




The Effect of Positivity Approach Counseling on Acceptance and Adaptation to Parental Role in Husbands of First-Time Mothers

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Abstract

Background: Becoming a father is a crucial stage in men's lives, which is associated with high levels of stress, as this event challenges their ability to cope with new situations, requires adapting to the new roles, and creates concerns regarding being a successful father.

Objectives: The current study aimed to investigate the effect of positive approach counseling on acceptance and adaptation to the role of becoming a father in husbands of first-time mothers.

Methods: This is an experimental study conducted on husbands of first-time mothers with unsuccessful adaptation to their role as a father who referred to health centers of Khodabandeh city in 2019. Participants were selected using convenience sampling and then separated into two groups of intervention and control (27 subjects in each group). Data were collected using a demographic information questionnaire (socio-economic status and family relationships) and the standard paternal adaptation questionnaire (PAQ). The intervention group received eight 60-minutes sessions of positive approach counseling. Then, after one month, they again filled the PAQ. Data were analyzed using independent t-test, Mann-Whitney U, Wilcoxon, Friedman, and ANOVA with repeated measures with a significance level of 0.05 by SPSS version 16.

Results: There was no difference in the mean score of PAQ before providing the intervention; however, after providing the intervention, the level of adaptation to the parenting role and its sub-scales were significantly higher in the intervention group (from 117.6 to 155.4) ($p < 0.05$).

Conclusion: The positive approach counseling could improve the parenting role of husbands of first-time mothers. Therefore, the findings of the present study can be used for developing comprehensive public health plans for better adaptation with the parenting role.

Keywords: *counseling, positivity, adaptation, parenting role*

Introduction

According to reproductive health rights, the responsibility of parents for their child is an essential component of family formation. It worth noting that both of them have an equal responsibility. Also, the International Conference on Population and Development (1994) with the agenda of achieving the Millennium Development Goals, has emphasized promoting reproductive health and maternal health of mothers with a

parenting approach [1,2]. Becoming a father affects all aspects of men's lives and has beneficial effects for their spouses and children [3,4]. Being responsible is a challenging issue for couples, which indicates the father's responsibility for the well-being and health of the child [5].

Becoming a father is a common experience for men, that means entering a new phase of life. In fact, becoming a father means accepting new responsibilities and adapting to a series of

situations, which lead to the father's relationships in three areas with the child, his wife, and the family members [6-8]. Most of the first-time dads feel new attitudes and responsibilities and start to evolve individually and socially with a greater sense of responsibility for their spouse and child [9,10]. In fact, a man must first accept that he is a father and then should adapt his behaviors and performance to the new roles. Parental adaptation means understanding the concept of fathering and subsequently accepting new roles and responsibilities, which results in self-efficacy and parental satisfaction [7]. Although becoming a father is a satisfactory experience with positive changes in men's lives, fathers experience concerns and contradictions due to changes in their duties, roles, and activities along with new expectations of society, which may cause difficulties and struggles [10]. These new situations and expectations cause huge stress [11]. After the child is born, the father is suddenly faced with unique, new roles imposed on him, which may affect his health and mental balance [12]. Therefore, becoming a father is a transitional stage in life, which is a stressful event for men, because challenges their ability to cope with new situations and requires adapting to the roles of a father [10,13,14]. The feeling of failing as a father is the main cause of stress [15]. Playing the role of a father is the biggest concern of men because of performing responsibilities as a dad, not allocating time for themselves, lack of knowledge and skills, concerns about the future of the child, not accepting fathers in comprehensive health services centers, inadequate government services, and financial problems, which all cause stress and worries in men [10,14,16-18].

High levels of mental disorders during pregnancy and after delivery has been reported in men and women (47.9% and 39.9%, respectively). On the other hand, lack of adaptability to changes and new roles cause mental disorders in men, which is more prevalent in the second half of pregnancy and after delivery [19]. Failing in accepting the responsibilities of a father may result in conflicts and disorders such as depression, anxiety, and, even, anger toward their spouse [20]. The most common mental disorders in men are depression and anxiety [19]. The prevalence of anxiety is higher among men who are father than the general population [18]. The prevalence rates of obvious

and hidden anxiety among fathers are reported as 14% and 15%, respectively [18]. Men with a history of anxiety during pregnancy are at elevated risk of postpartum depression [21]. On the other hand, men who suffer from depression and anxiety are less capable of supporting their family, which in turn negatively influence their family relations and interactions with the child [7]. Hence, the lack of timely interventions to facilitate accepting new roles as a father may cause physiological disorders in men [22]. Appropriate interventions can help fathers to pass this transitional stage by improving their skills and reducing mental disorders, which in turn result in better acceptance of parental role [7]. Evidence suggest that training has an important role in parenting [23]. Increasing men's awareness of their responsibilities and roles empowers them [2,24]. Therefore, it is possible to help men in their roles as a father by promoting their knowledge, skills, and creating a positive attitude about parenting [2,7]. Counseling is an important method for increasing knowledge in life that leads to enhanced self-knowledge and learning decision-making methods. Counseling is a specialized process that helps individuals to make better and more appropriate decisions to solve their problems [25]. Positivity counseling is one of the counseling approaches to improve people's abilities at different stages of life. Positivity is defined as the willingness to adopt the most hopeful view and a pre-preparation for assessing and predicting the events of life, both emotionally and cognitively. Based on this approach, people's abilities and emotions are the best factors for preventing psychological damages. The emphasis of positive counseling is on people's abilities, instead of their weaknesses, through psychological capacities such as hope, resilience, optimism, and self-efficacy in order to empower individuals to cope with stressful events and accepting new experiences, which result in advancements in personal, occupational, family, and social relationships [26]. Since people's thoughts have a direct impact on their behavior, parental thinking can affect their behaviors in life. Positive thinking intends to improve relationships and communications as well as social skills to reduce the anxiety of fathers and children. These skills help parents to adopt a realistic view about themselves and life and change their attitudes

about new roles and responsibilities by correctly their judgments about problems [27]. Our literature review revealed that several studies have investigated the impact of positive counseling on social, emotional, educational, and motivational adaptations of students and staff [28-30]. Considering the importance of acceptance and adaptation to the roles of parenting and its effect on reducing stress and performance of men when becoming a father and therefore improving their supportive behaviors, the current study aimed to investigate the effect of positive approach counseling on acceptance and adaptation to the role of becoming a father in husbands of first-time mothers. According to the best knowledge of the authors this the first study of its kind.

Methods

This is a quasi-experimental study with a pretest-posttest design, with a follow-up period of one month after intervention termination. The study is approved by the ethics committee of the Zanjan University of Medical Sciences (Code: IR.ZUMS.REC.1397.309). The study population consisted of first-time fathers referred to urban and rural comprehensive health services centers and Amir Al-Momenin Hospital in Khodabandeh city in 2019. Men who had inclusion criteria and wished to participate in the study were selected. Then, the objectives of the study were explained to them and, if agreeing, informed written consent was obtained. Also, they were ensured about the confidentiality of information. Inclusion criteria were being aged at least 20 years, ability to write and read, being first-time father, husbands of women who have given birth in the last 4 weeks, and healthy single infant with a normal course of pregnancy and no postpartum complications, a score less than 67% according to the paternal adaptation questionnaire (PAQ), not participating in other educational programs during pregnancy, having satisfactory family relationships, no significant stressful events other than pregnancy, no history of any mental and physical illness, no history of drug abuse/addiction. Exclusion criteria were unwillingness to continue the study, absence in more than two counseling sessions, and major stressful events during the study (death of a loved one, accident, severe family dispute, divorce, immigration, financial bankruptcy). The sample size was estimated based on the independent

variable of the study (i.e. positive counseling) and using the results reported by the Azimi-Khoy and Navabinejad study with a confidence level of 95%. The sample attrition rate was considered as 20%. The final sample size was calculated as 27. The mean and standard deviation of the intervention and control groups was 10.29 ± 9.3 and 84 ± 8.19 , respectively [28].

$$n = \frac{\left(z_{1-\frac{\alpha}{2}} + z_{1-\beta} \right)^2 [\delta_1^2 + \delta_2^2]}{\Delta^2}$$

Initially, using simple and convenient sampling method, 264 men who were willing to participate were included. The demographic information questionnaire (e.g. demographic characteristics and family relationships status) and PAQ were filled by all participants. Then, 54 eligible subjects were selected (Chart 1). The stochastic block model was used to control confounding factors, so that in each block, two units were allocated to the intervention group and two to the control group. Six blocks were created in different modes and each block was marked by a number. The 4-point blocks were selected based on random numbers table to the point that the sample size reached 54 subjects, 27 in each group. A midwife, experienced in the field of counseling, designed the training sessions based on positive approach counseling (Martin Seligman and Susan Quliam) under the supervision of professors of clinical psychology [31]. The intervention group was divided into 7 subgroups to facilitate their participation in training sessions. They received eight 60-minute sessions of group training. All sessions started with a welcome and a review of the topics and assignments of the previous session. Besides, a time was allocated to answering the questions of fathers. Each session contained some assignments and group discussions (Table 1). In all sessions, paternal adaption was briefly referred to and in the seventh session, necessary training was given in detail about understanding and accepting responsibilities as a father [7,32]. The control group did not receive any intervention. Two participants in the intervention group and one from the control group were excluded due to not participating in training sessions or unwillingness to continue the study. Finally, data of 25 patients in the intervention group and 26 in the control group were analyzed. One month after providing the intervention,

questionnaires were again filled by participants. Eventually, the effect of positive approach

counseling was investigated.

Table 1: Summary of positive approach consulting content

Session	Subject & content
1	Introduction, familiarization, describing the objectives of the study and sessions, a general discussion about the concept and the effects of positive counseling
2	Familiarity with the skill of identifying and capturing thoughts and awareness of emotions, recognizing beliefs, learning positive ways of thinking and coping with negative thoughts
3	Familiarization with stop thinking method, skills of calming, and positive ways of living
4	How to realize potentials, and familiarization with optimism skills and self-confidence
5	Teaching the concept and benefits of self-esteem and how to promote it, familiarization with methods of promoting the sense of being valuable, and how to control the thoughts to think positively
6	Familiarization with resilience skills and coping with problems by institutionalizing positive thinking strategy, familiarization with the concept of hope and hope-enhancing and its relationship with happiness
7	Teaching how to find meaning for living and living purposefully and the importance of understanding and accepting responsibilities of a father
8	A summary of the previous contents, preparing members for leaving the group and how to apply the trained skills, and appreciating the participants

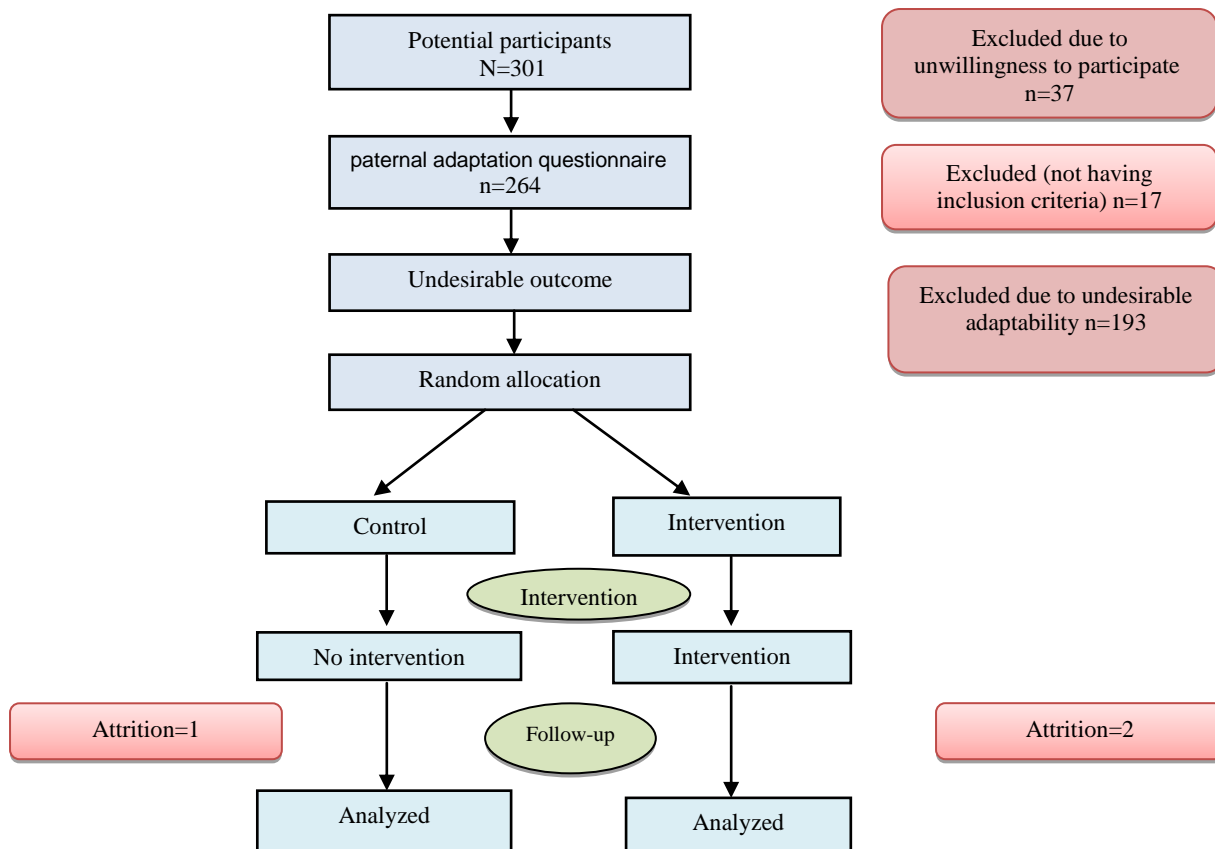


Chart 1: Sampling steps

Data were collected using a questionnaire on demographic information, including socio-

individual information, questions about family relationships, and the PAQ. The Persian version

of the Kansas Marital Satisfaction Scale (KMSS) was used to measure marital quality, as an inclusion criterion. The KMSS is a 3-item self-report tool designed to measure marital quality, scored on a seven-point Likert scale ranging from "extremely dissatisfied" [7] to "extremely satisfied" [1]. Higher scores meaning better marital quality. A score of 17 or more indicates satisfaction from marriage. Its validity is assessed by convergent validity, known-group validity, and factor analysis validity (0.91). Its reliability is also confirmed by item-scale correlation (0.93-0.95) and Cronbach alpha coefficient (0.98) by Arab Alidoosti et al. (2014) [33]. The validity of the Persian version of PAQ is confirmed by Eskandari et al. (2015). They reported a sum of content validity ratio of 0.68, a sum of content validity index of 0.92, and a Cronbach alpha of 0.89. The PAQ contains 38 items classified in 5 sub-scales (ability in performing the roles and responsibilities; perceiving the parental development; stabilization in paternal position; spiritual stability and internal satisfaction; and challenges and concerns). The PAQ is scored on a five-point Likert scale ranging from 1 to 5. Two sub-scales are reverse scored. The total score is equal to the sum of each sub-scale. Higher scores indicate more adaptability to new roles as a father. The scores were then converted to percentage and classified into three levels of poor compliance (0-33%), moderate compliance (34-66%), and optimal compliance (67-100%) [34].

Data were analyzed by SPSS version 16 using descriptive statistics (mean, standard deviation, diagram, and frequency distribution table) and appropriate statistical tests. The Kolmogorov-Smirnov test was applied to test for a normal distribution. The independent t-test was used for comparing demographic variables between the two groups. Parametric tests (independent t-test

and ANOVA with repeated measures) were used to analyze normally distributed data (adopting with the parenting role, accepting new responsibilities as a father). For data with non-normal distribution (empowerment, perception of parental evolution, spiritual stability, internal satisfaction, and challenges and concerns) non-parametric tests (Friedman, Mann-Whitney, and Wilcoxon tests) were used. Statistical significance was considered when $p\text{-value} < 0.05$.

Results

Demographic data of the two groups included age, level of education, occupation of the father and wife, place of residence, financial status, and duration of marriage (Table 2). There was no significant difference between the two groups before providing the intervention. The results of investigating study variables at various stages of the research are provided in Tables 3 and 4. Based on the independent t-test in the intervention group, the mean rates of acceptance and adaptation to parenting role before, immediately after, and one month after providing the intervention, were 117.6, 155.4, and 156.5, respectively. Immediately after and one month after providing the intervention, stabilization in paternal position was increased to 32 and 31.7, respectively, which were statistically significant ($P < 0.01$). However, in the control group, the difference was not statistically significant. According to the results of the Mann-Whitney test, the ability to perform roles and responsibilities, perception of parental development, spiritual stability, internal satisfaction, challenges, and concerns were significantly improved in the intervention group, compared to the control group, but this difference was not statistically significant ($P < 0.05$).

Table 2: Descriptive statistics and comparing demographic characteristics of participants, separated by the group

Variable	Level of variable	Intervention group		Control group		Results of the independent t-test
		Mean	SD	Mean	SD	
Father's age		28	3.803	27.96	3.380	t=0.038 P-value=0.970
Wife's age		22.59	4.885	23.59	5.071	t=-0.738 P-value=0.464
		(%) number		(%) number		Results of the Mann-Whitney test
Residence area	Urban	13 (48.1)		9 (33.3)		P-value =0.277
	Rural	14 (51.9)		18 (66.7)		
Father's education level	Less than diploma	12 (44.5)		14 (51.9)		P-value =0.597
	Diploma	9 (33.3)		9 (33.3)		
	University degree	9 (33.3)		4 (14.8)		
Wife's education level	Less than diploma	17 (63)		16 (59.3)		P-value =0.301
	Diploma	4 (14.8)		7 (25.9)		
	University degree	6 (22.2)		4 (14.8)		
Occupation of Father	Employee	3 (11.1)		3 (11.1)		P-value =0.739
	Worker	6 (22.2)		7 (25.9)		
	Private sector	18 (66.7)		17 (63)		
Occupation of wife	Housekeeper	24 (88.9)		27 (100)		P-value =0.083
	Employee	3 (11.1)		0		
Financial status	Good	4 (14.8)		6 (22.2)		P-value=0.831
	Moderate	18 (66.7)		15 (55.6)		
	Bad	5 (18.5)		6 (22.2)		

Table 3: Comparing adaptation to parenting role and stabilization in paternal position in the two groups

Variable	Intervention		Control		t	P-Value	
	Time	Mean	SD	Mean			SD
Acceptance and adaptation in paternal position	Before intervention	117.60	7.885	116.42	9.675	0.475	0.637
	Immediately after intervention	155.40	19.564	122.19	8.886	7.856	0.001
	One month after intervention	156.56	16.333	125.42	9.997	8.248	0.001
stabilization in paternal position	Before intervention	25.44	2.485	25.35	2.382	0.138	0.891
	Immediately after intervention	32.04	4.286	24.81	2.384	7.485	0.001
	One month after intervention	31.76	3.295	25.58	2.335	7.756	0.001

Table 4: Comparing the Variables of Empowerment in Roles and Responsibilities, Understanding Parental Development, Spiritual Stability and Internal Satisfaction, and Challenges and Concerns in the Intervention and Control Group

Variable	Intervention			Control			P value
	Time	Mean rank	Sum of ranks	Mean rank	Mean rank	z	
Empowerment in Roles and Responsibilities	Before intervention	24.50	612.50	27.44	713.50	-0.710	0.478
	Immediately after intervention	36.34	908.50	16.06	417.50	-4.880	0.001
	One month after intervention	36.72	918.00	15.69	408.00	-5.057	0.001
Understanding Parental Development	Before intervention	24.20	605.00	27.73	721.00	-0.863	0.388
	Immediately after intervention	36.42	910.50	15.98	415.50	-4.936	0.001
	One month after intervention	36.40	910.00	16.00	416.00	-4.922	0.001
Spiritual Stability and Internal Satisfaction	Before intervention	28.38	709.50	23.71	616.50	-1.133	0.257
	Immediately after intervention	35.88	897.00	16.50	429.00	-4.690	0.001
	One month after intervention	35.14	878.50	17.21	447.50	-4.328	0.001
Challenges and concerns	Before intervention	27.84	696.00	24.23	630.00	-0.912	0.362
	Immediately after intervention	31.34	783.50	20.87	542.50	-2.542	0.011
	One month after intervention	32.84	821.00	19.42	505.00	-3.278	0.001

The results of intra-group comparisons are provided in Tables 5 and 6. Based on the ANOVA with repeated measures (Table 5), by considering Mauchly, there was no significant difference between the two groups concerning stabilization in paternal position before and after the intervention ($P < 0.01$). In the control group, significant changes were reported over time, but in comparison, the mean and sum of Eta squares were much lower than the intervention group. Therefore, positive approach counseling had a significant effect on parenting adaptation scores, and by considering the Eta square, it can be argued that 75% of changes in the level of adaptation to parenting role were due to

counseling. Comparing the parenting position in different phases of the study between the two groups showed that positive approach counseling had a significant effect on this variable. Besides, considering the Eta square, it can be argued that 63% of changes in this variable were due to the intervention. Based on the findings of the intra-group comparison, the interquartile range of empowerment in role and responsibility, father's responsibilities, and the level of spiritual stability and internal satisfaction of the intervention group were increased in three stages of the study, indicating the promotion of spiritual empowerment and stability and internal satisfaction of men in this group.

Table 5: Comparing the Variable of Adaptation to parenting role and stabilization in paternal position in the two groups

Variable	Group	Sum square	Sum square	F statistics	Degree of freedom	P value	Eta sum
Acceptance and adaptation with parenting role	Intervention	24567	20914	72.4	1.17	0.001	0.751
	Control	1080	540	14.0	2	0.001	0.360
stabilization in paternal position	Intervention	696	516	41.2	1.34	0.001	0.632
	Control	8.10	4.05	1.12	2	0.334	0.043

Table 6: Comparing the variables of empowerment in roles and responsibilities, understanding parental development, spiritual stability and internal satisfaction, and challenges and concerns in the intervention and control group in different phases of the study

Variable	Group	Before intervention		After intervention		One month after intervention		P value
		Median	Interquartile range	Median	Interquartile range	Median	Interquartile range	
Empowerment in roles and responsibilities	Intervention	40.88	6	58	14	59	10	0.001
	Control	41.50	3	43	6	41.50	7	0.134
Parental Development	Intervention	25	3	32	7	34	6	0.001
	Control	26	3	27	4	29	6	0.001
spiritual stability and internal satisfaction	Intervention	21.00	4	25.00	6	26.00	7	0.001
	Control	20.00	4	21.00	4	21.00	5	0.109
Challenges and concerns	Intervention	4.00	5	8.00	3	9.00	3	0.001
	Control	4.00	2	6.50	2	7.00	1	0.001

Based on the Friedman test, in the intervention group, empowering fathers to play their roles was significantly changed after receiving the intervention, but there was no significant change in the control group. According to the Friedman test, in the intervention and control groups, the level of understanding parental development and the level of challenges and concerns were significantly changed in various stages of the study. Also, based on the results of this test, the interquartile range of parental development was increased more in the intervention group compared to the controls, which indicates the higher impact of the intervention in the intervention group. Also, the median and interquartile range of challenges and concerns of fathers in the intervention and control groups were changed, which indicates reduced levels of these changes in both groups over time. However, more effects were observed in the intervention group compared to the controls.

Discussion

Based on the results, acceptance and adaptation to parenting role after the intervention were different between the two groups after providing the intervention. The mean score of the two groups was significantly different after providing the intervention, which indicates the effectiveness of the intervention in first-time fathers. Takehara et al. (2016) concluded that training and providing information during pregnancy and postpartum to fathers could improve their acceptance and

adaptation to parenting [35], which is consistent with the findings of the present study. Sercekus and Mete (2010) showed that training pregnant mothers during pregnancy either in-person or in-group, could significantly change their acceptance and adaptation, based on the Roy adaptation model [36], which is consistent with the findings of the present study.

This study also demonstrated that the two groups were significantly different concerning the empowerment in roles and responsibilities after providing the intervention. That is, fathers in the intervention group had a better status after receiving the intervention. Takehara et al. (2016) concluded that training fathers could enhance their knowledge as well as assisting in homework and childcare [35], which is consistent with the results of the present study. Turan and Say conducted a study in Turkey and reported similar results. They reported that training fathers could improve their knowledge and attitude as well as performance in family planning, infant health and nutrition, and relationship and support from their spouses [37]. In contrast, Estraki et al. (2014) have report contrary results. They provided training to men with pregnant partners and found no association between receiving training and emotional relation or responsibilities [38].

There was a significant difference between the two groups concerning understanding parental development after providing the intervention. So that those in the intervention group had a better status, which indicates the effectiveness of the

intervention. This finding is similar to the study by Theodoros et al. (2018) [39]. Moreover, those in the intervention group had higher levels of stabilization in the paternal position, which is consistent with the results reported by Sercekus and Mete (2010), which found a significant effect on stabilization in the paternal position. Also, a significant difference was found between the two groups concerning spiritual stability and internal satisfaction, so that those in the intervention group had a better status. Sercekus and Mete have also concluded that parental training is associated with increased levels of internal satisfaction during pregnancy [36]. Also, the intervention was associated with significant improvements in challenges and concerns in the intervention group, while such improvement was not found in the control group. Which indicates the effectiveness of the intervention. Takehara et al. (2016) concluded that fathers' education could reduce stress in mothers, which in turn results in reduced levels of challenges and concerns in fathers [35]. A study performed by Mensh in 2017 showed that positive approach counseling could effectively reduce the stress of mothers with mentally retarded children. The author also reported that this intervention not only reduced the tension and anxiety of parents but also could increase their tolerance against psychological pressures [40]. These findings are consistent with the results of the present study. Sin et al. (2009) and Chaves et al. (2017) also reported similar results concerning the positive effects of counseling on reducing depression [41,42].

The present study is the first of its kind in Iran and the world on the effect of positive approach counseling on acceptance and adaptation to the role of becoming a father in husbands of first-time mothers. Hence, we could find limited studies for comparing the findings. This study demonstrated the positive effect of positive approach counseling on acceptance and adaptation with parenting roles. Therefore, health authorities should pay more attention to held counseling and/or training courses/workshops on positive approach counseling, particularly for husbands of first-time mothers.

Conclusion

One of the limitations of the present study is using a self-report questionnaire. We tried to control

this limitation through providing adequate information about how to fill the questionnaire and answering the questions of respondents when filling the questionnaire. Besides, consultations were provided by female consultants, while all participants were men. However, we tried to increase the participation of attendees by encouraging them to ask their questions. In this study, we didn't compare the acceptance and adaptation to the role of fathers with a wife in the postpartum period. Hence, the authors recommend investigating this issue in future studies.

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Conflict of interest

We declare that there is no conflict of interest regarding the publication of this paper.

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