

Original Article**Emotions and Thoughts of Individuals who have become a Father for the First Time: A Qualitative Research****Yurdagul Yagmur, PhD**

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Correspondence: Yurdagul Yagmur, Inonu University, Faculty of Nursing, Malatya Turkey e-mail: yurdagul.yagmur@inonu.edu.tr**Abstract****Background:** Fathers can play a vital role in supporting their partner during pregnancy and childbirth.**Objective:** This study was conducted for the purpose of determining the emotions and thoughts of individuals who have become a father for the first time.**Methodology:** This is a descriptive qualitative study. In this study, 32 people who were fathers were interviewed for the first time. The data were collected via a form including semi-structured questions. Data were evaluated using the thematic analysis.**Results:** More than half of the waiting fathers stated that they wanted to participate in the labor of their spouses. Individuals who would become a father for the first time stated that emotionally, they experienced excitement in general and fear and anxiety concerning uncertainty.**Conclusions:** The fathers had emotions such as excitement, happiness, anxiety, fear and hopelessness during the birth process. It is important to ensure fathers participate in childbirth.**Key words:** Fathers' thoughts; Labor; Sense of fathers; Support.**Introduction**

Labor is one of the most important life experiences which is expected by a woman and her family impatiently and has emotional and physical impacts (Uludag, 2014). In a traditional sense, mother and infant health is usually stressed in perinatal care; whereas, expectant fathers are excluded from that care process (Premberg, & Lundgren, 2006). Until recently, men's participation in the process of labor became a taboo due to cultural and traditional beliefs (Premberg, Carlsson, Hellström, & Berg, 2011). This condition varies depending on the expectations of societies from men and cultural values. Especially in the Turkish society which has a patriarchal structure, men are not allowed to accompany their wives in maternity wards as it is not approved by society. In addition, expectant fathers are kept out of the service due to religious beliefs, hospital rules, and environmental conditions of the maternity unit (Gungor & Beji,

2007). Similar to this situation in Turkey, the literature reports that individual preferences as well as family, social and health system factors restrict men's participation in the process of pregnancy and labor (Sapkota, Kobayashi, Kobayashi, 2012; Kaye, Kakaire, Nakimuli, et al., 2014; Alio, Lewis, Scarborough, Harris, & Fiscella, 2013). Also men in developing countries have begun to participate in the process of labor and support their wives more in recent years, as in Turkey. However, this occurs mainly in large cities and private hospitals according to the demands of couples (Sapountzi-Krepia et al, 2010).

The studies have stated that fathers play a vital role in supporting their wives in the process of pregnancy and labor (Backstrom, & Hertfelt Wahn, 2011; Dlugosz, 2013). It is stated that the father's support and participation in the process develop the mother's readiness for labor. It is stated that this will consequently reduce the

mother's stress (Hasman, Kjaergaard, & Esbensen, 2014). provide pain management, accelerate the process of labor, and have a long-term positive effect on the mother's health (Kaye et al., 2014; Steen, Downe, Bamford, & Edozien, 2012; Longworth, & Kingdon, 2011; He, Vehviläinen-Julkunen, Qian, Sapountzi-Krepia, Gong et al., 2015). In addition, it has been determined that this support reduces preterm birth risk, lower birth weight and intrauterine underdevelopment risk (Premberg et al., 2011; Backstrom & Hertfelt Wahn, 2011). It has been determined that while spouse support has a positive effect in the process of labor, expectant fathers also experience positive and negative emotions in the process (Dolan & Coe, 2011; Widarsson, et al 2012; Kululanga, et al, 2012). It is stated that fathers who are present in the delivery room with their wives undergo physical, social, emotional and psychological changes (Backstrom & Hertfelt Wahn, 2011; Steen et al., 2012). Especially individuals who will become a father for the first time experience emotional problems more intensely as they do not know what awaits them, together with the change of their roles and responsibilities in the family (Kaye et al., 2014; Backstrom & Hertfelt Wahn, 2011; He et al., 2015; Labrague, et al 2013). Although "men's norms" in societies do not allow them to express their feelings, the studies have stated that fathers feel unhappy, nervous, anxious, uneasy, desperate, worried and scared while their wives are going into labor (Backstrom & Hertfelt Wahn, 2011; Sapountzi-Krepia, et al., 2010; Brown, 2012). It is stated that the fear of fathers is associated with their concern about the health of their wives and unborn babies, the pain experienced by their wives and uncertainties during labor (Hildingsson, Cederlöf & Widén, 2011). Fathers hide their emotions in order to keep their wives away from stress and to support them better (Labrague et al., 2013; Poh et al., 2014). Besides these negative emotions, it has been determined that majority of fathers feel positive emotions (proud, happiness, and excited) (Sapountzi-Krepia et al., 2010; Forsyth, et al., 2011). Fathers' emotional health affects their support to their wives in the process of labor. In this context, it is stated that it is necessary to investigate and support the emotions of individuals, who will become a father for the first time, more before the labor (Premberg et al., 2011). Although evidences regarding fathers' experiences and emotions about childbirth are growing worldwide, there is a limited number of

studies on psychological problems faced by fathers whose partners go into labor (Darwin, et al., 2017). Thus, this study was conducted for the purpose of determining the emotions and thoughts of individuals who have become a father for the first time.

Method

In the study, qualitative descriptive phenomenological approach (DPA) was used for examining the participants' attitudes, beliefs and experiences, as well as meanings and values they attributed to experiences (Kaye et al., 2014; Poh et al., 2014). DPA is an explanatory and interpretative social action theory examining individuals' subjective experiences concerning an event or a concept and meanings they attribute to the experiences. With this method, emotions and thoughts of individuals, who were going to become a father for the first time, were examined profoundly while their wives were in the delivery room.

Participants: The study was conducted with the partners of the primiparous pregnant women who were admitted to maternity clinics of Malatya Research and Training Hospital for giving birth between 17/10/2018 and 17/01/2019. In this qualitative study, purposeful sampling method was used to obtain deep information about the person, event or situation that constitutes the subject of the study and to represent the population. In this qualitative study, purposeful sampling method was used for obtaining profound information about the person, event or situation constituting the subject of the study according to a certain purpose and also for representing the population and providing a heterogeneity in the sample population (Maxwell, 2012). The criteria of the study consisted of; individuals who would become a father for the first time, wives with healthy pregnancies who had been admitted for vaginal delivery and expectant fathers who had no communication problem and agreed to participate in the study. Although data saturation was obtained with 30 participants, 32 individuals were interviewed.

Data Collection: The data were collected by conducting face-to-face interviews via a form including semi-structured and open-ended questions prepared by the researchers based on the relevant literature. The questions were prepared for determining the emotions-behaviors of individuals taking their wives to labor (Table 1). The interviews were carried out with one-to-

one profound interview method in a private room, where the researcher and the individual would be alone. Each interview lasted for about one hour. Also, the data were collected with a method, in which the researcher directly observes the participant's behaviors in his natural environment and which is frequently used in qualitative studies (Erdogan, Nahcivan & Esin, 2017). The researcher observed the expectant father filling in the data collection form and waiting for the labor in front of the delivery room without his knowledge and noted down his behaviors. In qualitative studies, as making observation within the participants' knowledge may cause behavioral changes and reduce the validity-reliability of the study, observations were made without the participants' knowledge in this study. As the individuals rejected sound recording, the data were collected by taking notes.

Ethical Permission: In order to conduct the study, ethical approvals were obtained from the Governorship of Malatya Provincial Directorate of Health and from İnönü University Health

Sciences Non-Invasive Clinical Trials and Publications Ethics Committee (decree no: 2018/13-4). In addition, the participants were informed about the purpose, scope and voluntariness of the study and their informed consents were received.

Data Analysis: After finishing all the interviews, the data were evaluated using content analysis method in order to draw repeatable and valid outcomes concerning the content of the data (Graneheim & Lundman, 2004). Two experts read the data which were collected to provide validity and reliability of the study. The data read were gathered and a text was created. The text was read over and over again and the participants' statements were coded by comparing the similar/same points mentioned the most first and then different points. The data coded were combined significantly to create the themes. The codes combined were reviewed by the researchers and the main themes and subthemes of the study were created. In the study, four main themes and seven subthemes were determined (Table 2).

Table 1. Primary Interview Questions

How did your mood change when your wife went into labor?

How did you feel when your wife was suffering from labor pain?

What did you do when your wife went into labor?

What did you do to manage (reduce) pain?

Would you like to be present in your wife's delivery?

How do you feel when your wife is in the delivery room?

What do you do to control your feelings?

Table 2. Themes of the Study

Main Themes	Subthemes
1. Thoughts of participating in labor	1.1. Desiring to participate
	1.2. Not desiring to participate
2. First reactions to going into labor	2.1. Pain-related emotions
	2.2. Behaviors for reducing pain
3. Reactions during labor	3.1. Labor-related emotions
	3.2. Behaviors for controlling emotions
4. Support received	4.1. Support by a close relative

Results

Individuals who would become a father for the first time stated that emotionally, they experienced excitement in general and fear and anxiety concerning uncertainty. Majority of expectant fathers tried to support their wives in the hospital during labor. However, as they were unable to accompany their wives in the delivery room, they received support from family members in order to support their wives and also overcome their fears. In the Turkish society, as men are not approved in the maternity ward and delivery room, they are generally kept waiting in the hallways outside the service. This condition causes expectant fathers to receive insufficient information about their wives in labor and the process of labor and consequently experience fear. Besides fear, expectant fathers feel the pride and excitement of becoming a father for the first time. It was determined that age average of 32 expectant fathers who participated in the study was 29.0 years and 56.3% were high school graduates. 34.4% of their wives graduate from university and higher education. 56.3% of the expectant fathers stated that they wanted to participate in their wives' labor.

The statements were given in quotation mark with the participants' numbers within the frame of thematic analysis.

Theme I- Thoughts of participating in labor

It was determined that the participants who would become a father for the first time had different opinions about accompanying their wives in the delivery room. More than half of the expectant fathers stated that they wanted to accompany their wives to support them and to experience those moments together. On the other hand, some of the expectant fathers stated that they did not want to see their wives like that and witness their pain.

Desiring to participate. The fathers indicated that they wanted to be present in the delivery room for their wives. They stressed that they wanted to be with their wives to support them, help them overcome their fear and share that special moment. However, the expectant fathers were unable to accompany their wives in the delivery room due to the institutional policy and the presence of more than one pregnant women at the same time.

“We share a life with my wife. So I want to be with her and help her at that moment. I want to witness the moment when I become a father for the first time” (Father 17).

“I would like to be with her to hold her at the toughest time, share her pain and support her psychologically” (Father 2).

“I want to experience her pain and share that moment. She will probably have less fear and relax when she sees me” (Father 29).

Not desiring to participate. Some of the expectant fathers stated that they wanted to support their wives, however they did not want to participate in the labor in the delivery room. This was mainly because they considered that environment a private area due to their religious beliefs and cultural factors. In addition, they stressed that they would be affected by the process and they neither wanted to witness their wives suffer nor see that environment and the moment of birth.

“As it is a private area, I don’t want to see that environment” (Father 28).

“I don’t want to see her suffer. My heart hurts because she has pain. If I saw her like that, I wouldn’t stand it” (Father 14).

“I am a short-tempered person. If anything happened to them, I wouldn’t keep myself calm (meaning that he would attack people)” (Father 5).

Theme 2- First reactions to going into labor and pain

As labor is an unknown and role change process for men, expectant fathers experience many emotions at the same time. They emphasized that they were excited about waiting to become a father for a long time on one hand and they had fear and stress due to uncertainties about the health of their wives/babies on the other. They stated that they were sad especially when their wives had labor pain and immediately came to the hospital after telling their relatives about the situation.

Pain-related emotions. Labor pain and uncertainties cause sorrow and stress for expectant fathers. Lack of knowledge in expectant fathers regarding labor caused them to fail in supporting their wives sufficiently and led to the development of emotions such as role inadequacy, exclusion and despair.

“I got excited and scared. So, we immediately came to the hospital. When her water broke, I thought that it was something unimportant. However, it was abundant and I called her mother. We immediately came to the hospital. When

she suffered, I suffered. Noone can stand it. It is too bad. I can’t stand that she suffers” (Father 9). When expectant fathers or their wives go to the hospital for labor with family members, this gives a feeling of trust to them.

“I got a little anxious and scared when she had bleeding and called my mother at 12 at night. As she was suffering, I was suffering... Whenever she felt like crying, I couldn’t help myself (meaning that he cried too). I didn’t know what to do, as it was our first child” (Father 14).

“Besides waiting impatiently, we were a little nervous and a little scared because of uncertainty. I would have been relieved if it had happened as soon as possible. I share her pain and get sad as she suffers” (Father 29).

“This is the first time I become a father, so I am too anxious. It just bothers me and I want it to be over as soon as possible. I have pain and sweat, too. I don’t want to see her like that and I just want to leave. But she won’t let me go. I can feel her pain (hands shaking). I wish that it was all over.....” (Father 31)

Behaviors for reducing pain. Some of the men whose wives were hospitalized in the maternity ward supported them with various methods, whereas some of them left their relatives as companion due to their beliefs and waited outside impatiently without knowing what to do. The fathers were aware that giving support to their wives would enable them to overcome the process of labor more easily. In the study, it was determined that men usually gave verbal and moral support and provided physical help.

“When her pain started, I thought that it was time. We didn’t know what to do as it was our first child. I massaged her waist. Then I bathed her with warm water to relax. I made her breathe in and out deeply.....” (Father 15).

“I try to relieve her and give her moral support. I pray (he hold his wife’s hand and tries to distract her by talking as she suffers)” (Father 32).

The intervention of an expectant father accompanying his wife in the service to reduce pain;

“He holds his wife’s hand with one hand and massages her waist with the other hand by walking in the service corridor.”
(Father 31).

Besides these interventions, the statement of an expectant father was quite interesting;

“Men have no idea about that pain. No matter what we do, we will never know it. It is nonsense to comfort them despite that....” (Father 13).

Theme 3- Reactions during labor

The birth of the first child is a great moment for a father. This big moment raises concerns for the health of their spouses / babies in expectant fathers. fathers may feel inadequate and helpless because they cannot help their wives during delivery. In addition, not having enough information about birth may cause the feeling of being an outsider. In addition to all these negative emotions, father candidates experience the joy and excitement of being a father. Expectant fathers display many distinctive behaviors to cope with these ambivalent emotions.

Labor-related emotions. The expectant fathers were waiting impatiently in front of the doors of the delivery room with the joy and excitement of being a father for the first time. They all had that impatience, as well as curiosity and anxiety. They were waiting curiously behind closed doors for the good news that could come from the delivery room.

“I am intensely excited. I am joyful and excited because of labor, arrival of our baby and holding a baby for the first time...” (Father 9).

“I want her to give birth and get freed as soon as possible. I have pain as she is suffering there inside. I feel sad and unhappy” (Father 10).

“Of course I am excited. I pray to God that they both get out healthfully. I am anxious because I think of their health. I can’t express my feelings.....” (Father 32)

“I think of how she is doing there inside. I can’t stand it. I have pain, too. It’s not easy. Time hangs heavy on my hands. I wish that they gave me a piece of good news sooner. However, time doesn’t pass” (Father 14).

“I am scared that she won’t be able to push when she has labor pain..... I am so excited, happy and scared at the same time. I am happy because I am going to be a father. I am scared because I don’t know what will happen.....”
(Father 12).

“I wonder how she is doing and when she will give birth. I am in shock (He started crying before finishing his words)” (Father 25).

Behaviors for controlling emotions. Delivery room is an unknown space for men. Expectant fathers have negative feelings when their wives are lonely in an unknown space and have labor pain. They do not know how to react to and cope with that situation. They adopt many different methods to get rid of their anxieties. All the participants in the study stated that they had faith in God and prayed to Him. Besides a strong moral viewpoint; the expectant fathers developed different behaviors of coping with their anxieties according to their individual characteristics.

The father who said, *“I am praying and waiting”* (Father 20) was sometimes sitting and soon walking around. Every time the doors of the delivery room opened, he was looking at the doors. He was talking to the people near him, but he looked too anxious.

“I intend to play a game on the phone (which I do), but time hangs heavy on my hands” (Father 14).

“I am trying to suppress it by smoking” (Father 27). The expectant father who had come from smoking fifteen minutes before left the service for smoking again.

“I think about good days with my girl in the future... Someone is shouting there inside and it seems like her, which makes my heart shatter” (Father 26). The expectant father paced up and down, sat down and started pacing again within minutes to control his emotions and sweated all the time due to stress.

Support received

Majority of expectant fathers face moral difficulties because they are unfamiliar with the process of labor. It is difficult particularly for those who become a father for the first time to manage these emotions on their own. Thus, the expectant fathers stated that they needed support

in the process of labor as well. Majority of the expectant fathers stressed that they received support from different people; especially from their own and their wife's families. It was indicated that physical and moral support given by family members made expectant fathers feel safe both for themselves and their wives.

Support by a close relative. It was determined that although the support given by families in the process of labor did not completely relieve the stress of expectant fathers, it comforted them at non-negligible level. All the expectant fathers stated that they were satisfied with being accompanied by their families and friends.

"We have my mother, mother-in-law and sister-in-law here with us. Without them, I wouldn't know what to do. I would be scared. They are experienced and thus, know everything. They tell us that there will be some pain during labor and calm us down" (Father 9).

"My mother is here. It's good, she is like a real mother to her (my wife). My mother has seven kids, so she has experience. She is giving my wife support, which makes me feel comfortable and care-free" (Father 13).

"My mother and mother-in-law are here with me keeping me going. Without them, I would feel desperate and sad" (Father 17).

"Our friends told us about the progress of the process... My mother and aunt gave us support... They were experienced... They helped us overcome our unnecessary fears. It was our first child and they relieved our fears" (Father 23).

"We have my mother-in-law and sister-in-law here with us, which makes me feel comfortable. Without them, I would feel lonely" (Father 26)

"I received support from my mother and sister. They tell us their experiences and comfort us" (Father 25).

The expectant fathers were satisfied with the support they received; however, some of them indicated that the support did not reduce their stress and anxiety but increased them.

"We have my mother and mother-in-law here with us. They are so excited and they rush around all the time. When I see them like that, I get even more excited" (Father 12).

"We have my mother, brother and sister here with us. I said it was not necessary, but they wanted to come anyway. I sent my brother and mother to home. My sister-in-law will come. Their presence makes no difference to me, because I just think of my wife" (Father 14).

Discussion

Birth is evaluated as the most beautiful and the most difficult turning point in the lives of couples. It is a new experience especially for individuals who will become parents for the first time and the first step to parenthood (Ledenfors & Berterö, 2016). The first birth experience is a source of happiness and joy for couples (Etheridge & Slade, 2017); however, uncertainty of the process and labor pain also cause fear and anxiety. Thus, the first birth experience is one of the periods when couples need support the most. In this period, while the expectant mother has very strong support networks; the expectant father's psychological condition is usually ignored (Dlugosz, 2013; Widarsson, Engström, Rosenblad, Kerstis, Edlund et al., 2013). However, the period is the first step to the process of becoming a father for men. It is indicated that expectant fathers often experience strong and complex feelings in the beginning (Premberg et al., 2011; Sapountzi-Krepia et al., 2010). Expectant fathers feel the pride and excitement of becoming a father for the first time on one hand and have despair, anxiety and uneasiness for being unable to do anything for their suffering wives and the health of their wives and unborn babies on the other (Premberg et al., 2011; Longworth, Furber & Kirk, 2015).

In the study, all the expectant fathers stated that they were happy about becoming a father, but were also anxious about their wives and the process of labor. These data are supported by the literature suggesting that having a baby is an experience worth sharing happiness and joy (Labrague et al., 2013; Sapountzi-Krepia et al., 2010; Lowdermilk & Perry, 2006). Similarly, there are studies suggesting that men consider the process of waiting the birth of their babies the best experience of their lives (Leifer, 2003).

Fathers' presence in the delivery room varies from country to country and cultural differences affect practices, as well. In majority of western countries, men support their wives in the delivery room, which is a common practice (He et al., 2015). It is indicated that expectant fathers are kept out of the delivery room due to hospital policies, socio-cultural norms and beliefs (Alio et al., 2013; Hasman, Kjaergaard & Esbensen, 2014; Brown, 2012). In this study, majority of the participants stated that they desired to be available in the delivery room to support their wives. However, none of the fathers were able to be available in the delivery room due to the hospital policies. Similarly, in the study conducted in the United Arab Emirates, men's participation in labor is not approved due to religious beliefs and in another study, men's presence in the delivery room was considered as an insult against Arab women (Mosallam, Rizk, Thomas & Ezimokhai, 2004). In Turkey, men are not allowed in the delivery room in public hospitals; however, new policies allowing men to participate in the process of labor in accordance with the demands of couples and due to the concept of increasing "quality in hospital services" have begun to be developed in recent years (Gungor & Beji, 2007). In contradiction to the results of the present study, men in the western culture are supported to participate in labor to support their wives. Some studies have stated that expectant fathers can participate in labor as long as couples desire (Backstrom & Hertfelt Wahn, 2011; Sapountzi-Krepia et al., 2010; Eggermont, Beeckman, Hecke, Delbaere & Verhaeghe, 2017). Although there is no routine application in Malawi, some men participate in labor either out of curiosity or for their wives / babies (Kululanga et al., 2012). This could be considered as a reflection of cultural norms, as well as differences in religious beliefs, family structures, relationships and bonds. Social expectations emphasize that now men should be included in pregnancy, labor and postpartum period with their wives as much as possible (Longworth & Kingdon, 2011).

It is reported that men who will become a father for the first time are defenseless and experience inner stress (Ledenfors & Berterö, 2016). In the present study, the expectant fathers stated that they immediately reached to the hospital in panic and despair for pain when their wives began to have labor pain. Similar to the present study, there are studies suggesting that fathers express

strong, complex/negative emotions and anxiety before labor (Dolan & Coe, 2011; Fenwick, Bayes & Johansson, 2012; Lindberg & Engström, 2013; Schytt & Bergström, 2014). It is indicated that expectant fathers get irritated due to despair in order to relieve their wife's pain especially when the duration of labor is extended (Lindberg & Engström, 2013; Schytt & Bergström, 2014) and feel anxious because they do not know how to help them (Deave & Johnson, 2008). In addition, it is stated that men feel weak and desperate as they are unable to relieve their wife's pain or help them, which supports the present study (Fenwick, Bayes & Johansson, 2012). This might be associated with lack of experience and fathers' unpreparedness before labor (Poh et al., 2014; Bergström, Rudman, Waldenström & Kieler, 2013). (It is indicated that fathers who are unprepared for labor have a greater risk of having a negative labor experience (Backstrom & Hertfelt Wahn, 2011). The studies have showed that supporting and encouraging fathers by healthcare professionals affect their experiences (Premberg et al., 2011; Widarsson et al., 2012; Thorstensson, Ekström, Lundgren & Wahn, 2012). Thus, as long as men who will become a father for the first time are allowed to talk about their feelings regarding labor before labor, they can have a better labor experience.

The expectant fathers waiting for their wives to give birth usually felt excitement and happiness to become a father and fear and anxiety for the health of their wives and babies. In studies, the fathers indicated that they felt fear and anxiety for the health of their wives and babies, which supports our data (Sapountzi-Krepia et al., 2010; Erdogan, Nahcivan & Esin, 2017; Fenwick, Bayes & Johansson, 2012; Lindberg & Engström, 2013). In addition, they reported that it was too painful to see their wives suffer and they felt desperate (Sapountzi-Krepia et al., 2010). In the present study, two expectant fathers stated that they suffered along with their wives, besides those feelings. These study results and the results of the present study show that expectant fathers whose wives are in the delivery room feel anxious for the health of their wives/babies and suffer along with them, besides positive emotions. Thus, medical personnel should be sensitive to the feelings of expectant fathers, as well.

It is stated that fathers have complex feelings and do not know how to cope with their concerns and how to share their feelings with others (Poh et al.,

2014) and they consequently suppress their emotions and needs and hide them especially from their wives in this period (Kululanga et al., 2012; Darwin et al., 2017; Eggermont et al., 2017). As men are considered a symbol of power (Poh et al., 2014), it is considered to be an indicator of weakness for them to express or share their feelings (Kao & Long, 2004). In this study, it was observed that the expectant fathers developed behaviors according to their personal characteristics to cope with their emotions in the process of labor. They usually tried to spend time without knowing what to do. While some of the fathers chatted with their relatives, majority of them either smoked outside or waited pacing up and down in front of the delivery room. Also previous studies on pregnancy and labor reported that behaviors of fathers were personal (Poh et al., 2014; Sansiriphun, Kantaruksa, Klunklin, Baosuang & Jordan, 2010). Thus, it is necessary for healthcare professionals to determine fathers experiencing negative feelings like anxiety regarding pregnancy and labor and to support them by discussing their feelings (White, 2007). It is stated that the information provided by healthcare professionals to expectant fathers regarding the process of labor allows fathers to have a positive labor experience (Hildingsson, Johansson, Fenwick, Haines & Rubertsson, 2014). In addition, medical personnel's communication reduces the father's sense of exclusion and fear by including him in the entire process (Lindberg & Engström, 2013). The information to be provided to expectant fathers regarding the process of labor will allow them to overcome this process more positively and to control their emotions.

In the Turkish culture; gathering together in births, weddings, funerals and religious holidays is of prime importance as they are accepted to be the turning points of family and especially life (Ünal, 2013). Birth is an important condition because it makes couples parents and family elders grandparents. On that important day, experienced women in the family should support individuals who will become parents for the first time. That support should be given to the expectant mother mainly by the mother/mother-in-law and sister. Although expectant fathers are not supported enough, the presence of a reliable and experienced person comforts them. In the study, all the participants stated that they were supported by their families or relatives. In other studies, the fathers stated that they received

support from many sources (Forsyth et al., 2011; Darwin et al., 2017; Fenwick, Bayes & Johansson, 2012). It was indicated that the expectant fathers received support mainly from family members (Hildingsson et al., 2014), friends and other experienced people (Pohet al., 2014; Deave & Johnson, 2008; Huusko, Sjöberg, Ekström, Hertfelt Wahn & Thorstensson, 2018). Fathers are usually soothed by giving verbal support during labor. In the study, although some of the participants stated that they were relieved by the support received from family members, it was observed that they were unable to overcome the excitement, fear and anxiety they faced while waiting for their wives to labor. This might be due to the fact that the fathers were not prepared enough for labor. In Turkish society, majority of expectant fathers are unable to participate in prenatal trainings due to cultural and religious beliefs, as well as having insufficient time because of working full time. Howarth et al., (2019) indicated that men who were given more information about labor and parenthood would have less anxiety (Howarth, Scott & Swain, 2019). Similarly, Tohotoa determined that father-oriented prenatal trainings reduced fathers' stress during labor (Tohotoa, Maycock, Hauck, Dhaliwal, Howat et al., 2012). As long as fathers prepare for labor and acquire confidence, they will have more positive labor experience. Thus, healthcare professionals should meet the needs of not only mothers, but also fathers in transition to labor and parenthood (Backstrom & Hertfelt Wahn, 2011; Tohotoa et al., 2012). Professional support should include both informative and emotional support.

Limitations: This study has some limitations. First, this study was carried out only in the Training and Research Hospital Beydagi Campus. Thus, the findings cannot be generalized to other hospitals, such as private and university hospitals. Secondly, only fathers whose wives had vaginal births were included in the study and the wives of cesarean women were not included in the study. For this reason, the results do not reflect the feelings and thoughts of fathers who had a cesarean birth.

Conclusion and Recommendation: As a consequence, it was determined that expectant fathers intensely had positive emotions such as excitement and happiness in the process of labor, as well as negative emotions such as anxiety, fear and despair. It is important to enable expectant fathers to participate in the labor in order to

reduce their negative emotions. Guidance and support from family members and healthcare professionals during birth can improve the sense of control and coping of fathers whose spouses are in labor. It is recommended to create birth-preparation classes for expectant fathers, to teach them their roles in the process of labor and to enable them to participate in labor actively.

Acknowledgments: The authors would like to thank the participating fathers for sharing their experiences and time.

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