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Supporting self-management of immigrant expectant first-time fathers in Finland: a screenplay for an educational video

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Supporting self-management of immigrant expectant first-time
fathers in Finland: A screenplay for an educational video

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Tiivistelmä

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Ensi kertaa isäksi tulevien, Suomessa asuvien maahanmuuttajien tukeminen: opetusvideon käsikirjoitus

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Tämän opinnäytetyön tarkoituksena oli laatia englanninkielinen käsikirjoitus maahanmuuttaja-isien itsehoidon tukemiseksi tehtävään videoon. Ohjausmateriaali suunnataan ensimmäistä kertaa isäksi tuleville maahanmuuttajamiehille. Valmis materiaali tukee kohderyhmän itsehoitoa. Opinnäytetyö tehtiin itsenäisesti ilman virallisia yhteistyötahoja. Maahanmuutto on kasvava ilmiö Suomessa ja suomea äidinkielenään puhumattomien tai suomalaista äitiyshuoltoa tuntemattomien osuus väestöstä nousee edelleen lähivuosina. Siksi onkin olennaista tarjota tälle asiakasryhmälle palveluita, jotka tukevat heidän kotoutumistaan ja selviytymistään vieraassa ympäristössä. Työn keskeisimpiä käsitteitä ovat maahanmuuttaja, isyys, äitiyshuolto ja isyysvalmennus.

Opinnäytetyö on toiminnallinen. Työssä käytettiin luovaa lähestymistapaa. Tutkimus toteutettiin vertailemalla aiempien teemaan soveltuvien kyselyjen ja materiaalin tuloksia.

Keskeisimmin lähdemateriaalista nousi esille se, että miehet saattavat kokea ulkopuolisuutta puolisonsa raskauden aikana ja että he kaipaavat miehille suunnattua materiaalia isyyden vahvistamiseksi. Saatujen tuloksien perusteella laadittiin käsikirjoitus lyhyelle animaatioelokuvalle.

Käsikirjoituksen on arvioinut kaksi opponenttia ja opinnäytetyön ohjaaja. Arvioinnissa palautetta saatiin käsikirjoituksen selkeyttämisestä. Juoni vastasi palautteen mukaan opinnäytetyön tavoitteita.

Toteutuessaan käsikirjoituksesta on hyötyä englannin kieltä taitaville ensimmäistä kertaa isäksi tuleville miehille. Toteutunut työ sopii tiedonlähteeksi ja motivoi kohderyhmää tutustumaan suomalaisen äitiyshuollon palveluihin ajasta ja paikasta riippumatta. Opinnäytetyö vapauttaa tulevat isät etsimään omaa uutta rooliaan ja parantaa heidän ja heidän perheensä elämänlaatua.

Asiasanat: maahanmuuttaja, isyys, äitiyshuolto, isyysvalmennus

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Abstract

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Supporting self-management of immigrant expectant first-time fathers in Finland: A screenplay for an educational video

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The purpose of this study was to produce an English screenplay for a video that supports immigrant expectant fathers' self-management. The guidance material is aimed at immigrant fathers who are having their first child in Finland. The finished material will support the target group's self-management. The study was carried out independently without any official partners. Immigration is a growing phenomenon in Finland and the number of people who do not speak Finnish or who are unfamiliar with the Finnish maternity care will continue to rise in the near future. Thus, it is crucial to offer this clientele services that support their integration and coping in unfamiliar surroundings. The main concepts in this study are immigrant, fatherhood, maternity care and paternity training.

This is a functional thesis in which a creative method was utilized. The study was carried out by comparing the results from prior questionnaires and materials.

The main issues that arose from the source material was that men may feel themselves outsiders when their partner is pregnant, and that they wish there was material to support fatherhood, targeted for men. The screenplay for an animated shortfilm was written on the basis of the results.

The manuscript has been evaluated by two opponents and the supervisor of the thesis. They suggested making the screenplay more easy to follow. According to the feedback the plot met the goals set for the thesis.

Once materialized, the manuscript could be useful to first-time fathers who know English. The final study will be a good source of information motivating the target group to familiarize with the Finnish maternity care services regardless of time or place. It will emancipate future fathers to find their own role and will improve the fathers' and their families' quality of life.

Keywords: immigrant, fatherhood, maternity care, paternity training

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1 Introduction

A central challenge for maternity care is to improve the health of families. At the same time, the health care system is growing in complexity. The thesis was set in motion by my personal interest in the development of maternity care and in the improvement of services provided for immigrant expectant fathers. I believe that both parents should have equal opportunities to work and care for their children. Fathers should be able to get involved with their children. Nowadays expectant families are accustomed to using the Internet as a means of finding information according to their needs, but too much information may lead to information overload. My goal is to ease the immigrant expectant fathers' data assimilation related to perinatal issues in order to support the actual maternity clinic visits.

According to the guide to Finnish maternity care, *Äitiysneuvolaopas*, (Klemetti & Hakulinen-Viitanen (Eds.) 2013, 10) there are marked differences in immigrants' reproductive and perinatal health as compared to the native population. Also, traditionally, mothers have been the focus point of maternity care in Finland and fathers may be left feeling as are outsiders (Klemetti & Hakulinen-Viitanen 2013, 30). Therefore I find it crucial to assist immigrant expectant fathers in their growth into fatherhood, to support their resources and to increase their knowledge about fatherhood, the Finnish maternity care system and the significance of health care during the antenatal and postnatal period, as well as to encourage immigrant fathers to take part in the maternity clinic visits. I have created a screenplay for a service that promotes equal perinatal care in Finland.

A public health nurse's task is to prevent disease and to maintain and improve the health of individuals, families and communities by strengthening the clients' resources and self-management (Haarala, Honkanen, Mellin, Tervaskanto-Mäentausta 2008, 22). Therefore my goal was to provide the target group with discrete information that supports the partners' communication.

The study is based on the assumption that fathers-to-be can and want to apply the gathered information.

The main sources used in this thesis are *Isäksi tulon tarinat, tunteet ja toimijuus* ('the stories, emotions and agency of becoming a father') by Johanna Mykkänen (Mykkänen 2010), a guide to Finnish maternity care, *Äitiysneuvolaopas*, (Klemetti & Hakulinen-Viitanen (Eds.) 2013), a Phenomenological study of fathers' experiences of family life after the birth of a baby written by Helinä Mesiäislehto-Soukka (2005), *Heading Into Fatherhood—Nervously: Support for Fathering From Online Dads* by Richard Fletcher & Jennifer StGeorge (2011), and finally *Development of Maternity Clinic on the Net Service. Views of Pregnant Families and Professionals*, written by Pirkko Kouri (2006). These studies reveal issues and experiences that expectant fathers have had concerning pregnancy, their relationship with the partner and the newborn, the care of a child and fatherhood.

1.1 The purpose of the thesis

In Finland, reproductive health education and skills development are a part of the antenatal and postnatal care system. Yet, men unfamiliar with the Finnish health care system may not be aware of the education or support groups related to parenting. The thesis aims to improve the quality of maternity care by generating a preventive health care service, which is a screenplay for a video, that supports expectant immigrant fathers' self-management and encourages them to use existing services. The thesis is functional and it is theoretically and scientifically based on nursing science.

The potential video would have the following main functions: via the video, immigrant fathers and their families would be able to obtain information to support their health and well-being. The video would help fathers-to-be in decision-making. This goes in line with the objective of the Finnish health policy: to both increase healthy and viable life years of the population and to decrease the health inequalities between different population groups (Raussi-Lehto, Regushevskaya, Gissler, Klemetti, Hemminki, 2011). The goal of development work is to find new solutions to existing issues, like the rise of public healthcare expenses and the societal challenges brought by the lack of health care professionals (Lehto & Leskelä 2011, 14).

The Finnish maternity clinic operation report in the 21st century, *Äitiysneuvolatoiminta Suomessa 2000-luvulla*, by the National Institute for Health and Welfare, states that the practices and structures amongst different maternity clinics and co-operation partners varies (Raussi-Lehto etc. 2011). Also, fatherhood is not discussed during family training sessions as an individual subject and there is no direct guidance when it comes to becoming a father. (Mesiäislehto-Soukka 2005, 74). I wanted to create a service for immigrant fathers-to-be that would be both precise and direct, in order to improve, unify and modernize maternity care work.

There are already existing guidance materials available on family care in Finland that are either directly targeted to a non-Finnish-speaking audience (i.e. *Having Children in Finland* (Hoppu, Johansson, Juote, Kokkarinen, Rantala, Sihvola, Tamminiemi, Valanko, Wistrand 1997)), or translated to foreign languages (i.e. *Baby journey – Guide to a new mother* (Kolanen, Koskinen, Kauppinen, Kujala 2013)). There is also material targeted specifically for refugees and asylum seekers (*A Healthy Future. Information about Health Care for Asylum Seekers and Refugees* (International Organization for Migration, 2011)). Yet, the information is scattered around the web.

The decision to plan and deliver maternity care is always based on the available information of resources, pregnant families' needs and technical skills, and scientific and technological development (Marin 2005b). A few online services for Finnish expectant or new fathers have been tested in the 21st century and the results show that expectant fathers in Finland are becoming increasingly interested in 'engaging fatherhood' and child care. They also feel that the traditional maternity care is too often mother-oriented. (Mesiäislehto-Soukka 2005, 72)

I decided to write a screenplay for a video because I wanted to build an easily accessible, comprehensive and compact service that would provide adequate and up-to-date

information for expectant immigrant fathers. I wanted to combine the two groups of people that have been the ‘underdogs’ of maternity care: fathers and immigrants. Even though a patient guidance video continues the traditional and hierarchical style of pedagogy in patient guidance (information given by an authority to the patient), it allows the expectant father to take the first step towards participating in maternity care visits. When the actual visit occurs the father and the mother can then discuss their issues with the maternity clinic worker.



Figure 1. The goals of paternity training.

1.2 Basic concepts

Culture. In this thesis I will use one of the Merriam-Webster’s definitions of culture (Merriam-Webster Online). It means the customary beliefs, social forms, and material traits of a racial, religious, or social group.

Multicultural care. Multicultural care refers to the kind of care where the workers and clients come from different ethnic groups and have different cultural backgrounds, and where interaction is characterized by parity, equality and respect of diversity. The objective of multicultural care is the consideration of the client’s cultural background when promoting their health and well-being. (Abdelhamid, Juntunen, Koskinen 2009, 18)

Immigrant. I have decided to use a broad definition of the term ‘immigrant’. An immigrant is a general term used to signify all the people who have moved to Finland with the purpose of living here, for instance remigrants (Hallituksen esitykset 145/ 2002).

Family training. Family training means a set of group meetings arranged by the local maternity clinic to expectant parents. It mainly takes place at maternity clinics, in small groups of mothers and fathers. The goal of family training is to support parents when it comes to matters concerning the pregnancy, birthing and a new family situation (Haarala, Honkanen, Mellin, Tervaskanto-Mäentausta 2008, 310).

1.2.1 Immigration in Finland

The structure of the population in Finland is changing rapidly. The growth in the amount of people with a foreign background plays a major role. Between the years 1990 and 2011 the number of foreign persons with a permanent Finnish residence rose seven-fold, from 26 000 to approximately 183 000, and it is expected to continue to rise in the near future (THL report 61/ 2012). A turning point occurred in 1995 when Finland joined the European Union (Abdelhamid etc. 2009, 8). According to Statistics Finland the number of Finnish citizens in 2012 was 5 231 163, and the number of permanent residents with a foreign nationality was 195 511. There were over a quarter of a million people living in Finland in 2012 whose native language is not any of the official languages. This equals 4,9 % of the entire population. (Tilastokeskus 2012)

There are also families of two cultures living in Finland. ‘A family of two cultures’ usually refers to a family where the parents have a different country of origin. The number of families of two cultures in Finland has tripled in the last two decades and continues to be on the rise (64 000 families in 2011). (Klemetti & Hakulinen-Viitanen 2011)

The people who move to Finland are a diverse group of people and peoples. Some are highly educated and multilingual, whereas others may be illiterate. Some may move here in search for a job, whereas others may have moved to Finland as refugees. I chose to write the thesis in English since not only is it the fourth most common native language spoken in Finland (after Russian, Estonian and Somali) (Sisäasiainministeriön raportti 2012), it is also a dominant second language spoken in Europe (the European Commission 2012, 19).

1.2.2 Maternity care in Finland

Today, babies born in Finland are the healthiest ones in the world, although looking back a hundred years the child and maternal mortality rate was high. A significant factor to this change has been the maternity care system. Its services are available to all families in Finland. (Haarala etc. 2008, 14). Using the maternity care services is voluntary, though necessary in order to receive eg. maternity and paternity leave. (Armanto & Koistinen 2007, 33)

Preventive health care has political importance to society. Today’s challenges include promotion of child and youth health, mental health, equal health care, improving the population’s ability to function and the development of the service system. A busy way

of life, the society's demands and constant change have increased anxiety in families and in the workplace. The breakdown of families is common and the basic function of a family is sometimes lost. Families need support and guidance when it comes to nutrition, hygiene, exercise and sleep. Problems that pile up can lead to 'a spiral of unease'. (Haarala etc. 2008, 5 - 21)

The Finnish maternity clinic guide defines that the main objective of maternity care is to secure the pregnant woman's and the fetus's health and well being, to promote future parents' and the entire family's health and well being as well as the safety and security of the future child's development surroundings. In Finland, maternity care is based on the Health Care Act, Child Welfare Act and the government decree on maternity care. Maternity care activities are guided by the principles of human rights, the national health and social policy guidelines and legislation. (Klemetti & Hakulinen-Viitanen 2013, 16)

In order to be properly implemented, safe and effective, maternity care must be evidence-based. This refers to the use of the best and up-to-date information that is available. Evidence-based action improves the quality, efficiency and effectiveness of maternity care. (Klemetti & Hakulinen-Viitanen 2013, 21)

1.2.3 Multicultural care

During the last fifteen years the amount of immigrants living in Finland has multiplied and nowadays there are migrants, refugees, asylum seekers, remigrants and other foreigners. Multicultural family training events may include participants of all these groups. (Koski 2007, 11). Most foreigners come from other European countries (including Russia). Maternity care must take into account the diversity of immigrants' backgrounds and the greater health risks compared to some other special groups. Especially in the capital area and in Eastern Finland bicultural couples and families increase the diversity of the clientele. (Klemetti & Hakulinen-Viitanen 2006, 206)

The primary challenge for the increasing multiculturalism in the Finnish nursing care is the growing number of immigrant clients whose social reality may include isolation, marginality, being a refugee, and feeling like an outsider. (Abdelhamid etc. 2009, 25). In case of a bicultural family problems are caused by different native languages, the spouse's immigration process, adjusting to a new cultural context, as well as differing views of parenting and the relationship. The social networks of the family may be limited if the other family members and friends live in another country. Therefore it is imperative that both parents' views, expectations and ways of parenting are considered in maternity care. (Klemetti & Hakulinen-Viitanen 2011, 26)

The services targeted towards immigrants are challenged by social and health care workers' approaches that have been established according to a homogenous Finnish environment, and are thus not entirely transferable to immigrants' situations. According to the Non-Discrimination Act people cannot be discriminated against on account of ethnic origin, in relation to health care and social services. (Yhdenvertaisuuslaki 2004/21)

In Finland, the challenges faced by immigrants include basic income and other issues related to the management of everyday life, as well as finding one's identity and mean-

ing of life in a new living situation. (STM selvityksiä 1998, 12). Problems in one area of life affect coping in the others. Other difficulties faced by immigrants in Finland are poor knowledge of the Finnish language, unemployment, scarce social networks, unfamiliarity with the Finnish society and its rules, cultural and religious differences compared to the majority of the population, and reserved attitudes of Finns towards foreigners. According to Koski, raising children into two cultures increases tensions in immigrant families, which may lead to isolation and loss of control of life (Koski 2007, 11).

Immigrants are not a homogenous group; their approaches to different situations vary based on both social conditions and their culture of origin. In Finland, the infant mortality rate of children with an immigrant background and birthing complications are suspected to be greater than that of the majority. Yet, regardless of culture or background, all expectant and new parents have quite similar hopes and worries concerning pregnancy, childbirth and the care of a child. In addition, all families have their unique, family-specific needs. (Koski 2007, 13)

The patient's expectations towards health care professionals and the conception of curing diseases is linked to culture. For instance the way people express pain or nausea can vary in different cultures. Failure in communication may lead to poor identification of the patient's needs, misdiagnosis, flaws in necessary treatments and patient dissatisfaction, and to possible refusal of treatment. The challenges in multicultural family guidance include poor communication, lack of a common language and issues concerning interpretation. Issues concerning patient encounter may also burden the health care personnel. (Vartia 2007, 157)

Since not all expectant parents living in Finland are able to receive enough social support from their families during and after pregnancy, they have the right to receive guidance from maternity care when it comes to the preparation into the new life situation. Consideration and respect towards the diversity of participant families produces the kind of family training that encourages immigrants to participate in family training sessions. (Koski 2007, 15)

1.2.4 Health care technology

Health care technology means technological solutions that improve the quality of life of people (Lehto & Leskelä 2011, 21). Health care technology is human-centric and it applies new data on for instance health prevention. New technological solutions support i.e. home health care and patients' self-management (Hallipelto, 2008). The availability of virtual services helps to support preventive health and self-care since they activate the user (Lehto & Leskelä 2011, 32). New customer-based approaches and the implementation of alternative services both virtually and in various service environments require the coordination and incorporation of services, which would be the main functions of the potential video conducted on the basis of this thesis screenplay.

Lehto argues that renewing the service structures of social and health care goes hand in hand with the development of digital services and that the bases of the development and design of digital services are safety, accessibility, usability and flexibility (Lehto 2011,

21). According to Lehto the purpose of health care technology is to serve the promotion of well being and the prevention of disease. Also, information technology enables the use of services from a distance and thus it has the potential to increase the flexibility and efficiency of health care services.

Especially the kind of virtual guidance and assistance services that derive from the needs and expectations of the clients are constantly being developed and broadened (Lehto & Leskelä 2011, 32). Pregnant parents need sufficient understanding of the significance of technology and its impacts on different aspects of health care and on various situations of everyday life. (Kouri 2006, 33)

2 Fathers as maternity care clients

There are numerous studies on women's experiences during pregnancy and after childbirth. Yet, there has been less emphasis on the impact upon men of discovering that they are about to become a father for the first time.

Doherty, Erickson and LaRossa found in their study that the earlier fathers are included in family planning and the time of pregnancy, the more committed they are to parenting when the child is born. Fathers' commitment and contentment during pregnancy are enhanced by peer support groups. Expectant fathers who participated in peer support meetings experienced greater improvement in father-child interpersonal skills than fathers who didn't receive peer support. (Doherty, Erickson, LaRossa 2006, 438 - 447)

Men's participation in maternity clinic visits is beneficial to the family in many ways. A father's participation improves the children's healthy growth and development and increases the mother's sense of capability. Also, if men participate in family training or in support groups for fathers, the parents may become more prepared or willing to increase the father's share of parental leave. This increases gender equality. (Klemetti & Hakulinen-Viitanen 2013, 30)

According to a survey by the Ministry of Social Affairs and Health maternity clinic nurses have observed that fathers lack motivation to take part in the clinic visits and that since maternity clinic visits are often arranged during such hours when fathers are at work (e.g. office hours) it leads to poor accessibility of maternity care services. Also, maternity care services are mostly given by women and traditionally the care services have been directed towards mothers, which may leave the fathers feeling as outsiders. Therefore, the current recommendation for maternity care is to encourage fathers to take part in the prenatal maternity clinic visits, fathers' support groups and the care of the child, and to encourage fathers to take parental leave. (STM selvityksiä 2008, 36)

A study conducted by Boyce, Condon, Barton and Corkindale indicates that men who have insufficient information about childbirth and pregnancy experience significant distress when their partner is bearing a child, especially during the early stages of the third trimester. Also, a problematic relationship with the partner and other poor social relationships contribute to a man's depression during pregnancy. Expectant fathers may have to grapple with one or several psychological tasks that include the transition from a dyadic to a triadic relationship, changes to their self-concept, adopting a new role, and, finally, developing a model of fatherhood. Men will have to prepare themselves to give

ing up a more carefree life and learning to share their partner's affection with a third party and care for their infant. Often men also feel more comfortable when they are able to nurture their partners and have control over situations. Yet, during pregnancy the woman is under the protection of maternity care professionals and she may seek for support from her female friends. This can leave the man with little influence, control or support of his own. In case of an unplanned pregnancy the expectant father may experience anxiety. The distress may be eased by providing expectant fathers information related to their partner's pregnancy, childbirth and perinatal care. (Boyce, Condon, Barton, Corkindale 2007, 718 - 725)

Fletcher and StGeorge suggest that there needs to be a broader understanding of the kind of support that expectant fathers want and that would aid them in their new role (Fletcher & StGeorge, 2011). There are few online forums that are specifically targeted to expectant fathers. Fletcher and StGeorge identified concerns that were significant for fathers who use an online communities for (fatherhood) support. Fathers were looking for both concrete information and engaging with others, as well as finding the meaning of 'fatherhood'. Fathers wanted a better access to resources and information, i.e. being able to talk about sensitive issues (fears and responsibilities amongst others) and sharing links to helpful websites, advice on the birthing process, and advice on how to become a better father. Fletcher and StGeorge suggest that a key mechanism to social support for fathers is personal experience through informal narrative, for it addresses fathers' need for insight into general concerns and anxious moments.

An individual's fatherhood is affected by societal and cultural attitudes and values. Both motherhood and fatherhood are gendered and thus in relation to one another. Traditions, foregone conclusions and phenomenons considered natural are now being called into question. Different types of parenting can provide a replacement for the traditionals, which allow different fathering styles to exist side by side. (Mykkänen 2010, 13)

2.1 Supporting fatherhood and early interaction

An infant is completely dependent on the care it receives from another person. When parents respond to the needs of an infant, the infant starts to build a safe foundation to her or his life. Early interaction consists of two interrelated processes, care behavior and attachment (Haarala etc. 2008, 198), and it has an impact on the child's ability to be around people, to allow intimacy and to enjoy it later in her or his life. Early interaction also affects the child's brain development and mental health. An infant needs at least one permanent human relationship where she or he experiences warmth and intimacy. Both parents can nurse the infant. Even though the primary caretaker is usually the mother, also the father and the infant can form a profound emotional connection. (Ryttyläinen & Valkama 2010, 73).

Pregnancy is a time of psychological preparation for the first-time expectant father and for most men it is a more stressful time period than the postnatal period (Condon 2006, 690 - 2). The nine months of pregnancy affect the experiences of a new father during the first few postnatal months. There are four psychological "tasks" that help understanding a first-time father's experiences. The first one is *developing a paternal attach-*

ment to the fetus. This attachment usually continues to rise throughout the pregnancy. The development of antenatal attachment can be fostered by encouraging the father's involvement in the pregnancy. The second one is *adjusting to the dyad becoming a triad*. The existence of a fetus affects the family dynamics. The expectant mother's attachment to the unborn child can increase tension in the future parents' relationship if the expectant father perceives the fetus as a rival. According to Condon simple counseling of the couple may help the father-to-be to develop a more positive relationship with both the partner and the fetus. The third expectant father's task is *to conceptualize himself as "father"*. During pregnancy, a man needs to develop an appreciation of the realities of fatherhood and to accept the anticipated changes in lifestyle. The fourth and final development task is *to figure out what type of father the man wants to be*. Many men lack a role model for an acceptable style of fathering and men are less likely than women to emulate their own fathers when it comes to building a relationship with their future child. Yet, if expectant fathers receive assistance in their preparation for the father role it has significant long-term benefits for the man, the partner and their child (Condon 2006, 690 - 2)

In order to support the mental health of the expectant father and the development of the father-infant bond it is important to inform the man about factors that may have an impact on his well-being. Firstly, expectant fathers should be made aware that 20 % of new parents do not feel immediate emotional attachment to their child at delivery or in the few following hours, and that the absence of very early feelings of attachment has no long-term significance. Secondly, expectant fathers should learn that lifestyle, stress levels and relationship changes amongst other changes in first time fathers have already occurred by the third trimester of pregnancy. Thirdly, approximately one in every 10– 15 new fathers will have a partner with postnatal depression, but the response of the man to his partner's depression can have either a positive or a negative impact on its course. (Condon 2006, 690 - 2)

Mesiäislehto-Soukka has studied the experiences of Finnish fathers and has found that fathers appreciate maternity care professionals' way of meeting and caring for the expectant family, but felt that the approach was too mother-oriented and ignored the father-specific needs. Many fathers are left as complete outsiders of maternity care as soon as the child is born. It is common that the father hands all the responsibility of maternity clinic visits over the mother. As Mesiäislehto-Soukka points out it is problematic if even few fathers are left outside of the maternity care services, since it has an impact both on the father's health and indirectly on the child's. (Mesiäislehto-Soukka 2005, 72)

According to Mesiäislehto-Soukka fathers find family and birth training interesting. Fathers consider birth training a valuable part of growing into fatherhood and they feel that some of it should be developed clearly into *paternity training*. They find that it is important for the expectant father to know what is normal in pregnancy and birthing, and how to support the mother during and after labour. Fathers also feel that they need better guidance when it comes to handling and holding the infant and they value the discussion on how valuable it is for a father to hold his child. Especially the expectant fathers' emotions and experiences demand processing, for they would increase the man's feeling of security. There are also fathers who do not feel that they

need the information provided in family or birth guidance, but who in practice would benefit from it. (Mesiäislehto-Soukka 2005, 73)

2.1.1 Resource-centered care and guidance

Resource-centered care is a process through which people have a greater possibility to influence and to take part in the decision-making concerning the promotion of their own health. It is essential that a person becomes aware of her or his resources, possibilities and alternative approaches, for inclusive and activating care encourages clients to nurture their own health. It is important to increase health equality and to reduce inequalities in society. (Haarala etc. 2008, 22, 58)

Patient guidance in health care has both a promotive and a preventive viewpoint. Health promotion means to support the self-management of individuals, communities and the population and to strengthen their resources and options, whereas health prevention means the prevention of diseases and health risk factors. (Haarala etc. 2008, 22). To consider the patient's resources in patient guidance means to motivate, to support and to increase her or his knowledge. It is important to recognize the patient's resources and life situation in order to guarantee the continuation of care at home. Patients who have received an adequate amount of information concerning their issues are more able to responsibly take part in their follow-up care. (Salminen-Tuomaala etc. 2010, 22).

Patient guidance is defined by the law on patient's position and rights (Laki potilaan asemasta ja oikeuksista 17.8.1992/785), which states that every person living permanently in Finland has the right to receive good quality health and medical care without discrimination within the limits of the resources available at the given time. A patient also has the right to receive information on the state of her or his health, the purpose of the care, different treatment options and their effect, and other significant factors concerning her or his treatment.

The concept of participation can be seen as either participating or participatory. Participatory action includes another actor, for instance the guidance and support from an expert (Lehto & Leskelä 2011, 35). There are factors that either promote or prevent participation. The factors that promote participation are motivation and the will to participate, as well as the support from another individual or a group. (Lehto & Leskelä 2011, 34)

2.2 Supporting immigrant first-time fathers

Immigrant men may subscribe to health beliefs which differ from the Finnish health system and they may have different expectations about antenatal and maternity services. The potential reasons for this include poor Finnish language skills, a lack of knowledge of certain health and other needs and lack of awareness about the services to meet these needs, doubt about their eligibility to access these services, fear about the cost of services and their inability to pay, and lack of trust for some services (eg. mental health services).

Lamb and Bougher found in a collective article review (Lamb & Bougher 2009, 611 - 614) that depending on the gender and age of an individual family member, immigration does have diverse effects. This is also discussed by Este and Tachble (Este & Tachble 2009, 456 - 466), who claim that fathers may experience higher stresses of immigration than their partners. When fathers come from a traditional culture where the man has the role of a breadwinner, immigration may force them to seek for a less-paid job of lower status than in their country of origin. This may have an impact on the family hierarchy and dynamics. Excessive work and being demoralized by the change of status in the family can make the man feel alienated and disrespected by both society and family. Immigrant fathers in the Canadian context felt that their behavior is guided by their roles as teacher and provider, and by tradition and customs. They had also experienced challenges, which included discrimination, fear of their children losing their cultural heritage, and unemployment (Este & Tachble 2009, 456 - 466).

According to Chuang and Tamis-Iemonda (Chuang & Tamis-Iemonda 2009, 451- 455) little is known about the gender roles and functioning of immigrant families. Yet, there is evidence that in certain immigrant and ethnic groups prenatal involvement predicts fathers' postnatal involvement and that the father's overall involvement is influenced by the father-mother relationship. Therefore I believe it is vital to support immigrant expectant fathers in their transition into fatherhood.

2.3 Audiovisual patient guidance

Nursing care is based on the guidance and support of patients in order to promote their health. Patients as learners have an ever greater access to resources on the web as well as increasing digital skills. Therefore we should remodel education to encourage learners to take control of their own learning. The web can now be considered a universal educational library: Anyone who has access to the Internet now has access to educational online materials (Beetham & Sharpe 2013, 26). Even though self-directed and independent learning have become increasingly possible there is still need for guidance. As Beetham and Sharpe (Beetham & Sharpe 2013, 27) put it, "pedagogy is about guiding learning, rather than leaving you to find your own way".

Alternative technological solutions need to be further developed in order to meet the expectations of different user groups. Desirability and attractiveness are essential to user-based solutions. The customer should be aware of the need that technology has potential to meet. (Lehto & Leskelä 2011, 41)

The patients who have difficulty reading guidance materials benefit the most of audiovisual guidance. Thanks to the nature of audiovisual patient guidance the patient may choose the time and the place that suits her or him the most. With the use of audiovisual methods the patient can be introduced to various places, instructions or situations. Thus this form of patient guidance is useful, easy to adapt and economical. (Kyngäs etc. 2007, 116 - 117, 122)

3 Screenplay

3.1 Making of the screenplay

A *screenplay* is the premise of a film. It is written primarily to meet the needs of the production team and actors but some screenplays also end up in public use (Vacklin in Vacklin, Rosenvall & Nikkinen 2008; 10).

Writing a screenplay takes a long time. Therefore, to keep going, an author must have the necessary tools and understanding of the different phases in a writing process. It is essential that the author knows the message that she or he wants to convey. It is also beneficial for the author to self-contemplate. The structure of a screenplay is a frame into which the characters, the plots and ideas are formed. (Nikkinen in Vacklin etc. 2008; 80). The development process of a screenplay can be divided into different phases which include the writing of a premise and a synopsis, a treatment, a step outline, and finally, a screenplay. A *premise* expresses what the story is essentially about in a simple and understandable form. After the premise comes the *synopsis*, a short and punchy description of the story. A *treatment* is a prose version of the screenplay but it does not have to be good prose. It should explain the themes, form and content in a clear and pleasant way. A treatment should focus on action and it should contain neither dialogue nor description. A *step outline* is an outline of the entire film in separate scenes. The point of a step outline is to write down the essential content and plot in a few sentences. (Nikkinen & Rosenvall in Vacklin etc. 2008; 172).

A *theme* explains what a film is all about. It deals with a universally human experience and gives depth to the film. A single film may contain several themes. A theme gives the plot a direction and defines the main qualities of the characters. (Nikkinen & Rosenvall in Vacklin etc. 2008; 174).

An author's task is to show the story and the world through the eyes of a character and the characters' points of view are built around a theme. The viewer follows the story through a dominant character viewpoint. All characters should have a viewpoint because it brings uniformity, clarity and functionality to the story. Also using a narrator is an effective way of communicating with the viewer. Every scene should have a viewpoint, otherwise the plot will seem artificial. (Vacklin in Vacklin etc. 2008; 31, 33, 34)

The protagonist has only one main goal in a film: he wants something and tries to achieve it. The goal should always be motivated somehow. The structure and drama of the film are created by the character's ability to proceed according to the plan. The action centers around the protagonist, with whom the viewer identifies himself. (Vacklin in Vacklin etc. 2008; 37, 59).

A film is an emotional and physical journey for the characters. A physical plot makes the protagonist's main goal concrete, whereas an emotional plot demonstrates how the protagonist grows and changes due to obstacles. An emotional plot is driven by the character's inner struggle or need. It also shows his relationships. The protagonist learns to understand new things about himself. Showing emotion is a key element in plot writing. (Nikkinen in Vacklin etc. 2008; 72, 73)

A *scene* is a sort of a mini drama that includes a rising conflict, a beginning, a middle point, a turning point, a climax and an ending. The character's goal is introduced in the beginning of the scene. In the middle point he tries to achieve the goal and at the end he either fails or succeeds. A scene always includes a specific situation and specific cir-

cumstances. Every scene is a consequence of the previous scenes and leads to the upcoming ones. A *situation* means the state of affairs at a specific time and place. (Vacklin in Vacklin etc. 2008, 104, 112, 118)

3.2 Implementation of the screenplay

I have chosen to write the screenplay into a narrative form, since Fletcher and StGeorge suggest that a key mechanism to social support for fathers is personal experience through informal narrative (Fletcher & StGeorge 2011). I have attempted to create an impression of the experiences of becoming a father by using the focalization method: by presenting the subject from the viewpoint or perspective of an immigrant expectant father (Mykkänen 2010, 47). ‘Growing into fatherhood’ is the frame story (Merriam-Webster Online).

I wanted to include a basic summary of services for families with children and how to find their contact information easily. I also wanted to depict various experiences that are common in families during first-time pregnancy: changing moods, struggling with finding baby products, practicing breast-feeding, changing unhealthy habits to healthy ones and contemplating between hospital and home birth options. I also wanted to show which items are useful and good to pack before going to the hospital.

I decided that the story in the screenplay would be carried by one protagonist, the expectant father, with the expectant mother as a side character, and a narrator. In order to prevent stereotyping of immigrants I named the main character simply ‘Hubby’ and his country of origin is left unknown. Also his partner’s name is neutrally called ‘We’. The assumption is that the actualized video would be animated. The plot is emotional. I decided to use a lot of close-ups and extreme-close ups to emphasize the characters’ emotions. The narrator’s voice is the only human voice that speaks. Sometimes I have used written text in a speech balloon or a computer screen to help the audience to remember what is said.

I decided to follow the screenplay-writing steps that were recommended in the book ‘Elokuvan runousoppia’ by Anders Vacklin, Janne Rosenvall and Are Nikkinen (Vacklin, Rosenvall & Nikkinen 2008). Therefore I first created a premise and a synopsis to the story. Before writing the first draft I sketched a storyboard according to which I wrote the treatment and step outline. These phases helped me clear my thoughts.

The screenplay is made for a video that would be 10–15 minutes long. That way it is easy to stream online and also more pleasant to watch.

3.3 Evaluation of the screenplay

In order to analyze the quality of the screenplay I used self-evaluation. I also received feedback from my opponents and the thesis supervisor in Laurea Otaniemi.

The screenplay is written to encourage immigrant men to seek for guidance when it comes to fatherhood and parenting issues. I limited the content of the thesis to not include detailed descriptions of e.g. how to take care of a baby, since that kind of information is provided by maternity care professionals in the birth hospital and maternity and child welfare clinics. My goal was to write a screenplay that would serve a very heterogenous group of people.

The storyline attempts to be positive and easy to follow. The narrator has a male voice and the main character is male, so that the viewer would have an impression of receiving a male perspective.

The planning, realization and reporting of a thesis should follow the ethical norms of scientific research (Kuula 2006). The researcher should remain objective in order for the work to be reliable. I have no connection or personal interest in the organizations advertised in the screenplay. They were chosen solely based on the relatedness to the topic of the thesis. All of the sources mentioned in the screenplay provide services free of charge.

The screenplay is not useful by itself. In order to be useful, it demands to be created into a short film. That is a downside of this thesis process. Then again, this screenplay has the potential to be edited and transformed into a short or long film. The scenes can be modified and extra information can be added. Therefore it is a very flexible product and can be used to serve a more specified group of men.

The feedback that I received from my opponents is that the first draft of the screenplay was partially difficult to follow, but that the story itself was related to the topic and well-narrated. The second draft that is attached to this thesis has been modified to be better followed by readers who have no background in screenplay writing.

4 Conclusions

Immigrant expectant fathers are a growing subgroup of men in Finland. Yet they have been little studied and there are few services targeted directly to them. The thesis was written in order to support the immigrant expectant fathers' competence about their parental skills. The thesis was realized in a functional form; a screenplay. It was created to meet the needs of modern immigrant men who are comfortable seeking for information on the web and are hesitant about their options when it comes to social and financial support.

It is evident that the participation of men in family care increases equality in a relationship and strengthens the father-child bond. Future studies are needed to better understand the diverse needs of men as expectant fathers in general, and immigrant men as fathers.

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Figures

Figure 1. The goals of paternity guidance.

Appendix

Paternity training, Hubby's story

K. Ruohonen

03/16/2014

PATERNITY TRAINING, HUBBY'S STORY - SECOND DRAFT

K. RUOHONEN

03/16/2014

PROLOGUE.

BLACK SCREEN.

3 seconds long silence that breaks with a sound of a baby crying.

EXTREME CLOSE-UP:

A baby's flickering tonsils. An impression of the screen moving outside from the baby's screaming mouth to show the entire body.

CLOSE-UP:

The screen moves above the baby, who is lying on a huge map naked. The surroundings are white.

LONG-SHOT:

Another baby joins the cry at a different corner of the map, and another, and another. The babies are mushrooming up. They are lifted up by their fathers, who now hold them in their arms. The men have different ethnic traits. All the men are smiling to their babies.

Over this, a deep and calm male voiceover narrates...

VOICEOVER:

(Clearing his throat). 'Hush now, little ones. I'm about to tell a story.'

The crying stops and the babies and their fathers stare at the screen, concentrated on what they are about to hear. After the last chuckle the voiceover continues...

VOICEOVER (CONT'D):

'Every day in every country immigrant men become fathers. Being in a country as foreigner can present challenges. Becoming a father as an immigrant presents

a different set of challenges. This is the story of an immigrant man, HUBBY, and his journey into fatherhood in a foreign country. Let me present to you Hubby.'

EXTREME CLOSE-UP:

The screen showing first a man's shoes, then moving up all the way to his face. Focus on Hubby's face. His eyes narrow in annoyance because 'the camera' has come too close. The screen 'jumps' farther away. He is wearing average clothes.

VOICEOVER:

'Hubby falls in love with a lovely woman. Hubby gets a job opportunity in FINLAND and they together decide to move. This is his lady WE.'

An image of a woman appears out of nowhere and is now standing next to Hubby. The couple is looking at each other and they are holding hands. Above and behind them is a big red heart shape. Still holding hands, the couple turns around and starts walking towards an airplane that also appears from nowhere.

LONG-SHOT: View from the airplane window.

Hubby and We are inside the airplane, waving their hands and smiling towards the 'camera'. The plane flies over the map and lands in Finland. A street sign saying 'Finland' sticks out of the map.

EXT. AT AN ORDINARY STREET.

Hubby and We are standing together, holding hands. First rain falls on them heavily. They are soaked. Then sleet. The couple looks uncomfortable. Then snow. Hubby sticks out his tongue to feel a snow flake melt on it. Then the Sun shines for a moment. The couple smile until some more rain falls on their shoulders.

VOICEOVER:

'Hubby and his partner are now in a new country that bears little resemblance to their country of origin.'

1. INT. AT HOME - ONE YEAR LATER

VOICEOVER:

'About a year after the moving We surprises Hubby with a positive pregnancy test result.'

We shows a pregnancy test stick that has a plus sign on it. Hubby's face looks surprised and then happy. Hubby and We hug each other.

2. EXT. ON THE STREET - NEXT DAY

Hubby is walking down the street.

VOICEOVER:

'Hubby is on his way to the pub to tell the news to his mates. Along the way he has many questions running through his head. How is life going to change? Does he have to start saving money? How's he going to raise his child in this country? Is he going to be a good father? How is he going to get into shape? Hubby is starting to feel overwhelmed but he takes a deep breath.

LONG-SHOT:

Hubby stops in the middle of the street to gasp for air and bends over, holding his hands on his thighs for support.

VOICEOVER:

'He remembers that some of his friends are already fathers so he asks for their advice.'

3. INT. AT THE PUB - IN THE EVENING - QUICK SCENE

Hubby and his lads clang their pints of beer, cheer and hug each other. Hubby is now talking about his concerns. All the lads are looking concentrated and talking, a friend has his arm over Hubby's shoulder. The lads give him feedback and one of them shows him a website of NEUVOLA through his smartphone.

SFX: People talking behind, music playing in auto tune.

4. INT. AT HOME - DINNER TIME

Hubby and We are at the dinner table with the laptop screen open.

CLOSE-SHOT: THE LAPTOP SCREEN.

An image of the maternity clinic website in town X. Text explaining what maternity clinic services mean.

VOICEOVER:

'Maternity clinics help families to get prepared for parenthood. They focus on the health and wellbeing of the expectant mother, the father and the baby. Dads are welcome to attend each appointment at the Maternity Clinic. There are 11-15 visits to the Maternity Clinic during a normal course of pregnancy. Services of the Maternity Clinic are free of charge for all residents in Finland.'

VOICEOVER:

'Hubby and We also scroll through other important websites.

EXTREME CLOSE-UP: Hubby browses 'Family welfare' and the screen arrow clicks on the search result: 'KELA'. An image of the Kela website. Text explaining what Kela's family benefits include.

VOICEOVER:

'When a child is born and growing up, the parents are entitled to various benefits from Kela, as well as to family leave. To qualify for parental allowances, the parents must have lived in Finland for at least 180 days immediately before the baby's expected date of delivery. To receive parental allowances and other benefits for families, the parents must also be covered by the Finnish social security system. The insurance period can also include insurance period from another EU or EEA country, Switzerland or Israel.'

EXTREME CLOSE-SHOT: Hubby browses 'Help with parenting' and the screen arrow clicks on the search result: 'Mannerheim League for Child Welfare'. An image of the MLL website. Text explaining what services MLL has to offer.

VOICEOVER:

'The Mannerheim League produces diverse services; home-help provides families with short-term child-care services and longer-term special services such as home care for disabled and chronically ill children. Telephone counseling provides children, young people and parents with empathy, assistance and advice. Rehabilitation and child welfare services support families in

which there are sick or disabled children or mental and social problems.'

VOICEOVER:

'Hubby does online research and talks with his partner. They decide to contact the local maternity clinic.

5. INT. SPLIT SCREEN BETWEEN HUBBY AND THE NURSE - NEXT MORNING

VOICEOVER:

'A public health nurse answers the phone in Finnish and asks how she can help. Hubby asks if she speaks English and she replies yes. Hubby explains that he's a father-to-be and did some research and heard about this service. Hubby asks the maternity clinic lady if her partner and him are eligible for this service. The lady congratulates Hubby and asks him if Hubby and his partner have a Kela card.'

CLOSE-UP: Hubby looks hesitated.

VOICEOVER:

'Hubby hesitates but then picks a Kela card from his wallet.'

CLOSE-UP: The Kela card.

VOICEOVER:

'The nurse asks for details about Hubby's partner's pregnancy. When was first day of the last period? The nurse also wants to know if the pregnant woman has any illnesses and lets Hubby know that he is more than welcome to join the maternity care session. The nurse books an appointment for the following week.

CLOSE-UP: The nurse's computer screen. The text 'BOOKED' flashes in the screen.

6. INT. AT THE MATERNITY CLINIC - FIRST TRIMESTER

Hubby and We are called into the nurse's office from the waiting room. The nurse greets them smilingly and welcomes them. They sit down.

VOICEOVER:

'Hubby, We and the nurse go over the maternity and family care services. The nurse tells them to go online and look for 'We're having a baby' booklet by The National Institute for Health and Welfare.'

A speech balloon above the nurse's head, saying 'We're having a baby' and another speech balloon, saying 'The National Institute for Health and Welfare.' The nurse gives out pamphlets.

VOICEOVER:

'Time goes by, day after day and month after month, while Hubby and his partner prepare themselves to become parents.'

7. INT. TIME GOES BY

Calendar in the upper corner of the screen showing months changing. Images flash through the screen:

INT. AT PARENTING TRAINING CLASS - SECOND TRIMESTER

A nurse is wearing a printed T-shirt that says 'en/DuoDuo.fi' and is standing next to Hubby as a statistician. Hubby tries to put a diaper on a doll but fails at first attempt, like the rest of the dads. We smiles on his side. The next try is successful and Hubby holds the diapered doll high in the air and chants merrily. Then the diaper falls on his head and he looks stupefied.

INT. AT HOME - SECOND TRIMESTER

We is having mood swings, paces around the home and cries and yells and then goes to kiss Hubby on the cheek lovingly.

CLOSE-UP: Hubby's face looking suspicious.

INT. AT THE STORE - SECOND TRIMESTER

Hubby and We are at the baby store together, thinking of what to buy. They look around and see a nice-looking baby stroller.

EXTREME CLOSE-UP: A price tag of a baby stroller.

CLOSE-UP: Hubby and We look at each other and shake their heads over the high price.

INT. AT HOME - SECOND TRIMESTER

We is sitting in a lovechair and holding a doll in her arms. She is practicing breast-feeding. Hubby brings her a stool and places it underneath her feet for a more comfortable position. Hubby and We glance at each other and grin joyfully.

INT. AT THE BAR - SECOND TRIMESTER

Hubby is thinking of what he's done with his life and looks anxious. He has a cigarette in his mouth but he takes it out, looks at it with disgust and stomps it.

EXT. NEAR HOME ON THE STREET - SECOND TRIMESTER

Hubby starts to exercise. He puts a sweat-band around his head and goes jogging. Then he carries a heavy-looking grocery bag in each hand several flights of stairs, while We takes the elevator and waves at him.

INT. AT HOME - THIRD TRIMESTER

Hubby is sitting on the couch and the very pregnant We has her legs on top of Hubby's lap. They are comparing hospital versus home birth options.

CLOSE-UP: Hospital pamphlet in Hubby's one hand and a pamphlet of 'Aktiivinen synnytys Ry' in another.

8. INT. BACK AT THE MATERNITY CLINIC - THIRD TRIMESTER

Hubby and We are sitting at the nurse's office and the nurse is talking. A speech balloon saying 'Prenatal visit'.

VOICEOVER:

'Hubby and his partner are advised to contact the hospital for a prenatal visit.'

INT. AT THE HOSPITAL - THIRD TRIMESTER

Hubby and We are walking in the hospital and looking around the delivery room. It is simply decorated. The 'camera'

scans through the room, which contains a bed, a fit ball, a rocking chair, a diaper table and monitors.

9. INT. AT HOME - BRIGHT WINTER MORNING

VOICEOVER:

'So the day comes that We starts having regular contractions and her water breaks. Everything is happening fast but Hubby tries to remember everything learned from the maternity clinic visits. He relies on the things he's learned and he's able to support the partner who's in discomfort. Hubby calls the hospital to tell that We is in labour.

CLOSE-UP: Hubby is on the phone and looks focused. He nods and then puts the phone away.

Next to the front door.

CLOSE-UP: Hubby's hands unzip a bag and he takes out stuff to see if everything necessary is there. He takes out and puts back one by one We's maternity card, a pre-filled personal data form and We's Social Security Card, a toothbrush and toothpaste, deodorant, body lotion, hairbrush, clothes and nursing bras.

Hubby puts on a jacket for We and then walks outside the home.

EXT. IN THE YARD - A MOMENT LATER

Hubby scratches the ice from the car window quickly. Then he tosses the scratcher inside the car. He starts the engine.

INT. INSIDE THE CAR ON THE MOVE - ANOTHER MOMENT LATER

Hubby is driving towards the hospital. Landscapes are flashing by. Hubby turns to look at his partner only to realize she's missing.

EXTREME CLOSE-UP: Hubby's face is in sweat and his pupils dilate.

EXT. ON THE ROAD - ANOTHER MOMENT LATER

LONG-SHOT: Hubby does a U-turn. The shape of U leaves a mark on the road. Now landscapes are flashing by even faster. When Hubby reaches home he hits the breaks in front of We, who looks furious.

INT. INSIDE THE CAR - ANOTHER MOMENT LATER

Side-looks given by both partners. Tension in the air. Silence.

EXTREME CLOSE-UP: We purses her lips tightly together in anger.

CLOSE-UP: We crosses her arms.

10. INT. AT THE HOSPITAL - ONE HOUR LATER

Hubby and We walk to the delivery room with the midwife who opens the door and then leaves them be. We is holding her lower back and walks slowly around the room. Hubby opens his bag on the table and takes out his partner's woolly socks and puts them on We's feet. We wraps her arms around Hubby's shoulders and leans towards him. Hubby takes her weight and holds her.

VOICEOVER:

'We wraps her arms around Hubby's shoulders and leans towards him for support like they had practiced. Hubby is in control and feels good to be able to help. He's the MAN.

11. INT. IN THE DELIVERY ROOM

CLOSE-UP: A clock hand moving at a fast rate.

We has delivered the baby and looks exhausted. She is laying on the bed with a blanket over her lower body. She has her newborn baby on her chest and she is breastfeeding. Then Hubby looks at her and she nods. Hubby takes the baby to lift it up and to hold it in his arms. He looks overwhelmed with love and pride.

VOICEOVER:

'Hubby is now a proud new father. He'll do alright, don't you think?'

CLOSE-UP: Hubby holding his baby and smiling.

From CLOSE-UP to quick LONG-SHOT: Hubby is now in white surroundings, on top of the same map of the World as was shown in the beginning. He is now amongst the other fathers who are holding their babies. He greets them with a hand-wave and they greet him back.

THE END.