

Mother and Child Are Doing Fine

How do paternal caregivers navigate between gendered expectations of parenthood and their own interpretations of fatherhood?



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Abstract

Research shows that while 96,7% of fathers believe that being involved in childcare is important, only one-third of their surroundings and health care professionals believe the same (Sardes, 2017). Other case studies (Reed, 2011) (Sicouri et al., 2018) (Early, 2001) also show that the attitude of health professionals and certain workplace norms prohibit men from involvement in pregnancy care and the care of their baby. In this thesis I research how fathers deal with this discrepancy. I answer the question: “*How do paternal caregivers navigate between gendered expectations of parenthood and their own interpretations of fatherhood?*” The gendered expectations that are studied, follow from educational content on pregnancy and infant care, the approach of health care professionals and institutions such as the workplace. This is studied through semi-structured, in-depth interviews with six fathers and a thematic analysis of three parenting books. The results show that fathers feel that they are portrayed in parenting books as the incapable and jolly parent who does not really care for parenthood. In the obstetrician’s office they feel predominantly taken seriously but they are still not fully included, which often pushes them into a subordinate position. Dutch parental leave policies limit new fathers both directly and indirectly in their process of becoming the father they aim to be, but still try to actively resist the workplace norms by taking more time of than is expected of them. These social and institutional barriers should be critically examined by professionals and institutions that work with fathers in order to transgress the normative ways of caring and parenting.

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1. Introduction

Within the history of feminism and women's movements, the role and position of the mother is seen as one of the most important touchstones for the emancipation of women. The changing distribution of household and care taking tasks, the introduction of contraception and the consequential ability to choose how many children a woman will have, has been one of the driving forces behind the increased freedom of women to live the way they want to (Wells, 2016). Because of this, and because of the fact that women are still viewed as primary caregivers, research and policies on parenting have tended to focus on women. But paternal caregivers are increasingly encouraged to take up an active role in the pregnancy and care taking of the baby and have been doing so (World Health Organization, 2007). Literature has shown that an equal involvement in the upbringing of a child has a positive effect on the wellbeing of both parents and the child (World Health Organization, 2007). Child and reproductive health services have therefore tried to attract and address fathers, but still mostly with the main goal of the man supporting the woman. Paternal caregivers are often still not taken seriously by health care professionals and they have a hard time getting time off at work to attend clinic appointments (Wells, 2016). A Dutch research (Sardes, 2018) among hundred, mostly highly educated men with young kids, shows that 96.7% of them believes that taking care of their children is important. But one-third of the men state that their surroundings do not expect them to have an active role in the caretaking of their child and also roughly one-third of the men feel that professionals do not find father involvement important. With almost every father believing that their active participation in childcare is important while at the same time being surrounded by professionals and others who do not think the same, there is a striking dissonance between what fathers want and what is expected of them.

Not just health care professionals reproduce traditional gendered expectations of fatherhood, but also educational content meant to prepare people for pregnancy and childcare such as books, magazines and other forms of media. Content is predominantly aimed at the person carrying the baby instead of both parents, and when fathers are addressed a specific tone and approach is used. Prenatal care and educational content on pregnancy is constructed around the pregnant body and the focus has therefore been on the embodied experience of becoming a parent. This is not completely surprising and not even reprehensible, since pregnant people do need specific care. But as a result of this main focus on the pregnant person, the partner of the person carrying the baby can find themselves less informed and less prepared for parenthood, which can cause feelings of insufficiency, inadequacy, anxiety and insecurity (Early, 2001). In this research I am focussing on cisgender paternal caregivers, who I most often refer to as

fathers. All non-birthing parents experience the distinct focus of society on the birthing-parent in different ways. Due to heteronormative structures, LGBTQI+ parents or parents in non-traditional western relationships are often discriminated in more explicit ways or completely erased in parenting content. In this research, I specifically focus on cisgender and heterosexual fathers as a subset of non-birthing parents. My aim is to analyse how such a dominant and relatively visible group deals with and is shaped by an often implicit and indirect form of unequal treatment.

While child health care services are trying to address both parents equally, they are still failing to respond to the parenting intentions of non-birthing parents (Chalmers & Meyer, 1996). Reed (2011) describes a gender paradox whereby the attitudes of workplace norms and health care professionals blocks their desire for full participation. To go beyond using health care services and parenting books as a way of depicting these professionals and writers as the only responsible factor for the wellbeing of fathers, I also analyse the complex relations between the interactions of new fathers within larger institutions, such as the school and the workplace, and how these interactions shape the experience of becoming a father.

The main research question in this thesis is as follows: “How do paternal caregivers navigate between gendered expectations of parenthood and their own interpretations of fatherhood?” The research focus will be on the interactions and experience of fathers with institutions that might shape their father identity such as health care, parenting books and policies. Through the first sub-question I will analyse the following: “To what extent does informational content on pregnancy and childcare fit the need of fathers?”. To answer this question, I do a content analysis on parenting books that specifically address fathers and I interview fathers on what role these books and other media played in how they prepared themselves for labour and fatherhood. Next, I answer the question “To what extent do fathers feel seen and acknowledged as full parents by health care professionals?” With the fathers, and occasional mother, we go over the different aspects of pre- and post-natal care and talk about how they took up space during the appointments and how they perceived their own role during those check-ups. An interview with the author of the book ‘Father On Its Way’ and the book itself are used in this chapter, since the unequal approach he experienced played an important role for him in becoming a father. Finally, I answer the question “How do the current Dutch policies and institutions affect paternal caregivers’ transition to fatherhood?”. While a lot of parents want to divide the caretaking tasks equally, it is often the institutions and policies that form a barrier to do this. Teachers always calling the mother when a parent is needed, or the

limited parental leave system are examples of structures that might limit fathers in forming a parent identity.

Fatherhood has not been discussed extensively within the humanities and research on this topic therefore often lacks a strong theoretical framework. By providing a critical analysis, grounded in gender studies theory, this research does not emphasize the supportive role paternal caregivers can have, but instead questions essentialist expectations of parenting. In this research I explicitly reject the essentialist notion that maternal caregivers have a bigger motivation or inner drive for taking care of their children. The equal evaluation of domestic work and paid labour is necessary, but it is important that this fight does not fall into the pit of gendered and essentialist narratives, since this might again result in a constraint in people's lives. In this research I use the equal division of childcare tasks as the norm for an ideal starting point for reproductive- and childcare services when addressing (soon to be) parents.

The aim of this research is to provide a comprehensive framework that can cause a paradigm shift where fathers and other non-birthing parents are treated and approached as full parents.

2. Theoretical framework

2.1 INTRODUCTION

When fatherhood is covered in research, it is often analysed in contrast to motherhood or in what ways it might affect children. But in recent years, partly because of the emergence of masculinity studies, fatherhood has been increasingly studied as a particular identity that is relevant to study because of its significance for gender equality in the domestic and work sphere, and the individual psychological consequences fatherhood has on men. In this chapter, I will provide an overview of how notions of maternity and paternity have changed over time and how paradigm shifts within feminist theory have influenced those notions. I also zoom in on case studies that specifically reflect on the role of men in prenatal care. To what extent do they feel welcome in those spaces and does the approach of health care professionals match with their ideas of fatherhood? These case studies and the several disquisitions on parenthood, form the base for the interview questions and will help to explain how fathers navigate between that what is expected of them and their own ideals of good fatherhood.

2.2 HEGEMONIC MATERNITY

While societal expectations of paternal roles have always changed over time, traditional Western family structures generally have not always encouraged fathers to become involved

parents. One of the reasons for this is that fathers are traditionally expected to be the breadwinners while women are seen as the caregivers. This is only one of the factors that explain for the complex mechanisms behind parental role and labour divisions. The way society thinks and talks about mother- and fatherhood and the fact that we see both roles as clear distinct tasks with different values attached to it, is rooted in centuries of essentialist notions of gender. Essentialism within social theory refers to the attribution of fixed essences to men and women, grounded in the belief that biological differences account for gender differences. In the past decades, 'maternal essentialism' has been criticized within social sciences and feminist thought (Korth, 2005) (Butler & Scott, 1992). The narrative of motherhood in which the mother is naturally caring and instinctively knows what her child needs, is now more widely considered a harmful myth that has kept women from pursuing goals in life that don't involve raising children.

The notion that parenting behaviour is not (just) determined by inherent biological differences but constructed through a set of acts that are in compliance with dominant social norms is an important step in the direction of an analysis of how parent identities are formed. Judith Butler conceptualizes gender as 'a doing': "*There is no gender identity behind the expressions of gender, that identity is performatively constituted by the very 'expressions' that are said to be its results*" (1990, p. 25). This opens up room for the idea of mothering as a practice, letting go of the traditional view of the mother as a passive, naturally selfless subject who exists prior to culture. This leads to the concept of 'maternal agency', which is, in line of Butler's notion of agency, a variation on the repetition of the maternal practices. But Butler argues that agency should not be confused with voluntarism, individualism or free choice. According to Butler, choosing is "*a reiterative or rearticulatory practice, immanent to power, and not a relation of external oppositions to power*" (1993, p.15). In other words, mother and father identities are formed through the pressure of meeting the gendered expectations that come with parenthood. But the constructedness of parenthood can also be liberating: the recognition of the constructs allows for flexibility in the parent identity and allows it to reconstruct it.

Within literature, less attention has been given to the harmful effects of binary oppositions in parenthood for fathers. But it is important to acknowledge that the figure of the mother as the main, true caregiver puts fathers in a disadvantaged position when creating a parent identity. A Swedish study (Massoudi, 2011) among 500 nurses showed that two-thirds of child health nurses believe to an extent that mothers are instinctively better at caring than

fathers. This is a quantitative study and there is no in-depth information on how these nurses think of the role of the father.

It is only since recent years that there is more academic attention for the influence of health professionals on the wellbeing and confidence of fathers. For a longer period of time, it has been the mother who has been blamed for keeping the father out of childcare and nurturing activities. This is called 'maternal gatekeeping' and is defined as "*The mothers' reluctance to relinquish responsibility over family matters by setting rigid standards, external validation of a mothering identity, and differentiated conceptions of family roles.*" (Allen & Hawkins, 1999, p. 199). The theory of maternal gatekeeping is grounded in the social constructivist framework that approaches gender as something that both men and women actively create through an interaction process. Instead of explaining the gendered division in family work by physical differences or a stronger internal caring 'maternal' instinct, it is argued that often mothers feel like they have to oversee their partners' contribution to housework and childcare because paternal caregivers are not equipped to do this without supervision from a more responsible, maternal caregiver. Low expectations about father's childcare abilities might discourage them and may lead to a self-fulfilling prophecy that causes to obstruct an increase in father involvement. A culture that perceives fathers this way and at the same time puts up barriers for parents to divide domestic work equally, such as the gender pay gap and an extremely short parental leave, upholds the narrative of two different spheres that dictate differentiated gender roles for mothers and fathers in childcare.

Another explanation for the gatekeeping phenomenon is the relative sudden power and freedom it gave women. For a long time, the doctrine of women as natural carers and men as breadwinners represented a framework in which women were given the opportunity to have some domestic power over men. In the early 20th century, the perceptions of the importance of raising children and home management changed, which gave women the chance to establish themselves as skilled experts. The authority it gave women, was seen as one of the reasons for maintaining the gendered division of labour (Allen & Hawkins, 1999). With this in mind, you could explain why health care professionals concerned with pregnancy and childcare are predominantly focused on the mother and neglecting men. Following the maternal gatekeeping theory, it would be a cynical but plausible that those professionals, of whom the vast majority is a woman (CBS, 2019), are (unintentionally) keeping the main responsibility of taking care of the children in the hands of the mother. However, I believe it is important to first analyse who and what the gatekeepers are and to what extent the framework of gatekeeping is sufficient when researching gendered divisions of labour.

Like explained before, the concept of maternal gatekeeping derives from a social constructivist notion of gender. In line with Butler her concept of maternal agency, I argue that maternal gatekeeping attributes too much power to mothers, since it assumes that they have the ability to let paternal caregivers fully contribute in the domestic realm. Maternal gatekeeping is associated with mothers “assuming primary responsibility for childrearing” and having a negative attitude towards involved fathers by “criticizing the father’s parenting behaviour” or in other ways restricting paternal involvement (Miller, 2018). But it is important to ask ourselves why gatekeeping has been conceptualised only as a maternal practice. In reality, the ways in which parental agency operates in the practices and responsibilities of childcare is a complex issue.

When men and women have the same rights and opportunities on paper, society tends to blame the still existing inequalities on the choices of individuals in the marginalized group. For example, it is often suggested that the reason why women in the Netherlands are predominantly working part-time is because women prioritize taking care of their children. But Justine Ruitenberg argues in her research (2014) on the relatively low labour market participation of women in the Netherlands against the narrative of free choice. She explains that, although women have a formal freedom to choose how much paid work they want to do, society tends to neglect the consequence of normative beliefs on gender, culture and job-relevant aspirations of women (Ruitenberg, 2014). The singularly, one-sided maternal focus on gatekeeping expresses itself in the fact that women are often accused of blocking men’s involvement by claiming they are more competent in household labour. But what might be the effects of claims of lack of competency in household tasks as a form of paternal gatekeeping? By upholding these claims of incompetency, men might maintain their patriarchal privilege in other societal institutions. The concept of gatekeeping assumes a great deal of agentic practices, but essentialist assumptions lurk here too. The explanations for gendered labour divisions are never clear-cut. Causes can be cultural and political, and they draw upon aspects of structural power and imperatives in which particular practices of gendered agency are possible (Miller, 2011). Maternal caregivers still sometimes withhold certain caretaking or domestic tasks from men, which can discourage men from being an equal caregiver. But it is important that both the gatekeeping mechanisms and the male reaction to this are studied and that the complex interplay of institutional structures and agentic practices are taken into account.

2.3 BARRIERS FOR FATHER PARTICIPATION

In this section I will concisely set out three articles that study men's roles as consumers of prenatal and child healthcare, to set out what men's experiences are with those services and institutions according to those studies.

In 'Men as consumers of maternity services: a contradiction in terms' (Early, 2001), it is argued that, while an increase in paternal participation has occurred since past decades, this has not resulted in fathers being seriously considered as service users. Fathers still have a supporting role in the events around pregnancy and the care is focused on women as consumers of prenatal services. In this study, Early examines the way men are constituted into the events surrounding childbirth and with the goal of facilitating an understanding of the shifting status of paternity and the context in which childbirth discourses are reproduced.

The attendance of men during childbirth has grown from only 5% in the 1950s to 97% in the early 1990s'. It is indicated that in the 1960s', medical professionals had objections to the presence of fathers. The motives of men who wished to attend were questioned because it was thought those men had perverse motivations to be present. It is also argued that exclusionary practices against fathers comes from reproducing historic beliefs rooted in male anxiety over childbirth. But by the 1970s, consumer discourse on pregnancy and childbirth emerged. Within middle classes, the 'natural' and 'prepared' childbirth became popular. This development was influential in resisting the medical dogma against the presence and participation of fathers. The consumer discourse emphasised the autonomy of the consumer and gave them more control over the labour process. But at the same time, it has constructed a specific paternal role in childbirth. Fathers were increasingly seen as a valuable resource in the labour room since they can offer emotional support, leaving the medical staff being able to concentrate on the medical aspect of labour. Therefore, the paternal consumption of antenatal services has been evaluated often. Today, paternal participation has been re-inscribed with a 'new significance' (Early, 2001). Active participation is now not only seen as necessary to support the mother, but as a way to reclaim fatherhood and re-evaluate masculinity. While the physical barrier has been lifted and while fathers are allowed in spaces that were previously only open to mothers, many health professionals feel hesitant to give fathers a say or more control since it might form a patriarchal contempt to relocate sources away from mothers (Early, 2011).

In 'Making men matter: exploring gender roles in prenatal blood screening' (2011) Kate Reed explores 'the increasing significance of men's roles in prenatal blood screening'. This research is again set in the United Kingdom. Through 32 interviews with (soon-to-be) mothers

and fathers, Reed studied the gendered nature of responsibility for the health of the foetus during the screening. Her findings show that there are still social and institutional barriers which prevent men from being fully involved, with most important factors being the attitudes of health professionals and the norms at the workplace. Both factors serve to keep men on the side lines of their partner's pregnancy (Reed, 2011). The outcomes of the interviews show that there is a 'gender paradox' "*whereby the desire for men's greater participation in screening is often limited in practice.*" (Reed, 2011, p. 63). The data from the interviews showed that midwives often made fathers feel as though "they had a limited role in their partners' pregnancy and prenatal care". But the exclusion is most felt around the decision-making process. While the parents wanted to make decisions together, the midwives made it clear that they saw a limited role for fathers in this process. It has to be noted that this gendered approach comes from legitimate fear of domestic abuse and wanting to leave full bodily autonomy to the mother.

These findings overlap for a big part with the findings from the last study I will discuss: 'Toward Father-friendly Parenting Interventions: A Qualitative Study' (Sicouri et al., 2018). In this article, Sicouri et al. researched the factors and barriers that influence father engagement through nine focus groups with forty participants in total. Again, participants felt that the parenting interventions were focused too much on the mother. One of the themes that emerged from the focus groups was the fact that parenting programs are often advertised to mothers. Fathers therefore felt stigma associated with attending those programs. They also felt that mothers were gatekeeping and discouraging attending the parenting workshops. The last theme I want to highlight is the specific content that fathers prefer when it comes to parenting interventions. According to the focus groups, fathers prefer topics such as understanding a child's behaviour and how to have a positive relationship to your child. They also prefer specific gender-related information such as the difference between father-daughter and father-son relationships. (Sicouri et al., 2018).

While these studies are relatively recent and qualitative in nature, they are set in the U.K. and Australia, countries that might have a very different parenting culture than the Netherlands. Also, in the past couple of years a lot has changed in prenatal and child health services since they have deliberately changed their approach to be more parent friendly (Sardes 2017). Because of these changes, it is important to study the experiences of new fathers with (health care) institutions in the Netherlands.

2.4 CHANGING NOTIONS OF FATHERHOOD

In this section I wish to take a closer look at the interaction between masculinities and taking care of children. Notions of masculinity play a determining factor in interpretations of good fatherhood hence it is important to analyse these mechanisms (Brandth & Kvande, 1998).

In *Discovering Men* (Morgan, 1992), David Morgan explains that paid labour is at the basis of masculine identity. According to Morgan, masculinity is challenged when men enter women dominated occupations and when men become unemployed. Parental leave or the combination of structurally working less hours to take care of your child therefore assumes a big threat to masculine identity. However, recent research focuses more on the shift from traditional gender roles in the private and public sphere to 'more complex forms of gender organisation.' (Scott, 2006). Joseph Pleck (2010) introduces the 'Fatherhood-Masculinity Model' as a conceptual framework that contests the 'essential father hypothesis' and approaches fatherhood as a form of doing gender. The paternal essentiality thesis says that fathers make a uniquely male contribution to child development. Peck suggests an alternative interpretation: the "important father" hypothesis. He explains that '*good fathering is one of many factors promoting good child outcomes in ways that are not necessarily linked to masculinity*' (Pleck 2010, p. 27). The main problem with this approach is that it still attributes specific parenting characteristics to fathers and doesn't fully critically engage with the roots of current gendered labour divisions. And while this approach is already less focused on supporting the mother and attributes equal responsibility to both parents, it is still very much framed around the benefits for the children instead of the equal opportunities for fathers to become a full-fledged parent.

We are going to have to talk about fathers in another way if we want to understand how fathers move in spaces such as domestic labour and the workforce. There is a need to study in what ways fathers either transgress or reproduce traditional gender norms in the division of labour. But there is also a need to more critically engage with issues of power and control in domestic relations and a need to move beyond explanations of doing gender only at the level of individual practices of agency (Miller, 2011, p. 2). We need a renewed analysis of agency in relation to how gender is done and undone, and we need to pay attention to the contexts in which practices of agency develop, such as structural changes as the expansion of parental leave.

In "Disembodying Women: Perspectives on Pregnancy and the Unborn" (1993) Francien Dunen explains: "*When men become fathers, they largely escape the 'totalizing effects' of the discourses which frame motherhood and emphasize women's capacities.*". Men's

experiences and their transition to parenthood are not framed through biological predisposition or medical surveillance. Rather, this frame is rooted in the cultural construction of hegemonic masculinities, such as the economic provider and the protector but also in more contemporary constructions of involved fatherhood. These contemporary constructions of fatherhood are the result of the conceptualization of masculinity as something that is plural. This gives a wider recognition of, for example caring masculinities. Greater emotional connectedness in the relationship between father and child and sharing the pleasure of childcare are now more emphasized in the western representations of ‘good fatherhood.’ This has resulted in evolving policy discourses that aim for gender equality, such as the growing expansion of parental leave. Patriarchy has historically shaped these choices and constraints in relation to practices of agency across caretaking and paid work (Miller, 2011). But while policies and discourses are changing and dividing the caretaking tasks equally is growing to become normalized in some western countries, fathers still have way more space to choose how they shape and carry out their engagement and involvement in caring. Miller explains: *“In stark contrast to constructions of motherhood and women’s lives, where much has been universalized and taken for granted, the relationship between men and fatherhood is much less clear.”* (Miller, 2011, p. 4)

Notions of masculinity that include ‘multiple and fluid visions of a new care-oriented masculinity’ are assignable in the promotions of father involvement. These discourses gave (some) men the reassurance, confidence and discursive resources to articulate demands in the workplace and in private life. However, it is important to realize that new policies are not always able to actually ensure the space for men to be the fathers they want to be. The diversity which patterns men’s lives and different family constructions have to be taken into account when discussing and studying this subject (Miller, 2011).

3. Methodology

3.1 RESEARCH QUESTION

The main question I will explore during this research is *“How do paternal caregivers navigate between gendered expectations of parenthood and their own interpretations of fatherhood?”* Through interviews I will collect and analyse the lived experiences of fathers in their process of the pregnancy of their partner and the first years after the baby is born. Within these interviews I will focus on feelings of exclusion, gendered expectations, the singularity of primal responsibility and parental agency. Next to that, I will perform a thematic analysis on recently published Dutch parenting handbooks that specifically address fathers, to find out what kind of information and approach fathers miss within the regular professional care and how

they position themselves in society as a new father. Within this I will focus on gendered expectations concerning parenting and ideas about fatherhood and father identity.

The families I interview consist of a cisgender father and mother. This leaves out families with same-sex parents, single parents or families with more than two caregivers. My aim is to let the attention of health care services and other institutions shift from the person giving birth to all the caregivers equally. I expect that this shift of attention also will benefit parents in marginalized family structures. It is important though that the specific needs of those parents will be researched more extensively. Most research on same-sex or single parenting has been focused on the effect on children and not enough on the experienced informal and professional support of same-sex and single parents (Umberson, 2015).

3.2 EPISTEMOLOGY AND STANDPOINT APPROACH

In this section, I will reflect on traditional approaches to objectivity and positionality. Further, I will analyse how the idea of epistemic privilege and my own standpoint influences this research.

Feminist researchers have long argued that the traditional notion of objectivity, one that is free of values and social context and privileges a positivist way of research, mystifies the inherently ideological nature of research and legitimizes privilege based on class, race and gender. Sandra Harding, philosopher and methodologist, points out that “*observations are theory-laden; our beliefs form a network such that none are in principle immune from revision; theories are underdetermined by any possible set of evidence for them*” (Harding, 1995, p. 331, as cited in Hesse-Biber, 2014). Therefore, by the rethinking of objectivity feminist researchers must try to “unmask all claims to objectivity as an ideological cover for masculine bias by pointing out the shortcomings, incompleteness, and exclusiveness of ‘mainstream’ history” (Scott, 1991, p. 786, as cited in Hesse-Biber, 2014). Harding has therefore developed the concept of ‘strong objectivity’. Strong objectivity acknowledges the politics of knowledge production and contributes to more transparent and ethical research because of the greater attention to the social location of the researcher (Hesse-Biber, 2014).

Within the discussion of the interviews I will continually reflect on how my questions, interpretations and choices might be influenced by social context and my standpoint. When I grew up, my father was a stay-at-home dad and also the main caregiver in the family. Despite the health problems in my family, they had a relative free choice to organize their life the way they wanted, resulting from white and class privilege. This has shaped my view on the way families organize the domestic tasks since I tend to find it normal when parents have the

ambition to divide tasks equally while this is far from the general norm. This might allow me to spot gendered role patterns more easily.

As someone who works in health care, students and researchers have approached me often and I have noticed how often you are treated as a data source rather than a person, presumably because health care professionals get paid for what they do. Therefore, it is important that I provide full disclosure on the research objectives and that I will use their time respectfully by preparing the interview carefully. That way, the interview will hopefully be valuable to the respondent too.

The issue of epistemic privilege is a complicated one within this research. The research focus is on a group that holds power (men), which is subordinated within this specific field (childcare). Feminist research has been defined as centring women's issues and lived experiences as a basis for knowledge building (Hesse-Biber, 2014). Within gender studies, there is a wider consensus on the importance of researching the lived experiences of all genders and on the fact that inequalities that specifically men face are also feminist concerns. But if the study of men's lived experiences is not linked to a wider analysis of gender inequality and is not informed by a commitment to egalitarian gender relations, this research will become politically regressive and will only liberate men and not create gender justice (Pini & Pease, 2013). It is therefore important that the issue of fathers being neglected by health professionals and institutions also derives from the secondary position of 'women's activity' fields (such as caretaking). "Hegemonic femininity", which occurs when women create gender segregation, is in interplay with a patriarchal tradition. Because although "*Men may be in a weak position in female-associated fields of work not because society has now reached a state of gender equality but because of persistent inequality that positions these fields below others and makes them into predominantly feminine domains.*" (Kimmel, Hearn, Connell, 2004, p.25). Although I will put the voices of paternal caregivers, the group that tends to be neglected within the field of parenting, in the centre of my research, I will not lose focus on the broader power dynamics within gendered labour and task deviation.

3.3 RESEARCH METHODS AND ANALYSIS

In this section I will go more in-depth on the data-gathering methods and how I analysed the interviews and parenting books. I chose a combination of in-depth interviews with fathers and thematic analysis of parenting books to research how fathers navigate between expectations and their own preferred parenting style, because this allows me to both examine individual lived experiences of fathers and how they are addressed in media. During the interviews I am able to

ask further on themes that are important to the participant while the books provide a more general view on the gendered expectation of paternal caregivers.

1. In-depth, semi-structured interviews

The six interviews that I conduct with the fathers have an informal, unstructured format. During the interviews, I won't shy away from sharing my own experiences or uncertainties which may evoke a discussion or sharing of thoughts. Since I interview only a minimal number of fathers, I am able to prepare each interview for each individual respondent, fitting for example to the number of children, profession and background. Within each conversation I make sure that every respondent has the space to talk about specific sub-topics they relate to. Not every respondent has a lot of experiences and feelings concerning the topic prior to the interview. Therefore, for each interview I use an interview guide which can be found in the appendix.

Follow-up questions are asked when necessary and new topics that come up are not avoided. During the interview I have an open and non-judgemental attitude. Parenthood and role divisions can be sensitive topics and therefore participants might be afraid to give 'wrong' answers, especially since people who are specialized in gender studies are often seen as moral compasses on this subject. I therefore find it important to explain before the interview starts that they are the experts on parenthood and not me. Not just because I want them to be honest but mainly, I do not want the participants to feel like they have to justify their decisions to me. At the same time, I do not hide my own feelings or experiences to the subject. Participants have the right to know 'who they are talking to' and I also believe that interviews are a two-way activity: new insights occur through conversation. Finally, I explain the participant that it is okay to not have an opinion or to not have a positive or negative experience with something.

Every interview is recorded and transcribed, in agreement with the participants.

2. Thematic analysis: parenting handbooks that specifically address fathers

For this thematic analysis, I choose three parenting handbooks that specifically address fathers, either sporadically or throughout the whole book. These handbooks show how fathers view their own role, how they experience pregnancy- and childcare and which gendered stereotypes are being reproduced. I picked books that are written 15 years apart and contain, besides instructions, a critical reflection on the role of the father in the family and society. The following books will be researched:

- *"Help, I Impregnated my wife!"* by Kluun (2004)
- *"Father on the way: what you can expect as a modern father (and do!)"* by Willem Bisseling (2019)

- *“Buskruit met Muisjes: everything you don’t want to know about getting a child”* by Nina Veeneman-Dietz (2013)

The number of books directed at (soon-to-be) fathers has risen in the past decades in the Netherlands. There is no prove that this increase has to do with higher expectations of fathers, but it does suggest that there is a growing need of parenting manuals specifically directed at fathers. An analysis of those books, accompanied with an interview with the author of *Father on the way*, in addition to interviews with fathers, will be necessary because it might provide an insight in the specific needs and information that fathers do not receive from health professionals and childcare institutions. Important questions I will try to find an answer to through these analyses are “How do fathers view their own role and responsibilities in childcare?”, “What do fathers feel is expected from them?” and “What specific information do fathers seek?” This will be analysed through an iteratively process in combination with the conversations I have with the fathers. Why do fathers buy these books in the first place, or do they get these as a present? If they read them, what did they take from these books?

3.4 THE SELECTION OF RESPONDENTS

I reached out to the participants in various ways: in some cases, I asked mothers I knew who would then ask their partner. Or I would contact fathers who I had not met yet through email. But in each case, the respondents were open, honest and willing to be vulnerable which I am very grateful for. I had no objection to the mother being present during the interview and during three of the five interviews, mothers would participate in the conversation. During the third interview, the mother was an active participant during the interview. She is therefore explicitly mentioned throughout the paragraph.

I have conducted eight interviews with new fathers, from which two I decided not to use for this research. These two interviews were conducted through phone and while transcribing I noticed that the quality of the interviews was not equal to the others, in all probability because of the inability of expressing non-verbal communication and lack of physical presence.

Most of the participants are highly educated and work a job that allows them at least a minimal amount of flexibility in their weekly schedule. Because their partners work a paid job, they have the ability to take time off or to work part-time. Two of the participants perform more physical labour (driving instructor and pastry baker) which allows for almost no flexibility. Because of the physical and intensive nature of the work they do not have a lot of energy left to perform a lot of childcare tasks. Both of them already have children from a previous

relationship, while the fathers with the low-intensity jobs just got their first child. The age of the fathers varies from 26 to 39 years old and there was no correlation to be seen between their age and other demographic factors. Except for one father, all the participants are white. Their ethnicity did not play an explicit role during the interviews. All the participants live in the conurbation of Western Holland and all the interviews took place in their own home. Most of the time I did not select the parents on specific factors. A few of the participants were specifically reached out to because I knew that gendered expectations on parenthood are something that plays a factor in their life. But with most of the participants I did not know anything about them before the interview.

3.5 ETHICAL CONSIDERATIONS

Within this research process, there are a couple of important ethical considerations to keep in mind, starting with the treatment of my respondents. The interviews with the fathers will be highly personal, since we will talk about their father experience, possibly the relationship with their partner and feelings of exclusion. Because father identity might be something fathers are insecure about, it is especially important I will uphold a non-judgemental, understanding an open attitude.

Another important factor to keep in mind during the process is the role of the partner of the respondent. Since the subject also concerns her, I want to give mothers the possibility to attend and participate in the interview if they want to. If she does not want to participate, I will make sure to not ask the father about the experience of the mother or ask too personal questions about their relationship.

As a researcher I am not value-free, and respondents are often aware of this. As a gender studies student, you are often asked to give your opinion on topics concerning inequality and I expect that this might happen during the interviews too. I will start the interview with an explanation on the objectives and a short note on my own standpoint: both partners deserve equal attention from health professionals and institutions involved in childcare. This is important, not just to 'get it out of the way', but because respondents deserve to know who they are talking to and how their words might be interpreted. Disguising your feelings towards a topic towards the respondent is a form of manipulation and should therefore be avoided.

4. Results

4.1 EDUCATIONAL CONTENT ON PREGNANCY AND INFANT CARE

4.1.1 INTRODUCTION

In this section I explore how fathers prepare themselves for pregnancy, labour and infant care, and how parenting books and workshops relate to their own individual ideas about fatherhood. Do they read parenting books or visit workshops? And what do fathers actually need to feel more prepared for parenthood? To answer these questions, I combine sections from the three parenting books mentioned in the previous section with the interviews I conducted with new fathers. I focus on specific themes that have been brought up by the fathers or struck me while reading the parenting books, such as the dismissal of father's abilities and the use of humour.

Two of the books are specifically aimed at paternal caregivers and one individually addresses fathers in separate sections. There are countless of different sources available that soon-to-be parents can consult. Parenting guides, books, magazines and workshops are the more traditional ones while new formats such as podcasts, apps, YouTube channels and Facebook groups have been emerging in the past ten years. For now, I will be focussing on the parenting books since those are, along with workshops, the most popular source of information among the participants. The interview I conducted with Willem Bisseling, the author of one of the books helps me to go deeper on who buys these books and what kind of information is often hard to find for fathers.

4.1.2 THE RESPONSIBILITY OF EDUCATING ON PREGNANCY AND INFANT CARE

The fact that parenting books are often aimed at mothers can be interpreted as an implicit signal from mothers and authoritative parenting figures that the technicalities of pregnancy and infant care are not relevant for men and that the main responsibility of caretaking lies with the mother. The interviews show that the preparation dynamic consists of mothers selecting the books and reading them entirely and then selecting sections for their partner to read. The following quotes illustrate this:

[On the question if Arnoud prepared himself with reading parenting books] *“No, I leaned on Karin. If Karin said “you have to read this” then I did so. ‘Playing for Fathers’... I came across that one. That one read like they were talking to a man from Mars. I did not read anything new. As if a man does not know how to play with a child or doesn’t*

know what to do with them. More like 'Playing for Autistic Dads'."
(Interview with Arnoud, 16th July 2019)

Frits: [On the question if parenting books have helped him in any way] I haven't finished one of them. But that book by Kluun is written with a lot of humour and it is very blunt. It is relatable. That is the only one I have finished.

Brecht: Did you [Francien] read a lot of [parenting] books?

Francien: Yes, and all the magazines.

(Interview with Frits and Francien, 23rd July 2019)

These quotes illustrate that the main responsibility of reading in on pregnancy and infant care lays with the mother. Arnoud's partner made a selection of everything she found was important to read while Frits only read the things that he felt were entertaining. His partner expressed later in the conversation that she found his lack of interest stressful. Thus, the question to whether what extent parenting books intentionally focuses on mothers for marketing purposes or because of a socially constructed frame of the mother as the main caregiver is almost as complex as the concept of maternal gatekeeping. Father's their apathy towards reading in on pregnancy and infant care might be the result of both being satisfied with their partner gathering the important information and the lack of content that fully recognizes paternal caregivers.

4.1.3 CARICATURING MOTHERS

The first book I want to zoom in on is called "Buskruit met muisjes" (2013). The title is a wordplay on a traditional Dutch snack that is served to the maternity visit and implies that this book will teach you all the uncomfortable facts about pregnancy and infant care. While the cover of the book says it is "the baby-bible for every parent" and does not specify that the book is written especially for women, in the introduction the authors write: "*This book is from mothers, to mothers.*" (p. 11). The fact that this book with all its factual information on sleep schedules, feeding and complications that can occur during birth, is specifically written for women is an excluding action in itself. All the information in the book is relevant to non-birthing parents too, but the illustrations in the book only portray women. Not only does the book only show women, the mothers that are portrayed are white, extremely thin, dressed highly

feminine and most of the time occupied with leisure activities such as shopping or drinking cocktails. This one-sided image of the mother reinforces the archetype of the mother dedicating her life to their children, their household and their appearance. By only portraying white women, the authors erase parents of colour and have excluded them from the target audience. 'Buskruit met muisjes' is an example of how parenting books are generally even more exclusionary of marginalized groups than they are of fathers.



An illustration of two very tall and thin women in high heels holding a cocktail and a woman at a table with snacks and drinks on it, breastfeeding a baby. From 'Buskruit met muisjes' (p. 115)

Also, the authors often warn the father for the unbearable 'witchy' behaviour of their partner. The imagery of the witch has historically been used to perpetuate gender inequality and to maintain social order. Patricia Hill Collins (2000) has called the witch a controlling image, which is imagery designed to make inequalities natural and by using images to reinforce oppressions. In this case, the mother who steps outside her assigned gender role by taking control or by being strict is contemptuously addressed as someone who always seems to know better.

4.1.4 DISMISSAL OF FATHER'S ABILITIES

When discussing parenting books with fathers, it becomes clear that they do not really mind when a specific parenting book is only promoted to mothers as long as the information in the book is clear and structured. But what Max frustrated about 'Buskruit met muisjes' was the way fathers are addressed as distinct group. While Max was looking for practical information on topics such as sleeping schedules and the labour process, he continued to be addressed as

someone who stands on the side-lines or as someone who needs to be lured into fatherhood. This did not particularly demotivate him, but it did give him the feeling that some institutions are not fully responding to fathers who want to play an equal part in raising their children. He explains:

In that book [Buskruit met muisjes] are small sections that are called “Dear Jan”. Outlined and in a different colour. Well... You should look it up. It is truly disturbing! It is shocking. They are talking about ‘maternity gold’. “Dear Jan, have you ever heard of maternity gold?” Have you [referring to me] ever heard of maternity gold? (Interview with Max, 13th of July 2019).

Maternity gold refers to the jewellery you are traditionally supposed to give to your wife as a way of thanking her for birthing your child. This is a telling example of how the book recommends a form of passive support, while Max, and most of the other participants, aim to be a full participant during the progress. The authors explain that they introduced those separate sections because they do not recommend reading the whole book, hinting on that knowing every detail about pregnancy and birth might be bad for your sex life. The following section touches on the core participants’ frustration and is symbolic for the discrepancy between the ideas on involved fatherhood of fathers themselves and other authorities on parenthood.

“Dear Jan,

Has the woman who you once fell in love with turned into a witch? The schedules and rules are probably constantly thrown at you and it seems like she can’t talk about anything other than your baby. Super annoying, but for the sake of keeping peace it is recommended to count to ten a little more often. Blame the lack of sleep, her broom will be put in the closet soon enough. But only temporarily...” (From Buskruit met muisjes, 2013, p. 86)

There are a couple elements in this passage that are symbolic for the earlier mentioned discrepancy. Apart from the sexist imaginary of the witch and the generalization that mothers

do not have any control on their behaviour, the constant affirmation that their partner is unreasonable is not something that fathers are always looking for. Max explains:

“Yeah, if fathers are addressed it says, “Listen to your wife, be nice to her.” Those kinds of things. And that is repeated ten times in those books. Every book says the same. Being nice is one of the things I can think of myself. It is not something I have to learn. Our relationship works.” (Interview with Max, 13th of July 2019)

Max was looking for the technical specifics on infant care but when he was specifically addressed as a father, he only got reminded of the basics of being a good partner. Another assumption that follows from this section is that fathers are not very interested in sleep schedules or safety issues, while from four out of the six interviews followed that the fathers were looking for this kind of information. Willem Bisseling, the author of ‘Father on the Way’ (2019) recalls:

“I wanted to know how long it takes for new-borns to grow out of their first size so I would know how many ‘size 50’ rompers we should buy. But this was so hard to find. Only after having to go through a huge amount of bullshit and useless information.” (Interview with Willem Bisseling, 31st of July 2019)

Not only does this book and other content on pregnancy and infant care wrongly assume that fathers do not want to be bothered with this kind of information, it also assumes that fathers are not as caught up with their baby as mothers are. In the section the authors write ‘*it seems like she can’t talk about anything but her baby*’, but my experience from the interviews is that their new baby was often also their favourite subject to talk about. Except for Frits who mentioned that he is definitely not as obsessed with their baby as his partner is. This might be because he already has two daughters. But when Jorick, who is a freelance actor in child plays, talks about his baby, he clearly refutes the narrative of the uncaring father.

[On taking extended parental leave] *“Maybe you’re not necessary at home, but it is still fun! The feeling of missing the baby when you’re at*

work never really goes away.” (Interview with Jorick, 23rd of July 2019)

Jorick has wished for a baby for a long time, and now that he finally has one, he wants to spend as much time with him as possible. But unlike Max, he does not experience frustration towards the fact that some books tend to disregard fathers as parents. This is a general trend that I’ve noticed during the interviews: parents might be annoyed or frustrated by the way their gender influences the way they are addressed, but it has never seemed to directly question their parenting abilities.

4.1.5. THE SPECIFIC FOCUS ON FATHERS AND THE USE OF HUMOUR

Willem Bisseling, who is a literary agent, wrote the book ‘Father on the Way: what a modern father can expect (and do!)’ (2019) because preparing for parenthood did leave him frustrated and surprised of all the content solely focused on women. In the introduction he writes:

“I missed a book in which this [practical information and real-life experiences] came together and in which the man actually stands next to the woman. In which the partner (M/F but this book is of course written from a male perspective) also plays a role during the pregnancy.” (p. 13, 14)

He aimed to write a guide that provides structured information without all the diminutives (such as “small wonder” when referring to a baby) and other childish language. When I asked Willem why the book is specifically written for fathers, he explained that this was mostly a marketing-based decision. Despite the fact that gendered products or content exclude half of the population, gendered products still tend to sell better. Instead of ‘Buskruit met muisjes’, which only addresses mothers when talking about the specifics of pregnancy and birth, *Father on the Way* goes over all the complications that can occur during birth, different methods for pain reduction during labour, feeding and buying baby clothes. By doing this, Willem is implicitly sending a message to all the health care professionals and content creators that exclude men in the resources they create. Willem explains:

“Labour can be an almost traumatic event for fathers too because you see your girlfriend in extreme pain. You want to be prepared and you need to know about different painkillers.” (Interview with Willem Bisseling, the 31st of July 2019)

This relates to how some of the fathers I have interviewed are feeling: as a father you are inevitably on the sideline since you cannot take over the discomfort of pregnancy or experience labour. Instead of being pushed to the sideline even more, you want to receive the tools to be of actual help. In his book, Willem therefor occasionally rebels against the different things expecting mothers do, leading up to the birth, such as pregnancy yoga, baby showers or information nights. From the pregnancy yoga class, him and his partner attended he recalls:

“It started with that we all had to go stand in a circle and press our palms together. “Feel the connection that binds you.” Don’t get me started. After that, we had to walk in a circle and make idiotic movements with our hips. Everyone took it dead serious, and I started to get nauseous while E. was laughing at me with tears rolling down her face.” (Bisseling, 2019, p. 129)

These descriptions of, in his eyes, sometimes unnecessary and excessive forms of preparation often contain self-mockery. Instead of making fun of parents who participate in these things he uses exaggeration as a way of putting the overwhelming amount of techniques and information in perspective. Willem describes how he had to navigate between all the essential information on pregnancy and infant care, and the additional resources and information that is offered on the pregnancy market. He does not reinforce the contrast between the gendered expectations of mothers and fathers by framing fathers as unmotivated idlers but mocks the excessive expectations on parents in general.

Frits, who has two teenage daughters and just became a father again, also feels the need to put the expectations that lay on new parents in perspective with humour. Unlike most of the other fathers I have spoken to, Frits does emphasize the difference in the level of emotional involvement with the pregnancy and the baby between him and his wife, and he prefers to be confirmed in this. About Kluuns’ book “Help, I impregnated my wife!” he says:

“The hardest part is that the discomforts your wife is suffering from are limiting her in her daily life. And that there is nothing you can do about it. And then there is the wonderful book by Kluun you start to read. That book introduces the ‘dessert strategy’. You are supposed to lay down on the ground and wait until the storm has passed.” (Interview with Frits and Francien, 23rd of July 2019)

Throughout the interview, Frits emphasizes the inherent biological differences between mothers and fathers that cause an inevitable difference in how fathers and mothers relate to their child and how they parent. The feelings of incompetence and powerless are was the toughest aspect during pregnancy for Frits. Kluun describes it as a conspiracy of Mother nature: after conception you are pushed to the sideline, and from then on, the pregnancy is one of the only fields in life where suddenly you are not actually necessary anymore. This argumentation is representative of how the role of the father is explained in this book: the father as the victim of biology. If it is the mood swings of your partner or the meddling of your parents: do not try to fight it because you are a defenceless in the storm that is called pregnancy. Therefore, the book describes especially what to expect of what is going to be thrown upon you during the pregnancy instead of what you can do prepare yourself. Kluun explains the dessert strategy as follows:

“Do you know what Bedouin do when a storm rises in the dessert? They lay flat on their stomach and don’t move. (...) ‘A camel knows when the storm will pass, and it will eventually pass, that is the only certainty they have, the Bedouins and their camels. Until it passes, they lay down. (...) Base rule II: Wait until the storm has passed. A strategy that will also help you a lot” (Kluun, 2004, p. 10, 11).

The apathetic attitude that Kluun advices is similar of the attitude of the writers of *Beschuit met muisjes*: it validates the idea fathers are incapable of truly supporting their pregnant partner and that when the baby is born the father has to accept that the mother will take on the dominant roll. In both books, diminishing the capabilities of the father goes hand in hand with caricaturing the mother as an authoritative figure who always wants to have the last word. The interviews show that most fathers can’t relate to this attitude. They aim to be an equally involved parent and do not settle for being depicted as a parent who doesn’t know how

to do basic care taking tasks. Despite the assertive attitude of the fathers, it is the mothers who have the responsibility of selecting the relevant and crucial information. This is an important take from the results: paternal caregivers' main complaint on the educational content: according to them it is often unstructured and filled with irrelevant information. This results in the mother carrying the burden of reading all the material. This dynamic upholds because of an interplay between content that is still predominantly aimed at women and fathers who hide behind essentialist ideas on gender and parenthood.

4.2 THE APPROACH OF HEALTH CARE PROFESSIONALS

4.2.1 INTRODUCTION

In this section I will focus on the research question *“To what extent do fathers feel seen and acknowledged as full parents by health care professionals?”*. During the interviews I asked the participants about their experience with the health care professionals they visited during the pregnancy and the period after that. I specifically asked about their reasons for joining their pregnant partner and to what extent their presence was appreciated by the health care professionals. In my analysis I will focus on how soon-to-be fathers navigate between their belief that the person carrying the baby should be the main focus of the medical professionals and their wish to be equally addressed and taken seriously. This section is divided in three paragraphs: in the first one I focus on the experience of fathers with obstetricians during pre-natal check-ups, in the second on their role during labour and in the last paragraph on how they are approached by the maternity nurse.

4.2.2 PRE-NATAL CHECK-UPS

For every participant in this research there was no question about if they would join their partner in the pre-natal check-ups at the obstetrician or the ultrasound nurse. All the fathers had both intrinsic and extrinsic reasons for joining as often as possible. Jorick joined his partner because he wanted to support her and because they wanted to make certain decisions together:

“Me: You always joined her when you could?”

Jorick: Yes, though there was one time I really, really, really couldn't attend. Coco has severe anxiety with giving blood for blood tests which is why I never let her go alone. And not only ultrasounds but also plenty of appointments on the course of the pregnancy. And there are also a

lot of decisions you have to deal with.” (Interview with Jorick, 23rd of July 2019)

Amir, who is now a driving instructor and became a father for the first time at the age of 15, was burned out during the pregnancy of his second child. Unlike other the participants, Amir didn't have the flexibility to take time off during his girlfriend's pregnancy because he is fully responsible for the income. He used to work at night in a night club and sleep during the day.

Yeah, I came along every time. But during the last pregnancy, I wasn't mentally there. It all went past me. I didn't feel obligated to go, I just wanted to. But now I can't manage to go to the well-baby clinic anymore. (Interview with Amir, 26th of July 2019)

Although both fathers were in both very different situations when their partners were pregnant, they both felt an intrinsic motivation to go the pre-natal check-ups. With the most important reason being that it is as much their child as it is of their partner. Subsequently, all the health professionals that the fathers encountered indicated that they appreciated their presence and that they were welcome. But although they were welcome, they were approached far from equally. Arnoud describes his experience as follows:

Well, I did feel like an attendant¹ sometimes. But it was always friendly, and they made contact with me. But it was not about me, of course. But I wasn't ignored, and I wasn't treated like a nuisance. Always a pleasant welcome. (Interview with Arnoud, 16th of July 2019)

I would like to go deeper in on the sentence “*I wasn't ignored, and I wasn't treated like a nuisance.*” Arnoud was happy with the basic amount of politeness he got from the obstetrician, but he also wasn't made to feel like he truly mattered during those appointments. He felt like his main role was to support his partner and to listen. Being given the feeling that you are not truly able to take up space is also something that Jorick experienced. On his first encounter with the obstetrician he says:

¹ In Dutch: 'begeleider'

They asked Coco, “How are you doing?” And then they asked me “How is Coco doing?”. And during the first appointment they also said: “It is our job to make sure that the baby will be born healthy and that the mother stays health. That is our job.” I agreed with that. That was also my biggest concern. I was fine with that, but they also added: “that means that sometimes it won’t be about you, and that we are going to give more attention to your wife.” But they didn’t act weird about me being there. I felt welcome. They also discussed the same things with me. And you know, I just can’t feel wat she is feeling. (Interview with Jorick, 23rd of July 2019)

The medical focus of the obstetrician is not new or surprising. But the fact that the obstetrician explicitly states that their office is a space reserved for the mother might leave the partner of the pregnant person in a peculiar position. For example, Willem Bisseling who’s book I discussed in the previous section, gave the example that when the obstetrician had asked his pregnant girlfriend about genetic diseases in her family, he brought up that diabetes occurs in his family. The obstetrician seemed to ignore it. How much space is the partner allowed to take and to what extent is there room for the insecurities and worries of the father? It is clear that in this specific situation, the father was not the consumer of care and that he was pushed to the side-line. But Jorick felt welcome, nonetheless.

Frits also expressed that he felt included and taken seriously by the medical staff:

“Yes, I was taken seriously. Although, when answering questions, they always address the woman. They look at you, you ask your question and then they turn to the woman to answer the question”

(...)

“When I look back, I don’t see a problem in the way I was treated. [As a father] You get dragged along through the coaching and guidance. But if that’s the case because you are sitting there and receiving the information or because it is actually brought to you as a father... That is not yet clear to me.” (Interview with Frits and Francien, 23rd of July 2019)

Although Frits makes clear that he does not see a problem in the way he was approached by the professionals, he gives countless examples of instances in which he was treated as insignificant and as a second-rate sidekick by professionals or society in general. He is conflicted whether or not he is frustrated and disheartened by this or whether he finds this a natural consequence of biological differences. Both Arnoud, Frits and Jorick expressed that they felt welcome and included during the appointment, despite the different approach of obstetricians towards them. This might have to do with the fact that every participant felt like it shouldn't be about him since they were not the ones who needed medical attention. Fathers do note the skewed attention focus of the health care professionals but generally feel like they should just have to deal with it. The inherent difference (one person carrying the baby and the other one not) makes it hard to determine to what extent the neglect of fathers by professionals is the result of an internalized subordinate feeling that fathers carry out, or because some specific information is solely relevant to the mother. Most likely, there is an interplay going on between fathers not feeling comfortable with taking up space as they are not the ones in need of medical attention, and obstetricians directly or indirectly pushing the fathers to the side-line.

4.2.3 LABOUR

When changing the subject from the experiences with the obstetrician to childbirth, I noticed while transcribing that I tended to put a lot of presuming disclaimers in my questions. I started to feel slightly uncomfortable asking about unequal treatment during labour, mostly because I was afraid of imposing feelings of neglect or inequality on someone that did not feel these before. During my interview with Arnoud, I introduced the question in the following way:

“And how... The birth is just always a very different situation since it is so hectic, and there is so much pain... And then it just revolves around the person who is giving birth, and the child, and their health. But how did you experience it? Apart from how you were approached. How was it?” (Brecht during the interview with Arnoud, 16th of July 2019)

After stating that it is normal that labour care is focused on the mother, it is not surprising that this might affect the father's response. While preparing the interviews, I wanted to make sure that the participants would never get the feeling that I wanted them to experience certain forms of injustice. That was also something I explicitly stressed during every interview. But the presuming preamble of this question (“of course it revolves around the person giving birth”) is

a clear example of imposing my own worries as a researcher on the participant. Parenting books, health care professionals and parents themselves tend to stress that it is not the father who is doing all the work and therefore should not expect any special care or attention.

Arnoud is generally very pleased with the way they were treated in the hospital, both during and after labour.

“Yeah, I was just sitting there, a little dazed. And Naomi was in terrible pain. It was a little odd, because sometimes it all felt a little pragmatic. “Do you want something to eat or not?” they asked, while she was in a lot of pain. It feels weird to even think about that stuff. I found it a little odd, because they were just doing their normal round during lunch.”
(Interview with Arnoud, 16th 2019)

This quote illustrates how some fathers feel about their position during labour. In this case, Arnoud feels weird about being offered food while their partner is going through labour. It almost seems like Arnoud felt like he was not deserving of any food while Naomi was in pain, even though labour can easily last for more than 12 hours. Although, I got the sense that his uncomfortable feeling was the result of having to think about very pragmatic stuff such as having lunch while you are going through a highly emotional situation.

While Arnoud was slightly surprised when he got offered food while his partner was going through labour, Willem on the other hand, was more critical on the way he was looked after by the hospital staff. He shares the following experience:

“I had a very high fever [while my girlfriend was going through labour]. You haven't slept, and you're standing next to the [hospital] bed. And of course, you are not going to complain about that then, because it's nothing compared to labour. But what happens then is, you have been awake for so long, you're having a fever and you're almost delirious. After the baby was born, my girlfriend said to me “Go home and go sleep for a while” – because there was no place to sleep in the hospital. I got home, but I have no idea how I managed to do that. I drove home, which was of course very dangerous in that state. They could have looked out for me a little more, by calling me a cab for example.” (Interview with Willem Bisseling, 31st of July 2019).

Willem continues to explain that doctors he talked to acknowledge that the partner of the person giving birth has zero priority to them. But for Willem, the problem is not in the fact that fathers are not a priority, but in the fact that fathers are not seen at all. According to him, this anecdote is symbolic for how fathers are often still not considered as important parents.

In this section, I have highlighted two quotes that illustrate how fathers can differ in how comfortable they are with taking up space during and after labour. Both make clear that fathers were very pleased with the care their partners received and that they would not want anything else then the main focus to be on their partner. But while Willem felt the space to express that the medical staff failed in keeping an eye on his wellbeing, Arnoud felt uncomfortable with considering his basic needs. There is still a persistent taboo on the wellbeing of the father in the labour room, both during and after labour. But if hospital staff would start to recognize paternal caregivers as consumers of the hospital care, instead of just as visitors, fathers might begin to feel more comfortable with claiming spaces as a full parent.

4.2.4 MATERNITY CARE²

If you have an additional insurance in the Netherlands, parents are entitled to 49 hours of maternity care at home provided by a maternity nurse. The activities of the maternity nurse vary from medical care to light household activities and guidance with breastfeeding. I did not include the subject of maternity care in my interview preparation at first, but the fathers brought up the subject themselves. Jorick said at the end of the interview:

“I was thinking, you didn’t ask about the maternity carer, but they were truly great. She constantly said, “maybe daddy can do that for you”. With everything she said “Yes, that is something you can do, because mother needs her rest.”” (Interview with Jorick, the 23rd of July 2019)

This statement made me ask Jorick if he would have appreciated it if the maternity nurse would have also looked after him a little. But Jorick explained that there were some serious health concerns about his wife after the baby was born, and that he was thankful that there was medical supervision available. The maternity nurse also made sure that Jorick and his wife could get

² In Dutch: ‘kraamzorg’

some sleep during the day, by looking after the baby. By sharing some of the responsibilities, a lot of his worries and stress was already taken away from him.

Jorick felt being looked after by the maternity nurse and was being instructed by her at the same time. While the maternity nurse is ‘taking over’ the household they are often trying to involve the father in the caring activities and teaching them as much as possible. In the interview, Francien often expressed her enthusiasm about the maternity care system:

“She [the maternity nurse] had some sort of system in which she let the partner do everything during the first couple of days. The system is great in the Netherlands. That they send them to your house for a week and teach you how to keep a baby alive. They were teaching me how to change a diaper. While with Frits they thought “well, you know how to do that.” When they left, I thought “How are we going to keep this baby alive?”” (Francien during the interview with her and Frits, 23rd of July 2019)

In the case of Francien and Frits, Frits was the experienced parent while Francien still had to learn a lot of specific tasks. When the maternity nurse saw that Frits knew what he was doing, she expressed her confidence in him and focused her attention on the new mother. This is a positive example of a health care professional who does not treat fathers as inherently less capable parents. Every participant solely expressed great gratitude about the maternity care they received, which surprised me a little because as a home carer I know that it can easily cause friction when a stranger takes over your household. Max and Anna did note that their maternity nurse at a certain point said, *“In the end, the mother always knows what to do.”*, by which she implicitly reinforced the essentialist notion that mother has instinctive knowledge about caretaking that fathers lack. Max and Anna believe the fact that her older age was the reason for her more orthodox approach.

4.3 DUTCH POLICIES AND INSTITUTIONS RELATING TO PARENTS AND CHILDREN

4.3.1 INTRODUCTION

At the end of every interview I asked the participant if they believe that fathers have space to be the parent they aspire to be in this society. Their responses varied and in their answers they brought up their experiences with different social institutions, such as custody

law, schools and the workplace. The research question I will answer is formulated as follows: *“How do the current Dutch policies and social institutions affect paternal caregivers’ transition to fatherhood?”*. In this section I will first focus on the workplace and the parental leave system. The limited parental leave system is an extensively discussed subject in Dutch politics, and it is sometimes viewed as symbolic for how the Netherlands is behind on other European countries when it comes to family policies. I want to know how fathers view this system and how they experienced taking up parental leave days at work. Next I will focus on the custody system and specifically on how schools deal with this. Through this, I hope to find out in what ways these institutions might hinder fathers in their parenting and how they navigate between workplace expectations and fatherhood.

4.3.1 THE WORKPLACE AND PARENTAL LEAVE

When the participants became a father, they were entitled to either two or five days of parental leave. The 1st of January 2019, the parental leave law expanded from two days to five and on the 1st of July 2020 the law will be expanded to five weeks of obligatory paid leave with a pay-out of 70% of the salary. Almost none of the fathers I interviewed made use of this law because they were self-employed (Max, Amir, Willem and Jorick) or in the case of Arnoud because he is a high-school teacher and his child was born during the summer holiday. For most of the fathers this meant that they were able to take more days off than the usual five days, because they weren’t restricted by an employer, but for Amir this meant that he had no days off since they couldn’t afford the loss of income. This illustrates how the current parental leave law not only creates unequal starting positions for new paternal caregivers, but also creates an even bigger divide for fathers who work a low-paid job without a secure contract.

While not every working father had paid leave when their child was born, many of the participants have strong feelings concerning the law. Although they do not have anything to do with this directly, the state and the workplace do send a message to every father that has just received a child. Jorick explains:

“What kind of message are you sending then? You [the mother] are getting 4 months, you [the mother] are getting 16 weeks, and you [the father] are getting 5 days. With only a little common sense you could see that this means “This is not your role, you don’t have a job here [at home], your job is over there. You have to work.”” (Interview with Jorick, 23rd of July 2019)

Jorick feels that there is a strong message sent through this policy, namely that fathers belong at work and not at home with their new-born. Although Jorick works freelance and can manage his own time, his clients were not pleased with him taking a month off. He gave the example of the CEO of the theme park he works for, who said to him: *“As a person I think it is great that you did that. But as an employer I hate it.”* This reaction is symbolic for the way society tends to treat fathers: involved fathers are applauded, but not through action or policies. When it comes down to it, fathers are expected at the workplace.

I am just proud of it. That I had the courage to take the space. I have turned down a lot of jobs that I would have really liked. Ones I was aiming at for years. But it's just work. (Interview with Jorick, 23rd of July 2019)

Jorick's decision to turn down work in order to prioritize his baby was not easy. He is proud of it, and at the same time tries to put it in perspective by degrading the importance of work. His internal drive to be with his child and the genuine joy he experiences in his job was an individual struggle he had to conquer. But the way his client and the state treat new fathers did not make it easier.

“Sunday is ‘daddy day’ for me, and I find that term a little odd. On daddy day I am watching Andreas on my own. Just like on Monday and Wednesday. But when I ask my parents to watch Andreas on Sunday, my mother says, “Don’t forget to spend time with your son.”” (Interview with Max, 12th of July 2019).

Max feels weird about the term daddy day because it singles out the time that fathers watch their child, while for Max it is the most natural thing to do. The fact that there is a specific term for the days when fathers are not at work but watching their child, reinforces the idea of an a priori distinction between the role of fathers and mothers, which frustrates Max. The emergence of the term daddy day seems to fall within the trend that on one hand encourages equal division of parenting tasks but on the other hand still denormalizes it.

A lot of fathers are not directly affected by the Dutch parental leave laws, but it seems like these laws do work though in societies leading ideas about fatherhood and paid work. It

frustrates fathers that an equal division of caretaking tasks gets applauded but not facilitated or normalized. But fathers with a financial stability net predominantly seem to take control over their agenda and take as much time as they can when their baby is born, despite the discouraging message that the state and employers give.

4.3.2 CUSTODY LAW AND THE SCHOOL

In this section I will shortly elaborate on Amir his experience with custody law and the school of his oldest child. This theme didn't come up during other interviews, but his situation is representative of dominating pre-assumption on fathers that are ingrained in institutional structures. In the next quote, Amir explains how he is approached by several institutions that are involved with his son:

“With my first son... No matter how many times we suggested at the school, or day care or the district support team she was seeing... I just wasn't taken seriously. I have many worries about my child. They say, “Yeah, we'll talk about it and invite you.” And then they wouldn't. I would get weird looks when I picked him up from school. Like “What are you doing here.” “Who are you exactly?” They ask. Even though I've introduced myself ten times. I didn't really care. As long as my son knows who I am. But It did sting.” (Interview with Amir, 26th of July 2019).

I asked Amir why he thinks that the school and child services favour the mother and don't seem to give him a chance. He explains that, although the case managers should remain neutral, they probably see a lot of 'dads-being-dads' which he explains as 'dads who don't want to be involved with their child'. This might give the social workers and teachers a bias towards the story of the mother. He sees the same thing happening with fathers around him: they want to prove themselves as fathers, but do not get the chance because the school, health care and other institutions do not approach the father. This problem is complex and multi-faceted because often fathers, do neglect their families. But it is part of the problem that is discussed in this thesis: there is a maternal focus on parenting within societal institutions which is one of the reasons why there is not enough room for fathers to become the father they might want to be.

5. Conclusion

Through in-depth, semi-structured interviews with six men who have recently become a father (again) and a thematic analysis of Dutch parenting handbooks I have explored the question “*How do paternal caregivers navigate between gendered expectations of parenthood and their own interpretations of fatherhood?*”. In the theoretical discussion that is presented in the beginning of this text, I have explained how men’s transition to fatherhood is often framed through both the construction of hegemonic masculinities such as the economic provider and more contemporary constructions of involved fatherhood. According to Miller (2011) and Duden (1993) there is a greater recognition nowadays of caring masculinities and there is more room for emotional connectedness between father and child. A closer look at some popular parenting books and a discussion with fathers about these books, teaches us that the narrative of the uninterested, clumsy and jolly father is still reproduced through educational content for parents. Simultaneously, the mother is depicted as an overly motivated, controlling and unreasonable person who doesn’t leave room for the voice of the father. These characterizations do not fit the intentions of the fathers I have spoken to. Instead, they are eager to read in on the technicalities of labour and infant care and seek structured information without the tongue-in-cheek remarks about annoying wives.

This eagerness also clearly shows through the fact that every participant has an intrinsic motivation to join their partner in the pre-natal check-ups and ultrasound appointments. And although they felt welcome; obstetricians often made the fathers feel like they didn’t truly belong in the environment of the health clinic. They did this for example by only looking at the mother while answering questions or by explicitly declaring that during the appointments there will be a focus on the mother. This selective focus on the mother might be the result of the pressured nature of clinical appointments or because they’re afraid pregnant women will lose their full reproductive autonomy. But the constraining of men’s roles in the clinical environment of pregnancy does push them in a subordinate role that they possibly internalize when creating a parent identity. This became visible when multiple dads made clear that they felt that ‘it wasn’t about them’ and especially not during labour, even when their own health is at stake. By both centring the pregnant person and by implicitly dismissing the father as a caregiver, the father consequently puts themselves in the position of the supportive attendant instead of the consumer. Non-birthing parents tend to justify this by stressing that biological determinants put the birthing parent in a unique position, a position that can never be experienced by the partner. This makes that the subordinated position of fathers gets reproduced and sustained through a complex mechanism of essentialist notions on parenting, but also by

institutional factors such as parental leave. The persistence of the male-bread model is strong. This dominant family model, that most explicitly manifests itself through a limited parental leave policy, is a structure that actively try to reject whether it is through dismissing the word ‘daddy day’ or by taking more time off then generally accepted. By doing this, and by educating themselves on the technicalities of pregnancy and infant care, fathers are trying to break with the gendered stereotype of the unskilled and uninvolved father. Through this process, they still tend to put themselves in a subordinate position by letting their partner ask the questions in the obstetrician office and preselecting the parenting literature. To what extent this subordinate position is the result of the exclusion of fathers in parenting spaces or because they are generally content with their role is hard to tell from this research. But in order to allow fathers to be the parents they want to be, it is crucial that parenting content, health care and the workplace do justice to the indentations and abilities of fathers and that fathers make themselves visible as dedicated caregivers.

6. Reflections on the research process

Throughout this research process, there are certain aspects that I should have given more care and attention. In this section, I will briefly reflect on those aspects.

While I did prepare every interview individually, I mainly stuck with the interview guide that I prepared for the first interview. By staying with the same questions every interview, I wanted to make sure that the conversations would be consistent. But if I would have reflected after each interview, for example by directly transcribing the conversation or by asking the participant what he expected from the interview, I believe that we would have been able to go deeper into the subject. For example, I would have asked more about how the participant wanted to be treated by professionals and how they think they should have been treated. I noticed this discrepancy between the two only late in the process, while this could have been deepened out more. Also, I should have asked more about the domestic task divisions, which I didn’t do because I was afraid that fathers would take it the wrong way and think I was imposing a certain agenda on them. Taking more time to prepare the interview would have given me the opportunity to carefully formulate those questions.

Next, I believe that my research methods could have been a little more creative. I enjoy interviewing a lot, which is one of the reasons why it is my first pick for research methods. But there were more original methods I could have chosen, in addition to the interviews and parenting books. Such as observing at a parenting market or analysing the way fathers are portrayed in supermarket commercials.

Finally, when I noticed that it was relatively easy to find fathers who wanted to participate in this research, I should have chosen to do more interviews and to reach out to families who live in diverse situations, such as families with a low income or families who hold on to more conservative values. This way, I could have gained more and possibly also more accurate insights on how fathers navigate between expectations and their own preferences.

7. Suggestions for future research

To develop a full picture of how paternal caregivers deal with gendered expectations on fatherhood, additional research on these gendered expectations will be needed. The viewpoint of the obstetrician and the maternity nurse is important to investigate, because they too have to navigate between what is expected of them and their possible intentions to equally involve fathers. How do they steer a dynamic in which the mother is the only one asking questions while the father is sitting-back? Or how do they possibly reproduce or affirm paternal caregivers' feelings of incompetence? A mixture of covert observation during the check-ups and maternity care, and interviews with the health care professionals can potentially uncover how they approach paternal caregivers and how this contributes to the shaping of the father identity.

8. Appendix

8.1 REFERENCES

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8.2 INTERVIEW GUIDE

Before the start of the interview I will explain:

- Explanation of the research and my motivations before the start of the interview.
 - If you feel neutral towards a certain subject or have not felt any unequal treatment, then this is still valuable information to me.
 - You are always free to not answer a question.
 - Your name and specifics will not be mentioned in the thesis.
-

1. Can you tell me something about your family and what your day looks like?
2. How did you experience the pregnancy?
3. What was this period like for you?
4. Did you attend prenatal appointments and what was your motivation to attend these appointments?
5. To what extent did you feel treated as a full parent?
6. Is it important to you that medical staff treats paternal caregivers the same as maternal caregivers?
7. Did your employer or your clients made it easy for you to combine being a (expectant) father with work? In what way?

8. How did you prepare yourself for labour and parenthood? Where did you find your information?

9. What did you like or dislike about the parenting books, if you read them?

10. Did you attend any parenting workshops? What did you learn there?

11. Which expectations do people in your surroundings have of you as a caregiver?

12. To what extent is society build for fathers who want to be involved parents?