

# Perinatal Mental Health of Fathers: Experiences and Needs of First-time Fathers During the Transition to Parenthood - study protocol

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## **Title**

Perinatal Mental Health of Fathers: Experiences and Needs of First-time Fathers During the Transition to Parenthood

## **Description**

The perinatal period is characterized by substantial life changes and challenges, including the transition into the role of parenthood. Difficulty in adapting to these changes can negatively impact the mental health of parents, often leading to postpartum depression (PPD) (1,2). PPD adversely affects the quality of life for both parents (1,2), satisfaction with the partner relationship, and the emotional, cognitive, and social development of the child, resulting in negative behavioral outcomes for children (2-6).

Fathers remain underrepresented in research on perinatal mental health (7-9). This is reflected in healthcare practices and societal perceptions of their role, often seen as secondary to mothers and primarily as breadwinners rather than equal partners in parenting (1-8). This limited view contributes to the development of PPD risk factors in fathers, including challenges in bonding with the child, a lack of positive paternal role models, insufficient social and maternal support, and difficulty balancing work and family responsibilities (1). Additionally, fathers often hesitate to seek help, further reducing the likelihood of receiving appropriate support (10,11).

While fathers' mental health is increasingly recognized as a critical issue, there remains a shortage of research on their experiences during the perinatal period. This gap hinders the identification of their challenges and needs, making it difficult to provide adequate support.

This qualitative study is part of the project "Perinatal Mental Health of Fathers: Experiences and Needs of First-time Fathers During the Transition to Parenthood," funded by the University of Rijeka.

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## **Subject**

Medicine and Health Sciences : Mental and Social Health

Medicine and Health Sciences : Nursing : Public Health and Community Nursing

Medicine and Health Sciences : Psychiatry and Psychology

Medicine and Health Sciences : Public Health: Community Health and Preventive Medicine

Medicine and Health Sciences : Public Health: Public Health Education and Promotion  
Social and Behavioral Sciences

## Tags

fathers, perinatal mental health, transition to fatherhood, experiences, needs, support

## Study Information

### Research Aims

The aim is to explore and describe the experiences and needs of first-time fathers regarding their mental health during the transition to fatherhood.

Specific objectives:

1. Describe experiences and readiness for fatherhood
2. Explore significant life changes during the transition to fatherhood
3. Identify challenges, fears, concerns and coping strategies
4. Describe the availability and usefulness of education and professional perinatal support for fathers
5. Explore the forms of support they find useful

### Anticipated duration

05/2024 – 05/2025

## Design plan

### Study design

This study will utilize semi-structured qualitative interviews with 12-30 first-time fathers residing in the Primorje-Gorski Kotar County, whose first child is under 12 months old. Guided by a constructionist approach, the design emphasizes the diversity of experiences and aims to explore how individuals construct and interpret their realities.

### Sampling and case selection strategy

We will employ a purposeful sampling strategy based on predefined inclusion and exclusion criteria selected to align with the study's objective. The inclusion criteria specify adult first-time fathers residing in the Primorje-Gorski Kotar County, with a first child younger than 12 months. We will exclude fathers with severe mental illnesses or disorders, fathers whose child has developmental difficulties, and bereaved fathers (those who have experienced pregnancy loss or the death of a child).

By selecting participants who meet the specific inclusion criteria, we ensure that the sample is directly relevant to the research questions. Excluding fathers with more extreme experiences (such as severe mental illness or bereavement) allows us to capture a range of experiences that

are more broadly representative of the target population. The purposeful sampling approach allows us to focus on participants who are well-suited to provide detailed accounts of their experiences, which is crucial for exploring the nuanced aspects of first-time fatherhood (15).

The diversity within the sample will be addressed with a case selection strategy. If a sufficient number of respondents meet the inclusion criteria, we will employ maximum variation sampling to select a diverse group based on sociodemographic characteristics (e.g., age, education, employment status) to capture a variety of experiences and viewpoints. The diversity within the sample is essential to understanding the broader context of fatherhood experiences across different backgrounds.

The recruitment process will be facilitated through a combination of online and offline methods. Health visitors and nurses in the pediatric offices of the Health Center of Primorje-Gorski Kotar County will distribute an invitation to participate, along with a short online recruitment questionnaire (Attachment 1). Additionally, the invitation will be shared in parenting groups on social networks to reach a broader audience of potential participants. This multi-faceted approach aims to maximize the reach and ensure that a diverse sample is obtained.

## Data collection

### Data source(s) and data type(s)

We will collect original data through semi-structured individual interviews and sociodemographic data questionnaires.

### Data collection methods

Individual semi-structured interview and questionnaires

Data collection will occur in three main phases:

1. Recruitment: Participants will initially complete an online recruitment questionnaire (Attachment 1) via a secure internet form. Respondents who meet the study's participation criteria will be contacted by the research team to arrange the next steps.
2. Interviews: Selected participants will take part in a semi-structured interview, conducted by a researcher who is a healthcare professional trained to talk about mental health topics and a doctoral student at the Faculty of Medicine. These interviews, lasting between 30 and 60 minutes, will be scheduled at times and in formats (online or face-to-face) that are most convenient for the participants. The interviews will focus on the personal experiences, challenges, and needs of new fathers during the transition to parenthood. The same researcher will conduct all interviews according to the developed interview guide (Attachment 2), to maintain consistency and adhere to the highest ethical and professional standards. The interview topics will cover key areas such as the role of the father, changes in life, fears, stressors, and sources of information and support. With the participants' prior consent, all interviews will be audio-recorded, transcribed, and anonymized to protect personal data.

3. Sociodemographic Data Collection: Following the interview, participants will complete a questionnaire that gathers sociodemographic and health-related information (Attachment 3). This questionnaire will include questions on age, residence, education level, employment status, household income, marital status, and details about their child (age, health) as well as their attendance at childbirth and the presence of postpartum depression in their partner.

## Data collection tools, instruments or plans

### ATTACHMENTS:

1. Recruitment questionnaire
2. Interview guide
3. Sociodemographic data questionnaire

## Stopping criteria

Data collection will stop upon reaching a maximum of 30 respondents or by following criteria:

1. Achievement of a Diverse Sample: Data collection will cease once a diverse sample has been obtained, ensuring variability in key socio-demographic characteristics such as age, education level, employment status, and marital status as explained in “Sampling and case selection strategy”.
2. Achievement of Data Saturation: Data collection will cease when there is enough information to repeat the study, the ability to acquire new information has been achieved, and further coding is no longer feasible.
3. Resource and Time Constraints: The decision to stop data collection process will also consider the practical limitations of the study, including the time and resources available for data analysis. Data collection is planned for period of maximum 5 months. Longer periods will jeopardize feasibility of the project.

## Analysis plan

### Data analysis approach

We will conduct a reflective thematic analysis of data according to Braun & Clarke (12-14). This method is chosen for its flexibility and suitability for identifying, analyzing, and reporting patterns (themes) within qualitative data.

Our approach aligns with inductive data analysis, where themes and patterns are built from the ground up based on the data gathered during the interviews. This involves open-ended coding, and data-driven theme development, ensuring that the analysis remains grounded in the participants’ experiences and perspectives. This inductive approach is particularly suitable for a constructionist framework, as it allows the data to shape the findings rather than imposing preconceived categories or theories.

## Data analysis process

The analysis will proceed through the following six phases:

1. **Familiarization with the Data:** This initial phase involves immersing in the data by reading and re-reading transcripts, listening to recordings, and making initial notes. After transcribing the audio recordings of the interviews, the transcripts will be sent to participants for their approval.
2. **Generating Initial Codes:** After familiarization, the data will be systematically coded. Coding will be open-ended and data-driven, within the topics from the interviews. Codes will be assigned to segments of text that appear meaningful and relevant to the research questions. Anonymization will ensure that all identifying information is removed, with the codebook being accessible only to one designated researcher.
3. **Searching for Themes:** In this phase, the initial codes will be examined to identify potential themes. This step involves organizing codes into potential themes and sub-themes, and collating all relevant coded data extracts within these themes.
4. **Reviewing Themes:** The potential themes will be reviewed and refined to ensure they accurately reflect the data. This phase includes checking if the themes work in relation to the coded extracts and the entire data set. Some themes may be merged, split, or discarded depending on their coherence and relevance.
5. **Defining and Naming Themes:** Once a satisfactory thematic structure is established, the themes will be further refined, and clear definitions and names will be assigned. Each theme should have a distinct scope and be described in detail, including the essence of what each theme captures.
6. **Producing the Report:** The final phase involves writing up the analysis. This will include a detailed narrative of the themes, supported by data extracts that exemplify each theme. The report will also include an analytical narrative that connects the themes back to the research questions and broader literature.

Thematic analysis will be primarily conducted by one researcher, with quality control overseen by a second researcher. A qualitative data analysis software program will be used to facilitate the systematic processes of coding, theme identification, and theme review. The specific software utilized will be documented in the final research report. Although thematic analysis will serve as the primary method for qualitative data analysis, any required quantitative analyses will be performed using a statistical program, the details of which will also be outlined in the final report.

## Credibility strategies

We will employ member verification to ensure that our interpretations accurately reflect the participants' perspectives. This process involves sharing our findings with participants and obtaining their feedback, enabling us to assess the authenticity and relevance of our analysis. However, as Varpio et al. (16) critique, participant feedback may not always align with the researchers' interpretations, as participants may view their experiences through different perspectives. In cases where participant feedback contradicts our initial interpretations, the research team will discuss whether to adjust our themes or report divergent views. This

approach allows us to represent a range of perspectives while preserving the integrity of our analytical process.

To ensure consistency and reliability, 25% of the material will be double-coded, with any discrepancies in the generated codes discussed and resolved collaboratively. This additional layer of scrutiny helps to minimize potential biases or oversights.

We will also use consensus-building among team members to enhance the reliability of our coding decisions. Differences in data interpretation will be discussed and collaboratively resolved until consensus is reached, ensuring consistency and accuracy across the dataset.

## Miscellaneous

The authors report no conflicts of interest at this time.

## References

1. Pilyoung K, Swain JE. Sad Dads: Paternal Postpartum Depression. *Psychiatry (Edgmont)*. 2007;4(2):35.
2. Chen J, Zhao J, Chen X, Zou Z, Ni Z. Paternal perinatal depression: A concept analysis. *Nurs Open*. 2023;10(8):4995.
3. Ramchandani P, Stein A, Evans J, O'Connor TG. Paternal depression in the postnatal period and child development: a prospective population study. *Lancet*. 2005;365(9478):2201–5.
4. Lamb, M. E. i Tamis-LeMonda, C. S. (2004). *The role of the father: An introduction*. New York: John Wiley & Sons.
5. Holopainen A, Hakulinen T. New parents' experiences of postpartum depression: A systematic review of qualitative evidence. *JBI Database Syst Rev Implement Reports*. 2019;17(9):1731–69.
6. Rollè L, Gullotta G, Trombetta T, Curti L, Gerino E, Brustia P, i sur. Father involvement and cognitive development in early and middle childhood: A systematic review. *Front Psychol*. 2019;10:2405.
7. Hambidge S, Cowell A, Arden-Close E, Mayers A. „What kind of man gets depressed after having a baby?“ Fathers' experiences of mental health during the perinatal period. *BMC Pregnancy Childbirth*. 2021;21(1):463.
8. Baldwin S, Malone M, Sandall J, Bick D. Mental health and wellbeing during the transition to fatherhood: a systematic review of first time fathers' experiences. *JBI Database Syst Rev Implement Reports*. 2018;16(11):2118–91.
9. Wells MB, Aronson O. Paternal postnatal depression and received midwife, child health nurse, and maternal support: A cross-sectional analysis of primiparous and multiparous fathers. *J Affect Disord*. 2021;280:127–35.
10. Pedersen SC, Maindal HT, Ryom K. “I Wanted to Be There as a Father, but I Couldn't”: A Qualitative Study of Fathers' Experiences of Postpartum Depression and Their Help-Seeking Behavior. *Am J Mens Health*. 2021;15(3).

11. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Paediatrica*. 2008;97(2):153–8.
12. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77–101.
13. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*. 2019;11(4):589–97.
14. Braun V, Clarke V. Thematic Analysis [Internet]. [cited 2024 Aug 7]. Available from: <https://www.thematicanalysis.net/>
15. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Adm Policy Ment Health*. 2015;42(5):533-44.
16. Varpio L, Ajjawi R, Monrouxe LV, O'Brien BC, Rees CE. Shedding the cobra effect: problematizing thematic emergence, triangulation, saturation and member checking. *Med Educ*. 2017;51(1):40-50.