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Title

What are the experiences of black African and black African Caribbean males in England during their **transition** into fatherhood?

Abstract

This study aimed to explore the experiences of men from African and African Caribbean heritage on **transition to fatherhood and support received**. Semi-structured interviews were undertaken with eight black fathers living in the South East of England. Four themes were identified: preparation for fatherhood, experiences post birth, influences on ideas about fatherhood and reflections on transition and suggestions for support for future fathers. While some fathers benefited from formal support, others did not attend antenatal classes and there was uncertainty around healthcare roles identified during the men's experiences post birth. Findings highlight the importance of extended family and friends in providing advice and the importance of culture in forming the identity of African fathers.

Introduction

During a man's lifetime, various transitions will occur such as puberty, first love and fatherhood.

Eighty per cent of all men globally will become a father (MenCare, 2020). Compared to other key life transitions, little is known about the transition to fatherhood (National Childbirth Trust, 2016). Social trends have shown a shift away from the traditional patriarchal role of fathers as only bread winners and a move towards fathers having more involvement in the hands on practical care of looking after children (O'Brien 2005). Aspirations for gender equality have increased the need and expectation for men take on more responsibility for child care. (World Health Organisation, 2007) Fathers often do want to play an active role during the transition to parenthood; Redshaw and Henderson (2013) reported that two thirds of fathers attended routine antenatal appointments. Recent changes to UK legislation gave fathers the opportunity to play more of a caregiver role in raising children through the initiative of shared parental leave (HM Government, 2015).

During the transition to fatherhood, men will come into contact with midwives, Health Visitors (HVs) and other health care professionals whose role is to support families during this period. The Healthy Child Programme (Department of Health, 2009) recommends that health care professionals such as HVs and midwives include fathers as much as possible during the transition period into parenthood. HVs may see fathers during the antenatal and postnatal periods and may encounter fathers at home visits as well as in clinical settings such as child health drop-in clinics.

The caseloads of HVs and midwives are becoming increasingly diverse in regards to the ethnicity of families (Office of National Statistics, 2012). For example, in the town where the principle researcher

works as a Health Visitor, 35% of the population is from a black and minority community, with a rise from 1.6% (2001) to 4.6% (2011) of black African residents (Reading Borough Council, 2017).

There is a lack of health and social care research investigating the needs and understanding of the black community (Vickers, Craig and Atkin, 2012) despite notable differences.

For example, African Caribbean fathers are considered twice as likely as white fathers to live apart from their children (Runnymede, 2017) and there are significantly higher levels of unemployment for black Caribbean men (15%) and black African men (14%) compared to white British men (5%) (Runnymede, 2017). Specifically, a lack of research on transitioning amongst black minority ethnic groups has been identified (Baldwin et al, 2019). Therefore, if tailored support is needed, healthcare professionals will have little idea of the nature of that support. Existing literature into fatherhood focuses predominately on white males (Chin, Daiches, Hall, 2011 and Kowlessar, Fox and Wittkowski, 2014). Where black and minority ethnic fathers have been included, challenges relating to fatherhood identity and access to health services have been identified (Williams et al. 2012; Baldwin et al. 2019). In order to avoid further marginalisation of this ethnic group, the aim of this study is to address the paucity of the research.

Aim and objectives

The aim of the study was to explore the experiences of men from African and African Caribbean heritage or ancestry, living in England, on transition into fatherhood and support received.

The objectives of the study are:

- To explore experiences of healthcare support in relation to transition to fatherhood

- To identify any unmet need related to health visiting service provision

Methods

Research Design

For this study, a qualitative methodology based upon an interpretive phenomenological approach (IPA) was used to explore the lived experiences of fathers. An interpretive phenomenological approach was considered a good fit for the study aim because it centres on looking at participants interactions and experiences of being in the world (Parahoo, 2014).

Sampling

Initially participants were recruited through posters displayed at local churches and children's centres in an urban area of the South East of England, with recruitment facilitated by local gatekeepers. Due to slow recruitment of this hard to reach group, a snowballing technique was subsequently used to achieve a purposive sample of men aged 18 or older who had fathered a child and who identified as being from African and African Caribbean heritage or ancestry (including mixed heritage). Inclusion was extended to those who fathered a child in the last 10 years, also due to slow recruitment. Brown and Scullion (2010) advise using diverse strategies such as snowballing to recruit for hard to reach groups. A definition of African or African Caribbean is: A person whose ancestry is either from Africa or family background is West Indian whose ancestors were primarily

indigenous to Africa. This was the preferred definition based on the patient and public involvement work and the pilot interview. Other inclusion criteria were ability to speak English and give informed consent.

Method of data collection

Semi structured one- to- one interviews were conducted by an audio-video messaging call and were audio recorded. For IPA, semi structured interviews using open-ended and non-directive questions are used to create an opportunity for individuals to share their personal experience. Smith, Flowers and Larkin (2009) argue that one-to-one interviews are the optimal method for IPA because they invite participants to provide detailed and first person accounts of their experiences. Participants had the option of either face to face interviews or by audio video messaging call. All of the participants opted for the audio video messaging call for their interview. Interviews covered: experiences and support received throughout the first pregnancy, from hearing they would become a father, through to birth, postnatal experience and reflections on becoming a father, including questions on role model influence.

Data analysis

Analysis drew upon the principles of Smith's (2010) framework for IPA as this enables the researcher to interpret the data based on the participants lived experience. This staged approach involved: familiarisation with transcripts; making descriptive notes; identifying emerging themes; clustering to create primary themes and finding order to the themes (Smith, 2010). NVivo software was used to support analysis. Credibility was supported by discussion and refinement of emerging themes with the second author.

Ethical considerations

Ethical approval was gained from the University of Surrey. Anonymity was maintained by replacing names with an identifiable participant number and written informed consent was obtained prior to interview.

Results

A total of 8 participants were interviewed. Participant's age ranged from 29 years to 38 years. The age when they first became a father ranged from 14 years to 36 years. The majority of participants had continued education post-16 years of age and the participants described their ethnicity as 'Black African', 'Nigerian', 'Black British' and 'Black Caribbean British'. The majority of participants (6 out of 8) were in a stable relationship with their child and partner at the time of transitioning (see Table 1).

Analysis resulted in four themes: i) preparation for fatherhood, ii) experiences post birth, iii) influences on ideas about fatherhood and iv) reflections on transition and suggestions for support for future fathers.

Table 1: Demographic data of the participants.

Participant	Ethnicity	Age (yrs)	Age first became	Age of youngest child	Cont. education post-16	Were they in a stable relationship	Are they living with	Did they migrate

			father (yrs)		years of age?	with partner?	the child?	to the UK?
1	Nigerian	38	36	15 months	Yes	Yes	Yes	Yes
2	Black Caribbean British	35	33	2 years old	Yes	Yes	Yes	No
3	Black British	29	14	1 month old	No	No	Yes	No
4	Black African	42	29	8 years old	Yes	Yes	Yes	Yes
5	Black African	42	32	9 years old	Yes	Yes	Yes	Yes
6	Black African	43	36	3 years old	Yes	Yes	Yes	Yes
7	Black British	36	18	8 years old	No	No	No	No
8	Black African	32	31	1 year old	Yes	Yes	Yes	Yes

Theme 1: Preparation for fatherhood

Participants described preparing for fatherhood in various ways, including: asking family and friends for advice; reflecting on using past experiences of looking after children; and contact with health services, including attending routine antenatal scans and reading leaflets from GP surgeries.

Most found that discussing experiences with family and friends, remotely or in person, was positive and an important way of developing an expectation and understanding of what being a father would entail:

“Luckily enough, my dad and mom are also alive, and they are back home in Ghana. I am from Ghana. So, we tried to ask them a lot of questions. They were also more than happy to share their thoughts with us”. (Participant 5)

While some considered antenatal classes an important part of the preparation for fatherhood, others did not. Reasons for not attending were because participants already felt confident, the partner had already had children and didn't want to attend, or they didn't consider it to be part of the father's role.

“We didn't go to any of the antenatal classes because [partner] already had two children, she didn't really want to go to them”. (Participant 2)

One of the participants, who was in an unstable relationship with his partner during the pregnancy, felt uncomfortable about attending antenatal classes:

"I felt awkward. I don't know. Because I don't know how I would have dealt with the situation but it's one of them things where you think it's going to... I'm not going to enjoy this, this is not something I want to be a part of. I shut myself off from that area. You never know, I might have enjoyed that part of it if I'd went but..." (Participant 7)

He went on to explain that he associated antenatal classes as a female domain, suggesting that it wasn't part of the father's role and was that men who attended were somehow emasculated.

"...So I'm like, well that's not what guys do. All the antenatal and stuff, that's for the women. It was seen as guys that go there, for me, guys that go to them things are softies, you know? That's ladies' time and that's for ladies to, whatever they are doing, natter. Very stereotypical but that's just, you know". (Participant 7)

In contrast to the above, 3 participants did attend antenatal classes as a way to gather further information, out of interest, and as an opportunity to share experiences with other fathers; **were in stable relationships at the time of being a first time father:**

"I don't know if it's still in existence, but luckily enough, the nurses and the library who organised those activities, they were bringing some fathers who were coming to support and share their experiences with us. So, I would say it was very useful. We learned a lot from them" (Participant 5)

While some participants felt antenatal classes were aimed at mothers, these three participants experienced classes as tailored to both partners

“No, it was for both of use. It was about how dads can help the women cook and go into labour, so what to do to help them basically cope with the pain. Yes, so it was both ways. There was some for us as well”. (Participant 8)

Theme 2: Experiences post birth

During the transition into fatherhood, participants described a range of emotions such as feeling ecstatic and joyful after the birth, along with feeling pressure around returning to work or feeling exhausted in the early postnatal weeks. Most participants considered the moment of transition occurred at the birth of their first infant, whereas their partners considered transition as occurring during pregnancy. Fathers who were not in a stable relationship at the time of the birth found the transition period difficult as they were aware they would not be around the infant for every moment.

“It was a bit of a weird moment because you’ve got a lot of things going through your head at the time. You know that you’ve got a child. You know that you’re not with the mother. You are not going to raise it how the child should be raised with both parents there, so it was just... It’s hard to explain but it was... Obviously I wasn’t upset, but at the same time I wasn’t overjoyed because I was already

looking at the big picture of how, you know, my son is going to be raised with separated parents.”

(Participant 7)

Participants described receiving emotional and practical support from family members by phone or in person after the birth. The support from family was well received by the men, who spoke positively and appreciatively of the assistance and reassurance provided by the family.

“My mom, I remember when my wife gave birth, always, she tried to call, share, although she is not here. Either we would call her or she would call us and give us her experience. She used to advise us what to do, because in the beginning, sometimes, a lot of little things which might not be serious, they will be panicking, because it’s your first time having a baby”. (Participant 5)

While participants were aware of the support offered by healthcare professionals, this was perceived to be mainly targeted at the mother and most fathers had limited understanding of different healthcare roles:

I’m not going to try and guess what they are, to be honest with you, but there’s two of them that come round. She don’t have to see the midwife. Well she does because obviously we have to go through the jabs next week, but the midwives don’t come round to the house now, there’s two other women that did it but I think they’re obviously connected somewhere to the NHS to do with children and babies”. (Participant 3)

Afterbirth care and that stuff I was quite bad with that, to be honest, but then I was... It sounds very sexist and old-fashioned but I believe certain things are for the women to do, if you know what I mean. Yes, so I looked at it like that, it was well that's not something men really do, if you know what I mean. That's how I am. [Laughs] That's how I can explain it, is that's how I am". (Participant 7)

Where unexpected complications had occurred, participants felt unprepared to take on caring for the baby:

"My wife had a C-section, so if the baby cries I had to pick the baby up for her because she couldn't until the wound had healed, yes, before she could start doing some things by herself. It was very challenging for me within the first two weeks actually". (Participant 1)

Theme 3: Influences on ideas about fatherhood

For those who identified as black African, there was an acknowledgement of a strong cultural influence on ideas of fatherhood, parenting and their experiences during the transition period. The African participants contrasted the differences of fatherhood in Africa to the UK, inferring that the whole family and community in Africa is actively involved with parenting, with more shared responsibility. Participant 1 discussed the role the wider family in Africa plays after the birth of a child, in providing practical support to the mother and father:

"The challenge is that here is different from where I came from in Nigeria, in Africa. Once a mum gives birth, the community, the immediate family see it as their duty, their own duty to make sure that the mum is fully assisted and settled, so the kind of extended family ties we have. People, for the

first two weeks, you are not going to cook, you keep having people cooking food and bringing it for you". (Participant 1)

The meaning of fatherhood in Africa was described as different to the UK because responsibility for caring for the baby is shared amongst the family and community. Participant 4 describes experiencing a culture shock, because in the UK the father has far greater responsibility in terms of practical care:

"It's the experience of being a foreign father. For me, you feel isolated. You hardly know neighbours. There's nobody like friends, proper friends, and no family that's close. So it's just my wife and the kids, and so I had to take a massive role - more than I would have if I was still in Africa - a massive role in supporting my wife and supporting the new child". (Participant 4)

Participant 4 also goes on to talk about cultural identity being an important part on how he parents his children:

"That's who I am. And there are things here that I... I know that other people, perhaps, do not approve, or the system here has different approaches to our own, how children should be raised. I cannot help being African; that's who I am. And I think it influences how I speak to my kids, how I discipline them, how I show love for them" (Participant 4)

The majority described their own father as a positive role model, having learnt ideas about fatherhood from them which included aspects of how to care, demonstrate love, shape moral

character, protect and provide for the family. Participants valued a stable presence of a father in their life:

"I would say it's my dad, to be honest. I'm happy to have had the opportunity to live with my dad when we were sixteen - and we were living under a same roof with my dad. We were taught the ethics through that. We learned a lot from my dad, to be honest, and through that, I would say, I am proud of taking the credit for what I learned from my dad". (Participant 5)

"My dad has been a very good dad to me because, yes, he has done his best to make sure that I and my brothers we have everything we need based on his own abilities and he's a caring dad, make sure that he provides food, feeding, clothing. Yes, the basic things of life, accommodation and then we have the basic education. Yes, he's a very good dad". (Participant 1)

In contrast, others had no male role model and spoke of others, such as mothers or grandfathers as parenting models, sometimes learning from the absence or negative behaviour as an example of how not to be as a father:

"I'd probably say my mum because she was like my father and mother all in one. She's literally raised me and kind of showed me what it's like to be a parent." (Participant 2)

"I've got half-brother and sisters and all of our dads are just, oh, a waste of space, to be honest, yes. We never really had no role models. Our role model for a father was our mum. My mum used to

always say to me, “You ain’t got no father. I’m your mum and your dad”. That’s what she used to say, yeah.” (Participant 7)

Most participants, regardless of migratory status, were aware of negative stereotyping of black fathers as absent. These stereotypes were felt to be damaging and unhelpful.

“Normally that the dad is not going to stick around or the dad is in jail or the dad is selling drugs or basically the dad’s just not going to be involved. I think the term that’s used quite often is baby father as you just literally donate your sperm and you’re not around”. (Participant 2)

“We don’t look after our kids, we just have kids left, right and centre and don’t, you know We are not good, we are not really good relationship material. There’s loads of stereotypes”. (Participant 7)

Theme 4: Reflections on transition and suggestions for support for future fathers

Based on their own experience of transitioning, participants offered suggestions as to what would be beneficial for future fathers.

Reflecting back, the following participant felt that more information provided in the antenatal classes would have given him and his partner more confidence with their abilities to care for their infant:

“and maybe what to expect as well, especially with the poo and other stuff, if we knew it already then we wouldn’t have been alarmed when we saw it initially. Also, I think that [son] was also very jittery, when he’s sleeping. But again, it was explained to us it’s normal for babies and now he’s stopped actually. So things like that, if you are warned of certain things that may happen, not to be alarmed, it would be a great help”. (Participant 8)

Participant 5, who attended antenatal classes, spoke of the usefulness of learning from shared experiences of other fathers:

“Some of them (fathers) were sharing about supporting partners in the hospital during the delivery time. For that experience, it did help me, because I was also able to prepare myself”. (Participant 5)

Participant 7, who didn’t attend antenatal classes himself and was no longer in a relationship with the mother of his child, considered that groups where men could share their own experiences could be of benefit. He felt that healthcare professionals such as HVs, who are predominantly female, are less able to relate to men adequately:

“It would be much easier if you spoke to another man that’s been through it because at the end of the day I’ve noticed certain things but if there’s certain situations that arise in a relationship, as a women Health Visitor, they tend to... because most of them are female, yeah, but they tend to defend the woman’s opinions more, if you know. That makes a man feel inadequate, yes, but at the

same time he's not going to want to speak about them kind of feelings. It's like if a man's pride is hurt he's not going to want to talk about it". (Participant 7)

This participant went on to highlight the problem of a lack of positive role modelling for fathers who are no longer in a relationship with the mother.

"So really a lot being taught how to be a man I was taught by my mum, which in a way this might be why I failed at certain things as a dad, because obviously yes she tried her hardest but she literally can't teach me how to be a father. She can't, she's a woman." (Participant 7)

Study limitations

This was a small-scale study in one area of the UK, which limits the generalisation of any findings.

The inclusion of men who became a father up to 10 years ago may have introduced problems of memory recall and health service provision may have changed over this time. The primary focus of the sampling from church groups may have biased the sample towards fathers who are actively religious.). Because the research was conducted by a white British female Health Visitor, maintaining reflexive awareness of unwittingly reproducing negative stereotypes was considered very important (Salway et al. 2009). Cultural sensitivity is defined as having an awareness of cultural factors that can affect research and asks researchers to have an understanding of the perceptions of a particular cultural group and respect population diversity (Mills, Durepos and Wiebe, 2010). Cultural sensitivity in health care includes having an awareness of how one's own background, values and culture may influence care delivery (Starr and Wallace, 2011). With this in mind, the researcher familiarized herself within this community by attending church services and engaging a local church leader to act

as a gatekeeper for the research. Patient and public involvement (PPI) work, as suggested by Newbigging et al. (2007), was undertaken with a member of the local community to obtain feedback on terminology used in the participant information sheet, poster and interview schedule. Based on this feedback, the terms 'African or African Caribbean heritage/ancestry' were adopted in place of 'black minority ethnic'. The Equality Challenge Unit (2017) encourages researchers to consult members of the community on terminology.

Discussion and implications for HV practice and future research

This research has provided greater understanding of black fathers' experiences of healthcare and other support during the transition into fatherhood. Many findings are similar to previous research on white fathers (Chin, Daiches, Hall, 2011 ; Kowlessar, Fox and Wittkowski, 2014 and Widarsson et al. 2015) where, for example, benefits were reported by men attending antenatal classes in helping to prepare for what to expect after the birth (Widarsson et al. 2015). As previously reported (Baldwin et al 2019) a wide range of methods were used to prepare for fatherhood, with an emphasis on advice and support from family and friends. Antenatal classes provided opportunity to meet other expectant fathers, which they valued highly, however there were barriers to accessing healthcare support similar to those reported elsewhere (Baldwin et al. 2018). Importantly, the fathers in this study were not a homogenous group and their respective experiences and backgrounds were very varied, including those who were not in a stable relationship with their partner. Findings highlight the experience of men who did not have a good role model to help transition to fatherhood and some were averse to attending services that did not align with their

perception of masculinity. Associations between being male and being tough, rather than sensitive, have been reported as creating tension when transitioning to fatherhood (Ashened et al. 2014).

Research on UK Asian fathers (Salway et al. 2009) also found great diversity to exist within groups and stressed the importance for practitioners to avoid stereotyping the needs of minority ethnic individuals. One aspect that differs from previous research on white fathers is the impact of cultural influences on understanding fatherhood. The importance of extended family and friends in the initial stages of transition was emphasised in this research from the participants who had migrated to the UK, along with the need to acknowledge differences in cultural norms/traditions guiding childrearing practice over the longer term. The importance of culture and the extended family was similarly emphasized in research on South Asian mothers accessing health visiting services in England (Abdu, Stenner and Vasso, 2015).

This research has identified recommendations for practice and future research. Health visiting and other parenting services would benefit from considering strategies to increase accessibility and attendance of black fathers to antenatal classes and to rethink delivery of antenatal classes to give black men the opportunity to speak to other black men. Chin, Daiches and Hall (2011) suggest that all healthcare professionals involved in antenatal and postnatal care, can support fathers by encouraging attendance at appointments and to ask questions. Greater effort could be made to make it clearer to fathers what support they can receive from the health visiting service. Fathers who unexpectedly need to care for baby due to an emergency or crisis are more likely to benefit from support from HVs and other allied health care professionals if they know what support they could ask for and how to access it. Finally, there appears to be a lack of role modelling or advice on parenting as an absent father/father not in a relationship with the mother. Perhaps the health visiting service could think of opportunities for more male role models. This study has contributed towards furthering understanding the transition to fatherhood of men from African and African Caribbean heritage or ancestry.

Key words

Transition to fatherhood, Health Visitors, African and African Caribbean, antenatal classes.

Key Points

- Health Visitors are well placed to develop strategies to increase accessibility and attendance of black fathers to antenatal classes.
- Some fathers feel more comfortable receiving information from other fathers rather than female Health professionals.
- There was uncertainty around healthcare roles identified during the men's experiences post birth.
- The importance of extended family and friends in the initial stages of transition to fatherhood was emphasised in this research.
- Further research is required across a wider geographical area in the UK in order to gain a deeper understanding of black fathers' experiences of fatherhood.

Reflective questions

If you have supported a father of African or African Caribbean Heritage reflect what went well and what could be improved with this experience from the viewpoint of the father.

What can be done to increase attendance of men at Health Visitor antenatal contacts?

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