

Selected aspects of perceiving and experiencing birth – study of men participating in hospital childbirth and men with an experience of home childbirth

Wybrane aspekty postrzegania i przeżywania porodu
– badanie mężczyzn uczestniczących w porodach szpitalnych
oraz mężczyzn z doświadczeniem porodu domowego

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Abstract: Participating in childbirth of his own child can be a plane for redefining man's own identity and self-esteem. The study aimed to verify whether there is a relationship between the place of childbirth and selected aspects of man's perceiving and experiencing participation in childbirth of his own child and to assess the relationship between man's perception of childbirth as an essential life experience and an experience affecting self-esteem. The study included 147 men aged 18 to 57 years ($M = 34,56$; $SD = 8,29$) who had experience of participating in the delivery of their child. The conducted research was

preliminary. The research was carried out using the diagnostics survey method and non-probabilistic sampling. The data were collected anonymously via the survey questionnaire. The collected data was analyzed using descriptive statistics methods, with the Kolmogorov-Smirnov and Mann-Whitney U tests and the analysis of Spearman's ρ rank correlation, with the IBM SPSS Statistics 23 package. The threshold of $\alpha = 0.05$ was considered as the significance level. Main results: (a) According to the respondents, man's participation in birth of his own child is an important factor influencing self-esteem; (b) the stronger perception of childbirth as an important event in life, the more this experience affects self-esteem according to the respondents.

The research shows the importance of the father participation in the childbirth for the self-esteem level of the man. The preliminary study indicates also the need for in-depth research on the participation of the father at childbirth and on the multifaceted importance of this presence.

Keywords: home delivery; hospital delivery; self-esteem; father's participation in childbirth; family delivery

Abstrakt: Uczestniczenie w porodzie swojego dziecka może być dla mężczyzny płaszczyzną redefiniowania własnej tożsamości oraz kształtowania poczucia własnej wartości i samooceny. Celem badania była ocena czy istnieje zależność między miejscem porodu a wybranymi aspektami postrzegania i przeżywania przez mężczyzn uczestnictwa w porodzie swojego dziecka oraz ocena zależności między postrzeganiem przez mężczyzn porodu jako istotnego doświadczenia życiowego i doświadczenia wpływającego na samoocenę. W badaniu wzięło udział 147 mężczyzn w wieku od 18 do 57 lat ($M = 34,56$; $SD = 8,29$), którzy mieli doświadczenie uczestniczenia w porodzie swojego dziecka. Przeprowadzone badania miały charakter wstępny. Badania przeprowadzono metodą sondażu diagnostycznego; dobór próby nieprobabilistyczny. Badanie było anonimowe. Zastosowano autorski kwestionariusz. Zgromadzone dane przeanalizowano metodami statystyki opisowej z wykorzystaniem testów: Kołmogorowa-Smirnowa, U Manna-Whitney'a oraz analizy korelacji rangowej ρ Spearmana przy użyciu pakietu IBM SPSS Statistics 23. Za poziom istotności uznano próg $\alpha = 0,05$. Główne wyniki (a) Towarzystwo przy porodzie swojego dziecka jest istotnym czynnikiem wpływającym w opinii respondentów na samoocenę; (b) im silniejsze jest postrzeganie przez mężczyznę porodu swego dziecka jako ważnego wydarzenia w życiu, tym silniej w opinii respondentów, wydarzenie to wpływa na samoocenę.

Przeprowadzone badania wykazują, że uczestniczenie przez mężczyznę w porodzie swego dziecka ma znaczenie dla jego samooceny. Zrealizowane badania, mające charakter wstępny, wskazują na potrzebę pogłębionych badań dotyczących obecności ojca przy porodzie dziecka oraz badań dotyczących wielopłaszczyznowego znaczenia tej obecności.

Słowa kluczowe: poród domowy; poród szpitalny; samoocena; udział ojca w porodzie; poród rodzinny

Introduction

In Poland, the history of childbirth in the presence of the child's father is relatively short. The first such recorded childbirth took place in the Clinic of Perinatology of the Institute of Gynecology and Obstetrics of the Medical Academy in Łódź in 1983 (Jenczura et al. 2016, 107-115). Since then, this practice has become more common. Home births are also becoming more popular. In Poland, in a certain period of history of obstetrics, home births were de facto prohibited due to the issuance in the mid-1950s of a ministerial order to give birth in a hospital (Chołuj 2017, 10-43; Walewska et al. 2017, 171-181). However, following the actions of family and medical circles, it has been possible to obtain the right to choose the place of childbirth for a woman.

The concept of family birth is most often perceived as a situation where a woman gives birth in the presence of her husband, the child's father. In the literature on the subject, one can find numerous studies on the importance of family births not only for the woman giving birth but also for the child's father. The studies concern, in particular, the attitudes the men adopt during childbirth, the reasons they decide to be present at the delivery, and the multifaceted dimension of the effects of man's presence during childbirth.

In the past, women in the perinatal period were supported by other women, experienced mothers (Bohren et al. 2017, 7). It was also believed that childbirth was an exclusively female event, in which the man – the father of the child, did not participate directly and actively (Wrześniewska and Bąk 2012, 89-99). After the Second World War in Poland, delivery rooms began to be created (Słoma, Krajewska-Kułak and Krajewska-Ferishah 2020, 20), in which women in physiological pregnancies were cared for. In hospitals, mainly complicated births were delivered. The first delivery room was established in 1945 in Laski near Warsaw (Kassner 2007, 40-42). In the 1970s, separate delivery rooms were gradually liquidated, and healthy women giving birth in physiological pregnancies were also admitted to hospitals (Słoma, Krajewska-Kułak and Krajewska-Ferishah 2020, 21). The introduced changes in perinatal care, the gradual elimination of separate delivery rooms, and the above-described ministerial hospital birth order aimed to reduce perinatal mortality and the risk associated with complicated births. Despite very noble assumptions, a large number of medical procedures were also applied for mothers with no medical indication for intervention. The complete transfer of births to the hospital, the development of medical equipment, an increased number of medical procedures and the taking over of most of the care of the woman giving birth by doctors, led to the fact that childbirth ceased to be treated as something natural and became a medical event (Chołuj 2017, 42-43). The decision-making powers were limited for a woman giving birth in the hospital. Her contact with the

child was also limited, often to feeding at fixed hours (Walewska et al. 2017, 171-181).

However, in recent years, attention has been paid to the problem of the medicalisation of childbirth through interventions that, instead of facilitating parturition, often lead to the transformation of physiology into pathology (Fijałkowski 1998, 114-115). The progressive medicalization of childbirth was to be counteracted by the Organizational Standard for Perinatal Care (Polish: Standard Organizacyjny Opieki Okołoporodowej, SOOO) introduced in recent years. On January 1, 2019, a new SOOO entered into force based on the Regulation of the Minister of Health of August 16, 2018 (Rozporządzenie Ministra Zdrowia z dnia 16 sierpnia 2018 r. w sprawie standardu organizacyjnego opieki okołoporodowej. 2018. Dz.U. z 2018 r. poz. 1756). The main assumption of this standard is to regulate the organization of perinatal care to organize and standardize the principles prevailing in obstetric wards in Poland and to provide the best possible care for a pregnant woman and her child. The regulation indicates a crucial area of activation of people accompanying the woman giving birth, in particular in the area of non-pharmacological methods for relieving birth pain, which include, for example, assistance in the use of breathing techniques, massage, and assistance in taking comfortable positions, including vertical ones. As indicated in the literature on the subject, such activation brings benefits of both medical and mental nature (Balaskas 1992, 94-95; Berkau 2015, 71-75; Berkau, Suchowiak and Plagens-Rotman 2016, 18-23; Cevik and Yanikkerem 2020, 1159-1164; Chapman and Charles 2018, 2-3; Hasani et al. 2021, 1687-1694; Kabakian-Khasholian, El-Nemerand and Bashour 2015, 223-6; Słoma, Krajewska-Kułak and Krajewska-Ferishah 2020, 29; Smolarek et al. 2016, 74-80). The most common birth companion is the husband of the woman giving birth, who, thanks to his involvement, can actively participate in the delivery process. The current standard of perinatal care also reminds about the right of a woman to choose the place of childbirth in the hospital or non-hospital conditions, e.g., at home or in birth centres (Rozporządzenie Ministra Zdrowia z dnia 16 sierpnia 2018 r. w sprawie standardu organizacyjnego opieki okołoporodowej. 2018. Dz.U. z 2018 r. poz. 1756).

It is natural for a significant part of Polish society to associate childbirth with a hospital. This may be due to the fact that despite the abolition of the ministerial order to give birth in a hospital, this practice has become fixed in the mentality of society, and childbirth is still perceived as a strictly medical procedure carried out in hospital conditions (Chołuj 2017, 62-63). Women often choose to give birth in a hospital for financial and pragmatic reasons, and because of their fears, especially at the first birth, related to the complications that may occur. The presence of a doctor and the availability of specialized medical equipment give them a sense of security. The hospital also

allows them to use anesthesia and – in emergencies – undergo a caesarean section (Tataj-Puzyna 2011, 89-99). However, on the other hand, in-hospital physiological delivery increases the risk of implementing unnecessary medical procedures that may later prove unfavourable to the mother and/or the newborn. The use of medical interventions without medical indications makes the physiological course of childbirth disturbed. Often, this results in a cascade of medical interventions interfering with the natural process of childbirth, which is associated with a higher risk of completing pregnancy procedurally or surgically (Doroszevska 2016, 47-59; Wagner 2001, 25-37).

Due to the high level of birth medicalization, using their rights, women in physiological pregnancies are increasingly willing to choose their own home for the place of childbirth (Gierszewska et al. 2013, 220-224). The Royal College of Obstetricians and Gynaecologists indicated in the Homebirth Statement that there is no reason to deny women in uncomplicated pregnancies the home delivery experience. It emphasized that home births increase the probability of experiencing childbirth as satisfactory and safe, which translates into the mother's and child's health condition (Royal College of Obstetricians and Gynaecologists and Royal College of Midwives 2007, 1-6).

Naturally, during childbirth (both at home and in the hospital), the child's father is an important companion of the woman giving birth. The research confirms the positive impact of the presence of the child's father at birth on the woman in labour (Świątkowska-Freud, Kawiak and Prei 2007, 476-478). The influence of the father's presence on parental bonding is also significant (Fägerskiöld 2008, 64-71; Ulman-Włodarz et al. 2007, 52-56). What is more, the literature on the subject also emphasizes the thesis that the presence of a father during childbirth may positively impact the development of tighter bonds between spouses (Fägerskiöld 2008, 64-71). Family birth brings spouses closer together through more profound knowledge and openness to the other person and their needs (Berkau 2015, 71-75; Berkau, Suchowiak and Plagens-Rotman 2016, 18-23; Stadnicka and Pawłowska-Muc 2015, 149-159; Ulman-Włodarz et al. 2007, 52-56). Studies conducted among women who gave birth in the presence of their husbands indicate that the experience was associated with a greater sense of security (Stadnicka and Pawłowska-Muc 2015, 149-159) and mental support (Ulman-Włodarz et al. 2007, 52-56). As Walewska et al. emphasize, childbirth is also the plane of redefining one's identity. The presence of a father at the birth of a child may have an impact shaping his self-esteem (Walewska et al. 2017, 171-181).

Research purpose

The study aimed to verify whether there is a relationship between the place of childbirth and selected aspects of man's perceiving and experiencing participation in childbirth of his own child and to assess the relationship between man's perception of childbirth as an essential life experience and an experience affecting self-esteem.

Research methodology

Completed quantitative research was conducted using the online diagnostic survey method; sample selection was non-probabilistic. The conducted research was preliminary. The study was anonymous, and participation was voluntary. The author's survey questionnaire consisted of particulars and the main part of the questionnaire. The particulars part contained thirteen questions regarding socio-demographic data such as age, place (village/city) and the province of residence, level of education, economic status, nature of work performed (physical/non-physical work), nature and length of the relationship, number of children, number of births in which the respondents participated. The main part of the questionnaire contained 27 statements with responses on the 5-point Likert scale. The main part of the questionnaire concerned three aspects of a man's participation in childbirth. The first group of statements involved the perception of childbirth and the role of the man during childbirth (8 statements), the second group concerned the feelings accompanying the man during childbirth (6 statements), the third group included statements regarding the subjective assessment of the impact of participation in childbirth on the perception of oneself and the marriage (13 statements).

The statistical analysis was carried out using the IBM SPSS Statistics 23 package. The analyzes were performed using descriptive statistics methods with the following tests: Kolmogorov-Smirnov, Mann-Whitney U test and Spearman's ρ rank correlation analysis. The classical threshold of $\alpha = 0.05$ was considered the significance level; however, the test statistic probability results at the level of $0.05 < p < 0.1$ were interpreted as significant at the statistical trend level. The analyses were performed separately for the group participating only in hospital births (G1) and the group participating in at least one home birth (G2).

Materials

The study involved 147 men aged 18 to 57 years ($M = 34.56$; $SD = 8.29$; M is the mean; SD is the standard deviation). People with a higher education level ($N = 102$, 69.4%) were most frequently recorded in the study group, while secondary education level was recorded in 29 men representing 19.7% of the sample.

Most of the respondents lived in cities with more than 250 thousand inhabitants ($N = 75$, 51%). 39 men lived in cities with up to 250 thousand inhabitants (26.5%) and 33 people lived in the countryside (22.3%). The vast majority of the surveyed men indicated the status of the employed person (135 people, 91.8%), of which 97 men constituting 71% were white-collar workers. The economic status was diverse: 84 people constituting 57.1% of the sample indicated the average economic status. A significant percentage of respondents, 38.7% of the surveyed sample ($N = 57$) indicated a high or very high level of economic status.

With regard to the relationship status, among the men surveyed, the vast majority indicated marriage ($N = 129$, 87.8%), while 15 people indicated an informal relationship (10.2%). The length of the studied relationships varied. The most frequently indicated duration of the relationship was 6-10 years (58 people, 39.5%), slightly less frequent were relationships longer than 10 years (46 people, 31.3%). 33 men were in a relationship lasting from 2 to 5 years (22.4%), and the remaining 10 people were in relationships shorter than 2 years (6.8%).

In terms of the number of children in a family (including possible ongoing pregnancy), the largest number of offspring was seven children (two respondents) ($M = 2.24$; $SD = 1.32$). 45 respondents indicated having one child (30.6%), 51 – two children (34.7%), 33 – three children (22.4%). The number of home births in which the respondents participated ranged from 0 to 6 ($M = 0.54$; $SD = 1.17$), while the number of hospital births ranged from 0 to 7 ($M = 1.37$; $SD = 0.92$). The number of men participating in hospital childbirths (chart 1) and men participating in home childbirths (chart 2) is presented in the following charts.

The surveyed men were divided into two groups. The first group (G1) included men participating only in hospital deliveries the second group (G2) included men who participated in at least one home delivery. The following are synthetic characteristics of both groups.

In G1 group participating only in hospital deliveries, 108 men aged 18 to 56 years were recorded ($M = 33.41$; $SD = 7.83$). Most often, they were people with higher education level (74 people, 68.5% of the sample), living in cities with over 250 thousand inhabitants (54 people, 50%), mainly employed

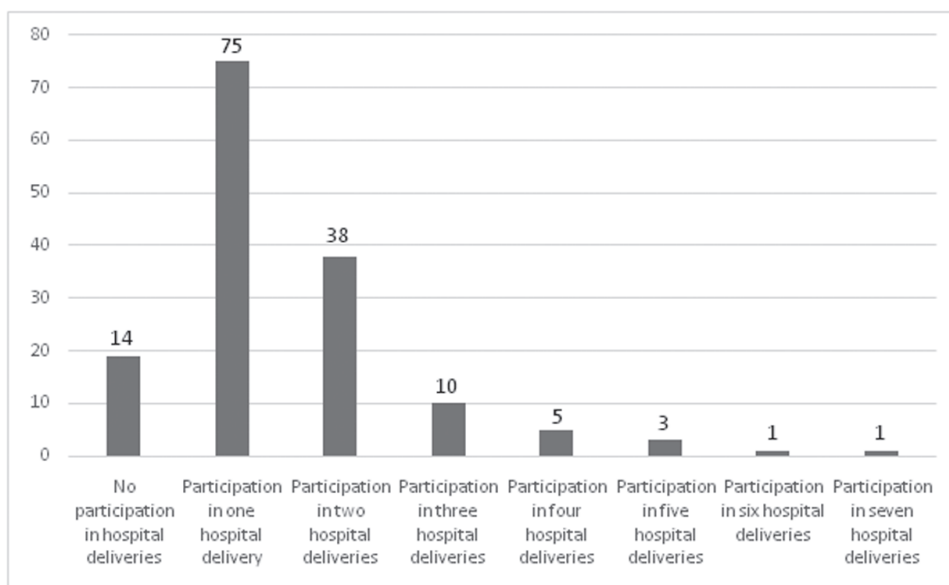


Chart 1. The number of men who participated in hospital deliveries.

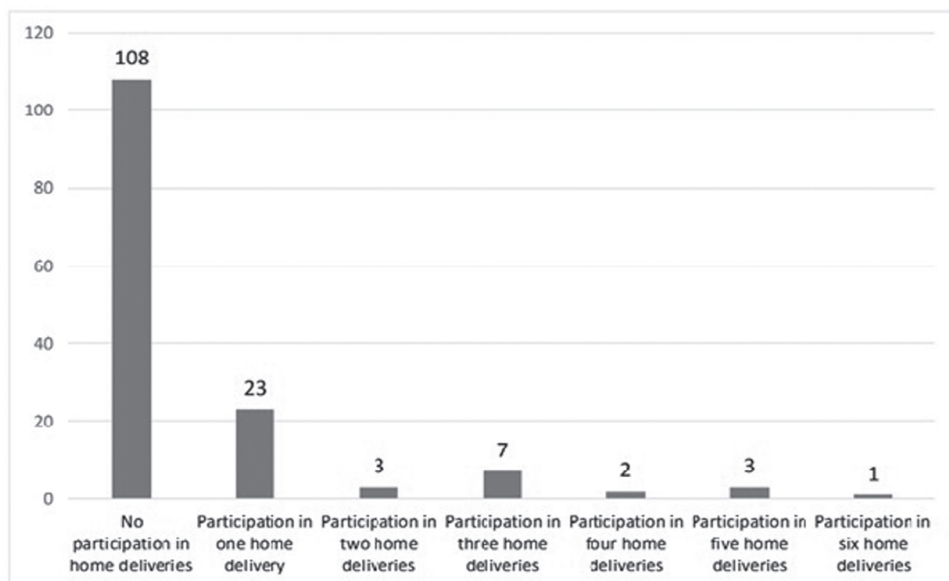


Chart 2. The number of men who participated in home deliveries.

people (98 people, 90.7%) with medium (65 people, 60.2%) or high economic status (35 people, 32.4%). The vast majority of respondents from G1 group were married (94 people, 87%). The most frequently indicated relationship duration was 6-10 years (45 people, 41.7%), or 2 to 5 years (28 people, 25.9%), while the average number of children in this group was approx. 2 ($M = 1.90$; $SD = 0.94$).

In G2 group participating in at least one home birth, 39 men aged 23 to 57 years were recorded ($M = 37.74$; $SD = 8.79$). As in G1, they were most often people with higher education level (28 people, 71.8%), living in cities with over 250 thousand inhabitants (21 people, 53.8%), mainly employed people (37 people, 94.9%) with a medium (19 people, 48.7%) or high economic status (17 people, 43.6%). The vast majority of respondents from G2 group were married (35 people, 89.7%). The most frequently indicated relationship period was over 10 years (20 people, 51.3%), or 6-10 years (13 people, 33.3%), while the average number of children in this group was approx. 3 ($M = 3.18$; $SD = 1.74$).

Results

In the first step, the basic descriptive statistics of the examined quantitative variables were calculated together with the Kolmogorov-Smirnov test, verifying the normality of the distribution of variables. The analyses were performed separately for G1 and G2. For all quantitative variables, distributions were different from the normal ones.

1. In order to achieve the goals of the study, the following relationships were analyzed:
 - The group of relationships between the place of childbirth and selected aspects of perceiving and experiencing participation in childbirth:
 - The relationship between the place of childbirth and the feeling of being a support for the woman giving birth.
 - The relationship between the place of childbirth and the feeling of being needed during childbirth.
 - The relationship between the place of childbirth and the perception of participation in childbirth as an experience affecting self-esteem.
 - The relationship between the place of childbirth and the perception of participation in childbirth as an experience positively affecting self-esteem.
 - The relationship between the place of childbirth and the statement that a man should accompany the woman giving birth.

- The relationship between the place of childbirth and the statement that the man coped well with the challenge of childbirth.
 - The relationship between the place of childbirth and the feeling of confusion during childbirth.
 - The relationship between the place of childbirth and the statement that the presence of a man at the birth is necessary for a woman in labour.
 - The relationship between the place of childbirth and the feeling of being appreciated for participating in childbirth.
 - The relationship between the place of childbirth and the statement that participation in childbirth was a masculinity test.
2. The relationship between the perception of childbirth as an important life experience and the perception of participation in childbirth as an experience affecting self-esteem.

Relationships between the place of delivery (only hospital or not) and selected aspects of perception and experience of participation in childbirth

The next step verified whether the level of responses regarding various aspects of perceiving and experiencing participation in childbirth was different depending on whether the fathers participated only in hospital deliveries or participated in at least one home birth. A series of non-parametric Mann-Whitney *U* tests were performed. None of the correlations studied had a statistically significant difference or even close statistical significance (Table 1, Chart 3).

Table 1. Results of individual correlations related to the level of selected aspects of perception and experience of participation in childbirth, depending on the place of childbirth

	only hospital births (n = 108)		at least one home birth (n = 39)		<i>U</i>	<i>Z</i>	<i>p</i>	<i>r</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
During childbirth, I was supportive of my wife/partner	4.26	0.92	4.54	0.64	1777.5	-1.60	0.109	0.13
Being at the birth of my child made me feel needed	4.40	1.03	4.67	0.62	1901.5	-1.08	0.281	0.09
Being the childbirth companion affected my self-esteem	3.31	1.31	3.64	1.06	1842.0	-1.19	0.233	0.10
Being the childbirth companion positively affected my self-esteem	3.45	1.27	3.85	0.93	1784.5	-1.46	0.144	0.12
The man should accompany his wife/partner during childbirth	4.48	0.89	4.51	0.68	2046.0	-0.31	0.756	0.03

I think I handled the challenge of the childbirth well	4.27	0.91	4.56	0.55	1780.0	-1.59	0.111	0.13
I felt confused during childbirth	2.41	1.26	2.00	0.95	1767.0	-1.55	0.122	0.13
The presence of the husband/partner at the birth is needed for the woman giving birth	4.49	0.88	4.46	0.72	1949.5	-0.81	0.420	0.07
After the birth, I felt appreciated for my participation in the birth	3.89	1.16	4.15	0.93	1876.5	-1.07	0.286	0.09
Participation in childbirth was a masculinity test to me	3.27	1.34	3.51	1.25	1891.5	-0.97	0.335	0.08

M – mean; *SD* – standard deviation; *U* – Manna-Whitney’s U test result; *Z* – standardized value; *p* – statistical significance; *r* – strength of the effect

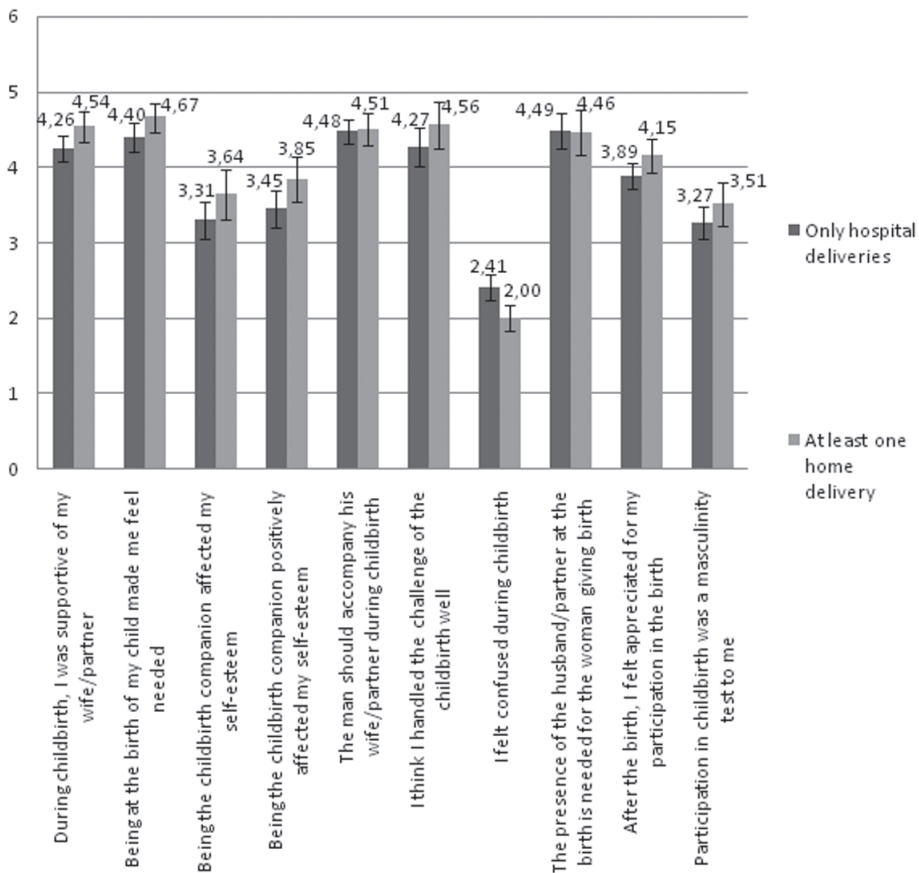


Chart 3. The average level of selected aspects of perception and experience of participation in childbirth depending on the place of childbirth (G1 vs G2).

The relationship between the perception of childbirth as an important life experience and the perception of participation in childbirth as an experience affecting self-esteem.

In the next step, it was verified whether there was a relationship between the answers given to the statements: ‘childbirth was an important experience in my life’ and ‘being the childbirth companion affected my self-esteem’. Spearman’s rank correlation analysis was performed separately for both groups. In both groups, statistically significant correlations of the examined variables were recorded – in the group G1: $\rho = 0.387$; $p < 0.001$; in G2: $\rho = 0.542$; $p < 0.001$. Both correlations were positive. The strength of the first was moderately large, while the strength of the second was large. The results are presented in Table 2.

Table 2. The result of the Spearman’s rank correlation for the relationship between the respondents’ responses to the statement referring to childbirth as an important event in life and the statement that being the childbirth companion had an impact on self-esteem.

	p -Spearman’s	p-value
only hospital births	0.387	< 0.001
at least one home birth	0.542	< 0.001

p – statistical significance

Discussion

At the end of the 1980s and the beginning of 1990s, the issue of the role of the father in the perinatal period was more and more often discussed in scientific literature. Chapman emphasized in his article *Expectant fathers’ roles during labour and birth* from 1992, referring to various authors, that it is the father of the child who is the best companion for the woman giving birth (Chapman 1992, 114-120). Professor Fijałkowski, a promoter of the rehumanization of perinatal care in Poland, pointed out that a man should actively accompany and implement his fatherhood from the conception of the child through active participation in its birth (Fijałkowski 1987, 162-168).

The preliminary research presented in this paper indicates that the majority, as many as 94% of the men surveyed, present a view consistent with modern scientific thought that ‘*childbirth is an event affecting both parents*’ and that ‘*a man should accompany his wife/partner during childbirth*’. These results are consistent with the results of other Polish researchers over the last twenty years (Berkau, Suchowiak and Plagens-Rotman 2016, 18-23; Guzikowski and

Kudaś 1999, 18-22; Mazurkiewicz, Wietrzyńska and Dmoch-Gajzlerska 2014, 89-108). Naturally, the decision on whether a man should participate in childbirth must be made jointly by both parents, taking into account the needs and sense of comfort of the woman giving birth, but also the right of the man to witness the birth of his child, and the medical staff should recognize the needs of both the woman giving birth and the father of the child (Premberg, Hellström and Berg 2008, 56-63). Nevertheless, it should be pointed out that an ill-considered decision and the lack of proper preparation of a man to participate in childbirth may bring unexpected and negative effects (Kabakian-Khasholian, El-Nemer and Bashour 2015, 223-226). Therefore, both the child's father and mother should make an effort to reliably prepare for childbirth in organizational, emotional, legal and, to some extent, also medical terms. The support of a well-prepared man can satisfy many of the urgent needs of the woman giving birth – from the need for a sense of security to emotional needs and ending with invaluable support in the field of non-pharmacological pain relief methods.

Childbirth and participation in childbirth may be one of the factors shaping self-esteem (van Scheppingen et al. 2018, 973-991). Kuryś in his work entitled „Birth of the first child as a critical event in the life of women and men” recognizes that parenthood is an important human developmental experience (Kuryś 2010, 80-156). Therefore, participation in childbirth may be a factor shaping the self-esteem of men (Chen, Enright and Tung 2016, 341-352). This is also confirmed by the results of the preliminary research presented in this paper because the vast majority of the surveyed men confirmed that being a childbirth companion was a factor affecting self-esteem, while 51% of the respondents in total (N = 75) stated that this impact was positive, and 17% (N = 25) described it as negative. The obtained significant percentage of indications for a possible negative impact on the self-esteem of participation in childbirth has also been analyzed in the literature on the subject, in which attention is drawn to the claim that men may interpret birth complications as a result of their actions or negligence (Due, Chiarolli and Riggs 2017, 1-13; Kuryś 2010, 80-156).

A significant result of the presented research is a strong, positive correlation between the perception of childbirth as an essential life experience and the statement that childbirth affects a man's self-esteem. This relationship confirms that the stronger the perception of childbirth as an important event in a man's life, the stronger it shapes self-esteem according to the respondents. This result is consistent with the definition of self-esteem. It indicates how important it is for a man to be adequately prepared for childbirth and actively involved, as this may be related to the continued functioning of the man in terms of self-perception and self-esteem. As the literature on the subject indicates, the more active the attitude of a man participating in childbirth, the more im-

portant this participation is for him (Laudanski and Lipecka-Kidawska 2004, 15-18; Sioma-Markowska and Poręba 2008, 141-148).

The characteristic of hospital deliveries is a more routine course of childbirth and the involvement of a man is usually strictly defined by obstetric staff and is more passive in relation to home deliveries. During home birth, the man has important organizational tasks and is actively involved in meeting the needs of the woman giving birth. The lack of hospital facilities is also an important challenge as regards the level of a man's readiness for various scenarios of an ongoing childbirth. In this respect, antenatal education for men based on the theory of self-efficacy may be useful (Howarth and Swain 2020, 1-10; Li et al. 2009, 289-296).

The obtained results indicate no significant differences in both groups, between different aspects of perception and experience of participation in childbirth, and whether participation in delivery was limited only to hospital birth or this experience also included home birth. Contrary to predictions, the obtained results indicate that the experience of home birth did not correlate with the feeling of being needed; the feeling of being a support for the woman giving birth; the feeling of being appreciated through one's participation in childbirth; the statement that the presence at childbirth is necessary for the woman giving birth, as well as the feeling of being confused during childbirth. It was also shown that there was no such correlation in relation to the respondents' sense that they coped well with the challenge of childbirth and the statement that participation in childbirth was a test of masculinity for a man – although it is certainly more demanding and activating for a man to participate in home birth and usually involves better preparation. It would also seem that the possibility of more active participation in childbirth was associated with a greater probability of being appreciated for his actions. Therefore, men present at home births would potentially have a greater chance of feeling appreciated later by being able to participate more actively in this event than men present only at hospital births. However, as indicated above in our own research, there was no statistically significant difference in this respect. The lack of statistical significance obtained in the first group of respondents may be determined by a less numerous group of men participating in at least one home birth ($N = 39$) compared to men participating Only in hospital births ($N = 108$). The disproportion between the surveyed groups results from the low percentage of home births in Poland, and a lower number of this group and more difficult access to it that follow. The results obtained in this correlation group also seem to be influenced by the fact that not all men from G2 group participated only in home births.

Conclusion

The presence at childbirth has an impact on the man's self-esteem. This presented preliminary research shows that the stronger the perception of childbirth as an important event in a man's life, the stronger it shapes self-esteem according to the respondents. The preliminary study indicates the need for in-depth research on the participation of the father at childbirth and on the multi-faceted importance of this presence.

Due to the critical role of the active participation of a man in the birth of a child for the development of a proper father-child bond and the bond between spouses, it is necessary to popularize knowledge about the role and tasks of a man in the perinatal period and education in the area of methods and scope of active participation of fathers in the birth of their children.

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