Enhancing the role of fathers

As families – particularly migrant families – become parents, fathers must feel empowered – not sidelined – in the parenting role.

By Ruth DeSouza

In the first 10 years of my life in Tanzania and Kenya where this Kiswahili proverb comes from, my father played a prominent part in child care and the existing of three daughters. We migrated twice, first to Kenya and then to New Zealand. As migrants, we had only our nuclear family to fall back on and my father took a central role in raising us while my mother studied. His philosophy was that everything that needed to be done to keep the household in all aspects was a family role, and we should all expect to contribute to this, freely and lovingly.

This idea of pulling together and being self-sufficient reminds me of another Kiswahili phrase, "Harambee", which means to pull together. This was the catchphrase of the first president of Kenya, Jomo Kenyatta, and is part of the Kenyan flag. This brings me to the purpose of this article, which is to talk about pulling together and the types of collaborative relationships that one has that migrated, and in particular pulling in "fathers" during the transition to parenthood.

Involving fathers in care

It is not possible to address the needs of women, infants and children in heterosexual families without addressing the needs of a child's father. Pregnancy and childbirth are pivotal periods when women and families adapt as they adjust to the transition. The perinatal period is a critical developmental touch point when health professionals can have a profound influence in assisting fathers and mothers in their transition. Often Interventions focus on the mother and seek to improve her developing expertise, which can increase parental conflict. Health professionals can have a significant role in fostering interactions between both partners.

Most immigration studies focus on the negative consequences of immigration for families and for parenting. For example, immigration is perceived predominantly in the literature as a source of stress and a risk factor for families and children. Engaging migrant men, or developing groups for couples that would also serve the needs of new fathers, could lead to a process of extended change and adaptation in all domains of a parent's life. These changes can include adjusting to a new home, social environment, language, culture, place of work and profession. Often, economic, social and familial support systems are lost or changed. Under such circumstances, parents' physical and psychological health, self-image, ability to withstand stress and anxiety levels may all be challenged. For new migrant families, support is critically important and, in the absence of usual support networks, partners and husbands play an important role in providing care and support that would normally be received from mothers, family and peers. Systems need to be "father-friendly", as husbands are the key support for migrant women who often have left behind friends and family. So, what can be done to orient services so they are more father-friendly? Fatherhood is changing. Influenced by diverse family practices and formations, which challenge the malebreadwinner/female-home-care division of labour. The shift from being a breadwinner and authority figure to being involved in all aspects of the perinatal period has to be expected in the Western world. Fathers play a crucial role in the couple's relationship and the father-infant relationship; they contribute to individual and family well-being where men are required to provide practical and emotional support to mothers and children. However, active societal support and preparation are not always readily available to men, despite the expectation that men will fill the gaps previously filled by neighbours and women relatives.

Health and social services, and nurses who work with them, often fail to engage fathers successfully and can even pose a barrier to their engagement.

Supporting fathers prenatally can improve their transition to fatherhood. Interventions that can help prepare men for the changes and stresses of becoming a father include not only educational sessions included in childbirth preparation classes but that the content relates to the concerns of fathers and it promotes paternal involvement in all aspects of infant care. Fathers should be given opportunities to develop skills and confidence in infant care, both before and after their infant's birth.

Fathers-only classes could help men develop competence and confidence away from their partners, whom they could perceive as being more capable.

Obstacles to greater involvement in fathering

including work, paternal role modelling, maternalgate-keeping by wives or female partners, how mothers and fathers allocate their gender roles, gender identities and ideologies, and discourses of fatherhood.

Fathers' breastfeeding role

An infant's father has a pivotal role in maternal initiation and continuation of breastfeeding. Breastfeeding education and promotion should, therefore, be directed to expectant fathers as well as mothers. It has been suggested breastfeeding education should include appropriate anticipatory guidance related to fathers managing feeling excluded when mothers are breastfeeding. Ways for new fathers to experience closeness with their infants can be suggested, and nurses can encourage the development of men's nurturing qualities, while supporting the importance of their particular role as father. Skilled acquisition in infant care is a crucial step in facilitating father-infant bond.

Maternal and infant health has enjoyed extensive attention from researchers, medical practitioners and policy makers. However, little is known about the physical and psychological health of fathers. With gender roles changing and an increasing emphasis on paternal involvement in all aspects of parenting, adjustments are required by both men and women. Research on fatherhood lags behind that of public health, a disparity that is a significant gap in family research and therapy. This disparity is a serious omission in knowledge and scholarship because becoming a father is a major developmental milestone. To provide optimal support to new fathers, it is important to understand fathers' experiences from their perspectives.

Interactions with significant others (nurses and partners) have a significant impact on both parents' perceptions of paternal efficacy. Health professionals are well placed to support fathers in a way that empowers them to feel good about themselves, their abilities and their infant which, in turn, enhances their motivation to interact with and care for their infant.

Conclusion

The transition to fatherhood is significant, with many men feeling overwhelmed or included. However, services that provide support and guidance are likely to increase involvement and participation. Little is known about how this transition is managed, especially the needs of migrant fathers and the mediating role of social and psychological factors. However, the participation of men is linked with positive outcomes for the whole family. By supporting father-friendly services, families can benefit, especially those, such as migrant families, who are separated from support systems. Nurses can play a pivotal role in supporting men by offering education and helping families pull together in the transition to fatherhood, so all families can thrive.

Ruth DeSouza, RN, PhD, is a senior lecturer at Monash University's Faculty of Medicine, Nursing and Health Science, Melbourne. A former research fellow at the University of Technology, her interests include the transition to parenthood, maternal mental health, migration and health.

References