

Involvement of Father in Childcare: An Operational Study

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Abstract: Children represent the real wealth of the country. However, they are the most vulnerable group due to their young age and dependence on caregivers. Mothers are overburdened due to their employment and being in nuclear families. Fathers are the only persons to be involved and support the mothers in childcare. Hence, the study was undertaken with an objective to assess the current involvement of father in child care. To develop and operationalize the protocol for involvement of father in care of children upto two years of age residing in DadduMajra Colony, UT Chandigarh. Ethical approval was obtained from the Institute Ethics Committee, PGIMER, Chandigarh. One hundred fathers of children below 2 years of age, willing to participate, were selected through Systematic random sampling. Every 5th house was surveyed to register the father of children below two years of age. The data was collected in the period of July-November 2017. The study was undertaken in 3 phases. In 1st phase involvement of father in childcare was assessed by using interview schedule. In 2nd phase protocol on involvement of father in childcare was developed and operationalized which included involvement of father in routine care (feeding, bathing, clothing, play, and nappy change), immunization and treatment seeking during sickness. Thereafter six follow ups were done by using interview schedule to assess their involvement in childcare and to motivate them to get involved in childcare. After 3 months of enrollment in 3rd phase involvement of father in childcare was assessed by interview schedule. Mothers were also interviewed separately to countercheck the involvement of father in childcare. The results showed that after the intervention on involvement of father in childcare, father participation improved significantly in different aspects of child care such as feeding, bathing, clothing, play, immunization and treatment seeking during sickness. As per mother's version involvement of father in childcare reduced mother's burden. The improvement was observed in nutritional status of 73% children. Hence, the community health nurses and other health professional working in community should motivate father to get involved in childcare on regular basis.

Keywords: Children, childcare, involvement of fathers in childcare.

1. Introduction

Today's children are tomorrow's future. Every child's personality and quality will determine the kind of destiny that our nation will hold. Children constitute a large portion of the population in India. According to NFSH-4 (2014-2015) total 265,653 children were below 5 years of age¹. Mothers are considered as a primary caregiver and childcare is only the responsibility of mothers only. But now the trend has changed, mothers are also working, and they spend their time at workplace. The changing concept of women from mother to bread winner makes the need of father to be involved in childcare. Another major factor is shifting the joint families to nuclear families. In joint family there are many members like parents, grandparents, uncle, aunts, and other members for supporting the mother for taking care of child. But in nuclear families childcare is the responsibility of both the parents. So, the role of the father is extremely important in the care of child.

Objectives

- 1) To assess the current involvement of father in childcare.
- 2) To develop and operationalize the protocol for involvement of father in care of children up to two years of age residing in DadduMajra Colony, UT Chandigarh.

2. Materials and Methods

A quantitative approach was used for the study. Operational research design was used in the study. Families of children below 2 year of age selected as a target population. Systematic random sampling was employed to select 100 families willing to participate in the study. Sample size was 100 families with children up to 2 years of age. The survey Performa was used to enumerate the total number of families who had children less than two year of age. Semi structured interview schedule was used to assess the current involvement of father in childcare in their home setting. Protocol was developed and implement on involvement of father in childcare. Six follow ups were done to motivate the father in childcare. At the end of three month of enrollment evaluation of involvement of father in childcare was done as per interviewed schedule. It took 40-45 minutes in each family to collect data at initial interview. Fathers were motivated to participate in childcare as per protocol and a booklet was given to him which included the activities of childcare where father can participate. Later on, six follow up visits were done to motivate father to participate in childcare activities and posttest was taken after three months by interviewing fathers. Data given by father was confirmed from mothers for its validity. Data was coded and analyzed by using SPSS version 21 and presented in the form of tables.

3. Results

Results of the study revealed that the knowledge of father in care of children was significant improvement in knowing the birth weight, present weight of the child. Significant improvement was seen in knowledge of upcoming immunization and starting the complementary feeding in child. (Table-1)

Table 1: Knowledge of father’s regarding general information of children (n=100)

Variables	Number of fathers answered correctly		x ² (df) p value
	Before intervention	After intervention	
Father knows about			
Date of birth of child	95	99	2.74 (1) 0.013
Birth weight of child	72	89	9.20 (1) 0.004
Present weight of child	33	68	24.50 (1) 0.005
Usual sleeping time of child	97	98	0.20 (1) 0.65
Wakening time of child	93	93	37.62 (1) 0.001
Illness in last three month	51	36	
Importance of immunization for child	100	100	
Upcoming immunization date	36	97	30.79 (1) 0.001
At what age complementary feeding was started in your child*	75	85	4.23 (1) 0.85

*Children from age 1-6 months were excluded

As per involvement of father in routine care of children significant improvement was found in bathing the child independently, assisting the mother in changing the cloths of child, time spend with the child in a day, accompanied the child to park/outside the house the house. Improvement was also observed in frequency in assisting the mother in bathing the child, change the nappy of child, changing the clothes of child although difference was not statistically significant. (Table-2)

As per nutritional status of children before intervention 81 children nutritional status was normal and after intervention 90 children nutritional status was normal. At enrollment 12 children were moderately malnourished and after intervention 8 children were moderately malnourished. Before intervention 7 children were severely malnourished and after intervention only two children were severely malnourished. (Table-3)

Table 2: Involvement of father in routine care of children, (n=100)

Variables	Before intervention	After intervention	x2 (df) p value
Bath the child independently	50	71	9.08
Daily	10	10	(1)0.04
4-5 times / week	11	17	
1-2 times /week	11	35	
2-3 times/ months	18	9	
Assisted mother in bathing the child	44	53	1.62 (1)0.25

2-4 times / week	8	8	
1-2 times / week	28	34	
Weekly	4	6	
1-2 times / month	4	5	
Changing the nappies of the child	98	100	4.5 (1)0.12
Changing the clothes of the child independently	87	90	0.44 (1)0.56
Assisted the mother in changing the cloths of child	41	62	8.82 (1)0.05
1-2 times / week	30	42	
3-4 times / week	11	20	
Time spend with the child in a day (hours)*			7.09 (1)0.05
2	50	45	
04-May	28	32	
06-Jul	13	14	
>8	9	9	
Taken care of child when mother is away from home	17	20	0.042 (1)0.50
1-2 times in month	13	18	
1-2 times in 2-3 months	4	2	
Accompanied the child to park/outside the house	72	87	6.90 (1)0.01
Father play with child at home	100	100	
Complete immunization of child	99	100	0.45 (1)0.80
Frequency in assisting the mother in getting the child immunized			11.06 (1)0.01
1-2 times	36	27	
3-4 times	15	12	
Each time	49	61	

Mean ± SD (range) time spend by father (hours) 2.98±1.33 (2-10)

Table 3: Nutritional status of children below two years of age, (n=100)

Variables	Before intervention	After intervention
Nutritional status *		
Normal	81	90
Moderate malnourished	12	8
Severely malnourished	7	2

*According to weight for age chart available in MCP chart

Table 4: Involvement of father in care of children during sickness, n= 100

Variables	Before intervention	After intervention
Sickness of children in last 3 months		
Fever	27	20
Cold and cough	12	8
Dirrhoea	10	8
Chickenpox	1	
Epilepsy fits	1	
Accompanied the child for treatment in hospital	43(68.0)	32(90.0)
Hospitalization of children in last 3 months	6	
Duration of hospitalization		
1-2 days	4(50.0)	
3-6 days	1(25.0)	
7-10 days	1(25.0)	
Care taken by father when child was hospitalized		
Be with child during hospitalization	4(60.0)	

whole day		
Visited the hospital before and after the duty	2(40)	

Treatment seeking behavior of father during sickness of children

Table 4. depicts the treatment seeking behavior of father in sickness of children. Reduction in the morbidity was observed. At the time of enrollment 68% fathers were accompanied the child to hospital for treatment at enrollment and after 3months of enrollment 90% fathers accompanied the child to hospital .As at the time of enrollment 6 children were admitted in hospital and after 3 months no child was admitted in hospital.

4. Discussion

Parents and families have the direct and long lasting impact on children growth and development. Father is important because he is the role model for the child. Father help to teach him values of life. When both the parents are involved, children achieve more, exhibit positive attitudes and behavior. Traditionally, mothers are responsible person for childcare, they are supposed to stay at home and do all the work for child. But now the trend has changed, mothers are also working and spend their time at workplace. Due to industrialization and urbanization numbers of nuclear families are more as compared to joint family. In joint family many members are their like parents, uncle, aunt, grandparents to look after to child whereas in nuclear family only mother and father is there to take care of the child. In that situation involvement of father is extremely important for the growth and development of child.

During clinical experience of investigator, it was observed that childcare is only the responsibility of the mother. There are very few studies on father-infant interactions in the home setting on the observations of father-infant interaction². So, recognizing the need an operational study was undertaken with the objectives to assess the current involvement of father in care of children and to develop and operationalization of protocol on involvement of father in childcare.

An operational research design was used for the study because only assessing the father involvement in one time is not sufficient they need continuous supervision and motivation so operational design was selected. In the present study semi-structured interview schedule was used to obtain data related to child care because it is the most favorable method to get information related to topic .Some participants were illiterate and researcher also wanted to explore some areas for which open ended questions were needed. Subjects were interviewed under various domains like routine care (feeding, bathing, clothing, play, nappy change) immunization and treatment seeking behavior during sickness. Similar study was conducted by Jones, Stephen in which they assess the knowledge of fathers in rearing infant by using semi structure interview schedule.³At follow up visits Semi structure interview was used to assess the involvement of father in childcare. There were six follow up

were done on each follow up fathers were motivated and to reinforced to get involved in childcare.

There was significant improvement in the knowledge of father related childcare regarding feeding, immunization, identification of symptoms of sickness and its management. The knowledge of father was improved due to consistent follow up and motivation. Similar study was conducted in University of California, Irvine and results revealed that if fathers were educated and motivated than their knowledge regarding childcare improved^[4]

Management during sickness is very important because when disease is not timely managed that will lead to complication in children. In sickness child gets irritated and not take feed properly so they need extra attention and support from father.If father take lead in care of child that will beneficial for physical, emotional and psychological support. Father should look after the child, recognize symptoms of illness, accompany the child to doctor and give prescribed medicine to child. The study results showed that improvement of father involvement during the sickness of child. Fathers started to care of child during sickness, accompanying the child to doctor for treatment. These findings were consistent with the findings of Chesler suggests that fathers have been shown to increase involvement with children during sickness.^[5]

Child need love affection and care from both the parents. If both the parents involved in childcare, they will share burden of child. This will help in improving the health status of child. This was reflected in the verbatim of both the parents. At the end of the study opinions of parents were taken in the form of verbatim. Both of partner told that fathers shows their active participation in child care like spending quality time with child, play with child, feeding the child etc. As per mothers version the involvement of father in child care reduced her work load and as per fathers version they feel more confidence in handling the child .They enjoy the time spend with the child and child also started being with the father .Earlier child was always cling the mother.

The study concluded that there was significant improvement in involvement of father in child care in all the aspects such as routine care (feeding, bathing, clothing, nappy change, play), immunization and treatment seeking behavior during sickness. This has resulted in improvement in confidence of father in handling the child, time spend by father with child and nutritional status of child. It further helped in reducing the workload of mother and morbidity in children .On the basis of the study it is recommended that the community health nurse and other health professionals working in community can motivate the fathers for active involvement in child care.

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