, L. and Gouch, B (eds.), *Reflexivity: A practical guide for researchers in health and social science,* Oxford, United Kingdom: Blackwell Publishing, pp. 3-20.

Finlay, L. (2008) 'Reflecting on reflective practice', *Practice-based Professional Learning Centre,* Discussion Paper 52. [Online]. Available at: http://www.open.ac.uk/opencetl/sites/www.open.ac.uk.opencetl/files/files/ecms/web-content/Finlay-(2008)-Reflecting-on-reflective-practice-PBPL-paper-52.pdf (Accessed on August 20 2018).

Finlayson, K. and Downe, S. (2013) 'Why do women not use antenatal services in low- and middle-income countries? A meta-synthesis of qualitative studies', *PLOS Medicine,* 10(1), e1001373. doi.org/10.1371/journal.pmed.1001373.

Finnbogadottir, H., Crang Svalenius, E. and Persson, E. K., (2003) 'Expectant first-time fathers' experiences of pregnancy', *Midwifery,* 19, pp. 96-105.

Fletcher, A. (2017) 'Applying critical realism in qualitative research: methodology meets method', *International Journal of Social Research Methodology,* 20(2), pp. 181-194.

Fletcher, J. A. and Wolfe, B. L. (2008) 'Education and labour market consequences of teenage childbearing: Evidence using the timing of pregnancy outcomes and community fixed effects', *The Australian National University Centre for Economic Policy Research,* Discussion Paper number 573. [Online]. Available at: https://www.rse.anu.edu.au/researchpapers/CEPR/DP573.pdf. (Accessed on June 27 2018).

Frey, K. A., Engle, R. and Noble, B. (2012) 'Preconception healthcare: what do men know and believe?', *Journal of Men's Health*, 9(1), pp. 25-35.

Friedman, M. M., Bowden, V. R. and Jones, E. G. (2003) *Family Nursing.* 5th edn. New Jersey: Prentice Hall.

Froggatt, K. (1997) 'Rites of passage and the hospice culture', *Morality,* 2(2), pp. 123-136.

Gage, J. D. and Kirk, R. (2002) 'First-time fathers: perceptions of preparedness for fatherhood', *Canadian Journal of Nursing Research,* 34(4), pp. 15-24.

Gagnon, A. J. (2000) 'Individual or group antenatal education for childbirth/parenthood', *Cochrane Database of Systematic Reviews,* 4, CD002869.

Galinsky, E. (1987) *The Six Stages of Parenthood.* Cambridge: Perseus Books.

Garner, B. A. (2011) *Black's Law Dictionary.* 9th edn. Minneapolis: West Group.

Gatt, M. and Borg, M. (2017) *NOIS Annual Report 2016.* National Obstetric Information System, Directorate for Health Information and Research. [Online] Available at: https://health.gov.mt/en/dhir/Pages/Registries/births.aspx (Accessed on June 27 2018).

Gaunt, R. (2006) 'Biological essentialism, gender ideologies, and role attitudes: What determines parents' involvement in childcare', *Sex Roles,* 55(7/8), pp. 523-533.

Gerrish, K. and Lacey, A. (2012) *The Research Process in Nursing*. 6th edn. Singapore: Wiley-Blackwell.

Gibaud-Wallston J. (1977) *Self-esteem and situational stress factors related to sense of competence in new parents.* Unpublished doctoral dissertation, University of Rhode Island, Providence, USA.

Glaser, B. (1992) *Basics of Grounded Theory Analysis.* Mill Valley, CA: Sociology Press.

Glaser, B. G. and Strauss, A. L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research.* New Jersey: Aldine Transaction

Goldberg, W. (1988) 'Introduction: Perspectives on the transition to parenthood' in Michaels, G. Y. and Goldberg, W. A. (eds.), *The transition to parenthood: Current theory and research.* Cambridge: Cambridge University Press, pp. 1-20.

Goldberg, V. (1980) 'Bridges overs contested terrain', *Journal of Economic Behaviour and Organization,* pp. 249-274.

Goldberg, W. A., Michaels, G. Y. and Lamb, M. E. (1985) 'Husbands' and wives' adjustment to pregnancy and first parenthood', *Journal of Family Issues,* 6(4), pp. 483-503.

Graeber, D. (2001) *Toward an Anthropological Theory of Value: The false coin of our own dreams.* New York: Palgrave.

Green, J., and Thorogood, N. (2013) *Qualitative methods for health research* (3rd ed.). London: Sage.

Grimes, H. A., Forster, D. A. and Newton, M. S. (2014) 'Sources of information used by women during pregnancy to meet their information needs', *Midwifery,* 30(1), pp. e26-e33.

Grivell, R., Dodd, J. and Robinson, J. (2009) 'The prevention and treatment of intrauterine growth restriction', *Best practice and research. Clinical obstetrics and gynaecology,* 23(6), pp. 795-807.

Guterman, N. B., Lee, S. J., Taylor, C. A. and Rathouz, P. J. (2009) 'Parental perceptions of neighbourhood processes, stress, personal control and risk for physical child abuse and neglect'. *Child Abuse and Neglect,* 33, pp. 897-906.

Habenstein, R., and Olson, R. A. (1992) 'Families and children in history'. in Walker, C. E. and Roberts, M. C. (eds.), *Handbook of clinical child psychology.* New York, NY: John Wiley and Sons, pp.3-17.

Hamilton, J. G. and Lobel, M. (2008) 'Types, patterns, and predictors of coping with stress during pregnancy: Examination of the Revised Prenatal Coping Inventory in a diverse sample', *Journal of Psychosomatic Obstetrics and Gynaecology,* 29(2), pp. 97-104.

Hammond, R. A. and Axelrod, R. (2006) 'The evolution of ethnocentrism', *Journal of conflict resolution,* 50(6), pp.926-936.

Harker, L. and Kendall, L. (2003) *An equal start: improving support during pregnancy and the first 12 months.* London: Institute for Public Policy Research.

Harkness, S. and Super, C. M. (1995) 'Culture and parenting' in Bornstein, M. H. (ed.), *Handbook of parenting, Vol. 2. Biology and ecology of parenting*. Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc., pp.211-234.

Harre, R. (2009) 'Saving critical realism', *Journal of the Theory of Social Behaviour,* 39(2), pp. 129-143.

Harrison, S. (2003) 'Midwives and health visitors neglecting parents' needs': Think-tank says the two should work together to provide better antenatal support', *Nursing Standard,* 17(38), p. 6.

Himmelwett, S. and Sigala, M. (2004) 'Choice and the relationship between attitudes and behaviour for mothers with preschool children: Some implications from a UK Study', *Journal of Social Policy,* 33(3), pp. 455-478.

Hochschild, A. and Machung, A. (1989) *The second shift.* New York, NY: Viking Penguin.

Hodnett, E.D. (2000) 'Support during pregnancy for women at increased risk', *Cochrane Database Systematic Review,* 2, CD000198.

Hoem, J. M. (1990) 'Social policy and recent fertility change in Sweden', *Population and Development Review,* 16(4), pp. 735-748.

Hoff, E., Laursen, B. and Tardif, T. (2002) 'Socioeconomic status and parenting', in M. H. Bornstein (Ed.), *Handbook of Parenting,* pp. 231-252. Mahwah, NJ: Erlbaum.

Hofferth, S., Reid, L. and Mott, F. L. (2001) 'The effects of early childbearing on schooling over time', *Family Planning Perspectives,* 33(6), pp.259-267.

Hofstede, G. (2011) 'Dimensionalizing Cultures: The Hofstede model in context', *Online Readings in Psychology and Culture,* 2, pp. 1–26.

Hunter, A. and Brewer, J. D. (2015) *The Oxford Handbook of Multimethod and Mixed Methods Research Inquiry.* Oxford: Oxford University Press.

Hunter, M. (2006) 'Fathers without *Amandla:* Zulu-speaking men and fatherhood', in Richter, L. and Morrell, R. (eds.) *BABA: Men and fatherhood in South Africa.* Cape Town, South Africa: HSRC Press, pp. 99-107.

Hupcey, J., Morse, J., Lenz, E. and Tason, M. (1996) 'Wilsonian methods of concept analysis: A critique', *Scholarly Inquiry for Nursing Practice,* 10(3), pp. 185-209.

Hupcey, J. E. and Penrod, J. (2005) 'Concept analysis: examining the state of the science', *Research and theory for nursing practice,* 19(2), pp. 197-208.

Inskip, H. M., Crozier, S. R., Godfrey, K. M., Borland, S. E., Cooper, C. and Robinson, S. M. (2009) 'Women's compliance with nutrition and lifestyle recommendations before pregnancy: general population cohort study', *British Medical Journal,* 338, b481.

International Confederation of Midwives (2017) *ICM International Definition of the Midwife.* [Online] Available at: http://internationalmidwives.org/who-we-are/policy-and-practice/icm-international-definition-of-the-midwife/. (Accessed on August 20 2018).

Iwata, H. (2014) 'Experiences of Japanese Men During the Transition to Fatherhood', *Journal of Transcultural Nursing,* 25(2), pp. 159-166.

Jones, R. K., Frohwirth, L. F. and Blades, N. M. (2016) '"If I know I am on the pill and I get pregnant, it's an act of God": women's views on fatalism, agency and pregnancy', *Contraception,* 93(6), pp. 551-555.

Kasket, E. (2012) 'The counselling psychologist researcher', *Counselling Psychology Review,* 27(2), pp. 64-73.

Katz-Wise, S. L., Priess, H. A. and Hyde, J. S. (2010) 'Gender-Role Attitudes and Behaviour across the transition to parenthood', *Developmental Psychology,* 46(1), pp. 18-29.

Kehily, M. J. (2014) 'How to be a mother: Expert advice and the maternal subject' in O'Donohoe, S., Hogg, M., Maclaran, P., Martens, L. and Stevens, L. (eds.) *Motherhoods, markets and consumption,* New York, NY: Routledge, pp. 31-43.

Kelly, E. L. (1955) 'Consistency of the adult personality', *American Psychologist,* 10(11), pp.659-681.

Khoo, K., Bolt, P., Babl, F. E. Jury, S and Goldman, R. D. (2008) 'Health information seeking by parents in the internet age', *Journal of Paediatrics and Child Health,* 44(7-8), pp. 419-423.

Klobucar, N. R. (2016) 'The role of spirituality in transition to parenthood: Qualitative research using transformative learning theory', *Journal of Religion and Health,* 55(4), pp. 1345-1358.

Koster, A. (1984) *Prelates and politicians in Malta.* Assen: Van Gorcum.

Kreyenfeld, M. (2010) 'Uncertainties in female employment careers and the postponement of parenthood in Germany', *European Sociological Review,* 26(3), pp. 351-366.

Kumar, R., Robson, K. M. and Smith A. M. R. (1984) 'Development of a self-administered questionnaire to measure maternal adjustment and maternal attitudes during pregnancy and after delivery', *Journal of Psychosomatic Research,* 28(1), pp. 43-51.

Kvale, S. (1996) *Interviews: An introduction to qualitative research.* Thousand Oaks, CA: Sage.

Lamb, M. E. (1986) *The father's role: Applied Perspectives.* New York: Wiley.

Lamb, G. S. and Huttlinger, K. (1989) 'Reflexivity in nursing research', *Western Journal of Nursing Research,* 11(6), pp. 765-772.

Langdridge, D. (2007) *Phenomenological Psychology: Theory, Research and Method.* Essex: Pearson Education Limited.

LaRossa, R. and LaRossa, M. M. (1981) *Transition to parenthood: How infants change families.* Beverly Hills: Sage.

Lavee, Y. and Katz, R. (2003) 'The Family in Israel: Between Tradition and Modernity', *Marriage and Family Review,* 35(1/2), pp. 193-217.

Laws of Malta (2014) Chapter 530, Civil Unions Act. [Online]. Available at: http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12172&l=1 (Accessed on August 13 2018).

Laws of Malta (1854) Criminal Code, Chapter 9 Articles 241-244. [Online] Available at: http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8574&l=1 (Accessed on August 13 2018).

Laws of Malta (1870) Civil Code, Chapter 16, Articles 66A-66N. [Online]. Available at: http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8580&l=1 (Accessed on August 13 2018).

Lawshe, C. H. (1975) 'A quantitative approach to content validity', *Personnel Psychology,* 28, pp. 563-575.

Leathers, S. J., and Kelley, M. A. (2000) 'Unintended pregnancy and depressive symptoms among first-time mothers and fathers', *American Journal of Orthopsychiatry,* 70, pp. 523-565.

Lemoine, M. E. and Ravitsky, V. (2015) 'Sleepwalking into infertility: The need for a public health approach toward advanced maternal age', *Journal of Bioethics,* 15(11), pp. 37-48.

Leon, I. (2008) 'Psychology of reproduction: Pregnancy, parenthood, and parental ties', *Global Library of Women's Medicine,* doi:10.3843/GLOWM.10110.

Levi-Strauss, C. (1967) *Structural Anthropology.* New York: Basic Books.

Lewis, J. M. (1988) ‘The transition to parenthood: I. The rating of prenatal marital competence’, *Family Process*, 27(2) pp.149-65.

Lewis, J. M. (1989) *The birth of the family: An empirical inquiry.* New York: Brunner/Mazel.

Lincoln, Y. S. and Guba, E. G. (1985) *Naturalistic Inquiry.* Newbury Park, California: Sage.

Logsdon, M. C. (2002) ‘The postpartum support questionnaire: A measure of social support in postpartum women’, in Strickland, O. and Dilorio, C. (eds.). *Measurement of Nursing Outcomes: Self-efficacy and Self-care.* New York: Springer.

Logsdon, M. C. and Usui, W. M. (2006) ‘The postpartum support questionnaire: psychometric properties in adolescents’, *Journal of Child and Adolescent Psychiatric Nursing,* 19(3), pp. 145-156.

Logsdon, M. C., Usui, W., Birkimer, J. C. and McBride, A. B. (1996) ‘The postpartum support questionnaire: reliability and validity’, *Journal of Nursing Measurement,* 4(2), pp. 129-142.

Lorensen, M., Wilson, M. E. and White, M. A. (2004) ‘Norwegian families: transition to parenthood’, *Health Care Women International,* 25(4), pp. 334-348.

Lusk. H. M. (2008) *A study of dialectical theory and its relation to interpersonal relationships.* Honours Thesis Projects. University of Tennessee.

Luthar, S., Cicchetti, D., and Becker, B. (2000) ‘The construct of resilience: A critical evaluation of guidelines for future work’, *Child Development,* 71, pp. 543–562.

Mackay, R. (2003) ‘Family resilience and good child outcomes: An overview of the research literature’, *Social Policy Journal of New Zealand,* pp. 98-118.

Macleod, M. (1999) *The millennial family: Survey conducted by MORI.* UK: National Family and Parenting Institute.

Mahoney, A., Pargament, K. I., Murray-Swank, A. and Murray-Swank, N. (2003) ‘Religion and the sanctification of family relationships’, *Review of Religious Research,* pp. 220-236.

Major, B. and O’Brien, L. T. (2005) ‘The social psychology of stigma’, *Annual Review of Psychology,* 56, pp. 393-421.

Mansfield, P. (1993) ‘Getting ready for parenthood: Attitudes to and expectations of having children of a group of newly-weds’, *International Journal of Sociology and Social Policy,* 2(3), pp. 28-39.

Margolis, S. (1985) ‘Redefining the situation: Negotiating on the meaning of ‘women’’, *Social Problems,* 32(4), pp.332-347.

Markani, A. K., Khodayari, M. and Yaghmaei, F. (2012) ‘Spirituality as experienced by Muslim oncology nurses in Iran’, *British Journal of Nursing,* 21(6), pp. S20-25.

Marks, L. (2004) ‘Sacred practices in highly religious families: Christian, Jewish, Mormon and Muslim Perspectives’, *Family Processes,* 43(2), pp. 217-231.

Marsiglio, W., Amato, P., Day, R. D. and Lamb, M. E. (2000) ‘Scholarship on Fatherhood in the 1990s and beyond’, *Journal of Marriage and the Family,* 62, pp. 1173-1191.

Mason, J (2002) *Qualitative Researching.* London: Sage.

Martins, C. A. (2018) ‘Transition to parenthood: consequences on health and well-being. A qualitative study’, *Enfermeria Clinica,* 15. doi: 10.1016/j.enfcli.2018.04.005.

Matthey, S., Kavanagh, D. J., Howie, P., Barnett, B. and Charles, M. (2004) ‘Prevention of postnatal distress or depression: an evaluation of an intervention at preparation for parenthood classes’, *Journal of Affective Disorders,* 79(1-3), pp. 113-126.

McCrory, C. and McNally, S. (2013) ‘The effect of pregnancy intention on maternal prenatal behaviours and parent and child health: results of an Irish cohort study’*, Paediatric and perinatal epidemiology*, 27(2), pp. 208-215.

McLeish, J. and Redshaw, M. (2017) ‘Mothers’ accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study’, BMC Pregnancy and Childbirth, 17:28. doi: 10.1186/s12884-017-1220-0

McMahon, R. J. and Metzler, C. W. (1998) ‘Selecting Parenting Measures for Assessing Family-based Prevention Interventions’, In Ashery, R. S., Robertson, E. B. and Kumpfer, K. L. (Ed.). *Drug Abuse Prevention Through Family Interventions.* U.S. Department of Health and Human Services: National Institutes of Health, pp. 294-323.

Mercer, R. T. (1981) ‘A theoretical framework for studying factors that impact on the maternal role’, *Nursing Research,* 30(2), pp. 73-77.

Mertens, D. M. (2005) *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches,* 2nd edn. Thousand Oaks: Sage.

Milgrom, J., Schembri, C., Ericksen, J., Ross, J. and Gemmill, A. W. (2011) 'Towards parenthood: An antenatal intervention to reduce depression, anxiety and parenting difficulties', *Journal of Affective Disorders,* 130, pp. 385-394.

Miller, W. B. and Jones, J. (2009) 'The effects of preconception desire and intentions on pregnancy wantedness', *Journal of Population Research,* 26, pp. 327-335.

Mizzi O'Riley, S. (1981) *Women in Senglea; The Changing Role of Urban Working-Class Women in Malta.* Unpublished doctoral dissertation, State University of New York at Stony Brook.

Mkhize, N. (2006) 'African traditions and the social, economic and moral dimensions of fatherhood' in Richter, L. and Morrell, R. (eds.) *BABA: Men and fatherhood in South Africa.* Cape Town, South Africa: HSRC Press, pp. 183-198.

Moher, D., Liberati, A., Tetzlaff, J. and Altman, D. G. (2009) 'Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement', *PLoS Med,* 6(7): e1000097. https://doi.org/10.1371/journal.pmed.1000097

Montebello, M. (2009) 'Religion in contemporary Maltese society', in Cutajar, J. and Cassar, G. (eds.) *Social Transitions in Maltese Society.* Hal-Luqa: Agenda, pp. 101-124.

Moos, M. K., Dunlop, A. L., Jack, B. W., Nelson, L., Coonrod, D. V., Long, R., Boggess, K and Gardiner, P. M. (2008) 'Healthier women, healthier reproductive outcomes: recommendations for the routine care of all women of reproductive age', *American Journal of Obstetrics and Gynecology,* 199(6), pp. S280-S289.

Morse, C. A., Buist, A. and Durkin, S. (2000) 'First-time parenthood: influences on pre-and postnatal adjustment in fathers and mothers', *Journal of psychosomatic obstetrics and gynaecology,* 21(2), pp. 109-120.

Morse, J. M. (1994) 'Designing funded qualitative research', in Denzin, N. K. and Lincoln, Y. S. (eds.) *Handbook for qualitative research.* Thousand Oaks, CA: Sage, pp. 220-235.

Morse, J. M. (2007) 'Ethics in Action: Ethical principles for doing qualitative health research', *Qualitative Health Research,* 17(8), pp. 1003-1005.

Morse, J. M., Hupcey, J. E. and Cerdas, M. (1996) 'Criteria for concept evaluation', *Journal of Advanced Nursing,* 24(2), pp. 385-390.

Moseley, K. L., Freed, G. L. and Goold, S. D. (2012) 'Which sources of child health advice do parents follow?' *Clinical Paediatrics,* 50(1), pp. 50-56.

Mukaka, M. M. (2012) 'A guide to appropriate use of Correlations coefficient in medical research', *Malawi Medical Journal,* 24(3), pp.69-71.

Munhall, P. L. (2011) *Nursing Research: A qualitative perspective.* Boston: Jones and Bartlett Publishers.

Murphy Tighe, S and Lalor, J. G. (2015) 'Concealed pregnancy', *Journal of Advanced Nursing,* 72(1), pp. 50-61. doi 10.1111/jan.12769

National Institute of Public Health (2003) *Sweden's new public health policy.* National public health objectives for Sweden. [Online] Available at: http://www.fhi.se/upload/PDF/2004/English/newpublic0401.pdf. (Accessed on June 27 2018).

National Statistics Office (2016a) *Demographic Review 2014.* Valletta: Government Printing Press. [Online]. Available at: https://nso.gov.mt/en/publicatons/Publications_by_Unit/Documents/C5_Population%20and%20Migration%20Statistics/Demographic_Review_2014.pdf (Accessed June 27 2018).

National Statistics Office (2016b) *Childcare and Early Years in Malta: 2016.* Valletta: National Statistics Office. [Online] Available at: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_02/Regional_and_Geospatial_Statistics/Documents/2016/News2016_150.pdf (Accessed August 11 2018).

National Statistics Office. (2018) 'Population Statistics (Revisions): 2012-2016', [Online]. Available at: https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2018/News2018_022.pdf (Assessed on June 16 2018).

Nelson, A. M. (2003) 'Transition to Motherhood', *Journal of Obstetric, Gynaecologic and Neonatal Nursing,* 32(4), pp. 465-477.

Nentwich, J. C. (2008) 'New fathers and mothers as gender troublemakers? Exploring discursive constructions of heterosexual parenthood and their subversive potential', *Feminism and Psychology,* 18(2), pp. 207-230.

Ng, S., Brammer, J. and Creedy, D. (2012) 'The psychometric properties, feasibility and utility of behavioural-observation methods in pain assessment of cognitively impaired elderly

people in acute and long-term care. A systematic review', *JBI Library of Systematic Reviews,* 10, pp. 977-1085.

Nolan, M. (1997) 'Antenatal education – where next?' *Journal of Advanced Nursing,* 25(6), pp. 1198-1204.

Nolan, M. (2012) 'Before we begin. The importance of antenatal education', *The Practising Midwife,* 15(4), pp. 12-14.

Nomaguchi, K. M. and Milkie, M. A. (2003) 'Costs and rewards of children: The effects of becoming a parent on adults' lives', *Journal of Marriage and Family,* 65(2), pp.356-374.

O'Brien, A. P., Hurley, J., Linsley, P., McNeil, K. A., Fletcher, R. and Aitken, J. R. (2018) 'Men's preconception health: a primary health-care viewpoint', *American Journal of Men's Health,* 12(5), pp.1575-1581.

Office for National Statistics (2017) 'Births by parents' characteristics in England and Wales: 2016', [Online]. Available at: https://www.gov.uk/government/statistics/births-by-parents-characteristics-in-england-and-wales-2016. (Accessed: 15 June 2018).

ONS (2018) 'Conceptions in England and Wales: 2016', [Online]. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2016#most-conceptions-occurred-outside-marriage-or-civil-partnership. (Accessed: 15 June 2018).

Osiek, C. (2008) 'Women, honour, and context in Mediterranean antiquity', *Theological Studies,* 64(1), pp. 323-337.

Paiva, C. E., Barroso, E. M., Carneseca, E. C., de Padua Souza, C., dos Santos, F. T., Mendoza Lopez, R. V. and Ribeiro Paiva, B. S. (2014) 'A critical analysis of test-retest reliability in instrument validation studies of cancer patients under palliative care: a systematic review', *BMC Medical Research Methodology,* 14(8), pp. 1-10.

Paley, J. (1996) 'How not to clarify concepts in nursing', *Journal of Advanced Nursing,* 24, pp. 572-578.

Pancer, S. M., Pratt, M., Hunsberger, B. and Gallant, M. (2000) 'Thinking ahead: complexity of expectations and the transition to parenthood', *Journal of Personality*, 68(2), pp. 253-80.

Parfitt, Y. and Ayers, S. (2013) 'The impact of parents' mental health on parent-baby interaction: A prospective study', *Infant Behaviour and Development,* 36, pp. 599-608.

Parke, R. D. (1996) *Fatherhood.* Cambridge: Harvard University Press.

Parr, M. (1998) 'A new approach to parent education', *British Journal of Midwifery,* 6(3), pp. 160-165.

Parr, M. (2002) *Making changes - a vision for antenatal and postnatal education and support for the new millennium, final report.* UK: PIPPIN.

Patton, M. Q. (1990) *Qualitative Evaluation and Research Methods.* 2nd edn. Newbury Park: Sage Publications.

Penner, J. L. and McClement, S. E. (2008) 'Using phenomenology to examine the experiences of family caregivers of patients with advanced head and neck cancer: reflections of a novice researcher', *International Journal of Qualitative Methods,* 7(2), pp. 92-101.

Perala-Littunen, S. (2007) 'Gender equality or primacy of the mother? Ambivalent descriptions of good parents', *Journal of Marriage and Family,* 69(2), pp. 341-351.

Perheentupa, K. A. and Huhtaniemi, I. (2009) 'Aging of the human ovary and testis', *Molecular and cellular endocrinology,* 299(1), pp. 2-13.

Peristiany, J. G. (1966) 'Introduction' in Peristiany, J. G. (ed.), *Honour and Shame: The Values of Mediterranean Society.* Chicago: Chicago University Press.

Pitt-Rivers, J. (1966) 'Honour and social status', in Peristiany, J. G. (ed.), *Honour and Shame: The Values of Mediterranean Society.* Chicago: Chicago University Press.

Poh, H. L., Koh, S. S. L., Seow, H. C. L. and He, H. (2014) 'First-time fathers' experiences and needs during pregnancy and childbirth: A descriptive qualitative study', *Midwifery,* 30(6), pp. 779-787.

Polce-Lynch, M., Myers, B. J., Kilmartin, C. T., Forssmann-Falck, R., and Kliewer, W. (1998) 'Gender and age patterns in emotional expression, body image and self-esteem: a qualitative analysis', Sex Roles, 38(11), pp. 1025-1048.

Polit, D. F. and Beck, C. T. (2006) *Essentials of Nursing Research: Methods, Appraisal and Utilization.* 6th edn. Philadelphia: Lippincott Williams and Wilkins.

Polit, D. F., Beck, C. T. and Hungler, B. P. (2001) *Essentials of Nursing Research; Methods, Appraisal and Utilization.* 5th edn. Philadelphia: Lippincott Williams and Wilkins.

Polit, D. F. and Hungler, B. P. (1991) *Nursing Research: Principles and Methods.* 6th edn. Philadelphia: J. B. Lippincott Company.

Polomeno, V. (1999) 'Perinatal education and grandparents: creating an interdependent family environment part II: The pilot study', *The Journal of Perinatal Education,* 8(3), pp.1-11.

Pugh, G., De'Ath, E. and Smith, C. (1994) *Confident parents, confident children policy and practice in parent education and support.* London: National Children's Bureau.

Raphael-Leff, J. (2010) 'Mothers' and fathers' orientations: Patterns of pregnancy, parenting and the bonding process' in Tyano, S. Kerem, M., Herrman, H. and Cox, J. (eds.), *Parenthood and mental health: A bridge between infant and adult psychiatry,* Chichester: Wiley-Blackwell, pp. 9–22.

Rawlins, W. K. (1983) 'Negotiating close friendship: The dialectic of conjunctive freedoms', *Human Communication Research,* 9(3), pp. 255-266.

Reece, S. M. (1992) 'The parent expectations survey: A measure of perceived self-efficacy'. *Clinical nursing research,* 1(4), pp. 336-346.

Reid, K., Flowers, P. and Larkin, M. (2005) 'Exploring lived experience', *The Psychologist,* 18(1), pp. 20-23.

Renkert, S. and Nutbeam, D (2002) 'Opportunities to improve maternal health literacy through antenatal education: An exploratory study', *Health Promotion International,* 16(4), pp. 381-388.

Ridner, S. H. (2004) 'Psychological distress: A concept analysis'*, Journal of Advanced Nursing,* 45, pp. 536–544.

Riedmann, G. L. (2008) 'Preparation for Parenthood', [Online]. Available at: http://www.glowm.com/resources/glowm/cd/pages/v2/v2c019.html (Accessed: 21 October 2013).

Riessman, C. K. (2008) *Narrative Methods for the Human Sciences.* CA, USA: Sage Publications.

Risjord, M. (2009) 'Rethinking concept analysis', *Journal of Advanced Nursing,* 65(3), pp. 684-691.

Risjord, M. W. (2010) *Nursing Knowledge: Science, Practice, and Philosophy.* Oxford: Wiley-Blackwell.

Roberts, M. (2016) ‘There from the start: Men and pregnancy’, *Australian Family Physician,* 45(8), pp. 548-551.

Robling, R., Bekkers, M. J., Bell, K., Butler, C. C., Cannings-John, R., Channon, S., Martin, B. C., Gregory, J. W., Hood, K., Kemp, A., Kenkre, J., Montgomery, A. A., Moody, G., Owen-Jones, E., Pickett, K., Richardson, G., Roberts, Z. E. S., Ronaldson, S., Sanders, J., Stamuli, E. and Torgerson, D. (2016) ‘Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial’, *The Lancet,* 387(10014), pp. 146-15.

Robson, B. and Mandel, D. (1985) ‘Marital adjustment and fatherhood’, *Canadian Journal of Psychiatry,* 30(3), pp. 169-172.

Robson, C. (1993) *Real world research: a resource for social scientists and practitioner-researchers.* Cambridge, USA: Blackwell.

Rodgers, B. L. (1989) ‘Concepts, Analysis, and the Development of Nursing Knowledge: The Evolutionary Cycle’, *Journal of Advanced Nursing,* 14, pp. 330-335.

Rodgers, B. L. (2000) ‘Concept analysis: An evolutionary view’, in Rodgers, B. L. and Knafl, K. A. (eds.), *Concept development in nursing: Foundation, techniques and applications,* (2nd edn.). Philadelphia, PA: W. B. Saunders, pp. 77-102.

Rogers, S. J. and Amato, P. R. (2000) ‘Have changes in gender relations affected marital quality?’, *Social Forces,* 79, pp. 731-753.

Rubin, A. and Babbie, E. (2001) *Research methods for social work.* London: Wadsworth Thomson Learning.

Sabatelli, R. M. and Waldron, R. J. (1995) ‘Measurement issues in the assessment of the experiences of parenthood’, *Journal of Marriage and the Family,* 57(4), pp. 969-980.

Sallmen, M., Sandler, D. P., Hoppin, J. A., Blair, A. and Baird, D. D. (2006) ‘Reduced fertility among overweight and obese men’, *Epidemiology,* 17, pp. 520-523.

Salmela-Aro, K., Nurmi, J. E., Saisto, T. and Halmesmaki, E. (2000) ‘Women’s and men’s personal goals during the transition to parenthood’, *Journal of Family Psychology,* 14(2), pp. 171-186.

Sanchez, L. and Thomson, E. (1997) ‘Becoming mothers and fathers, parenthood, gender and the division of labour’, *Gender and Society,* 11(6), pp. 747-772.

Sanders, R., Lehmann, J. and Gardner, F. (2014) 'Parents' experiences of early parenthood – Preliminary Findings', *Children Australia,* 39(3), pp.185-194.

Sandstrom, H. and Huerta, S. (2013) 'The negative effects of instability on child development', *Low-income working families Discussion Paper 3,* Urban Institute: Washington, DC.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks, C. (2018) 'Saturation in qualitative research: exploring its conceptualization and operationalization', *Quality and Quantity,* 52(4), pp.1893-1907.

Savona-Ventura, C. (2003) *The history of maternity care in the Maltese Islands.* The Association for the Study of Maltese Medical History Malta: Dormax Press.

Sayer, A. (1992) *Method in Social Science.* London: Routledge.

Schembri, P. J. (1993) 'Physical geography and ecology of the Maltese Islands: A brief overview' in Busuttil, S., Lerin, F. and Mizzi, L. (eds.). *Malta: Food, agriculture, fisheries and the environment.* Montpellier: CIHEAM, pp. 27-39.

Schindler, H. S. (2010) 'The importance of parenting and financial contributions in promoting fathers' psychological health', *Journal of Marriage and Family,* 72(2), pp. 318-332.

Schneider, D. M. (1980) *American kinship: A cultural account.* US: University of Chicago Press.

Scholnick, E. K. and Friedman, S. L. (1993) 'Planning in context: Developmental and situational considerations', *International Journal of Behavioural Development,* 16(2), pp. 145-167.

Schrader McMillan, A., Barlow, J. and Redshaw, M. (2009) *Birth and beyond: A review of the evidence about antenatal education.* [Online] Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109832. (Accessed on June 20 2018).

Schumacher, K. and Meleis, A. (1994) 'Transitions: a central concept in nursing', *IMAGE: Journal of Nursing Scholarship,* 26(2), pp. 119-127.

Scicluna Calleja, S. (1992) *Love relationships over time.* Unpublished manuscript, University of Malta.

Sedgmen, B., McMahon, C., Cairns, D., Benzie, R. J., and Woodfield, R. L. (2006) 'The impact of two-dimensional versus three-dimensional ultrasound exposure on maternal-fetal attachment and maternal health behaviour in pregnancy', *Ultrasound in Obstetrics and Gynaecology,* 27, pp. 245–251.

Simon, R. W. (1992) 'Parental role strains, salience of parental identity and gender differences in psychological distress', *Journal of Health and Social Behaviour,* 33, pp. 25-35.

Simpson, J. A., Rholes, W. S., Campbell, L., Tran, S. and Wilson, C. L. (2003) 'Adult attachment, the transition to parenthood and depressive symptoms', *Journal of personality and social psychology,* 84(6), pp. 1172-1187.

Skyes, S. (2014) *An applied evolutionary concept analysis of critical health literacy.* Unpublished PhD dissertation. London South Bank University.

Smith, J. A. (1999) 'Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood', *British Journal of Social Psychology,* 38(4), pp. 409-426.

Smith, J. A., Flowers, P., and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research.* Los Angeles: Sage Publications Ltd.

Smith, J. A. and Osborn, M. (2004) 'Interpretative Phenomenological Analysis' in Breakwell, G. (ed.), *Doing social psychology.* Oxford: Blackwell, pp. 229-254.

Smith, J. A. and Osborn, M. (2003) 'Interpretative Phenomenological Analysis' in Smith, J. A. (ed.) *Qualitative Psychology: A practical guide to methods.* London: Sage, pp. 51-80.

Solans, M., Pane, S., Estrada, M. D., Serra-Sutton, V., Berra, S., Herdman, M., Alonso, J. and Rajmil, L. (2008) 'Health-related quality of life measurement in children and adolescents: A systematic review of generic and disease-specific instruments', *Value in Health,* 11(4), 742-764.

Sonfield, A. (2013) 'What women already know: Documenting the social and economic benefits of family planning', *Guttmacher Policy Review,* 16(1) pp.8-12. [Online] Available at: http://www.guttmacher.org/pubs/gpr/16/1/gpr160108.pdf (Accessed: 8 June 2013).

Sonfield, A., Hasstedt, K., Kavanaugh, M. L. and Anderson, R. (2013) *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children.* New York: Guttmacher Institute. [Online] Available at: http://www.guttmacher.org/pubs/social-economic-benefits.pdf. (Accessed: 6 June 2018).

Soltani, F., Maleki, A., Shobeiri, F., Shamsaei, F., Ahmadi, F. and Roshanaei, G. (2017) 'The limbo of motherhood: women's experiences of major challenges to cope with first pregnancy', *Midwifery,* 55, pp.38-44.

Spiteri, G. and Borg Xuereb, R. (2012) 'Going back to work after childbirth: women's lived experiences', *Journal of Reproductive and Infant Psychology,* 30(2), pp. 201-216.

Spiteri, G., Borg Xuereb, R., Carrick-Sen, D. and Kaner, E. (2017). A systematic review of psychometric tools and measures used to assess preparation for first-time parenthood to improve positive parental and child health outcomes. *PROSPERO: International prospective register of systematic reviews.* doi: CRD42017056077 Available from: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42017056077

Stephenson, J., Patel, D., Barrett, G., Howden, B., Copas, A., Ojukwu, O. et al. (2014) 'How do women prepare for pregnancy? Preconception Experiences of Women Attending Antenatal Services and Views of Health Professionals', *PLoS ONE,* 9(7), e103085. https://doi.org/10.1371/journal.pone.0103085

Strauss, A. and Corbin, J. (1990) *Basics of Grounded Theory Methods.* Beverly Hills, CA: Sage.

Stueve, J. L. and Pleck, J. H. (2001) 'Parenting voices: Solo parent identity and co-parent identities in married parents' narratives of meaningful parenting experiences', *Journal of Social and Personal Relationships,* 18, pp. 691-708.

Streubert Speziale, H. J. and Rinaldi Carpenter, D. (2007) *Qualitative Research in Nursing.* 4th edn. Philadelphia: Lippincott Williams and Wilkins.

Sung, T. J. (2002) *Validity and Reliability.* (2nd edn.) Seoul: Hakjisa

Tabone, C. (1987) *The secularisation of the family in Malta.* Malta: Domenican Publications.

Tabone, C. (1995) *Maltese families in transition: A sociological investigation.* St. Venera, Malta: Ministry for Social Development.

Terwee, C. B., Prinsen, C. A. C., Ricci Garotti, M. G., Suman, A., de Vet, H. C. W., Mokkink, L. B. (2016) 'The quality of systematic reviews of health-related outcome measurement instruments', *Quality of Life Research,* 25(4), pp. 767-779.

The Swedish Society of Obstetrics and Gynecology (2003) *National summary of annual ANC reports 2003.*[Online]. Available at: http://www.sfog.se/old/mhvrapport/PDF/mhv2004.pdf (Accessed: 14 January 2012).

Tilley, L. and Woodthorpe, K. (2011) 'Is it the end for anonymity as we know it? A critical examination of the ethical principle of anonymity in the context of 21st-century demands on the qualitative researcher', *Qualitative Research,* 11(2), pp. 197-212.

Tomlinson, P. S. (1987) 'Spousal differences in marital satisfaction during transition to parenthood', *Nursing Research,* 36(4), pp. 239-243.

UK Government (1967) *Abortion Act.* London: The National Archives, HM Stationary Office. [Online]. Available at: https://www.legislation.gov.uk/ukpga/1967/87/contents. (Accessed: August 13 2018).

Uman, L. S. (2011) 'Systematic Reviews and Meta-Analyses', *Journal of the Canadian Academy of Child and Adolescent Psychiatry,* 20(1), pp. 57-59.

Unsworth, J. (2000) 'Practice development: a concept analysis', *Journal of Nursing Management,* 8, pp. 317-326.

Vallejo, C. and Dooly, M. (2008) *'Educational Policies that Address Social Inequality. Country Report: Malta'.* [Online]. Available at: http://pagines.uab.cat/melindadooly/sites/pagines.uab.cat.melindadooly/files/CountryReportMalta.pdf (Accessed: 4 June 2018)

van Gennep, A. (1960) *The rites of passage.* London: Routledge.

van Saane, N., Sluiter, J. K., Verbeek, Frings-Dresen, M. H. (2003) 'Reliability and validity of instruments measuring job satisfaction. A systematic review', *Occupational Medicine,* 53, pp. 191-200.

Vassallo, M. (1979) *From Lordship to Stewardship: Religion and social change in Malta.* The Hague: Mouton.

Virasiri, S., Yunibhand, J. and Chaiyawat, W. (2011) 'Parenting: What are the critical attributes?' *Journal of the Medical Association of Thailand,* 94(9), pp. 1109-1116.

Walker, L. O. and Avant, K. C. (1983) *Strategies for Theory Construction in Nursing.* Norwalk, CT: Appleton-Century-Crofts.

Walker, L. O. and Avant, K. C. (2011) *Strategies for Theory Construction in Nursing* (5th edn.) NJ: Pearson Prentice Hall.

Webster, M. (2005) *The Merriam Webster dictionary.* Springfield, MA: Merriam Webster.

Weiner, A. and Rogers, C. (2008) 'Antenatal classes: Women can't think beyond labour', *British Journal of Midwifery,* 16(2), pp.121-124.

Wellings, K., Jones, K. G., Mercer, C. H., Tanton, C., Clifton, S., Datta, J., Copas, A. J., Erens, B., Gibson, L. J., Macdowall, W., Sonnenberg, P., Phelps, A. and Johnson, A. M. (2013) 'The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)', *The Lancet,* 382(9907), pp. 1807-1816.

Werner, C. M. and Baxter, L. (1994) 'Temporal qualities of relationships: Organismic, transactional and dialectical views'. In M. L. Knapp, and G. R. Miller (eds.), *Handbook of interpersonal communication* (2nd ed.). Thousand Oaks, CA: Sage, pp. 323-379.

Whitchurch, G. and Constantine, L. (1993) 'Systems Theory' in Boss, P. G., Doherty, W. J., LaRossa, R., Schumm, W. R. and Steinmetz, S. K. (eds.) *Sourcebook of family theories and methods: A contextual approach.* New York: Plenum Press, pp. 325-352.

White, G. (2007) 'You copy by breaking down in private: fathers and PTSD following childbirth', *British Journal of Midwifery,* 15, pp. 39-45.

Williams, B., Brown, T. and Onsman, A. (2010) 'Exploratory factor analysis: a five-step guide for novices.' *Australasian Journal of Paramedicine,* 8(1), pp. 1-13.

Wood, J. T. (1997) 'Clarifying the issues', *Personal Relationships,* 4, pp. 221-228.

Woodsong, C., Shedlin, M. and Koo, H. P. (2004) 'The 'natural' body, god and contraceptive use in the southeastern United States', *Culture, Health and Sexuality,* 6, pp. 61-78.

Woolhouse, H., McDonald, E. and Brown, S. (2012) 'Women's experiences of sex and intimacy after childbirth: making the adjustment to motherhood', *Journal of Psychosomatic Obstetrics and Gynaecology,* 33(4), pp. 185-190.

World Health Organisation. (2003) *3rd task force making pregnancy safer/promoting effective perinatal care. From Evidence to practice. Verona, Italy, 22-24 October 2003.* Regional Office for Europe. [Online] Available at: http://www.euro.who.int/document.E83605.pdf (Accessed 6 June 2013).

World Health Organisation (2009) *Recommended interventions for improving maternal and newborn health,* (2nd edition). Geneva: WHO Department of Making Pregnancy Safer.

World Health Organisation (2013a) *What do we mean by sex and gender.* Geneva: WHO.

World Health Organisation (2013b) *Preconception care: Maximizing the gains for maternal and child health – Policy Brief.* [Online] Available at: http://www.who.int/maternal_child_adolescent/documents/preconception_care_policy_brief.pdf (Accessed: 1st June 2018).

World Health Organisation (2013c) WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. [Online] Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf?ua=1 (Accessed: 5th September 2018).

World Health Organisation (2014) *WHO recommendations on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health.* [Online] Available at: http://www.who.int/maternal_child_adolescent/documents/community-mobilization-maternal-newborn/en/ (Accessed 5th June 2018).

World Health Organisation (2015) *Social Determinants of Health.* [Online] Available at: http://www.who.int/evidence/forum/EVIPNetSDHweekInterview.pdf (Accessed: 2nd June 2018).

Willig, C. (2001) *Introducing qualitative research in psychology: Adventures in theory and method.* Buckingham: Open University Press.

Willig, C. (2012) *Qualitative interpretation and analysis in psychology.* Buckingham: Open University Press.

Willig, C. (2013) *Introducing qualitative research in psychology* (3rd ed.) Buckingham: Open University Press.

Wilson, J. (1963) *Thinking with Concepts.* London: Cambridge University Press.

Woollett, A. and Nicholson, P. (1998) 'The social construction of motherhood and fatherhood', in Niven, C. A. and Walker, A. (eds.), *Current issues in infancy and parenthood.* Oxford: Butterworth-Heinemann, pp.1-15.

Wright, L. and Leahey, M. (1994) *Nurses and families: A guide to family assessment and intervention.* Philadelphia: F.A. Davis.

Yardley, L. (2000) 'Dilemmas in qualitative health research', *Psychology and Health,* 15, pp. 215-228.

Zammit, A. (2009) 'Sociology and the Environment' in Cutajar, J. and Cassar, G. (eds.), *Social Transitions in Maltese Society.* Hal Luqa: Agenda, pp. 303-328.