



Experiences of Fathers of Babies Admitted into a Neonatal Unit in a Tertiary Hospital in Port Harcourt, Nigeria

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Authors' contributions

This work was carried out in collaboration between both authors. Author PIO designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author EAA managed the analyses of the study. Both authors managed the literature searches and read and approved the final manuscript.

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ABSTRACT

Introduction: In time past mothers were regarded as sole caregivers of NICU babies, however the fathers' role is now increasingly being recognized. Mothers are involved in providing care such as feeding, hygiene, and kangaroo mother care. Fathers are usually called on for medical bills and usually enter the neonatal unit for observational visits. The aim of the study was to determine experiences of fathers during the hospitalization of their babies in the neonatal intensive care unit (NICU) which is referred to as the Special Care Baby Unit (SCBU) of University of Port Harcourt Teaching Hospital (UPTH), Port Harcourt, Nigeria.

Materials and Methods: This was a cross sectional study carried out in the neonatal clinic of UPTH over a period of 10 weeks. Participants were fathers who had brought their babies for follow up. Information obtained using interviewer administered questionnaires included biodata, occupation and experiences during their babies' stay in SCBU.

Results: There were thirty seven participants, 15 (40.5%) of whom were in the middle socioeconomic class. Generally the experience was described as stressful by 25 (62.5%), confusing by 5 (12%), and pleasant by 7 (18.9%) fathers.

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Contributors to stress were financial implications of babies' care (13: 35.1%), illness in the mother (5: 13.5%), lack of care for other children (16: 43.2%) and worries about procedures and equipment used on their babies (14; 37.8%). Fathers also experienced disruptions in family (14; 35.1%) and social life (22; 55%). Thirty three (82.5%) fathers had family support. Religion and prayers were some of the strategies fathers employed to cope with their stress.

Conclusion: Fathers found the SCBU experience stressful. The financial burden of care contributed to the stress and some fathers resorted to prayers as a coping mechanism.

Keywords: Fathers; experiences; newborns; NICU.

1. INTRODUCTION

The birth of a new baby is usually a joyful experience for the family. Parents are thus not usually prepared for anything less than the coming of a healthy newborn. The premature birth of a baby or the presence of serious illness, all of which require admission into hospital is in most cases a source of stress and anxiety for families and has been reported to have long term implications for parents [1,2].

In time past mothers were regarded as sole caregivers of babies in intensive care units, however the fathers' role is now increasingly being recognized [3]. Mothers are involved in providing care such as feeding, hygiene, and kangaroo mother care. Fathers are usually called on for medical bills and usually enter the neonatal unit for observational visits [3]. Research has shown that when children are hospitalized, while mothers give up their roles to accompany them, fathers take on some of the roles of mothers such as care for healthy children and domestic activities, in addition to their continued roles as providers for the family [4]. While mothers' experiences have been researched on to a large extent, there is limited information on the experiences of fathers of sick newborns [5,6]. The aim of the study was to explore experiences of father's during hospitalization of their infants in the SCBU of UPTH, Port Harcourt, Nigeria.

Rationale: Fathers are an important component of the family and play an essential role in child care. To a large extent there is a gap in the literature identifying their experiences in relation to care of their children in neonatal units in comparison with mothers. The study seeks to add to knowledge in this area.

2. MATERIALS AND METHODS

2.1 Study Site and Duration

This was a preliminary descriptive cross sectional study carried out in the neonatal clinics

of UPTH over a period of 10 weeks (mid-September to November 2018). The hospital has a neonatal intensive care unit (NICU), referred to as Special Care Baby Unit (SCBU) which caters for sick newborns delivered in and outside the hospital. It has 12 incubators and a capacity to care for 35 babies at any given time. There is a mothers' apartment about a stone throw from the ward where mothers lodge at a small fee during the period of babies' hospitalization. Babies whose mothers had antenatal care and delivered in the hospital are admitted into the in-born section of the ward while those born elsewhere or who had been previously discharged from the inborn section and needed readmission are admitted into the out -born section of the ward. There are breastfeeding rooms in the wards for inborn and out-born babies. There are no family rooms or designated resting places for fathers. Following discharge the babies are followed up in the neonatal clinics in the outpatient section of the Pediatrics Department.

2.2 Sampling

Purposive sampling was used to select thirty seven participants. Fathers whose babies had been discharged from the ward two weeks prior to, and within the period of the study, and had come with their babies for follow up post discharge from the SCBU were selected. Fathers who were not physically present or did not give consent were excluded.

2.3 Methods

Fathers were interviewed using a semi-structured questionnaire with some open-ended questions. The interviewer administering the questionnaires allowed fathers to express themselves and categorized similar responses into different groups. Responses to open ended questions were written down as much as possible in the fathers' own words. After the interviews responses were reviewed by the researchers. Where responses differed from those on the questionnaire, they were also categorized into

different themes and documented. Other information obtained included biodata, occupation and experiences during their babies' stay in SCBU. Social class of families was computed using the method by Oyedeji et al. [7].

2.4 Data Analysis

Data were entered into an excel spread sheet. Responses were grouped into different sub headings and analyzed. Quantitative data such as age, were analyzed using SPSS version 20.

Informed consent was obtained from the fathers and only those who gave consent participated in the study. Ethical approval was obtained from the Research and Ethics Committee of the University of Port Harcourt Teaching Hospital.

3. RESULTS

There were thirty seven participants. Fathers were aged 22-58 years with a mean of 39.35 ± 6.34 .

Eighteen (48.6%) babies spent 8-21 days in hospital. Ten fathers (28%) were in the low socioeconomic class, 15 (40.5%) in the middle and 12 (32.4%) in the high socioeconomic class.

Generally the experience was described as stressful by 25 (62.5%), confusing by 5 (12%), pleasant by 7 (18.9%) and frightening by 4 (10%) fathers.

Contributors to stress were financial implications of babies' care (13: 35.1%), illness in the mother (5: 13.5%), and lack of care for other children (16: 43.2%).

Results are further grouped into experiences during the period of babies' hospitalization, effects on various aspects of respondents' lives, support received by fathers and coping strategies.

3.1 Experiences during Hospitalization

Twenty five (67.6%) of fathers felt welcomed in the SCBU environment, however 12 (32.4%) reported feeling like outsiders. Some of the reasons for this were: 6 (16.2%) felt they had limited access to their babies, one said 'Nurses will always make you feel that way'; Another felt he was never listened to; and 3 (8.1%) did not like the way they were addressed by the staff.

Many (27; 73%) of the fathers would have liked to have more contact with their babies but eight

(21.6%) felt that this was exclusively for mothers, three (8.1%) reported being scolded by nurses for touching their babies. Fig. 1 shows hindrances to fathers contact with their babies.

Fathers (30; 81.9%) got enough information regarding baby's condition especially from doctors. Four fathers (10.8%) who felt that information was not enough complained that too many medical terms were used which they could not understand. In (23; 62.2%) fathers perceived that they were given more information than their partners.

Fourteen fathers (37.8%) worried about the procedures and equipment used on their babies. Some of the worries were fear of effect of X rays on their tender babies (3; 8.1%), fear of unknown effects of phototherapy lights on their babies' eyes (2; 5.4%) and feeling their babies' pain during procedures like venipunctures (11; 29.7%).

Twenty two (59.5%) felt the physical layout of the SCBU was not conducive for fathers. Some (24.3%) reported that they had to sleep in their cars when they had to be in the hospital overnight. Others (32.4%) felt there should be some arrangement for fathers who wanted to stay in the hospital.

Thirty four (91.9%) of the fathers would encourage other fathers to seek care in the SCBU if their babies needed such care.

3.2 Relationship with SCBU Staff

Thirty two (86.5%) described the attitude of the nurses as either friendly or welcoming and 5 (13.5%) as cold while all but one (2.7%) described the attitude of the doctors as friendly or welcoming. Fathers felt the attitude of staff towards them was transmitted to their partners and babies in the same way. The five fathers who felt nurses were cold towards them felt they were cold towards their partners and babies as well.

3.3 Effect on Various Aspects of Respondents' Lives

Table 1 gives an overview of the effect of hospitalization on various aspects of respondents' lives. Three (8.1%) fathers who were having their first babies said that there was no effect on family life. For 17 (45.9%), it was inconveniencing, challenging and stressful, while for 13 (35.1%) it disrupted family routines.

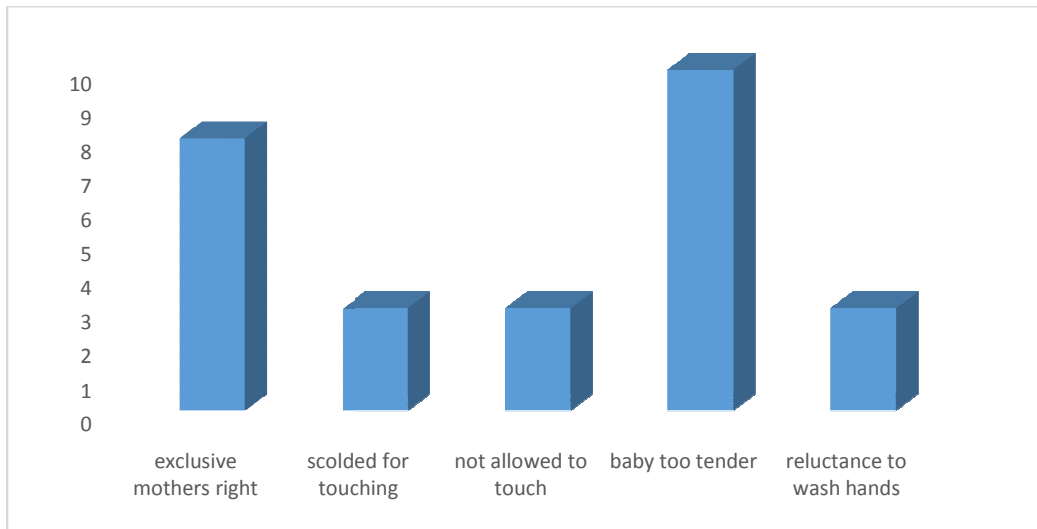


Fig. 1. Hindrances to fathers contact with babies

Table 1. Effects of stay in hospital on different aspects of respondents' lives

| Variables | N | % |
|---|----------|----------|
| Effect on family life | | |
| Inconveniencing, challenging and stressful | 17 | 45.9 |
| Disrupted normal routine | 13 | 35.1 |
| Affected | 2 | 5.4 |
| Gave family serious concern | 2 | 5.4 |
| None | 3 | 8.1 |
| Effect on social life | | |
| Disrupted my outings | 20 | 54.1 |
| Felt isolated | 5 | 13.5 |
| Hung out more to loosen up | 3 | 8.1 |
| None | 9 | 24.3 |
| Effect on relationship with partner | | |
| Felt closer to partner | 27 | 73.0 |
| Felt strain on relationship with partner | 2 | 5.4 |
| Felt distant from partner | 4 | 10.8 |
| None | 4 | 10.8 |
| Effect on work/job | | |
| Having problems at work | 5 | 13.5 |
| Losing money | 10 | 27.0 |
| Getting queried | 2 | 5.4 |
| Support from work | 8 | 21.6 |
| None | 12 | 32.4 |
| Effect on relationship with other children | | |
| Children given less attention | 16 | 43.2 |
| Child became ill | 1 | 2.7 |
| Child missed school | 3 | 8.1 |
| None | 19 | 51.4 |

Social activities like visitation and extracurricular activities were disrupted in 20 (54.1%).

reported that their other children were given less attention.

The experience brought fathers closer to their partners in 27 (73%). Sixteen fathers (43.2%)

Seventeen (45.9%) had some work related problems. Such problems included lack of

concentration and getting queried. Eight (21.6%) had some support from the work place. Such support included having an understanding boss and being granted time off to attend to domestic issues.

3.4 Support Received by Fathers

Apart from support received at work by a few fathers (Table 1), thirty one (83.8%) reported having some kind of support from extended family members and friends. Fifteen (40.5%) got financial support, 11 (29.7%) reported spiritual support mainly prayers, 10 (27%) got emotional/moral support. Other forms of support included family members/friends volunteering blood donation for sick baby (4; 10.8%) and care for the other children in the absence of the parents (10; 27%).

3.5 Coping Strategies

Twelve (32.4%) fathers made reference to God and prayers to help them cope with the situation. One of them actually joined a 21 day prayer and fasting program in the church. Other means of coping were; 7 (18.9%) encouraged/ braced themselves for the experience, 5 (13.5%) got encouragement from family members and friends, 5 (13.5%) drew strength from the love for their babies and 2 (5.4%) decided to face one day at a time and 9 (24.3%) also decided to spend more time on their jobs.

4. DISCUSSION

The study shows that the period of a newborn's hospitalization in the neonatal unit is a stressful time for fathers. Other authors have reported similar findings [8,9]. Admission of an infant to the neonatal intensive care unit (NICU) places parents and other family members in a stressful situation where they must cope with the NICU environment and its associated demands [10]. Ashwani et al. [11] using a parental stressor scale showed evidence that fathers do experience stress with the NICU admission.

The financial implications of care were a source of anxiety for fathers. Financial issues have been reported to cause anxiety in parents of hospitalized children [12-14]. Authors have reported an inverse relationship between fathers' income and anxiety level [12-14]. Many of the fathers in the study were in the middle income group. This source of anxiety cannot therefore be overlooked. It is well known that neonatal

intensive care is expensive particularly in settings like ours where most of the cost is borne by out of pocket expenses. Added to this is also cost of care for mothers, some of whom were also ill during the period of their babies' hospitalization. Out-of-pocket expenditure accounts for more than sixty percent of the total health care budget, and is the largest single element of financial resources for health care in Nigeria [15]. The full implementation of the National Health Insurance Scheme in Nigeria will help to ease the financial burden on families of hospitalized newborns.

Fathers in this study worried about the procedures carried out on their babies and some reported feeling the pain of such procedures. Authors have reported that procedures and treatment may be misunderstood by mothers and fathers. Watching children undergo invasive procedures such as venipuncture and lumbar puncture contributes to stress and anxiety in parents [16].

Many fathers desired to have more contact with their babies but the study showed hindrances to such contact. Nurses acting as one of the hindrances to parental contact with babies has been reported [17]. The parental desire for physical contact with their babies has also been reported [9]. The NICU environment however poses many challenges to parent-infant closeness. Studies show that various forms of parental contact, such as holding, talking and skin to skin contact, are associated with better outcomes for infants and parents during hospitalization and beyond and are associated with better infant neurobehavioral development [18,19]. Skin-to-skin care, is an important form of physical closeness with benefits for infants, parents and their relationship [20]. In many NICUs including ours, this form of care is assigned to only mothers and perhaps gives fathers that perception that contact with babies is exclusive for mothers [13]. Studies show that skin to skin care increases not only maternal-infant bond, but also enhances the father-infant bond and relationships within the entire family [21]. Interestingly, recently, authors implementing a father friendly NICU initiative found higher stress levels in fathers probably as a result of more involvement and closer father-child relationships, in addition to all their other responsibilities during the period [22]. Health workers and nurses in particular should however be educated to encourage parents including fathers to not only be present but to at least have physical contact with their infants [20].

Fathers got enough information especially from doctors and were given more information than the mothers. It has been reported that fathers gained relevance in obtaining information from health personnel and transmitting same to mothers [13]. A few fathers felt that information was not enough and complained that too many medical terms were used which they could not understand. Fathers need to get clear information on their babies' illness and procedures from NICU staff. Information if not properly given may be misunderstood by parents and increase their anxiety levels [12].

Fathers generally felt that staff was welcoming and friendly. This is important as the quality of relationships between mothers and health professionals in addition to the amount of psychosocial support received have been documented as important in determining their levels of stress and satisfaction during their time on the neonatal unit [23]. This may perhaps also be applicable to fathers.

Fathers felt the physical layout of the SCBU was not conducive for them. There have been studies on NICU designs and how they influence the experiences of parents, babies and staff and findings show that parent-infant bonds are affected. Emphasis is increasingly being laid on family-centered care but research shows wide differences in provision of facilities to enable parental presence and involvement in different NICUs [24]. Furthermore, structured support systems seem to be provided more for mothers than fathers and it has been reported that over time such support systems tend to increase for mothers and decrease for fathers [9].

The study showed that the disease/hospitalization of the children did affect several aspects of family life. Authors have reported that having a child in the NICU leads to profound changes in family life including a disruption of normal family dynamics [25-28]. In some instances, a major illness brings a family closer together; in others, even a minor illness causes significant strain [29]. The study showed changes in relationships between partners, adverse effects on the other children and even changes in social life. Some fathers reported getting closer to their partners while others reported a strain on their marital relationships. The stresses placed on a parent's marriage when a child is going through treatment have been documented and authors have suggested that parents need time to walk through the

experience together. It has also been reported that some families become closer during stressful periods, marriages become stronger and painful experiences promote growth [29-31]. Adverse effects on siblings of hospitalized children such as less attention being given to them as shown in this study have also been reported and are an area that also needs to be explored further [30].

Family and friends were a source of support both physically, spiritually and emotionally for fathers. As far back as the 1960s, Sussman et al. [32] reported that related kin provided a major form of assistance or help during illness. Family support has also been described as a source of strength for dealing with such situations [18].

Fathers made reference to prayers and God to help them cope with their situation. Similar experiences were reported by an Iranian study where parents cited a spiritual aspect, in which trust in God and prayers resulted in calmness during stressful periods [33]. Religion has also been reported to offer comfort and support to some parents at such times [34]. Some fathers threw themselves into their jobs. This may be a way of burying the pain of babies' hospitalization as well as other sources of anxiety. A tendency for fathers to withdraw into their jobs and use their work as an escape from the pain of their child's illness has been reported in the literature [35].

In spite of all the challenges, fathers would recommend that other fathers seek care for their babies in the facility. It has been documented that parents tend to evaluate NICU care in positive terms because they are generally grateful for the care their child has been given [36].

The authors acknowledge that the number of fathers studied was small and conclusions may not be generalizable. However this is a preliminary study and data generated will serve as a baseline for further studies which will contribute to improving parents (including fathers') welfare and ultimately improve maternal-paternal-neonatal care in this region.

5. CONCLUSION

Fathers found the SCBU experience stressful. Some of the contributors to stress were financial implications of care and disruptions in normal family and social life. Fathers need to be given

more support in and outside the hospital during periods of newborn hospitalization.

CONSENT

Informed consent was obtained from the fathers and only those who gave consent participated in the study.

ETHICAL APPROVAL

Ethical approval was obtained from the Research and Ethics Committee of the University of Port Harcourt Teaching Hospital.

DISCLAIMER

This study was presented as a poster presentation at the 50th National and 2nd International Conference of the Paediatric Association of Nigeria, January 22 – 25 2019 in Ibadan, Nigeria.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Questionnaire for Fathers Experiences during hospitalization of their infants in the Special Care Baby Unit

1. Age in years -----
2. Ethnicity -----
3. State of origin -----
4. Highest level of education a. None b. primary c. secondary d. tertiary
5. Occupation -----
6. Marital status a. married b. single c. co-habiting
7. Average income per month in Naira -----
8. Partner's highest level of education -----
9. Partners occupation -----
10. How many children do you have? -----
11. Ever had a preterm baby? A. yes b. No
12. Was the baby managed in our unit: term or preterm? -----
13. Weight at birth
14. Duration of stay in the unit ----- days
- Describe how your baby's hospitalization affected you in the following**
15. Effect on family life-----
16. Effect on social life -----
17. Effect on relationship with partner a. got closer b. strained relationship c. none d. others specify-----
18. Effect on work? -----
19. Effect on relationship with other children -----
20. Were you given enough information on your baby's condition? A. yes b. No
21. Who was the source of information? A. doctor b. nurse c. nurse assistant d. others specify ----
22. If NO to question 20, why do you think it was not enough? -----
23. How would you describe the SCBU experience a. frightening b. stressful d. confusing c. pleasant e. others specify-----
24. What factors contributed to your answer in 23? A. cost implications b. sick partner c. work problems d. others specify -----
25. How would you describe doctors' attitude towards you?
26. How would you describe nurses' attitude towards you?
27. How would you describe doctors' attitude towards your baby?
28. How would you describe nurses' attitude towards your baby?
29. How would you describe doctors' attitude towards your partner?
30. How would you describe nurses' attitude towards your partner?
31. Did you ever feel like an outsider? A. Yes b. No
32. If yes to question 31? Explain why? -----
33. Who was given more information about baby you or your partner?
34. Did you feel welcome by staff to make contact with your baby? A. yes b. No
35. Did you feel touching baby was only for the mother? A. yes b. No
36. If yes to 35 please explain why -----
37. Would you have liked to make more contact with your baby? A. yes b. No
38. Were there hindrances to making contact with your baby? A, yes b. No
39. If yes to 38, what were these hindrances? -----
40. Did you worry about the effects of equipment/ procedures on your baby? A. yes b. No
41. If yes to 40, please give reasons -----
42. Is the physical layout of the unit conducive for fathers? A. yes b. No
43. If No, please state your reasons -----

44. What will you like to change in the unit?-----
45. What coping strategies did you use to overcome your challenges?-----
46. General comment on how the stay has affected you
47. Did you receive any kind of support during the period? a. yes b. No
48. If yes, please state what type of support you received-----
49. Would you encourage other fathers to seek care for their babies in the unit? A. yes b. No

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