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The father's decision making in home birth

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The father's decision making in home birth

Objective. This work sought to inquire on the father's role on the decision making regarding home birth from the perspective of both partners. **Methodology.** The design was ethnographic of qualitative nature, conducted in the province of Alicante, Spain. A total of 11 couples participated voluntarily in the study. To gather the data, the following techniques were used: two life stories, five narrations, and in-depth interviews of all the study participants. The data obtained were analyzed with the ATLAS-ti v6.2 software. **Results.** Four fundamental categories were obtained: father's attitude, role performed, influencing factors, and perception of the woman. The proposal to carry out the delivery at home tends to be made by the woman, but its decision is made jointly. This decision is influenced by different factors, like: good evolution of the pregnancy, accompaniment by a professional, and the couple's beliefs on the delivery. The fathers consider they must be respectful of the woman's decision and accompany them during the whole process; the women are comforted by their unconditional support and accompaniment, considering it essential. **Conclusion.** The father's role is fundamental in the planned decision of having a home birth; a decision discussed and mediated by the couple in which their fears and beliefs are determinant in their decision. The woman has her partner's support to implement her decision.

Key words: qualitative research; anthropology, cultural; father; home childbirth.

Toma decisiones del padre en la realización del parto en el domicilio

Objetivo. Indagar acerca del papel del padre en la toma de decisiones sobre el parto domiciliario desde la perspectiva de ambos miembros de la pareja. **Metodología.** Diseño de carácter cualitativo de corte etnográfico realizado en la provincia de Alicante, España. Un total de once parejas participaron de forma intencional en el estudio. Para la recogida de datos se optó por las siguientes técnicas: dos historias de vida, cinco relatos y entrevistas en profundidad a todos los participantes del estudio. Los datos obtenidos se analizaron con el software ATLAS-ti v6.2.

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Resultados. Se obtuvieron cuatro categorías fundamentales: actitud del padre, rol desempeñado, factores que influyen y percepción de la mujer. La propuesta de realizar el parto en el domicilio suele ser planteada por la mujer, pero la decisión se realiza de forma conjunta. En la misma influyen distintos factores como la buena evolución del embarazo, el acompañamiento de un profesional y las creencias de estas parejas sobre el parto. Las parejas consideran que deben ser respetuosos con la decisión de la mujer y acompañarlas durante todo el proceso; las mujeres se sienten reconfortadas por el apoyo incondicional y el acompañamiento, los cuales consideran imprescindible. **Conclusión.** El rol del padre es fundamental en la decisión planificada de realizar un parto en el domicilio. Se trata de una decisión discutida y meditada por la pareja, en la que los miedos y las creencias de ambos son determinantes. La mujer cuenta con el apoyo de su pareja para poder llevar a cabo su decisión.

Palabras clave: Investigación cualitativa; antropología cultural, padre, parto domiciliario.

Toma decisões do pai na realização do parto no domicílio

Objetivo. Indagar a respeito do papel do pai na tomada de decisão do parto domiciliário desde a perspectiva de ambos membros do casal. **Metodologia.** Desenho de caráter qualitativo de corte etnográfico realizado na província de Alicante, Espanha. Um total de onze casais participaram de forma intencional no estudo. Para a recolhida de dados se optou pelas seguintes técnicas: duas histórias de vida, cinco relatos e entrevistas em profundidade a todos os participantes do estudo. Os dados obtidos foram analisados com o software ATLAS-ti v6.2 **Resultados.** Obtiveram-se quatro categorias fundamentais: atitude do pai, papel desempenhado, fatores que influem e percepção da mulher. A proposta de realizar o parto no domicílio costuma ser proposta pela mulher, mas a decisão do mesmo se realiza de forma conjunta. Na mesma influem diferentes fatores como são: a boa evolução da gravidez, o acompanhamento de um profissional e as crenças destes casais sobre o parto. Os pais consideram que devem ser respeitosos com a decisão da mulher e acompanhá-las durante todo o processo, as mulheres se sentem reconfortadas por seu apoio incondicional e seu acompanhamento considerando-o imprescindível. **Conclusão.** O papel do pai é fundamental na decisão planificada de realizar um parto no domicílio. Decisão discutida e meditada pelo casal, na que os medos e as crenças de ambos são determinantes em sua decisão. A mulher conta com o apoio do seu marido para poder levar a cabo sua decisão.

Palavras chave: pesquisa qualitativa; antropología cultural; pai; parto domiciliar.

Introduction

Traditionally, men have been excluded from themes related to the woman's reproductive health; paradoxically, currently much importance is being assigned to the man's role as implied part of the process. During the 1994 International Conference on Population and Development, held in Cairo, and during the Fourth World Conference on Women, held in Beijing in 1995, the male's participation in reproductive health was distinguished and bases were set for their participation in improving the quality of life of women. Some authors^{1,2} point to the need to know

the degree of implication and participation of fathers reproductive health. During recent years, an intense debate has been undertaken in Spain about care of childbirth, with initiatives that range from the information process to the promotion of active participation of women and their partners in the obstetric process.³

Most births tend to occur in the hospital setting under the premise that institutional care is essential, but it is true that each year a small number of couples decide to have the delivery in

their own homes.⁴ selecting the site where the product will occur is one of the most important decisions related to obstetric care.^{5,6} Deciding is a deliberate process (and deliberative) that leads to the selection of a specific action among a set of alternative actions.⁷ In the decision-making of the birth at home is influenced by numerous personal circumstances, which may include: beliefs, values, prior personal and/or known experiences, fears that emerge, perception of risk, and economic resources.⁸ Other authors have evidenced the father's work on the decision of the place of birth of the child being expected,^{9,10} especially if it occurs at home.¹¹ In Western societies, the role performed by the couple has experienced profound transformations, evolving from masculinity/paternity and authoritarianism in the hegemonic model, toward a new model, where the roles are distributed more in the couple, arriving at a shared and equitable system.¹² Due to this, the purpose of this study was to identify the role adopted by the father in the decision-making of home birth from the couple's own perspective.

Methodology

Study design. An ethnographic, gender focused qualitative research was conducted. Using the qualitative methodology permits obtaining a holistic, comprehensive, and contextualized view¹³ of the individual experiences related to the decision of giving birth at home, while discovering the sense, logic, and dynamics of the actions of the couples being studied.¹⁴ the ethnography will help us discover complex phenomena that intervene in decision-making and that will impact upon life-health-sickness situations.¹³ It will allow us to understand, from the point of view of the couples, the beliefs and circumstances¹⁵ that made them to the side to give birth at home. Also, through the gender approach, we will learn how each partner constructs, transmits, questions, or reinforces their premises, beliefs, and values.¹

Participants and sample selection. Selection of the couples participating in the study was

intentional. The selection criteria was that they had experienced at least one birth at home. The number of participants was not pre-established. Information saturation was obtained after interviewing 10 couples (19 participants, given that the ex-husband of one of the women refused to participate in the study).

Access. Contact with the first couples was through personal knowledge. Upon starting the investigation, the rest of the participants were contacted by using the snow-ball technique. Over the phone, they were asked to voluntarily collaborate with the study; they were then explained its objective and how data would be collected. Thereafter, the place and time of the interview was convened.

Data collection. The data collection took place between December 2010 and April 2012 through in-depth interviews. In-depth interviews permit global knowledge of the couples, while capturing the significance and their interpretation of the decision of giving birth at home.¹⁶ All the interviews were made with a script of different open questions for the fathers and their partners.

The question is made the fathers were: what was your attitude on the possibility of giving birth at home? What do you think was your role in the decision of giving birth at home? What factors influenced upon your support? The women were asked: what do you think was the father's role on the decision of giving birth at home? The same questions were made in different localities in the province of Alicante. After introducing the researcher, explanations were provided and a document was furnished with the objective of the interview and the interviewer's data (telephone number and e-mail); full confidentiality was assured, signed authorization was obtained, and sociological data were completed. The interviews were recorded (Olympus VN-3500PC), after the informants accepted this procedure. Additionally, field notes were taken describing the context, the companions of the person interviewed, and his or her emotional reactions. The interviews lasted between 45' and 100' and were transcribed

verbatim by the same researcher who ran the interview. The sociodemographic characteristics

of each participant, as well as the document provided for analysis, are shown in Table 1.

Table 1. Study participants and their sociodemographic characteristics

Nº	Fictional Name	Sex	Year of Birth	Born	Profession	Level of studies	Delivery	Written document
01	Manoli	F	1969	Hosp.	Physiology	Associate's	2	Yes
02	Candela	F	1958	Hosp.	Nurse	Bachelor's	2	No
03	Dante	M	1955	Home	Nurse	Bachelor's		
04	Álex	M	1969	Hosp.	Accountant	Bachelor's		
05	Alicia	F	1955	Hosp.	Administrative	Secondary	2	No
06	Santi	M	1960	Home	Physician	Bachelor's		
07	Amanda	F	1958	Home	Midwife	Associate's	3	Yes
08	-	M	DP		Physician	-	-	
09	Enya	F	1963	Hosp.	Social worker	Associate's	3	No
10	Alberto	M	1965	Home	Social work	Associate's		
11	Mati	F	1960	Hosp.	Geneticist	Bachelor's	3	Yes
12	Mario	M	1959	Home	Info. Tech. Aide	High School		
13	Yaiza	F	1973	Home	Clinical aide	Secondary	2	No
14	Marvin	M	1964	Hosp.	Info. Tech. Aide	2 nd degree profes- sional formation		
15	Elvira	F	1980	Hosp.	Anthropology	Bachelor's	2	Si
16	Jaime	M	1973	Hosp.	Nurse	Associate's		No
17	Espe	F	1972	Home	Coop. Tech.	Bachelor's	2	No
18	Marc	M	1968	Hosp.	Univ. Professor	Engineering		No
19	India	F	1984	Home	Ecologic Agriculture	Professional formation	2	Si
20	Dacio	M	1980	Home	Ecologic Agriculture	Associate's		No
21	Ethel	F	1979	Hosp.	Baker	University orientation course	3	No
22	Pedro	M	1970	Hosp.	Teacher	Associate's		No

(*) DP: declined participation

Data analysis. To proceed with the analysis, the textual transcriptions of the interviews and of the field notes were read and reread until reaching close familiarity with them.¹⁷ Thereafter, the procedures marked by the ethnography were followed and the ATLAS-ti v6.2 software was available, which permitted storing in organized manner the information elaborated during analysis, segmenting, encoding, and recovering significant fragments of our empirical material,

as well as elaborating notes of the process and the results of the analysis¹⁸ to give sense to the father's role in the decision of having the birth at home. To guarantee the quality of the study, diverse procedures were carried out: an exhaustive record of the documentation and of the research process; upon completing the interviews, a summary was made and agreed upon with the couples interviewed; the interview transcriptions were sent via email toward the

participants; the participants were shown the findings of the preliminary analyses and of the conclusions to hear their opinions; and, lastly, the results were contrasted among the different researchers (triangulation). Cases of ambiguity or disagreement were solved through discussion and consensus.¹⁹

Ethical considerations. The research project was approved by the Research Commission at the San Juan de Alicante University Hospital and by the Bioethics Care Committee of the Alicante department of health - San Juan de Alicante in March 2011. The confidentiality of the information and anonymity of the participants are guaranteed through a system of codes to identify them, custody of the data under lock and key, and use of access codes for the computer files. In the text, the names of those interviewed were changed.

Results

Analysis of the data obtained allowed us to agglutinate the results in function of four categories: attitude of the father, role performed, influencing factors, and the woman's perception.

The father's attitude. The participants showed an attitude of respect and support to the proposal of the birth at home made by their partner. Most of them were convinced that this position should be made by the women, considering that their role is to accompany them in their decision. They all revealed an attitude for dialogue and said option was selected after both had spoken at length on the theme. Only one of the informants was opposed in principle to this possibility. The majority of the fathers manifested that they had not experienced fear for the birth taking place at home, although they did have the habitual fear that tends to occur with any birth related to the possible complications that could emerge. Table 2 shows the subcategories and the units of significance that accompany it.

Role performed. The fathers were in charge of looking for information related, above all, to the risks and safety of the mother and the child, using for this purpose textbooks, magazines, reports, social networks etc. In addition, they consulted with the professionals who would be attending the delivery regarding all your doubts and fears. They were in charge of themes having to do with the economic issue, rethinking situations derived from the financing of the home birth (Table 3).

Table 2. Attitude of the father

Subcategory	Unit of significance
Respect	<i>Well, above all, it was due to respect for the mother's decision. (Álex) [QU:4 7:589-642]...</i>
	<i>Whatever I say, whether yes or no, since I am not going to give birth... (Alberto) [QU:10 1:1278-1542]</i>
Support	<i>Hey, I supported her... (Mario) [QU:12:9 1:1300-1321]</i>
Accompaniment	<i>The partner can accompany (Jaime) [QU:16 59:366-369]</i>
Dialogue	<i>We had always talked about it. (Alberto) [QU:10 1:533-560]</i>
No fear	<i>Let's see, I think the fears any person would have during any delivery, in other words, the same fears that emerge in hospital... I think these are the normal fears... For everything to go well, for it to take place quickly, for her not to suffer... For the child to be okay, without...(Jaime)[QU:16 19:864-1003]</i>
	<i>Well... We had no fear... The truth is we weren't afraid... I wasn't afraid! (Dante)[QU:3 4:863-920]</i>

Table 3. Role performed

Subcategory	Unit of significance
Information search	<i>No, we had no axis to the Internet back then, and... I read, given that I had already read... uhm, and we had some books. (Alberto) [QU:10 8:444-620]</i>
	<i>We get well informed, well documented, (...) On the Internet... [...]. And we also went to talk with them. Many doubts were cleared. (Jaime) [QU:15 69:106-285]</i>
Economic issues	<i>You have to propose it!... that is: rather than go on vacation, I want to do this. (Marvin) [QU:14 29:1514-30:14]</i>

Influencing factors. Among the determining factors for the birth to take place at home, one of the most relevant is that the pregnancy had had a normal course. Another factor that helps to determine its being carried out is experience lived in prior situations, both their own as that of other women, of deliveries taking place in the hospital and/or at home, and that they themselves or someone they knew were born at home, emphasizing on the fact that some years back every one was delivered at home. The role of the professional who would attend the delivery was, likewise, fundamental. The fathers' beliefs strongly influenced the process, thus, they highlight said beliefs on the delivery, whether it occurs in the hospital and at home, as well as their role during the delivery process. They consider that the delivery is a normal process and that there is no reason for it to go wrong. They are also convinced that the hospital birth is charged with much interventionism, with possible complications, and therein the fathers barely participate in the whole process. They consider there is more intimacy and peace at home, less risks of infections, and that they play a leading role due to their help and collaboration, considering it the best option (Table 4).

Perception of the women. The women felt supported by their partners; they provided security with the search for information and economic support; in most cases, since the beginning with the initial proposal. Although it is true that some fathers had doubts that were dissipated with the information obtained and through the dialogue with their partners. They also highlighted the importance of the attitude adopted by their partners, given that it repulsive or negative

feelings had been expressed it would not have been possible to carry it out; they expressed that it was essential to have all their support for the delivery to take place at home (Table 5).

Discussion

The results obtained evidence that most of the male participants supported from the beginning their partner's decision, contrary to that stated by other authors^{5,20} who have reported an initial absolute rejection to said option; with a majority reported in the United Kingdom,²⁰ as well as in Finland where only 3% of the men would back the decision of delivering at home.¹¹ These fathers are respectful of their partner's desires and, as in other research,⁵ accompany them, given that they believe that the final decision is theirs because they are not the ones who "will give birth",²¹ thus, manifesting that the obstetric process is still considered by many men as a female matter. Although, at the same time, they point to the need to assume more responsibilities^{5,22} and have greater participation and leadership²³ during the delivery, which introduces the new models of masculinity being incorporated onto the experiences of fathers regarding the obstetric process and upbringing.

The results show that this is an option well talked out by both partners, demonstrating that it is not decided in impulsive or rushed manner,^{5,6} rather, it is a well-meditated option, involving a search for information in that regard to overcome doubts and fears that emerge along the process,

Table 4. Influencing factors

Subcategory	Unit of significance
Pregnancy with good evolution	<i>Given that the pregnancy had really gone well, it was perfect! (Santi): [QU:61:950:1025]</i>
Prior experience with deliveries	<i>What pushed us into doing it was that the first experience was negative. (Mario): [QU:12 8:1180-1148]</i> <i>Having had such a positive experience, we said: why not have it at home? (Marvin) [QU:6 1:773-959]</i>
Experience of others	<i>When we were elaborating the situation, what you see, there are people who do it. (Mario)[QU:12 14:683-803]</i>
Before, everyone was born at home	<i>I was born at home, and my brother was born at home! Yes, well... From my generation we had all been born at home!" (Dante) [QU:3 4:1220-1333]</i>
Professional accompanying	<i>Uh... I think the person who gave us the most confidence was the midwife, per se. (Mario) [QU:12 15:15-86]</i>
Being protagonist	<i>And I wanted to be with her, participate more in that moment. (Pedro) [QU:32 0:33:03:13-0:33:04:01]</i>
Beliefs	<i>The beliefs! In the decision. It was the beliefs. (Santi) [QU:6 21:428-552]</i> <i>And that is a normal process, natural and you do not have to be afraid. (Álex) [QU:4:43 5:885-962]</i> <i>That the woman is really prepared to give birth... Nothing else! (Dante) [QU:3 125 1:615-629]</i> <i>(Around us we began to see a a great many couples, friends... And we had no case of a delivery that had peacefully taken place in a hospital. We said: "something is going on here", what is happening? Understand? (Jaime) [QU:16 11:743-11: 924]</i> <i>If something happens, if it is something that could be classified as an accident, that could happen anywhere! (Marc) [QU:18 12:302-405]</i> <i>With a hospital delivery, it is still worse, isn't it? The man is taken for granted [...] In fact I think the man is more involved at home than in the hospital! (Santi) [QU:1354-1502]</i> <i>Because... We felt it was more intimate. (Dante) [QU:3 6:58 9:556:632]</i> <i>But if it's done right, I think it has less risks than the delivery in the hospital. (Jaime)[QU:43:967-1060]</i>

Table 5. Perception of the women

Subcategory	Unit of significance
Support	<i>He supported me from the beginning. He... With saying that whatever I decided... (Mati) [QU:11 29:338-365]</i> <i>Well, no, he told me: you're crazy! (Alicia) [QU:5 3:418-484]</i> <i>So, both parts must agree... or, after all, the birth at home (...), I think cannot take place. (...). (Yaiza): [QU:13 51:411-494]</i>
Dialogue	<i>And then it was well talked out and yes... (Manoli) [QU:25 27:20-56]</i> <i>We matured it during the last months of the pregnancy (Candela). [QU:2 2:889-940]</i>

related mainly to the possibility of any problem arising with the partner or with the child during delivery.^{6,24} This attitude manifests the role of protector of the male assigned by the traditional model of paternity. In spite of that, these couples tend to be catalogued by relatives and friends as reckless²⁵ due to the option chosen, which they considered the best option being the one offering the most guarantees for the birth of their child.

A request shared by both partners is that the delivery should take place in the safest site;²⁰ for this, they sought information on the risks and safety of the mother and child.⁵ This search was conducted in textbooks, magazines, and in recent years through the Internet;²⁶ but in reality the professionals who will attend the birth at home will provide more quality information.⁵ It is worth mentioning that in other studies, the fathers recognize that the decision regarding the place where the delivery will occur is made with insufficient data or with information from unreliable sources.⁶ In fact, given that their opinion is determinant, it is recommended that they are furnished with complete and exhaustive information on the advantages, inconveniences, and responsibilities of each of the sites in which the birth can take place.^{6,20}

Factors influencing upon the support from the fathers to birth at home are varied, but it was quite important for the pregnancy to evolve without complications. Prior experiences during previous childbirths were also determinant, as well as negative experiences during a hospital delivery,²⁷ or the fact that these had gone well. The positive experiences of other couples with childbirth at home is considered relevant,²⁸ thus, the participants repeatedly sought support on the argument that in the past all births took place at home. They state as fundamental the support from the professional who will accompany them during the birth and consider that these relationships must be based on mutual respect.²² The statements show the beliefs factor as the most important when having to decide on the site for the delivery.²⁹ Thereby, the couples coincide on the consideration of the delivery as a normal

process for which the woman is prepared.³⁰ Although most of the parents felt more secure in the hospital,^{6,20} the study participants consider, as do the majority of the parents who have experienced having a birth at home, that this is a safer place^{4-6,20} and that in any hospital center problems may also arise during delivery due, above all, to the high degree of interventionism.^{5,31} This statement demonstrates that these parents are quite critical of the prevailing medical system, which highlights that birth at home can lead to significant hazards for the lives of the mother and child. Other authors manifest that some parents had to confront and defend themselves against society with the feeling of being pointed out as different from the rest.⁵

However, all the informants coincide in that hospitals are suitable sites for those pregnancies and deliveries in which complications arise,²⁷ given that – as indicated by different institutions and researchers – births at home may only be conducted if they are low risk.^{22,27,32,33} Another factor that may become an impediment for the birth to take place at home is the economic situation because it is not contemplated as an option within the public health system, which is why these couples have to seek financing to assume its cost.³⁴ Thereby, the role played by national perinatal policies is fundamental where said possibility may end up being funded, permitted, or penalized.³²

Most of the women participating in this study felt supported by the father since the first moment; other studies evidence that getting the father to support the decision of home birth becomes an arduous task³⁵ and recognize the good attitude developed by their partner.⁶ Both partners coincide in stating that for the delivery to take place at home, the father's unconditional support is essential,^{5,6} given that according to the mandates of hegemonic masculinity, the father has the power and capacity to ultimately decide on the site of the childbirth.

The conclusion of this study is that the results obtained demonstrate the important role

performed by the father in the decision to have the delivery at home. This process is influenced by important factors, like couple's beliefs and values about the current health system and the need to look for a more appropriate and safe place for the birth of their child, where the father acquires greater leadership and where - in as much as possible - they can avoid the excessive interventionism to which many women are subjected when giving birth. Thus, the father's role evidences characteristics of the hegemonic model of masculinity/paternity, as well as the new models; thereby, on one side they are respectful of the desires manifested by their partner, but in contraposition they are aware that without their consent the delivery will not take place at home, that is, while they participate actively during the obstetric process by debating and supporting the woman's decision, they also dismiss it by stating that definitely the decision should be hers, given that she will run the risks.

The implications for the practice of the results of this research are that upon knowing the role of the father in the decision of the home birth this will help us understand the process through which increasingly more couples decide on having the delivery and home. The findings obtained have evidenced the need to offer adequate and pertinent information about the benefits and risks of carrying out home births versus hospital births and the importance of the professionals respecting couples for the decision made.

The limitations of the study relate to qualitative research, which does not permit generalizing the results. We must add that this investigation only gathers the roles of fathers in those couples that decide to carry out the birth at home, but studies have not been done on their role in couples who finally decide for the delivery to take place in the hospital.

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