



## *It Takes Two To Tango:* DEFINING THE ROLE OF FATHERS



**H**istorically, the role of fathers is one aspect of the family unit widely researched when discussing the health and well-being of children. However, the role of the expectant father and the significance of paternal impact on maternal and child health (MCH) are often overlooked. We know that men play a vital role in pregnancy and child birth, but additional research is needed to further identify which aspects of paternal involvement lead to better outcomes or what theories best explain paternal involvement. Despite the fact that men are important to MCH, we have not yet come to a consensus on exactly what it means to be an involved expectant father during pregnancy. There is also little knowledge regarding best and promising practices for involving expectant fathers in family planning, preconception health and care, as well as during pregnancy. This, in combination with policies that have prevented male figures from being present in the homes and lives of children, leaves us with a plethora of multifactorial barriers to father involvement during and after pregnancy.

Noted sociologist, Dr. David Popenoe, stated when discussing the role of fathers, "Fathers are far more than just

'second adults' in the home. Involved fathers bring positive benefits to their children that no other person is as likely to bring<sup>1</sup>." The direct impact on child well-being and the benefits of having a father present have been linked not only to improved pregnancy outcomes but also enhanced child development. A father's involvement has shown to have a positive impact on a child's emotional and psychological state<sup>2,3</sup>, educational development, and school readiness<sup>4</sup>, as well as increased ability to socialize and build good relationships. In contrast, research has shown that the lack of fatherhood involvement can have long-term negative effects on children. They are more likely to be poor<sup>6</sup>, have a greater risk of being involved in dangerous or unhealthy behaviors influenced by peers<sup>7</sup>, and have an increased risk of developmental delays. The presence of males and fathers in the lives of children is essential to their emotional, social, educational, and physical development.

This issue brief will expand on the role of fathers and men before, during, and after pregnancy, and the conversations that professionals continue to have on how to include men and fathers in maternal and child health programs and policies.

### NEW PERSPECTIVES ON PATERNAL INVOLVEMENT IN PREGNANCY

Compared to women and their mothers, men are less likely to want to emulate their own fathers in terms of the kind of relationship they expect to have with their own children. Therefore, many men lack a true "model" or representation of a "good father." When given the opportunity, expectant fathers are often eager to discuss and be included in pregnancy and prenatal education. Pregnancy has been depicted as a stressful but "teachable" period for expectant fathers. Several studies have described developmental stages, experienced as cognitive and behavioral changes that expectant fathers experience and these stages can be maximized and developed into educational programs for expectant fathers. As we seek to better understand the social determinants of racial and ethnic disparities in pregnancy outcomes and the significant role of the expectant father in pregnancy, we must also remember to include males in reproductive health and family planning initiatives, as well as develop models of preconception healthcare for men and focus more attention to the role of the expectant father during pregnancy.

The issue of paternal involvement in pregnancy is one that the Joint Center for Political and Economic Studies (the Center) Health Policy Institute is raising awareness around and tackling head on. A great deal of what is learned about the role of the expectant father in pregnancy outcomes stems from research on the mother. As a result, in 2009, the Center convened the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO) to focus on the role of the expectant father. CPIPO's purpose is to improve paternal involvement in pregnancy and family health by reframing debates and informing research, policy, and practice to support greater involvement of expectant fathers in pregnancy. CPIPO objectives are to: 1) identify programmatic barriers to improving men's preconception health and paternal involvement in pregnancy and suggest options for overcoming barriers; 2) develop standardized research, policy, educational, and practice guidelines for improving paternal involvement in pregnancy outcomes; and 3) develop a national media strategy intended to shift the men's health focus to a more positive, direct, active, and constructive role in the reproductive health agenda. To that end, in May 2010, CPIPO released a set of policy and research recommendations that support and enhance the role of the expectant father to ensure healthy pregnancies and infants. These recommendations focus on three specific areas: addressing policy barriers to paternal involvement; promoting best and promising practice in paternal involvement (preconception and reproductive life planning, and pregnancy and childbirth); and examining research on paternal involvement and pregnancy outcomes.



The recommendations presented by the CPIPO urge national public health agencies to expand their programs around preconception health and reproductive life planning to have a greater emphasis on the role of fathers in not only the lives of the children but also in the lives of the mother. The CPIPO are also calling on major public health programs, health related professional associations, and national organizations to increase education and raise awareness on the roles of fathers throughout pregnancy and childbirth. From promoting more father-friendly hospital settings and policies to increasing funding for researchers to conduct studies on the physiological and behavioral changes in expectant fathers, these recommendations encourage us all to re-examine our work around fathers and male involvement. When we can change our systems, we can change our communities, and we can improve the lives of families.

## CONVERSATIONS FROM THE FIELD

Many researchers and experts have often had disagreements about what it means to be “an involved father.” Michael Lamb and his colleagues first identified father involvement as a multidimensional concept, encompassing engagement, availability, and responsibility. It is evident that there are varying opinions about what this concept of “involved father” really means. The National Healthy Start Association (NHSA) asked a few experts and colleagues in the field to share their insights on how they define a father or the role of a father. These men in

the field work with families every day, they create programs and policies to ensure fathers and men are at the table, they counsel men and women on reproductive life planning, and many of them are also fathers. When asked, “What is the role of a father?” our experts were very honest and enlightening. It is not a simple question, yet it is one we often ask ourselves in this field. As you will read, this question does not have a clear answer but demands critical attention.

### **Jermame Bond, PhD**

*Research Associate, Joint Center for Political and Economic Studies, Health Policy Institute, and a Father*

A father's role involves his capacity to: 1) Promise; 2) Provide; and 3) Protect. Fathers must be willing to make a pledge to be the best parent they can possibly be which means learning from mistakes and understanding his influence on the well-being of his children. Subsequently, fathers should

also be empowered to provide healthy and nurturing environments for their children to thrive and learn. Lastly, fathers must protect their offspring socially, physically, emotionally, and economically through their livelihood with compassion and enduring love.

**Michael Lu, MD, MPH**

*Associate Professor of Obstetrics, Gynecology and Public Health, UCLA Schools of Medicine and Public Health, Co-Chair-CPIPO, and a Father*

The role of a father is defined by the needs (and goals) of a family. In some families, the father may be the primary bread-winner; in other families, the father may be the primary caregiver. The father may play multiple roles in a family – provider, listener, comforter, caregiver, teacher, disciplinarian, chauffeur, butler, dishwasher, and leaky faucet repairman. These roles may change over time. Before pregnancy, the (biological) father's role is to take care of himself so he can pass on healthy genetic materials. Before, during, and beyond pregnancy, the father also needs to support and nurture the mother, as well as model a



healthy relationship for his children. In infancy and early childhood, the father needs to support breastfeeding, help with diaper changes, give baths, take his children to doctors' appointments, drop off and pick up his children from the daycare, read to his children nightly, play, nurture, teach right from wrong, and so on.

**Willie Parker, MD, MPH**

*Medical Director, Planned Parenthood, Washington, DC and Co-Chair-CPIPO*

What is the role of a father? That question is hard to answer because the term describes a role, as well as an action. Fatherhood is a role that is played and is better served than defined. Whatever the definition of fatherhood is, it may be easiest to start with the definition of what fatherhood is not. A father is not simply the person who is the male participant in the reproductive process. Someone once said, "It is much easier to become a father than to be one." A functional definition of a father is the person who fulfills the role of the co-parent with the mother of a child, and his value is a function of how he fulfills that role. Lisa Rogers said, "A man's worth is measured by how he parents his children. What he gives them, what he keeps away from them, the lessons he teaches, and the lessons he allows them to learn on their own." Captured in this definition is the father's role as a provider, a protector, a teacher, and a cheerleader. These are all needs that everyone has, and in a healthy situation, they get from a female parent (mom) and a male parent (dad). When there is not a stable person around in a child's household, these nurturing activities can occur in a community. I call it "Dad by committee." I didn't have a 'man' in my house, but there were men in the community who gave me these things, my friends' fathers, good men in the



community, teachers, and Sunday School leaders. In a Forrest Gump kind of definition, "Father is as father does."

**Kenneth Scarborough, M.Div, MPH**

*Male Involvement Coordinator – REACHUP, Inc, Volunteer Coordinator of NHSA National Male Initiative Where Dads Matter, and a Father*

The way I define a father's role is uniquely related to the role of development from a boy to a man and all the learning and growth that occurs through the process. Preparing to be a father encompasses the qualities of learning to become a man. This includes making sound decisions, taking responsibility, problem solving, conflict resolutions, ingenuity, creativity, level headedness, integrity, care-giving, sharing, and respect. I am convinced that for this to happen, men becoming fathers must be in a healthy relationship, and, for me, that means marriage. My personal belief is marriage is the ideal model for relationships because there is a binding agreement/covenant/contract that connects the two parties for a lifetime which spans the growth and development of not only the relationship but the children that will be born into the relationship. In

addition to being in a healthy relationship, there needs to be focused thought and a plan about having a child or children. This does not happen at conception but during pre-conception, pregnancy, post partum and all the years to follow. Fathers never stop fathering; their roles just change as the child grows and develops. I am convinced that involvement of the father is key in the early stages, such as going to doctors' appointments with the mom, helping to reduce stress at home by helping out around the house more, being in the delivery room, changing diapers, reading to the child, and remaining active in every aspect of the child's life and the mother's life. This will demonstrate his love for each of them both individually and collectively.

**Roland Warren, MBA**  
*President, National Fatherhood Initiative, and a Father*

Every child has a "hole in his soul" in the shape of their father, and when fathers are unable or unwilling to fill that hole, it leaves a wound that is not easily healed. Therefore, it is the responsibility of good fathers to provide for, nurture, and guide their children. This means they have to be physically, emotionally, and spiritually involved in their children's lives so their children feel loved and affirmed. For the National Fatherhood Initiative, this is captured by our "mantra" for fathers – be involved, responsible, and committed.

## HEALTHY START AND THE ROLE OF FATHERS

The National Healthy Start Association and the Healthy Start Projects (the Projects) have remained committed in our efforts of supporting men and their relationships with their children, families, and communities. NHSA and the Projects recognize the significance of a dad's role in the lives of moms and children. We know that his presence and involvement is crucial in the field of maternal and child health. To that end, the NHSA National Male Initiative (the Initiative), *Where Dads Matter*, was developed to further enhance the work of the Projects towards improving the health of women and children. The Initiative's primary goals have focused on ensuring projects include men and fathers within their programmatic activities, developing a curriculum and tools specific to Healthy Start, and



creating a framework of best practices and models that can be used by the Projects and other community-based organizations. As the Initiative evolved into a national structure, the Projects identified several benefits of why male involvement/fatherhood programs and services were so essential to their work. These benefits include: decreased stress mothers experience from rearing children alone; increased community and family involvement, improved child development and wellness; and potential reduction in maternal risk factors that result in positive birth outcomes. In addition, after adopting a national fatherhood curriculum, projects reported positive outcomes experienced by their program such as improved case management, better mental health screening and greater awareness of thousands of men educated and trained in fathering and fatherhood. These noted outcomes and benefits by the Projects further demonstrated the key role that fathers play in promoting positive pregnancy and child development outcomes.

Collectively, NHSA and the Projects ensure that men and fathers are included in our national and local activities, and that they have a voice around the issues that impact maternal and child health. From the *Male Initiative Program* in Pittsburgh, PA to the *Fathers for a Lifetime* program in Omaha, NE, the Healthy Start Projects and NHSA are doing our parts to keep fathers engaged, involved, and empowered. Whether it's spotlighting a dad within our national newsletter or focusing on the issue of fatherhood at our national conference, NHSA remains steadfast to its commitment to include men in our efforts to improve the overall health and well being of infants, children, and women.

## STRATEGIES AND RECOMMENDATIONS FOR THE FUTURE

Identifying strategies and crafting conversations on the essential role of fathers and men has always been a priority to NHSA. In addition to asking our experts about the role of fathers, we also asked them about strategies and recommendations to help guide NHSA, our members, and our partners as we continue working to include fathers in programs and policies. The following are a collective set of recommendations that include those from the experts and some from NHSA:

- **Increase awareness.** Individuals and organizations across all sectors of society – business, faith, civic, and government – need to understand how important it is for children to have involved, responsible, and committed fathers in their lives.
- **Mandate agencies** to look at the varying roles of fatherhood and develop concrete, programmatic ways to support men in fulfilling these roles in the lives of children that they biologically procreate or in the lives of the children that they accept parental responsibility for. Programs that support economic and job skills development, community watching and mentoring, and skills building for men and youth empower men to want to fulfill the roles of fathers.
- **Create opportunities** for men that allow them to discuss lessons learned, give advice, and share wisdom that can be passed on to others. Men can be instrumental in helping other men become not only healthy men but healthy and good fathers.
- **Involve those individuals** who represent the industries of sports, entertainment, business, and other "non-traditional" players into the game to reach fathers in creative ways for the betterment of our children, families, and communities.
- **Include men, especially young men,** in reproductive health initiatives and encourage them to create a reproductive life plan. As a result more men will feel included in family planning and a part of the discussion as it relates to procreation.
- **Create "father-friendly environments"** in the settings where men interact – community-based organizations, churches, hospitals, prisons, military bases, schools, and the workplace. This includes involving practitioners and ensuring that they are equipped to reach fathers at their points of need with fatherhood skill-building materials designed just for them.
- **Evaluate existing fatherhood** and male involvement programs and curricula, as well as identifying best practices that further validate the significance of fathers and men on maternal and child health outcomes.
- **Increase funding opportunities** to enable the continued development of programs, resources, and services that will target families and their needs. This is especially true of funding for fatherhood/male involvement programs and the evaluation of such programs. Currently, very little funding is available for community-based organizations to build these programs or curriculum into existing systems of care.
- **Implement the CPIP0's 40 research, practice, and policy recommendations** to improve involvement of expectant fathers in pregnancy, specifically: expanding efforts in and supports for research on paternal involvement in pregnancy; identifying and disseminating best practices for improving father involvement before, during, and beyond pregnancy including paternal support for breastfeeding; and reforming public policy, e.g. Temporary Assistance for Needy Families (TANF), Earned Income Tax Credit (EITC), parental leave, or child support. These measures remove disincentives and barriers and increase incentives and supports for paternal involvement.
- **Continue research and the funding of studies.** It has been proven that the presence or absence of fathers has a significant impact on the emotional, physical, cognitive, and psychological development of children. However, further research is needed in the area of paternal involvement and pregnancy.
- **Continue these conversations** with communities, funders, government agencies, nonprofit organizations and others on what is needed to strengthen families. It is important to build on the framework of public health organizations that have been working to create a national agenda around fathers and male involvement over the years. There are a number of groups that have this issue as their primary strategy; therefore, partnerships are essential to moving this effort forward. Including fathers and men in the public health agenda is essential to improving maternal and child health.

## CLOSING THOUGHTS

The role of a father, a papa, or a daddy is seen differently in many families and communities. To his child, he may be a protector and to the mother of that child, he may be a provider. What we know for sure is he is important, and his role is vital to his family and his community. Sadly, the role is often overlooked. As an organization, NHSA remains committed to continue to work

with the Healthy Start Projects, our members, and our partners to ensure we not only show the significance of fathers in a child's overall development and well-being but also how essential they are to the family unit. NHSA has always viewed fathers as a critical component to achieving both our overarching goal and that of the Healthy Start programs – *reducing infant mortality and improving perinatal outcomes*. We know that as

more programs are developed to include men and fathers, we will see better health outcomes among infants, children, mothers, families, and communities.

NHSA, in collaboration with our partners and the Healthy Start projects, is working to provide best practices and programs that involve fathers and men across the country. We know this is only the beginning and there are more strategies, recommendations, and best practices that exist. NHSA looks forward to continued conversations in the field and exploring additional opportunities for collaboration to further improve the lives of families.



### NHSA would like to thank the following who contributed to this Issue Brief:

Jermame Bond, PhD; Stacey Cunningham, MSW, MPH; Xina Eiland, MPH; Phyllis George, MPH; Michael Lu, MD, MPH; Elizabeth Perry; Willie Parker, MD; Kenneth Scarborough, M Div, MPH; and Roland Warren, MBA.

Design and layout by Andy Nolan, Middour+Nolan Design Group.

This brief is supported by Grant # G97MCO4488 from the Maternal and Child Health Bureau, Department of Health and Human Services.

For more information about this brief, please contact NHSA at 202.296.2195 or [info@nationalhealthystart.org](mailto:info@nationalhealthystart.org)

<sup>1</sup> Popenoe, D. (1996). *Life without father: Compelling new evidence that fatherhood and marriage are indispensable for the good of children and society* (p. 163). New York, NY: The Free Press; Stanton, G. T. (2003). *How fathers, as male parents, matter for healthy child development* [On-line]. Available: <http://www.citizenlink.org/FOSI/marriage/A000002226.cfm>.

<sup>2</sup> Yeung, W. J., Duncan, G. J., & Hill, M. S. (2000). Putting fathers back in the picture: Parental activities and children's adult outcomes.

<sup>3</sup> M. E. Lamb [Ed.], *The role of fathers in child development* (3rd ed., pp. 49-65, 318-325). New York, NY.

<sup>4</sup> Pruett, K. (2000). *Father-need*. New York, NY: Broadway Books; Sternberg, K. J. (1997).

<sup>5</sup> Pruett, K (2000).

<sup>6</sup> *America's Children: Key National Indicators of Well Being, 2001*. Table ECON.IA. Washington, DC: Interagency Forum on Child and Family Statistics, 2001.

<sup>7</sup> McLanahan SS, Arstone AM, Marks NF, "The Role of Mother-Only Families in Reproducing Poverty." *Children in Poverty: Child Development and Public Policy*. Ed. Aleth C, Huston. Cambridge: Cambridge University Press, 1991.

<sup>8</sup> Yogman MW, Kindlon D, Earls FJ, "Father Involvement and Cognitive Behavioral Outcomes of Premature Infants," *Journal of the American Academy Child and Adolescent*

<sup>9</sup> Pruett KD. Role of the Father. *Pediatrics*. 1998;102, Supplement No. 5, pp. 1253-1261; Storey AE, Walsh CJ, Quinton RL et al. Hormonal Correlates of Paternal Responsiveness in New and Expectant Fathers. *Evolution and Human Behavior*. 2000; 21: 79-95.; and Everett KD, Bullock L, Gage JD et al. Health Risk Behavior of Rural Low-Income Expectant Fathers, *Public Health Nursing*. 2006;23(4):297-306.

<sup>10</sup> Joint Center for Economic and Political Studies. *Commission Outlook: Best and Promising Practices for Improving Research, Policy and Practice on Paternal Involvement in Pregnancy Outcomes*, May 2010.

<sup>11</sup> Lamb, ME, Pleck JH, Charnow E, et al. A biosocial perspective on paternal behavior and involvement. In: Lancaster JB, Altman J, Rossi AS, et al. *Parenting across the Lifespan: Biosocial Dimensions*. New York: Aldine de Gruyter. 1987: 111-142.