This presentation focuses on men's transition to fatherhood. It is based upon two separate studies, both qualitative; one that explored men's experiences of infertility and their aim to become biological fathers and the other that explored men's experiences of pregnancy and childbirth.

Both of these studies are underpinned by three main theoretical bodies of research; critical studies of men and masculinities, embodied masculinities and studies on men, masculinity and health.

Research into men's experiences of childbirth and infertility tends to be retrospective in nature; men looking back on their experiences of infertility and childbirth from the vantage point of having assumed a fathering role, either through childbirth, IVF, adoption or donor insemination. Consequently, men's active desires and concerns around becoming fathers are largely missing from these studies, as are men's active desires and aspirations regarding their aim to become fathers.

Both of the studies discussed today were prospective in nature, in the sense that they were undertaken with a group of men experiencing infertility, but in the process of receiving treatment with the aim of becoming fathers, and a group of men in the process of becoming fathers.

The childbirth study is a small study conducted with first-time fathers and healthcare professionals (only going to discuss men's experiences today). This study explored men's accounts of their experiences around pregnancy and the birth of their first child. Five first-time fathers were interviewed on two separate occasions, once shortly before the birth and once shortly after the birth. The decision to interview men twice was largely influenced by the wish to capture temporal aspects of men's transition to fatherhood.

All of the men who took part in this study described themselves as white, all owned their own homes and were in full-time paid employment; four of the men were in 'traditional' manual employment, e.g. caretaker, and one had graduated from university. The men ranged in age between 28 and 33 and all were in stable relationships with their partners.

The infertility study is a study funded by the ESRC conducted with men undergoing infertility treatment (along with healthcare professionals but again they are not included in this presentation). The study interviewed 22 men undergoing infertility treatment. All self-reported; we did not have access to men's records so it was up to men to tell us about their infertility. 13 men had male factor infertility; 3 men had male and female factor infertility; 2 men were unexplained infertility; 2 men had previously had a vasectomy; and 2 men experienced female factor infertility.

Men ranged in age from 25 to 50 years; 3 men of South Asian heritage and one man of Southeast Asian heritage; 17 home owners; 18 of the men were married and four lived with their partners. With the exception of one man, all of the men were in paid employment that ranged from IT consultant to machine operator.

In this presentation I'm going to focus on two particular themes; i) the ways in which men's bodies were implicated in their transition to fatherhood and ii) how their transition to fatherhood was characterised by concerns regarding their health, health-related behaviours and interactions within healthcare settings.

Embodied fatherhood: men wanting to be fathers

All of the men in both the childbirth and infertility studies had envisioned becoming fathers and tended to define their desires for fatherhood in terms of a "taken-for-granted expectation" and "part of being human":

> I've always wanted to be a father. …It's the most natural thing in the world. …Now it's coming true … that makes me so happy. (F. 5)

> It's almost programmed into you. ...Even though it's different for a man, there's still a sort of biological urge to have your own children. (Henry 42, male and female-factor)

The strong cultural associations between women and motherhood may have led some to dilute their expressions of desire for children and dictate who they report as the more interested partner. However, many men also questioned the “exaggerated” or “stereotypical” assumption that men are not as interested in having children as women, though it was clear that men may not express or act on their desires in the same ways as women. Thus, even though men may experience something akin to a “biological urge”, being explicit about these desires did not align with certain masculine characteristics, such as the concealment of emotional needs, which dictated why men may hide such feelings:

> On the surface it’s a bit different but deep down it’s the same. …I want children as much as my wife does. But … amongst men, it’s obviously not as gushing or as …maternal or however you would describe it. (Max, 32, male-factor)

In the childbirth study, when asked about their initial reactions to the pregnancy the relationship between being male and having the biological ability to father children was clearly evident in the men’s accounts:

> Over the moon. …I suppose it's like a man thing. It's like you feel more of a man in a way. I know it sounds a bit weird but you feel more a man. …You feel everything's working and you're alright. So I was over the moon, overjoyed. (F. 4)

Men's assumed reproductive capabilities and bodily ability to become fathers was clearly tied to certain masculine norms and expectations:

> It's such a primitive thing that you just take for granted. …It's just a basic thing, a kind of given that you can have children … and it's spoken about in a real masculine way. …In crude ways about getting people pregnant. (Max, 32, male-factor)

Two men in the childbirth study talked in terms of 'relief' and compared their sense of masculine fulfilment with the experiences of male friends and relations who were in infertile relationships;

> It's nice to say you're going to be a father. …It's something to be proud of. …I have a brother, he couldn't have children. …These men who do miss out I feel ever so sorry for them. It must be terrible. (F. 1)

Prior to diagnosis, few men in the infertility study had considered infertility as a personal concern or risk. Their sense of shock often related to the lack of fertility problems amongst their parents and/or siblings. Their bodies, which had been assumed to function normally, were suddenly altered and emerged from the

background to trigger men's crisis of confidence regarding their desire to become a father and their ability to live up to dominant cultural expectations of men:

> Obviously that's part of being a man is being able to produce children. …When they tell you that you can't, that your semen's no good, it's like… taking a bit of masculinity away from you. A bit of being a man. (Leonard, 25, male-factor)

> You almost feel as if you're not a man. You cannot do the biological thing. (Nathan 25, male-factor)

Importantly, not being able to do the 'biological thing' entailed a degree of decision making that was not normally applicable to becoming a father. Becoming a father was primarily defined in terms of action and bodily function and less as a decision based upon cold hard facts – so it moved from a cor-por-re-al decision to cer-re-brul decision:

> If everything was fine ... your partner would get pregnant and then you would have a baby. It wouldn't be like you'd have to make a decision about having a baby. …It's something that happens and then you have to deal with it. ...That's the hardest thing ... coming to terms with the problem and making a

> decision on what the best course of action is. (Henry 42, male and female-factor)

There were also certain fears attached to both becoming a father (from men in the childbirth study) and not becoming a father (men in the infertility study). For example, men in the childbirth study were concerned about their health and seeing their children grow and they were fearful about being at the birth itself (I'll come back to these in a moment). They were also fearful about living up to certain expectations as fathers and their role in the life of their children: Will I be able to manage bringing it up? Do the right thing bringing it up.

In contrast, the men in the infertility study were concerned about the potential sustainability of their relationships should they not have children. One man presented this as his "biggest worry". A significant element of their concern was the implicit threat that another (fertile) man could take their place "there is that bugging away in the background" (Colin 36, male factor). In short, their body damaged their attractiveness as men because they potentially could not become biological fathers:

> I know it's my fault and it's my problem and my partner could have kids with somebody else. …Even though she's not going to go and have a baby with nobody else, but she could. She's got the option. Whereas I haven't got the option to do that. (Leonard 25, male-factor)

Men's transitions to fatherhood were very much dependent on their body and ability to become biological fathers. Men's bodies were central to men's desire to become fathers and how, when these did not function as assumed that it called their whole futures into question.

Health, health-related behaviour and interactions within healthcare settings:

Now going to move on to explore the ways in which their transition to fatherhood was characterised by concerns about health, certain changes in health-related behaviours and by interactions within health care settings.

As one might perhaps expect, men in the infertility study linked their health and health-related behaviours to increases in the likelihood of them becoming fathers. For example, they reported how they generally heeded healthcare professionals' advice regarding certain behaviours in a bid to improve the success rate of infertility treatment: I don't really drink a lot anyway. ...But I gave up smoking which was a good thing. ...It did give me more of an incentive to do that. …I eat a little bit healthier and stuff like that. (Nathan 25, male-factor)

However, men's health and health-related behaviours were also apparent when men discussed their forthcoming fatherhood. The reality of the pregnancy appeared to ignite certain anxieties related to their own health. Men described how they had cut down on their alcohol intake and exercised more to increase their life expectancy:

> I've started going to the gym again … I want to be there for them when they're older. (F. 1)

These changes in health-related behaviour were also linked to their role as primary economic providers:

> I'm not one for boozing all the time. …But work has to come first now. I have another person to think about now. …There's no two ways about it. You have to change. (F. 3)

Men's new fears related to their own mortality both in terms of not seeing their child grow, but also the negative financial consequences for their child should they die:

> I have thought a lot more about it to be honest with you. I have thought a lot more about death. I have took out loads of (Life Assurance) policies. …It's not something you really think about before you have a family. …And now, I am thinking about it a lot. …I hope that will stop. I think it will stop once I get used to it. (F. 2)

Thus, impending fatherhood made men think about their own health and well-being. These shifts may therefore occur earlier than perhaps we might think; in response to pregnancy rather than the actual birth of their child.

In both studies, men felt they were doing all they could to support their partners, which they demonstrated through their actions, rather than emotional expression. Men were also keen to point out that this support was not simply at the behest of their partners. In describing themselves as active and purposeful they challenged notions that they were disinterested or coerced into such actions.

Their supportive activities appeared to be a change from their normal practices as husbands/partners and were not necessarily an easy option. For example, all of the men felt awkward and vulnerable within the both the ante-natal and infertility clinic, but made a point of making numerous visits with their partners. Their reasons for this tended to portray childbirth and infertility treatment as a shared experience – this is perhaps more expected in relation to childbirth, but has been found less in relation to infertility treatment;

> It’s my baby too. …I wouldn't miss it for the world. (F. 4)

> I’ve been to every appointment with [wife], regardless of whether I’m needed or not. ...It’s us that’s going through it, not her. (Liam, 34, male factor)

In terms of their support role, both of studies highlighted concerns for these men in terms certain health-related practices and because it required men to operate within health care settings.

Men's transition to fatherhood has not been framed as a 'health' issue; primarily because men's health is not the focus. Nonetheless, these men sought to become or became fathers within healthcare settings; as a result there were both similarities and also important differences in terms of men's experiences.

Men's conceptualisations of healthcare settings for example, informed their anxieties in relation to both infertility and childbirth. Whilst they attended with their partners, men in both studies talked about their "hate" of hospitals. One described how It gives you that sort of physically sick feeling. (Joseph 38, unexplained), while another referred to the smell. …I don't know how to explain it. …It freaks me out (F. 4).

Men in the infertility study provided practical help with their partners' treatment regimens though their aversion to medical procedures was evident. Similarly, although none of the men in the childbirth study were taking such tasks, they did talk about their fears and concerns around childbirth in similar sorts of ways. A major concern was the possibility that they might not cope well with medical procedures:

> I help her take her injection. But I really hate it. I really hate it [laugh]. (Leonard 25, male-factor)

> First and foremost I hope I don't pass out. Because I don't like needles and all that sort of stuff. …It just sends me a bit funny. …I'm hoping I won't pass out anyway. But you never know. (F. 1)

This was underpinned by the notion that some men can handle the environment whereas others cannot, alongside concerns regarding certain aspects of the labour and birth. These quotes also suggest that men's fears may actually be related to their own experiences of health and health care settings.

Their role within the hospital setting was primarily defined as agents of support, but there were certain differences across the two studies. All of the men in the childbirth study attended the birth and all were assigned certain tasks by midwives, but these men's experiences were primarily characterised by elements of fear. Men described themselves as 'worried, you're anxious, you're scared. …You don't know what's going on. You want the end product like but obviously you don't want … for anything to happen. … I just wanted it to be over with. (F. 1)

In terms of the infertility study, men support role was defined in terms of enthusiasm and hopefulness, alongside concerns that the treatment would not be successful. In

terms of the latter, although men sought to be optimistic regarding treatment, they were far more sceptical than their partners. They often tried to reign in women's optimism and prepare women emotionally for the possibility of failure: It hit her really hard. …She'd built up an expectation that it was just going to work … choosing names. ...I was like, "don't do it". …I was more wary. (Colin 43, male-factor)

It was also clear that men often felt restricted in their role as supporters in both contexts;

> You're limited to what you can do. Because the procedure … it's happening to the woman isn't it. (Charles 43, male-factor)

> People I know who are fathers, say more or less the same thing. …Nothing can prepare you for it [childbirth]. Everything … happens around you. …You just have to be there. (F. 2)

In both of the studies, men described themselves as feeling marginalised, though this was understandable given that most of the procedures were focused on women. In the childbirth study, men's marginalised position was not perceived as problematic by men, but it was also not uncommon for men to be removed from aspects of the childbirth process; men in the infertility study also defined their position as peripheral, though they did have a more defined role; i.e. to provide a sample:

> They were coming and checking her every couple of hours and every time they asked me to leave. …They'd say "Do you mind going out I'm going to check her". …At the time you don't think. You do what you're told. (F. 5)

> Obviously all through the process the female … is the focal point. So I understand that that will manifest itself in a sort of focus on her, I clearly understand that. But … it does come across occasionally that you are the bit part player. ...I've got one job to do. ...And I'm told that I need to get it done in fifteen minutes. (Lucas, 50, male factor)

However, whilst the men in both studies admitted to feeling 'lost', "scared" and "anxious", they had not shared these concerns and fears with health-care professionals. Disclosing personal difficulties was considered to be weak and egotistical within the context of both infertility and childbirth and men in both studies used the term 'selfish' should they spend time discussing their concerns. This distinction was primarily based on them not being the ones experiencing physical pain:

> I have concerns and worries about things. ...But I don't have the right to share those because she's going through all this. She's going to have all this pain and everything else. …My little worries are not really that important in the light of things (F. 5)

> A woman has a lot more stress, emotional trauma and physical trauma to deal with than a guy does. ...It's not for me to wallow and get emotional. …She's the one who's having all these injections, the probing, the scans. She is having the physical trauma as well as the mental trauma. (Zackary, 44, male and female)

As both of these quotes demonstrate, men regarded physical pain as more legitimate than emotional distress. Thus, in the context of infertility and childbirth, pain with a physical cause has a respectability and authenticity not available to men, which can have a significant impact on the way men relate to and communicate with those around them.

Whilst there were similarities in men's experiences within healthcare settings there was also one significance difference, which was related to the camaraderie and shared understanding experienced among men in the childbirth study. In relation to childbirth, whilst men did not generally tend to talk to other men in the ante-natal setting, men did talk to other men on the labour ward about becoming fathers:

> I had a chat with a couple of them. …One guy he'd been through it before. …He was saying … obviously it's a very stressful time … it's a really emotional time too … when the baby arrives. …It's the biggest thing that ever happens to you. (F. 4)

However, this was not replicated in the infertility study:

> The last time I was in there the bloke that was leaving was just … head down wanting to get out. You could … see it in his body language. ...Don't look at me. Don't talk to me. I'm walking past you. (Lucas, 42, male factor)

Conclusion

Men desired fatherhood. They sought to question what they considered to be over-inflated claims of gender differences in procreative desires that reified the stereotype of women as mothers and made men believe they could not have comparable desires as fathers.

A diagnosis of infertility could destabilise the ontological connections between a prized masculine identity, the male body and biological fatherhood.

The masculine identities these men conferred upon themselves were confirmed or revised as their bodies were found to be constitutionally capable or incapable of accomplishing fatherhood.

Whilst they could provide their partners with a loving relationship and a desirable lifestyle, this was dependent on women accommodating their vision of a potential life without children.

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became fathers within healthcare settings; as a result there were both similarities and also important differences in terms of men's experiences.

Men sought to incorporate an increased sense of sensitivity and willingness to support and care for their partners and tended to redefined masculine values to accommodate the view that infertility as childbirth should be faced as a couple; i.e. manliness was demonstrated through attentiveness, selflessness and unity with their partners.

In both studies, men appear to draw upon contemporary notions of the sensitive and involved father-to-be, which was extend to encompass infertility, albeit without the 'camaraderie' and shared understanding that permeates men's experiences of pregnancy.