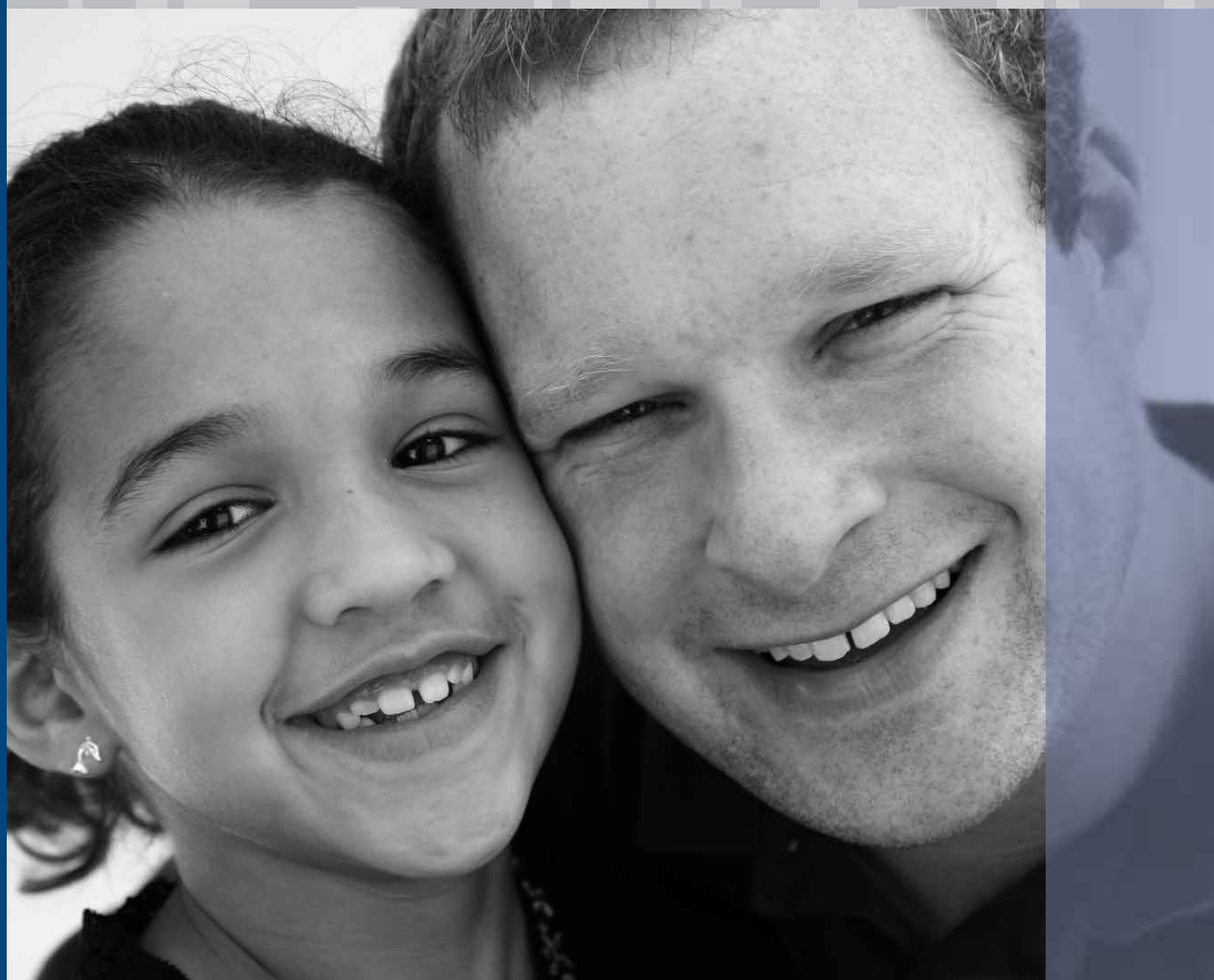


# SUMMARY



## Fatherhood and Health **outcomes** in Europe: a summary report



EUROPE

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# **Fatherhood and health outcomes in Europe: a summary report**





# Acknowledgements

**T**his brief is a result of collaboration between the Department of Gender, Women and Health of WHO and the Gender and Health Programme, WHO Regional Office for Europe, under the overall guidance of 'Peju Olukoya, Coordinator, Department of Gender, Women and Health and Isabel Yordi Aguirre, Technical Officer, Gender and Health Programme, WHO Regional Office for Europe. Many thanks to Lars Plantin of Malmö University, Sweden, who wrote the original report, Fatherhood and health outcomes in Europe, with the support of the Swedish Expertise Fund to WHO. Contributions were also made by Gary Barker, Instituto Promundo, Brazil; Kirsten Vogelsson, Department of Reproductive Health and Research, WHO; Eva Margareta Wallstam, Swedish International Development Cooperation Agency (Sida) and a former WHO staff member; and Sven-Axel Månsson, Sara Johndotter, Aje Carlbom and Charlotta Holmström, Faculty of Health and Society, Malmö University, Sweden. Thanks to David Breuer for editing the text and EKZE for graphic design.

# Introduction

**W**hat is known about fatherhood and reproductive health? How can men, by being more involved in their parenting, contribute to better health outcomes for themselves, their children and their partner? Which factors positively affect men's involvement in parenthood and reproductive health?

The report *Fatherhood and health outcomes in Europe* targets these issues. It is based on a literature review and consists of two different sections: "Fatherhood and reproductive health" and "Managing fathering – on fatherhood and health in everyday life". The first section focused on expectant and new fathers. It discusses what is known about men's experiences of the childbearing decision, pregnancy and the delivery and how increased involvement during these phases can be related to better health outcomes for the mother the child and the men themselves. This chapter ends with a section that highlights groups of fathers that might need special support and concern from a health perspective.

The second section focuses on fathers' practices in everyday life and how this can be related to various health outcomes. It gives a general overview of the research that has studied how becoming a father affects men's health. Is fatherhood positive for men's health, as it adds a new meaning to life and a healthier way of living, or can it actually have negative effects as it means increased stress, marital conflicts and more worries? It also highlights existing policies for fathers in Europe to combine work and family life and how this relates to positive health outcomes. The last section draws on research studying the internal workings of family life in Europe, with a special focus on men's participation in childrearing and household work. The father-child relationship and the importance of fathers for children's well-being, health and development are also highlighted.



# Background

**D**uring the last decade, health practitioners all over the world have become more interested in involving men in reproductive health. Milestones in this process were the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, which emphasized that men's attitudes, knowledge base and ways of reacting influence not only their own but also women's reproductive health. Parallel to this development, there has also been growing academic interest in how men live their lives, create male identity and form relationships with their immediate environment. One context in which these questions are being explored is in the research on men's parenting. The fatherhood research has increased dramatically during recent decades and has also become a multidisciplinary scientific field of knowledge. Behind this development there are several major changes in modern society, such as shifting marriage and divorce patterns, increasing labour force participation of women and the growth of the women's movement with its focus on gender equality and increased men's involvement in family life. The result is that the research literature has raised many questions about men's parenting, reflecting positive as well as problematic aspects. The challenging and difficult side of men's parenting has mostly been framed in discussions about "deadbeat dads" or "feckless fathers" that ignore their parenting responsibilities. Fathers' shortcomings in taking equal responsibility for the internal family work and how this negatively affects women's opportunities to combine work and family life is another example of problematic behaviour that has been discussed. Men and fathers have also been discussed in connection with domestic violence and other destructive behaviour that negatively affects their health and that of their family.

Another part of fatherhood research has challenged the deficit perspective on men's parenting and instead focused on the positive sides of men's parenting that might contribute to better health outcomes. The significance of fathers for the development and well-being of children and adolescents or the positive meaning for men of being a father are examples of topics in this research.

However, so far the picture has been very vague of how men, by being more involved in their parenting, directly can contribute to better health outcomes for themselves, their children and their partner. Several research studies discuss the relation between fatherhood and health indirectly, but few have specifically focused on this. Very little is known about how various factors affect the relationship between fatherhood and health. The aim of this summary report is to examine these issues more closely by reviewing research literature.

# The literature review

**T**he report is based on a literature review with a main focus on existing fatherhood research in Europe. The review only includes literature written in English and the Scandinavian languages.

All 67 relevant articles were located through searches in databases for medicine and social sciences. More than two thirds of the articles (67%) were published in medical journals. Journals focusing on the nursing sciences heavily dominated this group. The rest, one third (33%) of the articles, were published in various social science journals. Most studies in the articles were performed in western Europe, especially in England or in the Scandinavian countries. Few English-language articles or reports on the subject from eastern, southern or south-eastern Europe were found.

Most research on fatherhood and reproductive health comprises qualitative research with relatively few samples.

Searches were also performed at various organizations' web sites, and 30 relevant reports were found. An additional 35 books or book chapters were used in the review.



## Summary of the main findings

The literature review on fatherhood and reproductive health shows that most of the research in Europe is produced in western Europe and Scandinavia. Few English-language articles or reports on the subject from eastern, southern or south-eastern Europe were found. Most research on fatherhood and health outcomes comprises qualitative research with relatively few samples. More quantitative studies are needed that can give a wider view of the patterns that appear in this examination.

The literature review also supports the idea that men, by being more involved in fatherhood, family planning and reproductive health, can contribute to better health outcomes for the woman, the child and indeed the men themselves. Many studies make the following quite clear.

- Taking greater responsibility for their own use of contraception, men can not only reduce the spread of HIV and sexually transmitted infections but also decrease the number of unplanned pregnancies (Pan American Health Organization, 2007). By giving women greater emotional and instrumental support, men can also clearly positively affect women's attitudes towards pregnancy (Kroelinger & Oths, 2000).
- During pregnancy and delivery, men can give important psychological and emotional support to the woman. This in turn has been shown to reduce pain, panic and exhaustion during delivery (Early, 2001). Some studies also show that men's presence in the labour room shortens the period of labour and reduces the rate of epidural blockade (Berry, 1988).
- Men's increasing involvement during pregnancy and delivery is related to the potential to reduce the number of children born with low birth weight. This is explained by low birth weight often being caused by insufficient caloric and micronutrient intake during pregnancy, and men often control women's nutritional status as they mediate their access to economic resources (Dudgeon & Inhorn, 2004). Further, the work of Thaddeus & Maine (1994) implies that men can positively affect the prevention of maternal and child mortality, as they emphasize that it is important that people in the immediate surroundings:
  - be able to recognize an obstetric emergency;
  - be able to take the decisions to seek care; and
  - be prepared to transport the pregnant woman to obtain health services of high quality.
- Men's involvement in maternal and child programmes can probably also reduce maternal and child mortality in connection with pregnancy and labour by being prepared, for example, in obstetric emergencies.
- Increased involvement in fatherhood benefits the man's own health and well-being. For example, men who have been recognized in their new position as fathers and experienced emotional support during the pregnancy show better physical and mental health (Diemer, 1997). The more the father engages himself during the birth and postnatal period, the stronger is his attachment to the baby (Sullivan, 1999). Fathers with strong attachment to his baby also participate more in the child's growing up (Pruett, 1987; Chronholm, 2004).

But even if the research literature shows how the increased involvement by the fathers can positively affect health outcomes for the men themselves, their partners and for their children, the maternal and child health services in Europe still have difficulties in attracting and increasing the involvement of fathers in various programmes (Plantin, 2001). Even if men attend these programmes, they often feel marginalized and not directly addressed by the staff (Finnbogadóttir et al., 2003). This means that men generally get less information and are often less prepared for their parenting. Maternal and child care programmes have also had particular difficulty in reaching certain groups of parents and fathers, for example immigrant fathers, economically marginalized fathers, fathers with low socioeconomic status and adolescent fathers (Schott & Henley, 1997). Targeting these groups would greatly benefit the health outcomes of many parents and children.





Much of the research into fatherhood and health in everyday life shows that, if men involve themselves on an equal footing and are active in parenting and in the life of their child, this can lead to positive health effects not only for the men themselves but for their partners and children.

- As to the effects of parenthood on men's health, many studies show positive effects in the form of lower risk of premature mortality, less negative health behaviour such as various forms of drug abuse, less mental distress and lower risk for depression (Benzeval, 1998; Ringbäck Weitoft, 2003). Other researchers indicate the presence of negative effects such as increased workload and stress, strained finances and greater pressures on the relationship between parents and restrictions in the social network (Cox et al., 1999; Nomaguchi & Milkie, 2003). However, most research underlines the fact that the health effects of fatherhood are mediated by a variety of variables such as number of children, lifestyle, role competence, gainful employment, children's age, social class and social environment (Bartlett, 2004).
- Several studies focusing more specifically on the relationship between increasing gender equality and health show a distinctly positive relationship. Men who take a longer period of parental leave, are family oriented and on an equal footing with their partner demonstrate better health than other men (Månsdotter, 2006).
- Research also shows that the more men take a place closer to family life, the more time women spend in professional life (Tyrkkö, 2001). Family life has also become more the subject of negotiations, which has consequently established new family patterns parallel to remaining old patterns. However, most women still use more various and long-term strategies in which work is more highly adapted to family life than men do (Plantin & Bäck-Wiklund, 2004).
- Men's health is stimulated by the relationship between their different positions as a husband, parent and professional worker (Johansson, 2002).
- There are, however, considerable differences in Europe in terms of support to the fathers of infants in attempts to combine work with family life. Paid parental leave for fathers over a longer time mainly exists in northern Europe, and many countries do not have readily accessible publicly subsidized child care.
- Research from the Nordic countries shows that, even when fathers are offered paid parental leave, they do not use it to any great extent (Plantin et al., 2003). The reasons given are especially financial reasons, employers' negative attitudes and a remaining traditional view of the mother's and the father's tasks in family life (Bekkengen, 2002).
- Most studies show that a father who is involved with his children also promotes the children's physical health and social adaptability (Sarkadi et al., 2004). However, *involvement* can be defined in different ways, and there is usually considerable difficulty in determining direct causality between the father's involvement and the child's intellectual and emotional development. Instead, variables other than that of the sex of the parents are more decisive for the health of the child: in particular, the child's experience of the relationship to the adult, social environment, social class, level of education and income level (Marsiglio, 1995).



## Discussion

**A** key question for the report *Fatherhood and health outcomes – the case of Europe* is how increasing involvement by fathers in reproductive health can contribute to better health and well-being for themselves and for their partners and children.

The examination of the research literature generally shows that many studies support this idea. Men as well as women and children can benefit in form of better health from increased involvement by men in fatherhood. For example, many men describe their experiences of parenthood as a process of maturity, something that gives new empathic abilities and better self-confidence. It is also said to give special and positive meaning to men's lives, which can be associated with better health outcomes (Plantin et al., 2003).

Several studies have also showed that men's health is stimulated by the relationship between their different positions as a husband, parent and as professional worker (Johansson, 2002). Fathers who are equal in the domestic sphere and engage themselves in their children also develop less negative health behaviour and are associated with lower risks for death and ill health (Ringbäck Weitoft, 2003).

Research shows that the fathers experience receiving less support in parenting than do the mothers. Many studies show that maternal and child health services have considerable difficulties in their work in reaching out to men (Bremberg, 2006). This applies to Europe and to the rest of the world, and it results in fewer men who seek information and advice on questions relating to reproductive health and taking part in parent education. This can partly be seen as maintaining traditional patterns of division between men and women in which the man takes greater responsibility for work and support than for child care and housework. The payoffs of the patriarchal dominance lead to men taking fewer initiatives that would promote more active, equal and democratic participation in family life. However, research also indicates the potential usefulness of a parental support programme from the maternal and child health services that more clearly involves the fathers. Reaching that far requires a variety of new strategies, from symbolic changes in which, for example, maternal and child health services change their name to parent care services, to using new paths of communication to be able to reach men in their impending paternity. Today's parent education, which is often based on the participation of parents in open discussion groups, is considered to place men at a disadvantage, as the women are more used to talking about pregnancy, birth and parenting. On the other hand, the attempt to pursue parent education for men over the Internet has shown to be more successful, as has more individual support.

Fathers are, however, not a homogeneous group, and all men do not have the same prerequisites or needs as a parent. It is therefore important that a range of different types of parent education be offered. It is also especially important to pay attention to particularly vulnerable groups of fathers and parents with more direct support as today middle-class fathers seem to make best use of the support from maternal and child health services (Pettersson et al., 2003, 2004). Immigrant families are, for example, one such vulnerable group that generally experiences considerably poorer health than other groups (Council of Europe, 2000). The reason for this is found in their often-poorer social position, low income and health-endangering work (European Health Forum, 2005). Several studies also show that many immigrants lack health awareness because of language barriers or bureaucracy and that they often have no or reduced access to health-related information or services (EurActiv Network, 2006). High rates of unemployment, dependence on social welfare and language problems may also lead to an experience among many immigrant men of losing vital and important aspects of their parenthood (Nyberg, 2000; Darj & Lindmark, 2002). However, health problems in relation to low social and economic status are not limited to immigrant families; non-immigrant families in similarly vulnerable situations are also affected. Given that these groups have poorer health than other parents and that several studies show a conclusive relation between increased involvement by men in parenthood and improved health outcomes for themselves as well as other family members, offering men in these vulnerable families support is crucial.

In conclusion, even if many fathers want to be involved with their children and there is evidence that this can positively influence the health outcomes for the man, his partner and children, very little or no help at all is specifically offered to most men in their parenting. Maternal and child health services are much more focused on the health of the mother and child and therefore often exclude men and their needs as parents. Middle-class people or parents with better life conditions are better at accessing support, whereas contact with other groups who show poorer health is weaker. This shows that increased effort in reaching these men is needed as well as a new way of distributing or restructuring the activities for them to address both parents. Perhaps information and advice can take place through more effective paths of communication (such as the Internet) and thus channel more resources to people who are more difficult to reach and who show poorer health.

However, as this research review also shows, support from the maternal and child health services is not the only factor that influences men's parenting. As the construction of fatherhood is also unconditionally connected to other, larger structural and cultural factors, the support for men's increased involvement in parenthood and reproductive health also depends on more multifaceted support from the welfare state and working life. For example, numerous studies have showed that a generous parental leave system, with the possibility to take longer paid parental leave, gives the parents better opportunities to combine work and family life, which several studies have found positively affects both gender equality and health outcomes (den Dulk, 2001; Chronholm, 2004). Well-developed publicly subsidized child care may also under ease parent's potential to better balance work and family life. However, research from the Scandinavian countries shows that strong support from the welfare state is not sufficient to thoroughly transform men's practices as fathers (Bäck-Wiklund & Plantin, 2007). More family-friendly working life in which supervisors support men and women and provide real opportunities to be both responsible parents and employees are also of great importance. This means that the situation is rather complex and that the factors that positively affect men's involvement in fatherhood and reproductive health are to be found in the relationships between the public sector, the market and the family.

# References

**Bäck-Wiklund M, Plantin L (2007).** The workplace as an arena for negotiating the work-family boundary: a case study of two Swedish social service agencies. In: Crompton R, Lewis S, Lyonette C, eds. *Women, men, work and family in Europe*. London, Palgrave Macmillan.

**Bartlett E (2004).** The effects of fatherhood on the health of men: a review of the literature. *Journal of Men's Health and Gender*, 1:159-169.

**Bekkengen L (2002).** *Man får välja. Om föräldraskap och föräldraledighet i arbetsliv och familjeliv [You may choose. On parenthood and parental leave in working life and family life]* [dissertation]. Karlstad, Departments of Economics and Working Life Science, Karlstad University.

**Benzeval M (1998).** The self reported health status of lone parents. *Social Science and Medicine*, 46:1337-1353.

**Berry L (1988).** Realistic expectations of the labour coach. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 17:354-355.

**Bremberg S (2006).** *New tools for parents. Proposal for new forms of parent support*. Stockholm, Swedish National Institute of Public Health.

**Chronholm A (2004).** *Föräldraledig pappa. Mäns erfarenheter av delad föräldraledighet [Dad on parental leave. Men's experience with shared parental leave]*. Göteborg, University of Göteborg, Department of Sociology.

**Council of Europe (2000).** Health conditions of migrants and refugees in Europe. Committee on Migration, Refugees and Demography, Parliamentary Assembly, Council of Europe (<http://assembly.coe.int/main.asp?Link=/documents/adoptedtext/ta01/erecl503.htm>, accessed 16 November 2007).

**Cox M et al. (1999).** Marital perceptions and interactions across the transition to parenthood. *Journal of Marriage and the Family*. 61:611-625.

**Darj E, Lindmark G (2002).** Mödrahälsovården utnyttjas inte av alla gravida kvinnor [Not all pregnant women use the perinatal health care system]. *Läkartidningen*, 99:41-44.

**den Dulk L (2001).** *Work-family arrangements in organisations. A cross-national study in the Netherlands, Italy, the United Kingdom and Sweden*. Amsterdam, Rozenberg Publishers.

**Diemer GA (1997).** Expectant fathers: influence of perinatal education on stress, coping and spousal relations. *Research in Nursing and Health*, 20:281-293.

**Dudgeon M, Inhorn M (2004).** Men's influences on women's reproductive health: medical anthropological perspectives. *Social Science and Medicine*, 59:1379-1395.

**Early R (2001).** Men as consumers of maternity services: a contradiction in terms. *International Journal of Consumer Studies*, 25:160-167.

**EurActiv Network (2006).** *Immigrants – a challenge for European health care systems*. London, EurActiv (<http://www.euractiv.com/en/health/immigrants-challenge-european-health-care-systems/article-145349>, accessed 16 November 2007).

**European Health Forum (2005).** *Healthy choices. Report of Forum 6: Enabling healthy choices in modern health societies.* Bad Gastein, European Health Forum  
([http://www.nigz.nl/incl/getdocument.cfm?filename=upload/EHFG\\_F6\\_Final%20Report%20def%20\(2\).pdf](http://www.nigz.nl/incl/getdocument.cfm?filename=upload/EHFG_F6_Final%20Report%20def%20(2).pdf), accessed 16 November 2007).

**Finnbogadóttir H, Crang Svalenius E, Persson E (2003).** Expectant first-time fathers' experiences of pregnancy. *Midwifery*, 19:96-105.

**Jansson A (2000).** *Sjuksköterskan i primärvård med särskilt fokus på barnhälsovård [Nurses in primary health care with special focus on children's health care]* [dissertation]. Lund, Department of Health Sciences, Faculty of Medicine, Lund University.

**Johansson G (2002).** Arbete, familj, flexibilitet [Work, family, flexibility]. In: *Hela folket i arbete? [The whole population in employment?]*. Stockholm, Swedish Council for Working Life and Social Research.

**Kroelinger CD, Oths KS (2000).** Partner support and pregnancy wantedness. *Birth*, 27:112-119.

**Månsdotter A (2006).** *Health, economics and feminism. On judging fairness and reform* [dissertation]. Umeå, Umeå University, Faculty of Epidemiology and Public Health Sciences, Department of Public Health and Clinical Medicine.

**Marsiglio W, ed. (1995).** *Fatherhood – contemporary theory, research and social policy.* London, Sage.

**Mazza C (2002).** Young dads: the effects of a parenting program on urban African-American adolescent fathers. *Adolescence*, 37:681–693.

**Nomaguchi KM, Milkie A (2003).** Costs and rewards of children: the effects of becoming a parent on adults' lives. *Journal of Marriage and the Family*, 65:356-374.


**Nyberg E (2000).** *Föräldrastöd i en grupp i ett mångkulturellt område: samverkan kring en gruppverksamhet för spädbarnsmödrar [Parental support in a group in a multicultural district: collaboration on a group exercise for mothers of infants]*. Stockholm, Stockholm County Council.

**Pan American Health Organization (2007).** *Involving men in sexual and reproductive health.* Fact sheet. Washington, DC, Pan American Health Organization  
(<http://www.paho.org/English/ad/ge/AdvocacyPacks.htm>, accessed 16 November 2007).

**Petersson C, Petersson K, Håkansson A (2003).** General parental education in Sweden: participants and non-participants. *Scandinavian Journal of Primary Health Care*, 21: 43-47.

**Petersson K, Petersson C, Håkansson A (2004).** What is good parental education? *Scandinavian Journal of Caring Sciences*, 18:82-89.

**Plantin L (2001).** *Mäns föräldraskap. Om mäns upplevelser och erfarenheter av faderskapet [Men's parenthood. On men's perceptions and experiences of fatherhood]* [dissertation]. Göteborg, University of Göteborg, Department of Social Work.



**Plantin L, Bäck-Wiklund M (2004).** Chapter 4, Sweden. In: den Dulk L, Pepper B, van Doorne-Huskes K, eds. *Literature review for the EU framework 5 funded study Gender, Parenthood and the Changing European Workplace*. Manchester, Department of Psychology and Speech Pathology, Manchester Metropolitan University (<http://www.workliferesearch.org/transitions>, accessed 16 November 2007).

**Plantin L, Månsson S-A, Kearney J (2003).** Talking and doing fatherhood. On fatherhood and masculinity in Sweden and Britain. *Fathering*, 1:3-26.

**Pruett KD (1987).** *The nurturing father: journey toward the complete man*. New York, Warner Books.

**Ringbäck Weitoft G (2003).** *Lone parenting, socioeconomic conditions and severe ill-health. Longitudinal register-based studies* [dissertation]. Umeå, Department of Epidemiology and Public Health Sciences, Umeå University.

**Roer-Strier D et al. (2005).** Fatherhood and immigration: challenging the deficit theory. *Child and Family Social Work*, 10:315-329.

**Sarkadi A, Kristiansson R, Bremberg S (2004).** *Fäders betydelse för barns och ungdomars hälsa: en systematisk översikt av longitudinella studier [The significance of the father for the health of children and adolescents: a systematic overview of longitudinal studies]*. Stockholm, Swedish National Institute of Public Health (Rapport 17).

**Schott J, Henley A (1997).** *Culture, religion and childbearing in a multiracial society: a handbook for health professionals*, Oxford, Butterworth-Heinemann.

**Sullivan JR (1999).** Development of father-infant attachment in fathers of preterm infants *Neonatal Network*, 18:33-39.

**Thaddeus S, Maine D (1994).** Too far to walk: maternal mortality in context. *Social Science and Medicine*, 38:1091-1110.

**Tyrkkö A (2001).** Samspelet mellan arbetsliv och familjeliv [Interaction between working life and family life]. In: Lindgren L, Bildt C, eds. *Könssegregering i arbetslivet [Sex segregation in working life]*. Stockholm, National Institute of Working Life.





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