

First Things First: Identifying Best Practices to Improve Paternal Involvement in Pregnancy Outcomes

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Retrospective studies have been largely reassuring that fathers play a vital role in the family unit structure. Traditionally, men have been hunter-gathers, breadwinners and providers for their families. However, significant sociodemographic, cultural, economic and historical changes, including women's increasing participation in the labor force, the rise in non-parental care for children, increases in non-marital childbearing, cohabitation, the absence of many men from their families, and the increased involvement of other fathers in their children's lives—have greatly affected how families organize themselves. These changes have led to new family structures and contrasting expectations and beliefs about the roles of fathers.

Little is known about the male partners' influence on maternal health. Women have identified their male partners as a vital source of support, but also of stress. Maternal psychosocial stress has been identified as an important risk factor for poor pregnancy

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outcomes while partner support can invoke positive maternal health behaviors during pregnancy, including early prenatal care and decreased smoking and drug use. The focus of this article is to identify a few best practices to improve paternal involvement in pregnancy outcomes. Subsequently, pathways to improve paternal involvement in pregnancy are also suggested.

TABLE I

Three Dimensions of
Father Involvement
(Lamb and colleagues 1987)

- 1 Engagement (i.e., the extent to which fathers experience direct contact and shared interactions with their children in the context of caretaking, play or leisure);
- 2 Availability (i.e., a father's presence or accessibility to the child); and
- 3 Responsibility (e.g., the extent to which a father arranges for resources to be available to the child, including organizing and planning children's lives).

DEFINING PATERNAL INVOLVEMENT

Investigators of paternal involvement have disagreed with definitions of what it means to be an "involved father." Table I identifies three dimensions of paternal involvement described as a multidimensional, frequently evolving concept, both culturally and scholarly. However, much of what we understand about parenting stems from research and theory developed on mothers.

CONTEMPORARY ASPECTS OF PATERNAL INVOLVEMENT

What we do know

- Current knowledge of father involvement has been informed largely by mothers' reports;
- Fathers' prenatal involvement may determine later engagement;

TABLE II

Four Basic Factors of the
Life-Course Perspective

- I. Historical times and events experienced over a lifetime (i.e., a relationship, marriage, an ethnic or racial slur, the loss of a job);
- II. The developmental impact of a succession of life transitions or events is contingent on when they occur in a person's life (i.e., the impact of marriage or the decision to have children);
- III. Lives, and social-historical influences are expressed through a network of shared relationships which can influence decisions to marry, have children or even return to school; and
- IV. Individual-life influences constructed through choices and actions taken within the opportunities and constraints of history and social circumstances particularly related to a man's decision to marry and have children.

- Present fathers can impact cognitive development of the child;
- Men experience significant pre, peri- and postnatal changes in each of the three hormones: prolactin, cortisol, and testosterone; and
- Marital status is an important predictor of birth outcomes.

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TABLE III

Best Practice Recommendations for Improving Research on Paternal Involvement

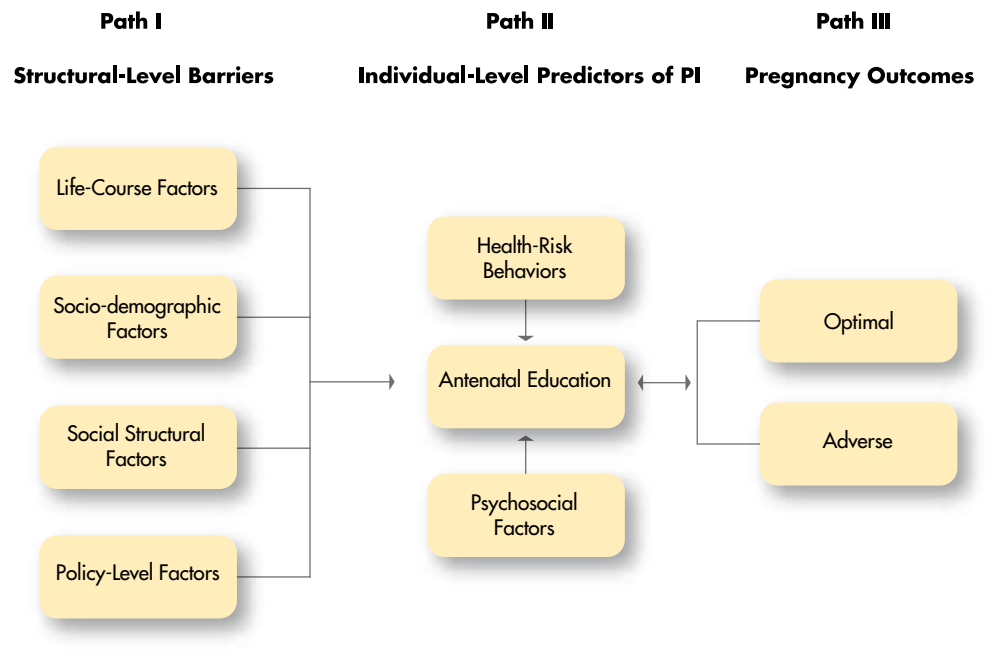
- Broaden definitions of “fathers” and “involvement” in pregnancy
- Include fathers in IM studies
- Create programs to teach boys to be men and men to be fathers
- Develop antenatal programs specific to expectant fathers
- Conduct more studies on middle- and higher-income black fathers as well as poor, married, unmarried, non-residential, and biological fathers
- Improve data collection methods for father involvement
- Further research on the father’s perspective of parenting
- Design practitioner training models to include men in preconception and prenatal care
- Develop more father-friendly hospitals and birth wards
- Increase use of representative and random sampling in study designs to reduce selection bias and improve generalizability
- Conduct studies on the influences of contextual factors using multi-level analyses
- Apply a multi-disciplinary approach, integrating methods and perspectives from clinical, social and behavioral sciences.

What we don’t know

- What aspect of paternal involvement leads to better outcomes?
- What theories best explain paternal involvement?
- Why disparities in pregnancy outcomes exist among racial/ethnic groups?

FIGURE 1

Pathways to Paternal Involvement in Pregnancy Outcomes



WHY BE CONCERNED WITH PATERNAL INVOLVEMENT IN PREGNANCY OUTCOMES?

Social, economic and historical contexts have shaped both scholarly and popular conceptions about fathers. All too often father’s roles are marginalized, conceptualized only as support systems for the mother, financial provider or source of unpredictable stress. Studies of fathers tend to be methodologically and theoretically weak with findings from prospective longitudinal studies often based on “add-on” father data collection efforts after a major project was designed and launched. Furthermore, obstacles to having adequate databases to document paternal involvement include the additional effort and expense to enroll fathers; a lack of understanding of cultural variations in fatherhood; sensitive issues relating to the mother-father relationship itself; and the fact that in some families, a person other than the biological father may assume a prominent parenting role and/or male role model in the life of a young child.

A large body of evidence suggests maternal and infant factors as risk for infant mortality (IM), but little attention is given to paternal factors. Until recently, few studies have investigated how paternal involvement in pregnancy outcomes results in optimal birth outcomes. Some have indicated that support from the father plays a significant role aside from social and health characteristics of the mother. Prenatal involvement increases fathers’ desire to recall and discuss the events of birth, promotes integration of the birth experience, enables fathers to establish closer ties with their new babies and enhances later fathering and marital adjustment.

Paternal involvement measured by prenatal marital relationship closeness has shown positive postpartum reports of the delivery experience and newborn. Some researchers have found several types of paternal involvement to have a positive effect on mothers’ health behavior, including that related to smoking and drug and alcohol use. The provision of cash support, marriage and cohabitation has also been found to decrease the chances of drug and alcohol use.

FIGURE 1.1

Close-Ups of Pathways to Paternal Involvement in Pregnancy Outcomes



TABLE IV

Best Practice Recommendations for Improving Policy on Paternal Involvement

- Reduce the “marriage penalty” in the Earned Income Tax Credit (EITC) to allow deductions on the second earner’s income
- Amend the Family Medical Leave Act (FMLA) to include a three month paid paternity leave
- Eliminate distinction between single-parent and two-parent families determining Temporary Assistance for Needy Families (TANF) eligibility
- Develop more “father friendly,” programs
- Increase TANF funds to support fatherhood initiatives
- Make non-custodial fathers who pay child support eligible for the EITC and TANF
- Calculate the father’s actual earnings as a percentage of child support payment
- Improve child support payment to be “passed through” to their children, and a lesser amount deducted from TANF payment to the mother.

CONCEPTUAL PATHWAYS TO PATERNAL INVOLVEMENT IN PREGNANCY OUTCOMES

Historically, investigators have adapted concepts from social sciences to fit their particular area while using overarching conceptual frameworks to guide research and program development on paternal involvement. This has posed challenges for developing measures, designing research

studies and mounting effective interventions that are ethnically/culturally diverse and well suited for various family structures. The outcome is a lack of consensus on the most powerful theory, and consequently, a mixed set of empirical findings, which tend to be discipline-specific and ultimately lack cultural sensitivity. A more productive methodology is to take a holistic approach to paternal involvement in pregnancy outcomes by adopting a life-course perspective.

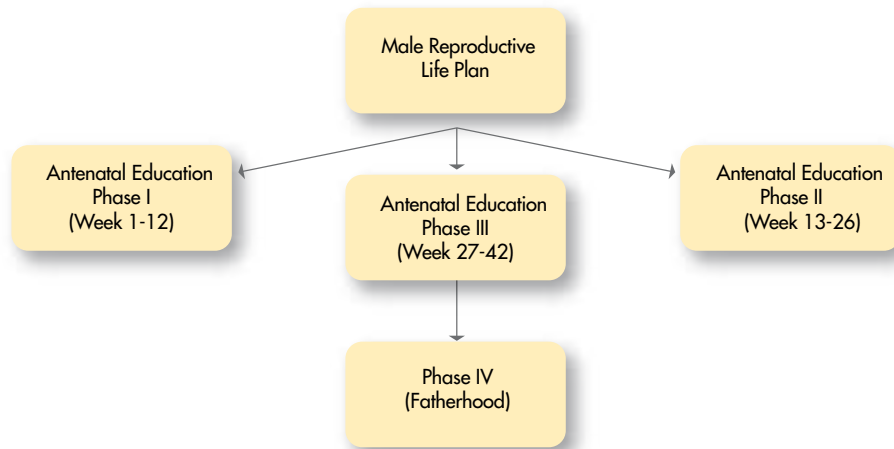
THE LIFE-COURSE PERSPECTIVE

Table II lists the four basic tenets of the life-course perspective, which recognize that fathers have life experiences of their own. Described as “a pattern of socially defined, age-graded events and roles subject to historical changes in culture and social structure,” it integrates populations into a continuous, rather than segmented model, and broadens the traditional person-in-environment theoretical perspective into a global social context.

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FIGURE 1.2.

Phases of Antenatal Education for Expectant Fathers



IDENTIFYING BEST PRACTICES TO IMPROVE PATERNAL INVOLVEMENT IN PREGNANCY OUTCOMES

To date, no one has put together a model identifying best practices to improve paternal involvement in pregnancy outcomes. By identifying best practices for paternal involvement during pregnancy, practitioners can take full advantage of a “teachable moment” described by Everett and colleagues, 2006.⁸ The expectant fathers also benefit by assessing and improving negative health behaviors. Furthermore, the expectant mother benefits from the presence of the male partner during labor and delivery, which has been associated with reduced need for pain-relieving medication and a more positive labor experience.

Figure 1 suggest paths to take advantage of this ideal opportunity to engage expectant fathers, break through the structural-level barriers and create new pathways to improve paternal involvement at the individual level. Three main paths suggest an optimal opportunity for the male to identify with the pregnancy and his partner or wife to prepare

and to engage in a nine-month count down through the major milestones of pregnancy.

Figure 1 also identifies pathways to paternal involvement in pregnancy outcomes while Figure 1.1 is a more detailed look at those pathways. *Path I* identifies structural-level barriers. *Path II* uses individual-level factors to predict levels of paternal involvement. *Path III* anticipates that increased and informed paternal involvement at the individual-level

“The primary task of every civilization is to teach young men how to be fathers.”

—Margaret Mead

will result in optimal pregnancy outcomes. Simple counseling may help expectant fathers be more accepting of sharing to develop a more positive relationship with both and partner and child. The practitioner must possess the necessary tools to assess an expectant father’s readiness and be able to follow recommended protocol. Hopefully this article will help to develop a platform for that protocol.

Ideally, all women, men and couples should have a reproductive life plan. Having a reproductive life plan is critical for ensuring that all pregnancies are planned and wanted. Figure 1.2 identifies phases of antenatal education necessary for improved paternal involvement in pregnancy outcomes. Antenatal education should commence in Phase I and expectant fathers should undergo an assessment of structural-level barriers, an individual-level assessment of health-risk behaviors and psychosocial factors. Phase II and III should be a plan, review and practice period as Phase IV denotes fatherhood.

CONCLUSION

This article has identified best practice methods for improving paternal involvement in pregnancy outcomes. While the role of fathers has been generally overlooked in the health field, future studies have the ability to enhance the life of a child by pinpointing what paternal practices have the potential to improve child health. To this end, future studies and models should focus on the structure and function of the male during pregnancy and birth. 🔄

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8. K.D Everett, L. Bulluck, J. Gage, E. Geden DR Longo, and R. Masden. (2006). “Health Risk Behavior of Rural Low-Income Expectant Fathers.” *Public Health Nursing*, 23,297-306.