

The usefulness of a birthing school in the male perception

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ABSTRACT

Introduction: Conscious parenting and a modern family model have been constantly developing over the years. Modern men's approach to parenting has also changed.

Aim of the study: To examine why men participate in antenatal classes, how they perceive these classes, and whether participation and perception are influenced by the duration of marriage, men's age, education, and place of residence.

Material and methods: The study included two groups of 200 men who would become fathers the following year and attended a birthing school(group I) and those who would become fathers the following year and did not attend a birthing school(group II). The researchers used a diagnostic survey method based on a self-authorship survey consisting of a general part, a Questionnaire for Empathic Understanding of Other People(KRE), and a Coping Inventory for Stress Situations(CISS)

Results: Only 138(34.5%) of the surveyed men from both groups participated in the previous childbirth of their wives or partners. Previously, 118(29.5%) of the surveyed men from both groups participated in antenatal classes. Most study subjects learned about a birthing school from their wives: 248(58.8%). The level of empathy in both groups was also assessed. The study subjects attending a birthing school most often presented a high level of empathy(92.5%),

while those who did not participate had a low level(61.5%). The analysis of a stress-coping style showed significant differences only in task-oriented coping: it was used to the greatest extent by the men who attended a birthing school. The men in group II most often evaluated their knowledge of pregnancy and childbirth as low: 101(50.5%). The men from group II paid more attention to knowledge gained from TV than those from group I(37.5% vs. 34.5%). The majority of the subjects attending a birthing school(97.8%) would recommend other fathers to participate in antenatal classes

Conclusions: Most often, when the men decided to participate in antenatal classes, they desired to prepare for the care of a baby, acquire knowledge of medical issues, and develop the ability to support their wives/partners. Participation in antenatal classes was more often declared by those who had been in a relationship for up to one year or more than two years, did not have children, and had a university degree. The study subjects attending a birthing school, compared to those not attending it, more often presented a high level of empathy and a task-oriented coping with stress.

Keywords: men, birthing school, empathy, coping with stress

DOI: 10.5604/01.3001.0054.2478

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Received: 24.10.2023

Accepted: 72-81

Progress in Health Sciences

Vol. 13(2) 2023 pp

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INTRODUCTION

Over the years, conscious parenting and a modern family model have been constantly developing. Modern men's approach to parenting has also changed. Fathers-to-be begin to show commitment from an early stage of pregnancy and try their best to prepare for the new role [1].

Future parents may learn about the physiology of pregnancy, the changes in a woman's body during this period, and the mechanisms accompanying childbirth while attending a birthing school. They form an unbreakable bond, which usually results in cooperation and partnership during the first moments of their child's life. Parents' knowledge also translates into a better understanding of the labour stages and communication with medical personnel [1].

The first birthing schools were established after the Second World War in the UK. In Poland, their growing popularity resulted from the promotion of labour psychoprophylaxis in Europe, and its precursor was Jadwiga Beaupré née Klemensiewicz. It was on her initiative that the first Polish Birthing School was established in Cracow in 1956. Another Birthing School was established in 1957 in Łódź and quickly became a leading institution in Poland [2].

“Modern” Birthing Schools are run by qualified midwives in cooperation with obstetricians and neonatologists, as well as psychologists and physiotherapists, to meet the expectations of parents-to-be [3]. Thanks to them future parents get to know themselves in the context of tasks and responsibilities related to a pregnancy, childbirth and postpartum period. Participating in antenatal classes, a future mother and father can learn about behaviours aimed at active childbirth, understand their expectations about each other and learn how to take care of a baby and perform the responsibilities of a caregiver. Attending a birthing school, they can reject stereotypes, myths and concerns related to a pregnancy and childbirth. They also gain knowledge and self-confidence that will make a childbirth a sublime moment for both of them. An undoubted benefit from the parents' perspective is the opportunity to participate in a kind of support groups during regular classes. Joint consultations, comparing feelings and concerns give spouses/partners the opportunity to feel a bond, improve their mood and add self-confidence [3].

The educational content of the Birthing Schools includes multi-directional preparation of parents in the field of a pregnancy, childbirth and care of a baby. Persons teaching the classes present a family model based on the shared responsibility and mutual complementation of partners in performing care and upbringing roles. Kryszk et al. call this model “complementary co-parenting” [4]. It is suggested that a strong emotional bond with before birth is a determinant of greater tolerance and acceptance of an infant in a postpartum period [5].

This paper aims to examine why men participate in antenatal classes, how they perceive these classes, and whether participation and perception are influenced by the duration of marriage, men's age, education, and place of residence. The researchers have also decided to check the stress-coping style and the level of empathy of the men participating in antenatal classes and whether they evaluate their knowledge of pregnancy and childbirth higher than those who do not attend such classes.

According to the research hypotheses 1. most men participate in antenatal classes in order to prepare to accompany their wives/partners during childbirth, and the above is influenced by the duration of the marriage, men's age, education, and place of residence; 2. the men attending a birthing school have a higher level of empathy and prefer task-oriented coping, and they evaluate their knowledge of pregnancy and childbirth higher.

MATERIALS AND METHODS

The study was conducted after obtaining consent no. R-I-002/310/2010 from the Bioethics Committee of the Medical University of Białystok, the management of the University Clinical Hospital in Białystok, the Dean of the Faculty of Health Sciences of the Medical University of Białystok, the Management of the Birthing School operating at the PCK Municipal Hospital in Białystok and the “Dar” Birthing School with a lactation clinic and lactation emergency service of Małgorzata Tymińska in Białystok.

The main research was preceded by pilot research in groups of 50 men who were going to become fathers within a year and who attended or did not attend a birthing school. It aimed at checking clarity of the questions included in the survey questionnaire. The main study was conducted in 2012–2019. The study covered 400 people. It covered two groups of 200 men who were going to become fathers in the following year and attended a birthing school (group I) and those who were going to become fathers in the following year and did not attend a birthing school (group II).

250 questionnaires were distributed, and 200 completely completed questionnaires were qualified for the main study.

The researchers used diagnostic survey method based on:

- a self-authorship survey consisting of a general part (age; marital status; place of residence; education; job status; family status) and the main part (attending a birthing school; having children; participating in the wife's/partner's previous childbirth; participating previously in antenatal classes; reason for attending a birthing school; a source of information about a birthing school; staff of a birthing school; information

that they would like to obtain at a birthing school);

- Questionnaire for Empathic Understanding of Other People(KRE), according to Węgliński, based on empathy understood as an emotional and cognitive syndrome. The final score ranges from 0 to 99, and the higher the score, the higher the level of empathy. The above score groups are also assigned stens from 10 to 1, whereas 7 to 10 stens were considered high, 5 and 6 – average, and 1–4 – low [6,7,8]. The reliability of the KRE calculated according to the Spearman-Brown formula was $r_{tt} = 0.91$, after Gaylord’s correction $r_{tt} = 0.90$. The stability of the KRE score was $r_{tt} = 0.77$ after three weeks and $r_{tt} = 0.66$ after ten months. Validity was tested using the intergroup difference method, as evidenced by the relatively high correlation of $r = 0.60$ with the Measure of Emotional Empathy of Mehrabian and Epstein;
- Coping Inventory for Stress Situations(CISS) in the Polish version by Szczepaniak, Strelau, Wrześniewski. This tool examines three styles of coping with stress: task-, emotion- and avoidance-oriented coping. The study subjects could score from 16 to 80 points in each of them. The results were also presented on a scale in accordance with the standards for the appropriate age ranges. The sten scale consists of 10 units(stens). The score in the range of 5–6 stens is considered average, 7–10 stens – high, and 1–4 stens – low. The test is characterised by high internal consistency of particular scales(coefficients within the range of 0.78–0.90) and stability at a satisfactory level(correlation coefficients between two tests at an interval of 2–3 weeks in the range of 0.73–0.80) [9,10].

The inclusion criteria for the study were: consent to participate, becoming fathers within a year plus attending/not attending a birthing school, and completing the whole survey. The exclusion criteria were failure to meet the above conditions.

The study subjects were informed that the survey was anonymous, all data obtained during the study would be generalised, used in a collective study, and would not be made available to third parties in any form, that completing the survey meant consenting to participate in the study and that withdrawal from participation was possible at any stage.

During the analysis of the data from the surveys, selected statistical tools were used to describe the collected research material and to determine the reliability of the interdependence observed in the sample and the possibility of generalising it to the entire population.

Statistical analysis

The collected research material was analysed statistically, using the IBM SPSS Statistics statistical package(v. 28). Quantitative variables were described using mean, standard deviation, median as well as minimum and maximum values. In the case of qualitative variables, the number and percentage of categories were provided. The hypotheses were verified with the appropriate statistical procedures. The normality of data distributions was checked using the Shapiro-Wilk test. Variance equality was checked using Levene's test. The obtained analysis results were considered statistically significant at $p < 0.05$. The results are presented with accuracy to the thousandth place(e.g., “0.038”, for values less than 0.001, the notation “ <0.001 ” was used).

Table 1. Characteristics of the study group consisting of the men attending a birthing school

Socio-demographics		Group I		Group II	
		N	%	N	%
Age	Under 30 years of age	105	52.5	90	45.0
	Over 30 years of age	95	47.5	110	55.0
Place of residence	Urban area	130	65.0	168	84.0
	Rural area	70	35.0	32	16.0
Education	Primary/vocational	18	9.0	21	10.5
	Secondary	39	19.5	72	36.0
	Higher	143	71.5	107	53.5
Job status	Blue-collar worker	24	12.0	27	13.5
	White-collar worker	80	40.0	74	37.0
	Other	96	48.0	99	49.5
Family status	Low	32	16.0	27	13.5
	Average	122	61.0	127	63.5
	High	46	23.0	46	23.0
Marital status	Married	89	44.5	89	44.5
	Cohabiting	100	50.0	95	47.5
	Engaged	8	4.0	16	8.0
	Single	3	1.5	0	0.0

Group I consisted mostly of individuals under 30 years of age(52.5%), from the urban area(65%), with a university degree(71.5%), white-collar workers(40%), with an average family status(61%) and cohabitating(50%). The group of men who were going to be fathers within a year but did not attend a birthing school consisted mostly of individuals over 30 years of age(55%) from the urban area(84%), with a university diploma(53.5%), with an average family status(63.5%) and cohabitating(47.5%). The results are shown in Table 1.

RESULTS

Only 138(34.5%) of the surveyed men from both groups participated in the previous childbirth of their wives/partners. 108(27%) of the study subjects claimed that they had not been given such an opportunity, and 154(38.5%) did not take part in the birth of their child.

Previously, 118(29.5%) of the surveyed men from both groups participated in antenatal classes, 176(44%) stated that they had not been given such an opportunity, and 105(26.2%) did not want to participate in the classes. In 1 case(0.3%), the study subject's wife or partner did not see the need for him to participate in such classes.

Most often, when making a decision about participation in antenatal classes, the men from group I were guided by a desire to prepare for the care of a baby: 123(29.2%) individuals, to gain knowledge of medical issues: 109(25.9%) and to acquire skills to support their wives/partners:

99(23.5%). Less often, the reason for participation was their wives'/partners' request: 40(9.5%) individuals, the willingness to be present at childbirth: 34(8.1%), and curiosity: one study subject(0.2%). 15(3.6%) individuals were not sure what reason was behind their participation.

Most study subjects learned about a birthing school from their wives: 248(58.8%), from their wives' friends who had attended a birthing school: 101(23.9%), and from a friend who had participated in antenatal classes with their wives: 72(17.1%). One study subject(0.2%) did not remember the source of the information.

At the next stage, selected problems were analysed between men attending and not attending a birthing school.

A relationship was demonstrated between the duration of marriage and participation in antenatal classes($p < 0.05$). The study subjects who had been married for up to one year or more than two years were statistically more likely to declare participation in antenatal classes than study subjects who had been married for one to two years. A relationship was also found between having children and participating in antenatal classes($p < 0.05$). The men who did not have children were statistically more likely to declare participation in the classes. There was a relationship between education and participation in antenatal classes($p < 0.05$). The study subjects who had a university degree were statistically more likely to declare participation in such classes. The age of the study subjects and place of residence had no impact on participation in antenatal classes($p > 0.05$). The results are shown in Table 2.

Table 2. The impact of selected demographic data on participation in antenatal classes

	Participation in antenatal classes		
	Yes	No	Total
Duration of marriage			
Less than one year	18	15	33
	54.5%	45.5%	100.0%
1–2 years	45	69	114
	39.5%	60.5%	100.0%
Longer	137	116	253
	54.2%	45/8%	100.0%
Total	200	200	400
	50.0%	50.0%	100.0%
Chi-squared test=7.068; p=0.029			
Number of children			
No	107	72	179
	59.8%	40.2%	100.0%
1	67	100	167
	40.1%	59.9%	100.0%
2	26	28	54
	48.1%	51.9%	100.0%
Total	200	200	400
	50.0%	50.0%	100.0%
Chi-squared test=13.439; p=0.001			

Age			
Under 30 years of age	105	90	195
	53.8%	46.2%	100.0%
Over 30 years of age	95	110	205
	46.3%	53.7%	100.0%
Total	200	200	400
	50.0%	50.0%	100.0%
Chi-squared test=1.961; p=0.161			
Place of residence			
Urban area	168	155	323
	52.0%	48.0%	100.0%
Rural area	32	45	77
	41.6%	58.4%	100.0%
Total	200	200	400
	50.0%	50.0%	100.0%
Chi-squared test=2.818; p=0.093			
Education			
Primary/vocational	18	21	39
	46.2%	53.8%	100.0%
Secondary	39	72	111
	35.1%	64.9%	100.0%
Higher	143	107	250
	57.2%	42.8%	100.0%
Total	200	200	400
	50.0%	50.0%	100.0%
Chi-squared test=15.226; p<0.001			

The level of empathy in both groups was also assessed. The study subjects attending a birthing school most often presented a high level of

empathy(92.5%), while those who did not participate had a low level(61.5%). The results are presented in Table 3.

Table 3. Level of empathy in the study groups

Level of empathy	Participation in antenatal classes	
	yes	no
low	0(0.0%)	123(61.5%)
average	15(7.5%)	73(36.5%)
high	185(92.5%)	4(2.0%)
Chi-squared test=334.556; p<0.001		

The analysis of a stress-coping style showed statistically significant differences only in task-oriented coping: it was used to the greatest extent by the men who attended a birthing school (Table 4).

The men who did not participate in antenatal classes(group II) most often evaluated their knowledge of pregnancy and childbirth as low: 101(50.5%), and only 27(13.5%) individuals believed that their knowledge was sufficient. At the same time, those participating in antenatal classes(group I) evaluated their knowledge as low (88(44%) or sufficient (87(43.5%). 72(36%) men from group II and 25(12.5%) of those from group I

It was also shown that a level of empathy had an impact on task-oriented coping ($p>0.05$). This style was used more often by men with a high degree of empathy and less often by those with a low level of empathy. The results are shown in Table 5. had problems with determining a level of knowledge. These differences were statistically significant(Chi-squared test=63.141; $p<0.001$).

The men from group II paid more attention to knowledge gained from television than those from group I(37.5% vs. 34.5%). At the same time, the men from group I paid more attention to acquiring knowledge from professional textbooks(49.5% vs. 44.5%). The results are shown in Table 6.

Table 4. Stress-coping styles depending on the study group

CISS		Mean	Standard deviation	Minimum	Maximum	Statistics
Task-oriented coping	Group I	61.79	2.67	54.00	70.00	F=55.672 p<0.001
	Group II	59.25	2.75	48.00	66.00	
Task-oriented coping	Group I	37.05	3.24	28.00	44.00	F=0.293 p=0.746
	Group II	37.06	3.69	28.00	45.00	
Task-oriented coping	Group I	37.45	2.98	30.00	47.00	F=1.828 p=0.162
	Group II	37.96	3.05	30.00	46.00	

Table 5. Impact of empathy on the stress-coping style

CISS		Mean	Standard deviation	Minimum	Maximum	Statistics
Task-oriented coping	Low	58.99	2.96	45.00	68.00	F=50.675 p<0.001
	Average	59.71	2.93	51.00	67.00	
	High	61.74	2.66	54.00	70.00	
Task-oriented coping	Low	37.35	3.58	26.00	46.00	F=0.935 p=0.393
	Average	37.04	3.27	30.00	45.00	
	High	36.92	3.36	28.00	44.00	
Task-oriented coping	Low	37.90	3.11	27.00	45.00	F=2.784 p=0.073
	Average	38.10	3.27	29.00	47.00	
	High	37.37	2.91	30.00	47.00	

Table 6. The forms of acquiring knowledge about a pregnancy/childbirth preferred by the men

Preferred forms of preparation for childbirth*	Group I		Group II	
	N	%	N	%
attending a birthing school together	125	62.5%	124	62.0%
acquiring knowledge from professional textbooks	99	49.5%	89	44.5%
acquiring knowledge from professional press	62	31.0%	60	30.0%
acquiring knowledge from TV	69	34.5%	75	37.5%
acquiring knowledge from the Internet	142	71.0%	138	69.0%
acquiring knowledge from the radio	40	20.0%	39	19.5%
acquiring knowledge from family members	65	32.5%	73	36.5%
acquiring knowledge from a physician	115	57.5%	106	53.0%
acquiring knowledge from a midwife	50	25.0%	55	27.5%
what I know from school is enough	33	16.5%	-	-
hard to say	1	0.5%	-	-
other	1	0.5%	2	1.0%

In the opinion of the surveyed men, the staff of a birthing school should include a gynecologist/obstetrician: 161(39%) of the study subjects, a midwife:158(38.3%), a physiotherapist:

45(10.9%) of the study subjects, a psychologist: 34(8.2%) and an educator: 1(0.2%). 14(3.4%) study subjects had problems with giving the answer.

The information that the study subjects from the group I would most often expect from a birthing school should relate to newborn skin care: 309(77.3%) individuals, proper holding and lifting of a newborn: 300(75%), how to behave during

childbirth: 295(73.7%) study subjects, a newborn layette 290(72.5%) and taking care of an umbilical stump 283(70.8%) individuals. The results are shown in Table 7.

Table 7. Information expected from a birthing school

Answers	Yes		No		hard to say	
	N	%	N	%	N	%
proper holding and lifting of a newborn	300	75.0	45	11.3	55	13.8
taking care of an umbilical stump	283	70.8	29	7.2	88	22.0
changing a newborn's diaper	247	61.8	106	26.5	47	11.7
bathing a newborn	258	64.5	49	12.3	93	23.3
newborn layette	290	72.5	28	7.0	82	20.5
newborn skin care	309	77.3	3	0.8	88	22.0
disturbing symptoms in newborn's behaviour	274	68.5	32	8.0	94	23.5
transitional states in a newborn	272	68.0	90	22.5	38	9.5
behaviour during a childbirth	295	73.7	1	0.3	104	6.0

The majority of the study subjects attending a birthing school (97.8%) would recommend other fathers to participate in antenatal classes; only 2.2% of them said that they were not sure.

Hypothesis verification

The first hypothesis was partially confirmed, and the second was completely confirmed.

DISCUSSION

The appearance of a child brings about profound changes in a family's everyday life. Young parents may receive substantial help adapting to the new situation from birthing schools, i.e., places where future mothers and fathers prepare for childbirth and may learn the course of the labour. It is also the place where fathers-to-be may meet other fathers experiencing the same emotional states related to childbirth. Men who come to antenatal classes can confront their emotions, appropriately shape a new role of a “parent,” gain knowledge of pregnancy and childbirth, feeding and caring for a newborn, and find out what they can count on in maternity wards and delivery rooms [11]. Persons teaching the classes present a family model based on the shared responsibility and mutual complementation of partners in performing care and upbringing roles [12].

It is worth emphasizing that interest in birthing schools is increasing every year. Future parents start to attend them around the 21st week of pregnancy, and meetings are organized on a continuous basis(i.e., twice a week for eight weeks). Content taught during classes organised by Polish Birthing Schools is being constantly transformed due to the changes in Polish midwifery. Participation of future fathers in such classes increases the sense of bond with a child and positive changes in attitude

towards their wives/partners [12]. However, the interest of married couples in attending a birthing school varies, depending on the area and period. In 1989–1993, a birthing school of the Department of Perinatology in Łódź was attended by 65.9% of couples in the group of family childbirths, and in 1999–2003 it dropped to 42% [13]. Olejek et al. report that in 1999–2003, an even lower percentage(15.5%) of couples in the group of family childbirths attended a birthing school [14]. Other authors report the percentage as 25.3%: Guzikowski et al. [15], 25%: Rybakowski et al. [16], 20%: Pietrasik et al. [17], and even only 6%: Łepecka-Klusek and Karauda [18]. The above is confirmed by the studies of Sioma-Markowska and Poręba [19], in which 23.6% of women participated in the classes together with their husbands or partners, and 7.2% of mothers attended classes alone. As many as 69.2% of mothers and 76.4% of fathers did not participate in antenatal education provided by birthing schools [19]. 35% of those surveyed by Ulman-Włodarz et al. [20] participated in antenatal classes with a partner, and 5% of women participated alone. It was reflected in our research since only 29.5% of the study subjects attended a birthing school before, but as many as 44% claimed they had not been given such an opportunity. At the same time, in the study by Abramowicz [21], only every fourth man participated in every antenatal class, and most men attended several classes during the cycle. The main reason for men's absence from antenatal classes was the inability to fit the schedule of the classes in the working hours [21].

Kiełbratowska and Zwierzyńska [11] studied 92 men who answered questions in a survey while preparing for childbirth and within three months after a family childbirth in Gdańsk hospitals. 29.3% of the study subjects declared their willingness to prepare for childbirth at a birthing school together with their wives. Only 20.7% of the study subjects claimed that they wanted to acquire

knowledge of the topics related to pregnancy and childbirth; 10.9% wanted to gain knowledge of the care of a baby, and 10.9% of future fathers declared that they desired to see a baby immediately after the birth [11]. In the study by Gębicz et al. [12], only 24% of 200 participants of a birthing school were men. 36% of the men participated in the educational classes organised by the Birthing School primarily due to a desire to prepare for participation in family childbirth(33%), including preparation for active childbirth, both physically and mentally: 28% wanted to gain knowledge of the care of a baby. In the 23–27 age group, the most common motivation was acquiring knowledge of the care of a baby(69.6%) and preparation to perform parental roles(25%) [12]. In the 28–32 age group, mental and physical preparation for an active childbirth(34.7%) and participation in a family childbirth(28.2%). In the opinion of the study subjects in the 23–27 and 33–38 age groups, antenatal classes have alleviated concerns related to the course of a pregnancy, childbirth, and postpartum(100%), and in the 28–32 age group: they helped in making a decision about family childbirth(39.5%). Depending on the place of residence, for 45.5% of the individuals living in the rural area vs. 26.5% of those living in the urban area, the most common motivation of the study subjects was mental and physical preparation for active childbirth. Other motivations included a desire to participate in family childbirth(27.3% of those living in the rural area vs. 19.1% of those living in the urban area), as well as acquiring knowledge of the care of a baby(21.7% of those living in the urban area vs. 18.2% of those living in the rural area) [12]. The classes alleviated the study subjects' concerns related to the course of a pregnancy, childbirth, and the postpartum period(in 63.6% of those living in the rural area and 57.1% of those living in the urban area), and helped them make the decision to participate in a family birth(in 36.4% of those living in the rural area vs. 23.8% of those living in the urban area) [12]. Our current study did not demonstrate the influence of age or place of residence of the study subjects on participation in antenatal classes. Still, it showed that the participation depended on the duration of the relationship, education, and not having children.

Gębicz et al. [12] showed that the most common source of knowledge of a birthing school among those aged between 23 and 27 was a physician(48.2%) and the Internet(35.7%). The individuals aged between 28 and 32 gained knowledge from friends(71%) and a midwife(21%), while those aged between 33 and 38 gained knowledge from a physician(95%). It was not confirmed in our study, in which the majority of the study subjects learned about a birthing school from their wives.

In their analyses, Lisius et al. [22] indicate that parents' involvement in antenatal classes modifies the level of knowledge. A similar

percentage of the men surveyed in our study who participated in antenatal classes in comparison to those who did not participate in antenatal classes evaluated their knowledge as low or sufficient.

The study conducted by Abramowicz [21] shows that the men attending a birthing school have specific expectations towards the content taught during antenatal classes and would like to participate not only in theoretical but mainly in practical classes for future fathers, which can help them take care of an infant and a mother of a newborn child. The men surveyed in our study who participated in antenatal classes declared that they would most often expect information on newborn skin care, proper holding, and lifting of a newborn, how to behave during childbirth, a newborn layette, and taking care of an umbilical stump.

Most recently, the literature has presented topics on the role of a father during pregnancy and childbirth, which in the past was given a secondary role. It is believed that building a bond with a baby means participating in his/her life from conception and that this effort helps the child develop properly and be happy. A bond between a child and his/her father is formed more slowly and is different than a bond between a mother and a child. Still, it is also important and inherent in the proper social and psychological development of a child. From a psychological point of view, an important skill is empathy, i.e., co-feeling and identifying the mental states of others, demonstrating emotional maturity, and enabling one to identify with another person's situation. Without properly developed empathy, no one will be able to create a successful relationship or friendship and will not be able to forgive another person or take care of them. Scientists from the University of Colorado in Boulder(USA) have shown that interpersonal synchronization between partners, combined with touch, may contribute to pain relief [23]. They found that a high level of partner empathy and analgesia improved “coupling” during partner touch. It suggests that social touch increases interpersonal physiological coupling during pain. Moreover, the influence of touch on the cardiorespiratory coupling between partners may contribute to the analgesic effect of touch via the autonomic nervous system [23]. As indicated in the study by Gass and Wilczek [24], fathers participating in childbirth with their spouses, compared to fathers not participating in this act, were characterized by a higher level of empathy. Previous research on the differences in the level of empathy in women and men has shown that women are more sensitive or understanding by nature. They are also more likely to adopt the perspective of another person [25].

We must also not overlook male stress-coping styles. The stress of a husband/partner may affect a woman, causing additional anxiety during pregnancy and in the delivery room.

The results of our study demonstrate the importance of a husband's/partner's empathy and

stress-coping style. It turned out that in the group of men who presented a low level of empathy, no one participated in antenatal classes, and task-oriented coping was used to a greater extent by those with a high level of empathy. The task-oriented coping involves undertaking tasks aimed at solving a problem through cognitive transformation or attempts to change difficult situations. Such a coping style assumes direct confrontation with a stressor and treating stress as a task to be performed: what needs to be done is to come up with an action plan, take countermeasures, and face a difficult situation, which is most often overcome successfully. This is the best, although difficult to implement, way to respond to stress. Accordingly, tasks should be undertaken to support the development of constructive strategies for males coping with stress from the beginning of a pregnancy.

CONCLUSIONS

1. Most often, when the men decided to participate in antenatal classes, they desired to prepare for the care of a baby, acquire knowledge of medical issues, and develop the ability to support their wives/partners.
2. Participation in antenatal classes was more often declared by those who had been in a relationship for up to one year or more than two years, did not have children, and had a university degree. At the same time, the age and place of residence did not matter.
3. The study subjects attending a birthing school, compared to those not attending it, more often presented a high level of empathy and a task-oriented coping with stress.

RECOMMENDATIONS

There should be intensive antenatal education for fathers, promoting the formation of bonds with a wife/partner and a child(already in the prenatal period), making men aware of the importance of partnership, and providing information on applicable standards and rights related to pregnancy/childbirth, as well as rights regarding the care of a partner after childbirth and the care of a child(paternity leave).

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Conflicts of interest

The authors have declared no conflict of interest.

Financial disclosure/funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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