



Mothers' empowerment and father involvement in child health care in Bangladesh



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ABSTRACT

With the advent of a couple-approach to health, particularly in the arena of reproductive health and child health, father involvement in child health care has become an important focus of preventative health. This study assesses the association between mothers' empowerment variables and father involvement in childcare in Bangladesh using data from a subsample of 903 women from the Couples Dataset of the Bangladesh Demographic and Health Survey 2011. Father involvement in child health care was measured as a count variable enumerating the number of specific events during which the father was present: child's last doctor's visit, child's immunization, and birth. Poisson regression was conducted to assess the association between empowerment and demographic variables and father involvement. Results indicated that mothers' household decision-making power and age above 45 years, and fathers' age, fathers' education, and family wealth were significantly associated with father involvement. The study concludes that older and more educated fathers with family wealth and whose wives denied having household decision-making power were more likely to be involved in their children's lives than their counterparts.

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1. Introduction

With the advent of a couple-approach to health, particularly in the arena of reproductive health and child health, father involvement in child healthcare has become an important focus of preventative health (Biller, 1993; Biratu & Lindstrom, 2007; Greene & Biddlecom, 2000; Umoh, Abah, & Ekanem, 2012). Studies indicate that father involvement in their children's lives is associated with children's overall well-being, including their social, emotional, and physical health. Father involvement has also been found to be associated with specific positive behaviors in children, such as healthier eating and exercise, which promote health and appropriate development (Garfield & Isacco, 2011; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). In addition, father involvement has been found to be important for management of chronic illnesses such as diabetes in children (Boman, Povlsen, Dahlborg-Lyckhage, Hanas, & Borup, 2014). Despite the importance of father involvement in child health, remarkably little is known about factors that promote father involvement, particularly in countries like Bangladesh where women's empowerment is part of the national agenda as well as part of the UN Sustainable Development Goals for developing countries. This study assesses the association between women's empowerment and father involvement in child healthcare in Bangladesh.

1.1. What we know about father involvement

Recent research indicates that there has been a convergence of men and women's roles in the household, particularly in terms of family work including childcare (McGill, 2014). However, women are still responsible for a larger share of family work than men, especially when they are from low socio-economic backgrounds (Christopher, 2012; Dodson, 2013). But even among these families, fathers are no longer responsible only for financial needs; there is a trend towards more father involvement in childcare at all socio-economic levels, especially with increased female labor market participation (Thapa & Niehof, 2013). For example, Raley, Bianchi, and Wang (2012) found that fathers take care of their children when mothers are employed and that they do so routinely when mothers earn more than they do. This is beneficial for fathers, too, studies indicate; involved fathers are less likely to report symptoms of major depression and are more likely to report feeling connected to their families (Bronte-Tinkew, Moore, Matthews, & Carrano, 2007).

Research has also investigated the relationship of mother's empowerment and father involvement. In a study of Australian and North American couples, Bittman, England, Sayer, Folbre, and Matheson (2003) found that women's increased participation in the labor force and associated agency, is often met with compensatory behaviors such as less contribution to family work by men, particularly when women's incomes exceed that of their husbands. Research on mother's

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empowerment and father involvement in Africa has resulted in mixed findings. One study exploring contextual factors found that fathers' involvement may threaten mothers' autonomy and empowerment (Dumbaugh et al., 2014). Another study found regional differences in the relationship between empowerment and father involvement, with countries such as Burkina Faso and Uganda showing a positive association between women's empowerment and father involvement, and other countries like Malawi showing a negative association between women's empowerment and father involvement (Jennings et al., 2014).

Some research has also demonstrated the importance of mothers' pregnancy wantedness and father involvement during pregnancy, on father involvement in child health care (Dumbaugh et al., 2014; Jennings et al., 2014). Studies have shown an apparent link between mother's economic autonomy and decision-making autonomy and lower levels of father involvement in pregnancy and childbirth. For example, one study conducted in Nepal suggested that autonomous mothers may not need or seek help from their partners regarding childbirth and child well-being (Thapa & Niehof, 2013). They found that mothers with greater economic autonomy reported engaging in fewer discussions with fathers regarding children during pregnancy, while mothers with greater domestic decision-making autonomy not only engaged in fewer discussions but also were more likely to seek antenatal services on their own (Thapa & Niehof, 2013). Similarly, a study based in Guatemala suggested that women's report of decision-making power is associated with having plans for a maternal emergency, which in turn leads to positive health outcomes for children, while husbands' report of women's decision-making power reduces the likelihood of having child birth in a health facility, which potentially increases the odds of post-birth complications for the newborn (Becker, Fonseca-Becker, & Schenck-Yglesias, 2006).

Altogether, these studies suggest that mothers are generally reluctant to seek help from fathers when they are empowered by structural environments that allow them the opportunity for independence. There are two likely explanations for this association between mother's empowerment and father involvement. One, empowered mothers take control over their own bodies and the health of their children because of high levels of self-efficacy regarding their roles as good parents. Two, when mothers take responsibility for their children's health, father relinquish their responsibility, which makes them less involved in their children's lives (Doherty, Kouneski, & Erickson, 1998). Thus, it is possible that maternal empowerment has the consequence of decreasing paternal involvement in parenting.

1.2. Factors that promote father involvement

Much of the research on father involvement is on non-resident fathers (Greene & Moore, 2000; Nepomnyaschy & Waldfogel, 2007; Teitler, 2001), while father involvement among resident fathers remains an important but understudied phenomenon, particularly as cohabiting parents often have varying understanding of what father involvement may comprise of (Matta & Knudson-Martin, 2006; Widarsson, Engström, Tydén, Lundberg, & Hammar, 2015). The body of research on resident fathers that does exist has found that cultural factors, attitudes and beliefs, contextual factors, prenatal engagement, and marriage quality may affect father involvement.

Cultural factors such as intergenerational fathering and mothers' and fathers' positive attitudes towards received gender roles appear to contribute to father involvement (Hofferth, 2003; Zvara, Schoppe-Sullivan, & Dush, 2013). Mothers' encouragement of father involvement has a positive effect as well, suggesting that maternal attitudes and beliefs are just as important as paternal attitudes and beliefs for father involvement (Zvara et al., 2013). Meanwhile, contextual factors associated with father involvement include age, education, income, and residency (Cabrera, Shannon, Mitchell, & West, 2009; Castillo, Welch, & Sarver, 2011; Sano, Richards, & Zvonkovic, 2008). Specifically, older fathers who co-habit with the mothers are more involved in their children's lives, and

structural factors such as income play an important role in father involvement, but mothers do not conflate involvement with financial support when fathers have low income, which they may when fathers have high income (Castillo et al., 2011; Sano et al., 2008). This perhaps speaks to the rising trend of fathers as caregivers as opposed to simply economic providers for children, even though it is yet to become a norm.

One of the strongest predictors of father involvement after child birth may be prenatal engagement. Father's prenatal engagement is associated with their post-pregnancy engagement with their children, including involvement in child healthcare and related decision-making (Zvara et al., 2013). When children are planned, fathers are more likely to be engaged in their caregiving, pointing to the importance of the relationship between parents before they have children (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Cabrera et al., 2009). Marriage quality, in fact, appears to affect father involvement directly and indirectly by inculcating a positive and healthy familial environment (Galovan, Holmes, Schramm, & Lee, 2014; Welsh, 2004).

1.3. Factors that hinder father involvement

Gatekeeping activities practiced by mothers are the most common hindrance to father involvement (Allen and Hawkins, 1999; Fagan & Barnett, 2003; Sano et al., 2008). Gatekeeping activities include over-seeing or supervising fathers' contribution to family work and childcare based on the notion that fathers are incompetent and need help (Allen and Hawkins, 1999). When fathers' interaction with their newborn children is limited by mothers' gatekeeping, their connection with their children may be negatively affected in the long-term (Allen and Hawkins, 1999). Gatekeeping activities may be reinforced by institutional impediments to father involvement such as child health centers that are primarily women- and mother-focused (Allen and Hawkins, 1999; O'Brien, Brandth, & Kvande, 2007; Wells & Sarkadi, 2012).

Structural constraints of father involvement include patriarchal beliefs regarding traditional gender roles and masculinity, which creates a gendered division of labor that extends to childcare. Patriarchal division of labor among couples may be complicated by the presence of a mother-in-law who introduces gender and generational power dynamics that further distance men from family work and childcare (Dumbaugh et al., 2014; Moghadam, 2004). In addition, fathers with risk factors such as history of physical or emotional abuse against the mother, substance abuse, and incarceration may not be well-positioned to be highly involved with their children (Waller & Swisher, 2006).

1.4. Father involvement in Bangladesh

Studies on father involvement focus primarily on pregnancy and child care in Bangladesh, most of which are based on convenience or purposive samples (Ball & Wahedi, 2010; Jesmin & Seward, 2011; Story et al., 2012). These studies indicate that given traditional gender roles, particularly surrounding issues of child birth and child care, father involvement tends to be low (Ball & Wahedi, 2010). However, when mothers use professional delivery systems (such as hospital care) fathers were found to be more likely to provide emotional, instrumental, and informational support to mothers compared to those who used traditional methods of at-home births (Story et al., 2012). Studies also indicate that Bangladeshi fathers in dual-income earner families are less likely to take paternal leave during childbirth than American fathers, but those who do take paternal leave are more likely to be involved in child care. Additionally, low-income fathers are less likely to take paternal leave, which precludes them from being involved in their children's care (Jesmin & Seward, 2011).

1.5. The current study

The current study has two key objectives: 1) to examine empowerment variables in Bangladesh, and 2) to examine the association

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