



Indonesian educated middle-class fathers' preferences in pregnancy services at a private hospital

Q1 Meredian Alam 

Sociology and Anthropology, Faculty of Arts and Social Sciences, Universiti Brunei Darussalam, Gadong, Brunei

ABSTRACT

Using in-depth interviews with six educated fathers whose wives were pregnant at the time of the study, the present research aims to interrogate how their preferences in pregnancy services have been developed and avidly exercised using their sets of cultural capital. Following the presented research analysis, the theorizing of education as cultural capital by Pierre Bourdieu allows the authors to further explore the complexity of the relationship between medical service preferences and facilities with the respondents' social status as educated middle class actors. Moreover, access to and enjoyment in using the medical facilities and services of this private hospital is a social symbol desired by the respondents in order to reinforce and reinvigorate their social status. In addition, hospitals as providers of medical facilities and services play a role in accommodating the process of cultural capital activities of these highly educated expectant fathers. The inclusion of private hospitals in this study should also be considered as a symbol of social inequality in the provision of health services in Indonesia. The respondents place themselves within everyday social interactions, that relate naturally to the world, and represent the preoccupied active presence through which the world imposes its presence.

KEYWORDS

Educated fathers; pregnancy; Indonesia; cultural capital

Introduction

The prominence of expectant fathers in facilitating maternal and infant health is tremendously instrumental. With this in mind, expectant fathers must provide a balance of tangible and intangible support to the expectant mothers over the course of the pregnancy (Adnani et al., 2018; Kurniati et al., 2018). For a non-problematic pregnancy, instead of simply being enhanced by nutrition, physical activities such as pregnancy-oriented exercises, yoga, morning walks and emotional control would foster healthy mothers and optimum baby growth (Siregar et al., 2019). Internationally, maternal and infant health have been stipulated as a gender policy milestone, where women are regarded as important actors who are detrimental for the success of a country's development (Amiruddin, Palutturi, & Rahman, 2018; Novayelinda et al., 2019). In other words, realization of an ideal and qualified successor of the generation should begin with adequate planning in

CONTACT Meredian Alam  meredian.alam@ubd.edu.bn, mere.alam@gmail.com

© 2020 University of Rome 'La Sapienza'

the pre- and post-pregnancy periods, which significantly relies on the women's health. Judging the imperative position of women's health during pregnancy, the Indonesian government has quite successfully implemented instructions provided by the World Health Organization (WHO), primarily by focusing on reducing maternal and child mortality by improving the quality of maternity service providers at the regional level; providing education on nutrition during pregnancy in integrated service health stations and providing education and certification on birthing support for health workers in the form of midwives and private doctors (Chasanah, 2017; Fibriana & Azinar, 2016; Sumarmi, 2017). However, until now in Indonesia, the government has neglected the role of husbands in accompanying their wives through pregnancy. In other words, expectant fathers are neglected as productive actors who also influence the health of pregnant women.

Their nutritional knowledge, preparing the condition of pregnant women and ensuring their health, planning for the birth and getting access to hospital services are vital to provide a conducive support system within the households (Bich & Cuong, 2017; Ng et al., 2019; Pardosi et al., 2017). Their participation in the pregnancy in the first, second and third trimesters also strongly affects the health of the mother and the baby. Therefore, an expectant father must have a supportive attitude towards the selection of health and maternity services and childbirth providers (Akgun & Duruk, 2016). Here, expectant fathers' knowledge is required in the selection of hospitals, maternity clinics, midwives, obstetricians and other childbirth providers. The quality of all these providers and birth facilities has a positive impact on a mother's comfort levels during pregnancy check-ups until the birth (Kratovil & Julion, 2017; Ladge et al., 2018; Shorey & Ang, 2019). Furthermore, the right choices will bring peace and comfort to the father as well, who will then be able to enjoy the process. To support working husbands, according to Entsieh and Hallström (2016), childbirth providers should ideally provide facilities that support their work; provide comfort during the stay in hospital; facilitate constructive interaction with medical personnel (i.e. midwives and physicians), and increase their awareness of the importance of active participation in accompanying their wives as they give birth. Additionally, they would become more productive in fulfilling the roles of supportive husbands. Furthermore, such facilities will encourage them to be further involved in preparing for the birth of their child. While Indonesia has achieved better milestone in maternal health in the last 20 years, but only 20 per cent of the husbands in Indonesia involved themselves in the process of labor in the hospital (Dewanto & Wardhani, 2018). With the fertility rate of 2.3, Indonesia's reproductive health in terms of maternity facilities across the country has not been equally distributed. Fortunately, the government only centers the attentions on those situated in the cities but yet in the rural areas (Meliala et al., 2013).

With respect to facilities, childbirth or maternity care providers that offer technological facilities, such as Wi-Fi, actually allow expectant fathers to work while waiting at the hospital (Wereta et al., 2018) and consequently avoid the commute to work while their wives are in hospital. In Australia, for instance, every hospital is equipped with a café that, instead of being used for eating and drinking, is mostly used as a hangout or for relieving fatigue for patients and families after undergoing medical examinations (Keniger et al., 2017; Tsai et al., 2007). Additionally, the patient's family can release tension for a while waiting or after medical consultations (Smolenaers et al., 2019). A study on non-medical facilities shows that the serving of café coffee in the hospital café has positive

implications in reducing tension and alleviating the mental burden for the patients' families. Expectant fathers who access the café in the hospital while waiting for the birth of their child can be momentarily relieved, from a fatigued mind. Being a new expectant father can be quite stressful, and this is where pregnancy-oriented educational activities located in the hospital or provided by the childbirth care provider become important (Halpern-Meekin & Turney, 2016, 2016; Prouhet et al., 2018). Furthermore, studies on the implications of pregnancy training for expectant fathers in relation to specific material on care during and after pregnancy, exercises and nutrition have these outcomes: expectant fathers are more confident in caring for newborns; calmer when waiting for their wives to give birth; more active in establishing communication with the baby and exhibit mental and physical readiness when their wives enter their third trimester (Hrybanova et al., 2019).

However, studies rarely explore the differences in expectant fathers from working-class and middle-class societies in terms of their decision-making and preferences in choosing hospitals, and how non-medical facilities and services in hospitals suit their lifestyles as middle-class expectant fathers. The ideas derived from sociology regarding cultural capital, taste and preferences in selecting a medical facility appropriate to the social class of their patients. Sociologist Pierre Bourdieu explains that every social class attaches 'taste' and 'cultural capital' to its social interactions with objects and individuals. Cultural capital, in this case, is education. Bourdieu's study on social capital shows that university-educated individuals have a 'sense of practice' and distinctive social preferences in choosing art and food. Studies on university-educated middle class show that individuals from this social group are more active in incorporating the knowledge and information gained from their education in their decision-making. Moreover, they are more critically rational when it comes to choosing hospitals by considering the quality of medical personnel (such as doctors and nurses), the availability and quality of medical and non-medical facilities and patient examination procedures. Hospitals with quality medical services that are adjudicated offer fast, transparent and clear procedures. Doctors who are both informative and communicative when examining patients, along with the presence of non-medical facilities such as cafés and relaxing waiting lounges with Internet connections, are features preferred by university-educated middle-class patients.

Following this idea, this qualitative study explores the subjective experience of university-educated expectant fathers in selecting a maternity hospital for their respective wives. Specifically, through their narratives, this study aims to configure preferences of non-medical facilities and services that align with and suit the social expectations of working expectant fathers. Second, this study will also examine whether decisions in choosing hospital facilities and services would amplify and reflect the agency of middle-class individuals as formed by their educational qualifications. Additionally, the emphasis of exploration in this study is on the husband's experience of using appropriate hospital facilities and services through active mobilization of the knowledge they have received as highly educated men.

Previous studies

The results of the study demonstrated that respondents employed their knowledge and technological affordances to access information about pregnancy and provided rational

and logical assessments of the same. Attending postgraduate programs has equipped them with an educational habitus accustomed to solving problems, accessing information online and understanding the importance of comparing the validity and reliability of everyday facts they face as a 'rational middle-class member' (Persson & Tabellini, 1999, p. 701). Therefore, this finding reflects that education is imperative for middle-class fathers as a tool to embrace the hardships in their lives. Previous research related to fathers with a higher education provided a strong foundation for the narrative in this study. Studies on middle-class fathers highlight sociologically corresponding trajectories within the education they attained, the formation of social identity and self-enabling in negotiating and postulating clear justifications regarding information on pregnancy.

Harrell-Levy and Harrell (2019) stated that social identity is broadly established through social interaction between individuals as an agency and presenting problems. In the case of fathering, newly expectant middle-class fathers tend to frame pregnancy as 'reflective projects for themselves' (Plantin, 2015, p. 94). Further, they regard pregnancy as an opportunity to 'develop their new identity as fathers' (Plantin, 2015, p. 94). The change of identity from the situation of childless households to children-nested households shortly after the birth of a newborn is the best space to 'get to know new ideas of themselves.' Even further, in developed countries in Northern Europe such as Norway, Sweden and Finland, educated fathers from middle-class households use paternity leave to spend time exclusively caring for newborn babies (Grönlund et al., 2017). This critical reflection process actually begins before the newborn comes into the world (Jenkins et al., 2016). Randles (2020) study on information-seeking behaviors among educated fathers also explains whether these fathers found such information helpful and beneficial when it came to caring for their pregnant wives or during/after the childbirth process. For them, the Internet is an independent source of information that does not require moving outside the home or leaving work (Andreasson & Johansson, 2018). Along those lines, this finding also emphasizes the importance of social networks, as stated in Zoja's (2018) study, which are claimed as closed social networks which share similar classes with them (see also Molina-Velásquez et al., 2018; O'Brien et al., 2017). Comfort and social reputation are the main considerations behind their choice of such close-knit networks.

On the other hand, the social identities of newborns' educated fathers are formed through several sociological dimensions that appear masculine and patriarchal from one point (Banchefsky & Park, 2016; Lengersdorf & Meuser, 2016). A study on fathers' involvement in maternity care conducted by the Royal College of Midwives (2011) confirms that the masculinity arising in a first-time father of a newborn is a form of protection for his new family. Therefore, educated fathers feel the 'responsibilities towards their unborn children to be involved in screening' (Matar et al., 2016). Additionally, the husband's gender role in this period also fosters the formation of social identity in which expectant fathers will be further encouraged to support their partners by perusing verified pregnancy information and advanced decision-making (Ledenfors & Berterö, 2016). According to Dermott (2008), such a condition can foster 'authentic involvement of new fathers' (Dermott, 2008, p. 23), being informed by a father's self-awareness as a biological and mental component of the newborn. Another benefit that can be gained from this emotional bonding is the creation of a 'reciprocal father-child dyad' (Brown

& Cox, 2020, p. 10), which is a potential tangible interaction between the father and the baby where the father pours his affection on the child every day. Various forms of involvement include newborn care, newborn examinations at the hospital, prioritizing caregiving for newborns at home and other interactive activities (Lott & Klenner, 2018).

From previous studies that focus on intersectionality related to education as capital for fathers in creating a smooth system of care during pregnancy, we easily come to understand that education is manpower's capital (Huber, 2017). As human capital, it is not only as a symbol of social status for middle-class families but also presents a specifically embedded way of thinking and acting when the subjects encounter or face juxtaposition with hurdles (Hakkak et al., 2016). Thus, education as a mediating capital for husbands in transcending pregnancy contains an agency for the expectant fathers (Crockett et al., 1993; de Leeuw et al., 2018). This is in line with sociological notions on education as objectified cultural capital, coined by French sociologist Pierre Bourdieu. In the next section, the theoretical perspectives of education as cultural capital will be featured to frame the social nuances in this study.

Reframing cultural capital in Bourdieesian perspective

As presented earlier, the purpose of this study is to explore educated middle-class fathers' preferences with respect to accessing maternity services for their expectant wives. Previous studies emphasize that educated fathers exercise their ability and competence in choosing maternity services by objectifying their knowledge, which has been mediated by their educational qualifications. Referring to this argument, Bourdieu's work on education as cultural capital is appropriate for the theoretical perspective when examining the findings. In his seminal works, Bourdieu describes three specific forms of cultural capital: incorporated, institutionalized and objectified (Bourdieu, 1991). The *incorporated* cultural capital is a reference to the attributes inherent in the individual and is in the form of behavioral tendencies (Savage et al., 2005). It is more influenced by the formal education process and juxtapositions with likeminded people from similar educational backgrounds. Meanwhile, the *institutionalized* cultural capital refers to public recognition symbolized by academic title or credential, and in certain circumstances can determine the choice of livelihood services (Kraaykamp & Van Eijck, 2010). Meanwhile, *objectified* capital alludes to tangible cultural goods that are used for extending social networks and exhibiting their specific identities. It may take the form of communication tools (e.g. smart/mobile phones) and their way of cognitively processing communication and ensuring the validity level of information of certain events (Villanueva-Mansilla et al., 2015). This mode of cultural capital, in a nutshell, determines individuals' 'positions' in society and offers insights into which social hierarchy influences them and co-shapes their decision-making (Stockfelt, 2016). In the context of this study, cultural capital is a concept for examining and appraising the forms of future action that educated middle-class expectant fathers undergo in determining maternity facilities for their pregnant wives. More crucial than that, by nature cultural capital may involve various forms (Laberge, 1995). So, we must also provide opportunities in the present article for critical sociological discussion regarding how these forms are converted, negotiated and consolidated in decision-making when selecting maternity hospitals for their wives who are about to give birth.

With respect to following Bourdieu's works, education and cultural capital are situated in the context of class inequalities (Bourdieu, 1991). This condition arises as educational attainment encourages social class reproduction in advanced capitalist societies, as in Q6 Indonesia (Levinson & Holland, 1996; Pearce et al., 2008; Ramesh & Asher, 2000). In 230 his work, Bourdieu stated that educational credentials may reproduce social classes and legitimize certain social classes to access, obtain and enjoy the services and facilities provided by the state (Brennan & Naidoo, 2008; Weeden, 2002). He further asserts, 'This consists mainly of linguistic and cultural competence and that relationship of familiarity with culture which can only be produced by family upbringing when it transmits the 235 dominant culture' (Bourdieu, 1977, p. 494). Through this claim, Bourdieu delivered the importance of education systems along with the credentialing purposes of cultural capital. At this point, the transmission of skills, competence and knowledge mediate individual preferences.

Furthermore, educational credentials serve to legitimize individuals to receive a prominent position in society. The prominent position referred to here is a social group that possesses the privilege of a capitalist society. Bourdieu staunchly explains,

It [education] is in fact one of the most effective means of perpetuating the existing social pattern, as it both provides an apparent justification for social inequalities and gives recognition to the cultural heritage, that is, to a social gift treated as a natural one. (Bourdieu, 245 1974, p. 32)

From this, we understand that education is the main means for the formation of social classes in society. Social inequalities, in this case, cannot be imagined as deconstructive molding in society but only as a depiction of the social class model in an advanced capitalist society. In such a society, education is a product of liberalism and can only be 250 achieved by those with sufficient financial capital. Thus, it is not surprising that education in Bourdieu's perspective constitutes social class inequality. Individuals with educational credentials then have the potential to occupy a dominant class structure. In addition, we see that they exhibit certain behaviors when dealing with social problems. Bourdieu sees this as an integral aspect of habitus.

The educated middle class has a habitus that is marked by its social practices. As proponent of a Bourdieusian work, Vladiv-Glover and Frederic emphasized habitus to be acting as a 'system of cognitive and motivating structures, it is a world of already realized ends-procedures to follow, paths to take and objects endowed with permanent character' (Vladiv-Glover & Frederic, 2004, p. 53). The process of behaving as featured is inherent to the structure of thought and motivation to take certain actions. As stated in the findings of this study, respondents' preferences regarding the selection of hospital service facilities are more limited by their previous information and knowledge attained through the community within the educated middle class such as friends. Besides that, the facilities they enjoy at the hospital also reflect their social taste as being part of the middle 265 class.

'Social taste,' according to Bourdieu, is inherent in the existence of an educated middle-class person. More details can be claimed to

situate oneself within 'real activity' as such, that is in 'the practical relation to the world, the preoccupied active presence in the world through which the world imposes its presence,

with its urgencies, its things to be done and said, things made to be said, which directly govern words and deeds. (Vladiv-Glover & Frederic, 2004, p. 53)

Furthermore, social tastes are products of cultural needs formed through engagement in education. Richards (2000) asserts the following:

Cultural needs, he argues, are a product of cultivation and education, since those who attribute a value to cultural goods will have a desire to appropriate them and this disposition can only come about as a result of exposure to and mastery of the rules governing their production, and awareness of the accepted criteria on the basis of which an evaluation might be made. (p. 58)

Methods

Respondents and analysis

The measurement of cultural capital relies heavily on the context and phenomena or particulars of the situation in which the actors' efforts to convert and exert the elements of that capital. So, not all actors' cultural capital is utilized in different situations (Smart, 1993). In other words, the process of transforming cultural capital is situational and contextual. Guided by this assertion, this study aims to explore the way in which husbands' cultural capital is placed in the right context when selecting maternity facilities. Following Lewis et al. (2015), in the period before childbirth, husbands consider childbirth facilities by searching for information through websites and social media on smartphones; by confirming these findings with their closest friends or their circle of social networks; by conducting critical appraisals or analysis of the availability of facilities and medical personnel and by analyzing the data or facts obtained. The process of data analysis is usually carried out by educated middle class husbands, because they demonstrate the power of their mindset for this purpose. Herein we may argue, the objectified capital in this research is determined by how respondents use a mobile (smart) phone for the searching process and triangulating the validity of the information. Meanwhile, as the definition suggests, institutional capital is formulated as the title of the ultimate higher education qualifications they attained. Not only that, Yosso (2005) further highlights that the status of education is applicable to map out the relationship with the tendency of behavior or actions as elements of incorporated cultural capital. Ikonen (2020) confirmed this linkage that related to differences in mindset and how it is showcased educated middle class against working class groups (Tang, 2011). In more critical analysis on these matters, working class groups tend not to employ rationalities and are less considerate in making choices when faced with life-related challenges. It is discernable that this is due to limited material, cultural and social resources. In the same vein, they also face more constraints in making sense of these resources. This kind of phenomenon, as Spencer and Castano (2007) studied, is in adherence to lower-level education levels, which do not expose them to wider social problems for their learning avenues. On the other hand, the educated middle-class group utilizes multi-faceted resources (education credentials, technologies and high-brow attitudes) in determining certain choices. The inclusion of circles of networks validates particular information and allows for a comparison of diversity and certain knowledge before they exert their choices.

Six expectant fathers were included in 11 in-depth interviews. The author met them as they accompanied their pregnant wives to a private hospital. Before the interview, the author asked for their consent in sharing their experiences with him. The respondents determined their own location and timing for the interview. The location of the initial interview was the café lounge and later continued at the respondents' houses in accordance with the agreement. The ages of the respondents were between 27 and 36 years, with the most recent educational qualifications being master's and doctorate (one person) degrees. When interviewed, their wives' gestational period had entered the third trimester.

For two hours each respondent unfolded his experiences and subjectivity related to facing pregnancy. Each interview was recorded using a smartphone and was transcribed and uploaded to a cloud storage. The sequence of the data analysis is as follows: (1) Reviewing interview transcripts, (2) Conducting data cleansing by issuing statements that are not related to the research questions and objectives, (3) Coding the statements as actions, attitudes, and experiences, (4) Grouping statements into broader categorizations. NVivo software in this case is used as a tool to sort the data and categorize it. In the present studies, all those said cultural capitals are presented as rather exercised than measured items. This can be seen in the analytical finding section of this article. Referring to Sibeon (1999), calculating cultural capital in numerical details will actually eliminate its sociological nuances (see also Carolan, 2005). And, in the end, we will be trapped in reductionism. The reductionism destroys humanity, as it critically ignores the actors' agency in negotiating and converting these cultures. Therefore, our emphasis is not on the amount of cultural capital but on diversity of acts in accentuating and making them feasible for choosing the type of hospitals and considering the facilities.

Findings: narratives of new fathers dealing with pregnancy and hospital amenities

This study was conducted in one of the elite hospitals located in the northern part of Yogyakarta Special Region. The northern part of the province is the most economically prosperous location. First, this region has an education center in which two major public and more than seven private universities have set up their campuses. Second, this region is a reference area for affluent families because it is extremely strategic to the airport and is 200 meters away from the mall, universities, and restaurants. With leading economic and housing growth rates for educated elite groups increasing annually; private hospitals with excellent medical and non-medical facilities were established in the region to cater to the demands of affluent families (Meliala et al., 2013). Its growth rate has even reached 22% as of 2018 (Dewanto & Wardhani, 2018). By scrutinizing the narratives of highly educated expectant fathers, this article wishes to obtain an overview of how social classes shape sentiments during the selection of childbirth providers and recommendations for tailoring hospital facilities to the patient's social class.

The hospital services for maternity purposes are quite complex in Indonesia. This complexity can be structured by the location or distribution of the patients; the severity of the pregnancy symptoms and the type of services available. Generally, health care facilities in Indonesia can be categorized into type-A, B or C. Type-C is the simplest health service facility with indeed limited facilities, and is usually located in a village

or remote location. The pregnant women in such areas visit such facilities in the first to third trimesters. This facility is free and pregnant women also pay no fee, because the health checks use simple tools such as the Doppler where the village midwives or mid-wifery nurses carry out the examination. Meanwhile, type-B has more complete facilities for pregnancy health checks: ultrasound, gynecologist and maternity care rooms from simple to luxurious available TV cable, hot water and shower, living room and one room for one patient (Dewanto & Wardhani, 2018). The type-A has the same facilities as type-B, but what distinguishes the two is the level of expertise of the medical personnel. Senior maternity experts such as gynecologists with internal organ surgery expertise are based in the type-A hospital model (Meliala et al., 2013). Most of these hospitals are affiliated with university-based research centers. So, the case findings can be used as scientific findings to build new medical methods in assisting pregnancy cases. The type-A hospital is a destination for patients with severe pregnancy-related conditions, for example: mothers who have a history of hypertension, breach births or multiple miscarriages so that close supervision from doctors is required, as well as expectant mothers who have a history of heart disease, asthma, or other chronic conditions.

Expectant mothers can use health care cards with premiums paid per month to get a pregnancy service discount up to 70 per cent in the type- A and B hospitals (Aji & Sumawan, 2019). The type-A hospitals are government-owned or public hospitals where medical staff are paid for by government funds. Meanwhile, most of the type -B hospitals are private hospitals that are independently managed by private companies or foundations and are pro-profit (Meliala et al., 2013). However, the type-B must be government-certified and accredited by the Indonesian Ministry of Health to ensure their medical activities are up to national standards. The patient profile in each of these models varies according to their social status. The profile of patients at the type-B reflect the upper-middle and educated class, because these hospitals usually provide individually customized health facilities and services according to the patient's request. Meanwhile, in light of Kurniati et al. (2018)'s studies, various international insurance card companies are normally accepted at these hospitals and the bureaucracy is quite user-friendly. Moreover, such hospitals collaborate with private companies for medical check-up activities for its employees. Meanwhile, hospital service bureaucracy tends to be more complicated and involve long procedures. Patients with poorer social class status who come from rural and remote areas, are treated here. The limitation of these hospitals is that patients do not have many options and have to endure longer waiting times.

This ethnographic study takes place in a private hospital in Greater Yogyakarta where the author, who is also an expectant father, is directly involved in various childbirth services such as pregnancy control, pregnancy exercises and pregnancy care that are routinely run by the hospital every month. The author's experience in participating in previous pregnancy programs in government-owned or public hospitals enables him to distinguish between the models and quality of services, facilities and medical staff, including the social categories of the patients. Through observations and interviews with staff in the two hospital models, government-owned hospitals appeared to be preferred by patients from working-class families as such hospitals receive health assistance cards, where these patients must obtain referrals in advance from community health service centers. Often, public hospitals prioritize service quality less, even though they are audited by the health department. Efficient and effective treatment is not one of their

main targets for achievement although they implement a minimum standard of service as stipulated by the Ministry of Health, Indonesia (Aji & Sumawan, 2019). Meanwhile, private hospitals are mostly visited by upper- and middle-class families because of certain expectations from families of this social group, such as rapid and transparent health services, professional medical staff and the availability of non-medical facilities such as cafés, Wi-Fi internet, decorated examinations rooms with soothing colors and ambience, booking facilities via SMS, WhatsApp and Internet, as well as various private service options. Another feature of such hospitals is their customer-oriented service. At the main entrance, patients and their families, who arrive by car are usually welcomed by a guest officer, much like at a five-star hotel. In fact, they are always friendly and waiting to open the car door with big smiles. When entering the hospital, Javanese-style chanting is performed by two musicians to welcome the patients and their families. The classic songs played on a large piano provide a relaxing ambience for patients entering from the western side. This kind of service reflects the taste of the educated middle class who appreciate beauty and appreciate art.

Preference on pregnancy caretaking

The role of the expectant father involves a 'rollercoaster' of feelings, which engages the tension between the various feelings about the men's future as fathers (Åsenhed et al., 2014, p. 9). The more information on pregnancy they have, the more that the expectant fathers feel secure. As revealed in this study, they gather information through social networks, from the Internet or hospital websites, reviewing blogs about the communication patterns of doctors and patients and the non-medical facilities provided for the parents. However, their information sources are diverse. Importantly, by the end, their heterogeneity lies in the way they demonstrate a sense of practice to be expectant fathers (Draper, 2002).

The respondents' firmness in selecting a hospital was reinforced by a review on a blog that had comments from pregnant women regarding the advantages of a particular doctor when compared to other doctors. Such facts align with Allsop and Mulcahy's (1998) finding that information made available from the network of colleagues of one profession reinforced patients' trustworthiness to readily obtain further details about the doctor (Allsop & Mulcahy, 1998). Bram confirmed:

Information about this hospital I got initially from an upper secondary school friend, who is also a psychologist. He recommended doctor 'A' because he was informative and very approachable for discussion. After that I read on the blog to see how most young mothers think about the nature of Doctor 'A' when examining patients. From there I was more determined to take my wife to this hospital. (Bram)

Despite pregnancy being a 'gendered territory' (Christie, 2006, p. 53) as it is exclusive to women, Bram embraces circumstances well. This is evidenced by his moderate attitude of considering the opinions of other mothers when making a decision. Furthermore, by believing in the truth of the direct experience of expectant mothers during a check-up at the hospital, he then gained insight and consolidated his confidence to have his wife examined at this hospital for an ultrasound screening. This shows that meeting nulliparous parents' expectations can certainly help them gain confidence to be strong parents who will provide their infants with nurturing care (Tumblin & Simkin, 2001, p. 55)

In contrast to Bram who conducted a search through a blog posted by expectant mothers, Marco's interest grew through his own experiences of satisfactory medical treatment for 10 years at this hospital. This first experience became a memory capital for him when accompanying his wife to undergo a pregnancy check. Marco further iterates the following:

Actually, no one has ever given me an advice for going to this hospital. But in 2008 I was treated here and the first time I saw the waiting room facilities were very complete, the doctor's profile was easily accessed via the website, and from several blogs I read many fathers who liked the venue because there was a café to lax while waiting for the wife. (Marco)

Marco's cultural attachment to the hospital began to grow when he first experienced the entertainment facilities in the waiting lounge. The doctor's profile displayed on the hospital website and the availability of this café reaffirmed his preference. This narrative subscribed to previous studies that online information about the medical personnel can validate the transparency of the hospital's service quality (Matsebula & Willie, 2007). It does allude to the importance of 'informational capital' quality (Tasic & Amir, 2016, p. 16) in assisting individuals to regain affluencies. By establishing such trustworthiness, the expectant father would feel at ease, consequently, reliable information about medical personnel is instrumental in preventing fathers from 'being helpless, which this can result in a feeling of panic and can put their supportive role of their partner at risk' (Bäckström & Hertfelt Wahn, 2011, p. 67).

Andi became aware that certain hospital services were very affordable, at least compared to private hospitals, but he doubted the quality and credibility of his medical staff. This thought prompted him to choose this private hospital after being encouraged by the advice of his close friends. In this extent, a circle of networks is converted to objectified cultural capital (Bourdieu, 1991), which allows them to materialize their preferences. In more details, Andi converted the concern into encouragement to explore the information on private hospitals that have the best services and facilities.

Government hospitals may be cheaper. However, as a father, I must also pay attention to the credibility of the hospital and the doctors. If the doctor isn't trusted, my concern will continue to grow and can become a great fear. Moreover, this is the first pregnancy, I also have to be selective in choosing doctors and hospitals. After getting advice from friends who are both lecturers, they should give birth in a private hospital in Yogyakarta because they are very patient-oriented. They are also recommended with some good doctors, but I also see reviews on blogs. If the review about normal birth and how to approach the patient is very good, I come straight to the doctor. (Andi)

The search results on the blog that referred to the hospital preferring to practice normal childbirth affirmed Andi's preference to send his pregnant wife to the hospital for a medical check-up. The hospital's profile and doctor's method of interpersonal communication became constructive assurance for Andi to reduce his concern as an inexperienced expectant father. Comfort during pregnancy was also expected by Yanuar who works offshore most of the time. In contrast to Andi, Yanuar developed his peace of mind by accessing several articles about the constructive impact of special hospital services.

Receiving some reviews about doctors and birthing services in this hospital, I also took the time to read in international journals what exactly the positive effect of special service was to pregnant mothers.

He further elaborates on comfort in several aspects:

After getting some reviews about doctors and giving birth at home it turns out the effects can be long term. If from the beginning, expectant fathers and mothers can access very comfortable services, including pregnancy education from doctors and hospitals, then they'll enjoy the pregnancy period. In addition, the expectant father will also be calmer in the relationship with his wife. The first pregnancy occurs without previous experience, so it must be as much as comfortable as possible throughout. And I expect my wife's pregnancy to be a special life experience. (Yanuar)

Receiving knowledge of pregnancy from a doctor is an important instrument for Yanuar to get through the period of pregnancy pleasantly. Services that are oriented towards patient comfort were also external pushes for him to be able to enjoy the experience of pregnancy. The phenomenology of pregnancy as narrated by Yanuar, an expectant father, can attain 'production of authoritative knowledge around pregnancy' (Georges, 1996, p. 157). The authoritative knowledge, as Georges (1996) stated, lies primarily in the expectant father's deeper involvement in the pregnancy, making it a transformative experience.

Authoritative territory as a new expectant father was also formed through the verification of information and knowledge from searching for material on pregnancy on the Internet. The online information search was preceded by an affirmation of the shared experiences of close friends about when they had been treated and were patients in this hospital. Regarding this matter, Bram details as follows:

Personally, initially searching on the Internet first. I already know which hospital to go to, because almost all close friends of one profession go there all. My father-in-law recommended it at another hospital, one of the government hospitals, but I can't believe it. These pregnancies are ours, not theirs. So, I may have the best preferences for ourselves. And from the beginning with the help of the Internet, read pregnancy books, ask friends, and come directly to this hospital to find more information, it turns out that it can strengthen your heart too. (Bram)

Bram's resistance to maternity hospital advice from his parents shows his independence as a newly expectant father. Aside from wanting to feel the precious experience of giving birth in and having a pregnancy check-up at this hospital, his desire to establish territory as an expectant father was driven by his goal of embracing a distinctive experience during his wife's pregnancy. This hospital became his choice to realize that dream. Doubts regarding the uncertainty of pregnancy and becoming a father can be overcome with reliable information. Such experiences apparently provide the expectant father with 'entrepreneurial self-efficacy' (Chen et al., 1998, p. 295), and this points to an age in which individuals use all their capacities to associate with rational choices and gain more control and better life-management.

Objectified capital-based preference on healthcare facilities

Automatized techno-apparatus is a central interest of the educated middle-class family. Their love of technology is underpinned by the fact that it makes their lives easier but importantly can also shape social consciousness with techno-savvy status. This section explains their subjective experiences with automatic service tools in the hospital. The patient registration procedure is the first step of being examined at the hospital. A simple

and time-saving registration structure can minimize the level of risk of a patient's illness. This hospital has a structured booking system, starting with booking an appointment via phone beforehand for examination. Upon arriving at the hospital, the patient only needs to print a ticket by entering the booking code into the electronic admission machine. For
 545 Bram, this procedure is in accordance with his social expectation as a highly educated expectant father:

The service procedure is very structured. I had to book the doctor two weeks in advance. When the control day arrives, I just take a ticket check in the vending machine by entering the booking code. After that, I bring this ticket check-in the nurse's counter, then my wife
 550 has her blood pressure checked and we wait in line. This kind of modern service is the perfect fit for our choice. As an educated person, I also need to be able to distinguish which hospitals that have clear procedures and which are not, including how doctors communicate with us.

A clear and orderly registration and examination procedure calms the expectant father and protects him from the uncertainty that Bram experienced at the hospital. In addition, this kind of procedure also reflects the distinction of the educated middle class that prioritizes efficiency in the selection of maternity care providers.
 555

In addition, the availability of informative services for expectant fathers will increase their sense of involvement in the pregnancy and increase their social participation in prenatal care. Marco speaks of his experience while at the hospital's information desk:
 560

At the front, there is an information counter that I can ask about the facilities and activities that can be followed by the wife, including the delivery room and financing schemes. That's where my knowledge is upgraded. During this time, 'being pregnant' is as if it were a woman's territory, with an examination at this hospital I could be involved
 565 even further.

Pregnancy is still considered as an area exclusive to women. Hence, such an assumption precisely depicts the husband's active role in caring for a pregnant wife. As Marco experienced, the information on prenatal care provided by the information desk prepared him with sufficient knowledge that significantly improved his involvement in caring for his wife.
 570

In addition to the registration procedure, the provision of waiting lounges for patients' families lead to further engagement of the father in the pregnancy. Waiting for the medical examination can be tedious and monotonous. In some cases, this makes the patient's family less likely to accompany them to the examination. One expectant father, Andi, commented that the waiting room situation is rigid and stressful in government hospitals: 'The waiting room is different from the rigid government hospital. There are no facilities such as TVs, iron waiting chairs, and no entertainment. Hospitals like this are like prison and even cause stress.' As a lecturer who works with ideas, Wi-Fi facility and a comfortable waiting room like in this hospital makes him feel more relaxed when accompanying his wife for a check-up. With such facilities, even more expectant fathers no longer feel awkward accompanying their wives to the hospital. 'There just brought a laptop seen by many people (laughing), here are also many young fathers who bring tablets or netbooks while waiting for a queue of doctors.' Bram honestly conveyed that he was no longer ashamed to bring a laptop to do his work on while accompanying
 575 his wife. The amount of time spent waiting for the doctor is also no longer felt by the
 580
 585

expectant father. Yanuar, who has dealt with a lot of reservoir simulations because of his work in the mining sector, explains:

I work offshore, 3 weeks in Palembang, a week in Yogyakarta. Usually while in Yogyakarta I use to accompany my wife for her pregnancy check-up. This hospital is suitable for busy young fathers like me. When the doctor was waiting for a long time, I was able to do modelling that required high Internet speed. Working while in a café near the pregnancy clinic is very convenient, while also relaxing. Other hospitals in Yogyakarta sure do not have facilities like this. (Yanuar)

As narrated by the expectant father above, technological infrastructure, such as high-speed Internet connections via Wi-fi access, enables working expectant fathers to continue their work without problematizing their geographical restrictions. They would not need to take time off work and can still follow their wives' examinations in the hospital. With such support, the expectant father can 'bolster the father's contact with and care for the wife' (Brandth & Kvande, 2002, p. 186)

Preference on healthcare services

Providing facilities to help the expecting mothers relax is crucial. For prenatal purposes, Min's study confirms that music therapy 'reduces anxiety for antepartal women' (Min et al., 2009, p. 316). During the author's visit to the hospital for the interviews, it was derived that the pianist's song, which is played regularly in this hospital, significantly relaxes the patients and their families. Other mainstream hospitals in Indonesia, and perhaps elsewhere in the world, seem to be dedicated only as an accumulating place for the ill and people who wanted to be treated, but their mental wellbeing is undone by the medical treatment (Nolan et al., 2001). However, psychological studies claim that a healing environment is mandatory for healthcare interventions to affect the body and soul (Dilani & Malkin, 2006). Furthermore, whatever this hospital does through this entertaining facility has a transformative effect. For Marco who often feels frantic with regard to his wife's pregnancy, he acknowledges the hospital facility with a distinctive feature:

Sometimes also feel stressed when leaving home to go to the maternity examination clinic for the USG, I often think about what if something bad happens to the fetus. When getting out of the car, the hospital provides a security guard who helps to open the car door, and once inside there is welcoming music and gamelan. Ambience like that soothes me. Often the hospital feels like a hospital, it feels tense, but this hospital is different. There is a piano that is played in the east foyer and gamelan in the west foyer, meaning that this hospital also understands the psychological condition of the patient itself, the goal is that the patient is also to stay calm. (Marco)

The narrative implies that simple additional services in the form of a welcome at the hospital lobby is calming during a pregnancy. With his inner peace restored when he arrives at the hospital, he will be more immersed in accompanying his wife at the hospital. The contribution of environmental aesthetics to health and rehabilitation in a hospital setting so that the patient is 'comfortable, feels safe, is rested and attains well-being' (Caspari et al., 2006, p. 851) is significant, and this is even materialized and presented in Marco's subjectivity.

An effective communication with obstetricians is an aspect of interpersonal service desired by expectant fathers. This is in accordance with their social taste as highly

educated fathers who are critical and pay attention to detail. As Yanuar said, 'As an engineer, I am a person who has details about choosing things, including who the doctor is, how he communicates effectively with his patients.' Obstetrician assertiveness in providing information on foods that are prohibited during pregnancy is precisely what expectant fathers expect, because this provides clarity about the best nutrition that can be consumed by pregnant women. 'For example, yes, in the first trimester, the formation of the most critical and important fetus, doctors give a prohibition not to consume foods that have MSG (*monosodium glutamate*) or cooked with chemicals' (Bram). As a highly educated father, finding the compatibility of facts from interactions with obstetricians has positive implications on his belief in turning the pregnancy book into a proper guide. Furthermore, Bram said,

After I read the pregnancy book, oh apparently the doctor's explanation was the same as in the book. As someone who likes to read books, what should be considered. Many people say I am too theoretical but in fact the doctor's advice in the book is exactly the same.

For other expectant fathers, the selection of hospitals that have obstetricians who communicate effectively, in some respects, reflects their post-materialism and rationalism.

My choice to come to this hospital was actually simple. I had material, sufficient knowledge to make choices, and the suitability of doctors who could communicate with patients with informative and productive information. For this reason, why should I go to a government hospital where the procedure is wordy and the medical profile is unclear?

In the narratives provided, the preference for certain obstetricians reflects that highly educated expectant fathers use their knowledge to make informed choices. The impression of unsatisfactory government hospital services defines their social class.

Conclusion

Taking care of pregnancy for educated middle-class fathers is a novel concern (Darwin et al., 2017). For first-timers, pregnancy is a challenge that requires informative and cognitive coping mechanism. So, it calls upon further prevention from the fathers' side to stave off larger health risks in pregnancies. As indicated from the narratives, for expectant fathers, pregnancy is a space of contestation and transformation both internally for themselves and externally for the health of their wives, involving a negotiation with the current responsibilities of their employment and his social identity as a man. If not well handled, this 'cultural space' can metamorphose into chaos during the pregnancies and result in gendered interactions in their households. Therefore, certain cultural capital is instrumental in navigating them through the precarious conditions of pregnancies. As highlighted previously, the rational cognition they built through their university educations can help them overcome uncertainties enabled through the lack of information during their wives' pregnancy. The inclusion of rational thinking in the decision-making process and information mobilization in this process becomes imperative for the prevalence of sound pregnancies.

In this study, preferences for systems and service quality are formed by information-seeking over the Internet and through a close network of peers. In other words, in terms of searching for information on social pregnancy care, personal communication and the

Internet can advance the preferences in certain medical services. In fact, friendship networks strengthen the validity of the information they access online. When it comes to information regarding hospital facilities, a close friend performs as a trustworthy agency, thereby increasing his motivation for finding more information through the website (Baumeister et al., 2018; Wang & Benbasat, 2016; Yau & Reich, 2019). Simultaneously, exploring the opinions of young mothers from various blogs consolidates their choices when looking for an obstetrician. In addition, the experience of being a loyal patient to the private hospital presented in this study is a solid reference in matters of pregnancy. Non-recognition of government hospitals also indicates a decrease in their trust in the government in managing public health. It is important to emphasize here that their choice of the present private hospital shows socially distinguishing features of their middle-class features. First, they built *distinction* as the main characteristic of social class to differentiate themselves from most people, who still depend on unreliable public services and are patient-satisfaction oriented. Second, the distinction herein refers to the individuality of the respondents' uncommon characters as educated middle class who are less reliant on direct contacts with people around to gain information. Instead, they employ their own 'techno-savviness' to search for information online. Furthermore, modern resources such as social media expand the space for their independent education and accelerating the decision-making process regarding the obstetrician who will take care of the patient. Through this analysis, the choice of healthcare quality, popularity of doctors and health workers in private hospitals is exercised through their tangible capacity in digesting and sorting online information, which is also consolidated by friendship networks. It is also important to note that preferences regarding hospital facilities are further supported by their technological savviness.

Furthermore, the preference for private hospital facilities by expectant fathers in this study proves an importance in developing some comfort during the pregnancy check-up. Technology-enhanced services such as automated booking systems, transparent registration and examination procedures, and even free wireless Internet connections enable them to have a more immersed experience in the pregnancy. The technology confirms that the gendered role in the area of pregnancy is no longer dominated by women. This is clearly shown through the experiences of respondents like Yanuar who always follows the process of pregnancy check-ups even when he must fly inter-state from Palembang to Yogyakarta. An awareness of their role as a father as well as a husband for the realization of a healthy pregnancy is mediated by the presence of such technology. As distance working for young fathers is no longer a problem, it shows that Internet technology not only promises speed of services, but also advances their participation in maternity care. Complete engagement of fathers in the pregnancy is determined by holistic services made available by this private hospital.

Following the analysis presented above, the theorization of education as cultural capital by Pierre Bourdieu allows authors to further explore the complexity of the relationship between medical service preferences and facilities and the respondents' social status as educated middle-class actors. Furthermore, an access to and enjoyment in using the facilities and medical services provided by this private hospital is desired by these respondents in order to maintain their social status. In addition, hospitals as providers of medical facilities and services play a role in accommodating the process of cultural capital exercises of these highly educated expectant fathers. From the interview data, they not

only consume middle-class symbols in the medical realm but also play a role in reproducing these symbols in everyday instances such as their competence in English to run the electronic operating system of hospital services and online blogs as an online media for comparative information and knowledge of women who have experienced various medical facilities in the region. Respondents also are clearly found mobilizing their educational credentials as cultural competence to resolve clinical problems related to pregnancy and to network with like-minded educated people. Hence, skills and competence also mediate their individual preferences with regard to access to private hospitals. The existence of private hospitals in this study should also be a symbol of social inequality in health services in Indonesia. In spite of it operating in an inclusive manner – willing to accept patients from all socioeconomic levels, this private hospital in practice only accepts patients from the upper middle class. With first-class medical services, patients from this group enjoy luxury technology-based facilities that are not available in government hospitals. As observed in the waiting lounge, this hospital has a famous brand coffee shop that is dedicated to catering and servicing the middle class. Coffee culture shows the educated middle class's 'social taste' in many respects in developing countries, which situates oneself within the 'real activity,' that is in practical relation to the world, the pre-occupied active presence in the world through which the world imposes its presence. These claims have implications for the contextual understanding that health facilities also, in sociological theory, contribute to the formation of social classes.

However, of all the advantages of Bourdieu's theorization, this study is inseparable from the shortcomings and calls for further improvement through further future extensive research. The short duration of observation and involvement of the selected respondents does not comprehensively provide a perfect representation of the educated middle class in Indonesia.

Acknowledgements

I thank two anonymous reviewers who had devoted their times and energy to provide constructive criticisms to this article.

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Meredian Alam  <http://orcid.org/0000-0001-7585-7568>

References

- Adnani, Q. E. S., McAra-Couper, J., & Gillison, A. (2018). Partnerships to strengthen midwifery education: Findings from a qualitative study in Indonesia. *Women and Birth*, 31, S17–S18. <https://doi.org/10.1016/j.wombi.2018.08.058>
- Aji, B., & Sumawan, H. (2019). Hospital with no-class wards policy: An effort to create the right to access to quality health care for the poor. *Journal of Health Management*, 21(1), 18–37. <https://doi.org/10.1177/0972063418822584>

Akgun, A., & Duruk, U. (2016). The investigation of preservice science teachers' critical thinking dispositions in the context of personal and social factors. *Science Education International*, 27(1), 3–15.

Q7

↑ Allsop, J., & Mulcahy, L. (1998). Maintaining professional identity: Doctors' responses to complaints. *Sociology of Health and Illness*, 20(6), 802–824. <https://doi.org/10.1111/1467-9566.00130>

770

Åsenhed, L., Kilstam, J., Alehagen, S., & Baggens, C. (2014). Becoming a father is an emotional roller coaster – An analysis of first-time fathers' blogs. *Journal of Clinical Nursing*, 23(9–10), 1309–1317. <https://doi.org/10.1111/jocn.12355>

Bäckström, C., & Hertfelt Wahn, E. H. (2011). Support during labour: First-time fathers' descriptions of requested and received support during the birth of their child. *Midwifery*, 27(1), 67–73. <https://doi.org/10.1016/j.midw.2009.07.001>

775

Banchevsky, S., & Park, B. (2016). The “new father”: Dynamic stereotypes of fathers. *Psychology of Men and Masculinity*, 17(1), 103–107. <https://doi.org/10.1037/a0038945>

Baumeister, R. F., Maranges, H. M., & Vohs, K. D. (2018). Human self as information agent: Functioning in a social environment based on shared meanings. *Review of General Psychology*, 22(1), 36–47. <https://doi.org/10.1037/gpr0000114>

780

Bich, T. H., & Cuong, N. M. (2017). Changes in knowledge, attitude and involvement of fathers in supporting exclusive breastfeeding: A community-based intervention study in a rural area of Vietnam. *International Journal of Public Health*, 62(Suppl. 1), 17–26. <https://doi.org/10.1007/s00038-016-0882-0>

Bourdieu, P. (1974). The school as a conservative force: Scholastic and cultural inequalities. In L. Eggleston (Ed.), *Contemporary research in the sociology of education* (pp. 32–46). Methuen.

785

Bourdieu, P. (1977). Cultural reproduction and social reproduction. In I. Karabel, & A. H. Halsey (Eds.), *Power and ideology in education*. OUP.

Q8

↑ Bourdieu, P. (1991). Epilogue: On the possibility of a field of world sociology (L. J. D. Wacquant, Trans.). In P. Bourdieu, J. S. Coleman, & Z. W. Coleman (Eds.), *Social theory for a changing society* (pp. 373–387). Routledge.

Brandth, B., & Kvande, E. (2002). Reflexive fathers: Negotiating parental leave and working life. *Gender, Work and Organization*, 9(2), 186–203. <https://doi.org/10.1111/1468-0432.00155>

790

Brennan, J., & Naidoo, R. (2008). Higher education and the achievement (and/or prevention) of equity and social justice. *Higher Education*, 56(3), 287–302. <https://doi.org/10.1007/s10734-008-9127-3>

Brown, G. L., & Cox, M. J. (2020). Pleasure in parenting and father-child attachment security. *Attachment and Human Development*, 22(1), 51–65. <https://doi.org/10.1080/14616734.2019.1589061>

795

Carolan, M. S. (2005). Realism without reductionism: Toward an ecologically embedded sociology. *Human Ecology Review*, 12(1), 1–20.

Q9

↑ Caspari, S., Eriksson, K., & Näden, D. (2006). The aesthetic dimension in hospitals – An investigation into strategic plans. *International Journal of Nursing Studies*, 43(7), 851–859. <https://doi.org/10.1016/j.ijnurstu.2006.04.011>

800

Chasanah, S. U. (2017). Peran Petugas Kesehatan Masyarakat dalam Upaya Penurunan Angka Kematian Ibu Pasca MDGs 2015. *Jurnal Kesehatan Masyarakat Andalas*, 9(2), 73–79. <https://doi.org/10.24893/jkma.9.2.73-79.2015>

Chen, C. C., Greene, P. G., & Crick, A. (1998). Does entrepreneurial self-efficacy distinguish entrepreneurs from managers? *Journal of Business Venturing*, 13(4), 295–316. [https://doi.org/10.1016/S0883-9026\(97\)00029-3](https://doi.org/10.1016/S0883-9026(97)00029-3)

805

Christie, A. (2006). Negotiating the uncomfortable intersections between gender and professional identities in social work. *Critical Social Policy*, 26(2), 390–411. <https://doi.org/10.1177/0261018306062591>

Crockett, L. J., Eggebeen, D. J., & Hawkins, A. J. (1993). Father's presence and young children's behavioral and cognitive adjustment. *Journal of Family Issues*, 14(3), 355–377. <https://doi.org/10.1177/019251393014003002>

810

Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L., & Gilbody, S. (2017). Fathers' views and experiences of their own mental health during pregnancy and the

first postnatal year: A qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. *BMC Pregnancy and Childbirth*, 17(1), 45. <https://doi.org/10.1186/s12884-017-1229-4>

de Leeuw, S. G., Kalmijn, M., & van Gaalen, R. (2018). The intergenerational transmission of educational attainment among non-residential fathers and their children. *Research in Social Stratification and Mobility*, 55(1), 40–50. <https://doi.org/10.1016/j.rssm.2018.03.004>

Dermott, E. (2008). *Intimate fatherhood: A sociological analysis*. Routledge.

Dewanto, A., & Wardhani, V. (2018). Nurse turnover and perceived causes and consequences: A preliminary study at private hospitals in Indonesia. *BMC Nursing*, 17(Suppl. 2), 52. <https://doi.org/10.1186/s12912-018-0317-8>

Dilani, A., & Malkin, J. (2006). *Design och omsorg i sjukhusplaneringen [Design and care in hospital planning]*. KTH Högskoletyckeriet.

Draper, J. (2002). 'It was a real good show': The ultrasound scan, fathers and the power of visual knowledge. *Sociology of Health & Illness*, 24(6), 771–795. <https://doi.org/10.1111/1467-9566.00318>

Entsieh, A. A., & Hallström, I. K. (2016). First-time parents' prenatal needs for early parenthood preparation – A systematic review and meta-synthesis of qualitative literature. *Midwifery*, 39, 1–11. <https://doi.org/10.1016/j.midw.2016.04.006>

Fibriana, A. I., & Azinar, M. (2016). Model kelas ibu hamil untuk pemetaan risiko kehamilan dan pencegahan komplikasi persalinan. *Jurnal Abdimas*, 20(1), 11–18.

Q10

▲ Georges, E. (1996). Fetal ultrasound imaging and the production of authoritative knowledge in Greece. *Medical Anthropology Quarterly*, 10(2), 157–175. <https://doi.org/10.1525/maq.1996.10.2.02a00040>

Grönlund, A., Halldén, K., & Magnusson, C. (2017). A Scandinavian success story? Women's labour market outcomes in Denmark, Finland, Norway and Sweden. *Acta Sociologica*, 60(2), 97–119. <https://doi.org/10.1177/0001699316660595>

Hakkak, M., Nawaser, K., & Ghodsi, M. (2016). Effects of intellectual capital on human resource productivity in innovative firms: Mediating role of knowledge management. *International Journal of Technology Marketing*, 11(2), 238–250. <https://doi.org/10.1504/IJTMKT.2016.075689>

Halpern-Meekin, S., & Turney, K. (2016). Relationship churning and parenting stress among mothers and fathers. *Journal of Marriage and the Family*, 78(3), 715–729. <https://doi.org/10.1111/jomf.12297>

Harrell-Levy, M. K., & Harrell, R. (2019). Racial diversity or cultural safety? Utilizing social identity to understand the choice of racially segregated neighborhoods among middle class African-Americans. *Identity*, 19(2), 109–127. <https://doi.org/10.1080/15283488.2019.1604346>

Hrybanova, Y., Ekström, A., & Thorstensson, S. (2019). First-time fathers' experiences of professional support from child health nurses. *Scandinavian Journal of Caring Sciences*, 33(4), 921–930. <https://doi.org/10.1111/scs.12690>

Huber, M. T. (2017). Value, nature, and labor: A defense of Marx. *Capitalism Nature Socialism*, 28(1), 39–52. <https://doi.org/10.1080/10455752.2016.1271817>

Ikonen, H. M. (2020). Having a top-class mindset? Post-feminism and the co-construction of class and mindset among young Finnish women. *Gender and Education*, 32(7), 944–960. <https://doi.org/10.1080/09540253.2019.1632420>

Jenkins, S., Bhanugopan, R., & Lockhart, P. (2016). A framework for optimizing work–life balance practices in Australia: Perceived options for employee support. *Journal of Employment Counseling*, 53(3), 112–129. <https://doi.org/10.1002/joec.12033>

Keniger, M., Wardle, C., & Boardman, B. (2017). Sunshine coast university hospital. *Architecture in Australia*, 106(5), 98.

Q11

▲ Kraaykamp, G., & Van Eijck, K. (2010). The intergenerational reproduction of cultural capital: A 3-fold perspective. *Social Forces*, 89(1), 209–231. <https://doi.org/10.1353/sof.2010.0087>

Kratovil, A. L., & Julion, W. A. (2017). Health-care provider communication with expectant parents during a prenatal diagnosis: An integrative review. *Journal of Perinatology*, 37(1), 2–12. <https://doi.org/10.1038/jp.2016.123>

Kurniati, A., Chen, C. M., Efendi, F., & Berliana, S. M. (2018). Factors influencing Indonesian women's use of maternal health care services. *Health Care for Women International*, 39(1), 3–18. <https://doi.org/10.1080/07399332.2017.1393077>

Laberge, S. (1995). Toward an integration of gender into Bourdieu's concept of cultural capital. *Sociology of Sport Journal*, 12(2), 132–146. <https://doi.org/10.1123/ssj.12.2.132>

Ladge, J. J., Humberd, B. K., & Eddleston, K. A. (2018). Retaining professionally employed new mothers: The importance of maternal confidence and workplace support to their intent to stay. *Human Resource Management*, 57(4), 883–900. <https://doi.org/10.1002/hrm.21889>

Ledenfors, A., & Berterö, C. (2016). First-time fathers' experiences of normal childbirth. *Midwifery*, 40, 26–31. <https://pubmed.ncbi.nlm.nih.gov/27428095/>.

Lengersdorf, D., & Meuser, M. (2016). Involved fatherhood: Source of new gender conflicts? In *Balancing work and family in a changing society* (pp. 149–161). Palgrave Macmillan.

Q12 Levinson, B. A., & Holland, D. (1996). The cultural production of the educated person: An introduction. In *The cultural production of the educated person: Critical ethnographies of schooling and local practice* (pp. 1–54). SUNY Press.

Q13 Lewis, S., Lee, A., & Simkhada, P. (2015). The role of husbands in maternal health and safe childbirth in rural Nepal: A qualitative study. *BMC Pregnancy and Childbirth*, 15(1), 162. <https://doi.org/10.1186/s12884-015-0599-8>

Lott, Y., & Klenner, C. (2018). Are the ideal worker and ideal parent norms about to change? The acceptance of part-time and parental leave at German workplaces. *Community, Work & Family*, 21(5), 564–580. <https://doi.org/10.1080/13668803.2018.1526775>

Matar, A., Kihlbom, U., & Höglund, A. T. (2016). Swedish healthcare providers' perceptions of preconception expanded carrier screening (ECS)-a qualitative study. *Journal of Community Genetics*, 7(3), 203–214. <https://doi.org/10.1007/s12687-016-0268-2>

Matsebula, T., & Willie, M. (2007). Private hospitals: Health care delivery. *South African Health Review*, 2(1), 159–174.

Q14 Meliala, A., Hort, K., & Trisnantoro, L. (2013). Addressing the unequal geographic distribution of specialist doctors in Indonesia: The role of the private sector and effectiveness of current regulations. *Social Science and Medicine*, 82, 30–34. <https://doi.org/10.1016/j.socscimed.2013.01.029>

Min, J., Park, B., Kim, Y. J., Lee, H., Ha, E., & Park, H. (2009). Effect of oxidative stress on birth sizes: Consideration of window from mid pregnancy to delivery. *Placenta*, 30(5), 418–423. <https://doi.org/10.1016/j.placenta.2009.02.007>

Molina-Velásquez, L., Belizán, J. M., Pérez-Villalobos, C., & Contreras-García, Y. (2018). Fathers for the first time: Validation of a questionnaire to assess father experiences of first childbirth in Latin America. *Midwifery*, 67, 32–38. <https://doi.org/10.1016/j.midw.2018.09.002>

Mustamin, A., Palutturi, R., Rahman, S., & Risnah, S. A. (2018). Increasing midwifery skill for pregnancy health care with ammuntili bija tianang na Beja-Beja model. *Indian Journal of Public Health Research and Development*, 9(9), 364–368. <https://doi.org/10.5958/0976-5506.2018.01025.2>

Q15 Ng, R. W. L., Shorey, S., & He, H. G. (2019). Integrative review of the factors that influence fathers' involvement in the breastfeeding of their infants. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 48(1), 16–26. <https://doi.org/10.1016/j.jogn.2018.10.005>

Nolan, T., Angos, P., Cunha, A. J., Muhe, L., Qazi, S., Simoes, E. A., Tamburlini, G., Weber, M., & Pierce, N. F. (2001). Quality of hospital care for seriously ill children in less-developed countries. *Lancet*, 357(9250), 106–110. [https://doi.org/10.1016/S0140-6736\(00\)03542-X](https://doi.org/10.1016/S0140-6736(00)03542-X)

Novayelinda, R., Rahmadhani, N., & Hasanah, O. (2019). Does exclusive breastfeeding correlate with infant's early language milestone? *Enfermeria Clinica*, 29(2), 49–51. <https://doi.org/10.1016/j.enfcli.2019.01.002>

O'Brien, M. W., Shields, C. A., Oh, P. I., & Fowles, J. R. (2017). Health care provider confidence and exercise prescription practices of exercise is Medicine Canada workshop attendees. *Applied Physiology, Nutrition, and Metabolism = Physiologie Appliquee, Nutrition et Metabolisme*, 42(4), 384–390. <https://doi.org/10.1139/apnm-2016-0413>

- Pardosi, J. F., Parr, N., & Muhidin, S. (2017). Fathers and infant health and survival in Ende, a rural district of Eastern Indonesia. *Journal of Population Research*, 34(2), 185–207. <https://doi.org/10.1007/s12546-017-9183-6>
- Persson, T., & Tabellini, G. (1999). Political economics and macroeconomic policy. *Handbook of Macroeconomics*, 1, 1397–1482. [https://doi.org/10.1016/S1574-0048\(99\)10035-1](https://doi.org/10.1016/S1574-0048(99)10035-1)
- Prouhet, P. M., Gregory, M. R., Russell, C. L., & Yaeger, L. H. (2018). Fathers' stress in the neonatal intensive care unit: A systematic review. *Advances in Neonatal Care*, 18(2), 105–120. <https://doi.org/10.1097/anc.0000000000000472>
- Ramesh, M., & Asher, M. G. (2000). *Welfare capitalism in Southeast Asia: Social security, health and education policies*. Springer.
- Randles, J. (2020). "Harder being without the baby": fathers' coparenting perspectives in responsible fatherhood programming. *Journal of Marriage and Family*, 82(2), 550–565. <https://doi.org/10.1111/jomf.12641>
- Richards, G. (2000). The European cultural capital event: Strategic weapon in the cultural arms race? *International Journal of Cultural Policy*, 6(2), 159–181. <https://doi.org/10.1080/10286630009358119>
- Savage, M., Warde, A., & Devine, F. (2005). Capitals, assets, and resources: Some critical issues 1. *British Journal of Sociology*, 56(1), 31–47. <https://doi.org/10.1111/j.1468-4446.2005.00045.x>
- Shorey, S., & Ang, L. (2019). Experiences, needs, and perceptions of paternal involvement during the first year after their infants' birth: A meta-synthesis. *PLoS One*, 14(1), e0210388. <https://doi.org/10.1371/journal.pone.0210388>
- Sibeon, R. (1999). Anti-reductionist sociology. *Sociology*, 33(2), 317–334. <https://doi.org/10.1177/S003803859900019X>
- Siregar, A. Y. M., Pitriyan, P., Walters, D., Brown, M., Phan, L. T. H., & Mathisen, R. (2019). The financing need for expanded maternity protection in Indonesia. *International Breastfeeding Journal*, 14(1), 27. <https://doi.org/10.1186/s13006-019-0221-1>
- Smart, A. (1993). Gifts, bribes, and guanxi: A reconsideration of Bourdieu's social capital. *Cultural Anthropology*, 8(3), 388–408. <https://doi.org/10.1525/can.1993.8.3.02a00060>
- Smolenaers, F., Chestney, T., Walsh, J., Mathieson, S., Thompson, D., Gurkan, M., & Marshall, S. (2019). User centred development of a smartphone application for wayfinding in a complex hospital environment. In *Advances in Intelligent Systems and Computing Congress of the international ergonomics association* (pp. 383–393). Springer.
- Spencer, B., & Castano, E. (2007). Social class is dead. Long live social class! Stereotype threat among low socioeconomic status individuals. *Social Justice Research*, 20(4), 418–432. <https://doi.org/10.1007/s11211-007-0047-7>
- Stockfelt, S. (2016). Economic, social and embodied cultural capitals as shapers and predictors of boys' educational aspirations. *The Journal of Educational Research*, 109(4), 351–359. <https://doi.org/10.1080/00220671.2014.968911>
- Sumarmi, S. (2017). Model Sosio Ekologi Perilaku Kesehatan dan Pendekatan continuum of care untuk Menurunkan Angka Kematian Ibu. *The Indonesian Journal of Public Health*, 12(1), 129–141. <https://doi.org/10.20473/ijph.v12i1.2017.129-141>
- Tang, M. (2011). The political behavior of the Chinese middle class. *Journal of Chinese Political Science*, 16(4), 373–387. <https://doi.org/10.1007/s11366-011-9166-y>
- Tasic, J., & Amir, S. (2016). Informational capital and disaster resilience: The case of Jalin Merapi. *Disaster Prevention and Management*, 25(3), 395–411. <https://doi.org/10.1108/DPM-07-2015-0163>
- Tumblin, A., & Simkin, P. (2001). Pregnant women's perceptions of their nurse's role during labor and delivery. *Birth*, 28(1), 52–56. <https://doi.org/10.1046/j.1523-536x.2001.00052.x>
- Villanueva-Mansilla, E., Nakano, T., & Evaristo, I. (2015). From divides to capitals: An exploration of digital divides as expressions of social and cultural capital. In *Communication and information technologies annual*. Emerald Group Publishing Limited.
- ▲ Vladiv-Glover, S., & Frederic, G. (2004). Pierre Bourdieu's habitus: A critique in the context of belief as habit. In C. S. Peirce (Ed.), *Practising theory: Pierre Bourdieu and the field of cultural production* (pp. 8–31). University of Delaware Press.

- Wang, W., & Benbasat, I. (2016). Empirical assessment of alternative designs for enhancing different types of trusting beliefs in online recommendation agents. *Journal of Management Information Systems*, 33(3), 744–775. <https://doi.org/10.1080/07421222.2016.1243949>
- Weeden, K. A. (2002). Why do some occupations pay more than others? Social closure and earnings inequality in the United States. *American Journal of Sociology*, 108(1), 55–101. <https://doi.org/10.1086/344121>
- Wereta, T., Betemariam, W., Karim, A. M., Fesseha Zemichael, N. F., Dagnew, S., Wanboru, A., & Bhattacharya, A. (2018). Effects of a participatory community quality improvement strategy on improving household and provider health care behaviors and practices: A propensity score analysis. *BMC Pregnancy and Childbirth*, 18(1), 364–375. <https://doi.org/10.1186/s12884-018-1977-9>
- Yau, J. C., & Reich, S. M. (2019). “It’s just a lot of work”: Adolescents’ self-presentation norms and practices on Facebook and Instagram. *Journal of Research on Adolescence*, 29(1), 196–209. <https://doi.org/10.1111/jora.12376>
- Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, 8(1), 69–91. <https://doi.org/10.1080/1361332052000341006>
- Zoja, L. (2018). *The father: Historical, psychological and cultural perspectives*. Routledge.