

Experiences of fathers of babies admitted into a neonatal unit in a tertiary hospital in Port Harcourt, Nigeria

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.

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.

Key words: fathers, experiences, newborns, NICU

29 **Introduction:**

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

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

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

49 **Materials and Methods:**

50 **Study site and duration:** This was a **preliminary** descriptive cross sectional study carried out in
51 the neonatal clinics of UPTH over a period of 10 weeks **(mid-September to November 2018).**
52 The hospital has a neonatal intensive care unit (NICU), referred to as Special Care Baby Unit
53 (SCBU) which caters for sick newborns delivered in and outside the hospital. It has 12
54 incubators and a capacity to care for 35 babies at any given time. There is a mothers' apartment
55 about a stone throw from the ward where mothers lodge at a small fee during the period of
56 babies' hospitalization. Babies whose mothers had antenatal care and delivered in the hospital
57 are admitted into the in-born section of the ward while those born elsewhere or who had been

58 previously discharged from the inborn section and needed readmission are admitted into the out -
59 born section of the ward. There are breastfeeding rooms in the wards for inborn and out-born
60 babies. There are no family rooms or designated resting places for fathers. Following discharge
61 the babies are followed up in the neonatal clinics in the outpatient section of the Pediatrics
62 Department.

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

67 **Method:** Fathers were interviewed using a semi-structured questionnaire with some open-ended
68 questions. The interviewer administering the questionnaires allowed fathers to express
69 themselves and categorized similar responses into different groups. Responses to open ended
70 questions were written down as much as possible in the fathers' own words. After the interviews
71 responses were reviewed by the researchers. Where responses differed from those on the
72 questionnaire, they were also categorized into different themes and documented. Other
73 information obtained included biodata, occupation and experiences during their babies' stay in
74 SCBU. Social class of families was computed using the method by Oyedeji et al [7].

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

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

81 **Results:**

82 There were thirty seven participants. Fathers were aged 22-58 years with a mean of 39.35 ± 6.34 .
83 Eighteen (48.6%) babies spent 8-21 days in hospital. Ten fathers (28%) were in the low
84 socioeconomic class, 15 (40.5%) in the middle and 12 (32.4%) in the high socioeconomic class

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

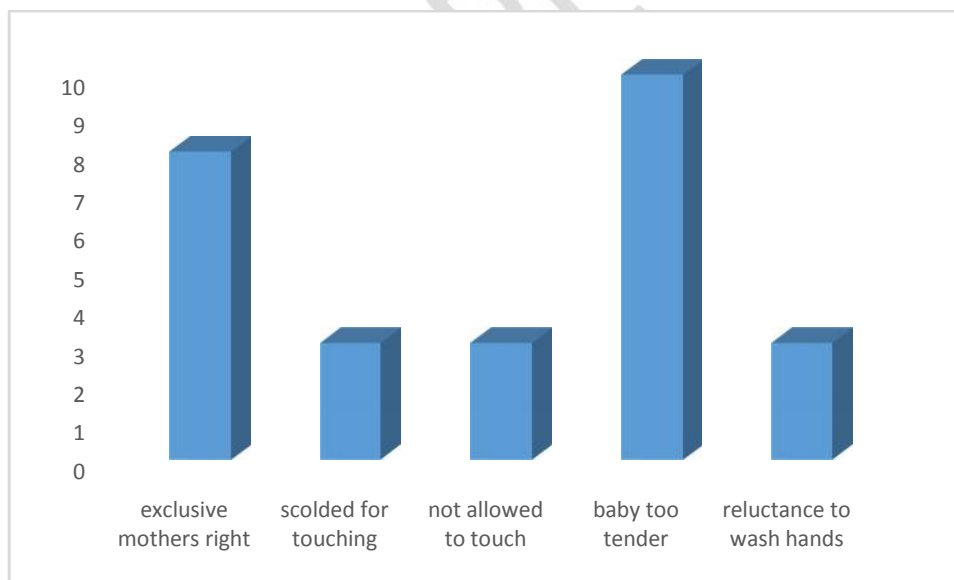
87 Contributors to stress were financial implications of babies' care (13: 35.1%), illness in the
88 mother (5: 13.5%), and lack of care for other children (16: 43.2%)

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

92 Experiences during hospitalization:

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

97 Many (27; 73%) of the fathers would have liked to have more contact with their babies but eight
98 (21.6%) felt that this was exclusively for mothers, three (8.1%) reported being scolded by nurses
99 for touching their babies. Figure 1 shows hindrances to fathers contact with their babies.



100

101 Figure 1: Hindrances to fathers contact with babies

102

103 Fathers (30; 81.9%) got enough information regarding baby's condition especially from doctors.

104 Four fathers (10.8%) who felt that information was not enough complained that too many
105 medical terms were used which they could not understand. In (23; 62.2%) fathers perceived that
106 they were given more information than their partners.

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

111 Twenty two (59.5%) felt the physical layout of the SCBU was not conducive for fathers. Some
112 (24.3%) reported that they had to sleep in their cars when they had to be in the hospital
113 overnight. Others (32.4%) felt there should be some arrangement for fathers who wanted to stay
114 in the hospital.

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

117 **Relationship with SCBU staff**

118 Thirty two (86.5%) described the attitude of the nurses as either friendly or welcoming and 5
119 (13.5%) as cold while all but one (2.7%) described the attitude of the doctors as friendly or
120 welcoming. Fathers felt the attitude of staff towards them was transmitted to their partners and
121 babies in the same way. The five fathers who felt nurses were cold towards them felt they were
122 cold towards their partners and babies as well.

123

124 **Effect on various aspects of respondents' lives:**

125 Table I gives an overview of the effect of hospitalization on various aspects of respondents'
126 lives. Three (8.1%) fathers who were having their first babies said that there was no effect on
127 family life. For 17 (45.9%), it was inconveniencing, challenging and stressful, while for 13
128 (35.1%) it disrupted family routines.

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

130 The experience brought fathers closer to their partners in 27 (73%). Sixteen fathers (43.2%)
131 reported that their other children were given less attention.

132

133 Seventeen (45.9%) had some work related problems. Such problems included lack of
134 concentration and getting queried. Eight (21.6%) had some support from the work place. Such
135 support included having an understanding boss and being granted time off to attend to domestic
136 issues.

137 **Support received by fathers**

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

144 **Coping strategies**

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

151 .

152 **Table I: 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

155

156 **Discussion:**

157 The study shows that the period of a newborn's hospitalization in the neonatal unit is a stressful
158 time for fathers. Other authors have reported similar findings [8, 9]. Admission of an infant to
159 the neonatal intensive care unit (NICU) places parents and other family members in a stressful
160 situation where they must cope with the NICU environment and its associated demands.

161 Ashwani et al [11] using a parental stressor scale showed evidence that fathers do experience
162 stress with the NICU admission.

163 The financial implications of care was a source of anxiety for fathers. Financial issues have been
164 reported to cause anxiety in parents of hospitalized children [12, 14]. Authors have reported an
165 inverse relationship between fathers' income and anxiety level. [12, 14]. Many of the fathers in
166 the study were in the middle income group. This source of anxiety cannot therefore be
167 overlooked. It is well known that neonatal intensive care is expensive particularly in settings like
168 ours where most of the cost is borne by out of pocket expenses. Added to this is also cost of care
169 for mothers, some of whom were also ill during the period of their babies' hospitalization. Out-
170 of-pocket expenditure accounts for more than sixty percent of the total health care budget, and is
171 the largest single element of financial resources for health care in Nigeria [15]. The full
172 implementation of the National Health Insurance Scheme in Nigeria will help to ease the
173 financial burden on families of hospitalized newborns.

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

178 Many fathers desired to have more contact with their babies but the study showed hindrances to
179 such contact. Nurses acting as one of the hindrances to parental contact with babies has been
180 reported [17]. The parental desire for physical contact with their babies has also been reported
181 [9]. The NICU environment however poses many challenges to parent-infant closeness. Studies
182 show that various forms of parental contact, such as holding, talking and skin to skin contact, are
183 associated with better outcomes for infants and parents during hospitalization and beyond and

184 are associated with better infant neurobehavioral development [18, 19]. Skin-to-skin care, is an
185 important form of physical closeness with benefits for infants, parents and their relationship [20].
186 In many NICUs including ours, this form of care is assigned to only mothers and perhaps gives
187 fathers that perception that contact with babies is exclusive for mothers [13]. Studies show that
188 skin to skin care increases not only maternal-infant bond, but also enhances the father-infant
189 bond and relationships within the entire family [21]. Interestingly, recently, authors
190 implementing a father friendly NICU initiative found higher stress levels in fathers probably as a
191 result of more involvement and closer father-child relationships, in addition to all their other
192 responsibilities during the period [22]. Health workers and nurses in particular should however
193 be educated to encourage parents including fathers to not only be present but to at least have
194 physical contact with their infants [20].

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

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

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

214 The study showed that the disease/hospitalization of the children did affect several aspects of
215 family life. Authors have reported that having a child in the NICU leads to profound changes in
216 family life including a disruption of normal family dynamics [25-28]. In some instances, a major
217 illness brings a family closer together; in others, even a minor illness causes significant strain
218 [29]. The study showed changes in relationships between partners, adverse effects on the other
219 children and even changes in social life. Some fathers reported getting closer to their partners
220 while others reported a strain on their marital relationships. The stresses placed on a parent's
221 marriage when a child is going through treatment have been documented and authors have
222 suggested that parents need time to walk through the experience together. It has also been
223 reported that some families become closer during stressful periods, marriages become stronger
224 and painful experiences promote growth [29-31]. Adverse effects on siblings of hospitalized
225 children such as less attention being given to them as shown in this study have also been reported
226 and is an area that also needs to be explored further [30].

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

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

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

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

246

247 **Conclusion:** Fathers found the SCBU experience stressful. Some of the contributors to stress
248 were financial implications of care and disruptions in normal family and social life. Fathers need
249 to be given more support in and outside the hospital during periods of newborn hospitalization

250 **Conflict of interest:** The authors declare no conflicts of interest.

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

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340

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

- 343 1. Age in years ----- 2. Ethnicity ----- 3. State of origin -----
344 4. Highest level of education a. None b. primary c. secondary d. tertiary
345 5. Occupation ----- 6. Marital status a. married b. single c. co-habiting
346 7. Average income per month in Naira -----
347 8. Partner's highest level of education -----
348 9. Partners occupation -----
349 10. How many children do you have? -----
350 11. Ever had a preterm baby? A. yes b. No
351 12. Was the baby managed in our unit: term or preterm? -----
352 13. Weight at birth
353 14. Duration of stay in the unit ----- days
354 **Describe how your baby's hospitalization affected you in the following**
355 15. Effect on family life-----
356 16. Effect on social life -----
357 17. Effect on relationship with partner a. got closer b. strained relationship c. none d.
358 others specify-----

- 359 18. Effect on work? -----
360 19. Effect on relationship with other children -----
361 20. Were you given enough information on your baby's condition? A. yes b. No
362 21. Who was the source of information? A. doctor b. nurse c. nurse assistant d. others
363 specify -----
364 22. If NO to question 20, why do you think it was not enough? -----
365 23. How would you describe the SCBU experience a. frightening b. stressful d. confusing c.
366 pleasant e. others specify-----
367 24. What factors contributed to your answer in 23? A. cost implications b. sick partner c.
368 work problems d. others specify -----
369 25. How would you describe doctors' attitude towards you?
370 26. How would you describe nurses' attitude towards you?
371 27. How would you describe doctors' attitude towards your baby?
372 28. How would you describe nurses' attitude towards your baby?
373 29. How would you describe doctors' attitude towards your partner?
374 30. How would you describe nurses' attitude towards your partner?
375 31. Did you ever feel like an outsider? A. Yes b. No
376 32. If yes to question 31? Explain why? -----
377 33. Who was given more information about baby you or your partner?
378 34. Did you feel welcome by staff to make contact with your baby? A. yes b. No
379 35. Did you feel touching baby was only for the mother? A. yes b. No
380 36. If yes to 35 please explain why -----
381 37. Would you have liked to make more contact with your baby? A. yes b. No
382 38. Were there hindrances to making contact with your baby? A, yes b. No
383 39. If yes to 38, what were these hindrances? -----
384 40. Did you worry about the effects of equipment/ procedures on your baby? A. yes b. No
385 41. If yes to 40, please give reasons -----
386 42. Is the physical layout of the unit conducive for fathers? A. yes b. No
387 43. If No, please state your reasons -----
388 44. What will you like to change in the unit?-----
389 45. What coping strategies did you use to overcome your challenges?-----
390 46. General comment on how the stay has affected you
- 391 47. Did you receive any kind of support during the period? a. yes b. No
392 48. If yes, please state what type of support you received-----
393 49. Would you encourage other fathers to seek care for their babies in the unit? A. yes b. No
394