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# The Snowball Effect

The Paradoxes of Modern Gender Roles of the  
Middle-class Parents in Copenhagen

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## **Abstract**

This thesis explores access to central knowledge platforms of middle-class parents within the context of Copenhagen. Through a qualitative approach, including interviews and participant observation, access to the 3 main knowledge platforms is explored: firstly, direct contact with municipality health care visitors in the home; secondly, maternity groups constructed according to homogenic ideals and finally, the online community of Facebook. Analysis revealed that the municipal offers to parents fail to include the fathers, and that health care visitors through facilitation and guidance toward ideologies of parenthood exclude the fathers. Furthermore, homosocial communities are preferred by the parents, creating further challenges for the fathers in access to the online communities dominated by women and though more inclusive masculinities emerge allowing the men to identify further with fatherhood, the father is excluded from the central knowledge platforms. The exclusion of the father in parenthood leaves the women in the same position we saw her in 50 years ago: trapped in the domestic sphere, unable to live out other ideologies of self than intensive motherhood. Concluding that this modern welfare state governs its population in a manner that underlines traditional gender roles which perpetuate inequality in parenthood, oppressing both the fathers and the mothers.

**Keywords:** Social Anthropology, Parenthood, Gender Equality, Governmentalism, Biopower, Masculinity, Intensive Mothering,

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# 1. A Thesis on Normative Gender Roles in Parenthood and Access to Knowledge and Bodies of Power Emphasizing These

In the summer 2018, I gave birth to two little boys in a caesarean delivery. Me and my husband stayed in the hospital for 7 days before moving our new insecure parenthood into our home; a small apartment in Copenhagen. However, our journey to parenthood began, as for many other; long before the birth of our children. Throughout the pregnancy, parents go through a variety of preparations for parenthood; antenatal classes, meetings with midwives, ultrasounds scans, going through lists of need-to-have before the babies' arrival, packing the bag for the hospital, or blowing up the home-birth bathtub. However, the parents-to-be have chosen to bring their baby(ies) into the world, or however they prepare, be it with privately arranged birth preparation courses, or talks at the hospital preparing for a planned cesarean section, there will usually be a long array of preparations. Through these preparations' parents are slowly becoming parents, and for many they already feel a great deal of love for the unborn child, some even for the baby not yet conceived.

All of these preparations unravel some of the mysteries of babies and reveal what having a baby might be like. After the birth, participating in parental groups, attending playgroups, reading books on parenthood and participating in discussions in a long list of diverse Facebook groups on parenting, all of this creates a frame in which parents construct and reconstruct their identity as parents. Both the preparations as well as the arenas available later, seem to be different whether you are a mother or a father. This comes down to a number of factors: social and cultural expectations, ideas of the good father/mother and the differences therein, as well as structural differences such as parental leave, daycare options etc. When stepping into parenthood, you are pulled into a world that demands you take a stance on so many things you have no knowledge of; when can you give baby his/her first bath? When can you expect to sleep more than 2 hours in a row? How do you know if baby is cold or warm? And where will you attain all the answers to all of your questions? The platforms of knowledge accessible to parents, are quintessential to their active role as parents, and to what kind of parents they will be.

## 1.1 Purpose

There is a consensus in modern Danish society that we aim to live in equality, this of course is also the case when we look at gender and parental equality. The middle-class parents are very aware of this, but how and why are they, the typical heteronormative middle-class mother and father, then not equal as parents?

Throughout this master thesis, my aim is to look at how the middle class of Copenhagen live up to ideals of gender equality in their parenthood. Through following the knowledge platforms central to the parents, I have attempted to answer the following question

*How does the access to knowledge affect the gender equality between the middle-class parents of Copenhagen?*

Within this, describing the structural frames of parenthood in Denmark, analyzing the role of embodiment in early inequality between the parents, and following the three main platforms of knowledge used by the parents: 1) the health care nurse visiting the family in the home, 2) the maternity groups created by the health care nurse as communities where the mothers share knowledge, 3) the online community Facebook, where parents themselves form communities and share knowledge. Through these platforms, I will analyze the state's role through the family's health care visitor in the reproduction of ideologies of parenthood, governing parents directly as well as indirectly. As well as analyze the identification of the parents in their mother and father roles, looking at their participation in municipality courses, events and groups, as well as their use of online communities.

Factors in the creation of social constructions like gender are many, throughout this thesis, I have chosen to focus mainly on the health care systems influence on the parent's gender equality. As I am directing my lens toward a welfare society, aiming at gender equality, the state's own influence on the subject becomes of high interest. Playing a central role in the access to knowledge and the governmental influence thereof is the Sundhedsplejerske, this is a municipality health care visitor, each family gets assigned one and they will visit the

family in the home for the first 8 months after the baby is born. Throughout this thesis, I will refer to this Danish health care visitor as Sundhedsplejerske.

## 2. Theoretical Framework

### 2.1 Previous Research

Through this chapter, you will find a presentation of relevant research on the areas of embodiment of parenthood, parents' access to knowledge as well as governmentality and state surveillance and the area of normativity and parenthood. The research presented mainly focus on the parent's perspective.

#### Embodiment of parenthood

Embodiment is a huge part of parenthood, unavoidable for the mother though pregnancy and breastfeeding, but of course relevant for any parent in the form of everyday activities, such as tucking into bed, bathing, putting on clothes, comforting etc.

As an embodied experience of parenthood, Kate Cregan (2018) looks at pregnancy, talking of the active construction of pregnancy, of embodying medicine by being a good patient, and being a good mother by bonding with the unborn child.

Playing a central role in motherhood, breastfeeding has been researched both within the medical field as well as from a cultural perspective. Where the medical research focuses on the positive effects breastfeeding has medically for mother and child, the cultural research looks into the experience of breastfeeding for the mother and the embodied experience. Amongst the material written about breastfeeding and the embodied experience thereof, Fiona Dykes (2005) has studied the experience of breastfeeding and the conceptualization thereof as labor in two maternity wards in England, UK. Finding that the women turn to a labor rhetoric when describing their breastfeeding experiences, talking about supply, demand, and productivity while at the same time experiencing great concern with the uncertainty of their bodies living up to this demand.

The midwife Lena Dahl (2004) has taken a look at breastfeeding in a Swedish context, identifying two different discourses of breastfeeding: 1) naturalization of breastfeeding and 2) breastfeeding as labor. Furthermore, Dahl touches upon the role of the father in breastfeeding and how ideas of gender roles affect the relationship between mother and father, as they find themselves in the new situation of being a family. Others touching upon

the subject of breastfeeding and embodiment are Noortje Van Amsterdam (2019) writing of the uneasy experience of extracting breastmilk at the workplace based on auto-ethnographic experiences. Although van Amsterdam experienced a work environment that lived up to the requirements by Dutch law, giving her time and facilities to extract breastmilk, her maternal lactating body was still 'out of place', describing her workplace in academia as "characterized by a hegemonic masculinity that results in marginalization and devaluation of women." (van Amsterdam 2019:283).

Catherine Robinson (2018) has looked into parental distress both from the embodied pain of breastfeeding as well as the pain of being an inauthentic mother through the use of inauthentic ways of feeding the baby(ies) and how this ruin the mothers ideals of extended embodied motherhood.

As evident from the above, embodiment, breastfeeding and ideals of motherhood are all interwoven topics that has been researched through different fields, mentioned above are fields of sociology, psychology, history, anthropology, as well as medical fields of midwifery and nursery. Many of these studies also draw on Foucaults ideas of governmentality and biopower, as well as normative parenthood and masculinities Although Mother Nature has chosen for embodiment of pregnancy to be the women's arena, through pregnancy as well as breastfeeding, these are as mentioned above interwoven with ideals of motherhood. Embodiment is not solely accessible for the mothers, although it definitely is unavoidable for them.

Doucet (2013) focus on the father and embodied care, drawing on Bourdieu to describe how fathers embodied parenting is deeply rooted in habitus, she also draws on the work of Goffman. Describing how the father moves through different spaces.

"That is, the movements of fathers are practical in the sense that men learn how to move through spaces in ways that are acceptable, normal, and in concert with public expectations, but they are also moral in that fathers and mothers not only interact together but make judgments about whether and how to maintain or disrupt routine social and public interactions." (Doucet 2013:291)



## Access to Knowledge - Governmentality

In describing the development of Danish society, in terms of policies of health and the appearance of biopower through liberal policy, Frandsen and Triantafillou (2011) describe Danish health policy as one that through the 90's and 00's develops into what they call 'advanced liberal rationality of government', which differs from the usual liberal government in that instead of seeing civil society as self-regulating and the government ideally not interfering with these processes. This type of government is one that sees the self-governing civil society as one that should be supported and guided, so act to create the optimal frames, enabling individuals and groups in society to make the "right" choices (Frandsen & Triantafillou 2011).

In the Danish context, Lisbet Vestergaard Andersen (2009) has researched the access to knowledge for minority parents in the form of Somalian mothers. Andersen is a former Sundhedsplejerske herself, and has worked within the public health care system, for the thesis she has interviewed both Somalian mothers, as well as a group of Sundhedsplejersker. She combines these two participants groups and conclude that the Somalian mothers are often in a situation where the maternity groups are not presented to them as an actual offer from the Sundhedsplejersker, and when they are, they often decline the offer as their everyday life is busy with housework and children. Andersen poses the question, what do we find in argumentation for not participating in the maternity groups from this minority, if we look into their everyday lives instead of leaning back and use our good old argument of cultural differences? At the same times, she underlines the experience of the Sundhedsplejersker that both the immigrant minority mothers as well as the middle-class Danish mothers prefer to be in homogenous maternity groups, missing out on what could be an arena of integration and knowledge sharing (Cramon 2011) (Johannesen, S. and Cramon, L., 2012) (Blankholm 2009) (Andersen 2009).

Below I will move into the subject of governmentality and access to knowledge, with regard to identification and gender roles of the mother and the father. How different scholars have looked into the topic, and their different approach to the question: How influential is governmentality and the normative parental roles it identifies and formulates, in regard to the actual lived lives of the parents?

As well building on Foucault's work, in terms of governmentality and biopower, Riika Homanen (2017) has looked into the maternity healthcare practices and processes as arenas of biopower in Finland. Homanen explains how pregnant women, through meetings with health nurses, which correspond to the Danish Sundhedsplejerske, throughout the pregnancy are guided in their parenthood. The point here being that "this welfare service avoids an either/or response" (Homanen 2017:444). Throughout the meetings, focus lies on self-reflection and the conversations and discussions during the meetings remain abstract and vague, and the nurses refrain from providing specific answers or concrete information on the ideal family life. The focus on self-reliance and self-reflection through the pregnancy and the maternal care has been used as arguments that the welfare state act on capitalist demands for a higher degree of self-control and autonomy for citizens. However, Homanen argues that the parental subjects are not solely a product of this neoliberal project reduced to a neoliberal reflexive individual for whom parenthood is an individual project, as well as there is no disciplined subject as a product of governmentality, aiming to perform in accordance with idealized parent figures. Homanen concludes that the not-taking-a-stand, does not result in the parents being left to find out parenthood on their own, instead she concludes that the approach result in a view on the transition to parenthood as a process of coming to know one's own identity as a parent (Homanen 2017).

Close (2017) also draws on Foucault's concepts of 'governmentality' and Bourdieu's 'distinction', analyzing how mothers in the North East of England is affected by current discourses of 'intensive mothering', which in modern society has become the equivalent of 'good' mothering. Close argues that through government communication on motherhood, mothers become central in upbringing the 'good' citizen in a society valuing self-reliance and self-responsibility. She argues that mothers are continuously being addressed in this government communication on parenthood, discussing how the mothers negotiate the ideal of the 'good' mother, with these competing forms of knowledge. Close as well concludes, that the knowledge produced and the ideal of 'intensive mothering', are ideals out of reach for the non-middle-class mothers.

Frandsen & Triantafyllou (2011) identify the development of the Danish governments and health care programs as 'advanced liberal rationality of government', identifying the same development as Close (2017) describes in the neoliberal government of the UK. The

conclusion of the ideal motherhood being out of reach for so many mothers, is identified by Close (2017), as well as by Andersen (2009) in the Danish context and Homanen (2013) in the Finnish. Andersen furthermore argues that the health care system actively excludes minority mothers from knowledge sharing through the maternity groups, reproducing the class divide instead of using this arena of the maternity group to smooth out the gap. Instead, Homanen argues that through a welfare system where health care professionals do not take part in the production of parenthood ideals, parenthood consequentially is understood as a process of learning one's own parental identity, experiencing support in the process. However, I would argue that even though the health care professionals do not explicitly guide the parents in terms of parental ideals, they do refer the parents outside the norm to extra counseling and support, thereby somewhat acting on ideas of normative parenthood.

### Normative ideals of parenthood

In 1974 Michelle Rosaldo wrote *Women, Culture, Society; a theoretical overview*. Where she puts forward the notion of universalized asymmetry in the cultural estimation of the genders: that women may be powerful and strong, but in relation to men of the same age and social status, they lack authority. Within this notion an opposition between the women, as working in, and responsible for the domestic sphere, and the extra-domestic and public oriented man, working outside the home.

The fact that, in most traditional societies a good part of a woman's adult life is spent giving birth to and raising children, leads to a differentiation of domestic and public spheres of activity that can, I think, be shown to shape a number of relevant aspects of human social structure and psychology (Rosaldo 1974: 23).

Rosaldo argues this gender divide and oppression of women as a universal fact and identifies it in a wide array of cultures. Thereafter she argues that the reason the women end up in the domestic sphere, comes down to their role as mothers.

Joanne Mayoh (2018) looked into ideals of the pregnant body, focusing on the ideals presented through social media. Through discourse analysis, she identified how the majority of the pregnant women embody dominant discourses in society, regarding neo-liberalism, consumption, traditional medicine, heteronormativity and hegemonic

masculinity. Though she also identifies an uprising against the 'perfect' pregnancy. Furthermore, Mayoh explains how they in their effort to embody dominant discourses police and monitor their own pregnant bodies.

When it comes to performing motherhood, Lisa Smyth in the book *The Demands of Motherhood* (2012), though stating the study is not strictly comparative, focus on mothers in North Ireland and the US. Smyth identifies intensive mothering as the ideology and practice that provide the best way to fulfilling one's gendered maternal self (Smyth 2012:65). From here on she identifies three main strategies mothers use, to cope with the ideologies of motherhood they meet in society, analyzing how they reformulate and negotiate motherhood. As the role of motherhood "cannot be embarked upon or practiced in a way that is simply 'natural' or 'unreflexive' (Smyth 2012: 39). The mothers through different strategies, reformulate a maternity they can live and perform.

*Fatherhood in Transition: Masculinity, Identity and Everyday Life* (2017) by Johansson and Andreasson, is a study examining fatherhood in relation to heteronormativity, sexuality and masculinities, as well as patterns of class and nationality. The empirical data is gathered in western countries such as Sweden, Denmark, Great Britain and the USA. Building on a substantial amount of empirical data, though at the same time attempting to focus on the data as case studies, contextualizing the individual cases. Johansson and Andreasson discuss the use of Connells 'hegemonic masculinities' and Anderssons 'inclusive masculinity' in relation to fatherhood, discussing the phenomenology of the family and its effect on the use of the categories of mother and father.

Daniels and Chadwick (2018) conducted 20 interviews of men in South Africa concerning homebirth. The study focused on the representations of masculinity constructed in the conversations on homebirth, identifying notions of selfless masculinity as a key masculine ideal, the men also grappled with more traditional masculinities, resulting in gender tensions identified in narratives such as the man as provider and focus on professional success.

## 2.2 Theory

Throughout this thesis, I use Foucault as a general theoretical frame, describing how the state influences normative ideas of parenthood, through biopower. I also heavily rely on concepts of normativity and masculinities in my analysis of maternity and paternity groups as well as the online communities of the parents, as here it becomes relevant to discuss the framework of the parents in terms of identification. Below I have accounted for the theoretical background of my thesis, as well as central terminology.

### Embodiment

As a concept embodiment derives from ideas of phenomenology, developed by the French Philosopher Merleau-Ponty arguing that in order to have experiences, and perceive the world you have to have a body in space, and that the experiences are based on this body. Anthropologists took the idea of embodiment and developed it further into an idea of the body as a cultural and socialized body, where not only movements become habitual but also our way of perceiving our world. So, the idea of embodiment is an idea that culture affects and changes our body, and as our bodies are necessary for our experience of the world, culture changes the way we experience the world through our bodies (Nash 2012:20-25) (Harris 2016) (Michaels and Kokanović 2018).

For many anthropologists first using the concept of embodiment, they did so in concern with addressing power and oppression (Harris, 2016). Barbara Duden applies the concept of embodiment to the body of the pregnant woman (Duden 1993) and analyze the way modern technologies has turned the fetus into a life in public discourse. Taking as an example ultrasound scans, a technology that has made us aware of the life of the fetus. Resulting in disembodiment of the women: her body is no longer just her own, the fetus lives there too, and as debates on abortion are a subject taking up a large space in public discourse so does the woman's body (Duden 1993).

Gilian Ranson (2015) builds on this previous research and through a large amount of empirical data, including interviews of 21 fathers, participant observation within 13 family homes, as well as building on written material in the form of fatherhood blogs and memoirs, analyses embodiment of fatherhood. Her research concludes that fathers who take an active part in parenthood, within this embodied fatherhood establish deeper

relationships with their children but also gain insights to the work of caregiving and changes the view of their own masculinity. Concluding that the skill of caregiving is not biologically inherited, and active participating fathers can learn the skillset in the same way as women. Following the above ideas of embodiment, fathers re-embody as men in the process of fatherhood.

### Normalization processes – biopower and governmentality

Presentations and ideas of normative parenthood of course affect the process of becoming a parent. Normative roles represent at the same time the parenthood most often presented as well as the ideal parenthood. Thereby making ideas of normative parenthood both descriptive as well as socially regulative, and thus regulated through exertions of power.

Foucault describes how the exertion of power in the western countries has changed dramatically in modernity. Moving away from a power exerted by the nation state, the sovereign, through juridical power; discipline and restrictions, to the liberal governments establishment and a power that works through normative ideas of the happy life, subjugating the subjects through governmentality – governing rationally, where individuals work to fit into that ideal framework, self-correcting, self-controlling. A process of normalization “It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them.” (Foucault, 1977: 184) (Foucault 1978).

The concept of *biopower* is by Foucault described as an art of government that contrast the juridical. Previously the state has shown its strength through juridical power and its ability to exercise domination over other states. Now in the modern state, it is determined by the state’s ability to govern its population. There is a radical shift in ideas of security as well, previously states have defended their borders, now they act to ensure the populations biological continuity and conformity to social norms (Foucault 1978: 135-159).

Biopower view the populations as an organic dynamic body, attempting to regulate the biological processes inherent in such systems. This include for instance reproduction as well as political issues relating to the interactions of man-as-species. “characterized a power whose highest function was perhaps no longer to kill, but to invest life through and through.” (Foucault 1978:139). An era where the sovereign power controlling life and death

was now exchanged with a power administrating bodies and “the calculated management of life.” (Foucault 1978:140) – Biopower. Foucault describes it like this: “to govern, in this sense, is to structure the possible field of actions of others.” (Foucault, Ewald, Fontana and Senellart, 2009:12).

Thus, the notion of biopower, makes it possible for us to analyze not only regulation through repression but also indirectly through positive power resulting in people acting in certain ways through guidance: facilitation and motivating individuals toward normative ideals, describing the normative ideals as sources of a happier life (Frandsen & Triantafillou 2011) (Ambjörnsson 2003) (Foucault 1978).

### Gender and Normative parental roles

Gayle Rubin (1975), argues that these gender roles are socially imposed divisions, women are born biologically as women, but it is only through the opposition to the male gender she becomes gendered.

We are not only oppressed as women, we are oppressed by having to be women, or men as the case may be. I personally feel that the feminist movement must dream of even more than the elimination of the oppression of women. It must dream of the elimination of obligatory sexualities and sex roles (Rubin 1975:102).

The gender/sex system is characterized by the fact that women are oppressed in the gender system within capitalist societies, but Rubin furthermore argues that both men and women are oppressed in so far that they have to fit into the gender roles. Rubin argues for and aspires to a genderless society, where sexuality does not have socially constructed meaning.

### *Intensive Mothering*

Through a social-constructivist approach Hays (1996) describes the ideal of mothering as a historically constructed ideology, the one she identifies as the currently dominating is what she calls ‘intensive mothering’. This ideology entails that childrearing should be performed by the individual mother, that the mother’s role is to put the child’s need before all else, and furthermore that those needs match her own. As she is a selfless mother who is fulfilled by the work of childrearing, and happy self-sacrificing for her children. Hays

argues that we are still stuck in a gendered world where the women has main responsibility in the home, and the man works outside the home. This ideal, consequently result in women who are becoming a part of the workforce still take on main responsibility for the childrearing, placing stress on the women and resulting in a contradiction, where the women are both responsible for the home and working outside the home. Consequentially, the intensive mothering ideology, results in the responsibility of childcare being a private issue, absolving public actors from responsibility, places an absorbent amount of stress on the individual mothers, as well as enhance the power of the men, making the women unable to compete in the workplace. Hays argues, that to solve these issues, we should not divide the responsibility of home and work between the two parents, instead we should revolt against the idea that childrearing should be so labor intensive, and the idea that children need a single parent to be self-sacrificing, this she describes as more of an idea than a reality (Hays 1996). Hays has been criticized for generalizing the views of the middle-class American women, and through her findings within this group of women, universalizing essential assumptions to mothers of other social classes, ethnicities etc. Furthermore, she is critiqued for focusing singlehandedly on motherhood, when discussing how motherhood is gendered one could argue that there is a need to include fatherhood at least to a certain extent.

#### *Heteronormative Masculinity and Fatherhood*

Raewyn Connell's study *Masculinities* (1995), identifies a number of masculinities changing in accordance with times and culture. Here, she also defines hegemonic masculinities as

The configuration of gender practices which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken for granted) the dominant position of men and the subordination of women (Connell 1995, p.77).

Practices, that legitimize men's power in society and the subordination of women, as well as other masculinities and gender identities, that are seen as feminine in the given society.



Throughout the book, fatherhood is not a central topic, but the whole concept is definitely relevant to a discussion on gender roles of parenting. The concept of hegemonic masculinity includes possibilities of masculinities changing and developing over time, and though very few men embody and live hegemony, the concept is one that perforates all of society.

Through her book *The Men and the Boys* (2000) the subject of fatherhood is discussed more. Here, she argues that “two-gender childcare diversifies children’s relationships and helps break down the belief in rigid division between masculine and feminine which is the source of the difficulties in growing up.” (Connell 2000, p.191). Throughout the book, Connell rather traditionally talks of the two genders of the father and mother, there is no discussion on a gender neutral upbringing, and though arguing for both parents to be active in parenthood, her depiction of those gender roles seem rather traditional, though she does talk of the transparent and fluid relation between the father and the mother (Connell 2000).

In his study *Inclusive Masculinity* (2009) Eric Andersson through multiple ethnographies mainly from athletes, put forward the idea that we are currently seeing a significant shift in masculinity “among university-aged (mostly) white men, athletes and non-athletes, alike.” (Andersson 2009: 7). Andersson puts forward the idea of two main masculinities, the ‘orthodox masculinity’ and the ‘inclusive masculinity’, arguing that the orthodox masculinity is constructed in the beginning of the 20<sup>th</sup> century in an effort to resist women’s liberation and ensure that male youths were socialized into a hetero-masculine ideal. (Anderson 2009: 24-40) stating that in times of higher cultural homophobia, homophobic discourse has usually been the main policing agent. As femininity is so entangled with homosexuality, the misogynist discourse has consequentially discouraged men to associate themselves with femininity, as well as homosexuality (Andersson 2009).

The theory on inclusive masculinity, is developed by Andersson, as he attempted to apply the heteronormative masculinity as described by Connell, in observing that this theory was inapt in explaining his data, Andersson thus developed the concept of inclusive masculinity. For instance, when looking at cheerleading teams, he found that the athletes were not looking up the hierarchy, seeing the hegemonic masculinity as the dominating. Connell argues that several masculinities do exist, but that there will only be one

dominating masculinity, a hegemonic process where only one form of masculinity stands above all others. Andersson argues that this cannot describe the current scheme of things and identifies two co-existent masculinities: the orthodox and the inclusive. “two dominant (but not dominating) forms of oppositional masculinity can each exist with equal influence: One conservative and one inclusive” (ibid. p.8) Andersson argues that Connell’s theory of hegemonic masculinity, fails to describe what happens as homophobia diminishes. The theory of inclusive masculinity, thus state that there is an increase in social arenas wherein men do not have to buy into the hypermasculine identity but can instead engage in a variety of identities which draw on formerly feminine practices, without the persistent danger of being perceived as gay or weak. (Andersson 2009)

The debate thus becomes, if subjects are the target of biopower, through being governed via discourses and identify themselves in regard to available masculinities and ‘true gender identities’, the question often posed by feminist scholars in regard to Foucault is, what are the populations possibilities of resistance in regard to biopower and governmentalism?

Judith Butler (1990) argues that gender roles are products of social discourse and not biologically givens, thus applying Foucault’s ideas of subjects constructed through discourse produced from modern power. Butler builds on the feminist theory of Simone de Beauvoir and the phenomenology of Maurice Merleau-Ponty, arguing that gender is performative. She discusses the relationship between body, gender and sexuality and argues that ideas of the natural gender, is a normative idea prescribing ideals of behavior within the frames of female/male. However, Butler argues that these two categories of gender has no meaning in and of themselves, they only gain meaning in a heterosexual context, presenting two separate genders as the only two categories of identification. Butler thus agrees with Foucault’s idea of modern power as productive, while arguing that bodies are not mere products of the modern power exerted upon them. While agreeing with the concept that gender is created within a certain frame, she also argues that there are ways to resist this gender system. Through subversive gender performances, Butler pleads for a destabilization of the normative gender system, as cross-dressing, drag performances etc. could help undermine the idea of a true gender identity (Butler1990).

### 3. Method

Throughout my fieldwork I have interviewed 9 parents, 1 Sundhedsplejerske working in the private sector. I participated in 3 maternity groups; one of these turned into a paternity group in the duration of my fieldwork. And I participated in 1 playgroup facilitated two parents in their private home. The participant observation took place in the winter 2019-20, I started in December 2019 and I participated in the last groups in March 2020

Throughout this chapter I will first give an account of the fieldwork and thereafter go into discussions on constructions of the field and ethical considerations.

#### 3.1 Entering the field – Creating Data

The field I have chosen to study is a field I am very much invested in myself. This means that it is a part of my private everyday life and that it is hard to see a boundary between my private sphere and the field I am studying. It is most definitely an autobiographical study, in which I have used my own life and my own family. Amit (2000) mentions Judith Okely briefly, who argues for the importance of total immersion into the field, as well as the use of autobiography. As Amit goes on to argue *“An idea of fieldwork in which the ethnographer is expected to break from his/her usual involvements in order to immerse him/herself in the ‘field’ of others’ involvements is an oxymoron.”* (Amit 2000:6). And further arguing for the quality in interweaving and melding of different relationships and roles, gaining what Marcus and Fischer describes as a *“messy, qualitative experience”* (Amit 2000:7, quoting Marcus and Fischer, 1986:22). I have through this fieldwork used my personal experiences as a mother, gaining access to the field through my understandings and experiences of motherhood, and I would definitely say that I could not have produced this knowledge or gained this access if I had not been a mother already. Furthermore, focusing on parenthood where I am located myself with my family, studying what I have been and am currently involved in means there seems to be no boundary between the private me and the professional, the informants and the friends, the field and my home.

## The Maternity groups

The maternity groups I expected to find mainly through Facebook. For every single month of every single year, there is a Facebook group for the mothers with term that month. So there seems to be a large pool of mothers who are easy to get into contact with. However, when contacting a large number of these I realized they all have the same policy – no reaching out for informants, fishing for interviews or anything they would consider commercial; for the administrators of these groups I was advertising myself and therefore not allowed to post in their groups. However, I was able to post in my own birth term group, which I have mainly used for insights in different subjects and discussing different topics in the group.

So, I looked elsewhere for interviewees and maternity groups and suddenly found a relatively new kind of group, also living and breathing through the internet, very active on Facebook. They call themselves Momunity and is a large network of 14 (so far) Facebook groups. They are local groups, calling themselves for example “Momunity – mom at Nørrebro”. They are very streamlined; their group descriptions are the same. For instance, it was clear that they are in close contact with each other and to some degree managed by the same administrators. For instance, when they all changed their group descriptions with the same changes in the same week.

I first contacted the starters of this concept, we agreed to do an interview which was later cancelled. However, I asked them if they would agree to me using the Momunity groups to find collaborators and they were very positive to the idea, leaving it to the local administrators to decide if they wanted to collaborate. I then immediately contacted an administrator from each group and the ones who responded were very positive, then I ended up posting in 9 out of 12 groups. Through these groups I have found a large number of contacts, as well as plenty of useful information and ideas.

Throughout my fieldwork, I have participated in three maternity groups and one parental play-date groups.

The first of the maternity groups had children around age 8-9 months, and were primarily middle-class mothers from Amager. This is a very typical maternity group, and I came into contact with them through an old friend whose wife is a part of the group.

The other maternity group had children a bit older, 9-10 months. Residing in Nørrebro, they started off being 8 families, and started meeting over the summer 2019. In the beginning they would meet in courtyards and gardens, as they were too many to be able to meet indoors in the rather small apartments of Nørrebro. One of the members owns a dance-studio and they agreed to meet there. This means they have also been able to invite new members into the group, and one mother started attending because she did not feel comfortable in her first maternity group. From the first to the second time I visited them, fathers had started attending as well as the children have reached an age where fathers are taking over the parental leave, and where invited into the group. Therefore, it turned into a mixed parental group during my contact with them, and during my final visits was a paternity group. I came into contact with this group through the Momunity Facebook community.

The third maternity group only had two of the mothers left, they both resided in Nørrebro and their children were around 11 months when we started meeting. I met them two time as a maternity group but they both ended up being rather central participants whom I met here and there throughout the fieldwork.

The parental play-date group was created by a couple who has their child of 14 months at home. Their parental leave is used up, but because the mother works during the day and the father during the evenings, they have been able to take care of their child themselves at home. They have created this playgroup by inviting parents they have met in different settings into the group. Where they meet every week for a couple of hours.

### *Individuals (interviews)*

Most of the individuals I have interviewed, I have found through different Facebook groups, while a few have been people sent to my inbox by friends or other contacts. I have come into contact with people through the Momunity groups, sharings of posts on my personal Facebook wall and posting in other relevant groups, like local community groups and the due date groups. The due-date groups are groups that are created by private individuals, gathering mothers-to-be who have due date in the same month. Which means they are typically named for instance “Due Date August 2019”, creating an online maternity group for mothers-to-be in August 2019, often people will be a part of the group

long before giving birth, thus following each other through the same periods of parenthood.

### Time plan - the Interviews

Below you will see an overview of my actual time plan concerning the interviews; when did I perform interviews with certain groups of people, when did I spent time in active search for participants and collaborators and when did I spent time doing participant observation.

Through October I began reaching out to my own social circle, making people around me aware that I was beginning my fieldwork and reaching out to different Facebook groups.

In **November** I performed 5 interviews with mothers of different social classes, mainly middle- and upper-class women. I felt like I was on to a good start and wanted to keep my eyes wide open. I performed interviews with anyone who showed any interest and I experienced a very high degree of interest in the project. **December** was very quiet. I had throughout November spent time reaching out to relevant organizations and it seemed that in December everything calmed down. Everybody was busy with Christmas preparations and vacation, so I honestly felt like not much was done. In **January** I started reconnecting, I finally heard from relevant organizations I had contacted, gained momentum to contact even more and gained an overview of what kind of informants I was missing, which questions I needed answers to and whom I wanted to ask them. Therefore, January is characterized by a narrower view and a focused search for informants. This is when I got into contact with fathers and Sundhedsplejersker. Through **January** and **February**, I worked to gain access to the Sundhedsplejersker, contacted a long list of representatives within the public system, was thrown around through e-mail and phone calls, as well as interviewing a couple of fathers. In **March**, I gained access to Sundhedsplejersker in Jutland, but unfortunately it was one week before the first planned interview the Covid-19 epidemic came to Denmark, and these interviews were indefinitely postponed. We agreed to take up contact once the epidemic was over, but we have still not reached that point, and there for these interviews are lacking in the thesis.

In the end, I had performed 10 interviews, 6 with mothers of the middle and upper-middle class of Copenhagen, 3 with fathers of the same social classes, and one interview with a Sundhedsplejerske working in the private sector.

## Participant Observation and Fieldnotes

Through the beginning of my fieldwork I had a rather hard time accessing maternity groups and private playgroups. I had definitely expected this beforehand, as these are private and at times very closed off to strangers. However, as these are private would probably also give richer data and better insights than other more public arenas of parenthood (O'Reilly 2009: 5-8).

After each visit I sat down in a matter of minutes at a local café and started writing down notes. I have attempted to write detailed notes of my observations, conversations that I found interesting, quotes that I could remember as well as descriptions of participants and settings. Through these notes I quickly became aware what I wanted to focus on next time, and the groups that I have attended has been characterized by also working as a debate group for my theories and ideas. The fieldnotes of course works as notes for myself, descriptive notes with the purpose of awakening my own memories later in the process of analysis. Thus, they cannot be seen as an objective portrait of events, but are inherently subjective and furthermore, in the writing of events become reflective and interpretive.

The very equal relationship between me and the participants has meant that I have shared a lot of my ideas with them and they have participated in group discussions and reflections on subjects I have thrown their way. For instance, I have come with examples of something I have heard in another setting (an interview or a different group) to see if it resonated with more parents. Once while attending a maternity group I retold a story, from an earlier event of participant observation, of how a parent had felt embarrassed of how (s)he had acted among friends with children before having children her/himself. After my re-telling of the story, two parents in the group started telling stories and examples of their own experiences with the gap one can experience between parents and non-parents. Of course, it has not always been the case that the story resonated, sometimes it has created debate and the idea has been shot down. But I have in general been very fortunate to have contacts and relationships in this fieldwork who find the subject interesting and wanting to participate in the reflections and discussions of my ideas.

### 3.2 Constructing the field

In defining the field and thus constructing the field, I continuously during my fieldwork constructed and reconstructed to adapt my fieldwork and my research continuously to the arenas available to me and the questions and topics revealed to me. I started off, with an aim to attend maternity/paternity/family groups, and interview a variety of parents, as well as a wish to interview Sundhedsplejersker as they have a central role in the formulation of parenthood. Because of a lack of access, the number of Sundhedsplejersker I was able to interview amounted to only 1. I also had a hard time gaining access to different social groups and as I started out, I was very interested in ethnic minority parents as well as parents from different social classes and their participation or lack thereof in the municipal offers aimed at parents. However, as my access to the field was challenged, I reframed the project and focused on the middle-class gender perspective.

Furthermore, it became obvious to me that the parents I came into contact with are people who identify very strongly as parents; if we for instance consider the fathers I have interviewed, they are very aware of their role as fathers how they want and do not want to be fathers. They are very actively reflecting on and living out their fatherhood. I reconstructed the field both because of these issues of access, but also because this opened the door to another question, which I later realized would become central: why do the middle-class parents of Copenhagen, fail to act according to their own ideals of equality in parenthood?

In the end I was not able to gain access to the exact people and groups I had hoped to and therefor re-constructed my field and my research purpose. As Amit concludes: "Thus the answer to what happens to anthropology if its practitioners adapt their fieldwork practices to the exigencies of new circumstances is that it wouldn't be anthropology if they didn't" (Amit 2004:17)

As Sluka & Robbens writes "traditionally fieldwork ended when one returned from the field to analyse and write up the research results" (Sluka & Robbens 2007:25). They debate fieldwork in a globalized world, arguing that talking of the field implies an artificial separation in the ethnographic process. In this research, there has been no boundary nor separation between the fieldwork and the "writing up"; there has been no traveling back to write up the thesis. It has all merged. Not because of our work taking place in a globalized



world, but because my fieldwork and my private family life has melted together into a stew of personal experiences and interviews, where participants are new playdates and dinner company in our home.

The fieldwork described through this chapter is of course influenced by the postmodern turn in anthropology as well as a feminist view on partnership and relationships with my participants (Sluka Robbins 2007:17-21). This is also why I have chosen to call them just that: participants. I have had the fortune of finding myself interested in a field where my own family could have been the object of this research. I have in this fieldwork been an equal to the participants as we have been a part of the same social class and have been through many of the same experiences. This has been to my advantage as well as it has posed great challenges in my fieldwork. My positioning and relationship with the participants will be expanded on in a later chapter including the ethical reflections.

### Expectations of the field

I of course went into this with some preconceptions of the field. I became a mother recently. This has of course given me a view into this whole field. Furthermore, I have written about this subject before during my master. Pre-conceived ideas of the field are as stated an important part of the research process (Malinowski 1922,9). My previous experiences limit themselves to attending maternity groups for mothers of twins. We were 3 mothers, one stopped in the group within the first couple of meetings because of an afterbirth reaction – so a rather small group of mothers. During the spring of 2019 I did a small participant observation paper through a university course; within this I did 14 hours of participant observation and chose to use this as a small pilot for the thesis. Through this I had some preconceptions of the field I was going into. I was well aware that I would have to spend some time accessing my field, finding participants and collaborators as this has posed a challenge before.

Before going into the field, I looked into how maternity groups are created and who attends them. The main pre-conceptions I gained from this was that the purpose of the maternity groups seem to have shifted from consisting of a diverse group of mothers from different social classes and ages and mixing mothers with their first, second or third child to becoming very homogenous groups today. The main argument from the Sundhedsplejersker who put together the groups seem to be that the hegemonic groups

remain in contact years after. *“Nurses compose the groups, so the mothers will look alike in regard to education, family and social class”* (Cramon 2011 my translation).

Furthermore, maternity groups are by anthropologist Stine Faber described as arenas dominated by the middle-class women and as arenas where other kinds of parenthood are confronted.

The competing moral views are played out against each other in the maternity groups, and you can imagine that ethnic minority women and as well women from the working class will avoid those places, because they experience being confronted with know-it-all and moralizing ethnic Danish middle-class women, who believe their version of motherhood is the right one (Blankholm 2009, my translation).

Thereby arguing that other kind of mothers are rarely present in maternity groups as they fear the judgement they will meet. Anthropologist Lisbeth Vestergaard Hansen comments on the lack of ethnic mothers' participation in maternity groups like this: *“They fear that they will have to defend why they wear head scarfs or why they are circumcised”* (Cramon 2011, my translation). The formulations of parenthood narrated and negotiated in the maternity groups are dominated by the middle-class, making it difficult for others to participate in this arena.

Through these pre-conceptions of the field I was going into, my goal was to participate in several meetings (they typically meet up once a week). I wanted to participate in a rather private setting of meetings between parents, characteristic of a higher degree of intimacy and privacy, a place where private and personal matters can be discussed and reflected upon, and where the dark sides of parenthood: the guilt, broken expectations, post-birth body issues etc. could be aired and discussed in a safe space.

Furthermore, I hoped to interview a variety of parents; parents from different social classes as well as gender, but mainly residing in and around Copenhagen. This was mainly due to my location and personal limitations. I also wanted to interview Sundhedsplejersker, because I expected the relationship between the Sundhedsplejerske and family to become a relevant subject.

## Bumps in the road

My largest bump in the road should have been easy to anticipate, and I honestly have no idea why I did not – sick children. Not only of the families I was visiting, but most often my own. When my children have been sick, I have of course informed the families or groups. I was about to visit, letting them know that I might carry with me a cold, a fever or whatever the children had that day. And of course, when visiting a large group of small babies who drool over everything, I am not very welcome bringing a fever into the mix. I should have been able to anticipate this, but I honestly had not given it a single thought, and a large number of meetings (maternity, paternity or playgroups) have been postponed because of this. There has also been a couple of families, that I wanted to visit where it became impossible, as they as a family were too vulnerable to diseases because of illness in the families.

In general, I experienced a lot of openness and had pretty good access to the field. I had a hard time finding the initial contacts to different social classes, as anticipated, but then reconstructed the field to new questions, themes and the access I had available to me. My main challenge in this regard was bureaucracy. My aim was to interview some Sundhedsplejersker, however, as they work within the municipality, bureaucracy became an issue. I was able to find a Sundhedsplejerske from the private sector whom I had a phone interview with. But when it came to the Sundhedsplejersker within the municipality, I had some challenges. Obviously, the individual Sundhedsplejerske cannot just agree to do an interview with me, and I contacted a long list of administrators and representatives of Sundhedsplejersker and the like. I was thrown around in the system before coming into contact with a Sundhedsplejerske in Jutland. Once the interview was arranged and everything planned, the next bump in the road was waiting right around the corner.

A week before the planned interview in Jutland, the Covid-19 epidemic came to Denmark. On Wednesday 11<sup>th</sup> March, the prime minister held a speech, closing down large parts of society, including closing daycares, schools, university lectures, ordering all public workers to work from home etc. All in all, closing down society as we had known it. This of course became a large challenge in my thesis. Both because it challenged my fieldwork and the last interviews and participant observations I had planned, but also because it meant that I now had, unknown to me at the time, 3 months' work as a stay-home-mom in front of me.

### 3.3 Ethical Considerations

There are plenty of ethical considerations to make, throughout this chapter I will touch upon informed consent and positioning, within this power relations, reciprocity and power.

#### Informed consent

The American Anthropology Association states that researchers should obtain informed consent from their informants, but also writes that the informed consent should be adapted to the project at hand (AAA. Code of Ethics 1998). For this project I presented the participants with written consent forms. The purpose here mainly being for the participants to be aware of their rights throughout the process. It differs from person to person how much contact we have had throughout the project and for those I have not stayed in contact with, I have found it morally pertinent for them to know, if they changed their minds months later, that they have a right to have their material deleted and removed from this thesis. All in all, I wanted them to be sure of and remember, what they had participated in, especially knowing and remembering how long I would keep the recordings of our conversations and confirming that they were aware that they could always ask me not to use them. Whereas the people I have met throughout the project, following them in maternity, paternity and play-date groups, are constantly reminded through my presence why I am there and what I am doing, and these participants have only gotten an informal oral explanation of the project and have of course orally agreed for me to participate in the meetings and to write about those experiences.

As I have mentioned in a former chapter, my thesis was postponed due to the Covid-19 epidemic, therefor I contacted all of the interview participants again in June/July 2020 to make sure I still had their consent to use the materiel despite the change in timeframe.

#### Positioning in the field

James Clifford describes positioning of the anthropologist as two-sided, one can either be positioned as the insider or outsider. In this terminology I would definitely be an insider. This positioning is not without consequence. One can argue that the insider ethnographer has more insights to the field and will easily gain access to the field, however the risk of not seeing what an outsider would see is imminent, because it seems normal and a part of

everyday life is definitely something worth reflecting over. This also comes with a risk of using the study to verify the ethnographer's own culture, since the high insights also means there is a high degree of expectations to the outcome of the study. Ending up with an ethnocentric viewpoint and failing in taking a critical and analytical standpoint (Clifford 1988).

Abu-Lughod (1991) addresses Clifford and Marcus (1986) as they have failed to include in their writings, the feminist and 'halfies' (people of mixed cultural or national heritage) in their methodological reflections. She argues in *Writing Against Culture*, that culture operates within an anthropological discourse that enforce the separations that carry with them a hierarchy, and therefor anthropologists should aspire to writing against culture. She argues, that as the self is a construction and not a product of a natural reality, and that the creation of the self happens in an opposition to an other which always include repressing or ignoring other forms of difference, the feminist and/or 'halfie' scholar is left in a difficult situation, where the self is caught in between systems of difference.

The more interesting aspect of the feminist's situation, though, is what she shares with the 'halfie': a blocked ability to comfortably assume the self of anthropology. For both, although in different ways, the self is split, caught at the intersection of systems of difference. [...] so what happens when the "other" that the anthropologist is studying is simultaneously constructed as, at least partially a self? (Abu-Lughod 1991:140).

Throughout the chapter, the main argument is that through focusing on the particulars and working against generalizations of culture, and remember that we are all positioned somehow, arguing that the anthropologist should refrain from pretending otherwise.

### *Reciprocity and power*

The relationship between any fieldworker and the participants is of course one of power. The power to formulate a story, to pick and choose which parts of the story gets told, not to mention the analytical gaze. The relationship I had with my informants is very well described by Scheper-Hughes that anthropological fieldwork can be "an opportunity for self-expression. Seeing, listening, touching, recording can be, if done with care and sensitivity, acts of solidarity. Above all, they are the work of recognition." (Scheper

Hughes 1995:418 cited by Sluka & Robben 2007:23). In general, this is how I see the main role of anthropology; the aim is to recognize and communicate the worldview and/or challenges of a group of people. Furthermore, it is also how I experienced the participants saw my presence. As a chance to be heard and to reflect on their own lived parenthood.

My experiences as a parent gave me insight into the participants experiences and worldviews and of course this was a big advantage for me. I also believe it gave me better access to the field. But at times I also found it challenging. As my children where older than the children in the parental groups, I was at times asked for guidance and support in parenthood and I worked hard not to get this guiding role, while aiming at including my own story and our family life in my work where relevant. An example is here, where a mother Julie asked me: “How long did it take for you to identify as a mother?”

This is both an example of the self-reflective and self-including stance that I have attempted using. B using myself in my fieldwork and in creating a trusting relationship with the participants, I have opened up and used my own experiences as a mother. To create a safe space for intimate questions and debates, which I did continuously. If a subject seemed taboo and difficult to get into, I found myself automatically revealing our family experiences, opening up conversations. In the above example, my experiences with identification lead to a conversation on some of the challenges Julie was going through in this regard.

Furthermore, it also reveals the relationship I had with some of my informants, where I at times was seen as a couple of steps ahead in motherhood. My children where older than the others, in this example Julies daughter is 5 months old and my children where just around 18 months. In general, I hear myself replying the honest answer, sharing my personal experiences, answering something along the lines of: “oh I really have no idea, but my experience was/what worked for us was....” Attempting to get out of this role by undermining my own knowledge and at the same time trying to share my family life. Even though trying to undermine my knowledge and experiences, the idea that I had twins clearly made it difficult not to seem like an expert in parenthood.

## Notes on disposition

The structure of this thesis is constructed to follow the central platforms of knowledge. Firstly, I will in chapter 4 go through the Danish context of parenthood. I will then continue to give a view into the embodiment of parenthood in chapter 5, arguing the importance of the genders unequal experience of embodied parenthood. Then I move into the knowledge platforms: firstly in chapter 6, being the direct meetings with the Sundhedsplejerske as a source of knowledge and tool of governing, secondly, in chapter 7 the focus moves onto the maternity groups constructed by the Sundhedsplejerske, here arguing for the maternity groups as a self-governing community constructed by the Sundhedsplejerske, as well as going through the fathers possibilities for apt communities, to finally discussing the knowledge platforms of the online community Facebook in chapter 8, and the men's reproduction of the fatherhood role as well as the drawing on inclusive masculinities. The final chapter (9), concludes a summary and conclusion.

## 4. The Danish context

As I have chosen to write in English, opening up this subject to people outside the Nordic countries, a description of the context is deemed necessary. This chapter contains an account of the main structural frames of parenthood in Copenhagen, Denmark where my fieldwork has taken place and where most of the participants live, accounting for the context in which new parents are formulating their ideas of parenthood and the structural frames of this process.

### 4.1 The Sundhedsplejerske – A health care visitor

Once you have given birth in Denmark, within a week the mother will receive a text message from a Sundhedsplejerske. This will be the families primary contact person and health care physician throughout the first year of the child's life.

Sundhedsplejersker are nurses who undergo further education and training, specializing in the care of newborns and small children. Throughout a child's life, the family will meet these specialized nurses several times. In the first year through visits in the home and later through school visits. Sundhedsplejersker are a part of the public health care system of Denmark, where all health care is provided free of charge, dental work being the only exception. This also means that having a Sundhedsplejerske with the visits, the instructions and check-ups that are included is a service and the families can easily decline the offer, and if they have a hard time working with the specific Sundhedsplejerske assigned to them, they can ask for someone else – however, the option of changing Sundhedsplejerske seems to be quite unclear for the families.

The role of Sundhedsplejersker through the first year is to visit the family being a support while they develop their new life and family roles. They observe the babies development, weigh them, and check up on their motor-skills and language development, helping and instructing the parents in supporting these developments (Sådan kan du bruge sundhedsplejersken, n.d.).



## 4.2 Maternity groups

Since the 1970's, mothers have been offered to take part in maternity groups. The setup of these groups differentiates from municipality to municipality. Some places, the maternity groups have been turned into family groups, where parents meet each other even before giving birth and are invited to birth-preparation classes by the hospital as a group.

However, in most municipalities, mothers are invited to join a maternity group a couple of months after giving birth. "Nurses compose the groups, so the mothers will look alike in regard to education, family and social class" (Cramon 2011 my translation).

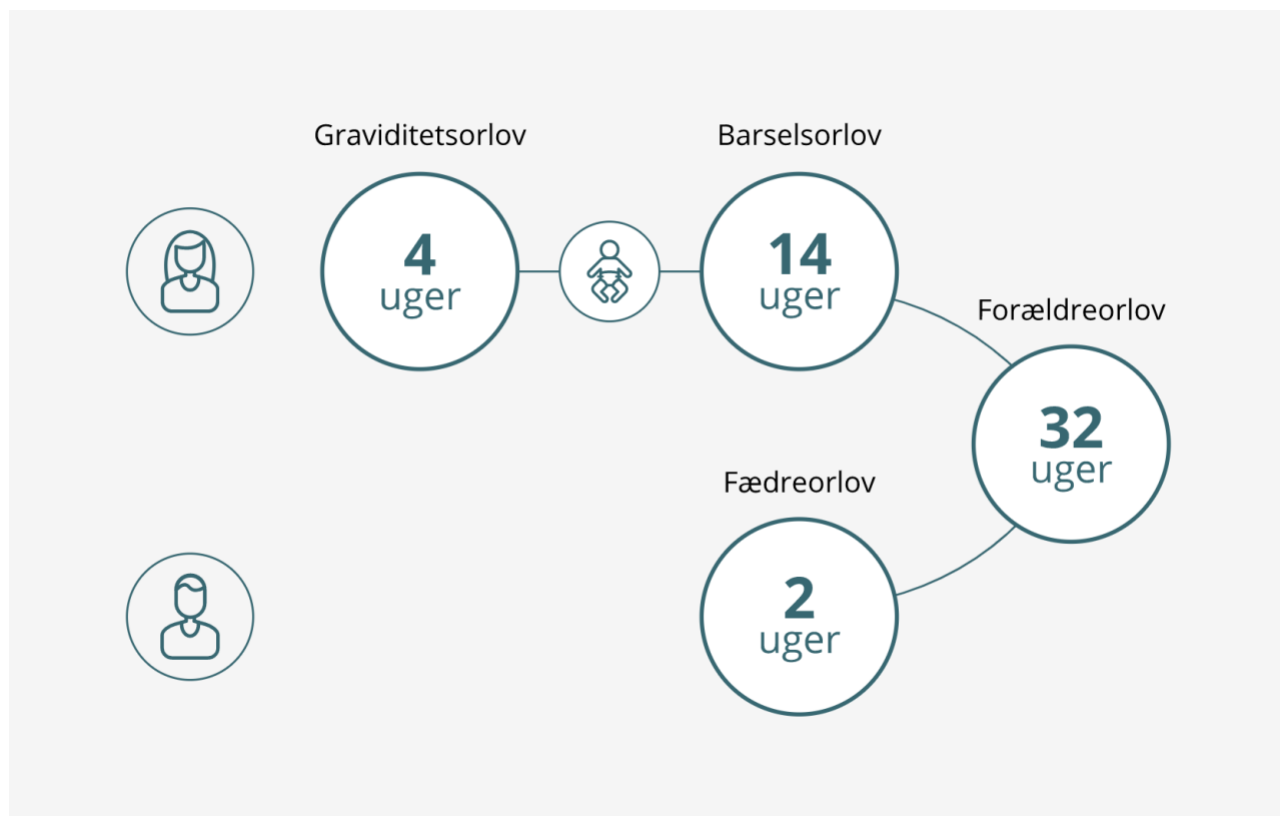
Sundhedsplejersker compose the maternity groups, they do so based on educational background, age, number of children etc. in an effort to create homogenous groups.

Thus, Sundhedsplejersker play a central role in the formulations of parenthood, especially for first-time parents. They visit the family throughout the first year, instructing them in parenting and furthermore set up a group of other parents, creating a social sphere where parents can re-create and reformulate their ideas of the good parent. Giving the Sundhedsplejerske a great responsibility in the formulations of parenthood new parents meet, as playing a central role of gate keeper to the different offers coming from the municipality, including maternity/paternity/family groups, talks on parenting, health care centres, group therapy for post-partum reactions etc.

## 4.3 Parental leave

When it comes to structural frames of parenthood, parental leave is a central issue. As for equal opportunities and rights to parental leave, the Nordic countries are in general seen as first movers. However, Denmark is not nearly as far ahead as our neighbours in the north; the parental leave is shorter all together, fathers take a smaller part of the leave, and a larger amount of the paid leave is payed for by the employers, leading to inequality and gender discrimination in employment (Stor forskel på nordisk barsel, 2004) (Viden om fædres barsel - Kvinfol, 2014) (Højtuddannede mænd tager mest barsel, 2020).

Figur 1: distribution of Parental leave (BARSEL,N.D.)



The above overview is taken from the Danish state's public informational website [borger.dk](http://borger.dk). It gives a rather good overview of the system for parental leave in Denmark.

The mother has 4 weeks of pregnancy leave (Graviditetsorlov), which means she has a right to go on leave up to 4 weeks prior to the due date. If the birth-plan includes planned c-section, the 4 weeks of pregnancy leave is calculated on the basis of that date. Once the child is born the mothers 14 weeks of maternity leave (Barselorlov) begins, the first two weeks you will be required to stay home, the next 12 are optional. However, most people will choose to stay home for the full duration as these cannot be shared with the father (Barsel, n.d.).

The father on the other hand, has 2 weeks of paternity leave (Fædreorlov), which most fathers use in the first two weeks after birth, but they can be activated within the first 14 weeks, and just like the maternity leave cannot be shared with the father, the paternity leave cannot be shared with the mother. The last 32 weeks are parental leave (Forældreorlov) that the parents can divide between them as they see fit, meaning they can be divided between the parents or taken by either parent alone. It also means that the

parents can choose to be on parental leave together for a duration of 16 weeks and it is quite a flexible system, as the weeks of parental leave can be put together as the parents see fit. (Barsel, n.d.)

For most people, the process is rather automated as the workplace takes care of most of the paperwork, if you are unemployed it goes through the private work insurance or the public social system.

Financially, there is a great deal of variety. It all depends on your work life whether you are self-employed, a student, unemployed or an employee and for employees the individual contracts can include parental leave with full salary for a number of weeks. Most people, are a member of a private work insurance, called A-kasse, and will be eligible for *barselsdagpenge* (Lønmodtager på barsel, n.d.).

Students, self-employed and unemployed do receive some financial support during parental leave. The rules differentiate, and it will vary from person to person. Students will usually receive the same financial support they have during their studies during their parental leave. If they have had extra employment during their studies, they might also qualify for extra support because of that. The self-employed will receive *barselsdagpenge* (a system I will explain further in the next section) if they have worked full-time for the last 6 months before parental leave. Whereas the unemployed, if member of a private work insurance fund, will receive *barselsdagpenge*, and if not will continue on the same financial support they received prior to the parental leave.

A-Kasse plays a central role in the Danish welfare system, most people are a member of one just like the unions. It is a form of private organization with the purpose of supporting the unemployed in finding work and finding connections to the workplace through internships, courses etc. Furthermore, they also pay out *dagpenge*, which is an unemployment benefit higher than the one paid out by the state called *kontanthjælp*. You can receive *dagpenge* for a maximum of 2 years. It is also through the A-kasse you would receive *barsels-dagpenge*, which is the beforementioned parental leave benefit, paid out to the majority of people on parental leave (Barsel, n.d.).

*Barsels-dagpenge*, is calculated on the basis of a parent's monthly income and is made out of a percentage of this up to a maximum limit set by the A-Kasse. If you receive *barsels-*

*dagpenge* through the parental leave, you have a smaller income than you would working. Some employees will have a contract including a specific number of weeks, where they receive their full salary during parental leave. If this is the case, the company will receive the *barselsdagpenge* amount and will pay out a full salary to the employee, meaning that the company in actuality only pay for the difference between the *barselsdagpenge* and the full salary (Barsel, n.d.).

## 5. Embodiment

Throughout the empirical and analytical chapters that follow, I have separated my material into the three places where I have followed the parents search for knowledge. This is segmented into the three knowledge platforms: 1) the parents direct interactions with the Sundhedsplejerske, through the healthcare visitor visits at the families home; 2) maternity/paternity groups, constructed and introduced by the Sundhedsplejerske; and 3) the dominating online community: Facebook, where parents (mainly mothers) create communities and share knowledge on their own initiative. But first, I will start the empirical chapters going through the subject of embodiment, as this seem to be laying the groundwork for unequal parenthood experienced by the participants.

During this chapter I will go through how the embodied experience of the pregnancy and later breastfeeding, play a central role to the mother taking on main responsibilities in the early days of parenthood. And I will, of course, also describe embodiment of fatherhood.

### 5.1 Embodiment and pregnancy

When talking about pregnancy embodiment seems like a natural given. We are all aware that the pregnancy is a lived bodily experience exclusively available to the mother of the child. This embodiment of pregnancy for the mothers is also for the participants of this project a truism. Once, in explaining this project to a mother I had just met through a playdate-group her quick response, which was also marked by a great deal of annoyance, made this clear "It is the women who is pregnant with the child and it is she who breastfeeds, there just is a difference between men and women in this, and it is just so annoying when we try to ignore it." What I set out to do in this chapter, is definitely not ignore the fact that men and women are different biologically and that women embody pregnancy and early parenthood in a way the fathers cannot, but instead I will argue that women embodying pregnancy as well as breastfeeding, very early on plays a crucial role in creating interparental inequality, where the mother has a great deal of responsibilities regarding the child early on.

An interesting aspect is, where does this responsibility begin? What are the first responsibilities relating to the child? Is it in the first sick days of the child, having to break off work and head to daycare to pick them up? Is it who first takes contact to call the doctor

for regular check-ups – the first of these being around 2 months after the birth? Is it when writing a list of important baby-items during pregnancy and taking responsibility for building the so called ‘nest’? Is it already when planning the pregnancy, keeping track of ovulation?

This of course differs between the different sets of parents, and what I have come to see, from focusing on this particular group of parents is that they generally become aware of a shift in responsibility towards the women during pregnancy, when preparing the home and planning how to get ready for the arrival of their baby.

For one particular couple who went through IVF treatment, the mother Ninna was interested in looking into their fertility as a couple, they had a check-up before even having discussed the subject of children. When they found out the father’s fertility was quite low, they agreed to start IVF treatment. For this couple, the mother took the first step and the first responsibility regarding parenthood. Ninna here has taken responsibility long before the issue of embodiment is relevant, her body is not yet affected by a pregnancy. It is possible that her awareness of the future embodiment through pregnancy plays a role here. That the fact that her body will soon embody parenthood, means that the responsibility lies on her part of the court. But central issues here are also normative gender roles and normative motherhood versus fatherhood. These factors and very relevant questions, I will take up in chapters 7. As well as 8.

For many couples these are the dynamics: the woman takes initiative and is the first to take up the subject of children, although for Søren and Ninna, this happened earlier on than for the other participants.

Niklas a father of two describes his entrance into parenthood as something that felt very sudden, as he was unsure whether he wanted children at all. His partner Mette had been ready for children for a couple of years and he describes their process as “probably quite normal”.

Julia and her husband Erik spent about a year from planning the pregnancy till their first pregnancy. This ended up in a spontaneous abortion. Their second pregnancy went well and resulted in a girl whom we will refer to as Elvira. I interviewed Julia a couple of times and we have also spent time with them family to family since then. My first interview with

Julia was when Elvira. was 2 weeks old, and the second when she was 5 months. She describes their different attitudes toward a birth preparation course. This was a course she bought within the private sector.

Erik was a bit negative that we were spending a whole Sunday doing this and he felt like it was unnecessary and that sort of thing. I could also feel while we were there that he was like “urgh”, and just not really happy about it, he wasn’t into it. So, when we came home, I was actually quite mad at him and I was like “why? Why won’t you set aside the time for it?” and he was like “well I don’t think we have learned anything new in relation to what we learned at the hospital” and that it was unnecessary and he didn’t really know what to do with it. And I was like, I am the one pregnant for 9 months and you complain that you have to set aside 8 hours in total! To go to birth preparation. I can risk a hell of pain for several days and you can’t even be bothered tagging along [for the course], that you have to spend one Sunday learning some tools that might help me go through this (Julia).

The above quote obviously shows their different approaches to the preparations of the birth of their child. Julia, having taken initiative to this course takes the responsibility to prepare for the birth and also emphasizes that the role embodiment in relation to the pregnancy is the key factor in their different approaches. She is the one who has to go through the birth, and this is clearly the reason she is in the forefront of these preparations. She goes on to talk about the differences in their approach to preparing for the baby in terms of acquiring what she sees as necessary items. She took responsibility in creating the list of needed items but gave her husband responsibilities – a list of what to buy. Though attempting to share responsibility, Eric struggled to buy the items Julia had asked for and Julia felt like they were not ready in this regard. “The few items he was responsible for we didn’t have when the baby came.” Eric has since agreed with Julia’s view and agreed that they should have been more prepared in this regard, appreciating her pushing the subject.

Another example of the women taking on the responsibility early on, is in the doctor’s appointments and ultrasound scans at the hospital. These naturally fall under the women’s domain as it is her body that is central to the examinations. She has to call the doctor and/or hospital for appointments, she gets the e-mail from the hospital confirming

appointments into her mailbox, she has to swipe her social security card when arriving at the hospital and her body is being examined. Again, embodiment of the pregnancy stands central to the women taking on main responsibilities early. For most of the couples I have interviewed, the fathers have taken active part in the examinations, showing up for ultrasound scans, midwife appointments etc. For all of the fathers I have talked to, they have worked in rather flexible jobs, where they have been able to move around hours to participate in these appointments. This will be a recurring theme throughout my thesis: that the men participate and really try to take active part, but when it comes to the overall responsibility of calling for appointments, going through calendars, and the general overview, women take that responsibility upon them.

## 5.2 Embodiment after birth – for mother and father?

### Embodiment and breastfeeding

Breastfeeding is in today's parenthood emphasized as important for the child's health. Both when it comes to physical health as breast milk is seen as the healthiest nutrition for the babies first months, but also a focus on the opportunities for building the relationship between the mother and baby. This being presented by the health care system (Nilsson 2018) (Sst.dk 2020), but permeates debates on parenthood throughout Danish modern society.

This was experienced by Stine who during her pregnancy was certain she did not want to breastfeed. This was written down as a part of her birthing plan to ensure that the health care staff, she would encounter at the hospital, at the birth and during the aftercare would be aware of her choice. Stine was then persuaded by a midwife after the birth to breastfeed her daughter and it was not until 2 days after the birth that she talked to a different midwife about the experience and that she was uncomfortable with it and did not want to continue breastfeeding. She was supported by this midwife and helped into a good bottle routine.

Stine's mother has had a hard time accepting that Stine was not breastfeeding. For her, it was an intimate and bonding experience breastfeeding Stine, but Stine also talks of her mother emphasizing the health benefits of breastfeeding.



My mother had a really hard time with it, but she, she enjoyed being pregnant back then with me and she also enjoyed breastfeeding me and she says that it was one of the best periods of her life, and then of course she was very upset and said she only wants what's best for F. but what is best for F is also what is best for me. [...] and then she went on "well can't you then buy real mother's milk and give that?" well the powder that you buy is just as good as that stuff (Stine)

Stine's experience here is that the choice to bottle-feed is seen by her mother as not as healthy as breastmilk. Stine herself conclude that the positive experiences of her mother's parenthood is reflected into the negative view on bottle-feeding.

In arguing why they chose bottle-feeding, Stine explains that she never saw breastfeeding as a big part of parenthood. She has never imagined herself in that role and she is just generally uncomfortable for it. Furthermore, she also underlines the positive aspect that her husband can take on a greater part of the responsibility, resulting in the fact that he takes over when he comes home from work, as she showers and goes for a walk. "[...] it isn't just me carrying the responsibility in regard to food, that my husband can do it too, or. If we need a babysitter, well then that is easy too with the bottle. We have, we have been very, very happy with that choice."

This is one out of several cases, where women are pushed into breastfeeding or convinced that they need to work harder to produce more milk when experiencing problems. It is also a reoccurring theme of the maternity groups I have attended. This emphasis on breastfeeding as the best solution for the baby, and pressure to perform in this regard, is of course not only exerted by health care staff, but is also a big part of the online rhetoric and discussions taking place in various Facebook communities as well as between family members and friend groups as in the example above. Underlining again how this emphasis on breastfeeding permeates modern Danish society's views on parenthood.

Breastfeeding is inescapably the mothers embodied experience. The health care system recommends mothers to breastfeed until the baby is 6 months and then start with solid food. Alternatively, to start on solids from 4 months, but this is only recommended if breastfeeding is not working (sst.dk 2020) (Nilsson 2018).

For Niklas and his partner Mette, this influenced how they divided the parental leave between them. Both parents are well educated and they are aware of the gender aspects of parenting, they strive for equal parenthood and tried to divide the parental leave equally between them.

Maria: so, you shared [parental leave] equally?

Niklas: no, it is not completely equally, also because. Well anyway...

Maria: basically, as much as possible?

Niklas: yeah almost as much as possible if you want to breastfeed until 6 months, or be completely breastfeeding-available up until 6 months. It is kind of pseudo if they actually eat some foods.

Maria: well yes and that is a bit hard knowing beforehand.

Niklas: Yes, and pumping and that is also a thing you could do, but like being available for breastfeeding up until 6 months, then that becomes the natural time to go [back to work].

The experience for Niklas and his family is therefor that breastfeeding and being available for breastfeeding, has meant that Niklas and his partner Mette, though aiming at equal parenthood and wanting to share parental leave equally between them, have not been able to. Breastfeeding was higher on the list of priorities.

The conclusion of this chapter is, that breastfeeding is an embodied experience exclusively available for the birthing mother- It is one that we in Danish society, within this the health care system, emphasize as important to the baby's health. Within these structural frames the fathers are on the sideline, unable to participate in this part of parenthood and that this creates a barrier in the family's path toward equal parenthood.

### **The embodiment of fatherhood**

Embodiment is an inherent part of active parenthood and thus is relevant for both active fathers and mother. For the mothers it is biologically inevitable. Embodied parenthood covers pregnancy and breastfeeding but also stretches to the physical caregiving, shaping the parental body and embodying the experience of parenthood.

As one participant describes, he has had a sore neck ever since his baby was born, because their child would only be calm when they held her, so he walked around with her on, mainly, his right arm.

Søren: what I remember best from the early days was this whole thing that we couldn't put her down, and that was just how she was, is it really so physically challenging? Is it really supposed to be like that, what are we doing wrong?

Maria: it is just really hard having a baby on your arm constantly

Søren: I have crick in my neck 3<sup>rd</sup> month running now (laughs) [...] and yes so, that was one of the biggest things when I am thinking back to that time.

This is an example of fatherhood being an embodied experience, as his body is affected by his parenthood and the experience and his body affect each other. I can thus through my fieldwork and interviews, agree with the conclusions of Gillian Ranson (2013) when she argues that the embodied experience of parenthood is also experienced by active fathers. However, what I also experience is that the embodied experience is unavoidable for the pregnant and birthing mother. It is harder to avoid as society emphasizes the importance of breastfeeding; the consequences thereof being that the fathers embodied parenthood is voluntary for the fathers, and if they actively choose this path, it comes into play later on.

Niklas describes his role as a father during the pregnancy and the first months of parenthood, as marked by the embodiment of pregnancy and breastfeeding. As I have mentioned before. Him and Mette, as parents, are very focused on equality in parenthood and as the quote below shows, he has given this a lot of thought.

Niklas: well, one thing I have pondered over a lot is, well, we entered this with the whole "we are both pregnant" and "I will have plenty of parental leave" [attitude]. And then there are the early days where you are just totally superfluous as a father. And like.

Maria: Breastfeeding all night and what can you contribute with other than bringing a glass of juice?

Niklas: Yes exactly, and then because we were so aware of it, with the first [baby], I mean with O. I could stand there totally ready "is there a diaper now? I'll change it!" but still, it was just. And what I think was interesting was that when we had been in it for two months,

it was mom who was best at everything. Because she knew, when O. makes that noise, it is because this or that. And if she is upset well then if I take her it won't take as long. So a thing I have found super interesting is how much there is a sort of snowball-effect, so that even though you really divide things equally, there is some mechanism in the beginning, which pretty quickly becomes a sort of snowball-effect where "why should dad do it, because mom is best at everything anyways because she has spent more time doing these things." And then if it keeps on going like that, really quickly dad will just be."

Here Niklas explains how embodiment of the pregnancy and breastfeeding has pushed him into the background, making it hard for him to take active part as a father, at least to a degree where he would experience himself and Mette as equal in parenthood. He describes his experience of a snowball-effect, where the fact that Mette embodies parenthood early on deems her the expert on parenthood.

Søren as well points out the experience of being on the sideline, as he talks of a father-to-be book that he has read: "it has some good points, it takes up some pretty relevant things, like the whole thing that you are kind of on the sideline. Well, you are on the bench, especially right after the birth. Up until then you are just some sort of moral support." Here, Søren emphasizes this feeling of being unable to perform active fatherhood. His experience is mainly being able to offer moral support during pregnancy and to take over here and there during the first months after birth.

Through an anthropological understanding of embodiment, the idea of embodiment entails that having a spacial body, is a consequence of our lived life. However, it is also central to our understanding of the world around us, as we live our lives through our body, thus the spacial body is consequential to our understanding of the world as well as being a consequence of our lived life in the world. Thus, emphasizing the importance of the different experiences of the mother and father; the mother embodies the experience in these above instances in a way the father cannot. Embodiment of parenthood includes the pregnancy and the breastfeeding, which are very clearly embodied experiences, but it also includes central parental actions such as comforting your child through hugs and kisses, bathing and tucking into bed. All of these every day parental activities have embodied aspects to them. However, as central embodied experiences are solely possible as well as necessary to go through for the mother, this creates an early interparental inequality,

where the mother through the embodiment of the pregnancy and breastfeeding steps into the role of the mother, taking on that responsibility, before the father gets to experience that embodiment. Briefly put: the embodied experience of parenthood is one that is accessible and real for the mother earlier than for the father. Furthermore, the embodiment of parenthood is essential to the experience of parenthood

## 6. Sundhedsplejersken – a health care visitor and gatekeeper

The health care visitor whom I throughout the thesis refer to by the Danish title of Sundhedsplejerske, is as previously described a formally trained nurse with an extra specialization in infant care, including general health, illness prevention and family life. Once given birth to a baby, the birthing mother will receive a text from the family's Sundhedsplejerske to organize the first meeting. Usually the first meeting is arranged after more or less a week after the birth, and all meetings take place in the family home. The whole process is very automated, and first contact goes through the birthing mother. Furthermore, throughout the city there are health care clinics, specifically for infant care. Here you can visit Sundhedsplejersker, have a talk, have the baby weighed and so on. These are often used if there have been issues with the weight and parents feel a need to have the baby checked on or want to have a talk with a different Sundhedsplejerske than the one they have coming into their home.

Throughout this chapter I will describe the Sundhedsplejerske as an authoritative figure, a representative of the state, governing the family and their parenthood. I will argue that the Sundhedsplejerske has a central role in the normative formulations of parenthood experienced by the families, and there for a central role influencing and emphasizing the already unequal power relations in the home.

### 6.1 Sundhedsplejerske and normative parenthood

In this chapter I will go through how the Sundhedsplejerske is an authority figure, trusted by most parents, and how their entering the home is experienced by the parents. I will continue to account for the knowledge sharing that takes place in the Sundhedsplejerske-meetings, as well as briefly account for what tends to happen when parents disagree with the general view of parenthood that the Sundhedsplejerske presents.

The Sundhedsplejerske carries a lot of authority. They are health care professionals specially trained in infant care and family life. The Sundhedsplejerske is of course not the only health care authority parents meet when it comes to establishing a family life. During the pregnancy there are consultations at the hospital. Usually this includes 2 scans: the 1. Trimester scan around week 12 to determine due date, looking at number of fetuses and chromosome deviances, the 2. Trimester scan, around week 18-20, looking for birth

defects and gender, for many there will be a 3<sup>rd</sup> scan when getting close to the due date. Furthermore, there are 3 doctor consultations at your own regular doctor's office, and there will be 4-7 midwife consultations. As well as, for some, a consultation with an obstetrician to talk through the birth (Christiansen, Søndergaard and Kjeldsen, 2020). The authority the Sundhedsplejerske carries plays a central role in their meeting with the parents. As does the authority figures within the health care system the parents have met previously in their pregnancy and birthing process. Throughout this chapter I have focused mainly on the parents contact with the Sundhedsplejerske, but relevant cases of contact with other health care staff will also be referred to.

The Sundhedsplejerske is the health care staff who has the most contact with the parents in their first year of parenthood. (S)he visits the family in their home, bringing with her/him the normative ideas of parenthood when guiding parents as they try to succeed in their transformation into that role. The Sundhedsplejerske thus becomes an instrument of governmentality as this health care authority presents normative ideals of parenthood to the parents and guide them in their attempt to achieve the presented ideal.

Reflecting on the Sundhedsplejerske stepping into the home, and with this the authority they hold, Julia, herself turns onto the subject and describes it like this: "It is so interesting to have, well in reality a guest in our home, but who holds such an authority. Because she does, even though she enters as a guest, and it is my child and my home. She comes in, and she takes up space, and holds authority" (Julia).

Through a playgroup during my participant observation, I met a South-European father. The family had moved to Copenhagen and had a child soon after. This is the only other participant I have met during my fieldwork who reflected on the Sundhedsplejerske visiting new parents in their home. To him, it seemed like they might have done something wrong; like the prolonged arm of the state was entering their home to see if they were failing at parenthood. His experience was however very positive, and he described it as "she was very nice and considerate, very respectful".

In general, my experience within this subject have been that there are no greater reflections on the Sundhedsplejerske stepping into the home; it is seen as a truism. The Sundhedsplejerske-system is such a natural part of the Danish health care system, that the Sundhedsplejerske entering the home is not questioned by the participants. It seems

natural to the parents that the Sundhedsplejerske would enter their home and guide them on how to make the “right” choices in terms of normative parenthood. This naturalness of the system and taking-for-granted-ness that the state can enter the home and create the frames for ideal parenthood is the essence of governmentality and biopower. As for the participants that disagreed with the knowledge and guidelines of the Sundhedsplejerske, they never asked to be assigned a different Sundhedsplejerske. The Sundhedsplejerske is a volunteer offer presented through municipality, but you are free to decline the offer, as well as ask for a different Sundhedsplejerske if it is not working out.

Karina, a mother of two boys responded like this when I approached the subject of the Sundhedsplejerske.

uhh well, [Sundhedsplejerske] is just, it is kind of a naughty word in our house. (everybody laughs) no but Laurits had colic the first three months, and we couldn't figure out what was wrong. And he cried and cried and cried and the Sundhedsplejerske she was just... not helpful, in any way. She was nice enough and it was fine to know his weight and stuff. But when I said to her, you know what, he is crying all the time and the breastfeeding isn't working. Something is wrong, we're thinking we might give him a bottle. And she is like “uhhhh” that was probably not the best idea and maybe we should try mmmm. You know? It was 7 weeks of trying to breastfeed, and yes he did gain weight, but I was breastfeeding all the time because it wasn't working out (Karina).

Karina clearly is not satisfied with her Sundhedsplejerske, who seems quite nice but there is not much help or knowledge to gain on the issues they are dealing with. When I ask her why she did not ask for a different Sundhedsplejerske, she has relied on the authority of the Sundhedsplejerske.

No because I thought she knew what she was doing, it wasn't until afterwards I have been thinking back and going “okay.” and I actually wasn't aware you could ask for another one. It was just the way it was (Karina).

Here Karina explains how for one, she trusted the professionalism of the trained nurse – the Sundhedsplejerske, to know what she was doing and furthermore, she was not aware that she could have asked for a different Sundhedsplejerske. It is an established system and this



is just the way it is supposed to be. There is a trust in the system and clearly an authority in it. Despite the fact that she describes her Sundhedsplejerske as not knowledgeable in the area she needed guidance, she still expects her to know what she is doing, and it is not until later that she questions the authority. The second time around, her perspective on the Sundhedsplejerske has changed.

Maria: so, you haven't used your Sundhedsplejerske so much? For like..

Karina: no

Maria: what would you call it..

Karina: no, not really. Not at all the second time around. The first time I used her a bit more, because I was still new to the whole thing and well, believed in authority.

Clearly, she has learned from the first time around, and is not as trusting of the authority of the Sundhedsplejerske, as she was for the first maternity leave. But still, she does not ask for a different Sundhedsplejerske. Instead, she started seeking for knowledge elsewhere, within her family as she had an aunt who helped her out a great deal, guiding her through these above-mentioned problems, but also the online communities she was a part of Facebook has been of great importance to Karina. This I will come back to in a chapter of its own.

As I have established above, the Sundhedsplejerske is an authority figure that is meant to guide the parents toward normative parenthood. During the visits of the Sundhedsplejerske, several participants have explained how they experience the authoritative guidance as either positive, reinforcing their correct parenting or negative, experienced as 'a lifted finger'; a shaming of what they did wrong. This is what the father Niklas describes in his first meeting with a health care professional after the birth of his first child, when being guided by a midwife on breastfeeding issues:

There were two visits over 48 hours, and we had this kind of, strange experience. First a very young Sundhedsplejerske, or nurse. No sorry midwife came out. Who said "oooooh well maybe you should have these nipple shields<sup>1</sup> on, and could I try

<sup>1</sup> Nipple shield is a small see through silicone shield you put over the nipple to protect it while nursing, used in cases of inverted nipples or heavy pains during breastfeeding.

putting these on you” and it *did* help with those nipple shields, but it was also. There was still kind of a, because then she [the baby] had a dirty diaper I remember. “oh well maybe that is the reason, and you have to change that” she was nice enough but there was this tone of “you have to do it properly” and this lifted finger (Niklas)

Niklas’ memory of this interaction shows of course the number of health care authorities parents meet during the first time of new parenthood that I have also described earlier, but the main point here is his experience that this particular health care authority, when pointing out what they have done wrong they feel somehow ashamed and the guidance is felt like a lifted finger. There is authority at play. What Niklas describes here is governmentality performed; how an authority figure steps into the family home and brand their parenting as standing outside normative ideals.

Another example of a meeting with a health care authority and the judgement of parenting comes from Stine, a first-time mother. I have mentioned Stine’s issues with breastfeeding before, and that was also an example of the authority of the health care staff. Stine was convinced to breastfeed by a midwife. The midwife guides her and in theory she could just choose to not breastfeed despite the midwives advice, but it is not until another midwife later on tells Stine that it is okay to stop breastfeeding and that she should not feel uncomfortable doing it and then guides her in bottle-feeding that she actually does bottle-feed her baby. The strong authority from the health care staff means that they deeply affect the motherhood performed by Stine.

How the Sundhedsplejerske and health care staff present parents with normative ideals of parenthood and either confirm that they are within the norm or brand their performance as one not living up to the norm, has here been described as essential for the parents. They describe how the confirmation of normative parenthood confirms their success in parenthood while the opposite feels shameful, and through these means govern. Here, a very relevant topic would be the source of knowledge of the Sundhedsplejerske. As I have not been able to interview Sundhedsplejersker my empirical material on this subject is relatively small, but what I can conclude is that the participants of this study have experienced that the Sundhedsplejersker will draw on a mixture of government guidelines and professional as well as personal experiences. Different Sundhedsplejersker guide

parents in different directions; for instance, some argue more for breastfeeding than others, drawing on different sources of information. At times argue from personal experiences of their own motherhood. As the guidelines coming from the Sundhedsplejerske differs from Sundhedsplejerske to Sundhedsplejerske, it becomes important that the system itself underlines the individuality of the Sundhedsplejerske's guidance. This is however not the case and as the parents are unaware of their opportunity to change to a different Sundhedsplejerske, and as the Sundhedsplejerske holds strong authority in their meetings with the families, the parents are in a situation where the information and guidelines coming from that one Sundhedsplejerske assigned to them will carry a lot of weight and authority. The parents are unaware of the possibilities of alternative sources of knowledge in the form of different Sundhedsplejersker, who might have been able to guide them according to parenting techniques that would better work for the family.

The authority of the Sundhedsplejerske, however, does not always work regulatorily. There are a number of parents who experience the normative ideals of parenthood presented by the Sundhedsplejerske to be very far from their own ideals or for the Sundhedsplejerske in general to seem unhelpful or lacking knowledge. They turn to other knowledge platforms for confirmation of their parenthood strategy and knowledge sharing; the main platform being Facebook, what happens in these cases, and how this too increase inequality between the parents I will come back to in the last analytical chapter: 8. Facebook – the online platform.

## 6.2 The Sundhedsplejerske – a gate keeper

The Sundhedsplejerske is the main contact between parents and the health care system. Furthermore, they are a representatives of the municipality and present the family with relevant courses, workshops and events catered by the municipality, thereby taking the form of gate keeper.

First and foremost, the Sundhedsplejerske is a gatekeeper to a wide array of knowledge on parenthood. As I have argued above, the Sundhedsplejerske enters the home guiding families toward normative parenthood, being a source of knowledge for the parents. This is where parents will take up difficult issues they are dealing with at the moment- This could

be breastfeeding, the baby not sleeping, problems with introducing foods etc. As the meetings are arranged within the first 8 months after the birth these meetings end up being primarily for the mother.

The group of parents I have interviewed and been in contact with through participant observation, are all middle class to higher middle-class families. They are in general aiming at equal parenthood, and most of the families share the parental leave between them. The father taking on the largest portion of parental leave, started the leave at 6 months, but for most of the fathers they go on paternity leave around 8-10 months and have 2-3 months of paternity leave with their children before going back to work. The Sundhedsplejerske meetings are arranged so they visit when the baby is: 4-6 days, 10 days, 3 weeks, 2 months and 8 months. If it is the first child of a family, a visit is also offered around 4 months. This means a total of 6 visits within the first 8 months of the child's life. (Sundhedsplejens tilbud til spæd- og småbørn, n.d.) When having a baby, the mother starts her maternity leave of 14 weeks. These weeks are for her and cannot be divided between the parents. The father starts his 2 weeks of paternity leave. This means that for the first two weeks, most often, the parents will be on leave together.

So, for the first two Sundhedsplejerske visits, the parents can both attend. You would think that this gives a good basis for equal access to the knowledge of the Sundhedsplejerske and an equal relationship between the parents. For the fathers I have been in contact with, they have all prioritized attending all of the Sundhedsplejerske meetings, even though their two weeks paternity leave was over and they were back at work. I hear from several that they have been available for all of the meetings. Most of them work in an office and have some flexibility in their work schedule, making it possible for them to join in the meetings that are all scheduled during the workweek Monday to Friday.

Søren and Ninna, at the time of the fieldwork are planning to have Erika stay at home and not send her to daycare for the first two years. The parental leave does not cover two years, but Søren is a freelancer and works primarily evenings and Ninna works during the day in an office. So, their days are build up around this, this has also meant that on paper Søren has taken no parental leave, as that has made sense financially. Because of his freelance business the financial support during parental leave would be lower than what Ninna would receive. But in reality, Søren has taken time off, going on leave to spend time with

Erika, and has during the whole process been working mainly evenings. So, during the months of maternity leave Ninna was home with Erika on leave, and Søren has was home during the day. Later on, Søren has had Erika during the day, and Ninna comes home and takes over during the afternoon as Søren leaves for work. So Søren has been in a unique position where he has been available as a father during the daytime. He has taken care of the doctor visits that surrounded vaccinations and he has attended many of the Sundhedsplejerske meetings.

Maria: But now that you work evenings, have you joined in on all of the Sundhedsplejerske -visits?

Søren: yeah, arg well yes. But Ninna kind of becomes the primary engine. But I have been there and, but she was the one, it was definitely Ninna who was interested in what E weighed, and if she followed the curve and all of that stuff. I haven't really been concerned about it, but it's nice enough to follow but I don't know.

Maria: you didn't have those concerns right then and there?

Søren: not at all, like. It has annoyed me that she didn't eat, but not as much as Ninna. It's kind of strange, I don't know why.

So Søren was attending all of the meetings, but it wasn't really him leading the meetings, asking the questions voicing the concerns. The issue he takes up here, has been their main concern with their daughter, as she has been eating very little and gaining weight slowly. His experience is also that he has not been as concerned as Ninna about the development, which also of course is a motivator for the participation in the meetings.

From my fieldnotes I have also noted mothers, who talk of the fathers participating in the Sundhedsplejerske -visits.

She mentions that her husband actually often is home for the Sundhedsplejerske -visits. But he doesn't really want to, because he feels like he isn't spoken to but that they are having a conversation around him. Y. sits next to me at the table and nods agreeingly

These are examples of what tends to happen for the fathers. As the mother is the one on maternity leave, she is the one responsible for most of the baby-related issues, she is the

one at home with the baby, taking care of introducing foods in the daytime. This results in the fathers participating in the meetings, actually being present, but not taking active part.

As one father, during a paternity group meeting described it to me, he mainly participated in an attempt to gain knowledge, making sure he and his wife has heard the same so she cannot use the knowledge of the Sundhedsplejerske against him. It is said half-jokingly but after the laughter has worn off the other fathers concur.

From my fieldnotes:

All three of them have participated in the Sundhedsplejerske -visits, because as Peter says “that whole thing that, that “Sundhedsplejerske said that you shouldn’t this or that”, you don’t want to be blamed for that ”. Everybody laughs at the comment, but afterwards they all agree that it is a real issue. Showing that the fathers are aware that they are lacking points when it comes to knowledge sharing platforms and they do not want to miss out on anything the Sundhedsplejerske says, as that can lead to the mother having patent on the knowledge and making it harder to be an active part on the decision making processes surrounding their child.

Niklas also points out that this group of fathers are quite privileged as they can actually take the time off work to attend the meetings. ”I have participated in all of those, Sundhedsplejerske meetings, as I have a job where it is easy to just stay home. But of course, not everybody has that opportunity”

Furthermore, the communication with the Sundhedsplejerske tends to go through the mother. At the very first contact the Sundhedsplejerske sends a text message to the mother, even though the parents are on parental leave together for the first two weeks. Within these weeks there are two meetings with the Sundhedsplejerske, and here there is already laid out a norm of how communication between the parties should work. As the communication channels are on behalf of the mother, she too becomes responsible for putting the meetings in the calendar, texting Sundhedsplejerske if they have further questions or new issues arise and so on, giving the mother the main responsibility for accessing the Sundhedsplejerske knowledge bank, as well as giving her main access to the

knowledge, facilitating the frames within which parenthood can be lived and through this she is governed.

Niklas went on paternity leave relatively early with both his children when they were 6 months old. He experienced that Mette took care of all communications with the Sundhedsplejerske, and when he went on parental leave and was to set up the meeting with the Sundhedsplejerske, she was not used to the father taking care of the arrangements.

I remember there was this funny thing, when we were about to have our 7 months visit, or 8 month or what it is called. I sent a message to [our Sundhedsplejerske], “so, we have a meeting scheduled for that day, but O. and I have started going to these classes so, can we find a different day and move it around?” and she seemed completely confused, well but she knew who I was but I think she just didn’t get the whole, “oooh so it is because *you* are on parental leave now!” and she was like “why would we move it just because the dad has to.. ?” and then she was of course like “oh well then we will just find another day, that’s perfectly fine” yeah, but like. You can definitely feel that the system sometimes, I also remember at times we have been like “why are [Mette] getting that text why aren’t I receiving it too?”  
(Niklas)

The Sundhedsplejerske herself is very nice and of course she is ready to re-arrange the meeting once she realizes that Niklas is on parental leave now. She just takes a while to realize it as it is outside the norm. But what Niklas also explains here is the tendency for Sundhedsplejerske’s to inform the mothers through text and leave the fathers out of the communication. They set up the frameset for communications and for the most part, parents accept that this is how the system works, even though they wonder why and would have liked communication to go out to both parents. This example is governmentality in a nutshell: shaping the conduct of people. Here it succeeds as there is no questioning the guidance and framework set up, although the parents disagree the biopower exerted is accepted. Just like we see parents refraining from asking for a different Sundhedsplejerske in cases where they are unsatisfied, as they accept that this is just the way the system works.

As we have established, Sundhedsplejersker for the parents are a platform of knowledge and guidance- However this is mainly accessible by the mothers and quickly becomes the mothers realm and responsibility as communication goes through the mother and the meetings takes place during maternity leave where mothers take on more responsibility for the everyday challenges of child rearing. So firstly, the Sundhedsplejerske is a gate keeper on knowledge.

Secondly, they also act as gate keepers to different offers coming from the municipality, as they refer the parents to relevant courses and workshops and different events, catered to specific issues on child rearing. During the Sundhedsplejerske meetings, when families are experiencing specific issues, the Sundhedsplejerske will refer them to relevant initiatives by the municipality; this means that the courses etc. are made available to the parents through the Sundhedsplejerske (Graviditet og barsel, 2020).

For instance, the 2-month visit from the Sundhedsplejerske, includes a post-natal reaction test. It includes a number of questions and through the answer you receive a score. If the score is high enough the Sundhedsplejerske can refer you to specific courses. I myself, scored relatively high on the test, and there for my Sundhedsplejerske referred me to group therapy, made available at the local health care center. This course on post-natal reactions is the only course I have seen, where you actually need to have a referral from your Sundhedsplejerske. I was also later referred to a breast-feeding counselor through my Sundhedsplejerske, as I had a hard time breastfeeding my children. This counselor, is open to whomever would want it. You can contact them through email (Graviditet og barsel, 2020), but again, it can be relatively difficult to gain access to this information online and none of the people with breastfeeding issues I have talked to, knew this existed and that it was available to them should they need it.

Some of these courses and counselors are open to anybody and in theory you could just send an e-mail, but the information is hard to find online and people are in general unaware that these offers exist. They are mainly being opened up and made available through the Sundhedsplejerske. This also includes the health care centers where there are Sundhedsplejersker available for a talk and where you can have your child weighed in between Sundhedsplejerske visits. Often, if the Sundhedsplejerske sees that the parents are nervous about the weight, she will advise them to get an extra weighing at the centers,



opening up the access to them. Consequentially, these offers of extra knowledge sharing and guidance are again mainly available to the mothers on maternity leave, as the fathers taking paternity leave generally do not have Sundhedsplejerske visits, and therefor do not have access to these offers.

Thirdly, the Sundhedsplejersker stand as gate keepers on the maternity/paternity groups. The maternity groups are assembled by the Sundhedsplejersker. They put together mothers of similar backgrounds and education, but most importantly, living in the same neighborhood and keep first-time mothers together, second-time mothers together etc. (Cramon 2011) (Johannesen & Cramon, 2012). These maternity groups, as I will argue in the next chapter, become central social communities for the mothers during maternity leave and as the Sundhedsplejerske has created and formed these groups on with the aim to create homogenous communities, the Sundhedsplejerske has a great deal of power over the normative parenthood these mothers will experience within the group, performing governmentalism through this gate keeping.

## 7. Maternity/paternity groups

Throughout this chapter, I will argue that the maternity groups created by the Sundhedsplejerske, become an extension of the Sundhedsplejersker governing the normative ideals of the parents per the Sundhedsplejerske gate keeping. I will move on to how the father's alternatives to paternity groups as the municipality does not arrange this for them, describing the consequences thereof. As the final part of the chapter, I will conclude how dominating formulations of masculinity and parenthood, play a role in keeping the fathers an arms-length away from central arenas of parenthood dominated by the mother.

### 7.1 Normative ideals performed and reinforced in the maternity groups

#### – a competitive arena

The maternity groups usually meet up once a week, taking turns hosting the meeting. These are central arenas where the mothers share knowledge and meet other mothers in the same situation, and many also underline the importance of having social arrangements that force you out of the house.

Julie is a part of a maternity group, and her experience is that it can be difficult sharing issues and challenges of parenthood within the group. The maternity group becomes a competitive arena, for the prize of 'best mother of the year', in an attempt to perform intense mothering.

To get a spot in a day care, you have to sign up online to the daycares that you are interested in, and you will get a number in the line. This means every time a spot is freed, the next in line is offered the spot. You can sign up from the baby is 4 months, and as a parent you can visit daycares to get an idea which to sign up to. This is what Julie is talking about below:

You don't know what your child is going to be like anyways... you are just trying to cover your ass, so you have made the biggest amount of research because that is what you do for your child, but I am like, come on, relax. It is fine to go see a couple, to get an idea. But you don't have to go visit 15. Then somebody has been to physiotherapy, then somebody has been. You know, there is always this kind of

“look how much effort I am making for my child”ish, and it, I get the feeling that sometimes, it’s sort of a facade (Julia)

In the above quote, Julia explains how the mothers act as the selfless mother, making the maximum effort to live up to the needs of their children, in accordance with ideals of intensive mothering, and thus having the ideology of the intense mother as a working ideal within the maternity group. What is also clear from the quote is that Julie does not buy fully into this ideal. Karina also mentions this competitive culture in her maternity group: “It was actually really nice. But then, after a couple of months when the children started learning more than just babble, it became kind of, a bit competitive for some of the mothers, about which kids could do what.”

Julie and Karina here explain how the maternity group becomes an arena where you can show off your performance of the ideal motherhood, putting in the effort to meet your child’s needs, being the self-sacrificing mother, putting her child’s needs above all else, in complete accordance with ideals of the intense mothering. Basically, the mothers attempt at performing the ideal normative parenthood, and they together confirm each other in the ideal parenthood, reproducing in the maternity group. Without the Sundhedsplejerske even being there, she has exerted biopower quite successfully, creating an arena where the parents govern themselves and each other in terms of the normative ideals formulated by the Sundhedsplejerske and surrounding society, the same mechanisms are at play as when the Sundhedsplejerske visit the families in their home, now they just govern each other.

This culture within the maternity group of course differs from group to group, and several mothers share how they enjoy the knowledge sharing and sharing experiences in the group. This knowledge they share build on the normative ideal, functioning as a framework for governmentality. They willingly reproduce the normative ideals and do their best to fit into them, their importance being both underlines by health care authorities and reproduced in the social community of the maternity group.

From my fieldnotes in a maternity group:

Astrid talks about the maternity group. About how she has enjoyed it because they share knowledge and experiences. When she was pregnant, she used her due date

group on Facebook a lot to share knowledge and experiences, now she has replaced it with the maternity group.

When Karina talks of her second maternity group, she gets into the knowledge sharing aspect:

In that group, we were all mothers for the second time which was really helpful in finding out what to do with the older siblings, how do you guys handle that? ... in terms of jealousy but also, how do you manage to prioritize time with the youngest now that you also have to pick up the oldest in daycare? [...]and how do you get up the stairs to the second floor with two kids, just practicalities (Karina).

Pernille a mother of two boys, and currently on maternity leave with the second, also describe these ideals of motherhood, and underlines her understanding of the ideals as somehow universal for the mothers she meets in her everyday life. She tells me the weight of her two boys at birth and how she, somewhere inside, feels really proud of their weight at birth, even though she at the same time feels rather silly to do so. This is how we have turned into the subject of parental ideals.

We create [the ideal] ourselves. Except, I am completely convinced that all of the other mothers have read the exact same manual, cause it is the same things we look at. And maybe we don't say it out loud, but we all know we are thinking the same things (Pernille).

Here, she perfectly describes this feeling, that they share the same ideals of motherhood, and that they measure themselves and others according to those ideals. Somehow, they have ended up with the same framework for the intensive mothering.

Though the Sundhedsplejerske exerts a large degree of power over the maternity groups, as she creates these homogenous groups, she is not in the room during the meetings. What I have observed here, is that there is a larger degree of subjectivity in the maternity groups than what I have seen in the Sundhedsplejerske meetings. During the meetings and in the direct contact with the Sundhedsplejerske, the mothers will refrain from disagreeing with their Sundhedsplejerske, if they have different parenting styles or disagree on whole subject, for instance they might want to serve only vegan food for their baby or use the BLW (baby lead weaning) technique in terms of weaning from breastmilk. In these cases,

the parents who experience their Sundhedsplejerske to disagree with their choice of parenting style, will refrain from taking up the subject again. Either they will conform to the Sundhedsplejerske's guidance or they will use the parenting technique but refrain from including the Sundhedsplejerske in the process and finding information elsewhere on the subject. What I have observed is that the first-time mothers, tend to rely heavily on the Sundhedsplejerske guidance and follow it to a higher degree than the second or third time around. As is also underlined by Karina in her above statements.

The maternity group, will thus also become an arena for airing frustrations with the Sundhedsplejerske, for instance as I have written in my fieldnotes:

She has never wanted to use a pacifier, or, yes. When she was two days old i have her one. I had heard from friends and family that as soon as you feel like the breastfeeding is ok, you should just get started with it, so you are sure they will learn. But then the sundhedsplejerske came 2 weeks later, and she was very much against it. "oh no you can't do that! She is a big girl and she just needs the breast more often" so then we stopped, and since she hasn't wanted to use the pacifier.

Here a mother shares her frustrations with the maternity group, that her Sundhedsplejerske guided her clearly to stop giving her daughter a pacifier and today she is challenged by the fact that her daughter still will not use the pacifier and uses her breasts as such, creating a challenge for the parents.

Through the maternity groups, mothers are put together in homogenous groups arranged by the Sundhedsplejerske, here they perform and reproduce the normative parenthood they strive for – intensive mothering. A reoccurring theme of my interviews with the mothers, have been this balance in the maternity groups between performing parenthood well, as these are social arenas filled with judgement, and at the same time their individual needs to use the maternity group to work on the difficult issues of parenthood, airing their faults. Thus, the maternity groups are arranged by the Sundhedsplejerske, who thus control the structure of a social group, the mothers will meet with once a week during their maternity leave, having a huge influence on their ideas of parenthood. Within these group, the women reproduce the same kind of mechanisms on each other, as the Sundhedsplejerske does when she guides the parents toward normative ideals, they too guide each other toward these normative ideals and in their efforts to live up to the ideals a

competitive arena is created. Consequentially, the Sundhedsplejerske through the maternity groups govern the normative ideals of the mothers, a normative ideal bearing the characteristics of intensive mothering.

At the same time, the maternity groups are characterized by a larger degree of subjectivity as they here share their frustrations, they might have from meetings with their Sundhedsplejerske. They will support each other and rolls their eyes at the sometimes frustration guidance they have had from the Sundhedsplejerske -meetings.

## 7.2 Maternity group as a social community – where are the father’s social community?

As the Sundhedsplejerske is a gate keeper to the maternity groups, and the father’s access to the Sundhedsplejerske is limited, it is not a surprise that the municipality and the Sundhedsplejersker do not offer paternity groups for the fathers. Some fathers have actively created their own, through social media finding father in their local communities they can meet up with or gathering a group of old friends who have had children around the same time as themselves. And the number of fatherhood groups and initiatives are definitely growing on social media, as well as organizations centralized around fatherhood gain more and more attention.

Childrearing has always been a job within the feminine realm, throughout this chapter, I will argue that the way the fathers identify with the role of caregiver and actively take part in childrearing they are identifying with inclusive masculinities, and are able to identify with the feminine masculinity of the active father.

While on parental leave with their first child, Niklas had a friend group of other parents on parental leave. Everybody else where mothers, but Niklas was a part of the group and they met up regularly.

What happened was that I, without really thinking about it, kind of improvised this maternity group with some of my [female] friends who wasn’t super close friends at the time but i knew them well. [...] They had all had children, well they where a lot younger children because they had just started their maternity leave, but it became kind of a thing that we had this de facto maternity group going where we

would meet and it was just extremely important, because the parental leave with Olivia was pretty tough (Niklas).

Niklas has, as described above taken action in creating a parental group where they could share knowledge and get out of the house. He found it particularly important during his first parental leave as

There was something in the dynamic between Olivia and me that was different when we were out, a very simple thing was that something happened when Olivia had something interesting keeping her occupied, but it was also something with Olivia or me, that made it less demanding when there were other people we could talk to (Niklas).

Thus Niklas here describes why he found it so important having a regular schedule and people to see during his paternity leave, it is both about sharing experiences and knowledge, but as well about something as simple and down to earth as the fact that it is easier to keep you child entertained when going out and not just sitting in the same old house or apartment all day long. Furthermore, he does not call the group a parental group, but actively uses the term maternity group.

Niklas has also participated in Dad's Playgroup (Far's Legestue) which is a playgroup mainly for fathers, which started as a private initiative, but today is also listed as a municipality offer on their website. Furthermore, another private initiative was Dad's Club, which entails meeting up once a month, talking about paternity, partnership and other relevant family topics. This initiative has grown immensely throughout the last year and today, and most fathers I have met with are aware of this community and activities. Today it includes Facebook groups for family life debates as well as taking on the Facebook group formerly known as Paternity Groups Copenhagen (Fædregrupper København) this was a private initiative that today is named Dad's Club – Paternity Groups Copenhagen. Here fathers can fill out a questionnaire, and then the administrators will put together paternity groups.

What I have referred to here, are all private initiatives, some of whom have later collaborated with the municipality and are now on the municipality's Sundhedsplejerske website, however, the responsibility of these offers and prioritizing fatherhood is still not

the Sundhedsplejerske's role, and something the municipality does not take responsibility for offering. Fathers have to themselves find these initiatives and figure out that having a paternity group is an option through these private initiatives. Niklas also explains how he only became aware of the initiative late during his first paternity leave, and therefore waited till his second time around to make good use of the offer.

and then I heard about that thing with the paternity group, but as I said, I found out about that 3 weeks before my leave was ending. So that's why I was super motivated to get that up and running this time around. Also because, I have been pretty envious of the whole paternity group thing, I think it seems like such a great concept with meeting some people that you basically don't know anything about, they can be all kinds of people but you have this one thing in common - you have kids. and then you have to figure each other out and talk. I have been so envious of Mette when she had been at the maternity group, I have been like "wasn't it great?" "where the other mom's nice?" and Mette has been like "yeah it was fine" she hasn't had these amazing maternity groups, some of them she still sees from the first, but now she is also unemployed so sometimes she will go to the second one still. But it hasn't been like "wow" and "super awesome" and "we do all these things together" so I was really keen to try it out (Niklas).

Here Niklas talks about his expectations to the paternity group and why he was anxious to try it out, he had seen Mette going to maternity groups and really wanted to try it out for himself, to be part of a community centralized around parenthood, being an active father as well in the form of a social group previously ascribed to women, being able to draw on a masculinity that draws on femininity.

Søren was never aware that this was a thing, instead he met up with some friends who also had children the same age, as well as he and Ninna created an open playgroup in their home. Once a week, the same day and the same time every week, their doors were open, and they invited parents with their children that they would meet around town to come and join the playgroup (E. cries and needs comforting). Ehm, but no I haven't participated, I'd have to say my impression is that the women are better at it.

Maria: better at those communities on



Søren. Yes. Well I have been to the Dad's playgroup on Mondays until that didn't fit in with her nap anymore, well when we had the time. ... well that is also kind of, but not really right?

Søren outlines his participation in communities that revolve around parenthood, and he has a couple of communities that he joins in on, both his friend group which they have turned into paternity group as well as the Dad's playgroup that he has participated in regularly. Still, despite the numbers of communities he participate actively in, he keeps on undermining these communities, as they are not in his eyes, real paternity groups, they are not the fathers equivalent of what the mothers are offered by the municipality, and do not hold the same legitimacy given by the health care authority.

One problem with this obviously is that the municipality does not take responsibility in creating paternity groups for the fathers, but only offers this to the mothers, thus discriminating the fathers. Furthermore, the maternity groups are a central social community for the mothers, and many of them end up meeting several times a week. They will have one meeting, that is the typical at home meeting, but most of them will start inviting each other out, taking their maternity group to other events they want to attend. Asking the other mothers of the maternity group to join in when they are going to psalm singing, which is a very popular activity for parents on parental leave, this is an activity typically arranged in the churches and usually open with no need to register beforehand. There are plenty of examples of these kind of activities, and Niklas has experienced showing up for parent-baby events, and finding himself standing there alone, as most of the other participants came with the maternity group.

It is a thing that, I can see the others come as a maternity group.... Where that wasn't a typical thing for me, it hasn't been anyways. For baby-swimming you go into a completely different dressing room, and then it is not like you'll talk to any of the others (Niklas).

This means he is not only excluded from the social community of the paternity group as none is offered, but also that he is excluded when attending events throughout the city, creating distance between the father and the other parents at these events. The maternity group is a social community, a frame opening up the possibility of identifying strongly with parenthood for mothers, where they reproduce ideals of motherhood. The men

One of the maternity groups that I participated in, turned into a paternity group for the fathers later on. This I must underline, is the only one I have heard of doing this. For the most part, this is something parents mention as an opportunity for the fathers to create a paternity group, but something I have only seen actually happen this one time.

During the maternity group meetings, the fathers had regularly stopped by picking up the mother and child when the meeting was about to be over, so seeing them in the group was not entirely a new thing. The first time a couple of fathers participated actively without the mothers was after new year's.

Maria: was it a natural given that you fathers where to join the maternity group when you went on leave?

Stefan: I wouldn't say it was a natural given. We had a New Year thing on the 2nd or 3rd, and all of the fathers joined that. And then we talked about it and were invited along. Then [the mothers] had to talk it through between them, and then we were invited along

Maria: did it seem more natural now that the three of you started the leave on the same time?

Dirk: yes, there were three of us starting up right after new year's.

Stefan: yes, probably more natural, because you aren't the only one new to an already established group.

For this paternity group, they had during the fall had several events for the whole families and the fathers had met each other beforehand at these events. The fathers were also used to coming around during the maternity group meetings and were familiar with the other mothers. Furthermore, this maternity group had their meetings, not in their homes, but at a neutral place, as one of the couples owned a dance studio, they would use that place for the meetings. This I believe, was a factor in the group's openness. They had before invited two extra mothers, who were not thriving in their assigned maternity groups, to come join them, this openness and the neutral meetings place I believe also was an important factor in the maternity group slowly turning into a paternity group. Stefan underlines in the above quote the feeling of stepping into an already established group, that the fathers are moving into the mother's arena.

It was important for them that there were other fathers joining at the same time, underlining again a tendency for the parents to prefer homosocial communities, the fathers having an easier time stepping into the maternity group, a feminine arena, when other men joined them.

As we have already established, the paternity group and other social communities centralized around fatherhood, is not offered by the municipality but is something the fathers must initiate on their own. Thus, the municipality in their lack of offers, support the ideal of intensive mothering and emphasize the unequal parental relationship.

### 7.3 Why Are the Fathers Not Just Participating?

What we see here, in terms of social communities, is there are slowly more and more offers for the fathers in terms of social communities surrounding fatherhood, however these are all created by private initiative and many fathers are not aware that they are actually there. So how come the fathers do not take more individual responsibility in creating the same opportunities for themselves?

The fathers can only live out their fatherhood within the frames they are experiencing. Just like the mothers although they do aim for equal parenthood, keep on performing intensive mothering leaving no room for the fathers to be active fathers, so too, are the fathers performing the fatherhood ideals presented to them. Although, the fathers do identify with a more inclusive masculinity, embodying fatherhood and being active fathers, they still are not living in an equal parental relationship, taking equal responsibility for the child rearing.

When Søren and I talked about the IVF treatment they were going through, he mentioned his identification with masculinity as the low sperm quality for some is related to a feeling of being less of a man, and whether that had bothered him:

Well, I have just never really been this big strong, it has never really been a part of my personality to be the masculine man. Though you have heard a lot about it, I just never really felt that. It was mostly the fact that I was part of the reason she was left with the whole thing, mostly that (Søren).

Søren here explains how he did not experience his own sperm quality as making him less masculine, but also describes how he has never seen himself as a masculine man. Here distancing himself from ideas of heteronormative masculinity and drawing on identification of a more feminine masculinity. This identification with fatherhood, as a more feminine masculinity is seen throughout the fieldwork. However, there still a lack of a more elaborated framework within which the fathers can take active part in childrearing. As Stefan had described it at a paternity meeting, Stefan mentions that we are pretty good at dividing the worktime and workload and say: "if you do the dishes I will fold the laundry" but that the responsibility ends up with the mother. "I'll blindly admit that the whole clothes-situation, I don't interfere with that, I just take whatever is in the drawer". Several fathers come back to this subject of the clothes, how the mother takes the responsibility: making sure there is enough clothes in the right sizes in the drawer, and the father as Stefan has stated above, just take whatever is in there, and dress the child but does not give the work behind it and responsibility too much thought.

As Niklas also gets into during our interview, as he talks about the possibility of the Sundhedsplejerske creating paternity groups, the individual initiatives of fatherhood communities, require the fathers to reflect on their gender roles in the home, for them to reflect on the division of work. Making these communities available only to families with a certain amount of resources.

It was kind of, it seems like it would be extremely easy for the Sundhedsplejerske to create the paternity groups. As I mentioned, this paternity group I have mainly taken initiative to, so we could have some fun things to do, and maybe get out of the house a little more, in case it would be a struggle this leave like the last time. [...] It hasn't been about dealing with thing. But, the paternity groups could have that function, but they certainly aren't the way things are now, because there is so much you have to figure out on your own, and it is probably not the ones really sitting at home having a hard time, you know they are probably not the ones who finds the website, or the post or actually writes on the post on Facebook. So I'm thinking it is the main reason why the Sundhedspleherske should get this structured and start taking over the responsibility for it, so some of the fathers who actually are struggling with something and don't have that many resources, can actually participate. (Niklas)

This study has mainly focused on the middle-class to higher middle-class parents of Copenhagen, although Niklas definitely has a point here, if the well-off fathers do not have the tools to take active part in communities, how would everybody else do it? Furthermore, the paternity groups could be a supportive community of the fathers who are struggling.

The Sundhedsplejerske is a strong authority figure trusted upon by the parents, most parents find the system natural and does not question it as they move into it. If they disagree with the parenting style of the Sundhedsplejerske, and find the knowledge sharing unhelpful they generally do not ask for a different Sundhedsplejerske, as they are not made aware of that possibility. In cases where they find their Sundhedsplejerske as knowledge sharing unhelpful, they search for other platforms for knowledge on parenting.

Furthermore, the knowledge of the Sundhedsplejerske, is in most cases only available for the first 8 months. This is the time frame for the regular visits, meaning that when the fathers who do go on paternity leave, start on their leave the guidance of the Sundhedsplejerske is not available for them.

The initiatives available for the fathers when it comes to paternity groups and other communities centralizing on fatherhood, these are all private initiatives and there are no offers from the municipality, nor the Sundhedsplejerske directed at the fathers. The fathers struggle in finding these initiatives, as they in their reproduction of the father role do not expect these offers to exist, some father do succeed in participating in paternity groups and the like, however they underline that their groups are not “real” paternity groups, as they lack the legitimization given to the maternity group through the authority of the Sundhedsplejerske. The fathers identify with the role of the active father, and draw on notions of a more feminine masculinity, that is able to rear children, though the fathers mainly focus on equality with their partner in terms of housework: doing dishes and folding laundry, and when they talk of being equal parents it is about the time spent with the child more so than about the responsibility surrounding parenthood.

## 8. Facebook – the online platform

Several of the participants have greatly disagreed with the Sundhedsplejerske assigned to them, none of the participants unhappy with their Sundhedsplejerske has asked for a different one within the system, and several tell me they were unaware that it was a possibility. Instead they turn to different sources of knowledge, here the main one has been the online Community Facebook, which I will come back to in a chapter of its own.

### 8.1 Excluding the fathers from online communities

The only online platform of knowledge mentioned throughout the fieldwork, is Facebook. Through Facebook parents join a number of different groups. Often the mothers will be part of a group related to the age of the children, for instance named “Due date July 2018”, gathering mothers of children around the same age. These groups are only for mothers, excluding the fathers and most often are used to discuss, ask and air all kinds of questions. Both relating to parental advice, as well as questions on partnership and marriage. Some women also use this as a social community, sharing joyful moments with their children and some have also met in person with members of the group living in the neighborhood, ending up as a real-life maternity group.

There is that due date group. With a bunch of women, complete strangers. You don't know them, and suddenly somehow you are kind of friends with them. You keep taps on them and go “how was it with this or that”, and they write “I am going to be a mother for the second time now.” oh great! And they are the ones you keep yourself updated on. (Karina)

Karina is a mother of two, her oldest is 5 years old at the time of the interview, she is still active in the due date group of her oldest, having kept in contact through 5 years. her and her husband had children before any of their friends, and describes how she had a couple of old friends who reach out during her first pregnancy because they had children around the same time, but other than that she has relied on the online community quite a lot, also setting up meetings and walks with members living nearby.

These groups are as mentioned previously not just sharing of joyful moments, and/or someone to spend time with during maternity leave. They are also platforms where mothers discuss parental advice and issues they experience – a knowledge platform.

For parents seeking knowledge about specific parenting techniques, they often seek out specific Facebook groups for this knowledge. One example is Stine and Morten who as mentioned in a previous chapter, was bottle feeding their baby.

Stine: But then after I had given birth i entered something called Bottlebaby on Facebook, which has been really really great. Because, the Sundhedsplejersker just don't know that much about bottle-feeding. Well, they know the basics but actually building up a rhythm and all of the practicalities of it, they really don't know much about it.

Maria: what do you mean?

Stine: with, how many bottles do you need? A rhythm on how to boil the water and sterilize the bottles, how to store it all, and how do you bring it with you when going out. The Sundhedsplejerske, she didn't really know how, how to actually do those things. And with those things I had so much help from the bottlebaby-group. People where so nice when you asked questions.”

The experience here is that the Sundhedsplejerske does not know too much about bottle-feeding, Stine has been very happy with the Sundhedsplejerske they had assigned, she was accepting of the bottle feeding and has been supportive, but Stine feels the need for further knowledge on the subject and turns to the online community on Facebook. She goes on to explain how she from the group gained information on different practical questions and ideas for which formula would work well for their baby had problems with regurgitation. Stine describes the questions surrounding bottle feeding as central in their parenting. “It [bottle-feeding] has been the biggest issue in our little family, it has been this whole thing with finding a rhythm with the bottle, and how to do it. Because it has really been a big stress-factor. When we found out how, well. A huge weight came off.” So, she describes this Facebook group as being a big support in their first months of parenting, supporting their everyday life and providing them with knowledge they could not gain from their Sundhedsplejerske.

Another typical example on the use of Facebook groups is Niklas, he is a father of two small children and on parental leave with his youngest. Niklas mentions how he has used Facebook groups as a parent. He is a member of two groups. A BLW-group and a home-birthing group. BLW stand for baby-lead-weaning which is a parenting technique that argues for the baby having control over the weaning. Starting off weaning no earlier than 6 months, letting the baby control the eating; meaning no feeding with a spoon and letting the baby eat him/herself with their fingers until they learn how to use utensils, letting them eat how they want and not setting up rules around the meal. Niklas describes how he mainly uses the groups for inspiration and experience, and that he doesn't feel like a part of that community. In part because the members taking active part and posting are mainly women, but also because he cannot identify with their parenting ideals. He describes how he has used the groups for inspiration but does not identify with the other members

we have had the whole home birth and been super happy with it, but there isn't any "it is me and nature" or anything like that, you know some people are very... also some people are very anti-hospitals, and that isn't at all. In some ways it also reflects that Mette and I are very different in those aspects. Where I am more establishment, I mean if it was up to me, we had probably given birth in the hospital.

To sum up, Niklas uses the BLW-group for inspiration and use the BLW-approach once in a while, but he does not feel like a member of the communities, both because of gender, but mainly because he does not identify with them, and believe they take the parental ideology too far. He does not take active part, he does not post anything nor comment on anything in neither of the groups, but when it comes to the home-birthing group, the gender aspect is more central.

Well, we joined them [home-birth Facebook groups] because we were thinking about this whole home birthing ... I feel very different from the people in those groups, because of that it probably isn't that clear that that would be where I got my information. But some I probably have from there. It is probably. I am probably quite different from the groups I have joined, so that I have a filter on the information people are sharing. "is it relevant to me?" because I am in a very different place, part of it is that I am a man. It is pretty crazy how few men post in



those groups. [...] often it is something like “I am asking for my husband” and “my husband is worried about this whole home birthing thing” and then there is a bunch of women answering what their husbands did. That is really the way this is going isn’t it?”

Niklas here describes how the women are the main actors in these knowledge sharing platforms, some of the groups do not allow men to enter and take part, for those who do allow men into the arenas, there is a lack of active participation from the men. This underlines the tendencies for both women and men, to prefer homosocial friendships and communities (Rose 1995). The women are arguing for men to remain out of the groups, and in the groups where men can be members, they refrain from actively taking part and participating.

In a conversation about how and where they search for knowledge around childrearing, Søren himself brings up Facebook groups.

Søren: There is a lot more for women on social media, Facebook groups and. I don’t know, back and forth.

Maria: yea, how many Facebook groups would you think Ninna is a member of?

Søren: a lot, yeah.

[...]

Søren: there was a group as well, a fertility treatment group.

Maria: oh of course.

Søren: before, right? That you could be a part of.

Maria: where you a member of those groups?

Søren: oh no no, not at all. I haven’t really been on the lookout for it, but, that’s where Ninna got some of her knowledge from and she could, she has told a little now and again about what people have experienced and done.

[...]

Maria: but have you looked for knowledge elsewhere?

Søren: yeah but. It is a lot, it probably just comes through [Ninna] right? Even though it's horrible to admit.

The conversation moves on to an actual example of solving a parenting question on how to handle their daughters sleep, she has always slept with them in their bed and the sleep has been quite irregular. Where Ninna will pitch into the discussion with knowledge of how other people have handled similar issues, derived from knowledge sharing in parenting groups on Facebook. Consequentially, the knowledge sharing platforms: meetings with Sundhedsplejerske, parental groups as well as Facebook groups, all give the parents tools to solve the issues they meet in their parenthood, and as the fathers do not have the same access to this knowledge, they are behind on points when discussing how to solve these issues with their co-parents, this again leads to the mother having the main responsibility in finding solutions to these issues and challenges.

When Niklas, talks about the home birthing group he is a member of, he emphasizes that he never actively participates. He has never posted in the groups this nor the BLW group. He experiences a hostile tone toward men, although some men are part of the group, they do not post themselves nor comment.

It is kind of crazy how few men post in those groups. [...] so often, there is this "I am asking on behalf of my husband" and "my husband is worried when it comes to our homebirth" and then some women sit there and answer what their husbands did. So, that is really the way it works, right?" He goes on to talk about how he does not post in these group. "Somewhere, where I have been close to posting has been on the whole "how do I convince my husband, he is totally against it" where the comments always sound something like "you have a right to do what you want, you're the one giving birth" "it is just my way or the high way", where I have been like, relax, well sure it is your body if you really want it sure, but think about it, what gives the best birthing experience that your husband isn't a part of it or?

What Niklas describes here is that even though the groups allows men to join, it still ends up being mothers talking to mothers, sometimes even on behalf of the fathers, and in a hostile tone toward the fathers, when they disagree on the ideals of parenthood. Clearly,

the fact that men do not see other men participate in the debates and post in the groups, influence their lack of participation.

As I have described earlier, Niklas is a part of a number of parenting groups that focus on different aspects of parenthood as well as a number of different techniques. When talking about the participation of fathers in these groups, Niklas describes an online community that he rarely takes active part in. Niklas also used the Dad's Club offer on parenting groups in Copenhagen, this was before it was taken over by the Dad's Club and Niklas described is a relatively unorganized. He also explains how he never came into contact with the other fathers he had been put in paternity group with, and that he only coincidentally met one of them in Dad's club's playgroup one day, the name was quite characteristic so to Niklas it stood out. As he recognized the name in the playgroup, he asked the father whether he hadn't signed up for this paternity group. He could tell it was indeed his e-mail and they agreed that if he was interested, he could contact Niklas, they ended up being the only two people from the paternity group that had signed up through the Dad's club paternity group arrangement.

so I have talked to him later on, and what of course had happened was, that his girlfriend, or wife. Had been in there and filled out the forms for him, and told him about it but then it had kind of gone in one ear and come out the other. The other two I still haven't heard from, but there seems to be a pattern that it might be something like that with them as well. (Niklas)

Thus Niklas himself, talks of a pattern where parenting is the mothers arena and the women will sign the forms on behalf of the fathers, guiding them to a certain kind of paternity leave that they themselves have experienced and find ideal.

In an attempt to find more members to his paternity group, he posted in a local group. This group is a local group for the neighborhood and does not relate specifically to parenthood. This was also how I came into contact with Niklas.

So then I wrote those messages where I was like, we are the two of us, does anybody else want to join us. And then, it was quite interesting because the first thing that happened was, there was a crazy amount of reactions to it, so many positive reactions. People were like "so cool of you to do this" none of them fathers,

writing. During the first day I received two messages from women in my inbox, you and then this other woman who want to make a yoga class for us. Cool with all of the response but it was kind of a different. [...] Well, I had expected that there would be some fathers writing that they wanted to join. And the second thing that stood out was that in the comments, there was just a bunch of women, tagging male names. Which was like, oh okay, I am starting so see a pattern on how this is working. So, well a bunch of people wrote, and some of the people that were tagged wrote as well so slowly we were more and more, now we are 8 fathers, where two of them haven't been there yet.

Emphasizing here that even though Niklas speaks directly to the fathers in a local group that does not specifically direct itself toward parenthood, the responses he gets are primarily from women. The women reply on behalf of the fathers. Again, this seem to be a feminine domain, where the women uphold their homosocial communities and the men refrain from participating in the communities dominated by women.

## 8.2 Why Don't the Men Just Create Their Own Groups? Or Actively Participate in The Ones Already Existing?

For the groups that have allowed fathers to join, what we see is that fathers do not take active part in the debates or post in the groups. For the groups that do not allow fathers in the groups, there are now and again debates on whether the groups should be opened up, the main argument here is always: why don't they just make their own group if they are so keen to have a community. Creating some sort of parallel community where fathers and mothers should be kept separate. The concept of having two parallel communities and keeping fathers and mothers separated, would build on what Connell describes as two-gender parenting, having two clear cut genders raising the child in each their way. However, if we really want, for fathers to be able to identify with a more feminine masculinity of fatherhood, where feminine values and workloads as that of childrearing can be part of the identity, then it seems strange to want to keep the two separates.

When it comes to why the fathers do no take active part in the online communities, it is much the same mechanisms at place as those explaining why fathers do not push more for to turn their partners maternity groups into paternity groups as they take over the leave.

Re-producing the fatherhood they know, we are seeing inclusive masculinities in the field of fatherhood in so far that some fathers are starting to ask for paternity groups and engage in online communities, creating their own organizations and open playgroups. However, the individual fathers will often not take active part in platforms that are not specifically for the fathers. The problem is not just that the mothers do not make room for the fathers, but that the men have a hard time stepping into an arena, that is so dominated by the women, keeping up the homosociality of the groups. Rose (1985) found that especially women prefer homosocial friendships as they found the to be more loyal and overall helpful, what seems to be the case here is also that women work to maintain the homosociality of the groups. And furthermore, that the men are unable to enter into the knowledge platforms dominated by the women. Unable to be subjects in contexts where there is either only one woman or where they find a group of men already. Andersson (2009) argues that the men buying into a more inclusive masculinity, and drawing on feminine traits, as is somewhat what the father seem to be doing, will also demonstrate homosocial proximity. The participating men of this thesis generally do ascribe to a more inclusive masculinity, being active fathers on leave, buying in on feminine traits. Although they are approximating the feminine role of caregiver and embodying fatherhood, they still struggle to overcome the structural frames created by both the state, municipality and the Sundhedsplejerske, as much as by the gender roles permeating parenthood.

## 9. Conclusion

This study, has been limited by a focus on the heteronormative parents I have met in my fieldwork and of course studying the framework provided by the public system and reproduced by the parents themselves. With a focus on gender the perspective of non-normative parents would be of great interest, and the ways the health care system meets parents who does not fit into these heteronormative frames would be a natural extension of this thesis. Furthermore, perspectives of the fathers in meetings with the public system in regard to divorce, would as well be relevant to broaden the scope on the welfare states government of parents in regard to the problem of inequality. As parents during divorce and settling custody meet a number of counselors and municipality authorities throughout the process. A subject for future interest would also include a similar study with the perspective of the Sundhedsplejerske. Throughout this perspective, insights on sources of knowledge and perceptions of authority could be greater enlightened, including a closer look at the interesting fact that the Sundhedsplejerske enters the family homes.

Throughout this thesis, I have followed three central platforms of knowledge, through the perspective of the parents. Before these come into play the embodiment of parenthood, starts a snowball effect, where the mother's embodiment through pregnancy and breastfeeding, leaves the father 10 steps behind. Though he does embody parenthood, through actively engaging in fatherhood, the mother is inadvertently embodying parenthood long before he gets a chance to. This is the beginning of a snowball effect, where the mother quickly becomes a specialist, taking care of the child and the father may find himself on the sideline of parenthood.

With the direct contact between the mother and the Sundhedsplejerske, the state and municipality govern its citizens, through the Sundhedsplejerske's guidance toward ideals of normative parenthood. This knowledge platform is inaccessible to the father as the meetings with the Sundhedsplejerske are all arranged within the first 8 months of the child's life, thus before most fathers begin their parental leave. The focus on breastfeeding as important to pursue the ideologies of intensive motherhood, is emphasized by the municipality and Sundhedsplejerske, stressing the importance of mother's parental leave to consist of a minimum of 6 months. The authority of the Sundhedsplejerske keeps the mothers relatively subversive when it comes to the direct meetings, here they rarely

question the knowledge and guidance provided. Instead they turn to other sources of knowledge on specific subject where they disagree with their Sundhedsplejerske, these mainly being the knowledge platforms of online communities on Facebook. The Sundhedsplejerske functions as a gate keeper on a number of offers from the municipalities, aimed at parents. These end up being solely accessible to the mother, as the Sundhedsplejerske visit the home during the mothers leave. Within these offers, the Sundhedsplejerske structure the maternity groups.

The maternity groups are structured by the Sundhedsplejerske as homogenous groups. Here, mothers experience a reproduction of the ideologies of intensive mothering. With the structuring of these groups, the state and municipalities through the Sundhedsplejerske govern their citizens to conform to specific parenting ideals, as these groups become self-governing. However, there is a higher degree of subjectivity within these groups, as the Sundhedsplejerske is not attending them. The parents to a higher degree discuss the relevance, helpfulness and professionalism of the guidance from the Sundhedsplejerske. The possibilities of parent-focused communities are for the fathers all private initiatives, The men thus often do not find the communities and events aimed at the fathers or participate in as they reproduce themselves in existing father roles.

When it comes to the online communities on Facebook, focused around parenthood, they are almost always exclusively for the mothers or dominated by the mothers. Making it difficult for the fathers to enter the arenas, both because of the mothers excluding them in some groups but also per their own performance of homosociality. The men do identify with more inclusive masculinities, drawing on feminine attributes of childrearing, distancing themselves from orthodox masculinities, but somehow still end up as the father on the sideline instead of taking on main responsibilities.

It has almost been 50 years since Rosaldo (1974) wrote about the gender roles, describing the women's gender role primarily focusing on the domestic sphere in opposition to the male being extra-domestic and public arguing furthermore that the women become engaged in primarily domestic work through their role as mothers. It seems that we have not come a long way since then, as what I have argued throughout this thesis is exactly that. Though I have looked at a welfare state, aiming at gender equality, interviewing middle-class parents who themselves value gender equality. Even in these settings, there is

a long way to equal gender roles in parenthood. Through the embodied motherhood, a snowballing effect begins which ultimately leads to the women ending up with the responsibility of the domestic sphere. Consequentially, as Hays argues the women end up in place where they are responsible for the childrearing in the domestic sphere, as well as their paid job in the public. This makes it impossible for them to compete in the workforce and they are forced to become a person they do not necessarily want to be; their power, influence and role being forced to primarily be executed and lived in the domestic sphere, as the ideologies of the intensive mother, prescribe them to enjoy the selflessness lying therein. As Ruben writes, both women and men are oppressed by the mere fact that we have to fit into prescribed gender roles and although men do attempt, and somewhat succeed in active fatherhood, buying into inclusive masculinities that appreciate the feminine attributes that are emphasized through parenting, it seems we somehow still end up at a place where the women and mother is responsible for the childrearing and the father joins in on the sidelines and the parents are unable to fully break out of the idea of 'true gender identities'.

In the debate on gender equality parenthood ought to be a central topic. However it seems that the welfare state though aiming for gender equality, has forgotten to give the fathers the guidance and tools to take responsibility and to let the mothers perform other types of motherhood than the ideology that is currently keeping them prisoners in the domestic sphere.



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