Fathers and the well-child visit.

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OBJECTIVE: Societal and economic shifts have expanded the roles that fathers play in their families. Father involvement is associated with positive cognitive, developmental, and sociobehavioral child outcomes such as improved weight gain in preterm infants, improved breastfeeding rates, higher receptive language skills, and higher academic achievement. However, father involvement in health care has been studied little, especially among nonmarried, minority fathers. Fathers are a significant part of the child's medical home, and comprehensive involvement of both parents is ideal for the child's well-being and health. Well-child visits (WCVs) represent opportunities for fathers to increase their involvement in their child's health care while learning valuable information about the health and development of their child. The objective of this study was to explore fathers' involvement in, experience and satisfaction with, and barriers to WCVs using qualitative methods. METHODS: In-depth, semistructured, qualitative interviews were conducted in 2 cities with a subsample of fathers who were participating in the national Fragile Families and Child Wellbeing Study. The 32 fathers who participated in our study come from a nested qualitative study called Time, Love, and Cash in Couples with Children. Fathers in our study reside in Chicago or Milwaukee and were interviewed about health care issues for 1.5 hours when the focal child was 3 years of age. Questions focused on the father's overall involvement in his child's health care, the father's attendance and experiences at the doctor, health care decision-making between mother and father, assessment of focal child's health, gender/normative roles, and the father's health. The open-ended questions were designed to allow detailed accounts and personal stories as told by the fathers. Coding and analysis were done using content analysis to identify themes. Particular themes that were used for this study focused on ideals of father involvement and dis/satisfaction, barriers to, and experiences in the health care system. RESULTS: Of the 50 fathers from the Time, Love, and Cash in Couples with Children study in the 2 cities, 3 had moved out of the state, 6 were in jail, 7 had been lost in earlier follow-up, and 1 had died, leaving 33 eligible respondents. Of those, 1 refused to participate, resulting in a final sample of 32 fathers and an adjusted response rate of 97%. The mean age was 31 years, and the sample was 56% black, 28% Hispanic, and 15% white; 53% were nonmarried. Only 2 fathers had attained a college degree or higher, and 84% of the fathers were employed at the time of the interview. The majority (53%) had attended a WCV and 84% had been to see a doctor with their child in the past year. Reasons for attending a WCV included (1) to gather information about their child, (2) to support their child, (3) to ask questions and express concerns, and (4) to gain firsthand experience of the doctor and the WCV. Fathers reported positive and negative experiences in their encounters with the health care system. The 3 main contributors to fathers' satisfaction with health care professionals were (1) inclusive interactions with the physician, (2) the perception of receiving quality
care, and (3) receiving clear explanations. The negative experiences were often specific instances and noted along with positive comments. The negative experiences that were mentioned by the fathers included feeling viewed suspiciously by health care staff, being perceived as having a lesser emotional bond with their child than the mother, and the perception that they were receiving a lower quality of service compared with the mother. Major barriers to attending WCVs include employment schedules as well as their relationship with the focal child's mother. For example, some fathers stated that they did not attend WCVs because that was a responsibility that the mother assumed within the family. Other fathers lacked confidence in their parenting skills, which resulted in lower involvement levels. Also mentioned were health care system barriers such as inconvenient office hours and a lack of access to their child's records. Despite the presence of several barriers that seem to prevent fathers from attending WCVs, many fathers (20 of 32; 63%) mentioned "situational flexibility," which enables them to overcome the stated barriers and attend doctor visits. For example, some fathers viewed the seriousness of the visit such as "ear surgery" as a reason to rearrange their schedules and attend a doctor visit with their child.

CONCLUSION: The majority of fathers from our sample have attended a WCV, and most have been to their child's doctor in the past year; WCVs and doctor appointments are ways in which fathers are involved in their child's health care. Fathers detailed specific reasons for why they attend WCVs, such as to support their child, ask questions, express concerns, and gather information firsthand. The fathers reported more positive than negative experiences with the health care staff, and, overall, they are satisfied with their experiences with the health care system. Reasons for satisfaction include feeling as though their questions had been dealt with seriously and answered appropriately. However, the fathers in our study did report a variety of barriers to health care involvement, including conflicting work schedules, a lack of confidence in their parental role, and health care system barriers. Professionals who care for children and families need to explore creative ways to engage fathers in the structured health care of their children. For example, pediatricians can stress the benefits of both parents being involved in their child's health care while reframing the importance of WCVs. Understanding that many fathers have situational flexibility when it comes to health care encounters may encourage physicians to suggest more actively that fathers attend WCVs. Pediatricians can also support existing public policies such as the national 2003 Responsible Fatherhood Act that provides grants and programs that promote the father's role in the family and advocate for additional policies that would foster quality father involvement. Continued collaboration among families, physicians, and other health care professionals is essential to support father involvement and ensure positive health outcomes for children.

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