

## Fathers sharing about early parental support in health-care – virtual discussions on an Internet forum

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### What is known about this topic

- Becoming a father is a major life changing event that is often associated with a variety of feelings, worries, anxieties and fears.
- The intent of healthcare parental support is to increase a father's involvement, thereby positively affecting the child's long-term well-being.
- Healthcare parental support has been criticised for its predominate focus on mothers.

### What this paper adds

- Twofold attitudes exist in the relationship between the fathers and HCPS, acting as a barrier and not a confirmatory support.
- Fathers share with one another the advice they received from healthcare parental support in Internet forums.
- Didactic approaches are needed in healthcare parental support that can be useful for fathers.

### Introduction

Becoming a father is a major transition in life and is often associated with worries, anxiety, fear and feeling insufficient and overlooked. Buist *et al.* (2003) demon-

### Abstract

Becoming a father is a life changing event and this transition is associated with various emotions. Educational activities aimed at new parents are important in healthcare parental support (HCPS). HCPS has been critiqued for its predominant focus on mothers, while the needs of fathers seem to have been downplayed. As a result, fathers often turn to Internet-based forums for support. As virtual discussions and mutual support among fathers take place in cyberspace, it is important to monitor these forums to observe the ways in which the fathers discuss HCPS. The aim of this study is to explore the ways in which new fathers visiting an Internet-based forum for fathers communicated their experiences of HCPS. A netnographic method consisting of six steps was used to gather and analyse the data. The findings show that fathers shared with one another their experiences of the attitudes expressed by HCPS workers as well as their own attitudes towards HCPS. The attitudes of HCPS workers that were directed towards the fathers were perceived as highly personal and individual, while fathers described their attitudes towards the HCPS in general terms, towards HCPS as a system. Overall, the fathers described HCPS as a valuable confirmatory support that eased their worries concerning sudden infant death syndrome (SIDS), colic, weight gain, fever and teething. Although the fathers expressed gratitude towards HCPS, they also shared their negative experiences, such as feeling invisible, disregarded and insulted. In fact, the twofold attitudes that exist in the relationship between the fathers and HCPS can act as a barrier rather than being a confirmatory support. We recommend that HCPS adopts a broader approach using more targeted and strategic didactic methods for supporting fathers in the growth of their own personal awareness, as such an approach would offer a competitive and professional alternative to the support offered in informal experience-based Internet forums.

**Keywords:** father, infant, Internet, netnography, nursing, parental support

strated that the peak period of anxiety for men occurred at the first prenatal assessment (12 gestational weeks), and that their level of anxiety decreased steadily post partum as they adjusted and adapted to their new routines and responsibilities as a parent.

### Engaging new parents in healthcare parental support

The period of transition to fatherhood is interesting for a broad range of research. Genesoni & Tallandini (2009) identified three specific stages of early parenthood: prenatal, labour and birth and postnatal periods. Deave & Johnsson (2008) highlighted the importance for healthcare providers to focus on the prenatal phase, while Premberg *et al.* (2010) stated that healthcare professionals must begin to recognise the significant role of fathers during labour. Labour and birth was described as intense and full of emotional moments, while postnatal periods were more heavily influenced by environmental factors (Genesoni & Tallandini 2009). In the initial phase of the postnatal period fathers tend to cope with their new life situation by acquiring the skills needed to care for the baby. In fact, Olsson *et al.* (2010) suggested that fathers tend to focus primarily on the baby during early parenthood while downplaying the other aspects of partnership.

Support is crucial during a father's first year as a parent (Premberg *et al.* 2008). Many different healthcare providers are involved in the different stages of early parenthood. Gynaecologists, obstetricians, paediatricians and social workers are likely to play a role during this transition period, while midwives and nurses tend to work more directly with the programmes for reaching out, educating and assisting new parents. All three periods of early parenthood are important for the development of parenting skills and provide excellent opportunities for activities and education targeted towards fathers.

In general, many of the questions that arise during the prenatal period and the first year of fatherhood involve concerns about the infant, the relationship with their partner and self-image (cf. Genesoni & Tallandini 2009). Providing support and information about the transition to parenthood has therefore been a vital component of healthcare parental support (HCPS) in many countries, targeting a wide range of issues connected to social concerns in the family (Petersson *et al.* 2004, Fägerskiöld 2008). Over recent decades, educational activities in HCPS have become important in engaging new parents in healthcare services. Formal healthcare professionals provide support through group sessions and educational material, such as books and pamphlets (cf. de Montigny *et al.* 2006, Genesoni & Tallandini 2009). According to de Montigny *et al.* (2006), the support provided serves as a buffer to help parents cope with stressful situations during the turning points and challenges of adopting a parental role.

The creation of a 'participative space' for fathers in childcare services and support could play a key role in assisting men during their transition to fatherhood (Genesoni & Tallandini 2009). From this perspective, the fathers' feelings and need for support are regarded as highly important by researchers and healthcare professionals. Sarkadi *et al.* (2008) further suggested that if healthcare professionals were able to increase a father's involvement in their children's well-being and upbringing, the child would benefit over the long term and experience improvements in overall health status and life quality. Despite the acknowledged importance of the father's involvement, the overall focus of parenthood education provided by healthcare professionals has primary centred on the needs of mother and infant; the father's needs are often downplayed in the approach used by healthcare support services (cf. Buist *et al.* 2003, Sarkadi & Bremberg 2005, Sarkadi *et al.* 2008).

Antenatal clinics, maternity clinics and childcare centres are all part of the public healthcare systems in Norway, Denmark and Sweden. As such they are strictly regulated [LOV (1992), LOV (2005), SFS (1984)] and services are offered free of charges. Each country also has a specified competence description (CD) for midwifery (CD Norway, CD Denmark, CD Sweden), emphasising the promotion of good health and the prevention of illness through education and support of patients and families. Usually, parental education and support are provided through daytime contact with parents at clinics or in the parents' homes, as well as during organised sessions for parent groups led by midwives or child health nurses (Fägerskiöld & Ek 2003, Petersson *et al.* 2004).

### Seeking parental support online

In addition to these traditional forms of support, Internet-based parenting support has become increasingly important for parents (Daneback & Plantin 2008, Plantin & Daneback 2009). The use of the Internet in providing daily support and educational activities has opened new possibilities for the individuals in need as well as the institutions providing information (Brillhart 2005, 2007, Proudfoot *et al.* 2007). Such new possibilities allow parents to educate themselves in stress reduction techniques and facilitate their adjustment to their new role as a parent.

The use of different kinds of web forums can be very helpful. Fletcher & St George (2011) demonstrated that a common and important motivation for fathers seeking Internet support was the ability to contact other fathers in similar situations. Ziebland

(2004) also emphasised that the Internet is not simply a tool for gathering information; perhaps more importantly, it can help to make sense of the experience. Fägerskiöld (2006) and Fletcher & St George (2011) suggested that fathers might also turn to Internet-based parenting support if they feel 'slighted' by traditional healthcare support. Several fathers included in their studies reported that parental education programmes were biased in favour of the mother. Similar critiques have also been raised by Sarkadi & Bremberg (2005) and Sarkadi *et al.* (2008).

As the Internet is becoming an increasingly important source of parental support, it is important to monitor the activities and information provided (cf. Fletcher *et al.* 2008, Salzmänn-Erikson & Eriksson 2011). Investigating how such support services relate to the public healthcare system and what types of support are commonly sought after can also provide valuable insights into the needs of parents. This study examined how new fathers participated in discussions and communicated their experiences in an online forum concerning the HCPS available at antenatal and maternity clinics, as well as childcare centres.

## Research aim

The aim of this study is to explore how new fathers discussed their experiences of HCPS in an Internet-based forum for fathers.

## Method

Netnography, as inspired by Kozinets (2009), is the ethnographic study of the online behaviour of individuals and was the dominant methodology used in this study. More specifically, the six-step netnographic method described by (Salzmänn-Erikson & Eriksson 2012) was used to collect and analyse the data. These steps are outlined below.

The first of the six steps was *Perform a literature review and identify the research question*. We searched the databases CINAHL, PubMed, and ERIC databases to identify any relevant research that had already been conducted and concluded that there was a lack of studies concerning how fathers experience HCPS. This led to the development of the specific research question 'How do fathers experience HCPS?'

The second step was *Locate an online forum* relevant to our question. We adopted four inclusion criteria for selecting forums: (i) written in a Scandinavian language that could be understood by both the researchers, (ii) highly relevant to the research question, (iii) public site that does not require registration

to access the posts and (iv) an active forum (>10 daily postings, >1000 postings total, and >100 members). We located the online forum via the search engine Google by using combinations of the search terms 'fathering', 'fathers', 'fatherhood', 'support', 'online', 'forum' and 'community'. To protect the privacy of the individuals participating in the forum, its name and website address are not disclosed. The fathers in the forum, hereafter known as posters, comprised a heterogeneous group based on their self-presentations and descriptions, differing in terms of several socio-demographic characteristics. For example, they differed with respect to the size of town or city in which they lived, the type and conditions of employment, and life style and ideas of leisure time. As the forum was somewhat anonymous, it was not possible to collect systematic, detailed or structured information about the posters' personal data, such as age, marital, socioeconomic status.

The third step was to explore the *Ethical considerations* relevant for this specific study design and research question. Please see the section 'Ethical considerations' below.

The fourth step was to *Collect the data*. As there were more than 1000 individual postings on this forum, we found that a complete data collection would not be possible within the scope of this article. Furthermore, we determined that it would not be ethical to gather more data than necessary.

Fortunately, the design of the forum included a printer-friendly function, which reduced the amount of irrelevant information gathered. We embraced the 'sequentially top-down' technique of gathering data, as used in (Salzmänn-Erikson & Eriksson 2012). According to this technique, the data gathering began at the 'top' or first thread (most recently published). The dumping procedure was thus executed in a reverse chronological and cross-sectional manner, starting with the most recent posting first. Both researchers simultaneously collected data to be as systematic and rigorous as possible. The forum's pages were divided into two groups (odd and even); the first researcher gathered threads from odd pages, while the second researcher was responsible for even pages. To ensure that the correct pages were collected, the researchers signed a protocol after gathering each page; the protocol was also used for writing analytic memos during the data collection step (Atkinson 2007).

A central question in this study was, 'How many postings or pages of threads should be gathered'? As this could not be determined in advance, the data were gathered and assessed in two sessions. Each researcher collected two pages of threads in the first

session. These data were then superficially reviewed and discussed by the researchers in terms of the amount and richness of the data collected. After this initial review it was concluded that more data were needed to conduct a qualitative in-depth analysis and each researcher collected an additional three pages in the second session. The new data were reviewed and discussed, after which it was decided that these 10 pages of threads provided the appropriate amount of data required for an in-depth analysis. All relevant text from the forum was copied and pasted into an empty text document; links and pictures were excluded. In total, 200 threads were copied, resulting in 1203 pages in the text document. Analytical memos were also recorded during the dumping process.

The fifth step of this method was *Data analysis*. The data were first subjected to a raw-peeling, which removed the redundant information such as quotes and graphics, and resulted in the reduction in the number of pages from 1203 to 1049. As the authors read through the gathered data and continued the analysis in parallel, they became more familiar with the data and the way in which language was used in the forum. The main subjects from the forum were identified in the text and this led to the construction of the two main categories: attitudes and advice. The first category included attitudes of the fathers as well as those they perceived from the people in their surroundings. The second category included the sharing of advice among the forum members. Deductive questions were constructed based on these categories, such as 'What kinds of advice and attitudes about HCPS are communicated in the forum?' Based on the answers to these questions, the different kinds of advice and attitudes were identified and the analysis continued by comparing their similarities and differences.

The final step in this method was *Abstracting the findings*. We reviewed and discussed the findings in increasing levels of abstraction to identify the underlying meanings behind the categories, which have been further elaborated in the discussion section.

### Ethical considerations

Throughout this study, we were careful to comply with international ethical principles and standards concerning the use of the Internet as a research platform (Bassett & O'Riordan 2002, Bruckman 2002, Walther 2002, Janetzko 2008, Enyon *et al.* 2009, Kozinets 2009, Wilkinson & Thelwall 2010). Although the data used were publicly available, the data collection, analysis and presentation of the findings were conducted subsequent to the guidelines and principles of

ethical standards as outlined by SFS 2003:460. It should also be noted that the official Norwegian ethical guidelines concerning research in Social Science and Humanities (National Research Ethics Committee for Social Sciences & Humanities 2009) states that researchers may use material from open forums without obtaining consent from those who have posted the information.

A pseudonym was assigned to each of the posters in order to protect their anonymity throughout the study. We have carefully estimated and considered the possibility of inflicting harm on forum members while conducting this research and concluded that the potential risk was low and that the knowledge to be gained could be valuable for both healthcare professionals and fathers (Kralik *et al.* 2005).

### Findings

The results from this study describe the experiences of HCPS shared by men in an Internet-based forum for fathers. The most profound element of the forum culture was the provision of mutual support among the fathers. By providing an arena for men to share and comment on a wide range of parent-related topics, the forum also serves as a window into typical fatherhood experiences. The findings, presented below, are divided into two main categories: attitudes (Building barriers – intertwined attitudes and HCPS) and advice (Finding a rhythm in relations – assimilating advice from HCPS).

#### Building barriers – intertwined attitudes and HCPS

Based on the discussions among the fathers in the Internet forum, it became apparent that a common theme of conversation was 'attitude'. This topic can be sub-divided into two: (i) fathers' attitude towards the healthcare system as a whole, and (ii) the fathers' perception of the attitudes the healthcare staff directed towards themselves personally. Interestingly, the fathers tended to discuss their own attitudes in relation to the entire healthcare 'system'; on the rare occasion that a particular nurse was mentioned, the nurse was nonetheless seen as an objectified figure representing the system as a whole. On the contrary, the fathers perceived that attitudes expressed by healthcare staff were directed towards them personally as individual fathers and not as a collective group. This sub-division in the fathers' descriptions of attitudes reveals an imbalance in the way attitudes are interpreted in the forum.

Throughout the threads and postings, the fathers often shared their positive and negative experiences

of the various attitudes of HCPS staff. One of the most common descriptions of positive experiences was the perception of caring attitudes among the healthcare staff. Successful birth stories were shared and provided reciprocal sources of inspiration, as demonstrated by Benjamin:

What strikes me most now that we are on the postnatal ward is how incredibly skilled the staff is and that they spread the feeling that 'You two-first-time parents will handle this with flying colours!' Everyone is incredibly helpful, the service beats everything we experienced in the past and it just feels, well, secure in a way. (Benjamin)

In the excerpt above, Benjamin emphasised the positive atmosphere. This kind of 'flow sharing' occurred frequently among the fathers, often relating to the overall emotional experience connected to the birth of their child and including an appreciation of the support they received as comfort, empowerment and security for novice parents.

The fathers also expressed less positive experiences, including situations in which they felt invisible or insulted, that the healthcare staff talked past them or considered them as 'not reliable enough' to take care of their own infant. The fathers even described 'creds', in which they were complimented on their abilities to take care of their infant, as something of an insult. For example, a midwife commented on a father's skill in changing diapers, *I can tell that you've done that before*. Regardless of the original intention of this 'cred-giving-comment', the father disliked it, particularly considering that a similar comment to the mother *would be unthinkable*. The fathers felt prejudged by healthcare staff, interpreting such cred-giving-comments as implications that they are less-skilled parents. These experiences were not unique to postnatal care but rather continued at childcare centres. The posters felt the need to accept and adopt the role as a 'secondary parent' in the existing childcare culture. Ironically, those fathers who actively take responsibility and provide care for their infant will also have the greatest exposure to such comments, as demonstrated by Nils below:

As a father of two children that has been a very active parent from birth with both, I can say that you can't do much more than simply accept that parenting is a woman's domain. It is so frustrating! You can't get upset every time a midwife looks at you funny, wondering if the mother is sick just because you bring your child to the clinic for testing, or some old lady in town tilts her head when you're comforting a crying baby and says that there isn't so much you can do as a father when the child cries. It'll happen often, and the more active you are as a parent, the more often it will happen. (Nils)

As demonstrated by the quotation above, the fathers gradually came to the realisation, through experience, that the overall structure in society has a gendered order in which parenting is regarded as 'a woman's domain'. They discovered that words like 'parenthood' are often synonymous with 'mother' and/or 'women' whenever questions of formal or informal care giving arise, leading to an awareness of living in a 'gendered' society. It seems that the overall expectation is that fathers only step in when the mother is unable to make it for sound reasons such as serious illness.

As the dominant resources for parental support are directed towards the women and mothers, the role of the fathers is downplayed. By understanding and accepting that this is caused by a gendered order, the fathers were able to find better possibilities for adapting to their role as a parent and handling situations in which they were criticised or questioned for their contribution. The fathers described how they adjusted their parenting style in public to better fit with normative gendered expectations and through this process they became increasingly aware that fatherhood was connected to a certain kind of visibility within this gendered context. TzeTze described his experiences of the gendered context of parenting and how it interacts with dad-cred:

Regarding 'dad cred', I think the great thing about it is when people get more respect and a positive self-image as a responsible parent. But when some lady at the childcare centre pats you on the head and thinks you're so clever that you can take the baby in the stroller to the clinic by yourself, I wouldn't classify it as 'cred', but as an insult. I experienced couple of those events with my first child. They tried to talk past me as soon as my partner was present and they were amazed and wondered what was wrong when I came by myself etc. (TzeTze)

As shown above, the fathers have shared their experiences of attitudes that left them feeling patronised by HCPS. This is a recurrent situation in which fathers are provoked in everyday contact with HCPS, often their first contact with the gendered context that would label their position as 'secondary'. The fathers have also described healthcare staff as pushy and disciplinary according to what is seen as normative standards within midwifery, focused on the mother-child relationship while leaving fathers in a vacuum outside of that normative ideal in which parenting is regarded as 'a woman's domain'.

One father, with the alias 'Screwdriver', gave an example of his perception of the general attitudes about breastfeeding:

Something that I have an opinion about, and I don't agree with the paediatrician and a whole bunch of others, is that

in Scandinavia today breast-feeding is very overrated. Absolutely terrific, and an obvious first choice when it comes to food for children, but very many, often including childcare centre and nursing staff at the postnatal ward etc. give breast-feeding an unnecessarily hard push. (Screwdriver)

Similarly to Screwdriver, other fathers shared their critiques of the focus on breastfeeding and the constant emphasis on making that part of parenthood work.

In summary, the discussions of 'attitudes' as perceived by the fathers, both positive and negative as well as those directed towards the HCPS or towards the fathers themselves, seem to represent an important step towards becoming a more conscientious father.

### **Finding a rhythm in relations – assimilating advice from HCPS**

The communication among the fathers in the Internet forum related to HCPS revolved mainly around advice. The concept of 'advice' is twofold; similarly to attitudes, advice can be both given and received. Furthermore, advice was not only traded back and forth between two persons, but also floated around in the forum among many. Typically, advice was given or sought after in connection with health related worries about an infant. Despite the negative attitudes the fathers had often experienced, they nonetheless regarded the HCPS as a credible resource for professional expertise. By assimilating the advice they received from HCPS, they were able to facilitate their adaptation to the new rhythm of parenthood, as exemplified by Goran:

Our boys had a little difficulty learning how to eat right from the start (during maternity leave) but when we went to the clinic and saw that he had gained weight and was eating well, we stopped worrying about the exact feeding schedules and let him decide. He is now almost two months old and sleeps about 6–7 hours straight at night and feels good. My advice is to talk to the paediatrician and follow their advice, things settle soon enough and you will find your own rhythm. (That is my opinion, at least!) (Goran)

As shown in the excerpt above, the childcare centre provided useful advice to the parents, in this example about nutrition. Other dominant topics of advice in this forum concerned SIDS, colic, weight gain, fever and teething.

The general pattern of communication involving advice started with the description of an issue, for example a screaming infant, which was then followed by the sharing of experiences, advice and solutions. Gary posted a story about advice they had received in the neonatal department:

The amazing staff taught us a lot, including that new-borns don't have so many ways to communicate (really?) and so he might give the same signal when he's measured and as when he has a stomach ache or when he's hungry. It turned out that we interpreted his 'pain-in-stomach-cry' like an 'I'm-hungry-cry', and so gave him the breast again even though he just ate. The result was – yup, more stomach aches. So I recommend NOT giving the breast all the time. If you suspect that your child has a stomach ache, which is very common, try some other things, such as your own tips or the others above. (Gary)

As shown above, the posters encouraged one another to use the experience-based knowledge shared in the forum in the form of tips and advice; the forum was thus considered to be a valuable collection of 'recipes' that can be implemented whenever needed. The advice from HCPS most often referred to in the forum was from the maternity and postnatal wards; advice from HCPS was less frequently referred to. As the infant gets older and the parents have less contact with the hospital, there is a movement towards Internet-based support via the forum and towards healthcare advice centres, which are available both online and via telephone consultation around the clock. Parents sometimes use the childcare centre for confirmation and to ease worries and anxieties:

Our son, when he was almost 10 months old, had a dry cough that did not want to let go and he even seemed to have breathing problems while coughing. However, the clinic believed that this wasn't dangerous (in our case) since he didn't have any other problems. (Kim)

As stated above, the fathers initially receive advice from HCPS; by sharing this advice in the Internet forum, other fathers are able to assimilate such advice and pass it on to a third-party father.

The statements and advice from child health nurses and midwives were frequently referenced when giving support to others in the forum. Practical advice about sleep, food, weight, stomach aches, colds and other common illnesses was frequently shared among the fathers. A common form of offering advice was by way of summarising the solution recommended by child health nurses and midwives in combination with one's own practical experience and views. Therefore, the advice originating from HCPS can in many aspects be regarded as living a 'second life' in this kind of forum.

### **Discussion**

How did fathers communicate and share their experiences of HCPS, both in terms of attitudes and advice, in the Internet forum? The foregoing results suggest that 'attitudes' play an important role in the interaction

of fathers with HCPS in antenatal clinics, maternity clinics and childcare centres. It is also important to underscore that the fathers bear a responsibility for learning to cope and adapt to what they perceive as positive and negative attitudes. The results show that the fathers often demonstrated positive attitudes towards the HCPS when describing things that went 'like clockwork'; in contrast, many fathers also expressed negative or critical attitudes associated with less helpful experiences.

### Participative space and gender-specific services for fathers

In general, many questions arose during the first year of fatherhood, including concerns about the infant, the relationship to one's partner and self-image. A very interesting finding of this study is that the attitudes described in the forum were not only twofold (towards the father or towards HCPS), but also directed at different levels (at an individual or a system). When fathers discussed their attitudes, it was mainly directed towards the healthcare system as a whole; specific nurses remained as objectified and anonymous figures as part of the bigger apparatus. On the contrary, the fathers perceived the attitudes expressed by HCPS as directed towards them as individual fathers and not as a collective group. The twofold and vertical dimensions of such intertwined attitudes are important to address and understand when considering the ambition to create a 'participative space' for fathers in childcare services, as suggested by Genesoni & Tallandini (2009). A man's process of transition to fatherhood will depend greatly on the individual's particular experiences and encounters with others. The notion of being the 'secondary parent in a woman's domain' that the fathers express is an important finding in this study. It manifests the fathers' perceptions of underlying structures in the HCPS and yields further implications for child services. The new insights of the intertwined attitudes are the result of the unbalanced relationship between 'objectified nurses' and the subjective father. To create a participative space, there is a need to provide better balance, so that the 'secondary parent' becomes a 'comparable parent'. We therefore suggest that organised support provided by formal healthcare systems should be broadened to include elements that are interpersonally challenging, in addition to those that are strictly informative. There is a common notion that many of men's day-to-day activities, in both public and private settings, are not regarded as gendered at all since men are often unaware of their privileged positions in what can be considered as a

patriarchal gender order. However, the posters gradually seem to realise that 'being a father' involves taking part in a wider gendered system (cf. Ranson 2001). Entering parenthood has often been described as a golden opportunity to challenge conservative and traditional gender expectations and norms. However, for some people, usually men, this can be their first personal embodied experience of the boundaries in a gender system; fatherhood as a concept and activity has a timeline (a past, present and a future) that stipulates personal development as a parent (cf. Aldous *et al.* 1998).

### Fathers' involvement in parenting

As shown by Buist *et al.* (2003), this notion of fatherhood and the levels of distress and anxiety should be considered when elaborating on a father's experience of attitudes. Our results therefore suggest that advice from HCPS can be given over a wide range of encounters throughout the father's struggle to adapt to his role as a parent (cf. Deave & Johnsson 2008, Premberg *et al.* 2008). Furthermore, the attitudes described by the fathers, both those of HCPS staff directed towards the fathers and of the fathers directed towards the healthcare system, serve as important indicators of the fathers' abilities to handle their own distress and to receive advice. Considering that a father's involvement in parenting has long-term consequences, as suggested by Sarkadi *et al.* (2008), we find that the question of fatherhood should not be taken lightly.

Support is not solely provided by HCPS, but rather seems to involve the interplay of different resources. In particular, Internet forums represent a fairly new practice that is continuously developing and has become increasingly important for parents. The availability of these different resources presents challenges to new parents, and an individual may consult a particular resource for a specific kind of support. For example, to obtain medical advice for their infant, a father is most likely to consult a medical practitioner, whereas an Internet forum is more likely to provide emotional and psychological support. On the basis of the findings of this study, we argue that the success of HCPS involvement is not only simply related to the time invested but also how reflective the approaches are. According to Genesoni & Tallandini (2009) postnatal periods were most heavily influenced by environmental factors; therefore, we argue that formal HCPS services should provide balanced and creative support that focuses on the need for both relevant information and the opportunity for self-reflection.

### Parental education and support

Over time, it may become important for HCPS to compete with the support offered in informal and experience-based Internet forums by offering structured support that is appropriate and personally challenging for participants. We therefore suggest that the breadth and variety of educational and didactic approaches are issues requiring some attention. Fåggerskiöld & Ek (2003) and Petersson *et al.* (2004) have shown that parental education and support are provided in day-to-day contact with parents at clinics, in parents' homes and in organised sessions for parent groups led by midwives or, to some extent, child health nurses, and complemented by educational materials such as books and pamphlets (de Montigny *et al.* 2006). On the basis of our findings, we argue that HCPS educators should consider widening their approach to include more strategic ways of utilising didactic methods that promote personal awareness, such as aesthetic learning (Micahael & Candela 2006) and pedagogical drama (Ekebergh *et al.* 2004).

The fathers reached out to parental support services for help in adapting to new experiences, and the appreciated support and advice was placed in an everyday context. The advice from HCPS was always appreciated when it was never more than a 'phone call' away, both during major crises and in relation to less urgent daily issues. On the basis of the results of this study, we underline that new fathers not only need relevant information but also, and perhaps more importantly, the opportunity for self-reflection and to understand fatherhood in a gendered and generational context (cf. Aldous *et al.* 1998, Brannen & Nilsen 2006). Such support would provide new fathers with access to gender-specific services equal to those targeted towards new mothers.

### Methodological considerations

One limitation is the lack of demographic data available on the posters, which might downplay the credibility from a modernistic perspective. However, from a post-modern perspective, qualitative (Internet) research does not necessitate the identification of the person behind the screen, just as an absolute truth is not the goal of a qualitative inquiry.

Another limitation in this research is the issue of selectivity: the fathers in this study all voluntarily chose to participate in the forum. It could therefore be argued that the forum over-represented fathers with the time, interest and energy to communicate with other fathers in a discussion forum. We argue

that the posters in our study adequately represent the subgroup interested in discussing issues related to fatherhood. Moreover, this type of qualitative Internet research requires neither a study group selected by randomisation nor a homogeneous laboratory-style study group. It could also be argued that this group of fathers may be better able to advocate their needs and provide mutual support than the majority of those who do not participate in such forums.

### Conclusion

In conclusion, this article explores ways in which new fathers visiting an Internet-based forum for fathers communicated their experiences of HCPS. The Internet forum is an important arena, offering the possibility to find advice on, and to share and comment on, a wide range of parent-related topics, as well as serving as a window into typical fatherhood experiences. We argue that attitudes regarding HCPS have a central position in the interactions that take place in the communication of the fathers. The fathers express positive attitudes, but also critical attitudes as HCPS is not always confirmatory and sometimes acts as a barrier. Fathers seek out Internet forums to share on these forums the advice they received from HCPS. We argue that participative space in HCPS could offer a balanced and creative focus, meeting the need for both relevant information and an opportunity for self-reflection. Over time, it may also become important to offer structured support that can be appropriate and personally challenging for participants, to compete with what is offered in informal and experience-based Internet forums.

### Author contributions

M. Salzman-Erikson and H. Eriksson both contributed as authors. Both were involved in the development of the study design, data collection, data analysis and writing of the manuscript.

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