รายงานการวิจัย

การปรับเปลี่ยนบทบาทบิดาตั้งแต่ระยะมารดาตั้งครรภ์ จนถึงเลี้ยงดูบุตร 6 เดือน

Fathers' role Transition before and after The Birth of Child

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สัญญาเลขที่ TRG4580083

ภาวะวิกฤติในบทบาทบิดา : ในขณะการปรับเปลี่ยนบทบาทบิดาในการเลี้ยงดูบุตร

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วัตถุประสงค์ : บรรยายการรับรู้และให้ความหมายต่อบทบาทบิดาในช่วงเวลาของการปรับเปลี่ยนบทบาทในบริบทของสังคมไทย

รูปแบบงานวิจัย : การวิจัยเชิงคุณภาพ

ระเบียบวิธีวิจัย : รวบรวมข้อโดยการสัมภาษณ์บิดาทั้งหมด 25 คน ซึ่งเป็นบิดาที่มีภาวะหลังจากที่ภรรยาคลอดบุตร และมีการร่วมบทบาทในการเลี้ยงดูบุตร หลังคลอด 1 เดือน ซึ่งการประเมินถึงภาวะเครียดนั้น มาจากการสัมภาษณ์ข้อมูลที่ได้รับนั้นมาจากการสัมภาษณ์บิดาในเชิงลึก ขณะที่เดินทางเข้าเยี่ยมที่สถานที่พักของครอบครัว ซึ่งการวิเคราะห์ข้อมูลเชิงคุณภาพโดยใช้ระเบียบวิธีวิเคราะห์เชิงกระบวนการ (Grounded Theory)

ผลการวิเคราะห์ : ผลการวิเคราะห์ข้อมูลเชิงคุณภาพ พบว่าในกระบวนการพัฒนาบทบาทบิดาในช่วงที่เลี้ยงดูบุตร 1 เดือนนั้นขาดความต่อเนื่องและขาดความกระจ่างชัดของการรับรู้บทบาทบิดาในช่วงเวลาของการเลี้ยงดูบุตร 1 เดือนนี้ส่งผลกระทบอย่างมากมายต่อความสัมพันธ์ของคู่สามีภรรยา พบว่าบิดามีระดับของภาวะซึมเศร้า เนื่องจากบิดาไม่สามารถแปลความต้องการของมารดาและบุตร โดยเฉพาะปฏิกิริยาตอบสนองต่อกันของมารดาและบุตรในขณะนั้นได้ โดยเฉพาะในเวลาหลังจากการกลับจากการทำงานจนกระทั่งตลอดเวลาในช่วงกลางคืน จะเป็นช่วงเวลาที่บิดาได้รับผลกระทบอย่างมากมายในการเข้าสู่การแสดงหรือตระหนักถึงบทบาทบิดาได้ ยิ่งถ้าพบว่าบิดาที่มีความเครียดในระดับสูงยิ่งมีความต้องการข้อมูลมากขึ้นด้วย และส่วนที่สำคัญที่มีผลต่อการรับรู้บทบาทของบิดาคือ การเข้ามามีส่วนร่วมของคนในครอบครัวและชุมชนหรือครอบครัวใกล้เคียง และเมื่อได้รับโอกาสในการเข้ากลุ่มเพื่อแลกเปลี่ยนความคิดเห็นกันจะทำให้มีการลื่นไหลเข้าสู่กระบวนการปรับบทบาทบิดาได้โดยมีระดับความเครียดลดลง

สรุป ในกระบวนการขับเคลื่อนของครอบครัวนั้น ระดับความเครียดที่มากขึ้นมักจะมาพร้อมกันกับความรับผิดชอบที่มากขึ้น โดยเฉพาะในสังคมไทยบิดาจะต้องรับบทบาทในการเป็นผู้หาเลี้ยงครอบครัวและเป็นผู้ที่หารายได้หลัก และพร้อมกันนั้นจะต้องรับบทบาทในเข้าไปมีส่วนร่วมในการเลี้ยงดูบุตรพร้อมกับมารดาด้วยในช่วงเวลาเดียวกัน จากกระบวนการเก็บข้อมูลเชิงคุณภาพครั้งนี้พบว่า กระบวนการกลุ่มสามารถช่วยให้บิดาสามารถรับรู้และแปลความหมายบทบาทบิดาได้ดียิ่งขึ้น

Fathers' Role Crisis : Fathers' Role Transition after the Child Birth

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Objective : To describe perceptional fathers' role crisis during role transition in Thai context

Research Design: Qualitative study

Methods : Data were collected through interview with twnty-five fathers who they had answered the question was they felt stressful after childbirth during the first month. The fathers were offered the opportunity to volunteer for the in-depth interview while taking part in the follow-up study of fathers' role crisis in their residents. The content of in depth interview was analyzed using the principles of grounded theory.

Results : The finding showed that there was great discrepancy and disconnection between fathers' role expectations and fathers' role perception. The situation gradually strove for the relationship between the couples. Parents, especially fathers increased the level of depression when they couldn't find the meaning from mother's reflection and infant's interaction. After working, through the night time that was crisis manifested situation of the fatherhood

Relevance to family care : Fathers, especially who had high level stress after the child birth need a great deal of information about the family dynamics. In the community, the house meeting or father classes was very usefulness to bring them ascertain and assess the fathers'role dynamic. The focus group discussion was the high potential for releasing the stress each other.

Conclusion : In the family dynamic, the great stress on duty has become with the great responsiveness to burden on child. The fathers' role crises in Thai context was mean the great responsibility to get more income, take care his wife and develop fathers-infant interaction skill in the same time. The best encourage fatherhood was the effectiveness fathers' group discussion about the fathers'role perception of appropriate interaction in their family.

For men, becoming a parent can be a time of great social change. During the early months of fatherhood, man faces many challenges as they come to terms with their new or expanding role. Man expends much energy when redefining role. Men expend much energy when redefining themselves as fathers (Callister,1995; Henderson & Brouse,1991), and despite research that focuses on the problematic nature of maternal role adjustments (Crouch & Manderson,1993; Raphael-Leff,1994), little emphasis has been placed on paternal role adjustments (Jordan,1990). To date, limited effort has been made to investigate emotional status after fatherhood, namely the father's ability to assume the new or expending role and his ability to integrate that role with existing activities (Tulman, Fawcett & Weiss, 1993). The purpose of the current study was to describe perceptional father's role crisis during role transition in Thai context.

Literature Review

Over the last several decades, transition has been identified as a central concern of nursing, and scholars have worked to define and analyze the concept (Chick & Meleis, 1986; Schumacher & Meleis, 1994). One common transition, the transition, the transition to new parenthood, poses significant adjustment problems for most mothers and is of particular concern to health care providers (Cowan & Cowan, 1995; Lee, 1997). But the transition into parenthood can be a perplexing time for both fathers and mothers. Although the literature on functional status and transitional role after motherhood is increasing (Fawcett, Tulman, & Myers, 1988; McVeigh, 2000a, 2000b; Smith-Hanrahan & Deblois, 1995; Tulman & Fawcett), little is known about the functional status and transitional role of the fathers (Tulman et al.,1993). Transitional role after fatherhood is a multidimensional process that requires men to assume their fatherhood role responsibilities and integrate that new role or expanding role with past activities (Tulman et al.,1993).

Despite research that acknowledges the unique needs and experiences of new fathers; health care practitioners continue to focus predominantly on the requirements of the mother and her child. Friedman (1992) suggested that "parenthood remains the one major role for which little preparation is given, and difficulties in role transition adversely affect the quality of the marital and parent-infant relationship" (p.61). The transition to fatherhood is as complex as maternal developmental processes (Callister,1995) and in voles making a commitment, becoming connected and making room for the newborn (Anderson, 1996). This transition challenges male identity (Imle,1990) and is marked by coming to terms with the reality of pregnancy and childbirth, struggling for recognition, engaging in the new role, and becoming an involved father (Jordan,1990). Expectant fathers may experience anxiety, ambivalence, powerlessness, and confusion as they develop new ways of knowing and

functioning within their fatherhood role (Barclay, Donovan, & Qenovese, 1996). Men often feel alone in their experience, and despite "benign neglect" and limited sources,

Fathers play an important role in supporting new mothers during the early weeks of motherhood, second to the traditional support offered to her mothers of previous generation. Knowing that few individuals are to assist them, women are expected to leave the hospital earlier than ever and immediately care for themselves and their newborns (Ruchala & Halstead, 1994). The two weeks later after the childbirth, the new father often becomes the most signification support person to the new mother; because of they lack the supporting of her own mothers. The quality of relationship with one's partner is positively related to the woman's functional status in caring for her infant at 6 weeks (Tulman & Fawcett, 1991). In addition, how well a woman adapts to the demands of motherhood depends on many factors, including the quality of her intimate and current personal relationships (Moore, 1991). A good relationship with one's partner buoys the woman's feelings about motherhood and her infant; imparted women. Often become concern toward the end of the first year after birth about lack of support from a partner to help with their growing child (Mercer, 1995). Despite the important role the father plays in supporting the new mother, a lack of congruence between partner's expectation about support and involvement in household activities may be a source of stress within their relationship (Diemer,1997).

Research has shown that men are also affected by postnatal depression. While it is typical that mothers develop depression a few months after childbirth, fathers' depression starts 4-12 months afterwards. Fathers' depression is associated with earlier episodes of depression and the episodes of depression and the spouses' concurrent depression (Areias et al.,1996 a ,d), however, were quite high, which led the investigators to question the stringency of their application of the schedule for affective disorders. However, there was a high proportion of past psychiatric history in this sample; 46.3% of the woman had a prior depression; 21.4% of the men had previous episodes of depression plus other repots of anxiety, alcoholism, and drug addiction. Of interest, Deater-Deckard, Pickering, Dunn, and Golding (1998) reported on a large cohort of more than 6,000 men studied antenatal and at 8 weeks postpartum by question, including the DPDS. Antenatal and again 8 weeks postpartum, 3.5% scored higher than 12 on the EPDS.

Studies looking specifically at paternal depression in the postpartum generally have found low levels of depression than in the mother. Using the Beck Depression Inventory, Rees and Lutkins (1971) and Atkinson and Rickel (1984), with samples 77 and 28, respectively, found 13% to be depressed; this, however, was of mild to moderate depression, with the latter study using a cutoff of 10, which will identify a number of participants who are distressed but not clinically depressed. In Ballard and Davies's (1986) study using the Edinburgh at 13 or above, 9% of 200 fathers reached

caseness (that is, morbidity warranting a psychiatric diagnosis) at 6 weeks postpartum and 5.4% at6 months. This compared with depression in mothers of 27.5% at 6 weeks and 25.7% at 6 months. They noted brief case ness in men to be associated with their partner's morbidity, as well as their own unemployment, younger age, and lower socioeconomic status. As is the case in all of these studies, the actual number of men reporting depression was low, making analyses and conclusion tentative.

The reasons for postnatal depression in Thai fathers are very little known and unclear. In a decade year, there had only ten studies that has presented about the fathers' anxiety and depression. However, further knowledge is needed to understand better in what kind of situation fathers live after childbirth. Especially, knowledge convincing families' experiences of fathers' role transition is needed to add understanding and develop caring of families.

Objective

The objective of this study was to describe perceptional fathers' role crisis during role transition in Thai families' context..

Research Design

Grounded theory is a suitable approach in research areas with little existing theory and when attempting to conceptualize behaviors in complex situations or to understand unresolved social problems (Chenitz & Swason, 1986).

The two main schools of thought in the grounded theory approach, normally the Glaserian and Straussian (Stern,1994). Differ in terms of approach. The Glaserian approach is inductive (Glaser, 1992) while the Straussian approach is inductive deductive in nature (Strauss & Corbin, 1994). As the main study of fathers' role transition started as a quantitative study, the investigator was extensively familiar with the earlier literature, and it was not possible to apply a purely inductive approach for investigating family interaction of postnatal depressed father. The research problems were predetermined, although loosely formulated and focused during the course of the research process. Based on these points, Stranssian grounded theory approach. Is very suitable for explanation the process of father transition

Methods

Data were collected through interviews with eleven fathers who they had answered the question of the Jaloweic Coping Scule. The fathers had high average scored 42.21 that the majority

of relative used emotion-focused coping behavior. They had completed the question at the first month after childbirth and who expressed their willingness to tell about their life after childbirth. The fathers lived with their children and wives in the central part of Thailand and had child between January and February 2003. The fathers and families were offered the opportunity to volunteer for the interview while taking part in a follow-up study of postnatal depression and stress in Thailand. Seventeen fathers expressed their willingness to participate in interviews, but only eleven were interviewed, because six could not be contacted despite several attempts by the researcher.

The study used open-ended interviews in which the fathers were asked to describe the period during the first month after the childbirth their family. The study did not use predetermined interview then us as the aim was to elicit issues considered were asked depending on the topics that emerged during the interviews or what had been learnt in pervious interviews. Interviewees chose the interview setting and all interviews were conducted in their home. All interviews were conducted by the same person and were tape recorded and transcribed by the investigator (TT). Interviews lasted between 40 and 90 minutes and yielded 209 pages of text.

Analysis

The constant comparative method of grounded theory was used for data analysis (Glaser, 1978;Chenilz & Swason, 1986; strauss & Corbin, 1990; Polit & Hunger, 1991). The data were analyses as they were collected. The investigation first listened to the tapes and reviewed the transcribed text to make sure that all data were transcribed. The analysis continued by reading the text and marking all expressions (words and sentences) with substantive code in each interview's margins. The substantive codes were then grouped into preliminary categories according to similarity. The preliminary categories included the effects of the birth on the family, expressions related to depression, the effects of depression on human relationships and importance of support.

The preliminary categories were re-viewed one at a time while searching for subcategories. In this stage of axial coding (Corbin, 1986 a, b; Strauss & Corbin, 1990), the categories were examined one at a time and attention was paid to interaction while seeking relevant data. The investigator turned to the original data to check connections between different situations. Memos made during the interview and analysis served to facilitate analysis. Relevant issues were then coded to form concepts, after which concepts with similar content were divided into categories. The category with which all the other

categories were associated emerged as the core category. Each category, its features and relationships between categories were compared with the core category (selective coding). The progress of the analysis is shown is Fig 1.

Finding

Change daily life

The father reaction to see his own mother recommendatory as the commander. The contents from her that has influned his behavior in the family; taking care infant was the only mothers' or female genders' responsibilities. His own mothers reflected that the men had to work outside but the women had to work inside the family that the folk way and attitude in Thai culture.

Strong reactions to the change in the family system were characteristic of families' depressed fathers. The birth of a child changed the existing family structure and elicited strong actions from those involved. Parents perceived the infant to be demanding and their energy was drained by childcare. They felt they are on round-the-clock duty and they observed the infant and its reactions constantly.

A constant state of alertness drained them physically and deprived them to the opportunity to spend time together as the infant was the centre of life. Parents suffered from feeling of inadequacy, and the infant seemed to have infinite needs. Parents felt they were incapable of fulfilling the infant's needs. They were caught in the cycle of fatigue, and the father tried to help the mother when at home but found it difficult because work took up most of his time. The father had feeling of inadequacy and exhaustion. One couple described their family situation as follow:

We never had time to have a dinner together, they were so tied down to the baby, we couldn't even go to shop at the market together, or separately, for the matter, with the baby always demanding something. We felt she never stopped crying and that there was no end to her needs. (Family 1)

Having no time for oneself came as surprise, although the father and the mother had prepared for it. The fact that partners had no time for each other was considered hard and it took some time to get adjusted to this. The fathers gradually dropped their hobbies out of an obligation to stay home as the partner could not have any hobbies. Families gradually

spent more and more time at home and felt distressed, and the infant was easily blamed for not having time for one. The home felt like a prison and the closed friend or relative person's visiting was the highpoint of the day. Parents described that situation as follows:

Both spouses should have resource to their own hobbies. And when the wife had nothing, it was impossible for me to go. I felt obliged to stay at home... (Father 3)

Life routines changed with the birth of a child, and the responsibility for the infant changed the way parents see everyday issues, the infant's lack of rhythm distressed parents and everything had to be planned according to infant's needs. The infant's lack of rhythm also caused distress and exhausted the parents. They felt they had lost control over their lives; their daily life was out of hand and life seemed unstable. One father described this:

My wife phoned the child clinic at the very very late night time for asking whether the baby should have a regular rhythm, are they supposed to eat every four hours or what. She felt she had to achieve that rhythm and tried to count the hours and meanwhile he would cry for two hour instead of four we would be panic-stricken. This in never going to work, there's no balance in our life. (Father 7)

Change in family relationships

The birth to child and related life changes brought about marital discord. Unsettled conflicts tended to resurface and unspoken expectations resulted in conflict. Thoughts and emotions which have been remained unaddressed had the child not been born were brought to the surface. One partner may tend to withdraw into muteness, and the other may try to address the situation even by picking a quarrel. Parents said:

I could squeeze nothing out of her; I had to use stronger and stronger ways to make her react. I dug deeper and deeper and longed for her to say. I am a total sheathed, I must have done her long over the years, but she never said anything. (Father 3)

Well the fact that the baby is real to the only after birth might have added to the pain caused by cheating, it was such as heavy burden that she could not keep it in. (Mother 8)

The birth of a child may lead to spousal estrangement. The partners did not necessarily pay enough attention to each other and were jealous of each other's use of time. Fathers felt like onlookers, excluded from the mother-child dyad. The mother envied the father's chance to leave the house, go to work and meet other people. Parents' fatigue and lack of time together resulted in arguments. Silence aggravated the situation and resulted in misunderstanding. The mother felt she was solely responsible for the infant, while the father was always working. The father started to avoid coming home because of the oppressive situation, and the mother felt that he did not understand her or the infant. The mother's depression may gradually be transmitted to her partner. Parents described this as follows:

I told him, you are being such a wise and understanding person, you just don't get it, now that you are in it up to your neck...(Mother 8)

The depression is not just the woman's business, it transmits to the man. I tried to pretend I can manage it. I can manage it. I just need to accept it, and that made me depressed too. It sickens you and you try to cope with it, saying to yourself, "Everything's OK, it will be OK", and this will just make it worse, looking unimportant in your wife's eye. (Father 3)

Change in family may result in such a deep discord between the partners that separation is seen as the best solution. The child may keep the couple together for while, but ultimately they did not want to continue the difficult relationship, not even for the sake of the child. Separation was the result of a deadlocked situation, where the partners were incapable of discussing. The situation or explaining their view to each other. Thoughts of separation easily surfaced when a father and mother got depressed after childbirth because of the deadlocked situation. The birth of a child distressed the man to the extent that he was unable to deal with if felt it easier to get out. Unsettled conflicts before pregnancy and childbirth reached serious proportions and separation was seen as the only way out. One father said:

We spent another year together, but it was terribly hard. She said she would never took care the baby, it got worse, and she thought I was a lazy and poor father and then I kicked her out thinking it will never change. (Father 5)

The birth of a child also caused changes in close relationships. The couple's attitudes towards their own parents changed and new parents tended to compare themselves and their partner with their own parents. Parents made unconscious comparisons between their childhood images and reality. Mothers felt inferior when comparing themselves with their mothers and with their recollections of how their mothers cared for children. Fathers carried with them an image of their mothers as omnipotent and tireless and compared their spouse with their image. Mothers competed with their own mothers whereas fathers compared their image of their partners with their mothers. Families with young children competed by comparing the children's level of development which prevented them from sharing their problems related to the infant.
The father said:

Man leave their childhood name with the illusion woman go around with a baby under each arm, making porridge with her mouth while swapping the floor with her feet. That's their image of a mother; she is capable of everything and dose all the work. (Father 1)

Manifestation of stress

Fathers' postnatal stress manifested itself in psychological and physical symptoms, in relation to the environment, in striving for perfection. Physical symptoms included sleep disorders involved difficulty felling asleep, frequent awaking during the night or constant fatigue. The father lost his appetite and even experienced inability to eat. Trembling in the limbs and the whole body occurs, and palpitations were common. One father described his physical symptoms in this way:

I lost a terrible amount of weight during that time, I weighed less than I did before her pregnancy, I couldn't eat a thing and couldn't sleep. And I started to have palpitations and the only thing I wanted to do was to go to bed and stay there. (Father 7)

Psychological symptoms involved nervousness and tension, even to the extent of developing panic disorder. Fathers experienced fear and insecurity, especially in relation to their capability as a father. They had violent mood swings, and experienced feeling of loneliness, restlessness and failure. Feeling of guilt were commonplace and the father might be angry at the fact that the time after childbirth was not what he thought it would be. Feeling of insignificance might have driven her to the brink of stagnation and exhaustion.

However, denial of the situation was common and the gather tried to go on with his life as before and at least provide good physical care to the mother and infant. If the stress was prolonged, she might have lost track of time and experienced unreal feeling:

It was an unreal feeling, it was impossible for me to talk to other people; I was engulfed with my anxiety. (Father 7)

Families found it difficult to admit to stress and they would have rather talked about fatigue censed by a wakeful infant. Physical fatigue might have been easier to admit to than stress. Families tented to conceal and denied their problem. Stress was regarded as a mental illness demonstrating weakness and therefore as unacceptable. However, it was difficult to identify the stress, because the situation developed slowly and might have been transmitted from each other. One couples described the situation as follow:

Neither of us identified it as postnatal stress, with us being so close together. Perhaps we would not even have admitted to it, we saw it as a weakness. (Father 3)

The father's attitude towards the environment changed as he got stress. The stress made him withdraw from social contacts. And he saw the environment as oppressive and was fearful of the mother and infant getting hart. He started to avoid other people he felt that nobody would understand him. One described environment threats in the following way:

My reactions were extremely aggressive...sometime I tried to oppress my bed emotion; all I could see were threats. But I couldn't see was threat to my wife and baby. (Father 2)

Important of support

Being tied town to the infant and the infant's role as the centre of life new parents into a situation. Where they needed urgent support from outside people. Partners also needed support from each other. The father's failure to receive support from his partner in the new life situation caused feeling of distress and loneliness in the father. And the father feel like an outsider because of the close tie between. other and child, which consequently made it impossible for him to help. The father might gradually withdraw from the situation into his hobbies and work and leave the infant to the mother, especially if he felt that she did not trust him as a caregiver. However, fathers needed support and encouragement from their

partners and saw it as a necessity. The father's concrete presence was also of great importance to the mother. A family described the situation as follows:

I wouldn't say I was ignored, but I received less attention...(Father 4)

It was easier with him being at home, but if he had worked it would have been a chaos. (Mother 5)

Concrete support from the partner split the mother's responsibility for the infant and the infant become the couple's mutual responsibility. The father's concrete support in childcare brought the spouses closer together and helped better to understand the emotional turmoil caused by the infant. The lack of concrete support from each other made the family life lonely and alienated. Although the mother might not want to leave the child to the father, and he couldn't know how to support her. The fathers' support and assistance with other chores helped the mother and facilitated their closeness in seeing the family as a "joint Venture." A father described the tangible support in the following way:

I've been involved as much as possible, we have never thought this is my job and this is yours, we have both done as much we could, I mean if the wife is tried in the morning, it's my job to get up and do my bit, with the kids screaming for all sort of things. And do you want to do your bit. (Father 5)

The importance of grandparents as sources of support is great. However, families often felt that grandparents' well-meaning recollections of their childcare experiences added to the family's distress and feelings of guilt and failure. Especially the mother in law had strong influenced n their family. Grandparent's recollections of their own childhood were positive and made it difficult for parents to talk about their exhaustion. The grandparents' enthusiasm for the grandchild might make the parents feel as onlookers or as a means to produce grandchildren. If the father had a close relationship with his own mother before the birth of the child, the grandmother might be the best possible support person. In the fact that the relative of mother parents often appreciated the grandparents' presence and tangible help more than of father, although they might not have the courage to ask for help in caring for a weepy infant, not wanting to trouble their parents. A mother described the importance of support from her own mother as follows:

It has always been like that My mother, me would visit it was a chance to discuss and take a break. I could talk to her... We have always been able to talk. She has never imposed her opinions on me. I find it easy to talk about my feelings to my mother. (Mother 8)

Father reported that peer groups were an important source of support. Discussions with other fathers help them see that they are not alone and that other parents struggle with similar problems. Fathers preferred peer groups arranged by the child clinic, because they gave them the chance to meet with other parents with a similar life situation, not known to them from before. Discussion with friends, especially if they had children of the same age, could lead to competition and it was impossible to talk about one's feelings or problem A father described the support from peer group as follows:

The first thin that I thought, "That was the stupid of me if I came with my wife to see the child-doctor. "On the other hand, I really should have gone right way. They did tell me about it, but when I finally went I thought, "How stupid of me, I should have joined with other fathers." You get to hear that everybody has the same problems, which we are not the only ones who have failed, fathers talk about their lives and it felt like they were talking about my life. (Father 3)

Relationships between categories: Striving for perfection being tied down to the infant and expectations of father.

The relationships between the categories were formed by comparing with each other and with the original data. The relationships included the parents' striving for perfection, being tied down to the infant and expectations of father role. These relationships enabled the expression of essential connections between the different categories.

Striving for the perfection involved both partners. It appeared in relation to other people in that fathers wanted to create the image of a happy and resilient family. Instead of talking about their problems, fathers tended to family bliss. They wanted to be perfect parents who can take care of their children without the help of outside help and advice. They tended to deny their need for support so as not to give the environment an impression of weakness. The impossibility of reaching perfection induced feeling of failure and might result in stress and depression.

Being tied down to the infant put fathers in new situation. Where the infant's need at the centre of family life and the intensity of these needs took priority over everything else. The circle of friends changed, grandparents' attention was focused on the infant and parents had no fine for each other. The need for support was great but it was overweighed by the desire to manage on one's own. Fathers exhausted themselves by trying to fulfil the mother's and infant's needs and end stressed.

Expectations of family life were great if the pregnancy was carefully planned to suit the couple's life situation. However, pregnancy might have been delayed or the women might miscarry. When the child was born, families' expectations of happiness and functional family life were great. The infant's lack of rhythm induced uncertainty in fathers, human relationships suffered and the circle of friends changed as parents' seek the company of the other families with children. The fathers' strong urge to cope prevented them from receiving support of even admitting to their need for support. Failed expectations resulted in feeling of disappointment and failure and eventually in stress.

Core category : Discrepancy between role expectations and reality.

Almost all fathers in the study were carefully planned to be fatherhood and parents tended to see parenthood as a performance. They had created an image of family life after the child is born and read a great deal about childcare and formal an image of everyday family life based on this. The messages conveyed by the environment about the life of family with children were all positive, and fathers' expectations were great. Their need to be perfect fathers gradually turned fatherhood into a performance where success was the measure of their value as fathers and human beings. The situation after the birth of a child was nevertheless new and strange despite their exceptions, father cannot control the situation. The infant's lack of rhythm or aches and pains especially distressed fathers, with the infant crying although everything should be fine. Being tied down to the infant was perceived to be a difficult thing and fathers had difficulty understanding the infant's non-verbal message. Consequence fathers could not response to mothers' reactions. Family life did not measure up to the parents or fathers preconceived fantasies and they felt the situation was slipping out of their control. This might lead to stress; depression and fathers might get angry at the situation. A father described the discrepancy between role expectations and reality as follow:

And then I started to get really angry, I thought there must be a design flaw somewhere, the mother's supposed to feel great after the childbirth and needed the special take care from me. I would have wanted to know more right from the beginning but was in a terrible state. I couldn't get out of home to work and felt that it was not what I had expected and I was so terribly angry. (Father 3)

Discussion

Reliability

The reliability of the study was enhanced by ensuring that the result fitted the data and that the course of the study was comprehensible, general and controlled (Glaser & Stranss, 1967; Lowe, 1996).

An endeavor was also made to enhance the reliability of the study by making sure that the researchers were well-acquainted with the topic, by describing the analysis process as precisely as possible and by reporting the results at an abstract and conceptual level after substantive, axial and selective coding process. This was done to ensure that a deeper conceptual level was reached in the analysis beyond more description of the data. Examples of the original data provide additional evidence of the analysis based inductively on data. (Glaser & Stranss, 1967; Glaser, 1978; Lowe, 1996)

Interpretation of the finding

Fathers described the powerful changes in their daily life style caused by the child's birth. The infant was perceived to be demanding and the parents had lost the chance to spend time together. Moreover, as the mean ages at which Thai woman gives birth is 27 years; most parents had completed their basic level studies and lunched a career before the birth of the child. Fathers had established close social ties outside the home. After the birth of the child, the parents and especially the father felt trapped at the new confused role status and experienced the threat of losing their sense of identity. The rhythm of life changed and parents felt that they had lost control over their lives.

The new situation may give to marital conflict. Parents grow tired and may not have the energy to pay attention to other parent as a spouse. The mother may be jealous of the time that father spends with the infant or the father may feel jealous and left out. The situation may gradually result in spouse estrangement, even separation. The father's depression induces feeling of helplessness and frustration in the family. This finding support

those reported by... The father's depression may be received from his spouse, as indicated by...

Fathers reported symptoms of depression such as sleep disorders, loss of appetite. Trembling and palpitations. Psychological symptoms included nervousness, tension and the onset of panic disorder. Similar findings have been reported by... The father fells insecure about his role as a father, which may give rise to mood swings and feelings of loneliness and failure. It is, however, impossible to talk about these feelings to others. It is often easier to talk about fatigue, and depressed fathers often blame physical fatigue for their symptoms. These finding are consistent with those reported by...

A depressed father tended to avoid participating with relative person and may withdraw from social relationship. Participating while depressed and stress might be overwhelming, and the desire to maintain the image of a capable father in the eyes of others.

The depressed and stress father's attitude towards the infant fluctuated strongly. The mot common attitudes were a strong fear of losing his wife and the infant, but fathers also reported feelings on anger and a sense that the mother and infant is an intruder. Fathers felt compelled to succeed as fathers. In a situation like this, fathers need a great deal of support to be able to develop a functional relationship with the infant.

The most important source of support for the father was his partner. Psychological support from the partner was an important resource especially for a depressed and stress father. Not only did the partner's presence and concrete assistance with childcare help father cope, but also helped fathers and mother get to know to family dynamic and maintain closeness in the spousal relationship. Earlier research (...) has also shown the important of spousal support as a resource for fathers.

Grandparents can also the great provide valuable support. Occasional or permanence assistance with childcare, advice and instructions help parents copes with childcare and prevents postnatal depression. However, fathers may take the well meaning advice given by grandparents as criticism. A depressed and stress father is in a fragile state of mind and he should be approached with sensitivity and demonstration.

Peer support was the second most important form of support after spousal support. Meeting with other fathers in the same life situation helped take a detached view of the situation, and the awareness of not being alone helped many fathers and families.

Suggestions for nursing practice

Men, especially those expecting their first child, need a great deal of information about mood change after childbirth. It is difficult to adopt or even received information during his wife pregnancy, particularly about negative aspects. Nearly all Thai families visit the child welfare clinic regular, which provides the family nurse the opportunity to discuss the participated changes brought about by visiting the family by the birth of a child.

Families have close contact with the family nurse after the childbirth. The information given in the family clinic, however, easily focuses on the father-infant interaction, child, and mother and child-mother care thus brushing aside the wellbeing of the fathers.

Postnatal depression and stress fathers have been a relatively much studied topic form the perspectives of the family dynamic and expectant father and mother. More research is needed on the effects of postnatal depression and stress father on family relationship, the partner role and family functioning

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