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Research paper

Association between father involvement and attitudes in early child-rearing and depressive symptoms in the pre-adolescent period in a UK birth cohort

Charles Opondo*, Maggie Redshaw, Maria A. Quigley

Policy Research Unit in Maternal Health and Care, National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF, United Kingdom

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ABSTRACT

Background: Much of the research on parenting and its influence on child development has emphasised the mother's role. However, increasing evidence highlights the important role of fathers in the development, health and well-being of their children. We sought to explore the association between paternal involvement in early child-rearing and depressive symptoms in 9 and 11 year-old children.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort recruited in the southwest of England. The outcome was depressive symptoms measured using the short Moods and Feelings Questionnaire (sMFQ) score. The main exposure was father involvement measured through factor analysis of fathers' responses on their participation in, understanding of, and feelings about their child's early upbringing. Scores on factor 1 measured fathers' emotional response to the child; scores on factor 2 measured the frequency of father involvement in domestic and childcare activities; scores on factor 3 measured fathers' feelings of security in their role as parent and partner.

Results: Children of fathers with high scores on factors 1 and 3 had 13% (OR 0.87, 95%CI 0.77–0.98, p = 0.024) and 9% (OR 0.91, 95%CI 0.80–1.03, p = 0.129) respectively lower adjusted odds of depressive symptoms at 9 and 11 years. For factor 2, there was weak evidence of a 17% increase in odds of depressive symptoms associated with 1 unit higher factor scores at both ages (OR 1.17, 95%CI 1.00–1.37, p = 0.050).

Limitations: In these observational data, the possibility of residual confounding in the association between the exposure and the outcome cannot be ruled out.

Conclusion: Positive psychological and emotional aspects of father involvement in children's early upbringing, but not the quantity of direct involvement in childcare, may protect children against developing symptoms of depression in their pre-teen years.

1. Introduction

Depression is an increasingly common cause of morbidity and mortality globally (Murray and Lopez, 1996) affecting adults and teenagers in almost equal measure in some populations (Kessler et al., 2005). About 2% of children may already be affected by depression by the time they reach their pre-teen and early teenage years, and this may put them at risk of later mental health problems (Copeland et al., 2013). The aetiology of childhood depression is complex, and a variety of genetic and environmental factors are thought to contribute to this outcome (Rice et al., 2002; Scourfield et al., 2003). Increasing concern about the mental health of young people has led to considerable effort directed at supporting the evidence base (Kieling et al., 2011; Patel et al., 2007) and improving the environment in which children are raised to facilitate better outcomes (Glass, 1999; Olds, 2006). The nature of early parenting plays a central role in creating a favourable or unfavourable family environment which have the potential to foster better or poorer outcomes for children (Desforges and Abouchaar, 2003; Raby et al., 2015; Schneider et al., 2001).

The effect of paternal involvement in a child's early upbringing on later mental health outcomes is poorly understood. Diagnosis and measurement of later depressive symptoms has often been included in studies of the impact of family conflict, separation and divorce and parental pathology, for example, maternal and paternal depression (Chang et al., 2007; Pettit et al., 2001), with the emphasis on negative outcomes for children (Sandler et al., 2008; Simons et al., 1999). Father absence in early childhood and potential child abuse at the toddler stage have both been associated with depressive symptoms in the middle teens (Culpin et al., 2013; Scourfield et al., 2016).

However, an increasing body of evidence shows that father

* Corresponding author.
E-mail address: charles.opondo@npeu.ox.ac.uk (C. Opondo).

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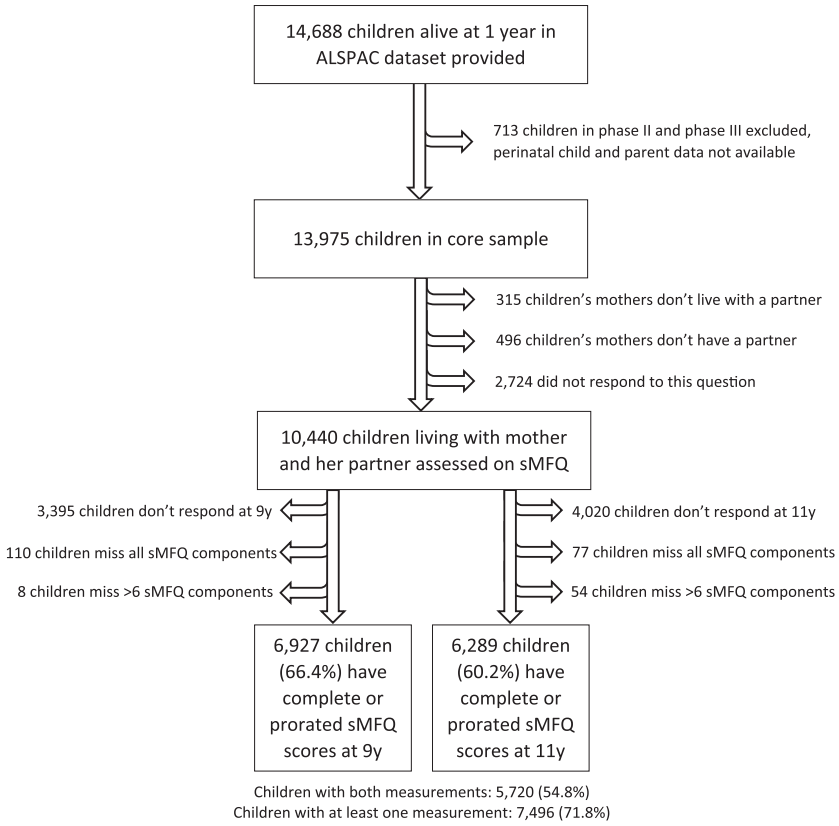

Fig. 1. Sample profile of the children included in the analysis.

involvement in child-rearing can positively influence a variety of child developmental outcomes. Children with more involved fathers have been observed to exhibit fewer behavioural problems (Amato and Rivera, 1999; Carlson, 2006; Dex and Ward, 2007), have a lower tendency to engage in risky behaviour such as teenage smoking (Menning, 2006), delinquency (Carlson, 2006) and contact with law enforcement (Flouri and Buchanan, 2002a). They also have better cognitive (Nugent, 1991) and educational outcomes (Flouri and Buchanan, 2004) and experience better peer (Pruett, 1997) and partner (Flouri and Buchanan, 2002b) relationships, among a range of other positive effects (Allen and Daly, 2007). Yet a number of studies have also failed to demonstrate the positive effects of father involvement on child outcomes (Aldous and Mulligan, 2002; Cabrera and Tamis-LeMonda, 2000; Huerta et al., 2013; Sullivan et al., 2010).

Most studies of father involvement conceptualise it as a unidimensional construct (Brunton et al., 2010). For example, in a review of longitudinal studies on the effects of father involvement on various child outcomes (Allen and Daly, 2007) most studies were found to measure father involvement by the amount of father-child interaction, direct engagement in childcare, being a resident father or frequency of visitation. However, father involvement is a complex construct, comprising interaction, care and attitudes to parenting in addition to financial provision. Societal views of the role of fathers in child-rearing have changed over time along with views and policies relating to family life. Fathers have been regarded as patriarchs, moral teachers, gender role models, providers and, more recently, as active nurturers (Lamb, 2010). Thus the mixed evidence on the positive effects of paternal involvement in child development and longer term outcomes may be partly attributable to the different ways the construct has been measured. It also may be affected by the time-points chosen for investigation, with more proximal outcomes commonly selected. The biological, cognitive and social changes associated with puberty make pre and early adolescence a critical transition period and of interest in gaining an understanding of the possible impact of early parenting (Lamb and Lewis, 2010).

Recent research has acknowledged the multidimensional nature of father involvement. We have previously reported an approach to measuring father involvement based on factor analysis which identified specific aspects, namely engagement in domestic and childcare activities, emotional response to the baby and parenting, and security in the role of parent and partner (Opondo et al., 2016). This approach, which utilised data from a longitudinal cohort, examined the role of fathers beyond their mere presence in the home and financial provision. It recognises the complex nature of father engagement and allows for independent exploration of the effects of the different aspects of involvement on child outcomes. In the current study we extended this approach to explore whether different aspects of involvement of resident fathers were associated with depressive symptoms in pre-adolescent children. We hypothesised that children who benefitted from greater paternal involvement in their very early years would be less likely to exhibit symptoms of depression in their pre-teen years.

2. Methods

This was an observational study for which the data were drawn from the Avon Longitudinal Study of Parents and Children (ALSPAC). The ALSPAC study is a cohort of children born in the southwest of England between April 1991 and December 1992. The study design, methodology and cohort profile have been described elsewhere in detail (Boyd et al., 2012; Fraser et al., 2013; Golding, 1990; Golding et al., 2001) and the study website contains all the data and a fully searchable data dictionary (ALSPAC Study Team, 2016). Briefly, the cohort included 14,701 children in the total sample who were alive at 1 year. Observations on 13 triplet or higher-order multiple births were omitted to preserve confidentiality. Another 713 children who were not in the initial 'phase I' sample were excluded, as were 3535 children who were