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The Attitudes of The First-Time Fathers Towards Involvement in Baby-Care and The Status of Paternal Involvement in Turkey

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Abstract

The study was carried out descriptively with the aim of determining the attitudes of the first-time fathers towards involvement in baby-care and the status of their actual involvement. It was realized in the surveillance service and healthy baby clinic of Ankara Zekai Tahir Burak Training and Research Hospital. The sample size was determined as 357. The fathers were interviewed in the maternity ward to determine their opinions about involvement in the birth and in the healthy baby clinic in 10 days after birth to find out the baby-care practices they were involved in. All of the fathers who acquired knowledge were involved in baby-care. 65.0% of the participants expressed their perception of self-sufficiency in baby-care and their involvement rate was higher than that of those who do not feel self-sufficient ($p<0.05$). 85.3% of the fathers having anxiety of difficulty in baby-care and 92.3% of those without any anxiety were involved in the process ($p<0.05$). It was found that the involvement rate is lower among the participants in the county town who live in a nuclear family and do not have someone to help with baby-care and whose fathers are at a low level of education ($p<0.05$). In accordance with the results obtained of the study, it was suggested that the fathers should be involved in the educational and counselling programmed on baby-care in the perinatal process and the participants in the group determined according to the research results should be given special attention.

Keywords: First-time father; Behaviour; Anxiety; Baby-care; Parenting; Nursing

Introduction

As the smallest unit of the society, family is the most important social environment which provides the child's growth and development by shaping and directing his/her behaviours. Each family member's physical, mental and environmental wellbeing contributes positively to the development of the community, as well [1-4]. The perinatal process that includes pregnancy, childbirth and postpartum is an important crisis period affecting the family system [3-5].

During the perinatal period, it is necessary to support the fathers as well as the mothers and provide their participation to the process. Although paternal involvement is beneficial, and this fact is supported by various studies, father involvement in the process is not at the desired level throughout the world. The world started to involve the fathers in the perinatal process in 1960s. The men in Sweden started to attend the pregnant training classes in 1970. In Ukraine, the rate of fathers' presence at the birth has increased in the last 15 years [6]. Despite the fact that paternal involvement in the perinatal period is supported in developed countries, Turkey has just started to provide fathers' participation to the process. The fathers in our country are ignored during the perinatal process starting with pregnancy control especially because of the hospital policies. Presence of the first-time fathers during birth is not allowed except in some very special circumstances (such as father's working as a health staff or special hospital conditions). The lack of support in the perinatal period may affect parental experiences in a negative way [5,6]. In the studies carried out, it was found that that the reasons for parental psychiatric disorders in the postpartum period are lack of social support, mismatch between spouses and stressful living conditions. [7-10]. While the studies about the perinatal period focus on especially the mother and deal with her transition to parenting; the father's transition process, his perception of fatherhood and paternal involvement in baby care are not taken into consideration [5,11,12].

WHO emphasizes that the health staff should try to contribute to the fathers' health and provide them with support and counselling about sexual and reproductive health as from the perinatal period [13]. It is stated that father health depends on the relations with the spouse, parents and health staff. Meanwhile, the fathers who are interested in their babies do not show negative health behaviours, which leads to a decrease in their disease symptoms [14]. Nurses can help fathers attend educational program during the postpartum and prenatal periods so that they can adapt their new role easily and have sufficient information about pregnancy, maternal changes and baby care [14]. The aim of this study is to determine the attitudes of first-time fathers towards involvement in baby care and their actual involvement in the process.

Research Methodology

The study was carried out descriptively with the aim of determining the attitudes of the first-time fathers towards involvement in baby-care and the status of their actual involvement. Data were collected among 357 first-time fathers whose wives had a natural childbirth in the surveillance service and healthy baby clinic of Ankara Zekai Tahir Burak Training and Research Hospital between 15.04.2010 and 15.09.2010. A data collection form was prepared for determining the

first-time fathers' attitudes to involvement in baby-care and the status of paternal involvement in baby-care.

Written permission for the implementation of the study was taken from the Turkish Ministry of Health. The study was evaluated and approved in terms of ethical eligibility by Hacettepe University Senate Ethics Committee. Additionally, a parental consent form was signed by the participants who meet the sampling criteria. The data obtained in the study were analyzed by means of a Statistical Package for Social Sciences (SPSS) 17.0 for Windows. The compliance of the continuous data with normal distribution was evaluated by Kolmogorov-Smirnov tests and the variances' suitability for normal distribution was determined. Chi-Square test (Pearson Chi-Square, Fisher Chi-Square) was applied by using descriptive statistics (number, percentage, mean, standard deviation) in order to find the difference between the groups. $p<0.05$ was taken into consideration as the value of materiality for the comparison of the groups. The power of the study was found to be 80.0% after being calculated with the retrospective power analysis by means of the power and sample size programmed.

Results

The distribution of some descriptive characteristics of participants is given in Table 1. It was found that 64.1% of the fathers are between 26 and 30 years old and their median age is 29.0 ± 2.8 (min=21 max=36). 52.1% of them are high school graduates, 94.4% work somewhere, 87.1% live in the city center and 84.6% live in a nuclear family.

Considering the marriage duration of the participants, it was reported that 64.7% of them have been married for about 0-3 years and the median duration of marriage is 3.4 ± 2.0. 43.1% stated that they have a good income and 44.0% described themselves as middle income individuals. The mothers of 58.0% of the participants and the fathers of 52.1% are primary school graduates and about 50% of their wives are high school graduates.

Variables	Number	Percentage%
Age group		
21-25 years	29	8.1
26-30 years	299	64.1
31-36 years	99	27.7
X ± SS= 29.0 ± 2.8 (min=21 max=36)		
State of education		
Primary School	16	4.5
Secondary School	25	7
High School	186	52.1
University ↑	130	36.4
Employment status		
Employed	337	94.4
Unemployed	20	5.6
Residence		
City Center	311	87.1
County Town	46	12.9
Family type		
Nuclear	302	84.6
Extended	55	15.4
Duration of marriage		
0-3 years	231	64.7
4-6 years	77	21.6
7-9 years	49	13.7
X ± SS=3.4 ± 2.02		
Economic status perceived		
High	154	43.1
Middle	157	44
Low	46	12.9
Maternal education level		
Illiterate	24	6.7
Literate	31	8.7
Primary School	207	58
Secondary School	68	19
High School	27	7.6

Table 1: Distribution of some descriptive characteristics of the fathers.

43.7% of the fathers stated that they acquired knowledge and 68.0% of those said that they got that knowledge in the prenatal period. It was reported that 56.4% of the fathers obtained the information about baby-care through internet. books. magazines. television. 29.4% acquired from health staff. Additionally. it was found that 80.1% of the participants got information about nutrition and 39.7% have knowledge about baby sleep.

84.9% of the fathers expressed their need to acquire knowledge about baby-care. 35.0% of the fathers feel insufficient. 40.8% of them find baby-care difficult and 40.0% of them think they do not have enough knowledge on baby-care. 30.5% do not feel themselves insufficient in baby-care. 54.1% of those feeling insufficient said diaper and clothes change will be challenging for them and 44.4% stated that they will have difficulty in every practice.

It was reported in the study that 91.3% of the participants decided pregnancy together with their wives. 93.8% said they had planned pregnancy and 73.9% stated that there is someone at home to help them with baby-care. 56.9% of the infants are male (Tables 2 and 3).

Variables	Number	Percentage %
Knowledge acquisition (n=357)		
Acquired knowledge	156	43.7
Did not acquire knowledge	201	56.3
Knowledge acquisition period (n=156)		

Prenatal	106	68
Postnatal	30	19.2
Prenatal and postnatal	20	12.8
Knowledge source (n=156)*		
Internet, books, magazines, television	88	56.4
Health staff	46	29.4
Family	32	20.5
Relatives, friends	16	10.2
Subjects of knowledge (n=156)		
Nutrition	125	80.1
Sleep	62	39.7
Diaper change	48	30.7
Baby development	48	30.7
Umblicus care	47	30.1
Baby bathing	32	20.5
Gas relief	31	19.8
Fathers' attitudes to knowledge acquisition on baby care (n=357)		
They should acquire knowledge	303	84.9
They shouldn't acquire knowledge	34	9.5
Have no idea	20	5.6
Perception of self-sufficiency in baby care (n=357)		
Feel self-sufficient	232	65
Do not feel self-sufficient	125	35
Anxiety of difficulty in baby- care (n=357)		
Have anxiety of difficulty	248	69.5
Do not have anxiety of difficulty	109	30.5
Subjects of anxiety of difficulty in baby-care (n=109)*		
Baby sleep	16	14.6
Diaper and clothes change	59	54.1
Every subject	48	44
*This question was answered more than once. It was evaluated in percentage.		

Table 2: Distribution of the status of the father's knowledge acquisition on baby care, their perception of self-sufficiency and anxiety of difficulty.

All of the fathers said that they participated in at least one of the baby care practices. It was found that 83.2% of the participants relieved their babies' gas in 10 days after birth. 69.7% put their babies to sleep and 61.6 changed the baby's diaper (Table 4).

	Involved		Not involved		Total	
Care Practices	**Number**	**%**	**Number**	**%**	**Number**	**%**
Gas Relief	297	83.2	60	16.8	357	100
Sleep	249	69.7	108	30.3	357	100
Diaper Change	220	61.6	137	38.4	357	100
Clothes Change	202	56.6	155	43.6	357	100
Bath	191	53.5	166	46.5	357	100
Feeding	143	40.1	214	59.9	357	100
Umblicus Care	142	39.8	215	60.2	357	100
*This question was answered more than once. It was evaluated in percentage.						

Table 3: The status of paternal involvement in baby-care in 10 days after birth and the practices which they were involved in n=357*.

Involvement in Baby-care								
Perception Self-Sufficiency and Anxiety of Difficulty	**Yes**		**No**		**Total**		**Statistical Analysis***	
	n	**%**	**n**	**%**	**n**	**%**	**x^2**	**p**
Perception of self-sufficiency								
Feel Self-Sufficient	218	94	14	6	232	65	-	-
Do not Feel Self-Sufficient	104	83.2	21	16.8	125	35	10.64	0.001
Anxiety of difficulty								
Yes	93	85.3	16	14.7	109	30.5	-	-
No	229	92.3	19	7.7	248	69.5	4.21	0.04

Table 4: Paternal involvement in baby care according to the perception of self-sufficiency and anxiety of difficulty.

It was reported that 94%.0 of the fathers with the feeling of self-sufficiency were involved in baby-care and 83.2 of those who didn't feel themselves sufficient participated in the process. The difference between the two involvement rates changing according to the perception of self-sufficiency was found to be statistically significant ($p<0.05$) (Table 5).

82.8% of the fathers at the age of 21-25 and 56.8% of those at the age of 26-30 feel sufficient in baby-care. The difference in the rates of perception of self-sufficiency changing according to the age group was found to be statistically significant ($p<0.05$).

68.1% of the participants whose fathers are at primary or lower education level stated that they feel themselves sufficient in baby care and 72.5% of those whose fathers are at secondary or higher education level said that they find themselves sufficient in baby-care.

Demographic Values	Perception of Self-Sufficiency in Baby Care							
	Feel self-sufficient		Do not feel self-sufficient		Total		Statistical Analysis	
	n	%	n	%	n	%	x^2	p
Age								
21-25 years	24	82.8	5	17.2	29	8.1	-	-
26-30 years	130	56.8	99	43.2	229	64.1	-	-
31-36 years	78	78.8	21	21.2	99	27.7	19.11	0. 001**
Place of living								
Province center	186	59.8	125	40.2	311	87.1	-	-
County Town	46	100	-	-	46	12.9	-	-
Family type								
Nuclear family	190	62.9	112	37.1	302	84.6	-	-
Extended family	42	76.4	13	23.6	55	15.4	3.69	0.065*
Fathers' state of education								
Primary school and ↓	108	58.1	78	41.9	186	52.1	-	-
Secondary school and ↑	124	72.5	47	27.5	171	47.9	8.17	0.004*
Wife's state of education								
Primary school and ↓	86	92.5	7	7.5	93	26.1	-	-
High school and ↑	146	55.3	118	44.7	264	73.9	41.75	0. 005*
*Fisher's exact Chi-Square; ** Pearson Chi-Square								

Table 5: Distribution of the participants in terms of their descriptive characteristics and perception of self-sufficiency in baby-care.

As the education level of the participants' fathers rises. the perception level of self-sufficiency increases. The difference in the rates changing according to the education level of participants' fathers was considered to be statistically significant ($p<0.05$). 92.5% of the fathers whose wives are at primary or lower education level and 55.3% of the fathers whose wives are high school graduates or at a higher level of education feel themselves sufficient in baby care. It was found out that as the education level of the participants' wives rises. the number of those with the feeling of self-sufficiency in baby care decreases. Additionally. the difference in the rates showing changes according to the education level of the wives was to be found significant ($p<0.05$) (Table 6).

Pregnancy checks. Involvement in birth. Presence of Someone to Help Knowledge acquisition	Perception of Self-Sufficiency in Baby Care							
	Self-Sufficiency		Not Self-Sufficiency		Total		Statistical Analysis	
	n	%	n	%	n	%	x^2	p
Pregnancy checks								
Involved	212	64.8	115	35.2	327	91.6	-	-
Not involved	20	66.7	10	33.3	30	8.4	0.041	1.000*
Opinions about involvement in birth								
Should be involved	65	52.4	59	47.6	124	34.7	-	-
Shouldn't be involved	72	58.5	51	41.5	123	34.4	-	-
Un-decided	95	86.4	15	13.6	110	30.9	32.94	0.001**

Willing to be involved in birth								
Willing	122	66.7	61	33.3	183	100	-	-
Unwilling	110	63.2	64	36.8	174	100	0.46	0.507*
Presence of someone to help								
Available	156	59.1	108	40.9	264	73.9	-	-
Unavailable	76	81.7	17	18.3	93	26.1	15.47	0.001*
Knowledge acquisition about baby-care								
Acquired knowledge	110	70.5	46	29.5	156	43.7	-	-
Did not acquire knowledge	122	60.7	79	39.3	201	56.3	3.72	0.058*
* Fisher's exact test; ** Pearson Chi-Square								

Table 6: Distribution of the fathers according to involvement in pregnancy checks and birth, the presence of someone to help with the baby-care, knowledge acquisition and perception of self-sufficiency.

64.8% of the fathers who participated in pregnancy checks and 66.7 of those who were not involved stated that they feel themselves sufficient in baby-care. The difference between involvement in pregnancy checks and perception of self-sufficiency was found to be statistically insignificant ($p>0.05$). Considering the fathers' perception of self-sufficiency in terms of their opinions about involvement in birth. It was found that 52.4% of the fathers who are in favor of participating in birth feel themselves sufficient and 58.5% who do not support that opinion feel themselves insufficient in baby-care. 86.4% of the undecided fathers expressed self –sufficiency. The difference in the rates changing according to the fathers' opinions about birth involvement was found to be statistically important ($p<0.05$). It was found that 93.6% of the fathers who have someone to help and 80.6% of those who do not have are involved in baby-care. The difference between the two groups' involvement in baby care according to the presence of someone to help was found to be statistically significant ($p<0.05$). All of the fathers (100%) who got information about baby-care and 82.6% of those who were not informed said that they are involved in baby-care (Table 7).

Pregnancy Checks. Involvement in birth. Presence of Someone to Help Knowledge acquisition About Baby-care	**Involvement in Baby-care**							
	Involved		**Not involved**		**Total**		**Statistical Analysis**	
	n	**%**	**n**	**%**	**n**	**%**	**x^2**	**p**
Pregnancy checks								
Involved	292	89. 3	35	10. 7	327	91. 6	-	-
Not-involved	30	100. 0	-	-	30	8. 4	-	-
Opinions about involvement in birth								
Should be involved	120	96. 8	4	3. 2	126	100. 0	-	-
Shouldn't be involved	106	86. 2	17	13. 8	123	100. 0	-	-
Undecided	96	87. 3	14	12. 7	110	100. 0	9. 33	0. 004**
Willing to be involved in birth								
Willing	165	90. 2	18	9. 8	183	51. 3	-	-
Unwilling	157	90. 2	17	9. 8	174	48. 7	0. 00	1. 000*
Someone to help								
Present	247	93. 6	17	6. 4	264	73. 9	-	-
Not present	75	80. 6	18	19. 4	93	26. 1	12. 97	0. 001*
Knowledge acquisition about baby-care								

Acquired knowledge	156	100. 0	-	-	156	43. 7	-	-
Did not acquire knowledge	166	82. 6	35	17. 4	201	56. 3	-	-
* Fisher's exact test; ** Pearson Chi-Square								

Table 7: Distribution of the fathers according to involvement in pregnancy checks and birth, presence of someone to help with baby-care, knowledge acquisition and involvement in baby-care.

59.1% of the fathers having someone to help with baby-care and 81.7% of those not having someone to assist feel themselves self-sufficient in baby-care. The difference in the perception of self-sufficiency between two groups was found to be significant ($p<0.05$). 89.3% of the fathers who participated in the pregnancy checks and 100% of those who were not involved in that practice stated that they will be involved in baby-care. 89.2% of the participants who are in favor of paternal involvement in pregnancy checks and 95.0% of those who do not support that opinion and 100% of the undecided ones said that they are involved in baby-care. The involvement rates of the willing and unwilling groups are the same (90.2%), which means that the difference is not statistically insignificant ($p>0.05$).

Discussion

The postpartum period is an important development process through which families have physical, social and emotional changes. The inclusion of a new member to the family requires preparation of the parents for the new roles and responsibilities and adaptation of them to this new process. For this reason, the father as well as the mother should adapt himself to the physiological and psychological changes, attain the role of paternity, accept his baby and acquire the necessary knowledge and skills for participating in the baby-care.

In our study, it is seen that the primary information sources of the fathers are internet, books, magazines and television (56.4%). Only one third of the fathers (29.4%) stated that they got information from the health staff (Table 2). The study of Plantin and Daneback [14] reported that most of the fathers acquired knowledge from the internet. While in Premberg 65% found that the participants were informed mostly by the health staff, Montigny [15] noted they preferred to get information from the nurses. Today, the widespread use of electronic access resources, television and printed media provides easy access to the desired information.

In the study, it was found that 65% of the participants feel themselves sufficient in baby-care (Table 3). Additionally, the difference in paternal involvement rates changing according to the perception of self-sufficiency was found to be statistically significant ($p<0.05$). Similar, in the study of Salonen [16] it was reported that the fathers having been involved in baby-care in the postpartum period feel themselves more sufficient. In their study, Holmes and Lee [17,18] stated that the fathers who feel themselves sufficient are more likely to be involved in baby-care. In our country, traditionally a woman stays (mother, mother in-law, sister, etc.) with the family to help the mother. Despite the fact that the presence of someone to help the mother with baby-care especially in the postpartum period is an important source of social support for the family, culturally it may prevent the paternal involvement in the process.

In this study, it was found that 69.5% of the fathers have anxiety of difficulty in baby-care (Table 3). The involvement rate of the fathers without any anxiety of difficulty in baby-care is 92.3%, which is more than those thinking that they will have difficulty (85.3%) ($p<0.05$) (Table 3). In the study of Kuruçırak [19], it was reported that 30% of the fathers had difficulty in baby-care. For this reason, the arrangement of educational programmed on the baby-care issues that the fathers need to learn may increase the perception level of self-sufficiency and promote the involvement in baby-care as a consequence.

87.1% of the participants in the study live in the City Center. Although, all of the fathers living in the county town feel self-sufficient in baby-care, their involvement rate (69.6%) is lower than that of those living in the city center (93.2%). The difference in the involvement rates changing according to the residence was found to be statistically significant ($p<0.05$). In the study of Carter and Speizer [20], it was reported that the involvement rates do not change according to the residence in the postpartum period. The difference seen in this study may have resulted from two facts. Firstly, the number of fathers living in the county town is low. Secondly, those fathers adopt their gender roles more because of their residence. In addition to this, division of responsibilities in the modernizing families and communities may be the reason for higher involvement rates among the participants living in the City Centre.

84.6% of the fathers in our study live in nuclear families. Both the perception rate of self-sufficiency (62.9%) and the rate of involvement in baby-care (84.6%) among the fathers living in nuclear families are higher than those of the participants in extended families (perception of self-sufficiency 76.4%, involvement 98.2%). However, the difference in the rates according to the family type was found to be insignificant ($p>0.05$). In the study of Şentürk [21], it was reported that not only the support provided by the spouse but also the assistance taken from his/her family is quite important in the Turkish culture. In nuclear families, the lack of social support in the postpartum period which is an important time of crisis may bring about an increase in the feeling of insufficiency among both fathers and mothers. This situation may be related to the transition of the traditional Turkish family to nuclear type.

While the involvement rate of the participants who are in favor of the paternal involvement in birth is 96.8%, it falls to 86.2% among those who do not support that opinion ($p<0.05$). At the same time, 52.4% of the fathers who are not in favor of father involvement in birth stated that they feel self-sufficient in baby-care ($p<0.05$). In the study carried out in our country, 18.8% of the fathers who were not involved in the birth expressed their wonder about witnessing the moment of birth. In the study of Hotun et al. [22] it was reported that 56.0% of the mothers wish to see their spouses beside them. The high involvement rate of the participants who are in favor of paternal involvement in birth shows that the fathers are willing to take role in the perinatal process.

In the study, it was found that the absence of someone to help with baby-care at home increases the perception rate of self-sufficiency

($p<0.05$) and decreases the involvement rate ($p<0.05$). In the researches carried out, it was determined that family members, friends and colleagues provide support to the fathers [15,23,24]. Supporting the family and helping the parents with baby-care may psychologically relieve them [25]. The absence of someone to help with baby-care at home may encourage the fathers to get more information about baby-care and help them feel more self-sufficient.

In our study, it was determined that the fathers were involved in at least one baby-care practice in 10 days after birth. 83.2% of them relieved the baby gas, 69.7% put their babies to sleep and 61.6% changed diaper. In the study of Özcebe et al. [26] it was reported that 82.4% of the fathers relieved the baby gas in the postpartum period. In other studies, it was found that the fathers acquire new skills on baby-care in order to "take the new situation under control", know the needs of their babies and have the desire to apply the practices they have learned [2,15].

Conclusion

In the traditional social-cultural structure, it is a maternal duty to care for the baby. However, in recent years, the rate of paternal involvement in baby-care has increased by the changes in role expectations. In the process of establishing a family, there should be informative and educational counselling services that can be provided by the nurses for the fathers so that they can be informed about the possible parental changes and be involved in the whole process starting from the pregnancy checks. The fathers should be encouraged to spend more time with their spouses and babies in the postpartum period. Promoting the fathers' perception of self-sufficiency through informative counselling in the discharge trainings and providing their involvement in baby-care will ensure that the mother, father and the baby continue their physical and psychological development in a healthy way.

References

1. Rutter M, Caspi A, Fergusson D, Horwood LJ, Goodman R, et al. (2004) Sex differences in developmental reading disability: new findings from 4 epidemiological studies. JAMA 291: 16.
2. StJohn W, Cameron C, McVeigh C (2005) Meeting the challenge of new fatherhood during the early weeks. J Obstet Gynecol Neonatal Nurs 34: 180-189.
3. Lowdermik DL, Perry SE, Cashion MC, Alden KR (2014) Maternity & Women's Health Care (11th edn) St Louis; Elsevier Health Sciences, Philadelphia, USA.
4. Başer M, Mucuk S, Korkmaz Z, Seviğ Ü (2005) Postpartum dönemde anne ve babaların yenidoğan bakımına ilişkin gereksinimlerinin belirlenmesi. Sağlık Bilimleri Dergisi, 14: 54-58.
5. Taşkın L (2015) Doğum ve Kadın Sağlığı Hemşireliği 13. Basım. Ankara; Akademisyen Tıp Kitabevi.
6. Fagerskiold A (2008) A change in life as experienced by first-time fathers. Scand J Caring Sci. 22: 64-71.
7. Baklaya AN (2002) Postpartum dönemde annelerin bakım gereksinimleri ve ebe hemşirelerin rolü. C.Ü. Hemşirelik Yüksek Okulu Dergisi 6: 42-49.
8. Castillo J, Welch G, Sarver C (2011) Fathering: The relationship between fathers' residence, fathers' sociodemographic characteristics and father involvement. Maternal and Child Health Journal. 5: 1342-1349.
9. Hung C, Chung H (2001) The effects of postpartum stress and social support on postpartum women's health status. J Adv Nurs 36: 676-684.
10. Özdemir S, Marakoğlu K, Çivi S (2008) Konya İl Merkezinde Doğum Sonrası Depresyon Riski ve Etkileyen Faktörler. TAF Prev Med Bull 7: 391-398.
11. Atmaca K (2004) Türkiye'de babaların şimdiki durumu. baba destek programı değerlendirme raporu: Anne Çocuk Eğitim Vakfı. 1-65.
12. Deave T, Johnson D, Ingram J (2008) Transition to parenthood: The needs of parents in pregnancy and early parenthood. BMC Pregnancy Childbirth 8: 30.
13. World Health Organization. (2001) WHO regional strategy on sexual and reproductive health.
14. Plantin L (2001) Mäns Föräldraskap. om mäns upplevelser och erfarenheter av faderskapet [Men's parenthood on men's perceptions and experiences of fatherhood dissertation]. Department of Social Work, University of Göteborg, Göteborg.
15. De Montigny F, Lacharité C (2004) Fathers' perceptions of the immediate postpartal period. J Obstet Gynecol Neonatal Nurs 33: 328-339.
16. Salonen AH, Kaunonen M, ÅstedtKurki P, Järvenpää AL, Tarkka MT (2008). Development Development of an internetbased intervention for parents of infants. J Adv Nurs 64: 60-72.
17. Holmes EK, Huston AC (2010) Understanding positive father–child interaction: children's, fathers', and mothers' contribution. Fathering, A Journal of Theory, Research, and Practice about Men as Fathers 8: 203-225.
18. Lee CYS, Doherty WJ (2007) Marital satisfaction and father involvement during the transition to parenthood. Fathering: A Journal of Theory, Research, and Practice about Men as Fathers 5: 75-97.
19. Kuruçırak Ş (2010) aylık bebeği olan babaların, babalık rolü algısı ile bebek bakımına katılımı arasındaki ilişki (yüksek lisans tezi). Antalya: Akdeniz Üniversitesi Sağlık Bilimleri Enstitüsü.
20. Carter MW, Speizer I (2005) Salvadoran Fathers' Attendance at Prenatal Care, Delivery, And Postpartum Care. Rev Panam Salud Publica 18: 149-156.
21. Şentürk V (2008) Gebelik ve doğum sonrası dönemde sık görülen ruhsal bozukluklar. Kriz Dergisi 16: 25-34.
22. Şahin NH, Dişsiz M, Dinç H, Soypak F (2010) Erken Lohusalık Sürecinde Kadınların Algıladıkları Eş Desteği. Zeynep Kamil Tıp Bülteni 41: 187-193.
23. Alan H, Ege E (2013) The influence of social support on maternal-infant attachment in Turkish society. J Health Sci 16.
24. Mbekenga CK, Lugina HI, Christensson K, Olsson P (2011) Post-partum experiences of first-time fathers in a Tanzanian suburb: a qualitative interview study. Midwifery. 27: 174-180.
25. Dennis CL, Dowswell T (2013) Psychosocial and psychological interventions for preventing postpartum depression. The Cochrane Library. CD001134.
26. Özcebe H, Biçer KB, Çetin E, Yılmaz M, Zakirov F (2011) 0-10 yaş aralığında çocuğu olan babaların çocuk sağlığı ve bakımındaki rolleri. Çocuk Sağlığı ve Hastalıkları Dergisi. 54: 70-8.