



FATHER INVOLVEMENT AND FAMILY, CHILD AND FATHER WELLBEING

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BACKGROUND: Societal and economic shifts have expanded the roles that fathers play in their families. However, father involvement in health care has been studied little, especially among nonmarried, minority fathers. Fathers are a significant part of the child's medical home, and comprehensive involvement of both parents is important for the child's well-being and health and family wellbeing. The purpose of this presentation is to summarize a body of research that examines the way fathers are involved in the health, healthcare, and wellbeing of the child and family. Specifically, data will be presented examining 1) involvement in their child's health and well child visits, 2) their partner's mental health in the postpartum and 3) the effect of children on fathers' health and health behaviors.

METHODS: In-depth, semi-structured, qualitative interviews were conducted in 2 cities with a subsample of fathers who were participating in the national Fragile Families and Child Wellbeing Study. The 32 fathers who participated in our study come from a nested qualitative study called Time, Love, and Cash in Couples with Children. Fathers in our Fathers and Health Care study reside in Chicago or Milwaukee and were interviewed about health care issues for 1.5 hours when the focal child was 3 years of age. Questions focused on the father's overall involvement in his child's health care, the father's attendance and experiences at the doctor, health care decision making, assessment of focal child's health, gender/normative roles, perceived changes after the birth, and the father's health and behaviors. These open-ended questions were designed to allow detailed accounts and personal stories as told by the fathers. Coding and analysis were done using content and narrative analysis to identify themes and describe counts and frequencies when appropriate.

RESULTS: Of 33 eligible respondents, 1 refused to participate, resulting in a final sample of 32 fathers and an adjusted response rate of 97%. Overall, the sample was 56% black, 28% Hispanic, and 15% white, with a mean age of 31 years. A total of 28% had some high school or less, 34% were high school graduates, 31% had some college or technical training, and 6% had a college degree or higher; 47% were married. Fathers reported being involved in their child's health through encouraging healthy eating and exercise, monitoring their child's well-being and development, and understanding their child so they know how to respond when their child becomes sick. Some fathers also expressed "messaging up", not adhering to medical advice, and lacking confidence in the healthcare setting. The vast majority (84%) had been to the doctor with their child in the past year and expressed a variety of unique reasons why they attended. In regards to maternal mental health in the postpartum, 7 fathers identified depressive symptoms such as depressed mood and loss of interest in previously enjoyed activities in their partners and 15 reported providing emotional, instrumental, and stability support to their partners. Finally, over three-quarters of the fathers reported positive changes to their own health behaviors since becoming fathers. The specific examples cited as positive changes by fathers included; positive changes in diet, increased frequency of exercise and physical activity, taking better care of themselves in general, decreased alcohol use, and less risk taking behavior.

CONCLUSIONS: Fathers are involved in discrete and important ways in the health and healthcare of their children as well as being potential adjunct observers of changes in maternal mental health in the postpartum. Furthermore, there appears to be a bi-directional effect wherein fathers attribute improvements in their health behaviors to having children. The implications of these findings on future research, policy, and clinical care will be discussed.