

Review Article

Enhancing Paternal Support: A Concept Analysis of Social Support for First-Time Fathers

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Introduction. Social support, as a multidimensional concept, is studied across disciplines. However, examining the concept in relation to first-time fathers in the perinatal period remains an underexplored avenue. This analysis aims to clarify what social support for first-time fathers means through an operational definition that will assist healthcare providers in supporting fathers as valuable assets to the wellbeing of their partners and children. **Design.** Walker and Avant's concept analysis approach is used to identify the attributes, antecedents, and consequences of social support for first-time fathers during the perinatal period. **Data Source.** A thorough title and abstract review led to the analysis of 41 articles from databases, including MEDLINE, CINAHL, PsycINFO, the Social Sciences Citation Index, and Embase databases from 1970 to 2022. **Results.** Social support for first-time fathers can be described as a relational strategy and supportive intervention from both informal and formal sources. This concept analysis broadens the meaning of social support by considering structural and functional attributes. It offers fresh insights into how support can be coordinated across microsystems and macrosystems to address the distinctive requirements of current-day fathers within the intricate family dynamics. Furthermore, gender, cultural, and generational differences affect the preferences and needs of fathers, as well as their ability to support their partners and infants. Fathers preferred emotional support from their partners and sought informational and appraisal support from healthcare professionals. In addition, supportive relationships are characterized by proximity, reciprocity, congruency, and continuity during the perinatal period. **Conclusion.** Conceptualizing social support encompasses both upstream and downstream approaches across structures and systems to support fathers. Support for first-time fathers includes developing father-specific approaches to perinatal nursing care and practice. Social support carries implications for fostering socially inclusive policies, interdisciplinary curriculum integration, advocacy, and research aimed at improving paternal mental health and perinatal wellbeing.

1. Introduction

The transition to parenthood is a significant life event that can be rewarding and challenging, especially for first-time parents. While family-centred approaches to maternal and newborn care recognize the critical role of social support in ensuring a smooth transition into parenthood [1], the importance of encouraging fathers' involvement in maternal and newborn initiatives has often been overlooked. However, perinatal mental health research has highlighted the need to support fathers as assets and supporters of mothers' mental health and development and their mental health [2]. Paternal mental health issues have increased during the

pandemic, including anxiety (22.9%) and depression (37.1%) concerns [3]. It is now more imperative than ever to focus on fathers during the perinatal period to enhance paternal mental health.

Parenthood is a triadic process involving the mother, father, and child as one family unit within heterosexual relationships from conception to the postpartum period in traditional families [4]. Due to various structural factors, first-time fathers and their partners often encounter tension between their roles as fathers, partners, and workers during this transition period [5–7]. These structural influences include financial obligations, a lack of social support, and gender norms that limit attention to fathers' needs in the

childbearing period [6, 7]. Researchers have found that men and women prepare differently for parenthood regarding care and work roles, demonstrating the importance of addressing the transition to parenthood, especially that of fatherhood, over the past five decades [5, 8]. Furthermore, despite the popularity of social support as a panacea for all maternal and child health problems [9], inadequate attention is given to supporting first-time fathers, with a disconnect between the evidence and practice [2] in supporting fathers, a concept coined as the patriarchal deficit [5]. Given the current parenting roles in the modern world, we must rethink the binary of care and work to comprehensively understand first-time fathers' social support [10]. In modern families, it is possible to unintentionally ignore or undervalue the experiences of some members. It is also worth noting that providing social support for nonbirthing parents in nontraditional LGBTQIA+ families is just as important as discussing fathers as partners in conventional families. Therefore, it is crucial to balance promoting inclusive language and recognizing all families' diverse needs and experiences, no matter their structure or composition. However, to begin exploring social support for fathers, this paper uses the term "fathers as partners" with the literature focusing on traditional family structures. This article explores the concept of social support for first-time fathers within perinatal care and how it can be leveraged to promote parental mental health and facilitate successful transitions to parenting, ultimately maximizing opportunities for individuals to thrive and flourish [11].

Social support is a multidimensional and complex concept defined and conceptualized differently across disciplines [12, 13], and there is no acceptable, ultimate definition. Nevertheless, it is possible to define social support according to its application to the population, phenomena, and context of interest to tailor knowledge translation and practice interventions for improved perinatal outcomes [14–16]. In addition, "social support" is often used interchangeably with similar terms such as support, social integration, social connectivity, social interactions, social networks, and caring.

In analyzing the concept, we intend to bridge the knowledge gap regarding first-time fathers' social support and provide perinatal care providers with valuable insight into how they may assist fathers as substantial assets and supporters of their partners and infants within the traditional family system. This groundbreaking paper explores the frequently overlooked domain of paternal support, illuminating its importance through the lenses of inclusivity and marginalization.

2. Methods

Walker and Avant's concept analysis methodology is a systematic and structured approach used in nursing and other fields to explore and clarify the meaning of a concept. Walker and Avants's methodology recommends the use of all available sources irrespectively. This methodology provides eight steps that inherently involve considerations contributing to the research's transparency and scholarly

value (2019). Walker and Avant's 8-step concept analysis method (as outlined in appendix Table 1) is chosen to analyze the concept of social support (Step 1) for first-time fathers [17]. In this concept analysis, we seek to examine (1) how social support is described in the empirical literature for first-time fathers during pregnancy, childbirth, and early parenting years and (2) to clarify the meaning of social support in contemporary perinatal practice to provide an operational definition of social support for first-time fathers (Step 2).

We conducted a multidisciplinary literature search in five electronic databases, including Medline, CINAHL, PsycINFO, Social Sciences Citation Index, and Embase, to better understand the concept and its relevance to perinatal practice and research. All sources, such as dictionaries and available literature (Step 3), were searched to understand the use of the term in ordinary language and scientific language within the perinatal period [17]. The literature published between 1970 and 2022 was reviewed across disciplines to reflect the trends since the emergence of social support in social sciences [12].

Keywords such as support, social support, first-time fathers, perinatal period, and concept analysis with the Boolean operators "AND" and "OR" retrieved a total of 798 articles from the chosen databases (as in appendix Figure 1). English-language articles that studied social support for first-time fathers, support for parents (including fathers), pregnancy, childbirth, the postpartum period up to one year, and fatherhood transition were included. English articles were chosen due to their broader availability in various databases, resulting in a more comprehensive review. Practical factors, such as language translation barriers, also influenced our decision to focus solely on English literature.

To explicitly examine the concept of social support for first-time fathers, articles that focused on the mothers' social support and articles discussing support for at-risk parents, such as fathers with perinatal depression, perinatal loss, and high-risk infants (preterm and hospitalized), and grey literature were excluded. The clear articulation of the inclusion and exclusion criteria has enhanced the transparency of the concept paper, leading to a selection of studies and a focused analysis of the concept of social support. Based on the inclusion and exclusion criteria, a thorough screening of the title and abstract after removing duplicates narrowed the number of articles to 73. After a comprehensive screening, 41 full-text, peer-reviewed articles focusing on first-time fathers were selected for analysis (as in appendix Figure 1).

3. Results

The literature search shows a promising trend since the 21st century that represents the increasing attention to fathers in current-day research. The 41 retrieved papers provide insight into fathers' involvement across countries, with Sweden leading the way in the included studies. Articles using quantitative approaches (20), qualitative approaches (18), mixed methods (1), concept analysis (1), and reviews (3) were considered in the understanding of social support, as summarized in the supplemental file, review Table 1.

TABLE 1: Steps of walker and Avant's concept analysis (2019).

Step 1. Select a concept
Step 2. Determine the aims or purposes of the analysis
Step 3. Identify all uses of the concept that you can discover
Step 4. Determine the defining attributes
Step 5. Identify a model case
Step 6. Identify borderline, related, contrary, invented, and illegitimate cases
Step 7. Identify antecedents and consequences
Step 8. Define empirical referents

3.1. Uses of Social Support from Multidisciplinary Perspectives. Over the past five decades, multidisciplinary perspectives on social support have underscored its buffering effects on stress [13, 18] and positive impacts on connectedness within a social network that reduce loneliness, exclusion, and isolation [19, 20]. Contemporary perspectives discuss social support as a preventive and health-promoting resource regardless of illness or stress [4, 21], emphasizing relationship support's role in helping individuals thrive and flourish [11]. Furthermore, House et al. emphasize it as a process that cross-regulates macrostructures (institutions, organizations, and policies) to impact microstructures, including individuals and families (1988). Geens and Vandebroek [20] state that social support requires more than advice or education. Diversity, reciprocity, and multivocality are necessary for a sustainable system. A comprehensive framework is needed for shared responsibility between citizens and states.

Within the perinatal care context, according to Leahy-Warren [22], social support for first-time mothers in perinatal care can be classified as structural or functional. However, social support healthcare providers provide difference from that given by family, friends, and society [21]. Social support from informal sources is viewed as relational [4], whereas professional support is considered a supportive intervention to achieve family-centred care [4]. Moreover, caring is integral to social support, but these terms are not interchangeable [4, 21].

3.2. Attributes of Social Support (Step 4). Walker and Avant [17] define a concept's attributes as the characteristics that repeatedly appear, allowing researchers to distinguish between a specific phenomenon (social support) and a similar one (caring). As illustrated in appendix, Figure 2, social support comprises the following attributes.

3.2.1. Perceived Support. Support is received and perceived based on the needs of first-time fathers [14]. Fathers who felt their partners' support increased their marital intimacy and infant attachment [23]. Similarly, fathers perceived virtual support, like the Milkman app (app-based online peer support forum), designed by professionals and moderated by experienced fathers, as safe spaces congruent with their needs [24].

3.2.2. Support Sources. The providers for fathers include both the formal (health care) providers and informal

(partners, parents, friends, and relatives) providers. First-time fathers prioritized partner support as their primary source of support for emotional support [25]. They preferred formal support for expertise (such as burping techniques) during antenatal, childbirth, and the postpartum period of care [23, 26–29]. As a secondary source of emotional support, adult fathers look to their parents and in-laws equally [30]. Conversely, adolescent fathers in Thailand preferred parental support as parents-in-law were more critical of paternal involvement [31].

3.2.3. Supportive Behaviours. The supportive behaviours of social support as functions include emotional, informational, instrumental, and affirmational support [18, 32]. Emotional and instrumental help from parents, relatives, and friends, compared to informational and appraisal support from professionals, is predominantly perceived as social support by first-time fathers [33, 34].

3.2.4. Emotional Support. A consensus among first-time fathers is that emotional support facilitates coping with parental stress [35]. First-time fathers recognized reassuring conversations, eye-to-eye contact, and calming gestures as significant emotional supports that create safe spaces within the perinatal arena [31, 36, 37]. In some studies, however, it has been suggested that the emotional support provided by professional staff lacks a psychoemotional component [34].

3.2.5. Instrumental Support. Instrumental support includes financial and practical guidance. Concrete instructions regarding infant and partner care tasks, such as breastfeeding support [38], baby handling, infant calming, and burping, are provided during antenatal programs, hospital stays, and postpartum home visits [36, 39] which are regarded as instrumental support. Fathers in Tanzania faced trouble obtaining practical assistance due to limited recognition as support receivers (per gender norms) during the perinatal period [40]. Several studies have indicated that adolescent fathers are more likely to need tangible assistance (money, baby toys, and clothing) than older first-time fathers [31, 41]. Therefore, developing support systems (father-friendly healthcare, informal networks, and workplaces) may allow fathers to fulfil their paternal responsibilities [7].

3.2.6. Appraisal Support. An appraisal is a self-evaluation, such as affirmation, feedback, and social comparison [18, 22]. According to Cronenwett [32], first-time fathers perceive appraisal support as a motivating factor that fosters satisfaction and confidence in their parenting abilities. Fathers, for example, appreciated feedback from hands-on video sessions on infant resuscitation [37]. In addition, research on SMS-based "daddy support programs" revealed that appraisal support provided to first-time fathers resulted in higher social connectivity and increased self-confidence [42].

3.2.7. Informational Support. Perinatal care providers offer informational support to fathers, who highly value their

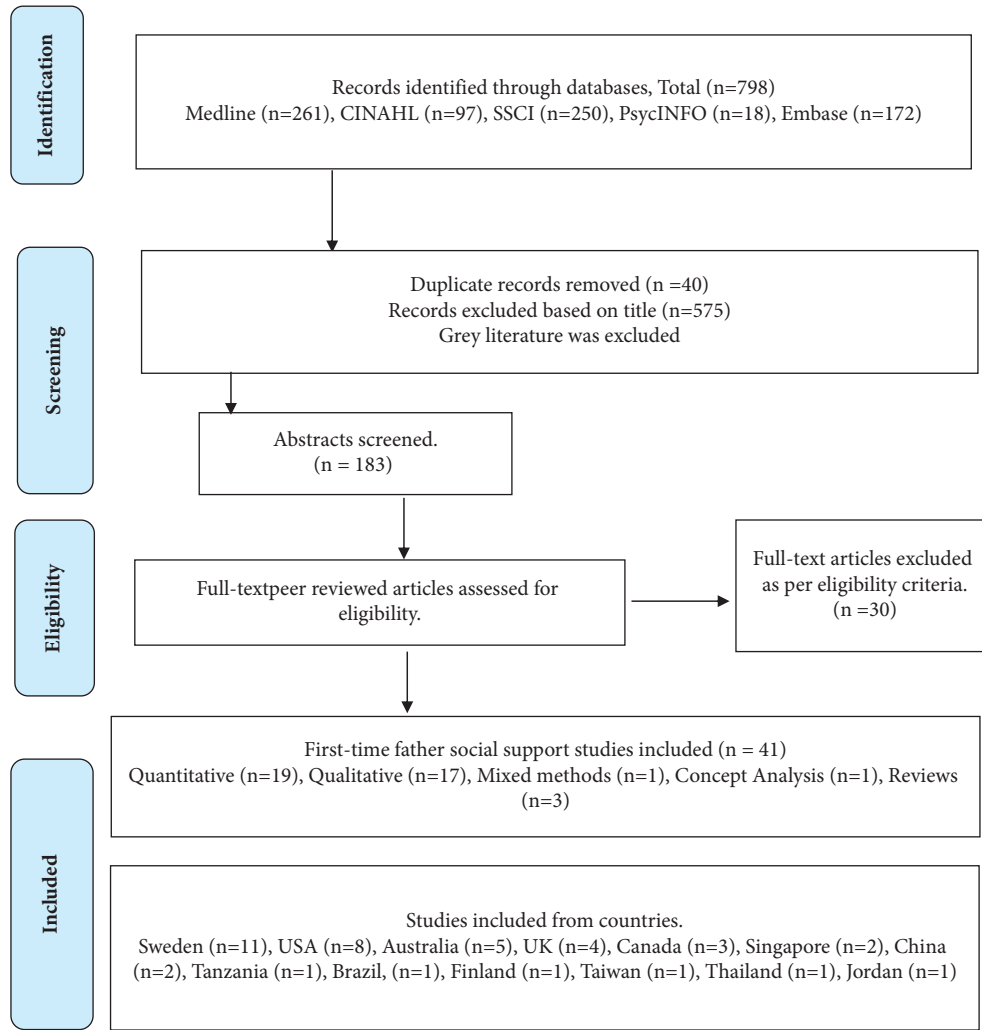


FIGURE 1: Flowchart of the search strategy and study selection process.

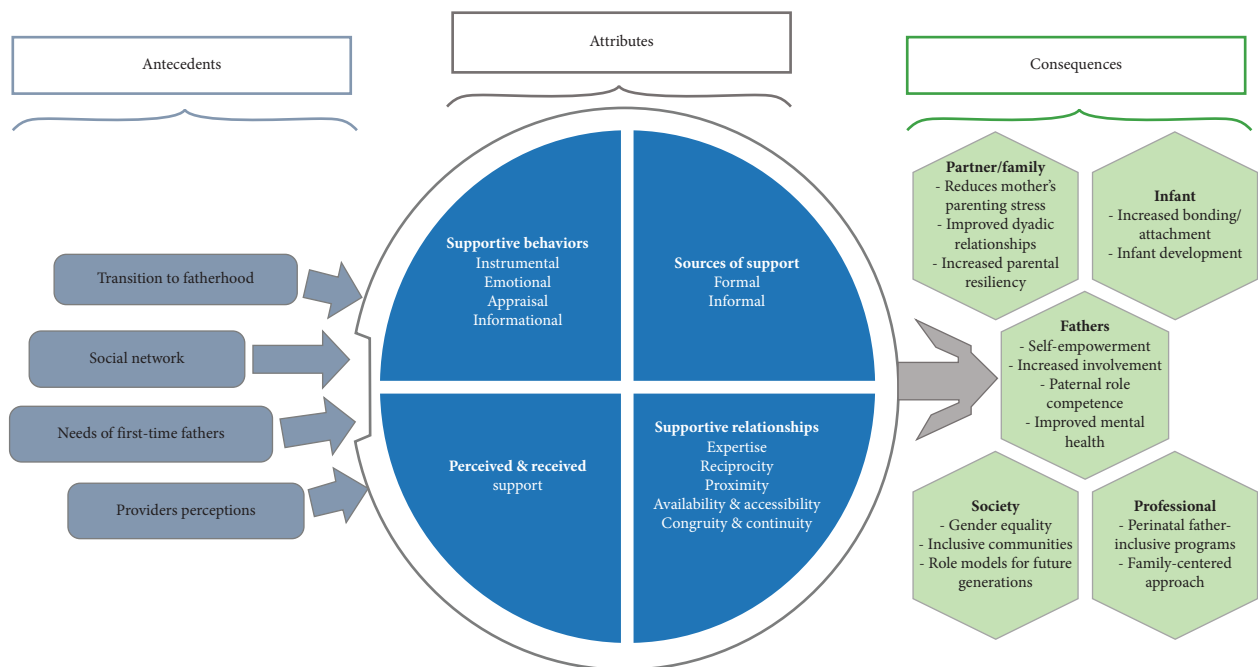


FIGURE 2: Concept diagram of social support for first-time fathers in the perinatal period.

expertise and credibility, through various means such as prenatal programs, in-hospital services, and home visits [26, 43, 44]. While first-time fathers prefer online virtual platforms for informational support because of flexibility, accessibility, and safe sharing space with peers, some acknowledge the lack of credibility of Internet sources and prefer online resources moderated by professionals [24, 45, 46]. Examples of such platforms include the Milkman app, SMS4 Dads, and online chat forums [47]. Combining both delivery modes, face-to-face and virtual programs, is essential for some fathers in Canada [43]. Telephone support is also valuable, especially among immigrant parents who use it to communicate with friends and family in their native country [48].

3.2.8. Supportive Relationships. Supportive relationships within a social network are determined by proximity, reciprocity, professional expertise, availability, accessibility, congruity, and continuity [28, 49–52]. Fathers and partners contribute to the wellbeing of the mother and child during the perinatal period through emotional support, shared caregiving, and involvement in prenatal education [50]. Promoting self-care and balancing work and family responsibilities [34, 43, 53] for a supportive family environment is essential. Inclusivity for fathers and nonbirthing partners is crucial.

3.3. A Model Case (Step 5). The following constructed model case demonstrates a pure example of social support [17] for first-time fathers in the fatherhood transition context.

Fredrik and Freda decided to have children once they had settled into their careers (*mutuality*). Unlike the fathers in his family, Fredrik intends to actively participate in the parenting process (*preferences*) during the childbearing period. When the couple learned of the pregnancy, they had increased anxiety (*transitional stress*). They talked to their family physician (*formal support*), who provided information resources, such as books, websites, and articles, to help them transition. They discussed shared responsibilities, finances, sexual expectations, and childcare (*affective proximity*) as a couple. During the prenatal period, their open and honest communication showed signs of love and care (*emotional support*) for one another. Freda engaged Fredrik to observe the physical changes, feel the fetal movements, and converse with the unborn child (*partner support*).

Fredrik's employer-provided parenthood policies (*supportive system*) allowed him to participate in prenatal visits. However, when this was not possible, Freda's mother and father, who lived nearby (*geographic proximity*), as well as some friends (*informal supports*), were always at hand (*availability*) to provide the necessary support for their commute, advice, and material needs including a stroller and car seat (*perceived support*). Prenatal visits at the hospital included assessments, discussions of fathers' mental health and maternal mood disorders (*provider perspectives and supportive environments*), and online resources and parenting apps on parenthood (proportional to their needs).

Also, Fredrik found the images of dads holding their babies close to their skin affirming as a father's cue. The father-led groups (*peer support*) provided Fredrik a safe space to express his feelings and learn from peer experiences (*reciprocity*). Also, during the hands-on sessions (*instrumental support*), Fredrik's skills were appreciated by the facilitator (*appraisal support*).

Freda's parents hosted a baby shower, which included Fredrik's presence (*informal support*) despite the cultural norm of a women-only event (*father-friendly environment*). Compared to the traditional practice of going to Freda's mother's house for the first three months after giving birth, Freda expressed confidence when their parents accepted (*congruity*) their desire to remain in the comfort of their own home (*preferences and needs*). In addition to the postnatal follow-up services (*continuity*) available in hospitals and the community, Fredrik appreciated the three weeks of paternity leave (*supportive system*) for greater involvement and bonding with the infant.

3.4. Additional Cases (Step 6). A contrary case is presented to distinguish and clarify the key characteristics covered in the model case [17]. Mary and Mark are first-time young parents currently enrolled in their first year of college. After they revealed their conception, their parents became *less supportive* of their relationship and parenthood. In addition to the strain of pregnancy and school, they had to work several jobs to support each other financially. Mary occasionally attends prenatal classes; however, Mark cannot do so due to his commitments and obligations to support the family and prepare for the newborn needs. Mark felt *excluded and invisible* during the birthing process because healthcare providers doubted Mark's ability to take care of the infant. Besides having few friends and family members to connect with, Mark did *not have access* to programs that supported young fathers. A *lack of support from parents and healthcare professionals* led to more mental distress manifested by sleeplessness, loss of appetite, and anger outbursts that led to frequent conflicts with Mary, which caused tension in their relationship and negatively affected the care of the infant.

3.5. Antecedents (Step 7). Identifying a concept's antecedents helps illustrate events or instances before a concept occurs [17]. Four common antecedents of social support with substantial contextual (perinatal period) commonality for first-time fathers (as in appendix Figure 2) are (1) fatherhood transition (at-risk period) for increased stress and isolation due to uncertainty, unavailability of services, underutilization of resources, reluctance, and unwillingness to avail the available supports; (2) first-time fathers perceived needs and preferences; (3) providers characteristics; and (4) social networks.

3.5.1. Transition to Fatherhood. According to Backstrom et al. [49] and Mrayan et al. [54], the transition from partner to parent role is uncertain, primarily due to changes in sexual relationships during the third trimester of pregnancy

and the first six months after childbirth [55]. Fathers often feel distressed and anxious during this period [44]. They may also feel excluded by parents, families, and professionals [33, 35] and have lack of knowledge about where to find support or what kind of support they need [39, 56], despite the availability of support [36]. According to studies by Bost et al. [57] and Rominov et al. [7], the lack of perinatal support may be due to difficulty seeking help. Fathers may be deterred from getting involved due to traditional gender roles that discourage them from sharing their fears and seeking support, as well as a lack of social cues that depict fathers engaging in tasks like changing diapers and feeding babies [40]. Other factors discouraging fathers from getting involved include inflexible work arrangements [38], generational differences, and marginalization [35, 54].

3.5.2. Needs and Preferences of First-Time Fathers. As per the research conducted by Lee et al. [58], Mbekenga et al. [40], and Shorey et al. [44], first-time fathers overwhelmingly prefer available support to be father-only, father-supportive, and father-inclusive, both in-person and online, led by male facilitators, and at a feasible time and location. However, social and cultural norms significantly impact fathers' roles and needs during the perinatal period [31, 48, 54]. Different studies have shown that the idea of fatherhood is culturally constructed, leading to various perspectives and practices among fathers regarding caregiving, household responsibilities, income generation, and decision-making. As such, tailoring social support interventions to the fathers' needs [14, 19] is crucial.

3.5.3. Social Network. A prerequisite for social support is a supportive social network, as highlighted by Langford et al. [13]. Fathers' social networks consist of family, friends, and relatives [49] within personal and societal spheres. The postpartum period shows an increase in close network activation like parents' support [57]. However, new fathers tend to participate in fewer social activities, leading to increased social isolation and stress [28]. Unmarried adolescent fathers often find their social networks less supportive than other young parents, isolating them from their peers [31, 41]. Informal support networks in Tanzania are gatekeepers to accessing professional support and often provide conflicting messages [40]. Social norms and economic status affect the support received, with parents from lower income groups receiving less support [40]. Fathers' educational attainment, financial stability, and economic stress also affect seeking and availing support, with fathers having higher education being more supportive than those with less than high school education [59].

3.5.4. Provider Perceptions. Empowering grandparents, parents, parents-in-law, and informal supporters on the importance of fathers' involvement and supporting fathers is crucial [30, 40]. Awareness and preparation involving fathers during pregnancy, childbirth, and postpartum are essential [7, 58]. However, healthcare providers' beliefs

about fathers' needs may differ from fathers' perceived needs, leading to power dynamics and underutilization of services [34]. Carlson et al. argue that healthcare providers are not equipped to engage fathers effectively, which affects mothers' and children's wellbeing [6]. To prepare healthcare providers, reframing the curriculum content within practice areas, nursing curricula, and other health sciences programs is necessary [28]. Organizational resistance to father-focused programs may arise from a lack of focus on fathers and the lack of funding to sustain such programs [60].

3.6. Consequences (Step 7). Collaborative and collegial relationships within first-time fathers' personal and social networks have the following impacts (as in appendix Figure 2).

3.6.1. Positive Outcomes for Fathers. Several studies have shown that gender-specific parenting programs impact fathers' childrearing, self-confidence, and social ties [58, 61]. The significant outcomes included fathers' efficacy and competence [28, 41, 62] with increased awareness, empowerment, role orientation, role-taking, and role-making due to increased connectivity with other fathers.

3.6.2. Positive Outcomes for Partners and Infants. Social support is studied to be crucial in decreasing parenting stress during the childbearing period [8, 55, 63] with reduced depression and anxiety [59, 64] in both fathers and mothers. Furthermore, becoming a father is associated with significant intrapersonal and interpersonal adjustments, indicating that men with higher partner support show greater attachment to their infants [23]. Consequently, support for fathers resulted in fewer conflicts and improved relationships between couples, significantly impacting mothers' depressive scores and satisfaction [59].

3.6.3. Societal Outcomes. Individual and couple-focused measures may have limited impact if not part of a broader societal discussion on parenting and gender equality [6, 20, 63]. Social support can promote gender equality and sustainable social determinants while considering diversity, inclusivity, and equity [6, 20, 63]. A socio-ecological perspective helps create awareness for harmonizing support services and programs through socially inclusive policies [10, 60, 63, 65]. Father-inclusive models can provide nonstereotypical role models tailored to first-time parents' cultural and generational needs, contributing to integrative parenting [26, 54].

3.7. Empirical Referents (Step 8). Researchers identify empirical referents related to its characteristics to provide indirect evidence of a concept's usage in actual practice settings instead of the idea itself [17]. For first-time fathers, two scales are used: the MSPSS, which measures informal support [49, 59, 61], and the Father Perception of Professional Support Scale (FaPPS), which measures formal

support [33, 39]. The findings of this study show that multiple instruments can be used to measure social support for first-time fathers and that it is multidimensional and complex, depending on the population and the context of care. However, only a few are universally recognized for their validity [33, 36]. Hence, this study suggests a need for an instrument that measures all elements of social support, including sources, perceived and received support, supportive behaviours, and supportive characteristics for childbearing parents, as opposed to fragmented measures.

3.8. Operational Definition of Social Support for First-Time Fathers. “Social support” for first-time fathers during the perinatal period (perinatal support) is a relationship-based strategy and supportive intervention for expectant fathers. Historically, social support includes emotional, informational, instrumental, and appraisal components that fathers receive from informal and formal sources. Contemporary practice requires harmonizing these elements across the macrostructures and microstructures and life systems to bridge the gap in integrating fathers’ inclusion (as in appendix Figure 3). In addition, social support is customized to the unique needs of fathers, acknowledging their personal and social identities and the compounding effects of these identities through the fatherhood transition.

4. Discussion

The primary purpose of this analysis is to clarify the meaning of social support for first-time fathers. There is a challenge in using social support and social networks interchangeably in this context, leading to confusion. The analysis clarifies that social support is a social network component, and social networks are a precursor to social support [18, 66].

Caring and social support are interrelated but involve different dynamics. Caring consists in being responsible for the parent, while all members of society offer social support. Professional caring must include social support; an emerging trend is the socioecological perspective [11, 60]. This perspective promotes positive outcomes for families by prioritizing social support for childbearing families.

Furthermore, a notable paradox has been identified about the support given to first-time fathers. First-time fathers desire and expect to be involved in caring for themselves, their partners, and their children [2, 27, 35, 36, 67, 68]. However, there are significant disparities in support within different systems and structures, demonstrating a “patriarchal deficit” and a disconnect between research and practice. The multidimensional nature of social support justifies the need for context-specific application of the concept in practice and research considering the needs of the population [5] studied through the use of the Walker and Avant methodology.

First-time parents may need perinatal support from formal and informal sources in organizations and communities. Social support for first-time fathers is gaining momentum, and it is clear that emotional, instrumental, informational, and appraisal support is also effective for

fathers [22]. The concept analysis suggests individualized support aligned with fathers’ needs and expectations [6]. Social support can benefit both mothers and fathers and neglecting either parent has significant implications for family-centred care. Therefore, identifying and enhancing social support systems available to first-time fathers is essential.

Navigating the transition to parenthood is challenging due to gender norms and social pressures. Fatherhood support and gender inclusivity are crucial for contemporary families [6, 40, 42, 61]. Inclusive language and recognition of diverse family structures are gaining importance in legal and policy implications. The use of gender-neutral terms like “partner” instead of gendered terms like “husband” or “wife” is crucial in creating an environment that honours diverse family structures, especially for the LGBTQIA + community. Further research is needed to investigate the availability of support systems for partners and coparents in non-traditional families within the perinatal context. The recognition of diverse family structures in legal and policy implications is growing.

5. Strengths and Limitations

This study covers research on first-time fathers’ social support, clinical practice, and parents’ perspectives, across countries and disciplines. Few studies have focused on providers’ perspectives regarding including fathers in perinatal care, warranting more research. The analysis primarily reflects first-time fathers’ perceptions in the European context, with a few from a nonwestern context. The study suggests that future research on fathers must include all fathers, including social fathers, same-sex fathers, and comothers, supporting diversity, inclusion, and equity principles. However, the study focuses on English-language articles, limiting its global applicability to other languages.

6. Relevance for Nursing Practice and Research

Promoting paternal support is crucial for bolstering perinatal mental health, which is an essential aspect of nursing care during pregnancy and the postpartum period. To ensure the best possible outcomes for expectant and new parents, nursing care must adopt a multifaceted approach that includes educating parents on the importance of paternal support, creating a welcoming environment within healthcare facilities, employing effective communication strategies to encourage emotional support, and offering routine mental health screening and counselling services tailored to couples facing perinatal mental health challenges. In addition, parenting classes involving both partners should be provided to emphasize shared responsibilities and emotional support. A family-centred approach to care is paramount, recognizing the interplay between maternal, paternal, and child wellbeing and ensuring a holistic and nurturing environment for all. Nursing care must encompass a multifaceted approach to promote perinatal mental health and strengthen family wellbeing. A foster counselling perinatal nursing must be family-centred, enabling fathers to

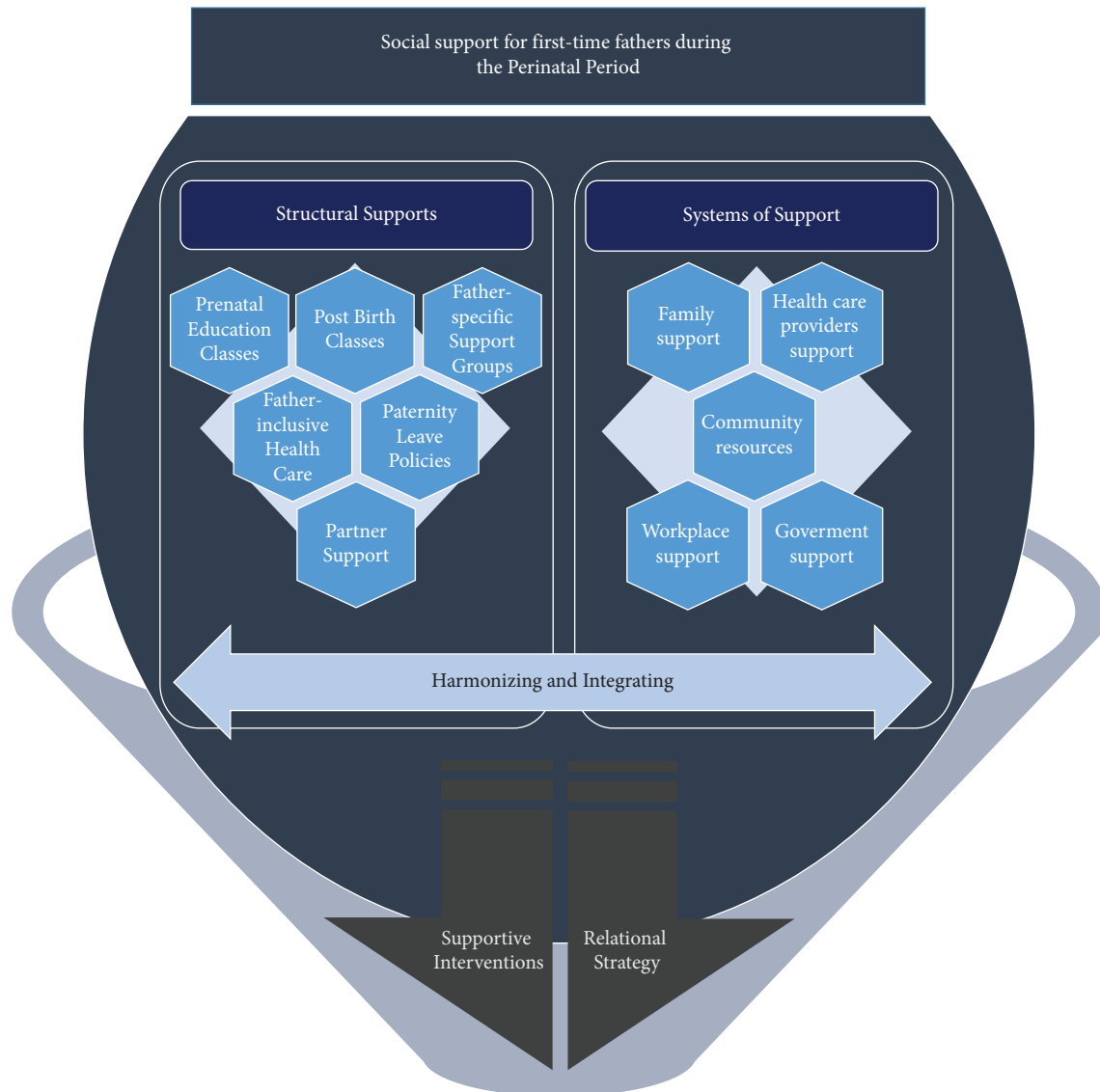


FIGURE 3: Illustration of the operational definition of social support for first-time fathers.

play an active role, creating a safe communication space, and guiding them through newborn care. Perinatal nurses should assess mental health, connect families with community resources, advocate for inclusive policies, and demonstrate cultural competence. Defining social support for first-time fathers expands the significance of supporting fathers in perinatal care. Integrating father-friendly initiatives into traditional and community healthcare fosters family-centred care through mutually beneficial partnerships between parents, families, and perinatal nurses. Innovative technological spaces integrating virtual and in-person applications can involve fathers in pregnancy and childbirth. Perinatal nursing curriculum content should integrate social support for first-time fathers across healthcare disciplines to facilitate the development of a father-friendly culture among perinatal nurses and healthcare providers.

7. Conclusion

Social support promotes perinatal wellbeing for first-time fathers and their families. It encourages connections, care, and compassion during childbearing. This concept analysis concluded that social support could be defined as the perceived assistance received through supportive behaviours, from supportive sources, and supportive relationships within first-time fathers' individual and social networks. For perinatal research and practice, a comprehensive definition of social support must include relational and supportive interventions. Thus, this article on "Enhancing Paternal Support" is a groundbreaking exploration of an overlooked aspect of parenting. By adopting the proposed improvements, the authors have the potential to significantly impact the field, promoting a more comprehensive and culturally informed understanding of the role of fathers in

childrearing. This piece paves the way for future research and encourages a shift in the overall perception of fatherhood.

Data Availability

The review data used to support the findings of this study are included within the article. The review data used to support the findings of this study are included within the supplementary information file(s). The review data used to support the findings of this study are available from the corresponding author upon request.

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

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Supplementary Materials

The concept of social support for first-time fathers during the perinatal period is analyzed by reviewing relevant peer-reviewed articles. Findings are summarized in Supplementary Review Table 1, which details the fundamental characteristics (attributes), antecedents, consequences, and empirical referents inherent to the concept of social support. The table offers insights into the practical implementation of supports within contemporary real-world contexts, as substantiated by the existing literature. (*Supplementary Materials*)

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