Point of View

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Child-rearing—a task for fathers as well as mothers

A father can make a useful contribution to caring for his children. In so doing, he not only helps to ease the burden on his partner but also enriches the lives of all members of his family, including his own.

In the field of maternal and child health, scant attention has been given to the role of the father, who is often seen essentially as providing economic and emotional support for the mother. While no-one would deny the importance of this, the time has surely come to examine the assumptions that child-rearing is exclusively or even primarily a mother’s job and that motherhood is an occupation while fatherhood is, at best, a relationship.

The father’s influence on a child’s health clearly begins at conception, because of his genetic contribution. Paternal as well as maternal smoking during pregnancy has been associated with low birth weight. The emotional support of the father during pregnancy and childbirth affects the outcome. An association between preterm birth and divorce during pregnancy has been noted. Paternal influence on the health of the partner and/or children may be favourable or unfavourable. We learn more, perhaps, about the impact of fathers on family health from the writings of Shakespeare, Turgenev, Sartre, Joyce, or the misogynist Strindberg, than from modern health studies. A link between classical literature and health was established by Freud, who left the dubious legacy of the Oedipus complex.

In 1986, a Swedish working party concluded that the roles assigned to men and women were damaging to both. It attributed the dominance of men in society to their suppression of emotions and instincts as a prerequisite for the ability to act rationally, compete and succeed. The basic premise was that the role of the male had prevented him from developing sides to his character associated with close relationships to women, children, relatives

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and friends, a view widely held by observers attempting to understand the determinants and consequences of rigidly differentiated sex roles in the economy, society and the family. Unfortunately, this

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reflects stereotyped ideas about underlying differences between women and men, namely that women are emotional and men are rational. Men, it is said, are capable of feeling but mostly for their own gratification. They are perfectly capable of displaying strong emotions of anger, sexual desire and aggression, which are rewarded by society, whereas tenderness in men is viewed as a sign of weakness and anger in women is considered so abnormal that the “angry woman syndrome” is a recognized psychiatric disorder. Thus psychiatry contributes to the hardening of role differentiation between the sexes.

Paternal involvement

Women’s unsupported, implicit responsibility for the care of others has been challenged during the International Decade for Women, which produced the ILO Convention on Workers with Family Responsibilities and the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, and culminated with the formulation in Nairobi of the Forward-Looking Strategies for the Advancement of Women to the Year 2000. There is now an incipient debate on the role of men in the family.

While some see equality of the sexes as inimical to the health and survival of the family, I proceed from the assumption that equal partnership in marriage and parenthood is essential to the health of the family, each of its members, and society. Public policy is, in fact, beginning to reflect this. Thus the Marriage Act that came into force in Sweden on 1 January 1987 requires spouses jointly to care for the home and promote the well-being of the family. In Canada there has been a decade of change in family law: for example, the 1986 Family Law Act in Ontario acknowledges that marriage is an economic as well as a social and emotional partnership.

The age and sex segregation of industrial society has undermined familial and societal solidarity. The sex-role complementarity of functional sociologists, who held that society required men to be instrumental and women to be expressive and nurturant, ignored the risks to families treated instrumentally by men and the basic insecurity of women and their children engendered by economic and social dependency on men. Such complementarity is not only dysfunctional but can also be pathogenic.

Men, women and children need each other in all societies. Until recently there was an assumption in population studies that adults in developing countries required children for their labour and later for social security, whereas rearing children in developed countries was considered purely altruistic, the parents expecting and receiving no benefits. Now in the developed countries it is being realized how much aging parents depend on their children, particularly daughters and daughters-in-law, for support and care.
Sociological studies of power in the family during the 1950s and 1960s reported increasingly symmetrical roles but failed to take cognizance of sexual stratification, legal inequalities and the sexual division of labour in the home and the economy. The kind and degree of paternal involvement in the family depend on the acceptance by men of nurturant roles and by society of men in these roles. The competence, willingness and availability of fathers, the existence of social supports, and the nature of ideology and public policy are all factors capable of influencing acceptance.

**Competence, willingness and availability of fathers**

Competence is often an exaggerated factor, since in developed societies where sex differentials in educational attainment have been greatly reduced, women and men often become parents with similar degrees of unpreparedness and incompetence. American laboratory studies of parental behaviour found that fathers were capable of sensitive behaviour but that, in the presence of mothers, they did not display their competence.

For centuries, African and Caribbean mothers have performed the arduous work of planting, harvesting, carrying water, gathering wood, carrying produce to market, and so on, while at the same time caring for large numbers of children. In much of rural Africa, mothers provide 95% of the time devoted to feeding and caring for their families, only 5% of this time being contributed by fathers; moreover, women contribute 60-90% of the time spent on harvesting and weeding, transporting crops, carrying water and fuel, processing food crops, and marketing. However, much paternal involvement occurs among the hunter-gatherers of Botswana.

Various countries have introduced parental insurance systems. That of Sweden permits the father or mother, or either alternately, to stay at home to care for a child and obtain social security. Surveys in 1982 revealed that 55,000 women and 2300 men were absent on paid parental leave, while 20,400 men were absent for military training. Despite sex education and strong public policy support, sex role attitudes evidently cannot be taught by school and State in the absence of parental role models.

Even paternal unemployment does not necessarily result in greater participation by fathers in family roles. In 1986, 4000 unemployed Canadian men stated that they had been keeping house, and 14,000 men were not in the labour force because of personal responsibilities, representing just under 0.02% of the male population of working age. Yet in 1985, 45,000 Canadian women who were working full-time and had children under five years old reported that their husbands were not employed, suggesting that most of their children were being cared for by someone other than their unemployed fathers. In the 1970s it was reported that 0.05% of American fathers were not in the paid labour force because they were housekeeping. There appears to have been little change in the
marital division of housework despite the dramatic increases in labour force participation by women. The persistent social division of household labour is also evident in children's participation, girls spending more time on it than boys.

The availability of fathers in developed countries has been increasingly affected by divorce. Proponents of joint custody cite the positive effects on the role of fathers, their enhanced importance to their children, and the exercise of an expressive role of fathers when they are no longer seen only as breadwinners and payers of child support. Nevertheless, the stability of the role may be in doubt except under very favourable conditions. A Swedish study showed that several years after parents were awarded joint custody, 46% of the children were living with the mother, 36% were alternating and 18% were living with the father. Another Swedish survey showed that 28% of children in single-parent families never saw the other parent, usually the father. Children may feel burdened by adjusting to binuclear families, especially when the adults have conflicting values and demands. In Canada there is much controversy over involuntary, court-ordered joint custody, which may not be in the best interests of the child or the mother; she is often divorcing a non-supportive, non-caring husband or disinterested or implacable father and may find herself subject to his continued control. Continuity and psychological parenting sometimes becomes the responsibility of grandparents.

Divorced men are particularly susceptible to psychiatric illness and other stress-related diseases. It has been observed that fathers who have continued contact and involvement with their children after divorce are less depressed than otherwise. The nature and quality of post-separation fathering cannot be predicted from the marital relationship. Some fathers who were closely involved before separation do not continue to be so after separation because of an inability to adapt to “Sunday fatherhood” status. Psychiatric studies on divorced men suggest that some may distance themselves from children after divorce as a way of coping with the pain of their loss. Other men become more active and interested fathers after separation.

Paternal involvement, even in intact families, is often characterized by intermittent attention, a primary focus on task-orientated relationships with sons, and delayed involvement until the second year, when children are deemed ready to understand and perform. This corresponds to the belief that, except under unusual circumstances, young children should be awarded to their mother, whose presence is thought essential for emotional development, whereas the father’s presence is considered beneficial for cognitive development, erroneously believed to follow sequentially.

Social supports

Caring fathers require social supports. It has been argued that, since greater involvement of fathers with young infants is contrary to tradition, they need emotional support in the parenting role, similar to the support systems required from within and outside the family for employed mothers. Caring, whether in the public or private domain, has been characterized as a female function. When men provide care and nurturance they often do so without the tacit approval of society, their co-workers and employers, and, above all, largely without the encouragement and guidance of health workers.
Paternal involvement and health

In the developed countries there has been a demand for the demedicalization of childbirth and renewed family involvement in the event. In the United Kingdom, a study showed that over 70% of fathers were present at birth and 14% assisted during labour, while studies in the USA suggest that over 80% are present, with many fathers acting as coaches. Some feminists contend that this is not a supportive role but yet another situation wherein the physician and the father act as "experts" guiding or controlling women's reproductive experience.

A survey in Detroit (USA) found that employment, marriage and parenthood were associated with good physical health in both women and men. Employed married parents had the best profile, whereas people with none of these roles tended to have the worst. Of the three roles, employment had the strongest effect and parenthood the weakest. People with both job and family roles evidently enjoyed the health benefits of each role and incurred no special health disadvantage or benefit for being busy.

A study in Iowa (USA), found that men in two-earner families did not suffer from reduced self-esteem or increased stress or depression compared with peers whose wives were full-time home-makers. The inference was that the strains in two-earner families were felt mostly by women. The presence of children in one-earner families was found to act as a buffer against paternal depression. Presumably children can be a source of enjoyment for fathers when mothers provide full-time care.

An American study showed that for widowed males aged 50-54, the death rate was twice that for married men, and that for divorced males of the same age it was three times the rate for married men. A Swedish report attributed the marked increase in mortality and morbidity among divorced men to increased vulnerability to psychological, social and economic strains, unhealthy behaviour, and suppression of the immune system. As most studies confirm that marriage confers health protection on men, it would seem logical to persuade men to make a greater emotional investment in the quality of family life.

A study on the association of family factors with health care utilization has shown that being widowed substantially increased the probability of a visit to the doctor for employed men. Divorced home-makers had a sharp increase in visits to doctors and hospitals, while single-mother home-makers rated highest on all measures of health care utilization, probably reflecting strain in fatherless households where community or household supports were inadequate.

Much psychological analysis of the influence of fathers on the health of sons and daughters has focused on sex-role identification and the learning of supposedly appropriate behaviour. It has been suggested that fathers of girls may give them mixed messages regarding the relative importance of pleasing others or attaining competence, and this may lead to
a reduction in intellectual performance. Loving care, while important, is evidently insufficient for transmitting knowledge, skills and positive attitudes towards

learning, which some parents of lower socioeconomic status may themselves lack. The relationship between paternal nurturance and the child’s intellectual functioning was found to be higher for boys than for girls.

Psychological studies strongly indicate that “father absence” or a low degree of paternal emotional support for children may be directly correlated with poor performance in cognitive tests. However, conclusions about “father absence” may fail to take into account the socioeconomic factors associated with lone parenting by mothers. In the USA during the 1970s, the incomes of single mothers remained less than a third of those of families that included both a husband and a wife. Resource deprivation, poor housing and deficits in the physical environment, when coupled with paternal absence, may be expected to affect children’s cognitive development.

Another risk factor is substance abuse. Psychiatric literature confirms that alcoholic fathers have an anxiogenic effect on their children.

A study in the USA on the interrelationships between family structure, patterns of family decision-making and deviant behaviour among adolescents indicated that youth in households with a mother but no father were likely to make decisions without parental input and more likely to exhibit deviant behaviour. The presence of an additional adult in these households brought control levels, especially for male adolescents, closer to those found in two-parent families. Given the American estimate that half of all children under 18 will experience a parental divorce or separation by 1990, the social support required by lone mothers will become increasingly critical.

Families have been called the major long-term care institutions, with most of the care provided by wives, mothers and daughters. Families become physically and emotionally exhausted from sustained responsibility for the care of disabled members. Pronounced stress contributes to divorce and mental breakdown and may create a potential for child abuse in families with severely handicapped children if community supports are lacking.

Family violence

Inequality of marital partners contributes to the persistence of family violence. Unlike child abuse, which was brought to public attention by the medical profession, health workers have been slow to recognize the health risks to women in unions with violent men.

In Canada there are now, in addition to over 300 transition houses for abused women and their children, over 100 treatment programmes for men who batter. It is still a matter of debate whether such men are “mad” or “bad”. The Ontario Medical Association’s Committee on Wife Assault, while admitting that no specific pattern of severe psychiatric disorder has been found in men who batter, cites as common psychological characteristics the
rigid definition of masculinity, femininity and the roles of the sexes, the use of violence as a problem-solving technique and a means of controlling others, an inability to express emotion other than anger, lack of trust, and excessive jealousy. In 1986, a United Nations expert group concluded that violence against women in the family was of serious magnitude, had immediate traumatic effects on the victimized women and long-term effects on the development of women and children and on the perpetration of further violence in families and in the community at large, and occurred in all categories of class, income, race, culture and religion. It was recommended that measures should be devised that would give protection to women at risk.

Community health policy should aim to minimize all forms of violence and abuse in the family by epidemiological studies of high-risk groups, situations and factors; by early detection; by prompt acute health care coupled with emotional support and protection, informed referral, follow-up and advocacy; by better investigation of the health needs and risks of children in violent homes and appropriate services for them; and by the development and appropriate use of health promotion and educational materials to demystify and deprivatize the problem and promote help-seeking behaviour, particularly through employee assistance programmes in the workplace where these are available. Workers in maternal and child health and in family health agencies should meet the partners of pregnant women with a view to assessing whether support is being given or abuse inflicted. Safe motherhood is buttressed by responsible, committed fatherhood. Above all, an enlightened approach is needed which does not see women as passive, of low self-esteem or masochistic, or as agents provocateurs.

In many instances, women are battered by their husbands while defending children from sexual and other forms of abuse. In Canada it was found that about one in four assailants is a family member or a person in a position of trust, and that 99% of assailants are male.

Ideology

Although historically men were placed in the public sphere and women in the private sphere of the family, men were presumed to be the heads of households. In Sweden it has been observed that the classification of occupations implies that women, while not necessarily precluded from doing everything that men can do, may be expected to do so in subordinate positions. Men avoid women’s low-paying child-care occupations. Even in the kibbutz, where the ideal of equality was proclaimed, kindergarten work has been done by women. In a study on children’s perceptions of differences between mothers and fathers in Australia, England, North America and Sweden, all children saw adult roles involving children as uniquely female. In contrast, a telephone survey in the USA during 1983 revealed that 76% of adults aged 19-37 preferred an egalitarian marriage in which partners shared responsibility for employment, domestic work and child-rearing. Clearly, there is a discrepancy between stated principle and what actually happens.

Striking gender differences in attitudes have been found in the USA between 18-year-old sons and daughters. Sons were significantly more traditional on three-quarters of the items studied, whereas daughters were more egalitarian than their mothers had been in 1962. Another study of American adolescents has found that while 70% of females desired a full range
of work, marriage and motherhood, only 40% of males desired this pattern for their wives. The authors concluded that these differences would make it difficult for a person to find a partner with similar beliefs to his or her own about women’s roles.

It has been said that the medical and legal professions are bastions of patriarchy, monopolized by men who dominate their ethos, which *inter alia* includes the control of the emotions. The latter constituted grounds for excluding women, who were consequently restricted to such fields as nursing, midwifery, social work, physiotherapy and occupational therapy, and were expected to act as handmaidens in an extension of their domestic, nurturant role.

For professional men such as doctors and lawyers in Western society, the tradition has been for wives to support their husbands by freeing them from all cares that would interfere with their work, prestige or status. In North America, this deterred educated women from pursuing their own careers and deterred men, whose time was valuable, from spending much of it with their families. The prevailing values dictated that women used their education to rear outstanding children, who were exempted from all duties unrelated to their personal development and success. Such a background leads to a conflict between the ideals of equality and interdependence on the one hand and the desire for individualism and personal gratification on the other.

There is now a trend towards a flight from commitment by male adults and there is statistical evidence of an increase in solitary life-styles. For example, non-family households in Canada grew from 18% in 1971 to 25% in 1981, including single-person households that increased from 13% to 20%.

**Public policy**

A Norwegian sociologist has argued that when women are held solely responsible for children and have no voice in the public domain, society ignores the needs of children. It is of interest to note, in this connection, that women in Norway occupy very prominent public roles and that in this country child care is given high priority.

In 1986 the Ottawa Charter for Health Promotion characterized healthy public policy as leading to action on health, income and social matters so as to foster greater equity. It asserted that people could not achieve their fullest health potential unless they controlled those things that determined their health. This applied equally to women and men. The advantage for men of increased involvement in child care may consist primarily of closer, richer, and more realistic relationships with their children, and the expression of nurturant feelings. The disadvantages may be seen in terms of adverse effects on career advancement, income and status.

There has been a lag in the development of adequate public policy responses to the needs of working parents, despite the dramatic rise in the employment of mothers with very young children. However, new policies are being devised in this field at the national and international levels. Health policy-makers and health workers have the responsibility of translating general policies into practical services based on an understanding of factors that promote health, e.g., adequate child care, maternity and parental leave, flexible working hours, job-sharing, prorating of part-time employment benefits.
with entitlement to job security and advancement, special leave to cover family needs, including the care of the old and infirm, and special measures for workers with disabilities who also have family responsibilities. Moreover, the new reproductive technologies, developed in response to infertility, are creating genetic, legal and psychological problems connected with parent/child relationships and entitlements and are proving a challenge to emerging social policies.

Many fathers differentiate between caring and care-giving. Yet some men do experience various forms of care-giving outside the home—in working with animals, treating sick people, looking after wounded comrades, and so on. The feeling comes with the doing. One may begin without the emotion of caring but one develops it in the process of care-giving.

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**Childbearing—a matter of life and death**

Many thousands of women throughout the world experience childbirth, not as the joyful event it should be, but as a time of suffering that may even end in death. For a woman in the developing world, the average lifetime risk of dying of a pregnancy-related cause is between one in 15 and one in 50, compared with an average lifetime risk of between one in 4000 and one in 10 000 for a woman in the developed world. Yet, until recently, the problem was largely ignored by those who set national and international health priorities, because those who suffer most are often poor, illiterate, and politically powerless.

In recent years, the scale of the suffering associated with pregnancy and childbirth has become more widely recognized, as has the crucial fact that much of this suffering is preventable. This book presents an overview of this major public health problem and draws attention to the special and long-neglected needs of women. In this way, it aims to stimulate debate on the subject and to promote the changes in public health policy needed to make childbearing safer. The technical know-how to do this is already available; what is needed now is political commitment and broad public support.