



Forgotten fathers in child healthcare

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Abstract

Aim: Father involvement is a largely unexplored area in health literature. The purpose of this research was to investigate how pediatric residents and mothers perceive fathers' participation in health monitoring, fathers' self-assessment of their participation in their child's health monitoring, and to examine mothers and fathers' views on "fatherhood roles".

Materials and Methods: Between March and May 2019, a total of 155 individuals, including pediatrics residents (n=45), mothers (n=55) and fathers (n=55) of children admitted to the outpatient clinic of pediatrics participated survey, in Inonu University, Turkey.

Results: It was found that 44% of the children had attended with their parents (40% only with their mother, and 16% only with their father), but the perceptions of the residents were not in this direction and residents did not care for the fathers and assigned them to a second role. The questions were asked to mothers and fathers about the role of fathers, adapted using the Role of the Father and it was concluded that giving moral and ethical guidance, showing love and affection, and providing financial care to children were more important for fathers, respectively.

Conclusion: As suggested by American Academy of Pediatrics, residents should be aware of the importance of the fathers' participation and include them.



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Introduction

Childcare, upbringing, and supporting child development have been seen as the duty of mothers in societies for years. This perception settled as a social culture has also affected the field of child health and the "mother" has been seen as the primary caregiver in the health system, responsible for the health of children and everything related to them. However, fathers also play an important role; together with the mother, they form the basis of the family institution, making unique contributions to almost every aspect of the development of the child and the structure of the family institution [1-3].

Studies that have adopted the concept of "parents" as "mothers" with a rate of 75% in the last 20 years have also changed their perspective in recent years; research has started to be conducted showing the importance of fathers [4]. It has been demonstrated that father involvement, defined as "what fathers do for their child," has strong effects on the child's cognitive, social and emotional development. It

was observed that babies with greater father involvement had better cognitive development at the 6th month and achieved higher scores [5]. Active participation of fathers in the child's life can provide secure involvement, the development of advanced executive functions and problem-solving skills, and can bring success in school and later life [6].

In previous studies, it has been shown that there are difficulties in including fathers in studies about their children [7]. Phares and Compas examined studies in all major journals on child development and found that almost half of the studies were conducted only with mothers [8]. In a systematic review of early childhood and involvement attempts in four studies involving 743 parents, only two participants were found to be fathers [9]. In a study conducted in pediatric health centers in Sweden, approximately two-thirds of the pediatric nurses stated that the father had no innate ability to provide appropriate care for his baby, and about half believed that they would not have the same sensitivity as the mother regarding care [10]. It is observed that even mothers silently resist the participation of fathers due to their cultural beliefs about their sexist roles,

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and because of this perception, they prevent the participation of the father [11].

Despite the past approaches, it is now known that fathers play an important role in the development of their children, based on more recent studies by researchers such as Palkovitz, Lamb, Pleck, and Chernov. Father involvement has been a central area of study in paternity studies in recent years [12]. The attitudes and behaviors of fathers with low socio-economic status in Turkey were investigated and it was concluded that most fathers approached fatherhood roles in the family in a traditional manner [13]. However, father involvement in healthcare has not been extensively studied in the literature, and how fathers are involved in their children's health has not been discovered to a large extent [14]. Given that paternity, in general, is under-represented in the field of health, the American Academy of Pediatrics has periodically addressed this issue over the last 20 years and provided pediatricians with guidelines on the subject [1, 15].

Although there has been a significant increase in the number of studies on the role and involvement of the father in the international literature in recent years, few studies have been conducted in Turkey [13]. The purpose of this research was to investigate how pediatric residents and mothers perceive fathers' participation in health monitoring, fathers' self-assessment of their participation in their child's health monitoring, and to examine mothers and fathers' views on "fatherhood roles".

Materials and Methods

Research type, population, and sample

The population of this descriptive and cross sectional design study comprised the pediatric residents and parents of pediatric patients who presented to General Pediatrics Outpatient Clinic at Inonu University Faculty of Medicine, Department of Pediatrics between March and May 2019. Parents were selected among all presentations made to the pediatrics outpatient clinic, taking into account the principle of volunteering, and a single parent from each family was included in the study. In the power analysis of the research, when $\alpha = 0.05$ $1-\beta(\text{power})=0.80$; It was calculated that at least 51 individuals from each group should be included in the study so that the difference in the rate of accompanying the mother and father to the outpatient clinic in the effect of the role of paternity and the father on the child's development could be 26.5%.

Collection of data

The data were collected by the researchers between March and May 2019 using a questionnaire. Written consent was obtained from the participants before data collection. The questionnaires were completed by the participants in 10-15 minutes. Those who could not speak enough Turkish to continue the interview were not included in the study; three were excluded from the study because they could not complete the questionnaire. The required approval was obtained from the university ethics committee.

Assessment tools

The research consisted of three parts; questions evaluated socio-demographic characteristics in the first part, the per-

ception of fathers' participation in their children's health monitoring in the second part, and the role of fathers in the child's development in the third part.

Demographic features, which were the first part of the assessment tool, included sex, age, marital status, number of children, and educational information. The second part, which consisted of questions prepared by research team about fathers accompanying their children to examinations, evaluated how the father's participation in the health monitoring of the child was perceived by pediatric residents, mothers, and themselves. In the third part, six questions were asked to mothers and fathers about the role of fathers, adapted using the Role of the Father Questionnaire [16]. All questions of the Role of the Father Questionnaire were translated into Turkish by the research team. The permission to use the questions were received from the author. The Cronbach's alpha reliability coefficient of these questions was determined as 0.634. They were asked to respond using a 5-point Likert-type scale. Higher scores indicated a more supportive attitude towards fatherhood. Sample items include "It is essential for the child's well-being that fathers spend time playing with their children", "It is difficult for men to express affectionate feelings towards children", "A father should be as heavily involved as the mother in the care of the child", and "All things considered, fatherhood is a highly rewarding experience".

Then, nine questions were asked about the parenting role taken from the Early Head Start interview [17]. These included: "Meeting the financial needs of the child, being with the child, teaching and guiding the child, spending time with the child, sharing the care of the children with the mother, showing love and affection to the child, playing games with the child, guiding children about moral and ethical values, and ensuring their safety". Parents were asked to rank these roles in the order of importance.

Statistical evaluation of data

Statistical analyses were performed using the SPSS version 25.0 software. The compliance of the variables to normal distribution was examined using visual (histogram and probability graphs) and analytical methods (Kolmogorov-Smirnov / Shapiro-Wilk tests). Mean, standard deviation, median and minimum-maximum values were used while presenting descriptive analyzes. The Chi-square test was used for comparisons and the t-test was used for independent samples. Paired groups that did not show normal distribution were evaluated using the Mann-Whitney U test. P-values of less than 0.05 were considered statistically significant.

Results

Demographic information

A total of 155 people, including 45 pediatric residents (22.5%), 55 mothers (27.5%), and 55 fathers (27.5%), participated in the study. The average age of the residents was 31.60 ± 4.36 years, 33.51 ± 6.67 in the mothers, and 37.73 ± 6.24 in the fathers. 53.3% of the residents were female and 46.7% were male. Average month of resident duration was 27.4 ± 21 . While the mean education year of the mothers was 8.9 ± 3.6 , the mean education year of the fathers was 10.5 ± 3.9 .

Table 1. Perception of father's participation.

		Resident		Father		Mother		
		n	%	n	%	n	%	
Frequency of father accompanying his child to the polyclinic	Mother more than father	29	64.4	5	9.1	21	38.2	p<0.001
	Mother and father are equal	2	4.4	28	50.9	22	40	
How many children came to polyclinic only with the father	The majority	0	0	20	36.4	3	5.5	p<0.001
	Less than half	37	82.2	5	9.1	8	14.5	
	Hardly ever	4	8.9	5	9.1	33	60	
The reason for fathers who came to the polyclinic examination with their children to accompany the mother	The university hospital is difficult to reach and far from the city	17	37.8	8	14.5	10	18.9	p<0.001
	Father wants to help mother	06	13.3	11	20	18	34	
	Father is wondering about his child's condition	8	17.8	29	52.7	18	34	

* Pearson's Chi-square Test.

Table 2. Evaluation of the paternity role score.

	Paternity role score				
	Median	Min - Max	Thu 25	Thu 75	
Father	11.00	(11-30)	23	28	* p=0.570
Mother	13.00	(13-30)	24	27	

* Mann-Whitney U.

Table 3. Paternity role score.

	rho	P
Father's education level	0.32	0.017*
Mother's education level	0.252	0.063
Number of children	0.117	0.223

* Spearman correlation.

Considering the presentations made to the general pediatrics outpatient clinic, it was determined that 44% of the children attended health checks with both parents and 16% only with their father.

Pediatric residents' perception of father's involvement

Most (91.1%) of the pediatric residents stated that the rate of the child presenting to the polyclinic with their mother was higher. More than half (64.5%) of the residents attributed the father's low participation to the location of the hospital being far from the city center, the difficulty of transportation, and the high number of patients coming from outside of the city. Nearly one-quarter (22.2%) of the pediatric residents stated that it was not important for the father to attend outpatient clinic examinations.

Perception of mothers regarding father participation

Just over half (55%) of the mothers reported that they brought their children for examinations alone; 60% stated that their spouses never took their children to the hospital alone, and 68% of the mothers stated that their spouses came to the hospital to provide help and learn about the health of their child.

Fathers' perception of their participation

Half (50.9%) of the fathers stated that they came to the hospital for their children equally with their spouses. Nearly three-quarters (73%) stated that their reason for participation was to help their spouses and learn about their children's situation.

It was found that there was a significant difference between the groups in the perception data of the fathers regarding the reason for accompanying their children to examinations, their frequency, bringing them to examinations alone or accompanying the mother (p<0.001). Information on the perceptions of the participants is presented in Table 1.

Almost all (97.8%) of the residents stated that they had not received any education regarding the father's role in the health of his child; 42.2% stated that this education would be beneficial.

Defining the father's role

There was no significant difference between the parents in fatherhood roles (Table 2). There was no statistically significant correlation between the paternity role score and the mother's education and the number of children; however, a moderately significant correlation was found between the father's education years (Table 3).

Fathers stated that guiding their children about moral and ethical values (65.4%), showing love and affection (58.2%), and meeting the child's financial needs (38.2%) were the most important roles for the father. On the other hand, the mothers group stated that it was not a priority for the father to meet the financial needs of his child.

One of the most important findings of the study was that fathers (5.4%) stated that playing games with the child were one of the least important roles for fathers. Information on paternal roles is presented in Table 4.

Discussion

It has been observed that fathers participate in the health monitoring of their children more than in the past [17]. Accordingly, pediatricians have met with more fathers in

Table 4. Paternal roles.

	Father	Mother	p
The 3 most important roles	Guide moral and ethical values (65.4%) Showing love and affection (58.2%) Meeting financial needs (38.2%)	Showing love and affection (56.4%) Being with children (54.5%) Guide moral and ethical values (47.2%)	p=0.040
The 3 least important roles	Spending time with their children (23.7%) Sharing care with the mother (9.1%) Spending time to play (5.4%)	Sharing care with the mother (19.9%) Teach and guide (18.2%) Ensuring safety (12.8%)	p<0.001

health centers in recent years. Garfield et al. [14] conducted interviews with fathers in their study, for which they took random samples from the National Fragile Families and Child Well-being study. In this study, when 31 fathers were asked about their perceptions of their participation in the health monitoring of their children, they stated that they wanted to be included in follow-ups on an equal basis with the mothers. In agreement with Garfield et al., in our study, which we conducted to examine the perception of how and why the father was involved in the health monitoring of his child, fathers stated that they were curious about their child's health and came to the hospital to help their spouses. On the other hand, although some of the fathers wanted to attend the outpatient follow-ups of their children, they stated that they had difficulties in participating due to reasons such as not having suitable working hours and the mother's already undertaking the child's responsibilities. In the study conducted by Shorey et al. [18] with 50 fathers, the authors revealed the existence of situations such as working hours and the mother's undertaking responsibilities that would motivate or prevent father's participation, and they stated that these situations were directly related to the participation of the father.

In our study, 22.2% of the pediatric residents stated that it was not important for fathers to attend outpatient clinic examinations. The continuation of this view in the health system shows that fathers are still subordinated or sidelined to some degree. Wells et al. [19], in a meta-analysis of 62 studies conducted in child health centers between 2000 and 2015, showed that fathers were assigned a secondary role in their children's lives, and were not fully accepted and supported. As can be understood from these studies, fathers are still not seen as equally important as mothers in the health system. In the study of Garfield et al. [20], it was shown that healthcare personnel had a perception that fathers had less emotional bonds with their children compared with mothers. In another study by Docherty et al. [21], fathers stated that they felt excluded in the healthcare institution. In our study, it was seen that the perceptions of pediatric residents were similar. Although it was determined in our study that the participation of fathers in health monitoring was higher than pediatricians thought, the presence of fathers was not felt due to the opposite perception.

The importance of the involvement of both parents affects almost all aspects of a child's health and development [22]. Davison et al. [2] stated that fathers rarely took part in child health studies as participants, which limited our un-

derstanding of the role of fathers. In this study, the researchers thought that traditional beliefs about parental roles also affected the father's participation. In the study conducted by Zvara et al. [23], the authors examined fathers' beliefs about gender roles in child health care, for the first time, using data obtained from a sample of a community of parents. Statements about the parenting roles showed two main roles and functions [1]; traditional roles/gender roles: meeting material needs, providing security and protection, discipline, providing moral values, and [2] egalitarian or non-traditional roles: playing games, showing love and affection, sharing care with the mother, teaching and guiding. When looking at gender roles in Turkish society, it is accepted that the man is the head of the family and has authority over women and children. Evans' research in Turkey was also supportive of these findings. In a sample of 60 fathers from low socioeconomic backgrounds, the most important points found about the role of fatherhood were, in order, to be able to care for the child financially, to show love and affection, and the least important points were to play with the child and to meet the daily needs of the child. Evans concluded that fathers approached fatherhood in a highly traditional manner [13]. In our study, it was seen that this attitude continued. Fathers stated that the three most important roles for their children were guiding moral and ethical values, showing love and affection, and meeting financial needs. In the study conducted by Shafaie et al. [24] with 79 female university students living in Qatar, the youngest age group of participants believed that while showing love and affection to their children was the most important role for fathers, helping the child learn by encouraging curiosity about an egalitarian parenting approach and sharing the care of their child with the mother were among the least important roles.

Although few studies have examined the relationship between fathers' gender role beliefs and their participation in child health services, Moore et al. [25] reported that fathers were less likely to attend well-child outpatient visits because fathers believed that participation in child health services was the role of the mother. Zvara et al. [23] argued that fathers with non-traditional gender role beliefs would participate more in health monitoring of their children. Recent studies, as a result of the changing family structure, also revealed the interest in more democratic and egalitarian relationships. In our study, 75% of the fathers (14.5%, n=8) who did not adopt the traditional role stated that they participated in the polyclinic attendance of their children on an equal basis with the mother and

75% were especially curious about the condition of their children. These findings are consistent with other studies. The limitations of our research are that it is single centered and the number of patients in the sample is low. Therefore, the sample does not represent all fathers and generalizations cannot be made. Research conducted in different regions of Turkey can expand upon this study. The strength of our research is that although there are studies evaluating fathers' participation in their children's health in developed countries in terms of child health and development, it is one of the rare subjects studied in our country. More research is needed in our country and in the world on the role of fathers and their effects on the development of their children, especially the participation of fathers with their children and spouses in the field of health.

Conclusion

In addition to the fact that fathers are as important as mothers in the upbringing and development of the child, pediatricians are in a unique position to explain the importance of fathers to the family and to encourage them to participate in their children's health monitoring. Considering this importance, in line with the recommendations of the American Academy of Pediatrics, moments such as pregnancy, birth, and illness that seem negative but still can be considered as an opportunity to reach the family should not be overlooked to encourage paternal involvement. To take advantage of these opportunities, some precautions and implementations are needed.

The primary goal in this regard should be to ensure that pediatricians adopt a family-centered approach, gain the ability to evaluate the health of the child in a holistic manner, and receive training to understand the equal role and importance of the father in the upbringing of the child.

Another important point is that the pediatricians should be aware of the importance of their ability to reach the child and family the most and to be in a position to reposition fathers away from the traditional "money-making" role. With this awareness, pediatricians should develop methods such as actively inviting fathers to join in their children's health care, encouraging them to express their opinions during examinations, and communicating with them differently if they are unable to attend the examinations.

Finally, it should be aimed to increase research to understand and support the active participation of fathers in the health and upbringing of their children.

Ethics approval

Ethical approval for this study was obtained from Inonu University Health Sciences Non-Interventional Clinical Research Ethics Committee (Decision number: 2019/7-17).

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