

Hearing from First Nations Dads: Qualitative yarns informing service planning and practice in urban Australia

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Abstract

Objective: This qualitative study explores the experiences and perceptions of new and expectant First Nations fathers in an urban setting in Australia.

Background: Little is known about the experiences of First Nations men as fathers, including their transition to fatherhood and their strengths and challenges as fathers.

Method: Eight First Nations men who were expectant or new fathers participated in individual yarning interviews. Data were analyzed using descriptive phenomenological analysis.

Results: Men perceived a father to be a protector, provider and someone who reflects on how to be a better father. To be a better father, men were trying to heal and learn from their past and build their identity as a father, while managing the stress of fatherhood.

Conclusion: The study identified four strategies to support new First Nations fathers: (a) create gathering places for men to connect with and learn from other dads, (b) maternity and early childhood services should be inclusive of men and their role as fathers, (c) clinical intervention and supportive pathways into fatherhood, and (d) promote and celebrate the strengths and roles of First Nations fathers.

Implications: Maternity and early childhood services can better support First Nations men in their transition to fatherhood by being more responsive to their needs and inclusive of their important role in child development and strengthening the family unit.

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KEYWORDS

Australia, fatherhood, First Nations fathers, Indigenous fathers, qualitative research, yarning

The benefits of parenting for health and well-being are well documented (Diemer, 1997; Modig et al., 2017). The role of Aboriginal and Torres Strait Islander (hereafter referred to as First Nations) men as parents has been identified as important to their general well-being (Tsey et al., 2002). Strengthening First Nations men's role as parents is therefore likely to benefit their health and well-being (Adams, 2006; Tsey et al., 2004) and has been shown to improve child development and family harmony (Bornstein, 2012; Panter-Brick et al., 2014). Despite the positive impact of fatherhood on the social and psychological well-being of men and their partners and children, knowledge and understanding of fatherhood is limited compared with what is known about maternal health (Bartlett, 2004; Panter-Brick et al., 2014). A systematic review of the international literature found that published evidence on parenting roles and interventions is focused on mothers and children; few parenting interventions directly target fathers, and their impact on outcomes for fathers is seldom assessed (Panter-Brick et al., 2014). Most research on men as parents focuses on health and development outcomes of their children (Opondo et al., 2016) or female partners (Bond, 2010). Even less is known about the experiences of First Nations men as fathers, including their transition to fatherhood and their strengths and challenges as fathers (Canuto et al., 2020; Reilly & Rees, 2018).

First Nations men in Australian communities experience fatherhood in a sociocultural context that presents unique and different challenges than those experienced by non-Indigenous men (Canuto, Brown, et al., 2018; Canuto et al., 2019; Carlin et al., 2021). The role of First Nations men as fathers has been adversely affected by colonization and ensuing discriminatory government practices and policies (Carlin et al., 2021; Reilly & Rees, 2018) which have contributed to the undermining of the role of First Nations men in Indigenous society (Adams, 2006; Tsey et al., 2004). First Nations men in Australia are more likely than their non-Indigenous counterparts to experience fatherhood in a context of compromised health and well-being, socioeconomic disadvantage (Australian Bureau of Statistics, 2016), intergenerational trauma (Atkinson, 2013), disruptions to the family unit (Reilly & Rees, 2018), and persistent barriers to health care (Canuto, Wittert, et al., 2018) and social support (Fletcher et al., 2014).

Despite the challenging sociocultural context in which First Nations men collectively experience fatherhood, recent research has identified their self-determination to adapt to overcome these challenges and aspire to become the best father they can be (Canuto et al., 2019, 2020; Carlin et al., 2021; Reilly & Rees, 2018; Rossiter et al., 2017). The role of maternal services in supporting First Nations men as fathers is limited due to characteristics of these services that inadvertently exclude First Nations men (Canuto, Wittert, et al., 2018), including perceptions around cultural protocols concerning First Nations gendered health perspectives, a bias in mainstream maternity services toward mothers as the primary caregiver (Kruske et al., 2012), negative or indifferent health worker attitudes toward First Nations men as fathers; gendered names of services (Canuto et al., 2019; Reilly & Rees, 2018), a lack of male frontline workers (Canuto, Brown, et al., 2018; Canuto, Wittert, et al., 2018), and a lack of male-specific resources (Canuto et al., 2020).

International studies from marginalized populations report positive outcomes from increasing men's involvement in maternal care. For instance, a systematic review and meta-analysis of the impact of male involvement on maternal health outcomes in developing countries found significant benefits of male involvement on reducing the odds of maternal depression and improving utilization of maternal health services (Yargawa & Leonardi-Bee, 2015). A randomized controlled trial among couples in Burkina Faso, West Africa, found that involving men as supportive partners in maternity care improved adherence to recommended healthy practices after

childbirth (Daniele et al., 2018) These findings strongly suggest that the greater involvement of First Nations men in maternal health care is likely to contribute to improvements in birthing and postnatal outcomes in First Nations women.

The development of maternal health services and programs that are inclusive of First Nations fathers requires knowledge and understanding of the unique challenges First Nations men face in their transition to fatherhood and the strengths that they bring to their role as fathers. Programs and services inclusive of First Nations fathers are those that build on their social, cultural, and psychological strengths and support them to overcome the challenges of fatherhood, with the overall goal of promoting positive health and social outcomes for men and their children and partners.

BIRTHING ON COUNTRY

Birthing on Country is described in national policy as services designed by and for First Nations families for the best start in life (Kildea et al., 2016). The guidelines underpinned the development of the Birthing in Our Community service, a holistic, culturally tailored and First Nations-governed maternity service, designed in partnership between two Aboriginal Community Controlled Health Services and a large maternity hospital in Brisbane, Australia. This service incorporates caseload midwifery to foster relationship-based continuity of care between women and staff. Caseload midwifery is informed by a feminist understanding of “women-centered care” where women have access to a known and named primary midwife throughout pregnancy, labor and birth, and the postnatal period.

The Birthing in Our Community service also includes a dedicated “Hub” that provides women with access to transportation and a network of staff and services. Family support workers, administrative support, social workers, and outreach services including women’s health and pediatric services, provide a one-stop-shop approach to maternity care (Kildea et al., 2019). The Hub has a strong emphasis on community engagement and strengthening cultural activities and connection. A stakeholder workshop, held to inform development of the service, highlighted the support role of fathers as an underdeveloped and underserved area, recognized the importance of ensuring the service was inclusive of fathers, and recommended that support services be extended to fathers as needed and specific strategies to enable fathers to provide support be developed (Hickey et al., 2018). These workshop findings reflect the unmet need in existing maternity care reported in the literature, where the primary focus is on the needs of mothers and does not explicitly extend to the provision of care tailored specifically toward the needs of fathers; rather, this work may be done on an ad hoc basis depending on how individual practitioners choose to engage with family members who may be present at health care encounters (Kildea et al., 2018). This current research is designed to ensure that the voices of First Nations men are heard regarding service planning and delivery across maternity, birthing, and parenting services in our Birthing in Our Community Service. This article therefore has three key aims: first, to describe the lived experiences of new and expectant First Nations fathers; second, to explore new and expectant First Nations fathers’ perceptions of a father; and third, to identify practical strategies for building the strengths of First Nations men in a Birthing in Community model to enable them to become the best father they can be.

METHODS

The study employed a qualitative design with individual yarning interviews as the data collection method. The study was a substudy within the Indigenous Birthing in an Urban Setting

(IBUS) study, a prospective birth cohort study comparing different models of care for women having First Nations babies at two urban maternity hospitals in Australia (Hickey et al., 2018). The interview guide, informed by the findings of consultations with stakeholders and interviews with pregnant First Nations women participating in the IBUS study, was developed to enable First Nations men to tell their story of becoming a father.

Ethical considerations

This study was approved by the Mater Misericordia Limited Human Research Ethics Committee (HREC/15/MHS/24), the Mater Research Governance Office (RG-15-080), Queensland Health Metro North Research Governance (SSA/15/QRBW/243), and the University of Queensland Human Research Ethics Committee (#2015000624; Hickey et al., 2018). This study was conducted in accordance with the Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (National Health and Medical Research Council, 2003) and the National Health and Medical Research Council's Keeping Research on Track (National Health and Medical Research Council, 2005). All participants provided written informed consent before their participation in yarning interviews.

Participant eligibility and recruitment

Participants were purposively recruited from a sample of First Nations men who were the partners of pregnant women enrolled in the IBUS study (Hickey et al., 2018). Men were eligible to participate if they were expecting their first child, had become a father for the first time in the past 3 months, or were already a father but now playing an active role in their partner's pregnancy and child's birth for the first time. During the informed consent process, men were given the option to consent to researchers contacting them via phone a few months after the due date of their unborn child to schedule a follow-up interview. Men younger than 25 years were targeted, but we did not exclude older men who met eligibility criteria and wished to participate.

Data collection

Data were collected from participants using a "yarning" approach, a form of culturally respectful conversation that involves a purposeful knowledge exchange through the "sharing of stories" (Walker et al., 2014). As with typical approaches to phenomenological interviews (Biggerstaff & Thompson, 2008), yarns are unstructured conversations that encourage participants to share their stories (Bessarab & Ng'andu, 2010). Where yarns differ is that they are a culturally specified process of sharing knowledge that relies on relationships between researcher and participant to create a collaborative space that is safe and familiar to First Nations people (Atkinson et al., 2021). The second author (I.F.), a First Nations male community-based researcher trained in narrative therapy, conducted all yarning interviews, drawing on the types of yarning described by Bessarab and Ng'andu (2010): "social yarning" around family, culture, community, and country to connect with men and their stories; "research topic yarning" to gather information on men's perceptions of a father and lived experiences of becoming a father; and "therapeutic yarning" to listen to men's stories and memories that are traumatic or intensely emotional and lend support to their voice and experiences. During yarns, the researcher constantly checked their understanding of the phenomenon with the participant by paraphrasing and summarizing the information they provided. Yarns were audio-recorded and

of 26 to 77 minutes duration, with an average duration of 47 minutes. Yarns were transcribed verbatim, including vernacular, for coding and analysis.

Data analysis

Interview data were analyzed using descriptive phenomenological analysis, a qualitative method of analysis that draws knowledge from and describes everyday experiences (Sundler et al., 2019). Phenomenology is based on the assumption that participant perceptions present evidence as their “lived experience”—the way a person experiences their world (Biggerstaff & Thompson, 2008; Sundler et al., 2019). Studies in the Indigenous health field have demonstrated that phenomenology is a culturally appropriate method of qualitative analysis to privilege Indigenous peoples’ voices and interpret the meanings they ascribe to their lived experiences (Jones et al., 2013; Munro et al., 2017; Rigney, 1999).

In this study, a phenomenological analysis prioritized the lived experiences of new and expectant First Nations fathers during their partner’s pregnancy and early postnatal period and examined how these experiences shaped their perceptions and expectations of fatherhood. The analysis of data involved four key steps: (a) Each participant’s transcript was read by two authors, the First Nations male interviewer (I.F.) and a coresearcher (A.C.M.), to achieve a deep understanding of their story and make sense of it. (b) Transcripts were reread by the same two authors with annotations of participant comments (i.e., descriptive codes) related to their experiences of fatherhood and how they refer to themselves as a father recorded in the margins of the transcript. (c) Annotations were aggregated into a table of words and phrases describing participants experiences and perceptions in their own words. (d) The two researchers repeated these steps for each transcript and then aggregated words and phrases into a table of emerging themes. During this stage of analysis, researchers met regularly to discuss and verify the accuracy and meaning of emerging themes. Themes were compared with data from interview transcripts, and those that did not fit well with all participants or were not strongly reflected in their words were removed. The table of emerging themes was examined to identify key themes describing men’s experiences of becoming a father and perceptions of fatherhood.

RESULTS

Number and characteristics of men interviewed

Eight First Nations men were interviewed before the birth of their child, of whom seven agreed to be contacted after the birth of their child for a follow-up interview. Four of the seven men who agreed to be contacted participated in a follow-up interview. The remaining three men were unavailable due to family and work commitments.

The men interviewed had a mean age of 24 years (range 18–33 years) and all were Aboriginal. All men were living in Brisbane, Queensland, at the time of interviews, although most were from communities outside of Brisbane. All eight men were playing an active role in their partner’s pregnancy and their child’s birth: Six were first time fathers, and two were already fathers playing an active role in their partner’s pregnancy and child’s birth for the first time. Five men were unemployed, four of whom were actively seeking work. During the interview, seven men disclosed problematic substance use during their lifetime (predominantly alcohol, cannabis, and solvents), and five reported mental health issues (anxiety, depression, suicidality, and self-harm). When reflecting on their upbringing, six men reported experiencing trauma in childhood or adolescence, ranging from one-off events to prolonged exposure. The types of trauma

disclosed included removal from family and placement in foster care, family violence, parental substance abuse, parental incarceration, and homelessness.

Key themes

Key themes emerging from the data of all eight participants are presented in this section. All names linked to quotes of participants are pseudonyms. On the basis of the first aim, to describe the lived experiences of new and expectant First Nations fathers, an overarching desire for support was evident which was reflected in two themes: (a) men wanted support to heal and learn from their past and (b) men wanted support to manage the stress of fatherhood to become better fathers.

Healing and learning from the past.

To fulfill fatherhood roles and be the best father possible, men described how they needed to acknowledge and move on from past loss, trauma and mistakes. “Dwelling on,” “reliving,” or “blaming” the past were considered barriers to moving on and being a good father in the present.

No one can change the past. But it's hard to get past it you know, to just play the hand I got dealt and be a good father. (Andrew)

Managing the stress of fatherhood.

Although men described becoming a father in positive terms, the experience was accompanied by feelings of pressure and stress. The pressure men felt to meet their expectations of a father created new stressors in their life and compounded existing ones. Parental, social, and relationships were the main stressors men described.

I understood that there was going to be a lot more responsibilities dealing with a child, but I didn't quite understand the pressure of it on top of everything else—work, being a good partner, until bub was there, you know. (Chris)

Men with a history of violence, trouble with the law, or problematic substance use, described experiencing high levels of stress living under the surveillance of child safety and the threat of their child being removed from their care.

I'm fucking very concerned like, not for the baby, not like oh fuck man, I'm expecting a kid. What am I going to do? Yeah like it's sort of like that but it's only to do with the fucking housing, the fucking Department of Child Safety. ... I need a house and I do not want them involved, bro. It's just going to drive me mental, bro. (Andrew)

Relationship stressors related to men feeling worried and fearful about saying or doing something wrong to upset their pregnant partners who they felt were more sensitive to emotional and psychological triggers. In times of disagreement and conflict with their partner, men tried to be more sensitive and diplomatic than usual, to avoid upsetting her and creating additional stressors. As Mark noted, “Yeah, like once I do set her off it's like what did I do wrong, you know? I give her space. I don't want to mess it up. Mess her little pattern and all.”

Social stressors described by the men included unstable employment, unsuitable accommodation, and financial hardship. Men's expectations of the father as a provider and protector

created an internalized pressure for them to manage these stressors and get on with things on their own.

Back in the past I would have maybe gone for a run or gone to shoot some hoops or whatever. But now it's just more pressure. ... I think to just get on with things, just going through the motions sometimes. Which, you know, it's not healthy, I suppose. (Chris)

Some men were concerned that the stress of fatherhood put them at risk of reverting to past negative coping behaviors.

Yeah like taking it to that point where like letting it get to that point where I'm just building shit all the way up and then one day I accidentally I just flip the fuck out like I used to, you know. I don't want to do that, man. (Jason)

Like I know I've got something from all the ice [methamphetamine] use, it's just something not right. So I just needed to get help and shit. Like it's not healthy going off and shit all the time. It's not healthy for my family and shit as well. (Gavin)

When men did seek help and support, it was generally from family and friends; men wanted someone they felt connected to and who could relate to what they were going through in becoming a father.

I don't feel comfortable talking to a White person. I'm comfortable with Black talking to one of my mob. ... I feel uncomfortable when I talk to him [White worker]. He's alright but, I don't know, because we just talk with each other. If I talk to a Black fella we have long conversations. (Eric)

Needing more inclusive and supportive services.

Men's experiences of attending maternal and early childhood services with their partners for antenatal care and support were mixed. Some men included themselves in services and activities but perceived they were primarily designed for their partner.

Ben: They're mostly about the baby with both of us.

Interviewer: The both of you?

Ben: Mums and bubs, the boyfriends can go, or the husbands can go and sit down listen to it as well.

Other men wanted to feel more included and for their important role as fathers to be more strongly represented in the atmosphere of the service and staff interactions with them and their partner.

Being a dad, and a first-time mum for her, the help was all for her. Then I was thinking oh, yeah, but what about me ... this is going to be hard because she's got all the support from all the workers and that and I'm just down on the side just listening, but I'm asking questions too at the same time. ... I was like oh—they go "Have you got any questions?" Yeah, I've got some questions. So what else hypothetically if baby was to stand up at a young age? They're like "Oh you can just watch things about it on YouTube and that." Hey. I said no, I don't want to watch YouTube, I want the knowledge. (Eric)

Men commonly expressed discomfort at attending a female-dominant service. Ben said, "I was scared the first time I went there because there was only girls there. I was like aww no." They

wanted a stronger male presence in maternity and early childhood services, including a First Nations male worker to talk to and a men's group to connect them with other First Nations fathers. As Peter stated,

for me when I walk in here, I just feel real awkwardness like "Oh, yeah, there's too many girls here." Just shut down. Where if there's a couple of fellows here and that, "Oh, yeah, what's the matter, how's it going boy." Sit down and have a yarn with them and other fellas. Just talk about some random stuff. Instead of coming in here and shutting down.

The second aim, to explore First Nation fathers' perception of a father, yielded four themes from the data. They were a father should be (a) present, (b) a protector, (c) a provider, (d) and someone who reflects on how to become the best father they can be.

Being present.

The men interviewed were present to support their partner throughout her pregnancy. The nature of their support varied and included psychological and emotional support, adjusting everyday life, attending antenatal appointments, and sharing in pregnancy milestones.

Their partner's pregnancy was an abstract phase during men's transition into fatherhood. Men were uncertain how to be present for their child and partner. For some men, this uncertainty made them feel secondary to their pregnant partner.

I ask her every day. I was like do you want me to be around and shit. I told her do you want me to be around. She reckons yeah, of course, because you're the father of the kid. I go yeah, well stop putting me down and ..., because you're putting me through depression. (Mark)

To better support their female partner, men sought to know more about the physical, emotional, and psychological changes she was experiencing, pregnancy milestones, and what they could expect in the time ahead. Their primary source of this information was their family and friends. Over time, some men realized their family and friends were not always a reliable and comprehensive source of information, leading to greater feelings of uncertainty about their partner's pregnancy, the birth of their child, and their role as a father.

It was pretty hard getting more advice from my mum than my dad. That's where I need my dad so he can tell me how to do it and all that, but he'll just say to me you're a man yourself, you've got to find out yourself and that's what I'm trying to do—find out myself and I have been and it's alright but it's a bit hard. I would've liked him to tell me more you know. How else will I know what to do? (Ben)

Men who were present at the birth of their child described it as an emotional experience.

Then I started tearing up and I started crying. I was "come on baby you've got this, come on, keep going, push, push" ... I was like "darling look straight ahead, look in the mirror, you can see baby's head there." I was looking and then she looked. (Gavin)

A sudden, unexpected and complicated birth left men with little or no time to process their emotions. Some men described suppressing their fears and anxieties to support their partner through a difficult birth. Men felt inadequate when they saw their partner in pain or feared something might go wrong, but they were determined to be present at the birth to provide her with practical care and support.

Interviewer: ... when the [baby's] heartrate dropped and they hit the button and things, what was going through your head?

Jason: I freaked out. It just happened so fast eh, like I was just making sure that my partner was okay. So I was just being with her and just talking to her, keeping her calm.

The birth of their child made fatherhood more tangible and real. Men were able to participate in caring for their child in a way they couldn't during their partner's pregnancy. Men described developing a bond with their child through their experience of being able to calm, comfort, and protect. This experience helped some men see themselves as a caregiver and role model. As Jason described, "It makes me feel proud and happy just knowing that I can be there and push him in the right direction and just try to keep him out of trouble."

Being a provider.

The men interviewed saw their primary role as a provider and identified paid work as the primary means they could provide for their child and partner. Providing for their child was a key motivator for men to be employed in paid work. Chris said, "Every day I come home from work and see that little smile of his, it just makes me want to just keep pushing forward with work." Eric explained, "I want to be a man, hey. All I want is just a job and then I'll be right. Just to put food on the table."

In working to provide, some men were already planning for their child's future.

I've got a bank account opened up, just my own personal savings, just put a little bit in there each week, saving up for him. Then eventually soon I'll probably just open up an own account for him and just put it all in there and make him can't touch it until he's like 21. (Chris)

During their partner's pregnancy men provided by undertaking practical preparations for the birth of their child, such as buying equipment and preparing the baby nursery in their home.

I got his nappies, all his you know bibs, bottles all that's stuff already done. All we need to get is a pram and that's it. I don't want us to go to the hospital and not have everything ... I want us to have everything already done before he comes so then we're fully prepared for him. (Peter)

Providing through nest-building activities appeared to make men feel more involved in their partner's pregnancy and prepared for the birth of their child. As Eric stated, "We got stuff so I can help her out. We've got a breast pump so I can help feed him when she's a bit too tired and stuff. Now I feel more a part of it you know."

Being a protector.

Men described their urge to protect their child as a powerful instinct, triggered by their emotions surrounding the birth of their child. Andrew said, "I was just sitting there just looking at him. Like half asleep, overtired. Just yeah, just made me cry. Just tears of joy ... like he's my kid, I gotta look after him, it hit me."

Men with a history of harmful behaviors expressed a strong desire to change their ways to protect their partner and child.

I have thought about it once, going back to my old habits, but then I think no. I don't know, sometimes I have visions. Oh yeah, bang, what happens if I do this, but then again there's always the consequences in the end. Then bang, go back inside, no, fuck that, I'll miss my baby's first birthday and all that because I was locked up. (Eric)

Similarly, Gavin stated, "Like it's not healthy going off and shit [methamphetamine] all the time. It's not healthy for my family and I want to keep that away from them."

Reflecting on how to be a better father.

Men's thoughts about their own fathers and experiences as children formed a background against which they built their image of the father they wanted to be.

Interviewer: What kind of father do you want to be?

Peter: I just want to be a father that I never had, you know?

Men wanted to give their child a better start to life than they had. They wanted to be better than their father and not repeat the same mistakes he made with them. Men who grew up without a father wanted to be present for their children, and those who grew up with physically or emotionally abusive fathers wanted to protect their children from exposure to abuse.

If I had actually had someone there, you know, I would have been on a different fucking track, bro. Teach me how to be a dad for one. You know like because, fuck man, me, I just heard all this shit that Mum would tell me, and I just always said, well, you know, I'm not going turn out like this motherfucker you know, I'm just not going to. (Eric)

DISCUSSION

This is one of a small number of qualitative studies describing First Nations men's lived experiences of becoming a father and their perceptions and expectations of fatherhood (Canuto & Harfield 2019; Canuto & Towers 2018; Reilly & Rees, 2018). The men interviewed perceived a father to be a provider and a protector and to be present (Canuto, Brown, et al., 2018; Canuto, Wittert, et al., 2018; Carlin et al., 2021; Reilly & Rees, 2018). Men and women interviewed in other qualitative studies exploring men's perceptions of fatherhood have also identified these three role identities of a father (Olmstead et al., 2009; Summers et al., 1999; Trahan & Cheung, 2012). How the men in the current study constructed these role identities from their previous experiences of fathering is also consistent with previous research (Bar-On & Scharf, 2016). For example, when describing the roles of a father, the men in this study reflected on the positive and negative aspects of their own father, which is consistent with qualitative evidence that some men model themselves after their fathers when building their concept of a father (East et al., 2014). For the men in the current study, growing up with an absent or uninvolved father motivated them to be present in their children's lives and break the cycle of father absence.

To fulfill the main roles they ascribe to being a father, men in this study were trying to heal and learn from their past and build their identity as a father. In managing the stress of fatherhood, men relied on individual coping mechanisms and, when seeking help and support, turned to close family and friends. Men wanted maternity and early childhood services to do more to acknowledge and support their role as fathers, and to connect them to First Nations male workers and other fathers for professional and peer support. Their needs reflected barriers to First Nations men's access to inclusive maternity and early childhood services (Canuto, Brown, et al., 2018; Canuto, Wittert, et al., 2018; Carlin et al., 2021; Reilly & Rees, 2018) and offer guidance for urban Aboriginal and Torres Strait Islander Community Controlled Health Services and maternity and early childhood services in developing policy and practice in the men's parenting and maternal health field. Four key strategies warrant consideration for inclusion in policy and practice implemented to support urban First Nations men to transition into fatherhood and engage in the contemporary parenting role.

A shed or hub for men to connect with and learn from other dads

For the men in this study, becoming a father created new stressors and compounded existing ones. There is qualitative evidence that men's gathering places strengthen the social and cultural

determinants of First Nations fathers by offering alternative pathways to education and employment opportunities, as well as increasing their links to cultural and community networks that strengthen identity and community belonging through participation (Cavanagh et al., 2016; Tsey et al., 2002; Wilson & Cordier, 2013). A men's shed or hub could provide cultural and social support for men struggling with the stressors of fatherhood (Cox et al., 2020). In seeking help and support to manage the stressors of fatherhood, men wanted someone they felt connected to and who could relate to their experiences. A safe space for these men to connect with other fathers would likely reduce the internalized pressure they feel to manage these stressors on their own and their risk of adopting negative coping mechanisms (Wilson & Cordier, 2013).

Maternity and early childhood services that are more inclusive of men and their role as fathers

Father-inclusive services are those that respond to the needs of fathers through their planning, development, and delivery of services and programs (Fletcher et al., 2014). The partners of men participating in the study were receiving maternal care through Birthing in Our Community, a model of caseload midwifery for First Nations people in an Australian capital city. In Australia, guidelines for midwifery practice do not include specific recommendations on father-inclusive care (Australian College of Midwives, 2014). This is despite evidence that greater paternal engagement is positively associated with improved mother and child outcomes (Yargawa & Leonardi-Bee, 2015), and the view of midwives that fathers' well-being should be a part of their role (Wynter et al., 2021). Maternity and early childhood services should therefore explicitly reflect and promote the importance of male parenting through their physical appearance, atmosphere, and interactions.

The men in this study would have likely felt more comfortable and less afraid accessing maternity and early childhood services with posters and brochures that recognize and value their role as fathers, male workers to create a safe space and connect them to other services, and staff more inclusive of fathers in their delivery of services and programs. Gendered names for services such as "Mums and Bubs" should be avoided and, where feasible, the inclusion of First Nations men included in service delivery. This is especially important given the common misconception among non-Indigenous service providers that antenatal health among First Nations people is strictly women's business (Kruske et al., 2012). This misconception along with gendered terms and a lack of male workers can have the unintended consequence of devaluing the important role of First Nations fathers and excluding First Nations men from antenatal and parenting programs.

Men's feeling of exclusion have the potential to negatively impact their ability to connect with their child and successfully transition into fatherhood (Fletcher et al., 2014). Maternity and early childhood services therefore need to strategically address barriers to First Nations men engaging with their services and programs, without compromising the needs of First Nations women. Broadly, this should include resources and staff that promote and support men's roles as fathers, respect for male autonomy, and provision of culturally based support for men transitioning to fatherhood.

Clinical intervention and supportive pathways into fatherhood

Becoming a father is a life-changing event presenting significant challenges (Hayes et al., 2010; McKenzie & Carter, 2013) When describing their experiences of becoming a father, the men in this study reflected on their past and expressed being more motivated to make positive changes

in their life during their transition to fatherhood. Insight and motivation, however, were not enough for some men to overcome the challenges they faced transitioning to fatherhood. Six of the eight men in this study had limited or no positive interactions with their father in childhood. The experience of being cared for during childhood by a father role model is critical to the development of fathering (Bar-On & Scharf, 2016; East et al., 2014). In transitioning into fatherhood these men were moving into a role and a set of relationships incongruent with their childhood experience of fathers.

Six of the eight men interviewed reported experiencing trauma in childhood. The impact of childhood trauma on parenting is well documented (Atkinson, 2013). Patterns of trauma and their harmful and detrimental effects are typically replicated across generations of parent–child relationships (Jessee & Adamsons, 2018), emphasizing the importance of First Nations men having access to evidence-based interventions that simultaneously address past trauma and teach positive parenting behaviors. The findings of a recent scoping review of parenting programs targeting Aboriginal men found only eight studies, none of which were rigorously evaluated or targeted trauma (Canuto et al., 2020). This highlights the urgent need to implement and evaluate parenting programs for First Nations fathers that target the intergenerational effects of male trauma on fathering and promote the formation of positive father–child relationships in First Nations communities. Trauma-informed services have a workforce with knowledge and understanding of trauma and the skills and capacity to respond to the impact it has on the lives of their clients through the services and programs they deliver (Mildon & Polimeni, 2012). In maternity and early childhood services, this should also include the partners of mothers. A strengths-based approach that repairs and strengthens men's social bonds, including positive family ties and social networks, and reinforces their social roles and identities is a potential pathway to healing and recovery for men experiencing the effects of trauma.

Promote and celebrate the strengths and roles of First Nations fathers

Community health promotion is needed to challenge traditional and masculine notions of fatherhood and promote and celebrate the strengths of First Nations men as fathers. Successful First Nations community health promotion initiatives such as *Deadly Choices* that are founded on and promote self-determination and empowerment (McPhail-Bell et al., 2018) are essential for positively reshaping community perceptions of First Nations men as fathers and empowering First Nations men to be the best fathers they can be.

With more women being employed, there is an expectation of equally shared parental responsibility for care (Australian Bureau of Statistics, 2016). First Nations men therefore likely require support to take on the important role of parenting their young children and helping their partners more equally in the parental role. The role of the wage earner that men identified as characteristic of a father who provides is not within easy reach for a substantial proportion of First Nations men due to disproportionately higher levels of unemployment and lower levels of formal education in the First Nations population (Australian Bureau of Statistics, 2016). First Nations men should therefore be encouraged and supported by their families and communities to value their role of caregiver equal to that of wage earner. Both roles are important for strengthening First Nations children, families, and communities.

Implications

Maternity and early childhood services can better respond to the needs of First Nations men transitioning to fatherhood by providing opportunities for them to connect with other First Nations fathers, delivering programs and services inclusive of men's roles and needs as fathers,

and supporting First Nations fathers to use their strengths to become the best father they can be. Inclusion of father-supportive spaces and practices within Birthing on Country Services at local Aboriginal community organizations appears to be a promising way forward.

Limitations

This is one of a small number of studies to describe the subjective experience of First Nations men transitioning to fatherhood in an urban Australian setting. Although this study makes a unique qualitative contribution to the antenatal and early childhood literature, there are some points for consideration. First, only eight men were interviewed. This sample size, however, is consistent with other phenomenological studies (Gentles et al., 2015), and four of the eight men participated in a second interview. Second, the interviewer was known to some participants. These participants may have been less forthcoming with their responses due to a fear of the interviewer disclosing sensitive information to mutual acquaintances or fear of judgment from a peer. Alternatively, men may have also been more likely to provide accurate responses to someone they knew and trusted. Third, only half the men interviewed participated in a follow-up interview after their baby was born, limiting the amount of data on their experiences and perceptions of fatherhood in the early postnatal period. Fourth, the men interviewed were partners of First Nations women receiving an Indigenous-specific model of care through their enrolment in the IBUS study. Hence, participants' perceptions of maternity and early childhood services may not reflect those of First Nations men whose partners receive standard care.

Conclusion

Through yarning with new and expectant First Nations fathers, we have explored their lived experiences during their partner's pregnancy, birth of their child, and the early postnatal period. Their perceptions of a father are framed within three father figure constructs, formed against a background of their own father. Men's narratives of becoming a father bear evidence of their potential to transition successfully into fatherhood and a contemporary parenting role. However, for First Nations men to overcome the social and personal barriers to fulfilling their potential as fathers, maternity and early childhood services need to expand the focus of their service delivery to fathers and their important role in child development and strengthening the family unit.

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REFERENCES

- Adams, M. (2006). Raising the profile of Aboriginal and Torres Strait Islander men's health: An Indigenous man's perspective. *Australian Aboriginal Studies*, 2, 68–74.
- Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children* (Resource Sheet No. 21). Produced for the Closing the Gap Clearinghouse. Australian Institute of Health and Welfare.
- Atkinson, P., Baird, M., & Adams, K. (2021). Are you really using yarning research? Mapping social and family yarning to strengthen yarning research quality. *AlterNative: An International Journal of Indigenous Peoples*, 17(2), 191–201. <https://doi.org/10.1177/11771801211015442>
- Australian Bureau of Statistics. (2016). *Census of population and housing: Characteristics of Aboriginal and Torres Strait Islander Australians*, 2016.0.

- Australian College of Midwives (ACM). (2014). *National midwifery guidelines for consultation and referral* (3rd ed., issue 2). <http://issuu.com/austcolleg>
- Bar-On, I. K., & Scharf, M. (2016). The reconstruction of fatherhood across two generations: From experiences of deficiency, strictness, precocious maturity, and distance to indulgence, permissiveness, and intimacy. *Journal of Family Issues*, 37(5), 645–670. <https://doi.org/10.1177/0192513X14528712>
- Bartlett, E. (2004). The effects of fatherhood on the health of men: A review of the literature. *The Journal of Men's Health & Gender*, 1, 159–169. <https://doi.org/10.1016/j.jmhg.2004.06.004>
- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in indigenous research. *International Journal of Critical Indigenous Studies*, 3, 37–50.
- Biggerstaff, D., & Thompson, A. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5(3), 214–224. <https://doi.org/10.1080/14780880802314304>
- Bond, M. J. (2010). The missing link in MCH: Paternal involvement in pregnancy outcomes. *American Journal of Men's Health*, 4(4), 285–286. <https://doi.org/10.1177/1557988310384842>
- Bornstein, M. (2012). Cultural approaches to parenting. *Parenting, Science and Practice*, 12(2–3), 212–221. <https://doi.org/10.1080/15295192.2012.683359>
- Canuto, K., Brown, A., Wittert, G., & Harfield, S. (2018). Understanding the utilization of primary health care services by Indigenous men: A systematic review. *BMC Public Health*, 18(1), 1198. <https://doi.org/10.1186/s12889-018-6093-2>
- Canuto, K., Harfield, S. G., Canuto, K. J., & Brown, A. (2020). Aboriginal and Torres Strait Islander men and parenting: A scoping review. *Australian Journal of Primary Health*, 26(1), 1–9. <https://doi.org/10.1071/PY19106>
- Canuto, K., Towers, K., Riessen, J., Perry, J., Bond, S., Chee, D., & Brown, A. (2019). “Anybody can make kids; it takes a real man to look after your kids”: Aboriginal men’s discourse on parenting. *PLoS One*, 14, e0225395. <https://doi.org/10.1371/journal.pone.0225395>
- Canuto, K., Wittert, G., Harfield, S., & Brown, A. (2018). “I feel more comfortable speaking to a male”: Aboriginal and Torres Strait Islander men’s discourse on utilizing primary health care services. *International Journal for Equity in Health*, 17(1), 185. <https://doi.org/10.1186/s12939-018-0902-1>
- Carlin, E., Cox, Z., Spry, E., Monahan, C., Marley, J. V., & Atkinson, D. (2021). “When I got the news”: Aboriginal fathers in the Kimberley region yarning about their experience of the antenatal period. *Health Promotion Journal of Australia*, 32(3), 513–522. <https://doi.org/10.1002/hpja.375>
- Cavanagh, J., Shaw, A., & Bartram, T. (2016). An investigation of Aboriginal and Torres Strait Islander men’s learning through Men’s Sheds in Australia. *Australian Aboriginal Studies (Canberra)*, 1, 55–67.
- Cox, T., Hoang, H., Barnett, T., & Cross, M. (2020). Older Aboriginal men creating a therapeutic Men’s Shed: An exploratory study. *Ageing and Society*, 40(7), 1455–1468. <https://doi.org/10.1017/S0144686X18001812>
- Daniele, M. A., Ganaba, R., Sarrassat, S., Cousens, S., Rossier, C., Drabo, S., Ouedraogo, D., & Filippi, V. (2018). Involving male partners in maternity care in Burkina Faso: A randomized controlled trial. *Bulletin of the World Health Organization*, 96(7), 450–461. <https://doi.org/10.2471/BLT.17.206466>
- Diemer, G. A. (1997). Expectant fathers: Influence of perinatal education on stress, coping, and spousal relations. *Research in Nursing & Health*, 20(4), 281–293. [https://doi.org/10.1002/\(sici\)1098-240x\(199708\)20:4<281::aid-nur2>3.0.co;2-c](https://doi.org/10.1002/(sici)1098-240x(199708)20:4<281::aid-nur2>3.0.co;2-c)
- East, L., Jackson, D., Power, T., Woods, A., & Hutchinson, M. (2014). “Holes in my memories”: A qualitative study of men affected by father absence. *Issues in Mental Health Nursing*, 35(8), 604–612. <https://doi.org/10.3109/01612840.2013.867466>
- Fletcher, R., May, C., St George, J., Stoker, L., & Oshan, M. (2014). *Engaging fathers: Evidence review*. Australian Research Alliance for Children and Youth.
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20(11), 1772–1789. <http://nsuworks.nova.edu/tqr/vol20/iss11/5>
- Hayes, D., Jones, D. A., Silverstein, L. B., & Auerbach, C. F. (2010). In their own words: Early Head Start fathers. *Psychology of Men & Masculinity*, 11(4), 241–250. <https://doi.org/10.1037/a0021036>
- Hickey, S., Roe, Y., Gao, Y., Nelson, C., Carson, A., Currie, J., Reynolds, M., Wilson, K., Kruske, S., Blackman, R., Passey, M., Clifford, A., Tracy, S., West, R., Williamson, D., Kosiak, M., Watego, S., Webster, J., & Kildea, S. (2018). The Indigenous Birthing in an Urban Setting study: The IBUS study. *BMC Pregnancy and Childbirth*, 18(1), 431. <https://doi.org/10.1186/s12884-018-2067-8>
- Jessee, V., & Adamsons, K. (2018). Father involvement and father–child relationship quality: An intergenerational perspective. *Parenting, Science and Practice*, 18(1), 28–44. <https://doi.org/10.1080/15295192.2018.1405700>
- Jones, B., Ingham, T. R., Cram, F., Dean, S., & Davies, C. (2013). An indigenous approach to explore health-related experiences among Māori parents: The Pukapuka Hauora asthma study. *BMC Public Health*, 13(1), 228. <https://doi.org/10.1186/1471-2458-13-228>
- Kildea, S., Hickey, S., Barclay, L., Kruske, S., Nelson, C., Sherwood, J., Allen, J., Gao, Y., Blackman, R., & Roe, Y. L. (2019). Implementing Birthing on Country services for Aboriginal and Torres Strait Islander families:

- RISE Framework. *Women and Birth: Journal of the Australian College of Midwives*, 32(5), 466–475. <https://doi.org/10.1016/j.wombi.2019.06.013>
- Kildea, S., Hickey, S., Nelson, C., Currie, J., Carson, A., Reynolds, M., Wilson, K., Kruske, S., Passey, M., Roe, Y., West, R., Clifford, A., Kosiak, M., Watego, S., & Tracy, S. (2018). Birthing on Country (in Our Community): A case study of engaging stakeholders and developing a best-practice Indigenous maternity service in an urban setting. *Australian Health Review*, 42(2), 230–238. <https://doi.org/10.1071/AH16218>
- Kildea, S., Lockey, R., Roberts, J., & Magick, D. (2016). *Guiding principles for developing a birthing on country service model and evaluation framework, Phase 1*. Mater Medical Research Unit and the University of Queensland on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council.
- Kruske, S., Belton, S., Wardaguga, M., & Narjic, C. (2012). Growing up our way: The first year of life in remote Aboriginal Australia. *Qualitative Health Research*, 22(6), 777–787. <https://doi.org/10.1177/1049732311432717>
- Mckenzie, S. K., & Carter, K. (2013). Does transition into parenthood lead to changes in mental health? Findings from three waves of a population based panel study. *Journal of Epidemiology and Community Health*, 67(4), 339–345. <https://doi.org/10.1136/jech-2012-201765>
- McPhail-Bell, K., Appo, N., Haymes, A., Bond, C., Brough, M., & Fredericks, B. (2018). Deadly Choices empowering Indigenous Australians through social networking sites. *Health Promotion International*, 33(5), 770–780. <https://doi.org/10.1093/heapro/dax014>
- Mildon, R., & Polimeni, M. (2012). *Parenting in the early years: Effectiveness of parenting support programs for Indigenous families* (Closing the Gap Clearinghouse). Australian Institute of Health and Welfare & Australian Institute of Family Studies.
- Modig, K., Talbäck, M., Torssander, J., & Ahlbom, A. (2017). Payback time? Influence of having children on mortality in old age. *Journal of Epidemiology and Community Health*, 71(5), 424–430. <https://doi.org/10.1136/jech-2016-207857>
- Munro, A., Allan, J., Shakeshaft, A., & Breen, C. (2017). “I just feel comfortable out here, there’s something about the place”: Staff and client perceptions of a remote Australian Aboriginal drug and alcohol rehabilitation service. *Substance Abuse Treatment, Prevention, and Policy*, 12(1), 49. <https://doi.org/10.1186/s13011-017-0135-0>
- National Health and Medical Research Council. (2003). Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.
- National Health and Medical Research Council. (2005). Keeping research on track: A guide for Aboriginal and Torres Strait Islander people and health research ethics.
- Olmstead, S. B., Futris, T. G., & Pasley, K. (2009). An exploration of married and divorced, nonresident men’s perceptions and organization of their father role identity. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, 7(3), 249–268. <https://doi.org/10.3149/ft.0703.249>
- Opondo, C., Redshaw, M., Savage-McGlynn, E., & Quigley, M. A. (2016). Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: Evidence from the ALSPAC UK birth cohort. *BMJ Open*, 6(11), e012034. <https://doi.org/10.1136/bmjopen-2016-012034>
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers—recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(11), 1187–1212. <https://doi.org/10.1111/jcpp.12280>
- Reilly, L., & Rees, S. (2018). Fatherhood in Australian Aboriginal and Torres Strait Islander communities: An examination of barriers and opportunities to strengthen the male parenting role. *American Journal of Men's Health*, 12(2), 420–430. <https://doi.org/10.1177/1557988317735928>
- Rigney, L.-I. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to indigenist research methodology and its principles. *Wicazo Ša Review*, 14, 109. <https://doi.org/10.2307/1409555>
- Rossiter, C., Power, T., Fowler, C., Jackson, D., Roche, M., & Dawson, A. (2017). “Learning to become a better man”: Insights from a fathering programme for incarcerated Indigenous men. *Australian Journal of Social Issues*, 52(1), 13–31. <https://doi.org/10.1002/ajs4.4>
- Summers, J. A., Raikes, H., Butler, J., Spicer, P., Pan, B., Shaw, S., Langager, M., McAllister, C., & Johnson, M. K. (1999). Low-income fathers’ and mothers’ perceptions of the father role: A qualitative study in four early head start communities. *Infant Mental Health Journal*, 20(3), 291–304. [https://doi.org/10.1002/\(SICI\)1097-0355\(199923\)20:3<291::AID-IMHJ6>3.0.CO;2-G](https://doi.org/10.1002/(SICI)1097-0355(199923)20:3<291::AID-IMHJ6>3.0.CO;2-G)
- Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, 6(3), 733–739. <https://doi.org/10.1002/nop2.275>
- Trahan, M., & Cheung, M. (2012). Fathering behavior within the context of role expectations and marital satisfaction: Framework for studying fathering behavior. *Journal of Family Strengths*, 12(1), 7.
- Tsey, K., Patterson, D., Whiteside, M., Baird, L., & Baird, B. (2002). Indigenous men taking their rightful place in society? A preliminary analysis of a participatory action research process with Yarrabah men’s health group. *Australian Journal of Rural Health*, 10(6), 278–284. <https://doi.org/10.1046/j.1440-1584.2002.00491.x>

- Tsey, K., Patterson, D., Whiteside, M., Baird, L., Baird, B., & Tsey, K. (2004). A microanalysis of a participatory action research process with a rural Aboriginal men's health group. *Australian Journal of Primary Health, 10*(1), 64–71. <https://doi.org/10.1071/PY04009>
- Walker, M., Fredericks, B., Mills, K., & Anderson, D. (2014). "Yarning" as a method for community-based health research with Indigenous women: The Indigenous Women's Wellness Research Program. *Health Care for Women International, 35*(10), 1216–1226. <https://doi.org/10.1080/07399332.2013.815754>
- Wilson, N. J., & Cordier, R. (2013). A narrative review of Men's Sheds literature: Reducing social isolation and promoting men's health and well-being. *Health & Social Care in the Community, 21*(5), 451–463. <https://doi.org/10.1111/hsc.12019>
- Wynter, K., Di Manno, L., Watkins, V., Rasmussen, B., & Macdonald, J. A. (2021). Midwives' experiences of father participation in maternity care at a large metropolitan health service in Australia. *Midwifery, 101*, 103046. <https://doi.org/10.1016/j.midw.2021.103046>
- Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: Systematic review and meta-analysis. *Journal of Epidemiology and Community Health, 69*(6), 604–612. <https://doi.org/10.1136/jech-2014-204784>

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