Father Involvement and Family, Child, and Father Wellbeing

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Objectives

• To expand our understanding of the interrelated ways fathers are involved in the health and healthcare of children and families

• Fathers and Health Care Study
  – Fathers’ involvement in their children’s health
  – Fathers’ and maternal mental health
  – Fatherhood and men’s health

• Next steps
The Beginning

1998 Nurturing Fathers

FFCWB/ECLS/EHS Studies

MGH Pediatric Residency

At home father

UC RWJ Clinical Scholar

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Men’s Work

During my pediatrics residency, I thought it odd when a father popped up in the clinic. At best, most dads were present at their child’s birth and at the first two or three well-child visits. By the time their babies were several months old, the dads were like summertime RSV: reported but rare. Meanwhile, the press had been championing the “new” fathers, supposed hands-on partners in their children’s care. If this was the trend, why wasn’t I seeing them at my clinic?

Halfway through my residency, I became a father. I tried to balance unexpected 5 AM emergencies at the hospital, 36-hour shifts, and post-call exhaustion with the overwhelming love that drew me to my son. Ultimately, I found no

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American Academy of Pediatrics

Clinical Report

Guidance for the Clinician in Rendering Pediatric Care

William L. Coleman, MD, Craig Garfield, MD, and the Committee on Psychosocial Aspects of Child and Family Health

Fathers and Pediatricians: Enhancing Men’s Roles in the Care and Development of Their Children

Abstract. Research substantiates that fathers’ interactions with their children can exert a positive influence on their children’s development. This report suggests

A substantial proportion of children in America (i.e., 30% of white children, 42% of Hispanic children, and 69% of black children) are born to unwed mothers. A
U.S. Fathers by the Numbers

• 70.1 million
  – Estimated number of fathers across the country.

• 25.3 million
  – Number of fathers who were part of married-couple families with children younger than 18 in 2010.

• 1.8 million
  – Number of single fathers in 2010
  – 15 percent of single parents were men.

• 41 %
  – The number of births to unmarried couples in the United States
  – 52% in cohabiting couples
    • Whites – 33%, AA – 70%, Hispanic – 50%, Asian – 16%
Do fathers matter? Yes.

- **Cognitive**- higher academic achievement & receptive language skills$^2$

- **Developmental**- improved weight gain in preterm infants, improved breastfeeding rates$^3$

- **Sociobehavioral**- lower depression, lower delinquent behaviors, higher self-esteem$^4$

- **Long-term outcomes**- stronger sense of social competence, fewer depressive symptoms in adolescence$^5$
Conceptualizing the family
Missing question

• How are fathers involved in health?
  – Their child’s health and healthcare
  – Their partner’s health and healthcare

• How does having children effect the health and healthcare of fathers?
Fathers and Health Care (FHC) Study

Objective: To better understand the bi-directional effects of fathers on child/family health, and child/family on father health among a diverse sample of urban fathers.
Sample: “Double-nested”

Fragile Families and Child Wellbeing Study (FFCWB)
Randomly sampled hospital births of 3800 unmarried couples and 1200 married couples nationally representative of large U.S. cities.

Fathers and Health Care Study
33 fathers of 3 year olds from TLC3 living in Chicago or Milwaukee.

Time, Love, and Cash in Couples With Children (TLC3)
75 New York, Chicago, and Milwaukee low- to moderate-income married, cohabiting, or romantically involved couples at time of child’s birth.
Methods: Qualitative Methodology

Interview protocol:
• 1.5 hr face-to-face, open-ended, semi-structured interviews
• Focusing on father involvement in the health and healthcare of the child and changes and experiences around becoming a father
• Non-clinical based sample

Data analysis:
• Verbatim interview transcription
• Inductive and deductive coding with team triangulation, consensus
• Content and narrative analysis to identify emerging and recurring themes
• Frequencies tabulated from FHC, FFCWB
Three FHC study questions

• How are fathers involved in their child’s health and healthcare (well child visits)?
• How are fathers involved in their partner’s mental health in the postpartum period?
• How does having children effect fathers’ health and health behaviors?
Results: Sample

31/33 fathers from the TLC3 study in Chicago and Milwaukee participated (adjusted response rate: 94%)

<table>
<thead>
<tr>
<th>Sample (N=31)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age of Father (Years)</td>
<td>31</td>
</tr>
<tr>
<td>Child age (Years)</td>
<td>3</td>
</tr>
<tr>
<td>African American</td>
<td>17 (55)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9 (29)</td>
</tr>
<tr>
<td>White/Non-Hispanic</td>
<td>5 (16)</td>
</tr>
<tr>
<td>HS graduate or equivalent</td>
<td>10 (32)</td>
</tr>
<tr>
<td>Some HS or less</td>
<td>9 (29)</td>
</tr>
<tr>
<td>Some college or technical training</td>
<td>10 (32)</td>
</tr>
<tr>
<td>College degree or higher</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Non-married</td>
<td>17 (55)</td>
</tr>
<tr>
<td>First-time father</td>
<td>7 (22)</td>
</tr>
<tr>
<td>Income 34,999 or less</td>
<td>15 (48)</td>
</tr>
<tr>
<td>Resident</td>
<td>18 (58)</td>
</tr>
<tr>
<td>Employed</td>
<td>26 (84)</td>
</tr>
</tbody>
</table>
Fathers’ Involvement in Child Health and Healthcare

*Psychology Men Masc, 2011; Pediatrics 2006*
Approach

• Applied Lamb’s conceptualization
  – access, engagement, and responsibility
• Overlay of typical healthcare encounters, experiences
• Open-ended questions
Involvement in Healthcare

Father Healthcare Involvement

**Accessibility**
- Physical presence in the child’s life
- Baseline knowledge of child’s health and development
- Psychological awareness of changes to child’s health
- Basis for subsequent health-related decisions and actions

**Engagement**
- Direct contact and caregiving
- Medication administration to child
- Playing and exercising with child
- Providing nutritious meals to child
- Responding to sick child

**Responsibility**
- Maintenance and monitoring of child’s overall health
- Attendance at doctor visits
- Provision of health insurance
- Selecting doctor
- Tracking immunizations
Engagement examples

• **Providing nutritious meals**
  - “I try to get her to eat her green vegetables, [I] make some greens and chop them up real good so it’s just kinda like soupy and she don’t know what she eating. Because she really don’t seem to like that. You have to spoon it in to her.”
  - “I know I messed up, I give her pop when she want it, and a child should not be drinking pop. That’s why her teeth rot. And I give her candy when she want. So it’s a lot of things that I learned, ‘cause of the experience. So when she wanting cookies and I know she wasn’t supposed to have it, I shouldn’t give it to her.”

• **Playing and exercising**
  - “A father plays a big part in [promoting their child’s health] because the father’s the one who go out and play ball with him, ride his little bike with him. He has his football, I have mine, we have our train sets, our racing car sets.”
Fathers and the Well-Child Visit

Craig F. Garfield, MD, MAPP\textsuperscript{a,b}, Anthony Isacco, MA\textsuperscript{a}

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The authors have indicated they have no financial relationships relevant to this article to disclose.
### Reasons for Attending a Well Child Visit

- 53% attended a WCV and 84% had been to see their child’s doctor

<table>
<thead>
<tr>
<th>Theme</th>
<th>Representative Quote</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering Information</td>
<td>“I would like to know the milestones the children are expected to meet when they are growing, and so they can keep an eye out for those things when they happen.”</td>
<td>47</td>
</tr>
<tr>
<td>Supporting Child</td>
<td>“The child needs to see that the father can be there and support him and help him become comfortable with visiting the doctor and getting regular checkups.”</td>
<td>31</td>
</tr>
<tr>
<td>Asking Own Questions</td>
<td>“I can ask the doctor questions right then and there.”</td>
<td>31</td>
</tr>
<tr>
<td>Gaining First Hand Experience</td>
<td>“Because you want to see first hand what the doctor directly does with the child, how the doctor treats the child, and how the child responds to the doctor and makes sure that everything is comfortable for the child.”</td>
<td>28</td>
</tr>
</tbody>
</table>
## Barriers to Attending WCV

80% reported barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Representative Quote</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Barriers</td>
<td>“I would love to be there for every appointment, but I know I can’t. It’s just that my scheduling.”</td>
<td>65</td>
</tr>
<tr>
<td>Relationship Barriers</td>
<td>“We decided that I would provide the healthcare [insurance] and that she would handle everything else with like taking her to the checkups.”</td>
<td>62</td>
</tr>
<tr>
<td>Personal Barriers</td>
<td>“Most of the time I don’t like to do it because I’m scared.”</td>
<td>50</td>
</tr>
<tr>
<td>Healthcare System Barriers</td>
<td>“My off days are usually weekends. Primary physicians usually don’t work weekends.”</td>
<td>46</td>
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</table>
“Situational flexibility” described

• When a healthcare professional stresses the importance of attending a healthcare encounter, fathers are able to overcome the stated barriers and attend the visits.
  – 63% of fathers mention

“It depends on the situation and times that she goes. If it’s a time that I’m not working, I’ll be glad to go. But when I’m working, it has to be something major for me to go, she has surgery, like I think it was the beginning of last year on her ears, and I basically went to that to make sure everything was fine.”
Summary

• Fathers are involved in numerous, important ways
  – play/exercise and diet in obesity
• Barriers need to be addressed
• Situational flexibility also exists
  – When to use it?

http://celebritybabies.people.com
Urban Fathers’ Role in Maternal Postpartum Mental Health

Fathering, 2009
Can fathers help identify changes in mothers’ mental health?

- Informed by Bronfenbrenner’s Ecological Model
  - Interplay of individual, microsystem (father) and exosystem (healthcare system)
- Pilot questions from the FHC study about changes in mental health
- Evolved organically during analysis
Results: Depressive Symptoms

• Fathers reported 7 mothers (22.5%) with depressive symptoms that occurred around the time of the focal child’s birth.

• Symptoms correspond to DSM-IV major depression criteria
  – (i.e. depressed mood most commonly followed by anhedonia, psychomotor agitation, fatigue, and feelings of worthlessness or inappropriate guilt)
Depression Symptoms Reported by Fathers

DSM-IV Major Depression Symptoms as reported by Fathers of mothers reporting depression:
- Depressed mood
- Anhedonia
- Psychomotor agitation
- Fatigue/loss of energy
- Feeling worthless/guilty
<table>
<thead>
<tr>
<th>DSM Criteria for Major Depressive Episode</th>
<th>Representative Quotes from Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed mood</td>
<td>“She was kind of sad and depressed.</td>
</tr>
<tr>
<td></td>
<td>“It was some times where she just felt a little depressed. I think you gotta give people time to get adjusted to what is going on.”</td>
</tr>
<tr>
<td>Anhedonia</td>
<td>“She wouldn’t do some of the things that we used to do. Like find a babysitter and let’s do something, let’s get out of the house. She didn’t want to do that, she’d want to stay in the house constantly.”</td>
</tr>
<tr>
<td>Agitation</td>
<td>“Her fuses were short. If I would say the wrong thing she would get very upset, and she wasn’t like that before.”</td>
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<td></td>
<td>“We started arguing a lot. She started arguing about things that she never argued before, and she was real moody all the time.”</td>
</tr>
<tr>
<td>Fatigue or loss of energy</td>
<td>“It was just a lot of fatigue. So you know, a lot of things were new around that time.”</td>
</tr>
<tr>
<td>Feelings of worthlessness and guilt</td>
<td>“She felt like a bad mom, just weird things that everybody else would be like, what is she talking about?”</td>
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Discussion - Implications

- Fathers identified maternal postpartum depressive symptoms congruent with DSM-IV criteria
- The healthcare system does a poor job in identifying maternal depression
- Fathers may serve as proxy resources for healthcare providers in helping identify maternal mental health changes
Men’s Health and Fatherhood

*International Journal of Men’s Health, 2010*
Background: Men’s Health

- Male life expectancy 1920: 1 year < female
  - Male life expectancy today: at least 5 years
- Minority male life expectancy is significantly lower than Whites, ranging from 66-74 yrs
- Men are at a greater risk of death in every age group compared to women with a 1.6x higher mortality rate
Men and the Healthcare System

• Adolescent males exit pediatric care with limited ties to the healthcare system, despite recommendations for regular preventive visits and screenings

• Men are less likely to have a regular doctor, attend regular doctor visits compared to women
  – 33% men have no regular physician
  – 24% men have not seen a physician in the past yr
Men’s Health and Fatherhood

• Fatherhood may be an important influence on men’s health
• Just as fathers may effect children, children may effect fathers
• Whether children have a beneficial, detrimental, or neutral impact on men’s health is not clear

16-Coleman & Garfield, 2004; 17- Bartlett, 2004; Chalmers, 1996
What effect did having a child have on fathers’ health, health behaviors and attitudes?
Perceived Changes to Fathers’ Health

Percentage of Respondent Fathers Perceived Change to Health

- Positive: 24 (77%)
- Negative: 3 (10%)
- Neutral: 4 (13%)

Perceived Change to Health
## Positive Changes to Health Behaviors

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Eating Habits</td>
<td>11 (35)</td>
</tr>
<tr>
<td>Exercise More</td>
<td>9 (29)</td>
</tr>
<tr>
<td>Decrease Alcohol Use</td>
<td>6 (19)</td>
</tr>
<tr>
<td>Take Better Care of Self</td>
<td>4 (13)</td>
</tr>
<tr>
<td>Less Risk Taking</td>
<td>3 (10)</td>
</tr>
</tbody>
</table>
“I need to eat whatever he’s going to eat. So, it’s more healthy, like vegetables and stuff like that. I can say that I used to eat a lot of junk food before, I quit just because of my son.”
Exercise More [n=9 (29%)]

“Me taking him to his doctor for his checkup has kept me in shape and exercising, walking, running. [Without my child] I would be more lazy. Kids keep me moving.”
Negative changes to health behaviors

• 10% attributed negative changes to their health including:
  – Decreases in exercise and sleep
  – Increases or decreases in eating
  – Increases in stress and smoking
## Results: Attitudinal Changes

<table>
<thead>
<tr>
<th>Attitudinal changes attributed to becoming a father</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being There for the Child</td>
<td>6 (19)</td>
</tr>
<tr>
<td>Putting Family First</td>
<td>5 (16)</td>
</tr>
<tr>
<td>Adjusting to Real Consequences</td>
<td>3 (10)</td>
</tr>
<tr>
<td>Being a Good Role Model</td>
<td>2 (6)</td>
</tr>
</tbody>
</table>
Attitude: Being There to Take Care of the Child [n=6 (19%)]

“I want her to be there with me when she gets through kindergarten. When she gets into 8th grade I want to be there, go through that. I wanna live a long time so I can see those things, see her graduate from college, see how her life turns out.”
“Yeah, yeah, it’s not about me. It’s about the life of your child, so I have to keep myself together to make sure I’m here for him. So I’d say my whole entire attitude to health is that it’s not just about me anymore, it’s about us.”
Discussion-Implications

- Becoming a father leads to improved lifestyle and attitude changes
- Fatherhood is a defining and transformative moment for men, and appears to be a touchpoint for their health
- Early fatherhood is a time when men are re-examining their priorities and responsibilities— including health
  - It is also a time when men are least likely to be in the healthcare system
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