The aim of this study was to determine the level of knowledge and participatory practice of Husbands pregnant women referring to public maternity hospitals in Qom about the role of father in 2015. The type of research was descriptive and analytical. The data were collected using questionnaire. 226 fathers were randomly selected in government maternity hospitals in Qom. The information related to this study was described after entering the SPSS software using central indicators and dispersion and statistical tables. In the data analysis section, Pearson test and analysis of variance were used. The results revealed that although the mean of knowledge of the subjects was moderate, the mean of participation was high and there was no significant relationship between the variable of participation and the variable of knowledge among the respondents. Men’s understanding of the concept and role of fatherhood in Iran is also changing and fathers, while adhering to traditional plans, have accepted new roles such as presence with the child, emotional support and family participation. However, there seems to be a long way to go before men become a real conscious and participatory father. It is expected that by providing sufficient knowledge, skills and support, fathers can be helped to cope more easily with their fatherly roles and responsibilities and participate more actively in child rearing.
Introduction

Having children is not just about getting pregnant and having a baby. Having a healthy parent is one of the greatest rights of a child, and parents should consider this before deciding to have a child [1]. All human beings are in the process of socialization from birth, and without this process, human beings will not be able to perform the simplest behaviors that are accepted by society. In most traditional societies, a person’s family largely determines his or her social status for the rest of his or her life [2]. Becoming a father accelerates the personal and personality development of men. The addition of a new member to the family and the concerns that arise in the man for the welfare, future and upbringing of this new member, along with seeing the pivotal role of women in the birth and leadership of the child-rearing process, have major effects on the value system. Leaves men [3]. Although men do not experience the physical changes of pregnancy, the feeling of being a father and having a child causes other changes in them, such as emotional, financial and social changes. Becoming a father gives men a new identity and creates a sense of wholeness and evolution in their lives [4]. On the other hand, most men who have just become father feel rejected by their wives. The baby attracts the mother’s love and attention, and the mother, who is involved in the baby’s work, ignores the existence of a spouse. In this situation, it is better for the father to have a share in the work related to the baby [5] becoming a father does not mean the end of pleasures. It is very important for husband and wife to work together and raise problems, share responsibilities so that each can meet each other’s needs [6]. As difficult as the story of identifying new mothers is, the story of identifying fathers is hundreds of times more difficult. Accepting the role of father is not an overnight coincidence and for most fathers it is a slow and gradual process. [7]. According to studies, men are just as much in line with women’s stress levels as women and are just as able to support them [8]. When children have social, emotional and economic support from both parents, their health increases [9]. More father-child interaction may help increase the child’s social stability and educational achievement. These children may be more curious about the world around them and have more advanced problem-solving skills [10].

Research has focused mainly on the supportive role of the father during the childbirth rather than his personal experience of birth [11]. Future studies are required to develop a father’s intervention program to improve their experience and adapt their behavior [12]. The seeds of longevity, as well as social, physical and mental health, are sown in early childhood. However, fathers have largely forgotten about child welfare interventions. The low level of father involvement is worrying, and based on the evidence, father involvement in interventions can lead to better outcomes.

Men have a special role in promoting maternal health, and if in the past they were considered a barrier, today they are part of the solution. This study was necessary because there were challenges in our information about the role of men in mothers’ health and their educational needs to increase awareness and participatory performance in the role of father [13].

In a study conducted by Redshaw and Henderson (2013) on the participation of fathers in pregnancy and childbirth on 4616 English women, there was a significant difference between the socio-demographic characteristics of fathers and their participation and support in pregnancy and childbirth of their husbands [14]. The results of a study by Johnson et al. (2011) entitled "Birth of a Child: An Empowering Emotional Experience for Fathers" conducted on 827 Swedish fathers showed that to improve fathers’ interaction in the delivery process, improve a positive birth experience through participation. And their support is essential [15].

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behavior to protect their unborn spouse and child. The support of family, friends, the workplace, and health care providers was invaluable to them. These fathers suggested that more information, empathy, and professional care be provided to fathers [16]. The results of a study by Hildingson et al. (2010) on 595 new Swedish fathers entitled "Fathers' experience in childbirth in relation to midwifery care" showed that the presence of midwives and giving them sufficient information is an important aspect of a positive experience of childbirth. They are in the majority of fathers and the individual needs of fathers should be considered in order to increase the positive experience of birth [17-19].

Material and methods
In this descriptive-analytical cross-sectional study conducted in 2015, 226 pregnant women's wives referred to public maternity hospitals in Qom (Izadi, Hazrat Zahra) were randomly selected during childbirth. The research units should be willing to participate in the research and be able to answer the questions. Fathers whose fetuses were found dead or abnormal or about to separate from their spouses were excluded from the study. Data collection in this study was in the form of a questionnaire consisting of two parts: the first part was related to demographic characteristics and the second part was specialized questions which included two parts of awareness and participatory performance. To maintain the process of the paternal process, the questions started from the beginning of pregnancy and ended in the postpartum period. In the awareness section, according to the books and articles studied, questions about awareness of the different needs of a pregnant woman in general, awareness of the nutritional needs of a pregnant woman, awareness of the mental state of a woman during pregnancy and postpartum period, knowledge of marital relations during pregnancy and postpartum period and knowledge of the benefits of natural childbirth compared to cesarean section were raised. The total score in the field of knowledge was 11. The scores were 0-3 in the weak group, 4-7 in the medium group and 8-11 in the good group. In the section on participatory performance, according to the books and articles studied, questions about participation include planning for the current pregnancy, accompanying the spouse to perform a pregnancy test, accompanying the spouse to perform prenatal care and how often, accompanying the spouse to perform ultrasound during pregnancy and its frequency, obtaining information about different needs during pregnancy, interest in satisfying pica of the spouse, desire to participate in childbirth preparation classes with the spouse, participation in deciding to choose a place delivery, the desire to be with the wife, during childbirth and support, in caring for the baby, the help and support of the wife when breastfeeding the baby, the desire to change baby's diaper, helping the wife to calm the baby when crying and restlessness, the desire To bathe the baby, the desire to care for the baby, personally, when the mother is not at home for any reason, the desire to play with the baby and finally the effect of the baby's sex on the care of the spouse as well as its effect on the desire to care for the baby was raised. The total participation scores were 17 and the scores were 0-5 in the weak group, 6-11 in the medium group and 12-17 in the good group. To assess the validity of the questionnaire, designed questions were reviewed by several faculty members and then the reliability of the questionnaire was confirmed. After satisfying the samples, giving assurance to keep the information confidential and explaining the objectives of the research, a questionnaire was given to them. The information related to this research was described after entering the SPSS software version 16 using central and dispersion indicators and statistical graphs and tables, and in the information analysis section was used tests such as independent D-sample test, Spearman, Pearson and analysis Variance.

Result and Dissection
To get acquainted with the studied population, individual characteristics that are collected in the
first part of the questionnaire are presented and described. The mean age of the respondents was 31.96 and the standard deviation was 4.735. Also, the youngest respondent was 23 years old and the oldest was 47 years old. Among the 226 respondents, 84.5% were born in the city and 15.5% were born in the village. The highest percentage of respondents lived in District 1 (26.3%) and the lowest percentage lived in District 6 (2.9%). 63% of the respondents lived in the village. 62% of the respondents were of Persian ethnicity. 23.9% were Turks, 5.2% were Lors, 2.3% were Kurds and 0.9% were Arabs. Also, 5.6% of the respondents were from other ethnicities.

Education level of respondents was: 30% undergraduate education, 25.6% diploma, and 22.4%: bachelor's degree, 14.8%: master's degree, 5.8%: associate degree and 1.3%: doctorate. Employment state of respondents were 48%: self-employed, 19.9%: employees and 9.5%: workers. 21.3% were clerics and did not engage in any particular profession. Finally, 1.4% were unemployed.

55 (24.9%) of the respondents have low economic status, 58.4%: moderate, 15.8%: good and 0.9%: excellent economic status. In the second part of the questionnaire, two variables of knowledge and participation were examined. As 11 questions were assigned to the awareness variable, the awareness variable scored from 0 to 11; therefore, the minimum possible score in this questionnaire for each person was zero and the maximum was 11. In findings the average knowledge was 6.23 and the standard deviation was 1.989 and the average knowledge of the subjects was interpreted as intermediate knowledge. These findings indicated that the minimum score was 2 and the maximum score was 11.

| participation | Pearson | Significance level |
|---------------|---------|--------------------|
| 0.18          |         |                    |
| 0.077         | 0.018   | 0.05               |
| 218           | Number of respondents |

Table1: Correlation between participation rate and fathers’ awareness of the process of fatherhood

65.5% of fathers had moderate knowledge about the process of fatherhood and the factors affecting it. Also, 18.1% of the respondents had low and 16.4% had high awareness. Since 17 questions were considered for the participation variable, the participation variable scored from 0 to 17; therefore, in this questionnaire the minimum possible score for each person was zero and the maximum was 17. The average participation was 13.96 and the standard deviation was 1.917. These findings indicated that the minimum obtained score was 6 and the maximum was 17. The mean participation of the subjects was interpreted as high participation. 78.8% of fathers had high participation, 20.8% had medium participation and 0.4% had low participation. Therefore, it shows that the level of participation of fathers in the process of fathering has been relatively higher than their awareness in this field. The results obtained from Table 1 showed that there is no significant relationship between the participation variable and the awareness variable among the respondents. The level of significance between the two variables of participation and awareness was 0.077 (p > 0.05).

In this study, the average knowledge of the subjects was interpreted as the moderate knowledge (65.5% of fathers). In Gnyawali and Lamsal (2016) study, fathers from different classes had a good knowledge about baby care [20]. Li Poh and Lin Koh (2013) in their study, suggested that it be given more information [21]. In Eskandari study (2015) it is also stated that fathers should have the necessary knowledge to play the role of father. In Rekha (2016) study, more than three quarters of men who became fathers for the first time had a positive attitude toward neonatal care and were actively involved in neonatal care but expressed a lack of
awareness. The study by Sevil and Ozkan (2009) demonstrated that father involvement in child care is related to the father's level of education [24]. In Redshaw (2013) research, spouses who had a negative reaction to pregnancy were less involved in obtaining information. It was reported that, different levels of awareness in different researches can have different reasons such as level of education, work occupation, gender roles, culture and norms of society, which should be considered [19-22]. It is certain that all communities need to be aware about paternalistic role.

The mean participation of the subjects was interpreted as high participation (78.8% of fathers). In Redshaw and Henderson (2013) study, more than 80% of fathers were happy and satisfied with their spouse's pregnancy so that more than half of them attended in pregnancy test and once or more in prenatal care, and almost all of them were present for ultrasound examinations and delivery, and most of them assisted in the care of the infant during the postpartum period which was consistent with the present study [23-26]. But in the study of Eskandari (2015) and Mortazavi (2012), the rate of male participation in household affairs and parenting has been low. In the study of Eskandari (2015), although fathers considered participation in family affairs as their duty, most of them stated that they do not have a significant participation in parenting because housekeeping and parenting are women's duties and the father's participation in these matters were considered interference in women's duties. The researcher believes that cultural beliefs may play a major role in this. As Seimbar et al. (2009) believe, cultural beliefs, gender roles, and societal norms affect men's performance and are an obstacle to men's participation in household chores and child rearing. According to Carneiro (2012), increasing awareness and changing social beliefs can increase men's participation in household chores and therefore parenting [27-29].

**Conclusion**

Among 266 respondents, moderate knowledge and 18.1% had low knowledge and 16.4% had high knowledge about the process of fatherhood. The mean participation of the subjects was interpreted as high participation. 78.8% of fathers had high participation, 20.8% had moderate participation and 0.4% had low participation in the process of becoming a father. Therefore, the level of fathers' participation in the process of becoming a father was relatively higher compared with their awareness in this field. There was no significant relationship between the participation variable and the awareness variable among the respondents. The lack of significance between the level of awareness and the participation of spouses can be interpreted as the participation of men is not only dependent on the level of awareness. According to Eskandari and Geniawali studies, more important variables such as paternal role. They also show that responsibility, desire for survival of the generation father and to be productive father is also involved in this partnership and based on the results of this study, these factors are more important than awareness.

This study was conducted in Qom, which has a religious and traditional context in which fathers consider fatherhood as a sign of maturity, masculinity, personal and social development, and the presence of a child known as a sign of their worthiness and God's grace and care, and as a factor in increasing sustenance. Therefore, considering the importance of the participation of pregnant women's spouses, in order to maintain the existing conditions and increase the participation of spouses, in addition to paying attention to their awareness, special attention should be paid to religious and cultural beliefs, gender roles and society norms.

Eskandari (2015) study revealed that in line with global developments in the field of fatherhood, men's perception of the concept and role of fatherhood in Iran is changing and fathers, while adhering to traditional maps, new roles such as
being with the child, have also accepted emotional support and participation in the family. However, there seems to be a long way to go before men become a real contributing father. Lack of a proper paternal role model, common gender stereotypes in society about the parenting plans, lack of knowledge and skills in child care, long working hours and mental concerns are the factors that can negatively affect the performance of fathers. It is expected by providing sufficient knowledge, skills and support, fathers can to cope more easily with their fatherly roles and responsibilities and participate more actively in child rearing.

Suggestions
1. Provide support and economic packages to help fathers
2. Designing educational programs with the aim of facilitating adaptation to the paternal role
3. Creating a culture at the community level with the aim of shaping the right norms in relation to fatherhood
4. Do more studies to determine the educational needs of fathers, explain the experience of adapting to the role of father and determine the factors that affect fatherhood and its consequences.

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Conflict of Interest
We have no conflicts of interest to disclose.

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