Fathering: Supporting and Celebrating It

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Each spring and early summer we celebrate mothers and fathers with their respective “days.” Parenting is certainly one of the most difficult jobs and roles in the world and should not be celebrated with just one special day. While mothering receives a fair amount of attention throughout the year (but inadequate attention given this critical role), fathering receives even less attention. Although one of the major changes in society over the past few decades has been the increased involvement of fathers in promoting the growth and development of their children, I think this time of year it’s important that we as health care providers renew our efforts to support and celebrate fathering in any way we can.

Fathers play a critically important role in the lives of their children. Research in the field of fathering has always been a challenge. Early research often tried to isolate the effects of fathering from that of mothering by focusing on single parent (mother vs. father) families, ignoring many important influences factors, such as family income, extended family support, etc. However, research has shown over the years that fathers play an important role in the sexual identity of their children, both girls and boys, and promote academic achievement, such as problem-solving abilities.

However, research has shown over the years that fathers play an important role in the sexual identity of their children, both girls and boys, and promote academic achievement, such as problem-solving abilities. Indeed, much research has emphasized the importance of the involvement of both mothers and fathers in the development of psychologically, emotionally, and socially healthy children. Thus, one of the roles we can play is to support fathers as they first anticipate and then take on this very important role. Although some men seem to have no difficulty evolving into the type of fathers they want to be, others lack the role models and support they need. We can help these men (and thus their whole family) to become better fathers.

An interesting qualitative study by Barclay and Lupton (1999) conducted in Australia followed new fathers from just prior to the birth of their first child until the child was 5-6 months of age. The study identified several major challenges these new fathers faced: renegotiating their employment and role with household chores, developing an emotional relationship with their infants, and the changing relationship with their partner. The study found that the great majority of men had unrealistic expectations about being involved fathers; it took much more time and effort than they imagined. Also, many fathers were found to remain on the edge of parenthood these first 6 months. These men wanted to be involved in providing care for their young infants, but many lacked the skills; many felt that breastfeeding kept them from a close relationship with their baby. Overall, these men found becoming a father much more stressful and challenging.
than they had anticipated, and often this frustration led to increased problems with their partner. This research revealed a group of fathers in need of help to feel comfortable and confident in this new role; it’s too bad they didn’t have advanced practice nurses to help with this role evolution!

Another study by Hudson, Elek, and Fleck (2001) compared parenting satisfaction and infant care self-efficacy in first-time mothers and fathers. This study found that fathers were more comfortable caring for their male children than female children. Fathers also needed more infant care education, beginning right after birth, to help them feel more comfortable in this role. The authors also recommended that mothers encourage fathers to participate in infant care, especially once the fathers have returned to work. Active participation in child-care seems critical to the development of satisfaction and comfort in caring for young babies.

Such studies give us some insight into how we can promote better fathering. First, we must begin prior to the delivery. Health care providers need to provide prenatal education that goes beyond the labor, delivery, and early newborn experiences. More emphasis should be placed on the importance of fathers, the actual infant care skills, and the ways that mothers can encourage father involvement. It may also be helpful to openly discuss the issue of fathers’ feelings that breastfeeding may interfere with their development of positive feelings toward their infants. We certainly want to help promote breastfeeding, yet we can help families work out methods so that fathers can have opportunities for one-on-one time with their babies. We can help them identify activities that their babies enjoy and involve the father in those; for some babies it might be the bath, for others rocking, singing, or reading. Each baby and father will be different but we can provide some specific activities to try. Also, we can help these new families recognize some of the potential normal frustrations and negative feelings they may encounter. This helps fathers (and mothers) to see that there’s nothing wrong with them and that they can work through these challenges and develop a positive relationship with their baby and continue good relationships with their partner.

Although early infancy is a critical time for the formation of father-baby attachment, fathering support certainly does not end in infancy. We must work to be sure that we are supporting the role of the father in families with children of all ages. This is especially true for those men who might not have had good father role models and have to rely on their own limited experiences.

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Many fathers may be comfortable playing and interacting with their toddler and preschool sons in activities such as playing ball or riding a trike/bike; however, some fathers may not know how they can be actively involved with their daughters. Given the childhood obesity problem in this country, fathers can play a critical role increasing the physical activity of both their sons and daughters. Fathers also can play important roles in influencing safety, nutrition, and sex education. This certainly isn’t an exhaustive list of the areas of growth and development that fathers can influence, but it does highlight a few areas about which fathers may require information. We need to figure out how best to do this.

Unfortunately, many fathers still do not have the opportunity to bring their children in for well child-care. Thus we are often giving information to mothers, hoping they will share this with their partners. Sometimes this works; sometimes we need to do more. This is where we work to both support and celebrate fathers. While many health care practices do an excellent job in encouraging father involvement, others may need to do more. Fathers may be encouraged to come in by expanding weekend and evening visits for well child-care. Father-only classes can be offered, too. Also, if fathers can’t attend well child visits, information can be sent home to them, individualized with their name, specific instructions as to what they can do, etc. Sometimes it helps to send a certificate acknowledging their great work as a father. E-mailing fathers with anticipatory guidance information relevant to their child’s age and gender may also be useful. Such approaches to involving fathers may be especially helpful in divorced families where fathers may not be given feedback about their child’s health care visits. These are just a few approaches I have seen successfully used to promote more father involvement.

The important thing is that we continue to let fathers know what an important role they play in their children’s lives. Fathering deserves much more attention than one Sunday in June. As pediatric health care providers, we can help fathers become more powerful, positive influences on their children’s growth and development...and these good fathers will be the role models for the next generation.

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REFERENCES

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