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RESEARCH ARTICLE

Association Among Father Involvement, Partner Violence, and Paternal Health: UN Multi-Country Cross-Sectional Study on Men and Violence

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Introduction: The influence of father involvement on intimate partner violence (IPV) and men's health is poorly understood. This study aimed to investigate the prevalence of six aspects of father involvement in delivery and child care, and to explore their individual associations with IPV against women and paternal health in an Asia-Pacific context.

Methods: This study analyzed data from the 2011–2012 UN Multi-Country Cross-Sectional Study on Men and Violence, which surveyed >10,000 men from Bangladesh, Cambodia, China, Indonesia, Papua New Guinea, and Sri Lanka. Multivariate regression analyses were conducted in 2016 to examine the associations among father involvement, IPV, and paternal health.

Results: The sample comprised 6,184 men (aged 18-49 years) who had at least one child. The prevalence ranged from 40.0% to 62.9% across different aspects of father involvement. Presence at prenatal visits, taking paternity leave, and helping children with homework were associated with a reduced likelihood of IPV against women (all p < 0.05). When possible confounding factors were adjusted for, father involvement accounted for 2% of the variance of men's perceived health, 4% of depression, and 2% of life satisfaction (all p < 0.05).

Conclusions: Father involvement may be beneficial in reducing IPV and improving paternal health. More family-friendly policies should be adopted by policymakers to promote father involvement throughout pregnancy to improve family well-being and child development.

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INTRODUCTION

↑ he idea of engaging fathers at different stages of pregnancy and during childbirth has attracted increased attention and research interest globally. This is reflected, in part, by MenCare, a global fatherhood campaign that promotes father involvement, as well as the recent release of the world's first report to provide a global view of men's contributions to parenting and caregiving.² Changes in the workplace and households are bringing global changes to men's participation as caregivers and involvement in children's lives, which could have profound effects on the whole family. By sharing the caregiving and domestic work, men support women's participation in the workforce and women's equality overall. The interest in engaging men as fathers is therefore important from a health perspective and a

child development perspective, as well as a women's empowerment perspective.

Milestones of father involvement include men's participation in prenatal visits and parenting classes, accompanying the mother during labor, and assisting in the care of the newborn baby.³ Most existing findings have

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supported father involvement's positive role in promoting better health for both the mother and newborn, for example, lower maternal and neonatal mortality rate, reduced likelihood of prematurity⁵ and low birth weight, shorter labor period, and lower level of maternal pain, anxiety, and fatigue during labour.

On the other hand, research on the benefits of father involvement on paternal health is still in a preliminary stage and has yielded mixed findings.³ Past findings shed light on some possible mechanisms for its beneficial effects on paternal health, which include an increased likelihood of positive changes that promote health and well-being to fathers' lifestyles, such as smoking cessation or reduction,9 and an increased sense of maturity and responsibility during their partners' pregnancies. ¹⁰ These positive health behaviors among fathers not only promote the health and personal growth of the fathers, they also facilitate both maternal and child health, possibly serving as a protective factor against poor pregnancy and obstetric outcomes, such as preterm birth and low birth weight.¹¹ Yet some studies have demonstrated the negative effects of father involvement on health and development of parents and children. For example, father involvement in child care may induce stress and marital conflicts due to different parenting styles, and such tension and conflicts might spill over to worsen the parent-child relationship that affects child development. 12,13 The mixed findings of the associations between father involvement and health as well as the scarcity of existing research on the concept warrant studies to reveal evidence on the link between the two.

It is not surprising that intimate partner violence (IPV), closely associated with maternal and child health, may share some common demographic background with father involvement in affecting health. For example, high stress levels, 14 poor health behaviors (such as the use of alcohol or illicit drugs), 15 low marital satisfaction, 16 gender inequality and rigid gender role stereotypes, 17,18 which are often found to be factors associated with IPV, may also play important roles in the link between father involvement and health. The literature has also supported that unequal intimate relationships or dominance by one partner (regardless of which partner is the dominant one) may be associated with IPV at a moderate effect size.¹⁶ If father involvement is associated with reduced levels of these risk factors, it may also be related to a reduction of IPV.

Although existing evidence seems to suggest that father involvement promotes good outcomes among family members, there are still inconsistent findings and quite a number of limitations in the previous studies. For example, most previous studies had relatively small samples.^{7,19} The mainstream research in this field has

been conducted in Western countries and relevant studies in an Asia-Pacific context are scarce. There has also been little differentiation between kinds and degrees of father involvement in terms of effectiveness; most previous studies investigated only one kind of father involvement. Differing concepts of father involvement have possibly led to mixed findings in some previous studies, which found no significant effects on health from father involvement.^{20,21}

The shortcomings of the existing literature warrant a comprehensive study on father involvement that carefully conceptualizes and operationalizes different aspects of involvement and examines their associations with IPV and health. The present study aims to fill this research gap by exploring the prevalence of six aspects of father involvement that were derived from various previous studies. 22-24 The six aspects included presence at prenatal visits, presence at the labor ward during childbirth, paternity leave taken, playing with children, discussing personal matters with children, and helping children with homework. This study is the first to investigate how these six aspects of father involvement are associated with paternal health, indicated by general health, depression, life satisfaction, and suicidal ideation, and their relationships with men's use of physical, psychological, economic, and sexual IPV against women. Based on the previous findings in the literature, it was hypothesized that father involvement would be positively associated with paternal health and negatively associated with IPV against women.

METHODS

Study Sample

This study, conducted in 2016, analyzed data from the UN Multi-Country Cross-Sectional Study on Men and Violence conducted by Partners for Prevention, UN Development Programme, UN Population Fund, UN Women, and UN Volunteers regional joint programme for the prevention of gender-based violence in Asia and the Pacific from January 2011 to December 2012. The original study was a standardized population-based household survey study conducted in nine research sites located in six developing countries in the Asia-Pacific region (i.e., Bangladesh, Cambodia, China, Indonesia, Papua New Guinea, and Sri Lanka), assessing the perpetration and experiences of IPV against women as well as other types of violence from a sample of 10,178 men and 3,106 women (aged 18–49 years) who had had an opposite-sex partner. Specifically, men's use of IPV against women was assessed through the use of behavior-specific questions related to a current or former partner in face-to-face interviews. All procedures strictly followed the standards developed based on existing guidelines for violence research, 25,26 and were approved by the Medical Research Council of South Africa Ethics Committee, and the institutional or national ethics boards in each country.

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