

Exploring men's alcohol consumption in the context of becoming a father: A scoping review

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Contributions

EDD and CE were involved in the conceptual development of the project. All authors were involved in the development of the search strategy. All authors contributed to the writing and editing of the protocol. All authors read and approved this protocol.

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Competing interests

The authors wish to declare no competing interests.

Abstract

The role of men in supporting alcohol-free pregnancies has been largely ignored. For some men, the transition to fatherhood may present a teachable moment when they evaluate their health behaviours and adopt a healthier lifestyle. However, other new fathers may continue to consume alcohol in the pre- and post-natal period as a form of “hedonistic” escape and a way to maintain social bonds. It is important to explore men's experiences of alcohol consumption in the context of new fatherhood and to design tailored, gender-sensitive interventions to support men to reduce or quit drinking. This scoping review is the first comprehensive synthesis of research on the impact of becoming a father on men's alcohol consumption and on the effectiveness of existing interventions to reduce drinking among new fathers.

This scoping review will follow a six-stage scoping review framework, developed by Arksey and O'Malley, and Levac et al. It will include published and unpublished empirical studies focusing on new fathers' experiences of alcohol consumption and the feasibility/effectiveness of interventions to address alcohol consumption in new fathers. Relevant articles will be obtained by searching the following databases: Medline, CINAHL, Web of Science, PsychInfo. Reference lists of included articles will be hand searched. Key information from included studies will be extracted into evidence tables. Data will be charted according to the review research questions. A steering group of academics, practitioners and third sector representatives will advise on the academic and policy implications of the review results.

Introduction

Pregnancy and becoming a parent can present “teachable moments”, when women are motivated to adopt healthy behaviours (McBride et al., 2003). There has been a lot of research focussed on producing guidelines and interventions to help women reduce and quit drinking alcohol during pregnancy (Stade et al., 2009; Gilinsky et al., 2010; Schölin et al., 2019). However, the role of fathers in contributing to alcohol-free pregnancies has been neglected (Burgess & Goldman, 2018). Research suggests that when men drink during pregnancy, this may increase the likelihood of their partner also drinking and negatively affect relationship quality (McBride & Johnson, 2016). It can also affect children as exposure to intoxicated adults has been linked to increased alcohol use in children under 13 years old (Kerr et al., 2012).

The transition to fatherhood may present a “teachable moment” when men’s priorities change from “public friendships” and spending time with friends to “settling down”, spending more time with their family and becoming a good role model for their child (Eggebeen et al., 2010; Garfield et al., 2010). Previous research shows that new fathers often evaluate their health behaviours, modify existing behaviours and adopt new ones (e.g. increase in physical activity; decrease in risky behaviours) (Garfield et al., 2010; Olsson et al., 2010). However, research also suggests that the many fathers continue to drink during and after pregnancy (Everett et al., 2007; Bailey et al., 2008; McBride & Johnson, 2016) and around 20% report binge drinking (6 standard drinks or more per occasion, each drink containing 12 grams of pure alcohol) at least once a month during their partner’s pregnancy (Hogberg et al., 2016). One potential explanation could be that the stress of becoming a father and the need to manage competing social demands become barriers to positive behaviour change. Unhealthy behaviours, such as alcohol use and smoking, become forms of “hedonistic” escape (Robertson, 2007; Williams, 2007). For example, men in one study reported using smoking as an aid to self-regulate emotional reactions to pressures of work, fathering responsibilities and a desire to maintain personal relationships (Kwon et al., 2014). Another explanation could be that unhealthy behaviours, such as drinking and smoking, form part of men’s identities (Emslie et al 2013; Emslie et al 2017, Kwon et al 2015). For example, Flemming et al. (2015) found that when fathers were pushed to quit smoking, they saw this as compromising core elements of their masculinity and created arguments. However, it remains unclear whether men use alcohol to manage social demands and maintain certain identities. Understanding if and how men’s alcohol consumption changes in the context of fatherhood can inform interventions and guide best practice on supporting new fathers to reduce hazardous alcohol consumption. If pregnancy is a “teachable moment” for fathers then alcohol interventions could be delivered during this time in order to capitalise on men’s increased motivation to adopt healthy behaviours, support their partners and care for their children. Reducing/quitting alcohol consumption in the pre- and post-natal period is likely to have benefits for men, their partners and children.

This scoping review will synthesise evidence on the impact of becoming a father on men’s alcohol consumption and on the effectiveness of existing interventions to reduce drinking among new fathers.

Methods

We will conduct a scoping review to examine the range and nature of research evidence on men’s alcohol consumption in the context of becoming a father. A scoping review is suitable for this topic as it examines the extent and nature of research activity in a particular field and is particularly appropriate when the research questions are broad and where studies of different designs are included (Arksey & O’Malley, 2005), as is the case for this review (e.g. qualitative studies exploring men’s experiences of drinking; interventions aiming to reduce alcohol consumption in new fathers). A framework for scoping reviews (Arksey & O’Malley, 2005; Levac et al., 2010) will be used in order to undertake the review in a rigorous and transparent manner. The framework consists of six stages, the last one of which is optional: 1) Identifying the research question; 2) Identifying relevant studies; 3) Study selection; 4) Charting the data; 5) Collating, summarising and reporting the results; 6) Seeking views and contributions of stakeholders. The review will be reported following PRISMA guidelines for scoping reviews (Tricco et al., 2018).

Stage 1: Identifying the research question

Scoping reviews comprise broad research questions (Levac et al., 2010). We developed a broad review aim to bring together evidence on the impact of becoming a father on men’s alcohol

consumption and on the effectiveness of existing interventions to reduce drinking among new fathers. However, to refine concepts within the aim and provide structure for the review, we developed three research questions:

- 1) What are men's experiences of alcohol consumption in the context of becoming a father?
- 2) What are the key characteristics of existing interventions to target alcohol consumption in new fathers?
- 3) What are the best ways to engage with new fathers in relation to reducing alcohol-related harm?

For the purpose of this review, alcohol consumption will refer to any drinking behaviour, including (but not limited to) heavy episodic drinking, hazardous drinking and alcohol dependence. We use "new fathers" to refer to those expecting a child or whose youngest child is up to 24 months old. Eligible interventions could take a psychosocial, behavioural or medical approach to address alcohol consumption.

Stage 2: Identifying relevant studies

A comprehensive search strategy has been developed and will be adapted for each database, by combining key terms for (a) pregnancy, b) fathers and (c) alcohol, and Boolean operators. An example search strategy is displayed below:

Example search strategy

Antenatal OR antepartum OR prenatal OR perinatal OR postnatal OR postpartum OR pregnan*
AND
father* OR dad* OR "expectant father*" OR men OR "significant other*" OR partner* OR husband* OR spous* OR paternal*
AND
Alcohol OR drink*

The following electronic databases will be systematically searched from inception: Medline, CINAHL, Web of Science, PsychInfo. Reference lists of included articles will be hand searched.

Stage 3: Study selection

The review will include published and unpublished studies that report on new fathers' experiences of alcohol consumption or the feasibility/effectiveness of an intervention to address alcohol consumption in new fathers. Grey literature, such as newspaper articles and opinion pieces, will be excluded. However, unpublished reports will be included to reduce the risk of publication bias in the review (Hopewell et al., 2007). Conference proceedings and study protocols will also be included and summarised separately as they provide important information about ongoing studies. Only studies in English will be included due to time and financial restraints. One author will run the search strategy and collate all identified articles in Microsoft Excel. All titles and abstracts will be independently screened by two reviewers. They will mark the selection as "include", "exclude" or "unclear". After this, the full text of all articles marked as "include" or "unclear" will be screened independently by two reviewers. Discrepancies will be resolved through discussion or by a third reviewer (if consensus cannot be reached).

Stage 4: Charting the data

A bespoke data extraction sheet has been developed for the project. Data will be extracted into Microsoft Excel and presented in two tables: one on new fathers' experiences of alcohol consumption and one on interventions to reduce alcohol consumption in new fathers. In relation to fathers' experiences, extracted data will include: study information (i.e. author, year, title), study aim, study population (including participant background in relation to deprivation), participant recruitment methods and eligibility criteria, data collection methods, and key findings on fathers' experiences of alcohol consumption. In relation to interventions, extracted data will include study information, study aim, study population (including participant background in relation to deprivation), participant recruitment methods and eligibility criteria, intervention information (e.g. theory, components, duration, effectiveness), alcohol outcomes (self-reported or objectively measured). Data extraction will be done by one reviewer and double checked by another.

Stage 5: Collating, summarising and reporting the results

Data, extracted from included studies, will be presented under the three research questions. Within each research question, information will be presented as per key topics emerging from the included studies.

Stage 6: Seeking views and contributions of stakeholders

We will form a steering group with academics, practitioners and third sector representatives who will advise on the academic and policy implications of the review results. The steering group members will be invited to one meeting to discuss the review findings.

Ethics and dissemination

Ethical approval will not be needed as this will be desk-based research.

The scoping review will provide the evidence base for interventions and policies to reduce alcohol harm for men and their families. Gender-sensitive interventions have successfully been used to address alcohol-related harm in men (Irvine et al., 2017; Crombie et al., 2018). In addition, interventions focused on children are likely to receive the most public support when targeting health behaviours (Diepeveen et al., 2013) so this is an important way to address alcohol harm in society. The results will be disseminated through a peer-reviewed journal article and a short report written accessible language, and will also be presented at national dissemination events.

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