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Original Research

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Fathers, Futures, and Fragile Contexts: Men's Intergenerational Perspectives on Pregnancy in a Low-Income South African Setting

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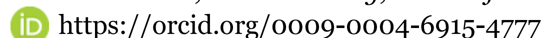
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Abstract

Men's involvement in their partner's pregnancy in low-income South African settings is influenced by a complex interplay of contextual factors that influence the nature and extent of their participation. The confluence of these factors contributes to limiting men's adoption of an intergenerational perspective of their partner's pregnancy. The adoption of an intergenerational perspective by men may enhance outcomes for

maternal and child health, but it remains understudied. This qualitative study explored intergenerational perspectives of men in Soweto, South Africa, regarding their partners' pregnancies. An exploratory descriptive qualitative approach was employed. We conducted in-depth individual interviews with 19 male partners (fathers = 19, aged 25–46 years) of pregnant women enrolled in the Bukhali trial in Soweto and analyzed data using a reflexive thematic approach. Three themes were generated from the data: unplanned pregnancy, men's fears and hesitations surrounding the discovery of their health status, and the sociocultural and institutional representation of pregnancy as predominantly feminine. The confluence of these factors served as barriers to men adopting intergenerational perspectives of their partner's pregnancy. Addressing these barriers is essential to conscientizing men of their critical role in reproductive health as well as promoting increased participation of men in maternal and child health.

Keywords: *pregnancy, intergenerational perspective, fathers, father involvement*

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Introduction

The integration of men into reproductive and maternal healthcare and their active participation in their partners' pregnancies remains limited in low-income South African contexts (Cumber et al., 2024; Draper et al., 2023; Drysdale et al., 2021; Engelbrecht et al., 2024; Matseke et al., 2017; Nesane & Mulaudzi, 2024). This limitation is attributed to various perceived barriers that hinder men's full engagement in parental health responsibilities. These barriers include sociocultural factors such as entrenched gender norms that designate childbearing as exclusively a woman's domain and stigmas surrounding male involvement in antenatal care. A study by Nesane and Mulaudzi (2024) in Limpopo Province, South Africa, identified cultural beliefs, practices, and socioeconomic conditions as barriers to male involvement in antenatal healthcare. Men, in addition to these factors, expressed feelings of discomfort entering predominantly female healthcare spaces, illustrating how facility and systems limitations indirectly excluded men from participation. Similarly, a study by Engelbrecht et al. (2024) among Sesotho-speaking men in the Free State province, South Africa, emphasized the importance of male-partner interventions aligned with sociocultural practices and gender norms. The study highlighted how low male partner involvement (MPI) was influenced by young age, men who had not had a male role model involved in domestic chores, men who were not interested in attending maternal health programs, and unemployment and economic barriers.

Economic barriers comprise men's work-related constraints, often due to inflexible job schedules or the prioritization of income-generating activities over clinic visits. Institutional barriers involve health facility environments that are not men friendly or lack targeted services for men and healthcare staff attitudes that may inadvertently discourage men's participation (Cumber et al., 2024; Drysdale et al., 2021; Ladur et al., 2021). Despite these challenges, research underscores the potential positive impacts of men's involvement in pregnancy and reproductive health. Involvement before and during pregnancy has been linked to improved maternal and child health outcomes, such as providing emotional support that reduces maternal stress and anxiety, promoting healthier behaviors in pregnant partners, and contributing to decreased risks of preterm births and low birth weights (Draper, Motlhatlhedi et al., 2023; Drysdale et al., 2021; Fleming, 2018; Kothari et al., 2019; Mabetha et al., 2024; Nesane et al., 2016). Nevertheless, the persistence of sociocultural gender norms and hegemonic masculinity discourses continues to shape and often restrict men's roles in pregnancy-related contexts within low-income South African settings. These societal constructs influence men's

perceptions of their responsibilities, often reinforcing a limited engagement with maternal and child health services despite the evident benefits of their involvement (Engelbrecht et al., 2024; Makusha, 2024).

In economically disadvantaged urban and rural areas of South Africa, pregnancy is frequently perceived as an exclusively feminine responsibility, shaped by entrenched sociocultural norms and reinforced through institutional practices (Cumber et al., 2024; Nesane et al., 2016). This gendered perception, compounded by the prevalence of unplanned pregnancies (Draper, Motlhatlhedi et al., 2023; Naidoo et al., 2024; Ncayiyane & Nel, 2023) and men's general reluctance to engage proactively with their own health (Nyalela et al., 2023; Tshuma et al., 2024), often diminishes men's understanding of their critical role in fostering intergenerational health and well-being (Cumber et al., 2024; Nyalela et al., 2023; Osborne & Ahinkorah, 2024). Consequently, these interrelated sociocultural and behavioral factors can hinder men from adopting a sustained, intergenerational perspective regarding their partner's pregnancy and the broader implications for family health.

Within the context of this paper, we define an intergenerational perspective as an awareness or consciousness of how one's behaviors, experiences, and lifestyle can impact the next generation (Kim et al., 2023). In relation to men, this can stem from an awareness of how his preconception health and social well-being are critical to providing a healthier environment for the mother and baby (Kothari et al., 2019). An intergenerational perspective also includes an awareness by a father of the impact of his involvement for the cognitive, social, and emotional development of his child/ren (Cumber et al., 2024). This perspective also includes an awareness of how his involvement can have positive effects on his child/ren's early childhood development as well as improved mental health and resilience for his child/ren in adolescence (Osborne & Ahinkorah, 2024).

In addition, an intergenerational perspective on pregnancy requires a long-term view that extends beyond the immediate pregnancy period to long-term, multifaceted considerations across the life course of the mother, father, and child (Kothari et al., 2019; Osborne & Ahinkorah, 2024). While extant research acknowledges the limited involvement of men in matters pertaining to pregnancy and reproductive health (Draper, Motlhatlhedi et al., 2023; Drysdale et al., 2021; Engelbrecht et al., 2024; Makusha, 2024; Ncayiyane & Nel, 2023), there exists a paucity of research to better understand men's capacity to adopt an intergenerational perspective during their partner's pregnancy.

Therefore, the aim of this study is to qualitatively investigate the ways in which fathers' adoption of an intergenerational perspective on their partner's pregnancy is influenced by the confluence of unplanned pregnancy, men's fears and hesitations surrounding the discovery of their health status, and the sociocultural and institutional representations of pregnancy as predominantly feminine.

Theoretical Framework

We drew upon the social role theory of Eagly and Wood (2012) to examine the data through the framework of socially constructed gender roles, which asymmetrically assigned men and women to distinct domains within a gendered division of labor. Specifically, reproductive and caregiving roles were socially ascribed to women, while men were framed into agentic roles associated with economic provision and the public sphere. This division demarcated a clear boundary between the nurturant private sphere, traditionally associated with women, and the public sphere of men. The expectations embedded within these gender roles act as normative pressures that structure behavior that aligns with sex-typical gendered roles. Through processes of self-regulation, men may tend to conform to socially prescribed gender norms, in turn shaping their involvement and positioning in relation to reproductive health.

Methods

Study Design and Setting

This qualitative study was conducted at the Chris Hani Baragwanath Academic Hospital in Soweto, Johannesburg, South Africa. It is part of the Healthy Life Trajectories Initiative (HeLTI), specifically the process evaluation of the Bukhali randomized controlled trial that is being conducted with 18- to 28-year-old women in Soweto, a historically disadvantaged, urban, low-income settings in Johannesburg (Draper, Motlhatlhedi et al., 2023; Norris et al., 2022). This was a qualitative secondary analysis (QSA) exploring how men engage with their partner's pregnancy, with a particular focus on whether they adopt an intergenerational perspective. Conceptually, this study differs from previous Bukhali qualitative research, which explored men's individual perceptions around relationship dynamics, their partner's pregnancy, and fatherhood (Draper, Motlhatlhedi et al., 2023). In contrast, the present study specifically explores the nature and extent to which the partners of the young women who became pregnant during the trial adopt an intergenerational perspective on their partners' pregnancy. The Bukhali complex intervention is delivered by trained community health workers (CHWs), referred to as health helpers (HHs) (Draper, Thwala et al., 2023). HHs provide health literacy support, conduct risk screening referral and management support, provide multimicronutrient supplementation, and support health behavior change through healthy conversation skills (Draper, Thwala et al., 2022). The Bukhali process evaluation is focused on the context of participants' lived experiences—inclusive of their family, social, and community environment—of which their partner (father of the baby, if they become pregnant) is an integral part (Draper, Thwala et al., 2023). Qualitative methods are central to the Bukhali process evaluation, enabling in-depth exploration of context, implementation, and mechanisms of impact (Draper, Thwala et al., 2023). Previous qualitative analyses have explored how the complex socioeconomic and environmental setting encountered by young women in Soweto impact their health choices and behaviors with adverse consequences for their preconception health (Draper et al., 2020; Ware et al., 2019).

In addition, given the effects of stressful living and social conditions, mental health was identified over physical health as a priority for young women in Soweto (Draper et al., 2019, 2022), with the role of trauma subsequently having been acknowledged and is being dealt with in the trial (Draper, Thwala et al., 2023). Previous qualitative research has also explored the factors influencing the implementation of the preconception and pregnancy phases of Bukhali from the perspectives of the HHs (Soepnel et al., 2024). Relatedly, in giving voice to HHs, the experiences and perspectives of HHs in delivering the Bukhali intervention in the context of living in Soweto has also been explored (Draper et al., 2024). In addition, retention in the Bukhali randomized controlled trial has been explored from the perspective of trial participants and staff through the theoretical lens of self-determination theory (Draper et al., 2025). Furthermore, qualitative analysis has also examined aspects such as the importance of social support networks (of which the male partner is crucial) for participants during pregnancy (Mabetha et al., 2024) as well as individual perceptions of partners of young women in Soweto around relationship dynamics, their partner's pregnancy, and fatherhood (Draper, Motlhatlhedi et al., 2023).

Participants

This qualitative study comprised a secondary analysis of interviews conducted with fathers, as part of the Bukhali process evaluation (Draper, Motlhatlhedi et al., 2023). Participants in the previous study (and, thus, whose interview data were used for this paper's analysis) were male partners of women enrolled in the Bukhali trial. Recruitment was contingent on the female participant's consent to provide contact details for her partner, introducing an inherent selection bias and limiting inclusion to those men whose partners were willing and able to facilitate contact. This approach precluded participation from men whose partners did not consent or who were unavailable or uninterested in participating.

Male partners were initially approached during their partner's pregnancy and invited to partake in a range of biopsychosocial assessments as part of the broader trial. For the qualitative interviews, participants were recruited from among those who had completed or expressed willingness to complete these assessments at the time of data collection. Of the 44 eligible men contacted, 27 agreed to be interviewed, and 21 were able to schedule and attend an interview. Due to technical issues, two interview recordings were unusable, resulting in a final analytic sample of 19 participants. The ages of participants ranged from 25 to 46 years (mean = 32.47 ± 6.08; median = 31).

Interviews

The present researchers were not the primary interviewers but conducted a secondary analysis of the interview transcripts. What follows describes the original data capture process for the primary interviews. For the original study, individual in-depth interviews were deemed suitable to address the study aim. This method allowed for the in-depth exploration of individual perceptions around unplanned pregnancy, men's fear of discovering their health status, and the sociocultural and institutional framing of pregnancy as the domain of the feminine. These interviews were conducted by a trained male interviewer and a notetaker fluent in the local languages from April to July 2022 at the research site. The length of the interviews ranged from 20 minutes to 78 minutes (average 37 minutes) and were audio recorded and transcribed verbatim, where necessary, after their English translation. All the transcripts were quality checked against recordings. (Further details of interview questions are provided as supplemental material.)

Data Analysis

A reflexive thematic approach was taken to the descriptive and explanatory process of analysis, which foregrounds the researcher's role in knowledge production (Braun & Clarke, 2019, 2023, 2025). Reflexive thematic analysis is distinct from a codebook approach, where all or some themes are determined prior to the analysis. A reflexive thematic approach was taken for its organic and open-coding procedures and theme development, which centers the researcher's interpretative engagement with the data. With this approach, themes don't "emerge" but are actively generated by the researcher through interpretation and an iterative process (Braun & Clarke, 2025).

The choice of this approach for analyzing the data was influenced by its flexible and exploratory nature while recognizing that knowledge production is always situated and reflects the subjectivity of the researcher. We also wanted to acknowledge our subjectivity as integral to knowledge generation and that no correct interpretation of data exists, thus distinguishing our approach from a small q, positivist approach to qualitative data analysis (Braun & Clarke, 2021). In addition, the qualitative research value of researcher subjectivity is conceived as a resource to research, with coding being conceived as ". . . an inherently interpretative practice, and meaning is not fixed within data" (Braun & Clarke, 2023, p. 2).

Employing Braun and Clarke's (2006) six-step thematic analysis framework, we began by familiarizing ourselves with the data with transcripts being reiteratively reviewed accompanied by analytical note-taking documenting initial interpretations. The data were deconstructed and organized into meaningful units and labeled based on participants' own descriptions. Codes were clustered into provisional themes through comparative analysis of patterns across the transcripts. Provisional themes were evaluated ensuring coherence, with overlapping themes being refined. Themes were evaluated to identify well-organized patterns in the data, and final themes were generated by matching each participant's description to the relevant theme. Codes were inductively generated through open coding from which three dominant themes were developed. The analysis output was consolidated into three final themes: (1) unplanned pregnancy, (2) fear discovering health status (men don't cry), and (3) social-cultural and institutional construction of pregnancy as the domain of the feminine. Through a selection of illustrative quotes, the themes are presented below.

Ethical Considerations

Ethical approval for the original study was obtained from the human research ethics committee (medical) at the University of the Witwatersrand (Ref: M190449). All participants gave written informed consent for their involvement in the interviews in the original study. The original ethical approval (transcripts) did not preclude or set limits on the use of primary data for secondary analysis, as is the case for this study. Therefore, original ethics approval covers secondary data analysis. Furthermore, this study adhered to rigorous confidentiality and data integrity protocols, with the participants' anonymity being maintained, ensuring ethical compliance in the use of the data.

Results

Unplanned Pregnancy—It's Like God's Plan: Limits Future Orientation

The experiences of most participants highlighted that the essence of an unplanned pregnancy essentially entails a high degree of unpreparedness, which can be conceived as inherently limiting long-term perspectives on pregnancy. This results from financial and emotional unpreparedness for fatherhood by the expectant father, as most of the participants were concerned about their financial ability to provide and to handle the new responsibility within precarious economic environments. This dynamic can result in added tension and stress in a challenging socioeconomic environment.

Due to the immediate socioeconomic pressures of pregnancy and fatherhood faced by men, the result was the foregrounding of immediate economic provision over long-term perspectives on pregnancy, thus limiting their intergenerational perspectives of their partner's pregnancy. This aligns with previous research that highlighted how economic precarity and stressful lives led by young women in Soweto led them to prioritize immediate survival strategies (Norris et al., 2022). In addition, given the context of their immediate environment, young women in Soweto prioritize immediate employment and education opportunities over long-term health, which is evidenced by a live-for-now mindset (Draper et al., 2020).

As a mechanism of sense making of the unplanned nature of their partner's pregnancy, some invoked a religious sentiment under conditions of socioeconomic precarity. This was framed as beyond the participant's control but part of God's plan. Most of the participants highlighted the unplanned nature of their partner's pregnancy, remarking that they were not ready for the pregnancy. One participant was clear that despite the unplanned nature of the pregnancy, he and his partner were aware of the consequences of their actions.

> Planned pregnancy no I don't think from my side it was a planned pregnancy. I'm not sure from her side. But the thing is we both knew what we were doing. So, without doubt we knew what the consequences would be. (20)

> Eish, I felt like I was going to die because I wasn't ready for another baby, honestly she was, we were not ready for another baby. We might have spoken about it before but like we were not ready. Ja, and then I feel like I just honestly, I didn't want the baby. (10)

> No, it wasn't planned no, we didn't like plan like we are having like a baby. We always being we want a baby but it came actually sooner than we what we had expected or thought we would have a baby, ja. (2)

The nature and dynamics surrounding the pregnancy of their partners provided insight into the circumstances of the pregnancy. The nature of the pregnancy was linked to the status of their relationship, with some respondents highlighting that it was the discovery of their partner's pregnancy that not only came as a

surprise but also altered their commitment to their partner. Thus, despite the unplanned nature of the pregnancy, it nonetheless served as a catalyst for some participants to focus on forming stronger bonds with their partner, which, prior to the discovery of the pregnancy, was not the case.

> Ja, I was just passing time; it was not something serious when it started; it just started when I started to find out that okay this woman is pregnant and then that's when I started to say you know what let me pay more attention to this person who is pregnant now. (1)

Some participants mentioned that the unplanned nature of their partner's pregnancy amplified the level of struggle they were facing before the pregnancy, which increased their stress around their ability to not only provide for themselves but also for a child while confronted with unemployment and precarious socioeconomic conditions.

> Uhm like for now I wasn't planning of having any child, any child that was out of my mind. So, now I'm not working so now eish, I'm going to have a child, what that child going to eat, how we going to do, because we both don't work. So, ja eish it is tough but when time goes by I think everything will be fine, ja. (4)

The participants' accounts showed that their challenging socioeconomic environment shaped how they reacted to their partner's unplanned pregnancy and subsequently prepared for fatherhood. The unplanned nature of their partner's pregnancy forced them to focus on the immediate environment in which the ability to provide financially was seen as a priority. Relatedly, to make sense of the unplanned nature of their partner's pregnancy under challenging socioeconomic conditions, some participants adopted a fatalistic approach to the pregnancy. Although the pregnancy was unplanned, it was viewed as beyond their control by most participants and part of God's plan. This reflected the common belief among participants that pregnancy was an inevitable part of life; if it occurred unexpectedly, it was conceived as being guided by God's will.

Religious sentiment around pregnancy seemed to be a means around which some participants made sense of the unplanned nature of their partner's pregnancy, particularly within contexts of socioeconomic challenges encountered by some of the participants. One participant made the association between the unplanned nature of his partner's pregnancy, linking it to God's plan:

> It wasn't planned; it wasn't planned… It just happened you know it's like God's plan, ja. (5)

"Fear" of Discovering Health Status—Men Don't Cry

Participants' attitudes toward their health and health facilities in general can be conceived as a "fear" or hesitation to being fully informed about their health status. This was articulated around the "fear" of discovering what they might otherwise not have wanted to know as well as to general perceptions of healthcare facilities as spaces of weakness, with this view being influenced by traditional conceptions of masculinity. Related to men's knowledge of their general health status, some participants described a culture of fear and hesitation among young Black men in Soweto, both about discovering their health status and stigma about healthcare institutions. Their fear and hesitation stemmed from an awareness among some of the participants that some men might be engaging in poor health-seeking behavior and that they might discover adverse health conditions if they were to attend health screenings at a local healthcare facility. Thus, the fear and hesitation of discovering one's health status is captured by the concept of it is better not knowing. This is captured by the two quotes below:

> My man you see as guys to be honest with you guys are afraid of the hospital, guys are afraid of the hospital because guys get up to a lot of things that if you go to the hospital those things may emerge which you didn't even know you had those things; there are lots of things that we do as guys and we're

> running away from those things being revealed in the hospital like finding out you have diabetes or high blood and the like; so guys are running away from that thing, to know our status and state of health. (12)

> We have this concept of it's better that I don't know, than to know; because if I know it's going to eat me alive rather than if I don't know. (9)

As evidenced by the study, men held perceptions of healthcare institutions as spaces for the weak, which contrast to their notions of masculinity. Similarly, participants associated healthcare facilities with spaces that will uncover their poor health-seeking behavior and noted the stigma that might attach to them if they visit healthcare facilities. Some participants described forms of internalized stigma men might have in relation to visiting healthcare facilities, with these spaces being conceived as solely for the sick as opposed to being spaces of preventative healthcare as well.

> For them they see a hospital as a place of death, a place for weak people, you know that belief that men are not weak and all that; so they have that mindset of how will people look at me if they see me coming out of the hospital, people will start thinking I'm sick and all that... like we're more scared of society than challenging yourself; that's how guys are. (13)

> Ja, eish like hospitals; ja they're like what am I going to do at a hospital because I'm not sick; so that is how they think, like it's only sick people that go to the hospital. (19)

Articulating their perspectives from a male locus and as men from Soweto, most of the participants highlighted the lifestyles that some men lead in Soweto as adverse toward health. These relate to having numerous partners and engaging in unsafe sexual activity, with this producing a sense of anxiety among men, who fear that the negative consequences of their behavior might be exposed by engaging actively in their partner's pregnancy or visiting healthcare facilities to conduct health screening.

> Eish guys have a lot of things that they are hiding which maybe they know what they're up to, so when they come here, they know some things will be revealed which they don't want revealed. (18)

> Isn't it you know that most guys have many girlfriends on the side so when these things come up they'll think eish I slept with that girl without a condom or I did this and that so I'm not going there because what if they test me or what if this and that; ja that's how guys are. (16)

> Isn't it guys are naughty, you see how they live with their promiscuous ways, so they're afraid that their behavior will be exposed or what; so whatever I do I do it with my partner just the two of us, yes. (15)

Some participants mentioned that lifestyles associated with multiple sexual partners and increased sexually risky behavior are some of the reasons some men might avoid discovering their health status, and, as such, avoid environments where their health status will be a focus.

> I don't know how I can put it but I can say it's someone that like a person who doesn't take care of themselves, like I can say maybe it's someone that who is abusing alcohol it happens sometimes that you can forget about your partner and then now you just want to sleep with someone else, so you end up not knowing if I'm still fine or what; so you won't like to participate if you know that you are maneuvering (giggle) and moving around and around you know, ja. (5)

> It can be a lot, others... because uh there's uh they check blood and stuff, so maybe others they might be scared to find out things that they don't think they'll find out... Especially when it comes to testing

> HIV and things like that... there's a lot that they can test for in fact but some of them prefer not knowing about it. (19)

The concept of preferring not to know about one's health status was constant throughout most participants' engagement in relation to other men in their social circles. The attitude of living for the moment and avoiding the discovery of one's health status as mentioned by some participants served to limit men's engagement with the generational effects that their current lifestyles can have on the health of their children.

Sociocultural and Institutional Construction of Pregnancy as the Domain of the Feminine

Some participants experienced stereotypically gendered attitudes within their communities due to them assuming roles that are traditionally conceived as women's roles. These roles related to actively being involved during their partner's pregnancy and assuming child-rearing responsibilities as well as actively being engaged in household chores after the baby was born.

While the participants involved in the study can be seen as contesting the notion of pregnancy as the domain of the feminine, they expressed experiences within their communities that highlighted the persistence of the sociocultural construction of pregnancy and childcare as the domain of the feminine within their communities.

> It's like sometimes I see... like I have friends but they're not really my friends you know; so we sometimes sit outside and smoke and they say where are you going there inside the house and I tell them that I baby sit and they say I'm a fool why don't I take that baby to crèche and I'm like this is my child and I'm going to raise her myself, like at crèche we're going to have to pay R1000 which you could just save and then raise your child yourself and have no problems; why should you be afraid to stay with your child all because of being afraid of what people are going to say? (3)

Conceptions around a gendered division of labor in childcare and what it means to be a man in a traditional patriarchal environment certainly were contested by some of the participants.

> I can also include culture there to say most of us know that men don't look after the child, a man doesn't cook or do laundry; no that thing is no longer relevant; we are going 50/50 now guys; you wash your partner's things, even her panty because when you want to have sex you are able to take her panty off but when it's time to wash it you don't want to wash it but you want her to wash your underwear, so how come we don't go 50/50? I mean your partner is your partner and who should look after your child? Who do you expect to take care of your child, okay let's say your partner is sick who should feed and wash your child, so we need to support each other guys. (14)

Some participants highlighted how they actively contested gendered conceptions of childcare and traditional notions of masculinity. One participant was very assertive in his belief in actively raising his child, despite stereotypical remarks from friends and neighbors describing him as a fool for allowing his partner to "leave" him at home with their child while she went to work. The notion within the community was that roles had been reversed and that he was being emasculated by actively engaging in childcare as a man while his partner left him at home. He, however, articulated a positive outlook in response:

> There are lots of guys out there... especially us guys we run away from responsibilities, when you try advise them they tell you... okay like me right I stay with my child most of the time, I've been staying with her the past three weeks, so I would hear people say your girlfriend leaves you with the baby and all that and then the question I have for them is whose child is this and who is supposed to raise her if not me; so if you're a man you shouldn't be afraid of what people, your partner is your partner and you

> need to love her and raise your own kids don't let someone else raise them or run away from raising them because who will raise them? (3)

The sociocultural articulation of pregnancy as the domain of the feminine is reinforced through institutional procedures within public health facilities. These procedures cast fathers as secondary to pregnancy as opposed to a primary figure in need of full inclusion in pregnancy.

> At Jabulani I was told that we're not allowed to see the mother and child, only when we come to collect them can we see them. (17)

There was a general sense from some of the participants that public healthcare facilities are not institutionally or structurally conducive for men to enter consultation rooms without infringing on the privacy of other women, thus making antenatal clinics uncomfortable spaces for some men. Some participants highlighted that COVID-19, with its procedural restrictions on male involvement in their partners' pregnancy, entrenched the sociocultural representation of pregnancy as a women's matter.

> Yes, well since she fell pregnant during COVID it wasn't easy to go to the clinics that time, yes so she went alone… They told us at the clinic that only the pregnant woman comes in, you as the partner can't come in. (1)

> Each time she went for a scan, or she went to the clinic I accompany her, but since it's been with Corona virus there is a lot of, also we are not allowed to go, she goes in alone. I take her there and when she is done, she calls me and I fetch her. (2)

As some of the participants' experiences highlighted, gendered conceptions of pregnancy are perpetuated when men's experiences of their partners pregnancy at healthcare institutions place men in a secondary role. This has the effect of reinforcing traditional conceptions of pregnancy as a women's issue at an institutional level. The themes explored in this study represented intersecting determinants that motivated men's behavior toward their partners' pregnancy. Given the context of socioeconomic precarity that some men in Soweto encounter, these determinants may also limit men's ability to adopt an intergenerational perspective on their partners' pregnancy.

Discussion

The study's findings highlighted how the contextual setting in which men become fathers is vital to shaping their perspective on their partner's pregnancy. The study revealed how the intersection of the following factors framed most men's experience of their partner's pregnancy: (1) unplanned pregnancy, it's like God's plan: limits future orientation, (2) the fear of discovering their health status—men don't cry, and (3) the sociocultural and institutional framing of pregnancy as the domain of the feminine. This complements other studies in South Africa that highlighted the importance of understanding how context influences men's engagement with their partner's pregnancy and, subsequently, the extent of his involvement during pregnancy and after (Makusha, 2024; Ncayiyane & Nel, 2023; Nyalela et al., 2023).

Based on their everyday lived experience with other men, one key finding of this study was that most of the participants highlighted a culture of fear and hesitation among men of discovering their health status. Some participants highlighted lifestyle factors as a prime reason why some men avoided participation in their partner's pregnancy. The avoidance stemmed from a fear, based on their poor health-seeking lifestyles, that they may discover adverse medical conditions, which could jeopardize the status of their relationship with their partner. The adverse implication of this, as highlighted by other studies, was that when men avoid

learning their health status due to fear, the risk of adverse health outcomes for both mother and child increases (Montagnoli et al., 2021).

Similarly, life course perspectives emphasize the importance of optimizing men's health before conception as critical to equitably improving population health (Anakwe et al., 2022). The findings are in line with existing literature that has highlighted how low levels of health literacy among men in low-income South African settings (Makusha, 2024; Ncayiyane & Nel, 2023) make it difficult for them to conceive of the significance of their preconception health and their broader importance in reproductive health and birth outcomes (Drysdale et al., 2022). This can be further exacerbated in contexts of unplanned pregnancy.

Another key finding was that most participants reported that their partner's pregnancy was not planned. The intersection of unplanned pregnancy and the fear of the father discovering his health status can impact maternal well-being and healthy child growth and development in the long term (Drysdale et al., 2021; Montagnoli et al., 2021). Previous studies have highlighted that fathers with unplanned pregnancy were significantly stressed and displayed feelings of powerlessness in adapting to the arrival of the newborn (Clinton & Kelber, 1993). The stress associated with unplanned pregnancy is compounded in low-income settings, where fathers who are unable to fulfill entrenched sociocultural notions of the man as a provider face the stigma of being seen as unable to provide (Makusha, 2024).

Subsequently, the inability to provide financially and its associated stigma have adverse effects on the father's mental health (Makusha, 2024), with some fathers likely to disengage from the child's life (Clinton & Kelber, 1993). The findings related to unplanned pregnancy in this study confirm previous research on the significance of relationship dynamics in how accessible and involved the male partners of pregnant women may be (Draper, Motlhatlhedi et al., 2023; Mabetha et al., 2024). This was also within contexts in which participants held skeptical views on healthcare institutions.

Most participants expressed feelings of public healthcare institutions inducing feelings of alienation due to the father's being excluded from certain aspects of the pregnancy process. This was included in the experience of some participants, who said they were not allowed to see their partner and baby after the partner had given birth. These participants recalled only being allowed to see them once they were discharged from hospital. The lived experience of fathers in low-income settings dependent on public healthcare institutions highlighted the need for pregnancy and its related institutional framing to adopt a male-friendly approach to enhance the participation of fathers in reproductive, maternal, and child health.

This finding supports previous research around the need to shift the narrative of pregnancy as being the domain of the feminine, with the need to create spaces more accessible for the father's involvement in reproductive health (Cumber et al., 2024; Drysdale et al., 2021; Foglabenchi et al., 2024). The extant institutional structure around pregnancy reinforces sociocultural notions of pregnancy and, subsequently, childcare as the domain of women. This automatically structures men as peripheral in child development and maternal health and child health outcomes.

This is despite the significant benefits of paternal involvement to mother and child health outcomes (Cumber et al., 2024; Draper, Motlhatlhedi et al., 2023; Drysdale et al., 2021; Mabetha et al., 2024). Thus, our study findings can contribute to context-specific interventions targeted at enhancing the participation of men in reproductive health as well as early childhood development. This can also expand mother, father, and child health outcomes in the study area and settings with similar socioeconomic, cultural, and institutional configurations.

Limitations

This study had some limitations. The data used for this study come from a prior primary qualitative study, and, as such, the current study is a secondary analysis that sought to explore a question related to the primary data. While it is not unusual within qualitative research to use prior primary data for secondary analysis, as was the case for this study, this could be potentially perceived as a limitation of this study. We are confident that the data were ethically obtained for the primary study and that they hold veracity. In certain instances, we drew on participants' perceptions to explore why some men in their communities were less involved in their partners' pregnancies compared to those in the study.

As fathers and expectant fathers, participants also provided insight into how men outside the study understood pregnancy and engaged with healthcare institutions. As such, the reliance on self-reported data could have resulted in social desirability bias, with the participants casting themselves favorably around topics such as pregnancy, fatherhood, and childcare (Makusha, 2024). In addition, the study was limited to a sample size of men geographically located in Soweto and may not be representative of other settings. Future research can conduct similar studies in other settings in South Africa to investigate how the everyday lived experience of men shapes their engagement with their partner's pregnancy along with the intersecting determinants that influence their perspective.

Future Directions

Fathers have a significant impact on maternal and child health (Draper, Motlhatlhedi et al., 2023; Drysdale et al., 2021; Fleming, 2018; Kothari et al., 2019; Mabetha et al., 2024; Nesane et al., 2016); thus, promoting intergenerational perspectives on pregnancy among men is essential. However, male involvement is often hindered by structural, sociocultural, and economic barriers. Public clinics and hospitals remain largely unwelcoming spaces for men, limiting their participation in antenatal care (Nesane & Mulaudzi, 2024). Effective interventions must be culturally and gender norm sensitive, grounded in the lived experiences of men and responsive to context-specific challenges (Engelbrecht et al., 2024). Additionally, policies should address socioeconomic factors such as poverty, precarious employment, and unemployment that shape men's roles in pregnancy and fatherhood in the low-income South African setting. Structurally integrating men into reproductive healthcare beyond enhancing maternal and child health outcomes can also promote men's own health and the development of their identities as parents and caregivers, thereby promoting sustained intergenerational well-being.

Conclusion

To realize improved preconception health for men, pregnancy planning, and partner support, there is a need to reconcile the immediate contextual demands confronted by men with the promotion of an awareness among fathers of the critical role they have in future generations. This requires an awareness of how the multiple intersecting determinants highlighted in this study influence how men conceive of their partner's pregnancy as well as how they engage with fatherhood in general.

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