

Becoming a Father During the COVID-19 Pandemic: The Experiences of Men in the Transition to Fatherhood

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Gabriela Fonseca¹ , Rafaela da Cruz², Joana Arsénio²,
Alda Portugal^{3,4}, and Carla Crespo⁵

Abstract

The present study sought to gain a comprehensive understanding of how men navigated the transition to fatherhood during a highly stressful pandemic. Semi-structured interviews were conducted with 12 Portuguese first-time fathers during 2021. Results from thematic analyses suggested that key moments and experiences were disrupted for these men due to the pandemic, promoting gender role stress in the context of fathering. Positive implications were also mentioned, namely the possibility of greater father involvement in both the prenatal and postnatal periods provided by work-related measures (e.g., telework, furlough). This study reinforces the need for socio-political and hospital policies targeting the promotion of fathers' inclusion and active involvement during this key life transition.

Keywords

fatherhood, transition to fatherhood, COVID-19 pandemic, family stress, gender role strain

¹Instituto Superior Miguel Torga, Coimbra, Portugal

²Faculty of Psychology, University of Lisbon, Lisbon, Portugal

³Department of Psychology, University of Madeira, Funchal, Portugal

⁴Centre for Social Studies, University of Coimbra, Coimbra, Portugal

⁵CICPSI, Faculdade de Psicologia, Alameda da Universidade, Universidade de Lisboa, Lisboa, Portugal

Corresponding Author:

Gabriela Fonseca, Instituto Superior Miguel Torga, Largo da Cruz de Celas nº 1, 3000-132 Coimbra, Portugal.
Email: gabrielafonseca@ismt.pt

The transition to parenthood is a key moment in the family's developmental path. The birth of a child into the family creates new roles (Cowan & Cowan, 1995; Relvas, 2000), with individuals typically shifting from being solely spouses to becoming parents who must accommodate and care for a child's health and well-being (Taubman-Ben-Ari & Ben-Yaakov, 2020). Although this experience is usually anticipated with enthusiasm, the transition to parenthood can be a challenging and stressful event for both women and men (Delmore-Ko et al., 2000; Mickelson & Biehle, 2017). However, previous research has been largely focused on the experiences of women, and less attention has been given to how men navigate the transition to fatherhood (Delmore-Ko et al., 2000; Fägerskiöld, 2008).

In the midst of a global and highly disruptive pandemic (Walsh, 2020), the usual stress and concerns surrounding the birth of a child may be accompanied by significant additional stressors (McGoldrick et al., 2016; Taubman-Ben-Ari & Ben-Yaakov, 2020). The COVID-19 pandemic has had pervasive effects on all aspects of individuals and families' lives (Rolland, 2020), with the transition to parenthood being no exception. The anxieties, fears, apprehensions and uncertainties commonly experienced by new parents (Mickelson & Biehle, 2017) can be heightened by COVID-19 and its mitigation efforts, including household quarantine, working from home, avoidance of public gatherings and social distancing (Behar-Zusman et al., 2020; Rolland, 2020).

Even though many men continue to adhere to traditional gender role ideologies, fathering is one area of men's lives where there have been substantial changes (McKelley & Rochlen, 2016). In the context of contemporary societal expectations, men are expected to be more involved in childrearing and in participating in children's lives (Brannen & Nilsen, 2006; Silverstein et al., 2002). However, the challenges and life changes brought by COVID-19 can affect a myriad of experiences for fathers from the beginning of pregnancy. For instance, during the pandemic, many men were prevented from attending prenatal appointments and scans and from being present during delivery. These experiences were clearly not in line with the progresses made in recent years towards greater father involvement (Lista & Bresesti, 2020). Research is yet to map the psychosocial effects and costs of these types of disruptions for individuals and families. Importantly, these circumstances may place unique strains on men, who might perceive themselves as failing to fulfill the requirements of their role as fathers.

In the present study, we sought to gain a more in-depth understanding of how men navigated the transition to fatherhood in the context of a global and highly stressful pandemic. Adopting a qualitative research methodology, we interviewed 12 Portuguese first-time fathers during 2021, exploring these men's experiences during pregnancy, childbirth and the postpartum period. The gender role strain paradigm (GRSP; Pleck, 1981; 1995) was adopted as our theoretical framework to favor a more comprehensive understanding of these men's experiences and, ultimately, to expand the body of empirical research making connections between fatherhood and masculinity.

Becoming a Father and the Complex Demands of Fatherhood

The transition to fatherhood brings deeper changes to a man's life than any other stage of development (Deave & Johnson, 2008). Research has explored gender differences in

the transition to parenthood (Mickelson & Biehle, 2017; Nyström & Öhrling, 2004), and the number of studies focused on fathers' experiences has been seen to increase over the years (Diniz et al., 2021; Fägerskiöld, 2008). Fathers' involvement during pregnancy, including participation in prenatal appointments (Watson et al., 1995) as well as in the delivery (Dolan & Coe, 2011), is associated with a range of positive outcomes, namely fathers' emotional connection with the baby (Nogueira & Ferreira, 2012).

Genesoni and Tallandini (2009) describe the occurrence of distinctive psychological processes for men during three phases in the transition to fatherhood. In the prenatal period, the new roles are gradually integrated. Studies have indicated that, during this stage, men tend to present financial concerns and worries related to the health of the baby and the mother, and to building a family (Delmore-Ko et al., 2000; Forsyth et al., 2011; Watson et al., 1995). In the labor and birth phases, fathers are likely to experience mixed feelings, including pleasure, pride, anxiety and helplessness (Genesoni & Tallandini, 2009). Research has demonstrated that this can be an intense and particularly difficult time for men, who found themselves feeling ill-prepared, useless, and psychologically excluded from the childbirth (Bartlett, 2004; Dolan & Coe, 2011). In the postnatal period, men are especially confronted with the challenge of balancing personal and work needs with the demands of fatherhood (Barclay & Lupton, 1999; Genesoni & Tallandini, 2009). Studies have also indicated that first-time fathers often perceive a lack of information and guidelines to help them in their transition to parenthood (Deave & Johnson, 2008), and many feel unprepared for this life transition (Fägerskiöld, 2008; Johnson, 2002).

Importantly, research findings have been shedding light on men's experiences of gender role strain associated with fathering (Barclay & Lupton, 1999; Pleck, 2017; Silverstein et al., 2002). The gender role strain paradigm (Pleck, 1981; 1995), a feminist and social constructionist perspective, represents a major theoretical paradigm in the field of the psychology of men and masculinity (Levant & Powell, 2017). Within this approach, gender roles are considered socially constructed entities that arise from and serve to preserve a patriarchal society. Discrepancy strain is one type of male gender role strain, occurring when one fails to live up to one's internalized ideal of manhood (Levant & Powell, 2017; Pleck, 1995). Following the rules of masculinity, a traditional father should be an economic provider, a family protector and a disciplinarian, being far less involved in the daily childcare than mothers (Silverstein et al., 2002; Thompson & Bennett, 2017). However, within the shifts in the institution of fatherhood over the last years, men are now expected to be involved fathers, concerned with the development of closer and emotional relationships with their children (Brannen & Nilsen, 2006; Diniz et al., 2021). As a result, in our contemporary society, fathers have been expected to continue to fulfill the primary provider role and simultaneously to be involved and nurturing fathers, actively participating in child-care tasks. These represent contrasting demands, which are likely to generate gender role strain (Barclay & Lupton, 1999; Silverstein et al., 2002). Accordingly, there is evidence suggesting that men consider to be much more difficult to be a father today than in preceding years (Pew Research Center, 2007; Pleck, 2017). Therefore, studies investigating how men negotiate today's

complex demands of fatherhood since the beginning of pregnancy are highly relevant. This research topic gains significant momentum in times of COVID-19, as this global pandemic brought several new and unexpected contours to men's experiences in this life stage.

Fatherhood in the Time of COVID-19

While the transition to parenthood alone brings challenges for new mothers and fathers, entering this life cycle stage (McGoldrick et al., 2016; Relvas, 2000) in the context of a global pandemic embodies the overlapping of two crises, and the stress inherent to parenthood is potentially heightened by COVID-19 concerns (Taubman-Ben-Ari & Ben-Yaakov, 2020). Recent research (Bradfield et al., 2021; Calvano et al., 2021; Feinberg et al., 2021) has already provided evidence on the impact of this double crisis for both parents, including increased levels of parental stress, depression, and anxiety. The findings of Recto and Lesser (2021) showed that fathers' concerns included not having sufficient information about the disease in terms of its severity and forms of transmission, as well as worries about the impacts of the pandemic on family well-being, finances and employment. In the study of Taubman-Ben-Ari et al. (2021), while mothers were found to display similar levels of parenting stress prior to and during the pandemic, fathers reported significantly higher parenting stress during the pandemic than in the year before its outbreak. According to the authors, these findings are likely to be explained by the changes in these men's lives brought by lockdown. Instead of returning to work nearly after the birth, as common in Israel, fathers were forced to stay at home and the more intense interaction with the child may have raised stress levels.

Undoubtedly, the transition to parenthood does not occur in a vacuum, and several models (Belsky, 1984; Bronfenbrenner, 1986) draw attention to the contextual and relational dimensions of parenting. The COVID-19 pandemic brought an unexpected turnaround with regard to paternity, re-shaping fathers' roles since the beginning of the pregnancy (Lista & Bresesti, 2020). The feelings of being unprepared, insignificant, and psychologically excluded during the pregnancy and the childbirth previously documented in research (Deave & Johnson, 2008; Dolan & Coe, 2011; Fågerskiöld, 2008) may have been profoundly amplified in a pandemic context, where men were prevented from participating in medical appointments and from assisting the delivery (Lista & Bresesti, 2020). Moreover, fathers' concerns with the safety of their families, as well as finance- and employment-related worries were likely to be heightened in this context of adversity. In this line, the pandemic of COVID-19 represents a major societal event adding unique complexities to the demands men are required to fulfill to live up to their ideal models of what means to be a father and a man.

The Present Study

This study aimed to contribute to the fast-growing body of knowledge on the interfaces between parenting and pandemic-related stressors, specifically focusing on the

transition to fatherhood. Drawing upon the gender role strain paradigm (Pleck, 1981; 1995), we intended to explore how the challenges and life changes accompanying the pandemic of COVID-19 have shaped men's experiences during this key life stage and have potentially generated gender role strain. Adopting a qualitative approach, allowing us to access men narratives and own voices, we focused on father's experiences during the pregnancy, childbirth and postnatal period during 2020/2021 and on fathers' perceptions on how the pandemic affected this life stage. In addition, we aimed to attain an initial understanding on how new fathers managed to adapt to the challenges brought by the COVID-19 period.

This research was conducted in Portugal, a European country where, despite high levels of women's employment and political support for a dual earner model, women continue to be seen as the primary nurturers and child-rearers (Aboim, 2010). As far as parental leave is concerned, Portuguese parents are entitled to an initial parental leave of 120 or 150 consecutive days, as laid down in article 40 of Decree-law no 7/2009 of Labour Code, (2009). This period may be shared, in which case the parents are entitled to a further 30 days (these days may only be taken consecutively or divided into two periods of 15 days, which must also be taken consecutively). Data showed that measures aimed at promoting the early involvement of the father in childcare, namely in terms of parental leaves, are valued by Portuguese men, especially the younger ones, ultimately mirroring important generational changes regarding the place of men in family life (Wall et al., 2016).

Method

Procedures and Participants

The study procedures were approved by the Deontological Commission of the Scientific Council of the Faculty of Psychology of the University of Lisbon. To be eligible for inclusion in the study, participants were required to be (i) men above the age of 18 years, (ii) living in Portugal, (iii) having become first-time fathers as of March 2020, and (iv) in a romantic relationship and in cohabitation with their children's mothers.

Different recruitment techniques were used, such as posts on social media (Facebook, Instagram and LinkedIn), establishing contact with pre and postpartum clinics, and snowball recruiting where potential participants were asked to inform their acquaintances about the study. Upon completion of an online survey related to a prior quantitative study, participants were asked to provide personal contact details, should they be interested in collaborating further in a follow-up research phase. A total of 53 men have completed the online survey at the time of the data collection of the present study. From these, 39 have provided a personal contact (a telephone number or e-mail) in the survey. We contacted and invited them to participate in this study's interviews, explaining the aims and procedures of this new phase of the research project. 11 parents confirmed that they were available to be interviewed, being sampled by means of this method. An additional father, who had not participated in the prior quantitative phase

and with whom the interview guide was previously pre-tested in order to guarantee its adequacy, was also included in the study. The sample size was established when the theoretical saturation requirement was deemed to have been met.

A total of 12 men were interviewed with an age range of 25–44 years ($M = 31.67$, $SD = 5.36$). Five participants were married while the remaining fathers were cohabitating. Relationship length ranged from 3 to 10 years ($M = 5.83$, $SD = 2.67$). All the participants had at least 12 years of schooling, with three holding a bachelor's degree and five a master's degree. At the time of data collection, five men were working in-person, three were working remotely, three had been furloughed and one was unemployed. They had become first-time fathers between May 2020 and January 2021. More specifically, four children were born between May and June 2020, after the first wave of COVID-19, when restriction measures (e.g., lockdown) were lifted in Portugal; five were born between September and November 2020, within the period of the second wave of the pandemic, when there was a spike in infections; and three were born in December 2020 and January 2021, at the beginning of the third wave of the pandemic, the most severe in the country up to then. Eight were female and four were male children. Six babies were born in state hospitals, while the remaining six were born in private health institutions. Due to COVID-19 related restrictions, two fathers were prevented from being present at the delivery in the state hospitals.

Interviews and Data Collection

The data were collected through individual semi-structured interviews conducted remotely (by videoconference or telephone) by the same research team member between January and June 2021. Initially, the interviewer explained the objectives and procedures of the study and asked the participants to provide sociodemographic data (e.g., age, employment status) and information regarding the delivery (e.g., date, health facility). The interviews then focused on the fathers' perception of their role during the pregnancy, delivery and postnatal period, and of how the pandemic had affected their experiences and involvement. The participants were specifically asked to discuss whether they had participated in medical appointments, ultrasounds, and prenatal classes, the relevance of their presence in such events, as well as their views regarding paternity leave. The interviews, on average, lasted approximately 50 minutes. All the participants provided their informed consent, and the interviews were audio/videorecorded with prior authorization.

Data Analysis

A thematic analysis (Braun & Clarke, 2006) was conducted in order to ascertain how men had navigated the transition to fatherhood within the stressful context of the pandemic. This method proved to be suitable for the current study, especially as it is compatible with the constructionist paradigm underlying this research and fosters the exploration of under-examined areas with participants whose views on the topic are less

known (Braun & Clarke, 2006). The transcription of the interviews and initial coding were conducted iteratively (Tracy, 2019). The QSR NVivo 12 software was used in this process. The themes and sub-themes were developed by a research team member who participated in regular meetings with researchers with expertise in qualitative data analysis. In these meetings, the results of the study were discussed and the coding process was reviewed. These procedures contributed to the methodological integrity of the study (Levitt et al., 2017). To overcome potential gender issues related to the fact that all the study's authors were female researchers, the team member conducting the initial data analysis attended conferences and talks led by men on issues related to paternity and masculinity.

Results

The thematic analysis of the participants' responses gave rise to four main themes: transition phases, becoming a father, perceived impact of the pandemic and adaptation. The results are presented below and supported by the participants' quotes when deemed relevant.

Transition Phases

The participants described key experiences during the pregnancy, partum and post-partum periods and the initial months following childbirth. During pregnancy, men reported having been involved, with four participants having participated in prenatal classes and workshops and six referring to pregnancy as a mutual state, "we found out that we're pregnant" (P8). Importantly, they experienced worries and fears related mainly to the possibility of becoming infected by the coronavirus and of infecting their partners, of not being allowed to be present during the delivery, and of COVID-19 related health complications for the mother and child, "nobody knew if it [COVID-19] could affect the pregnancy or not" (P10). The men complained of uncertainties and little information regarding health services and procedures: "nobody knew anything (...) we asked for answers and the physicians and nurses said 'we don't know, nobody knows' (P11). One man reported a health complication he attributed to the stress experienced prior to the delivery.

Ten participants had not been allowed to be present in appointments and ultrasounds due to pandemic-related restrictions. Most of them referred to not having been understood and also feelings of unfairness and impotence: "I really felt I'd been relegated to a secondary position and treated as if I were a stranger" (P12); sadness, "I was sad that I was not allowed to experience that moment [the ultrasound], to hear the baby's heart" (P8). Some fathers felt like they had been "taxi drivers", even though they generally reported having understood and accepted the situation. Lastly, in the context of the pandemic-related restrictions, some fathers managed to arrange for the ultrasounds to be videorecorded so they could watch them later, others were able to make a

videocall during the scan, while others were able to be physically present in scheduled appointments in private healthcare facilities.

On the day of delivery, 10 men had been allowed to be present at the birth. This experience was mainly described as amazing, “it’s that warmth in our chest, so strong, that’s the feeling when our child is born” (P1), and as a moment of intimacy, “it was our moment, the two of us” (P4). The fathers tried to provide emotional as well as instrumental support to their partners. In order to be able to be present at the delivery, most of the fathers were required to test negative for COVID-19, “I was anxious (...) to do the test and have a negative result so that I could accompany the whole process” (P3). The fathers who had not been allowed in the delivery room reported feelings of deception, “when I knew that I couldn’t be there, it was so bad” (P2); concerns for the mother, “she was in pain, alone, with no phone (...) it was stressful” (P6); and anxiety, “I was a nervous wreck (...) we talked the last time at 3/4 p.m. and he was only born at midnight, I didn’t know anything and couldn’t call anyone” (P2). Generally, men reported different perceptions according to the extent to which their expectations had been met, with seven fathers highlighting the importance of good communication with the medical staff. Five participants indicated that the possibility of the father being present during delivery had influenced the choice of the healthcare facility.

Regarding the postpartum period, the participants most frequently mentioned three challenges: sleep deprivation and fatigue, struggling to understand and meet their child’s needs, and their partners’ postpartum recovery. During this period, they perceived their partners to face challenges at both physical and emotional levels: “she was weak (...) in a lot of pain, that was a little bit difficult” (P2), “she was always crying (...) it was difficult for me to manage it” (P8). Some fathers described how the birth of their children had completely changed their priorities, “after your child is ok, it is only then that you think about yourself” (P9), and mentioned challenges related to work-family balance. Most fathers underlined their involvement and equalitarian role during this phase, “we were both taking care of her” (P7), four mentioned their supportive role, “there are things that cannot be done, like breastfeeding, but there are a number of other tasks (...) and it is important that we [fathers] do them” (P12), and two participants indicated that they had had a more secondary role in this phase, “I, as the father, and because I was working, ended up being more spared” (P5). Additionally, some fathers expressed the wish for longer paternity leave, greater equality in paternity and maternity leave, and more government support.

When discussing the initial months after childbirth, the participants mentioned that in face-to-face contact with their families measures had been adopted to prevent the transmission of COVID-19, such as: the use of masks; avoiding physical contact, “my parents and my sister could not hug or touch my child” (P3); reducing the number of people in family events, as well as their frequency; meeting outside, observing social distancing and hand sanitizing. These experiences were generally described as strange and uncomfortable, “on the few occasions that we managed to be together, it was a way of being together that was very inhuman and unaffectionate” (P4). Of note was how the participants stressed the importance of their network support, “our family helped us a

lot (...) it would have been much harder without it” (P1), with some fathers indicating that they would have appreciated more help if it had not been for the pandemic. Social distancing was described as a difficult experience, however some fathers appreciated the fact that their family and friends had understood some of the rules implemented by the parents regarding visits. Lastly, the celebration of Christmas (preventive measures were again in force at this time) was described as risky and bittersweet, but simultaneously as an important and meaningful family ritual.

Becoming a Father

The participants described the transition to fatherhood as an extremely fulfilling process of discovery and learning, marked by great intensity, responsibility, and personal growth. Most participants characterized themselves as involved and present fathers, with some men indicating that they follow the lead of their partners as they trust them more. Four fathers highlighted the importance of moving away from traditional gender roles and of equalitarian parental involvement in the children’s care, “we always share responsibilities” (P2).

Among the participants’ expectations regarding the transition to parenthood (e.g., cutting the umbilical cord, changes in the marital system), they frequently reported on past and future expectations impacted by the pandemic context. For instance, the fathers had expected to have several social contacts after the birth of their child and “that my child would grow up surrounded by uncles and aunts, people, by our friends” (P12). They also asked questions regarding the children’s future entry into daycare, “it will be impossible to prevent the children from having close contact with each other” (P1).

Most of the participants shared common concerns with regard to this transition phase, and those related to their children’s health and well-being were the most frequent. In addition, men expressed reservations about their new role as fathers, stressing the importance of having access to information, “we read a lot” (P7). Five participants referred to financial worries, three indicated concerns involving external negative events (e.g., the house being burgled with the children present) and one father stated specific concerns related to gender inequality and violence against women, “the fact that she is a woman growing up in this world, now we hear about MeToo and all of that” (P10).

Perceived Impact of the Pandemic

This theme centrally captured the fathers’ perceptions regarding the negative, but also positive, impact of COVID-19 on the transition to fatherhood across six domains: individual, marital, parental, family, social and financial/work-related. The participants reported a significant negative impact of the pandemic most frequently at the family level, which was translated into disruptions in family rituals and routines (e.g., the interruption of weekly lunches with family members and birthday celebrations) and a greater distance from family members, leading to a sense of isolation, “the two of us are

here alone, now the three of us are” (P8). All the participants also mentioned the negative implications of the pandemic at the parental level. There appeared to be a need to overprotect and isolate the baby, as well as a constant sense of threat, “a person who is close to her, we think that person could be a threat” (P7). Overall, the participants considered that they needed to be more protective parents due to the pandemic. At an individual level, the fathers experienced anxiety, “we have never been through anything like this, it creates a lot of tension”. This could also be related to their increased responsibility as fathers and the extra degree of care they had assumed, “as I was working, we needed to be more careful: getting home, disinfecting everything, getting straight in the shower” (P11), as well as to the restrictions they had experienced throughout the pregnancy (being prevented from attending medical appointments and from being present at the delivery). Most of the participants also reported a negative impact of the pandemic at the social level, mainly due to being more distanced from their friends. Finally, three participants mentioned negative financial/work-related implications, including income. Two participants indicated that the pandemic had also impacted the marital subsystem, “maybe in a pre-pandemic scenario, we would leave the baby with his grandparents and would have some time to ourselves, one, 2 hours, and at the moment that does not happen at all” (P7).

Although less frequently, all the participants were able to identify a positive implication of the pandemic in one of the afore-mentioned domains. This occurred most frequently at the parental level, with fathers indicating that they had been able to be more available and involved in all the transition phases, “I spent more time with her, followed the pregnancy more, and after my child was born, the same thing” (P11). Some fathers also appreciated not receiving visits at home after the child’s birth, “we wanted to be alone, have time to get to know each other (...) COVID, in that regard, made that easier” (P12). In the same vein, work-related changes, such as being furloughed or teleworking, were seen in a positive light. At the individual level, six participants stressed that they had been able to be more emotionally available and to have a calmer pace of life. Likewise, at the marital level, the participants reported spending more time with their partners, which had had positive effects on the couples’ intimacy, “it was possible for us to be even closer, hugging, watching films, making love, eating popcorn, that stuff” (P3). Regarding the social domain, three participants highlighted that people had been able to improve their ability to deal with change and to better adapt. Lastly, it was more difficult for participants to identify positive implications of the pandemic at the family level, with only two fathers mentioning increased non-presential proximity with their families, “since the arrival of the pandemic, I talk to my parents everyday” (P3).

Adaptation

The participants identified several factors perceived to have contributed positively to their adaptation to the transition to fatherhood during the COVID-19 period, as well as those that had generated increased stress during this phase. Factors promoting

adaptation were frequently identified at the family level, namely perceiving the support and proximity of family members and their positive reactions to the pregnancy. Most participants also reported that maintaining family rituals and routines, along with the invention of new ones at a distance [e.g., phone and videocalls, creation of WhatsApp groups to frequently share pictures of the child; “there was even a birthday where we had dinner together in a videocall” (P6)] had facilitated their adaptation to this life transition. At the marital level, most participants indicated that the couples’ communication, cohesion, complicity and teamwork had been adaptative factors. Some participants also stressed the importance of not neglecting the couple in terms of intimacy, common interests and love. Two fathers mentioned that they had avoided watching the news on the television in order not to increase the dyad’s uncertainty. In terms of individual factors, the participants mentioned resources, such as optimism, “I focus more on the positive points than the negative points” (P3), and on fathers’ strategies to be present at important moments, “I saw everything [ultrasound] by phone” (P4). Some of the children’s characteristics and temperaments were also highlighted as factors that had facilitated the fathers’ adaptation. Lastly, at a social level, contact with friends, their reactions to the pregnancy and perceiving their support, “I’m always asking my friends who are already parents for advice” (P4), were indicated as important resources for adaptation.

Stress factors, which appeared to further complicate the fathers’ adaptation, were also found at the family level. In addition to the interruption of family rituals and routines, family members had, in fact, been more distant, “we haven’t seen each other in person for two or 3 months” (P10), which had hindered the possibility of support. Furthermore, some participants had felt pressured by family members who wanted to see the baby, which was described as a difficult experience for the parents, “it was hard to manage, there was all that expectation, the desire to see her, touch and hold her, and in this COVID situation, we could not really allow it” (P7). Other family stress sources were related to comments and tips from grandparents, suggesting that the new parents were doing things incorrectly. Individual stress factors were also frequently identified, including the fathers’ anxieties and pandemic-related worries, “we felt like the virus was the other side of the door” (P6), sense of isolation, “we were totally isolated for 9 months, also due to our fears” (P12), pessimism and financial concerns. Within the couple, most of the participants reported decreased relationship satisfaction, as they had less time for each other, which was not the priority, and were also more tired. In addition to being distant from friends, the participants also felt pressure from some of them, which constituted another stress source.

Discussion

The present study aimed to gain a comprehensive understanding of how men navigated the transition to fatherhood during the COVID-19 pandemic. Our findings suggest that men’s experiences during this key life transition inevitably occur in context and within the scope of a relationship. Men described how the pandemic context had brought

changes to their lives during the prenatal and postnatal periods, and also reflected on how dimensions of work and legislation (e.g., alternative work arrangements) had colored their transitions to fatherhood. Highlighting the couples' interdependence, the process of becoming a father was described by the participants as a shared experience with their partners. Moreover, they reflected on how this transition had been experienced in the context of the new pandemic challenges associated with extended families and social relationships.

The results of this study, such as the fathers' involvement during the pregnancy and partum, the birth as an intense emotional experience, the need for more information, and the challenge of balancing work and family in the postnatal period are consistent with previous findings on the transition to fatherhood (Deave & Johnson, 2008; Dolan & Coe, 2011; Genesoni & Tallandini, 2009; Nogueira & Ferreira, 2012). Despite acknowledging the need to shift away from traditional views of paternity, some fathers, corroborating previous studies, referred to following the lead of their partners (Kowlessar et al., 2015) and perceived themselves as a complement to the mother in childcare (Fägerskiöld, 2008). Additionally, the participants expressed concerns related to the health and well-being of the mother and the baby, to whether they were adequately prepared for their new parental roles, as well as financial worries, in line with previous studies conducted prior to the COVID-19 pandemic (Deave & Johnson, 2008; Delmore-Ko et al., 2000; Forsyth et al., 2011). Altogether, results suggested that men attempted to be involved fathers, enacting more progressive roles of fatherhood, yet not completely moving away from traditional models. Participants' concerns related with finances and the health and well-being of their partners and children, for instance, might be a reflex of traditional gendered expectations emphasizing the role of men as providers and protectors (Thompson & Bennett, 2017).

Importantly, this study's findings showed how the pandemic context further complexified the demands of the transition to fatherhood, possibly making it much harder for participants to fulfill the requirements of their ideal roles as both partners and fathers. Our results suggested that previous health concerns of fathers in this life stage (e.g., health of the mother and the baby) were heightened by the pandemic, and additional worries, such as infecting their pregnant partner, have arisen. Due to COVID-19 related restrictions, the participants had been unable to attend medical appointments and ultrasounds, experiencing feelings of sadness and unfairness. Some men shared that they had felt like "taxi drivers", suggesting that the feelings of uselessness and exclusion previously outlined in the research (Deave & Johnson, 2008; Dolan & Coe, 2011; Fägerskiöld, 2008) may have been greatly amplified by the pandemic. Being unable to provide more support to their partners, spending more time with them and being prevented from being present during the delivery of their child were described as stressful experiences. Our results illustrate how men experienced this unexpected turnaround (Lista & Bresesti, 2020): former hospital policies targeting the promotion of fathers' involvement during pregnancy were dismissed, forcing fathers to experience this event from a greater distance and with less access to medical information. Within these circumstances, these fathers might have experienced significant discrepancy

strain (Levant & Powell, 2017; Pleck, 1995), viewing themselves failing to live up to their internalized models of manhood in the context of fathering. In fact, during the pregnancy and the childbirth, these men were confronted with major barriers interfering with the fulfillment of their role as present fathers and supportive partners. Acting as family protectors has also become an increasingly more difficult task for men in times of COVID-19, who inclusively feared infecting their family members. Overall, findings from this study suggested that the discrepancy strain fathers might experience in our contemporary society is likely to be substantially exacerbated during a pregnancy within a pandemic context, in which men face increased challenges in meeting both the “new” (i.e., being involved fathers) and “old” (i.e., continuing to be a provider and protector) demands of fatherhood.

The COVID-19 pandemic continued to be present after the birth of children, permanently influencing the lives of these men and their families. The first-time parents felt they had to be extra careful and protective of their child (e.g., limiting physical contact with the babies), which is likely to have amplified previous normative parental stress and concerns in this life period (Mickelson & Biehle, 2017). Accordingly, in line with previous studies (Recto & Lesser, 2021; Taubman-Ben-Ari et al., 2021), our participants shared that their experience of anxieties and pandemic-related worries had been perceived as additional sources of stress during this life stage. Fathers’ expectations (e.g., family meetings after the birth of the child) and future concerns (e.g., children’s close contact in daycare) had also inevitably been marked by the pandemic. Moreover, the measures adopted to prevent COVID-19 transmission (e.g., social distancing, the use of masks) altered family and social interactions in unique ways. When rituals are interrupted, families miss out on the shared meaning and benefits associated with these events, such as strengthening the sense of belonging and security (Imber-Black et al., 1988). Some fathers indicated that the pandemic had also constrained the support that the parental dyad might have received during this life stage. In this regard, the most detrimental implications of the pandemic were perceived to occur at the family level, mainly due to the disruption of family rituals and routines.

Nevertheless, the participants were able to identify positive implications of the pandemic, particularly at an individual and dyadic level. Within this new context, and due to changes in the work domain (e.g., teleworking, being furloughed), some fathers had managed to be more present and available during the pregnancy and after the child’s birth, which was described as a highly significant and positive experience by men. These results reinforce the need for sociopolitical measures geared towards promoting fathers’ active involvement during the transition to parenthood. Moreover, they add to the currently existing evidence and stress the positive outcomes of father involvement for infants’ development, as well as fathers and families’ well-being (Diniz et al., 2021; Genesoni & Tallandini, 2009; McKelley & Rochlen, 2016). At the dyadic level, by force of circumstance, the couples spent more time alone with each other, which contributed positively to their intimacy, possibly counteracting some potential declines in marital satisfaction during the transition to parenthood, as previously found in the literature (Cowan & Cowan, 1995; Mitnick et al., 2009).

Overall, these work-related measures made it possible for men to be much more present in the family life during this stage. Rather than contributing to discrepancy strain (Levant & Powell, 2017; Pleck, 1995), these circumstances seemed to have allowed men to live up to their role as present and available fathers and partners to a degree that otherwise would not be possible. This translated into positive experiences for men, ultimately suggesting that this study's participants were able to continually reconstruct their fathering role (Silverstein et al., 2002).

We can also hypothesize that the possibility of being more present and available especially during the postnatal period had constituted an opportunity for these men to compensate for the threats to their gender identity provoked by COVID-19 restrictions. It has been documented in literature that situations that threatens masculinity tend to lead to compensatory behaviors aimed at re-gaining one's masculine image, including aggression toward others or embracing stereotypically masculine preferences (Babl, 1979; Cheryan et al., 2015; Fowler & Geers, 2017). Interestingly, for men who endorse more progressive views of paternity, their compensatory responses could be rather distinct, as their ideal of manhood in the context of parenting involves greater father involvement. Thus, it is possible that these men attempt to be present and nurturing fathers even to a greater extent, as a way to compensate for the prior times that they were not able to meet their preferred role as fathers within the COVID-19 restrictions. Further research efforts focused on how men cope with masculinity threats in the context of fathering are paramount.

Furthermore, our results demonstrate that parents anticipated and/or experienced greater difficulties within the pandemic context when they were expected to loosen external family boundaries, such as when they introduced the child to other family members or considered daycare. Accordingly, the fathers' descriptions of the initial days after the child's birth reflected mainly the normative experiences and concerns of this life stage (e.g., struggling to meet the child's needs), with COVID-19 related worries being less frequent. These worries were more common before the birth of the child, in the context of the new parents' interactions with the health system and hospital policies, and some months after the child's birth, during which social contacts had been expected. Some fathers even shared that they had felt pressured by some family members wishing to see the baby, which was described as a difficult experience and source of additional stress.

Lastly, fathers were able to identify several factors perceived to have contributed to their positive adaption to such adverse times, ultimately highlighting their potential for resilience (Walsh, 2020). These factors involved spousal support and intimacy, social support, family cohesion and optimism, which have been identified in the literature as common resources promoting family adaptation to several hardships (Patterson, 1988; Walsh, 2016). Individual resources, including a positive outlook and maintaining sound marital relationships, have also been advanced as resources for new parents during the COVID-19 period in previous studies (Recto & Lesser, 2021; Taubman-Ben-Ari & Ben-Yaakov, 2020; Taubman-Ben-Ari et al., 2021). Indeed, the creation of new family rituals proved to be a key family process for adaptation, with the new parents using

technology to reinvent old rituals and create new ones. Thus, the findings of this study support the view of [Imber-Black \(2020, p. 920\)](#), namely that family rituals “bent but not did not break during COVID-19”.

Limitations, Strengths, and Implications

This study presents a small and homogeneous sample. The participants were all white men in heterosexual romantic relationships, who had become first-time fathers after a planned pregnancy. Therefore, caution should be exercised when interpreting this study’s findings, which might not reflect relevant features of the transition to fatherhood for other groups of men presenting distinctive sociodemographic features and experiences.

The participation of these fathers was voluntary, possibly reflecting their higher interest and engagement with this study’s theme, which is also likely to distinguish this group of fathers from others. Moreover, most of these men had completed higher education, originating a particularly educated sample. Sampling educated respondents who willingly accepted to be interviewed on this research topic presented unique advantages for this study. These men were more likely to value their active involvement in the transition to parenthood. Thus, their narratives can provide us a chief and unique understanding on the impacts of the pandemic on this life stage, as well as on the ways men might reconstruct their fatherhood and masculinity in this context. This sample’s characteristics might have also contributed for overcoming potential issues related to the fact that interviews being conducted by a female researcher, as this group of men could be less concerned about presenting a traditional and strict performance of masculinity when interviewed.

Another key strength of this study lies in the methodological approach adopted, as qualitative designs are highly useful for theory building and descriptions of life experiences ([Gilgun, 2005](#)). Giving voice to men, this study fosters a more comprehensive picture of the experiences of first-time fathers in a highly stressful and disruptive context, adding to research making the role of masculinity on fatherhood more explicit ([Pleck, 2017](#)). Conclusions from this study, underscoring how men navigate the transition of fatherhood, especially when confronted with demands challenging the fulfillment of their idealized gender role standards, might be verified in other contexts of adversity across the globe. This constitutes a research topic of substantial relevance, as individuals and families face unprecedented challenges and future uncertainties amid the global social, economic, political and climate complexities of today’s world ([Walsh, 2016](#)). Further research on the implications of male gender role strain for individuals and families in the transition to parenthood are particularly warranted. Within an intersectional approach, and in line with literature documenting variations of gender role strain according to race, ethnicity, socioeconomic status, and sexual orientation ([Levant & Powell, 2017](#); [Silverstein et al., 2002](#)), future studies exploring how other groups of men experience strain and construct distinctive masculinities in the context of fathering would be of substantial relevance.

Adding to previous research (Deave & Johnson, 2008; Fägerskiöld, 2008; Kowlessar et al., 2015; Recto & Lesser, 2021; Rominov et al., 2017), the results of this study strengthen the relevance of concerted efforts and sociopolitical measures to address fathers' needs and promote their active involvement in the transition to fatherhood. Several authors have been drawing attention to the need for adequate preparation of new parents before the baby is born (Deave & Johnson, 2008), the importance of adapting prenatal classes to the needs of men (Kowlessar et al., 2015) and involving both parents from the beginning of pregnancy, which can be increasingly promoted by healthcare professionals and hospital policies (Carvalho, 2003; Deave & Johnson, 2008; Lista & Bresesti, 2000; Rominov et al., 2017). Particular attention should be paid to these issues during times of increased external sources of stress, which are bound to influence fathers' experiences in unique ways, such as those affected by the emergence of the COVID-19 pandemic. Future studies exploring how the impact of lockdown measures on healthcare facilities can be minimized for this population would also be highly relevant.

Finally, findings from this study can inform clinical practice and the development of multisystemic interventions aimed at helping individuals and parents cope with the normative challenges posed by the transition to fatherhood, with those related to the emergence of a global pandemic, and the interplay between them. The identification of resources that fathers perceived to have contributed to their positive adaptation in this context of adversity assumes key relevance for meeting this aim. Furthermore, this study adds to previous research (e.g., Silverstein et al., 2002) supporting clinical interventions that take the effects of gender socialization for both genders into account. Many men could benefit from individual/family interventions in which therapists normalize gender role strain, supporting them as they move away from inflexible gender norms and reconstruct their masculinity. In sum, this study addressed a key research topic at a significant moment on a worldwide scale, calling for an increased discussion of practice and policy approaches aimed at helping fathers experience this life transition in all its plenitude.

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ORCID iD

Gabriela Fonseca  <https://orcid.org/0000-0001-7210-5491>

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Author Biographies

Gabriela Fonseca (PhD in Clinical Psychology) is an Invited Assistant Professor at Instituto Superior Miguel Torga. Her research is focused on family adaptation and resilience in different contexts of adversity (e.g., macroeconomic adversity) within a systemic and developmental perspective.

Rafaela Cruz has a Master's in Clinical Psychology. Her research interests include transition to parenthood, parenting and child protection.

Joana Duarte Arsénio is a PhD student in Clinical Psychology. Her research interests include family rituals, transition to parenthood and relationship between grandparents and grandchildren in the context of adversity.

Alda Portugal (PhD in Clinical Psychology) is an Assistant Professor in the Department of Psychology at the University of Madeira and an Associated Researcher at the Centre for Social Studies at the University of Coimbra. Her research interests are focused on dating/marital relationships and family functioning, especially examining topics such as parent-child communication and the impact of health issues on families.

Carla Crespo (PhD in Clinical Psychology) is an Associate Professor at the Faculty of Psychology at the University of Lisbon. She develops family research, with a special interest on how whole-family factors (e.g., family rituals) are linked to adaptation in both normative and adverse contexts.