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POSITIVE HEALTH OUTCOMES OF FATHERS' INVOLVEMENT IN PREGNANCY AND CHILDBIRTH PATERNAL SUPPORT: A SCOPE STUDY LITERATURE REVIEW

This study reviewed the literature concerning the involvement by European men in pregnancy and childbirth and examined how this is related to health outcomes; for the men themselves, their partners, and their children. The study also reflects on the literature in relation to other existing research on men, masculinities, and fatherhood. The literature review support the idea that the father's involvement during pregnancy and delivery can positively influence health outcomes for the man, his partner, and their children. However, little help is offered to the majority of men regarding parenting. It is therefore crucial for the maternal and child healthcare services to develop new ways of reaching out to men. In order to develop new knowledge earlier research needs to be complemented with a multidisciplinary approach where the existing research material, on social science regarding men, masculinities, and fatherhood is also taken into consideration.

Keywords: fathers, men, reproductive health, health, support

During the last decade there has been a growing interest among health professionals, globally, in involving men in reproductive health. Milestones in this process include The International Conference on Population and Development held in Cairo in 1994 and The Fourth World Conference on Women held in Beijing in 1995, where it was emphasized that men's attitudes, knowledge, and ways of reacting, influence not only their own but also women's reproductive health. Parallel to this development there is also a growing academic interest in how men live their lives, how they create their

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male identity, and how they form relationships with others. One context in which these questions are being explored is in the research on men's parenting. The research base on fatherhood has expanded dramatically in recent decades and has also become a multidisciplinary field of scientific knowledge (Goldberg et al., 2009; Plantin, 2001; Seward & Richter, 2008). Behind this development can be seen several major changes in late modern society, for example, shifting marriage and divorce patterns, increased participation by women in the work force, and the development of the women's movement with its focus on gender equality and the increased involvement of men in family life. The result of these changes is that a great number of questions have been raised in the research literature regarding men's parenting, mirroring both its positive as well as problematic sides. The challenging and difficult side of men's parenting has mostly been framed in discussions around terms like "deadbeat dads" or "feckless fathers" who ignore their parenting responsibilities (Blankenhorn, 1995; Popenoe, 1997). Men and fathers have, of course, also been discussed in connection with domestic violence and other destructive behavior that negatively affect their own as well as the entire family's health (Stover et al., 2003; Eriksson & Hester, 2001). However, the liveliest ongoing debate is related to allegations that many fathers have shortcomings regarding gender equality in family life and shared responsibility for children and domestic work. Numerous studies have shown that many men, despite expectations for a "new," nurturing fatherhood, still mainly act as financial providers for the family (Dermott, 2009; Lammi-Taskula, 2008). The reason for this, as is most often stated in current debates, is about the legacy of men's hegemonic power and men's interest in remaining in a position of power (Hawkins & Dollahite, 2005).

Another part of fatherhood research has challenged this perspective and instead focused on those positive sides of men's parenting that might contribute to better health outcomes for themselves and their families (Hawkins & Dollahite, 1997). The significance of fathers to the development and well-being of children and adolescents, and the positive meaning for men of being a father are some examples of the topics in this research (Bradford & Hawkins, 2006; Goncy & van Dulmen, 2010; Holmes & Huston, 2010; Markiewicz et al., 2006; Sarkadi et al., 2008). The importance of involving men as fathers early on in pregnancy, and during delivery, has also been discussed in several studies primarily to be found in psychological or nursing literature (Fägerskiöld, 2008). The idea of increasing the involvement of prospective fathers in the area of reproductive health is not new; it has existed for several decades in many parts of Europe and the western world.

During the 1960s and 1970s men were encouraged to take part in parent groups, to participate during labor, and to take a more active role in caring for their infants. The primary objective was for the men to give greater support to their pregnant partner before, during, and after birth. Thus maternity care services offered fathers instruction and advice which focused primarily on the best ways of supporting the pregnant woman. This could, for example, be in the form of teaching the father breathing exercises or other relaxation techniques with which he could help the mother (Premberg & Lundgren, 2006).

The purpose of the father's involvement has, however, expanded since then. Today we speak not only of the importance of involving the father for the benefit of the mother and child, but also for the benefit of the father himself and his potential to develop his identity as a parent as early as possible. But what kind of parental preparation support is directed to the men within the mother and childcare services of today? To what extent do fathers partake in this support and how can increased involvement by the fathers during pregnancy, delivery, and the postnatal period be related to better health and well-being for the fathers themselves as well as for the mothers and children? The aim of this article was to take a closer look at these issues. Specifically, the purpose of this study was to review the literature on European men's involvement in pregnancy and childbirth and examine how this is related to health outcomes; for the men themselves, their partners, and their children. It also intended to reflect on this literature in relation to other existing research on men, masculinities and fatherhood.

METHODS

This article is based on a literature review and focuses on fathers' involvement during pregnancy and childbirth. In concordance with the questions outlined above it also focuses on men's involvement in relation to health outcomes—for the men themselves, their partners, and their children. Literature reviews can, however, take different approaches and be conducted, methodologically, in many different ways. Some reviews claim to be “fully systematic” or “a meta-analysis” with a strong focus on quality assessment of the selected research, while others are “traditional reviews” or “scope oriented” and more focused on the research findings themselves. This literature review can be referred to the latter category, scope studies, as it mainly focuses on what we know about fathers' involvement during pregnancy and childbirth; thus it does not discuss the quality of the studies included. Significantly, it additionally uses different sources of knowledge to identify relevant studies: articles, books, reports, etc. Arksay and O'Mally (2005) declare a Scope study to be a technique to map relevant literature and a way of rapidly finding the key concepts or findings in the field of interest. More specifically they find the methodology to be useful when the researcher wants to 1, examine the extent, range and nature of the research activity, and 2, determine the value of undertaking a full systematic review, summarize and disseminate research findings and identify research gaps in the existing literature (pp. 6-7). This study emanates from a larger report on fatherhood and health outcomes in Europe, *Fatherhood and Health Outcomes in Europe* (2007), produced for the WHO department “Gender and Women's Health.” Concordantly the review has mainly focused on fatherhood research studies in Europe. Nevertheless, some prominent literature from outside Europe has also been included due to its general importance for knowledge on the topic. The selections of these studies were based on the fact that they are repeatedly referred to in the European context. The review embraces only literature written in English or the Scandinavian languages. Relevant literature has been found through two different search strategies: free text searches and “block searches,” which are presented below.

Free Text Searches

All articles were located through a search strategy using free text searches, as well as more systematic searches. The free text searches complement the more systematic searches as they trawl wider, that is to say, beyond the predefined subject headings in the databases. We started to search for relevant literature on fatherhood and health outcomes in Europe by using free text searches on Google Scholar and in five different databases: Pubmed, Sociological Abstracts, Social Services abstracts, PsycINFO, and Eric. The rationale was to get a broad overview of the research field. The search terms used were: fatherhood and health, men and reproductive health, involving men, men and pregnancy, delivery, antenatal care, ultra sound, paternal involvement, parental education, and men and health in Europe. A primary inclusion criterion was the focus on normal and uncomplicated pregnancy situations. This means, for example, that studies focusing on families at risk or abnormal pregnancies were excluded. A second inclusion criterion was that the source described the situation for fathers and parents in Europe. This was more of a geographical delimitation than a restriction for the subject in focus as we recognize there are big differences between father's involvement both between and within specific European countries. As the search process proceeded, however, we realized that it was important to include some prominent literature from outside Europe as it provided generally important findings or discussions on the topic. Additionally we searched for literature on the web sites of various organizations. All in all, thirty-six articles and five reports of relevance were found in our free text literature searches. After reviewing this material we were able to conclude that studies from the medical sciences heavily dominated the topic. Twenty-eight out of the 36 articles were published in medical journals, primarily in journals focusing on nursing science, and found in the database Pubmed. The rest of the articles were found in the CSA databases; most of them published in journals for sociology, psychology and social work.

Most of the studies were qualitative with small samples. Twenty studies were based on a qualitative methodology, 14 were quantitative, and two were literature reviews. Finally, we noticed that most of the European studies published in English had been carried out in Western Europe, particularly in England and in the Scandinavian countries. Apart from one Turkish article, hardly any articles or reports on the subject were found that originated from eastern or southern Europe. This proved problematic, as our ambition was to include all parts of Europe and not describe the situation for only in a handful of countries in northern Europe. We therefore decided to search more thoroughly for studies on men's involvement during pregnancy and childbirth in Europe.

Block Searches

As the free text searches showed that most studies emerged from the medical sciences, we decided to make better use of the database Pubmed. We used a search strategy based on a "building block" approach, which means that similar and related terms are combined in blocks. The search strategy involved performing three block-searches

on fathers' involvement during pregnancy and childbirth, which allowed us to combine a greater number of search terms in order to get a broader search, and yet maintain a high precision. The search was limited to three areas, human subjects, English and abstracts. In each of the searches we built up four blocks that included terms related to fathers, involvement/support, and pregnancy/childbirth respectively. These blocks were then combined to find the most relevant articles. The terms were determined by consulting the MeSH database in Pubmed. We decided to not include articles focusing on adolescent parents, as these pregnancies often are marred by more complications and risks than normal pregnancies (Roye & Balk, 1996). In other respects the inclusion criteria were the same as in the free text searches.

Overall, three block searches yielded a total of 187 articles. Of these, sixty articles were regarded as relevant as they were based on the subject inclusion criteria. After this we manually checked each article for geographical locus and eventual overlap with the first free text search, when this was completed only ten new articles remained. Almost all of those studies published in English were, just as in the previous free text search, performed in Western Europe, with the majority in England and the Scandinavian countries. Only one of the new articles differed from this pattern as its focus was on Poland. Contrary to the previous free text search, the block searches resulted in an even distribution between quantitative and qualitative articles.

In conclusion this means that we included, altogether in our different search strategies, 46 articles and five reports, all with a focus on men's involvement during pregnancy and childbirth. Nearly all the articles focus on Scandinavia and England and the majority use a qualitative methodology.

The findings from the review are organized in a way that the subheadings below mirror central themes in the literature presented.

RESULTS

Men, Antenatal Care, and Parental Education

The main goal of antenatal care is to prevent health problems in both infant and mother. This care includes planning for pregnancy and continues into the early neonatal and postpartum period. During pregnancy, prenatal care consists mainly of examinations that focus on the status of the developing fetus and preparations for a safe delivery.

Historically speaking, fathers have had a comparatively marginal role in this context. Most western European countries' maternal and infant healthcare services do, however, make efforts to involve the father. It is common practice that the father is invited to attend regular prenatal check-ups as well as the parent training that is usually offered to both parents. A quantitative study of 600 Danish fathers showed that 80% of them participated in parental preparation courses and prophylactic consultations (Madsen, Lind, & Munck, 2002). In a number of countries, principally in Scandinavia, special training groups are also offered that exclusively target fathers. Evaluations show

that fathers who have taken part in these groups are very positive towards this form of training. At the same time, it is stated that the majority of the fathers who take part in these groups are first-time fathers and from the academic middle-class (Blom, 1996). Similar findings are reported from England (Lewis, 1987).

Despite these efforts to involve the fathers, many feel marginalized and peripheral in their contact with the mother and infant services (Chalmers & Mayer, 1996; Finnbo-gadóttir et al., 2003; Lester & Moorsom, 1997). The negative consequences of this can be several. Firstly, fathers could be less informed and prepared than mothers if they feel that the information given is not directed at them (Ingram & Johnson, 2004; Shepherd, Power, & Carter, 2000). Secondly, it can lead to difficulties for the father to feel more immediately involved at a deeper level of parenthood (Early, 2001; Hawkins et al., 1995; Henderson & Brouse, 1991). An important explanation as to why many fathers feel left out, despite the fact that they take part in parent groups, is that childbirth or parent education classes tend to focus exclusively on women and motherhood, and seldom address the father's concern and his situation (Early, 2001; Plantin, 2001, 2003). A quantitative survey among 600 Danish fathers clearly showed that 40 percent of the fathers did not feel that the midwives addressed them directly during consultations (Madsen et al., 2002). Other studies have also shown that the "open discussion groups" commonly used within the mother and infant services, are unfair to the fathers, as the mothers are more accustomed to talking about pregnancy, birth, and parenting (Bremberg, 2006). Parent groups may sometimes highlight the father's specific situation but most often they only focus on how the man can best support the woman (Barclay et al., 1996, Hildingsson & Häggström, 1999; Kahila-Behm & Vehviläinen-Julkunen, 2000; Mander, 2004). Lewis (1987) argues that, at least in the case of England, this should be seen in the light of an unwavering social policy that has focused more on men's responsibility to support and provide for their families than on their caring capabilities. In Sweden, however, one can clearly see a change in both policy and attitudes away "from cash to care" (Bergman & Hobson, 2002:100). For example, fathers of today are expected not only to take significant responsibility for the family finances but also to *express* show a *new*, more caring, and egalitarian attitude towards parenting. Fatherhood is now seen in a new light and has been given a stronger position in an arena that was previously dominated by motherhood.

Furthermore, a qualitative study of seven, expectant and first-time fathers, Finnbo-gadóttir et al. (2003) found that most of the fathers had a sense of not only being marginalized during pregnancy, but also experienced feelings of insufficiency, inadequacy, anxiety, and insecurity. This indicates the importance of also recognizing the father's situation and their need for support in handling their transition into fatherhood. The results of Diemers' (1997) quantitative, quasi-experimental study of 83 prospective fathers also underline this, as she found that men who were recognized in their new position of becoming fathers, and who experienced emotional support during the pregnancy, showed better physical and psychological health. These men reported fewer problems in their relationships to their partners after the birth than did those who did not receive such support. Similar positive results have also been reported in other stud-

ies. For example, in Plantin's (2001) qualitative study of 30 fathers, the men reported experiencing an increased sense of maturity, and in Finnbogadottir's (2003) study, as well, the men expressed an increased feeling of responsibility, as well as positive personal development during their partners' pregnancy.

In recent years, research has shown that the Internet can be an important channel for spreading information, advice, and support to those about to become parents (Sarkadi & Bremberg, 2005). Some studies show how, especially, web-based parenting training and support for men is more effective than the traditional methods within the maternal and infant services. For example, Hudson et al. (2003) made a comparative study of two groups of fathers—one which took part in an internet-based parenting training program and one which was only offered participation in the usual maternal and infant services group. In total, 34 first-time fathers participated in the study. The group of fathers who took part in the internet-training program met on the web site entitled "New Fathers Network," where, among other things, they gained access to a virtual library with literature about children and parenting, a discussion forum for chatting with other parents, and at the same time the possibility to access a midwife via e-mail. The study focused on the fathers' abilities and trusts in themselves as parents, and measured their development

both four and eight weeks after delivery. The study showed more positive results for the internet group compared to the other group, and an increase of both competence and self-confidence during the measured period. However, some research stresses the importance of focusing not only on parenting education classes but also on encouraging fathers to participate at the ultrasound examinations. Draper (2002) found in her qualitative, UK-based study of 12 expectant fathers that the ultrasound examination was very important for fathers as it helped them to "visualize their baby and realize their transition to fatherhood" (p. 1350). Also Ekelin et al. (2004) conclude in their Swedish qualitative study of 22 fathers that many men experience the ultrasound examination as a confirmation of a new life and therefore "an important milestone" in their development of a fatherhood identity (p. 335).

We can, thus, so far conclude that the importance of involving fathers during pregnancy can be identified as a factor that can positively influence their health, especially their psychological well-being. But what can we say about the nature of the support men give to their partners during pregnancy and the effects this may have on maternal reproductive health outcomes?

Father's Support and Experiences During and After Delivery

In line with men's increased participation in parenting training offered by the maternal and infant services, there has, over the past couple of decades, been a dramatic increase in father's attendance at the birth, at least in western countries. In the mid-1990s, about 95 percent of prospective fathers in England were present at the birth (Draper, 1997). Similar figures have been reported from Scandinavia. A Danish study of 600 fathers showed that most men today attend the delivery, and that they do so because they

want to. Furthermore, it showed that 95 percent of the fathers attend the delivery at the hospital and 98 percent of those do so because they want to. Seventy percent also expressed a wish to stay overnight, with the child and the mother, at the hospital, which is something that is seldom possible (Madsen et al., 2002).

The increasing trend of fathers participating at the birth is also evident in eastern European countries. For example, in Ukraine the father's attendance at the birth has increased during the past decade from around 0 percent up to 52 percent (USAID, 2005). A Polish quantitative study of 505 fathers showed that fathers who participated in the delivery were often younger and well-educated (Wielgos et al., 2006). Those who did not participate in delivery had most often not participated in the antenatal classes either (see also Greenhalgh et al., 2000).

Generally, most fathers seem to have very positive experiences of attending the birth of their children. For example, a quantitative study by Waldenström (1999) involving 1,143 new fathers in Sweden, showed that almost all of the men described the delivery as a very positive experience. Similarly, Vehviläinen-Julkunen et al. (1998) showed, in a quantitative study of 137 men, that fathers who participated at the birth felt as if they "grew" into fatherhood. Nevertheless, in a literature review, Chapman (1991) argues that men generally display one of two primary types of behavior during labor: either they adopt the passive role of a "witness" or the more active role of the "birth-coach" or "team-mate." In these studies, the couples who defined their relationship as "sharing" or more egalitarian had a greater probability of regarding the delivery as a positive joint effort. However, a number of studies show that the demands on the father to be an active birth-coach can also have a negative side. Many fathers report feeling stressed by such demands and have doubts as to whether they really can contribute something (Chapman, 1991; Plantin, 2001). Some fathers actually experience a dread of the delivery, which is primarily related to their thoughts around the child's life and health (Eriksson et al., 2006). That the fathers feel stressed and not sufficiently prepared is often the result of an insufficient focus on the father during the parenting classes as well as a lack of support and instruction regarding the birth itself (Hallgren et al., 1999).

An important argument for the father's active involvement during labor is that he is given a possibility to develop a relationship with his child as early as possible (Lupton & Barclay, 1997). Both Ferketich and Mercer (1995) and Sullivan (1999) draw the conclusion that the more the father engages himself during the delivery and postnatal period, the stronger will be his attachment to the baby. The two study samples are made up of 172 respectively 27 fathers. Similar results have been argued by Pruett (1987) who states that a father with a strong attachment to his baby will participate more during the child's childhood. This in turn has been shown to affect a child's well-being in a positive way. Sarkadi et al. (2008) studied the outcome of twenty-two different longitudinal studies in this field and found that most of them show that the father who is most involved with his child also best promotes the child's physical health and social skills. These positive results applied to infants birth to 3-years old, nursery infants (4-6 years old), school-aged children, and young adults.

Against this background, Person and Dykes (2002) argue that it is important to support the decision of the “new family” to return home as soon as possible after the delivery, as this will further improve the father’s sense of participation. The father’s early involvement in giving care to the mother and baby following the birth has also been associated with improved outcomes for the cognitive development of pre-term and low birth-weight babies (Yogman et al., 1995).

Nevertheless, other studies show that relatively little support is given to fathers after the birth—when seen from a European perspective (Plantin, 2007). In Scandinavia and a number of other European countries, infant services offer support through parenting groups which focus on the child’s health and development, its need for stimulation and proper diet and so on; however, few fathers participate. A Swedish qualitative study of 20 fathers who visited childcare services, demonstrates that the child care health nurses are unaccustomed to meeting fathers; they often have no expectations of a fathers caring ability and have a nearly exclusive focus on the mother (Fägerskiöld, 2006). This situation prevails despite there being several studies that underline the importance of good communication between the fathers and the health professionals and that men should be recognized as parents by the healthcare professionals (Chapman, 1991; Greening, 2006). Other studies have also suggested that the post-partum parenting groups partly need a new direction and to discuss new themes related to health outcomes. For example, Ahlborg and Strandmark (2001) argue in their qualitative study of 10 parent couples for the importance of adding discussions about conflict resolution and good communication to the parenting training groups, as this is essential for a healthy relationship between the parents.

Involving Fathers and Positive Health Outcomes for Women

Many research studies show that fathers can also play an important role in supporting the mother during pregnancy and labor (Dudgeon & Inhorn, 2004), as well as after the birth when many women have a great need to talk about their birth experience (Börjesson et al., 2004). For example, Liamputtong and Naksook (2003) state that the 30 mothers in their qualitative study placed a high value on the support of the father and saw it as important for their transition into motherhood. This includes psychological support for the woman during pregnancy, as well as practical help in the form of shared responsibility for the child following birth. Early (2001) points out in her literature review that much of the research during the past thirty years shows that prospective fathers can offer the pregnant woman important psychological, emotional, and moral support. However, the period following the birth can also be one of tension when men may experience feelings of being neglected since the communication status between the couple can have changed (Ahlborg & Strandmark, 2001).

There are also research studies relating to pregnancy that indicate a relationship between the father’s support and the mother’s physical health. Pagel et al. (1990) found in a study of 100 pregnant women that lack of social support, especially from the partner or family had considerable negative effects on fetal growth. In many developing

countries the increase in the father's involvement during pregnancy has also been seen as a possible factor in reducing the number of children born with a low-birth weight. The reason for this is that low-birth weight is often caused by insufficient caloric and micronutrient intake during pregnancy, and men are often in control of women's nutritional status as they mediate their access to economic resources (Dudgeon & Inhorn, 2004). The same relationship applies to maternal and infant mortality. Studies have shown that father's participation in maternal and child health programs can counteract maternal and infant mortality or problems in relation to pregnancy and birth, by increasing the ability of women to receive immediate care in obstetric emergencies (Dudgeon & Inhorn, 2004). Studies even show that the father's presence in the labor room shortens the labor and reduces the epidural rate (Berry, 1988). It has also been demonstrated that the presence of a companion during the labor period can reduce the pain, anxiety, and fatigue of the mother (Kennell et al, 1991; Somers-Smith, 1999).

Not all studies point in the same direction, however. For example, Gungor and Kizilkaya Beij (2007) found in their study of 50 couples that even if "fathers' support in birth helped mothers to have more positive experiences in all aspects of childbirth, there was no relationship between fathers' support and length of labor, use of pain relieving drugs or obstetric interventions in birth" (p. 213). Similar findings have been reported and discussed by Ip (2000) and Draper (2002).

Nevertheless, the most common reason why women, today, want to have the father present in the labor room is that they simply want to share the experience with their partner (Lavender, Walkinshaw, & Walton, 1999), as it can give them both a feeling of enhancing their relationship (Bobdas-Salonen, 1998). Enkin et al. (1995) argues in the same direction as the claim that most women are satisfied with the support they receive from their partner and remark that it often exceeds the support they received from the midwife.

DISCUSSION

The overall focus of this article has been on fatherhood and reproductive health. More specifically, the aim of the study has been to review the literature on how European men's involvement in pregnancy, delivery, and the post-natal period can be related to better health outcomes for the men themselves, as well as for their partners and children. A further aim of this article has been to offer reflections on the literature relating to research.

A general conclusion is that many research studies support the idea that men can contribute to better health outcomes for themselves, their partners, and children by being more involved as fathers. For example, studies have found that men who are recognized in their new position of having become fathers and who experience emotional support during the pregnancy show better physical and psychological health. Furthermore, it has been shown that men can offer important psychological and emotional support to women during pregnancy and delivery. According to some studies this, in turn, can reduce pain, anxiety, and exhaustion for the woman, shorten the duration of

labor, and result in less need for medication. Additionally, some studies have shown that men's involvement in maternal and infant welfare programs can reduce mother and child mortality in connection with pregnancy and labor by offering better preparation in case of obstetric emergencies.

However, the picture is not totally clear, as some studies have found less impact from men's attendance in the delivery room. In most of these studies the man's support was reported as positive for the woman's perception of the birth, but showed no impact on the length of labor or the use of pain-relieving drugs. At the same time, research reveals that fathers experience that they receive less support in parenting than do mothers. This is further confirmed by a significant number of studies showing that maternal and child health care services have considerable difficulties in their attempts at to reach out to men. This applies to Europe as well to the rest of the world and results in fewer men seeking information and advice on questions relating to reproductive health and fewer men taking part in parenting training.

In order to better reach out to men, a variety of new strategies are required from the maternal and child healthcare services. To develop these, research on fathers' involvement during pregnancy and delivery must have a broader and more multi-disciplinary scope. Thus far, research has taken place primarily within the medical field, often resulting in a lack of theoretical perspectives on men and fatherhood. To really understand how men practice their fatherhood, we need to look into the relationship between fatherhood and masculinity. We also need to study how hierarchical power structures among men and women as well as between the sexes affect men's behaviour.

Further, we should take into account how conditions created by welfare states affect how men act as fathers. Relations and results from one study do not necessarily say anything about the realities in other countries. For instance, in Scandinavia it is possible for men to take *an* extensive parental leave, in some instances, for more than a year and with benefits. This is a situation that is rare in most of Europe. As a matter of fact, taking parental leave can also be associated with better health outcomes for men. For example, in Månsdotter's (2006) quantitative study of 45,000 men it was demonstrated that fathers who took paternity leave have a run a significant lower death risk than other men.

Men also differ from each other, a fact that requires that we study fatherhood among different groups. Recent research tends to focus on white middle-class parents in northern and Western Europe and less on groups where there is more ill health, such as fathers from the working-class, immigrants, or teen-aged fathers. To further such research, we need to include studies dealing with how class, ethnicity, and age relate to parenthood. Too often the socio-economic context is overlooked in discussions on how men's behavior affects their own health and the health of women and children. The failure of many studies to highlight the socioeconomic context has a bearing on the validity of the results, since there is a strong correlation between children's good health and their having been brought up in positive socioeconomic circumstances. In a survey of longitudinal studies on how fathers affect children's development, Sarkadi & Bremberg (2008) point out that a great many studies are carried out without adjustment for the social cir-

cumstances of the family. This leads to a difficulty in deciding whether it is the commitment of the father or the social circumstances that are of importance for the health of the family members. Too many studies are also focusing on first time, biological fathers and there is a lack of broader studies in the area of fatherhood and health that discuss potential differences between biological or non-biological fathers and first time versus other fathers.

Finally, a common flaw in qualitative as well as quantitative studies in this literature survey is the lack of rigid definitions of key concepts. What is meant by concepts such as “involvement” or “commitment”? Or even, what is really meant when we discuss the importance of the father? Does this concept refer to biological fathers or would we have similar results with any adult involved?

Men, masculinities, and fatherhood have been discussed for a long time in social science and thus have the potential to enhance the research on men’s involvement during pregnancy and childbirth.

CONCLUSION

In conclusion, we can thus state that even if many fathers want to be involved with their children, and there is evidence that this can positively influence the health outcomes for the man, his partner, and children, very little or no help at all is offered specifically to the majority of the men regarding parenting.

Maternal health services are much more focused on the mother and infant’s health and often exclude men and their needs as parents. Support is better accessed by middle-class men and by parents with better life conditions, while contact with other groups who show poorer health is weaker. This is evidence that an increased effort to reach these men and addressing both parents by finding new ways to reach out to them of outreach is very important. Perhaps information and advice can be offered through more effective channels paths of communication (such as the internet) to thereby facilitate the freeing of more resources to groups that are more difficult to reach and who show poorer health. We can conclude that more research is required on fatherhood and reproductive health. So far, most research and literature on the subject are to be found in the field of medical science and lack theoretical perspective and are most often conducted in a western European context. Furthermore, they are also most often based on small empirical samples. In order to develop new knowledge, previous research needs to be complemented by a wider and more multidisciplinary approach where, for example, existing research within social science on men, masculinities, and fatherhood is taken into consideration. With the current focus on western European middle-class men there is also a risk that we overlook the variety and complexity of fatherhood. Therefore, more research is needed concerning men from other layers of society than the middle-class, and in other cultural settings outside Western Europe. Otherwise our understanding of fatherhood and its relation to health will be narrow and distorted.

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