

Investigating Parental Self-Efficacy and Paternal Antenatal Attachment among Expectant Fathers

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Abstract

Parental Self-efficacy refers to the belief in one's own parenting skills and knowledge. Paternal Antenatal Attachment is the love and care that expectant fathers have on their unborn foetus. This forms the base for their future attachment. In this patriarchal society, fathers are stigmatized to be the disciplinarian and act emotionally distant. But now most of the paternal figures are getting involved in child care. The origin for most of the behavioural issues lies in the early developmental period of the child. This study aims to understand the interactions between Parental Self-efficacy and Paternal Antenatal Attachment. The standardized tools employed in this study are Paternal Antenatal Attachment Scale and Parental Self-efficacy scale. A sample of 142 expectant fathers were taken. Results of the study revealed a significant positive correlation between Parental Self-efficacy and Paternal Antenatal Attachment along with its dimensions. Also, Parental Self-efficacy had an effect on Paternal Antenatal Attachment and its dimensions. There exists a difference in both variables between First time Expectant fathers and Non-first time Expectant Fathers. So we can inculcate the required parenting skills like Parenting Self-efficacy through more awareness and training programs. This will pave the way for healthier development of a child.

INTRODUCTION

"I carry your heartbeat in the quiet of my
soul"

Rainer Maria Rilke

Parental Self-Efficacy

Definition

It is a parent's belief in their ability

to carry out parenting tasks and behaviours

to positively impact their child's health

and development (Bandura, 1997)

Bandura's Social Cognitive Theory

Parental efficacy is a product of Bandura's Social Cognitive Theory. This theory states that human behaviour is determined by the interaction of three major entities: Personal Factors, Environmental influences and Behavioural patterns. If both the parent anticipate good outcomes from their parental behaviour then their parental efficacy is likely to be good. Bandura viewed self-efficacy as an unstable mechanism which wavers according to the demands and personal development (Seetharaman. M, et.al, 2022). The type of parenting an individual receives in turn influences the parental efficacy of the individual (Jessee, V., & Adamsons, K, 2018). Bandura put forth that high Parental Self-efficacy facilitates guidance for children throughout their development without facing any issues. It also helps to have harmony in the relationship with their spouse and family. Lower Parental Self-efficacy causes the adverse (Bandura, 1997). According to him Parental Self-efficacy should include

knowledge about parenting behaviours and confidence in one's ability to exhibit the parenting behaviour (Coleman & Karraker, 1997).

Paternal Antenatal Attachment

Definition

Paternal foetal attachment is a subjective feeling of love for the unborn child, rather than an attitude or belief about the child, and is at the heart of a man's experience (Condon, 1985).

Antenatal development of a foetus begins from the process of fertilization, formation of the embryo and extends until its birth (Sapunar.D & Arey. B.L, 2020). It was derived from the Latin word 'Natalis', meaning relating to birth.

Identity Theory

According to McCall and Simon's identity theory each individual has a set of potential roles that forms their self-concept. Among the available roles the most predominant role will be acted out by the individual. The chosen role should be of relative importance to the individual

than the other statuses. If the expectant fathers give more significance to their paternal role then they will start exhibiting father-related behaviour. In prenatal period these behaviours are mostly mental activity. Salience of fatherhood plays a major role (Habib. C & Lancaster. S, 2010). Research evidences state that fathers who viewed themselves as hands on caregivers and emotional supporters of their pregnant wives were highly attached with their unborn baby (Habib. C & Lancaster. S, 2006).

Need for the study

This study focuses on understanding the interactions between Parental Self-efficacy and Paternal Antenatal Attachment. In this problematic world, the origin for most of the issues lies in the early developmental period. Children who experience neglectful or harsh parenting styles develop a lot of complexities and insecurities, which burden their life journey. So by understanding the relationship between

Parental Self-efficacy and Paternal Antenatal Attachment we will be able to inculcate the required parenting skills through more awareness and training programs. This will pave the way for healthier development of a child.

Literature Overview

The researches about parental self-efficacy and paternal antenatal attachment have been gone through and the most relevant once were gathered. Majority of the research evidences states that parental self-efficacy was dependant on the relationship with the co-parent. Mothers had higher parental efficacy and paternal antenatal attachment than fathers. Readiness of the father towards fatherhood was an important predictor. Early life experiences of the father including the type of parenting he experienced also influences their level of bonding. Researches have also highlighted that paternal attachment is crucial for the baby's optimal development. Previous decades researches mainly focused on

maternal attachment because only maternal figure was considered as the primary caregiver. But now the importance of father's love and care on the child's growth has been recognized. By developing good level of parental self-efficacy the expectant fathers can nurture healthy development of the baby. This makes the current study significant and much needed.

HYPOTHESES

H₁ - There will not be a significant relationship between Parental Self-efficacy and Paternal Antenatal Attachment among expectant fathers.

H₂ - There will not be a significant relationship between quality of attachment and Parental Self-efficacy among expectant fathers.

H₃ - There will not be a significant relationship between Time spent on attachment and Parental Self-efficacy among expectant fathers.

H₄ - There will not be a significant difference in Parental Self-efficacy and Paternal Antenatal Attachment among expectant fathers.

H₅ - There will not be predictive relationship between Parental Self-efficacy and Paternal Antenatal Attachment among expectant fathers.

H₆ - There will not be a predictive relationship between quality of attachment and Parental Self-efficacy among expectant fathers.

H₇ - There will not be a predictive relationship between Time spent on attachment and Parental Self-efficacy among expectant fathers.

METHODS

Design of the study

Correlational Research Design

Sample

The study's sample comprised of 142 expectant fathers. The participants belonged to the places in Thoothukudi district. This study relied on primary data.

Measurement Tools

In this research, the following standardized tools were used:

- Paternal Antenatal Attachment Scale by Condon (2015).
- Parental Self-efficacy scale by Woolgar. M ,et.al (2023).

Procedure

The expectant fathers were the participants of the research and the responses were collected from them. After obtaining the participant's consent to take part in the study, they were requested to

fill in their response to a set of questionnaires, which included demographic data. This self-reported measure intends to measure the variables: Parental Self-efficacy and Paternal Antenatal Attachment. The participants were instructed to read the items carefully and respond to each questions by selecting the option that comes first to their mind without over thinking it and they were informed that their responses will be kept confidential. The participants took 15 to 20 minutes to complete the questionnaires.

RESULT

Table 1 *Normality of the study variables*

Variables	N	Skewness	Kurtosis
Parental Self-efficacy	142	-.471	.238
Paternal Antenatal Attachment	142	-.200	-.085

Table 1 shows the descriptive statistics of Parental self-efficacy and Paternal

Antenatal Attachment. Skewness value between -2 to +2 and Kurtosis value within -7 to +7 is considered to be normal distribution. So we can assert that the data

is normally distributed from the skewness and kurtosis value from table 4.2. Boxplots were used to identify outliers and they were removed. From this observation, the

study variables are therefore amenable for hypotheses testing using parametric tests.

Table 2 *Correlation of the study variables*

Variables	Parental Self-Efficacy	Quality of Attachment	Time spent on Attention
Paternal Antenatal Attachment	0.384**	0.256**	0.337**

* $p < 0.05$

** $p < 0.01$

Table 2 reveals the relationship between Parental Self-efficacy with its dimension and Paternal Antenatal Attachment. This table shows that there exists a highly significant positive correlation between Parental Self-efficacy and its dimension with Paternal Antenatal Attachment which is significant at $p < 0.01$.

Table 3 *Differences in Parental Self-Efficacy and Paternal Antenatal Attachment among first time expectant fathers and non-first time expectant fathers*

Variables	First/Non-First time expectant fathers	N	Mean	Standard Deviation	't' value
Paternal Antenatal Attachment	First time expectant father	72	67.68	4.093	.838
	Non-first time expectant father	62	66.94	5.878	
	First time expectant father	72	21.82	2.145	
	Non-first time expectant father	62	21.82	2.145	

Self-Efficacy	Non-First time	62	21.61	1.978	.580
expectant father					

Table 3 shows the results of the Differences in Parental Self-Efficacy and Paternal

Antenatal Attachment among first time expectant fathers and non-first time expectant fathers. The table consists of the mean and standard deviation values of first time expectant fathers and non-first time expectant fathers for both the variables.

The result revealed that there exists a very low difference in Parental Self-efficacy ($t = 0.580$) and Paternal Antenatal Attachment ($t = 0.838$) between first time expectant fathers and non-first time expectant fathers.

Table 4 Regression analysis for Parental Self-Efficacy as predictor of Paternal Antenatal Attachment

Predictor	Standard	't' value	R	R ²	Adjusted	F-value
Variable	Coefficient				R ²	
	Beta					
Parental						
Self-Efficacy	.384	4.778	.384 ^a	.147	.141	22.830

Table 4 shows the result of regression analyses for Parental Self-efficacy as predictor of Paternal Antenatal Attachment.

F – value (1, 22.830) at $p \leq 0.001$ shows that the regression model has a good fit. The adjusted R² value indicates that the Paternal Self-efficacy accounted for 14 percentage of the variance in Paternal Antenatal Attachment in

expectant fathers. No variables have been excluded from the regression model. The Beta value implies that for every one unit increase in Parental Self-efficacy there is an increase of .384 in Paternal Antenatal Attachment.

Table 5 *Regression analysis for Parental Self-Efficacy as predictor of Quality of Paternal Antenatal Attachment*

Predictor	Standard	't' value	R	R ²	Adjusted	F-value
Variable	Coefficient				R ²	
	Beta					
Parental						
Self-Efficacy	.256	3.041	.256 ^a	.065	.058	9.245

Table 5 shows the result of regression analyses for Parental Self-efficacy as predictor of Quality of Paternal Antenatal Attachment.

F – value (1, 9.245) at $p \leq 0.001$ shows that the regression model has a good fit. The adjusted R² value indicates that the Paternal Self-efficacy accounted for 5 percentage of the variance in Quality of Paternal Antenatal Attachment in

expectant fathers. No variables have been excluded from the regression model. The Beta value implies that for every one unit increase in Parental Self-efficacy there is an increase of .256 in Paternal Antenatal Attachment.

Table 6 *Regression analysis for Parental Self-Efficacy as predictor of Time spent on Paternal Antenatal Attachment*

Predictor	Standard	't' value	R	R ²	Adjusted	F-value
Variable	Coefficient				R ²	
	Beta					
Parental						
Self-Efficacy	.337	4.109	.337 ^a	.113	.107	16.887

Table 6 shows the result of regression analyses for Parental Self-efficacy as predictor of Time Spent in fostering Paternal Antenatal Attachment.

F – value (1, 16.887) at $p \leq 0.001$ shows that the regression model has a good fit. The adjusted R^2 value indicates that the Paternal Self-efficacy accounted for 10 percentage of the variance in Time Spent in fostering Paternal Antenatal Attachment in expectant fathers. No variables have been excluded from the regression model. The Beta value implies that for every one unit increase in Parental Self-efficacy there is an increase of .337 in Time Spent in fostering Paternal Antenatal Attachment.

DISCUSSION

Paternal Self-efficacy refers to the belief that the parents have in their own parenting skills and abilities. Paternal Antenatal Attachment on the other hand reflects the father's unconditional love and affection towards their unborn foetus.

From Table 2, we have rejected the null hypothesis stating 'There will not be a

significant relationship between Parental Self-efficacy and Paternal Antenatal Attachment among expectant fathers'. So as the Parental Efficacy increases Paternal Antenatal Attachment also increases. So the increase in these two can lead to the healthy development of the baby. Providing antenatal education to the fathers is necessary. This may in turn promote their level of attachment and parental efficacy.

From Table 2, the null hypothesis stating 'There will not be a significant relationship between quality of attachment and Parental Self-efficacy among expectant fathers' is rejected. So Parental Self-efficacy increases with an increase in Quality of attachment. If the father believes in his own parenting skills, he might be more confident. This can positively influence the bond he shares with the baby (Vance, A. J., & Brandon, D. H., 2017).

From Table 2, the null hypothesis stating ‘There will not be a significant relationship between Time spent on attachment and Parental Self-efficacy among expectant fathers’ is rejected. As the time spent with the baby increases the parental efficacy also increases. Interacting with the baby, feeling the baby and involving the paternal figures in antenatal care might increase the beliefs on their own abilities (De Waal, N., et.al, 2023).

From Table 3, the null hypothesis stating ‘There will not be a significant difference in Parental Self-efficacy and Paternal Antenatal Attachment among expectant fathers’ is rejected. There is a slight difference between first time expectant fathers and Non-first time expectant fathers in these two variables. As the Non first-time expectant fathers have experience with the baby, their parental efficacy is naturally prone to be higher than the first time expectant fathers. But in case of Paternal Antenatal Attachment the first time fathers might

have higher attachment than the other. So this might have contributed to the minor difference between the two categories (Vreeswijk, C. M. J. M., et.al , 2014). Table 3 also gives the descriptive statistics. Parental Self-efficacy is seen to be higher in most of the expectant fathers as the mean value is higher. This strong belief might have originated from the harmonious partnership that they share with their partner (Donithen, R., & Schoppe-Sullivan, S., 2022). Paternal Antenatal Attachment records a lower mean value which means the majority of the sample do not have high levels of attachment. Anxiety is a common reaction that can arise in the paternal figure during the antenatal period because of its risks and responsibilities. So this might act as a contributory factor (Knappe, S., et.al, 2021).

From Table 4, we can explore the null hypothesis stating ‘There will not be predictive relationship between Parental Self-efficacy and Paternal Antenatal

Attachment among expectant fathers'. Parental Self-efficacy promotes Paternal Antenatal Attachment in mild level. So Parental efficacy is only a moderate predictor. This reveals the notion that there may be other predictors of Paternal Antenatal Attachment like marital satisfaction, social support, antenatal education and mental health (Condon, J., et.al, 2013).

From Table 5, we can understand that the null hypothesis stating 'There will not be predictive relationship between Parental Self-efficacy and Quality of Paternal Antenatal Attachment among expectant fathers'. So Parental efficacy is not a strong predictor of quality of attachment. During the prenatal period the expectant fathers are not exposed to hands-on experience in parenting and child care. So this might act as a cause for Paternal Self-efficacy being a poor predictor of Quality of attachment.

From the results of Table 6, we can understand the null hypothesis stating

'There will not be predictive relationship between Parental Self-efficacy and Time Spent in fostering Paternal Antenatal Attachment among expectant fathers' is rejected. Parental efficacy predicts Paternal Antenatal Attachment only by 10%. The society's stereotypes regarding the paternal role leaves no room for fathers being involved in childrearing and maternal care, this might restraint the fathers from acting freely. Like this, there may be other major influential factors that has weakened the prediction.

To summarize with, this study has proposed some major findings which can promote the development of the baby. By experiencing healthy attachment with the paternal figure the baby will feel more secure and develop the ability to explore the world. So steps should be taken to educate the parents about prenatal attachment and training should be given to improve their Parental Self-efficacy.

SUMMARY AND CONCLUSION

Findings

- There is a significant relationship between Parental Self-efficacy and Paternal Antenatal Attachment.
- There is a significant relationship between Parental Self-efficacy and Quality of Paternal Antenatal Attachment.
- There is significant relationship between Parental Self-efficacy and Time Spent in fostering Paternal Antenatal Attachment.
- There exists a mild difference in Parental Self-efficacy and Paternal Antenatal Attachment between first time expectant fathers and non-first time expectant fathers.
- There exists a predictive relationship between Parental Self-efficacy and Paternal Antenatal Attachment
- There exists a predictive relationship between Parental Self-efficacy and Quality of Paternal Antenatal Attachment.

- There exists a predictive relationship between Parental Self-efficacy and Time Spent in fostering Paternal Antenatal Attachment

Limitations

- Sample size (N= 140) is relatively small.
- Samples were collected predominantly only in and around Thiruchendur, Thoothukudi district of Tamil Nadu.
- The measures used in this study were all self-report scale, so there are chances of the data to be biased because of social desirability.

Implications

- This study has proved that fathers with higher Parental Self-efficacy report to be more attached with their unborn child. So this can ensure proper development of the baby by meeting all its needs.

- This study can facilitate in conducting training sessions for the parents to educate them about the importance of prenatal care and attachment and ways to foster it.
- The expected fathers can identify their area of flaws in antenatal bonding and correct it with the help of this study.
- This study highlights the role of fathers in prenatal period. So inclusion of the paternal figure in pregnancy and prenatal procedures are needed.

Suggestions for future research

- Future research could be performed to compare the differences in Parental Self-efficacy and Antenatal Attachment among expectant mothers and fathers.
- Longitudinal studies can be done to understand the shift in Parental Self-efficacy and Paternal

Antenatal Attachment during the postnatal period.

- Indian scales can be used to perform the study.

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