

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

Mkono mmoja haulei mwana – A single hand cannot nurse a child – Kiswahili proverb

I spent 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 raising 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 going was a labour of love, 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 around a family, especially one that has migrated, and in particular pulling “in” fathers during the transition to parenthood.

Including 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.¹ Pregnancy and childbirth are pivotal periods when individuals can grow, as they adjust to the transition.² 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 serve to increase her developing expertise, which can increase parental conflict.² Health professionals can have a significant role in fostering interactions between both partners.²

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 women in groups, or developing groups for couples that would also serve the needs of new fathers, could educate participants and provide support and information. Supporting the whole migrant family is critical, particularly when often a key motivation for migration is to provide a better life for children.^{3,4} Families can provide a buffer and the strength and safety to cope with what might seem an unfamiliar and, at times, hostile, receiving community.⁴

Parenthood, combined with migration, can 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.⁴ 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 have often left behind friends and family.

So, what can be done to re-orient services so they are more father-friendly? Fatherhood is changing, influenced by diverse family

practices and formations, which challenge the male breadwinner/female home-carer division of labour. The shift from being a breadwinner and authority figure to being involved in all aspects of the perinatal period has become an expectation in the Western world.⁵ 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.⁶ 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.⁷

Health and social services, and nurses who work in them, often fail to engage fathers successfully and can even pose a barrier to their engagement.⁸ The “new involved father” benchmark requires fathers to participate in antenatal classes, labour and delivery.⁹ In the absence of social networks, family and peer groups, partners and health professionals often need to fill in the gaps. Fathers are key people who strongly influence the perinatal decisions women make. Migration often requires changed roles for fathers, especially if they have not grown up with expectations about their roles as active participants.

Fatherhood can be difficult and fathers need support and guidance to prepare them for the



‘In the absence of usual support networks, partners and husbands play an important role in providing care and support normally given by mothers, family and peers.’

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transition and to develop competence. Men can sometimes lack appropriate models and emotional support for fathering. This means they need to be encouraged to develop support for their parenting outside the nuclear family.⁶ Each stage of fatherhood, including pregnancy, labour and delivery, postpartum period and parenthood, poses challenges for parents-to-be. Labour and delivery are particularly difficult times for fathers who can feel coerced, ill-prepared, ineffective, and/or psychologically excluded from the event.¹⁰

The postpartum period, particularly the first year after childbirth, is a time of emotional upheaval for first-time fathers, who have to adapt to the presence of an infant who is a priority. Research on first-time fathers’ prenatal expectations of the experience, compared with perceptions after the birth, found they expected to be treated as part of a labouring couple, but were often relegated to a supporting role. Fathers were confident of their ability to support their wives, but labour was more work and scarier than they had anticipated. The focus also changed postpartum, from their wives to their babies. The study found fathers needed to be better included and supported in their role as coach and friend.¹¹

The first year of parenting is often overwhelming.¹² Anticipatory guidance is critically important for expectant fathers, as many men (like women) hold unrealistic expectations about parenthood that can hinder their adjustment to the realities of fatherhood.⁶

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Supporting fathers prenatally can improve their transition to fatherhood.¹³ Interventions that can help prepare men for the changes and stresses of becoming a parent include not only ensuring men are 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 partner, whom they could perceive as being more capable.

Obstacles to greater involvement in father-

ing include work, paternal role modelling, maternal gate-keeping by wives or female partners, how mothers and fathers allocate their gender roles, gender identities and ideologies, and discourses of fatherhood.¹⁴

Fathers’ breastfeeding role

An infant’s father has a pivotal role in maternal initiation and continuation of breastfeeding.¹⁵ 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. Skill acquisition in infant care is a crucial step in facilitating father-infant bonding.

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.¹⁶ Research on fatherhood lags behind that on maternal health, a disparity that is a significant gap in family research and theory. This disparity is a serious omission in knowledge and scholarship because becoming a father is a major developmental milestone.¹⁰ To provide optimal support to new fathers, it is important to understand fathers’ experi-

ences from their perspectives.⁶

Interactions with significant others (nurses and partners) have a significant impact on both parents’ perceptions of parental efficacy.² 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.^{17,2}

Conclusion

The transition to fatherhood is significant, with many men feeling overwhelmed or excluded. However, services that provide prior guidance and are male-friendly can 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.⁶ 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 pulling fathers “in” and helping families pull together in the transition to fatherhood, so all families can thrive. •

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