

The experiences and involvements of fathers during 4-12 months of their children's lives: a mixed method study

Şirin Kuruçırak^a, Özen Kulakaç^b

Abstract

Objective: The purpose of this research is to determine the experiences and involvements of Turkish fathers in the care of their 4-12 month old healthy infants. **Methods:** Fathers' experiences and involvements in the care of the infants were examined by using a mixed method research design. 260 participants were selected from two health care centers of different socioeconomic status, and reported with a 95% confidence interval and 5% sampling error. The quantitative data were collected through a self developed Likert-type questionnaire named "Fathers' Involvement in Infant Care Questionnaire" by researchers using face to face interviews. Qualitative data were collected through in depth interviews from 32 purposefully selected fathers. Analyses of quantitative results used the Analysis of Variance (ANOVA), the Independent Samples T Test, the Least Significant Difference and Stepwise Backward Multiple Regression Analysis tests while qualitative data analyzed by the thematic analysis method. **Results:** The five-point Likert questionnaire results showed that average score of paternal involvement in infant care was 3.0. Fathers who declared the least interest in the physical care of their infants (\bar{X} =2.5), expressed the most interest in game activities (\bar{X} =3.9). The fathers involvement in child care significantly correlated with the time they devoted to child care ($p < .001$), the fathers' level of education ($p < .001$), the wives' level of education ($p < .01$), the number of children ($p < .01$), and the combination of these factors explained the variability of the fathers' involvement in child care by 37%. The qualitative results revealed five themes. 1) *Fatherhood is a hard concept to portray*, 2) *Is this an arrogance or to negotiate a new?* 3) *Conditional fatherhood*, 4) *My job comes first and* 5) *Caring for the baby: Beyond the reactions*. **Conclusions:** This study contributes to health care providers' knowledge database by providing a better understanding and explanation of fathers' involvement with childcare. However there is a need for further investigations conducted with different socio-cultural and economic groups.

Key Words: Fatherhood, gender role, mix method study

Yaşamın 4-12 aylık döneminde babaların bebek bakımına katılımları ve deneyimleri: bir karma yöntem araştırması

Özet

Amaç: Araştırma, 4-12 aylık sağlıklı bebeği olan babaların bebek bakımına katılımları ve deneyimlerini belirlemek amacıyla yapılmıştır. **Yöntem:** Bu çalışmada babaların bebek bakımına

^a Clinical Nurse, Training and Research Hospital District of Antalya, Turkey

^b Assoc. Prof., PhD, Antalya School of Health, Akdeniz University, Antalya, Turkey

Corresponding Author: Özen Kulakaç, Antalya School of Health, Akdeniz University, Dumlupınar Bulvarı 07058, Kampus, Antalya; Tlf: 0 242 310 61 20; Faks: 0 242 226 14 69; E-mail: kozen@akdeniz.edu.tr

Received date: 20.05.2013, Accepted date: 27.02.2014

katılımları ve deneyimlerini belirlemek üzere karma araştırma yöntemi kullanılmıştır. Sosyoekonomik statüleri farklı 2 sağlık ocağı merkezinden 260 katılımcı, %95 güven aralığı ve %5 örnekleme hatasıyla belirlenmiştir. Niceliksel veriler araştırmacılar tarafından geliştirilen Likert tipi bir soru formu olan "Babaların Bebek Bakımına Katılım Soru Formu"yla, yüz yüze görüşülerek toplanmıştır. Niteliksel verilerin elde edilmesinde amaca yönelik olarak seçilen 32 babayla derinlemesine görüşme yöntemi kullanılmıştır. Araştırmanın niceliksel verileri Varyans Analizi (ANOVA), Bağımsız İki Örnek T Testi, İki Ortalama Arasındaki Farkın Önemlilik Testi ve Stepwise Çoklu Regresyon Analizi Testi ile analiz edilirken, niteliksel verilerin analizinde tematik analiz yöntemi kullanılmıştır. Bulgular: 5'li Likert soru formu sonuçlarına göre babaların bebek bakımına katılım puan ortalamaları fiziksel bakıma en az ($\bar{X} = 2.5$), ilgi ve oyun aktivitelerine en yüksek ($\bar{X} = 3.9$) olarak bulunmuştur. Babaların bebek bakımına katılım genel puan ortalaması ise $\bar{X} = 3.0$ 'dır. Babaların bebek bakımına katılımları bebeğe ayrılan zaman ($p < 0.001$), kendilerinin ve eşlerinin eğitim durumu ($p < 0.001$) ve sahip olunan çocuk sayısı ile ilişkili olup ($p < 0.01$), bu değişkenler bebek bakımına katılımlarının %37'sini açıklamaktadır. Niteliksel veri sonuçlarından beş temaya ulaşılmıştır: 1) Babalık: Tanımlaması zor bir kavram, 2) Kibir mi? Yoksa yenilik arayışı mı? 3) Koşullu babalık, 4) İşim her şeyden önce gelir ve 5) Bebek bakımı: tepkilerin de ötesinde. Sonuç: Bu çalışma sağlık bakımı sunanların bilgi veritabanına, babaların çocuk bakımına katılımlarının daha iyi açıklanmasını sağlayarak katkıda bulunmuştur. Ancak farklı sosyo-kültürel ve ekonomik gruplar ile yürütülecek ileri araştırmalara gereksinim vardır.

Anahtar Kelimeler: Babalık, cinsiyet rolü, karma araştırma yöntemi

Introduction

Cultural and political shifts during the 20th Century concerning family, occupation, and housework sharing resulted in the transformation of fatherhood. The increase in the number of families with two incomes, and the feminist movement has increased the demand and the motivation for fathers to be more involved in child care. However, the rate of fathers' participation in unpaid housework is considerably lower than the rate of mothers' participation in the labor market¹. According to several authors, mothers spend on average 6.7 hours per day compared to fathers' 2.8 hours in child care. Sometimes these values are 9 and 3.2 hours respectively.^{2,3,4} In this situation, besides other motives, there is a lack of preparation for fatherhood that has been found to affect a father's ability to become involved in the child care.^{4,5} Recently, it has been argued that fatherhood is not an well established gender role, but rather a shifting and developing role as a result of daily interactions between family members.⁶ Moreover, the link between the father and

the child is also important for enabling the father to support the child's development of a positive self-esteem.⁷

According to related reports, Turkey has the lowest female labor force participation (23.5%) of any country in Europe and Central Asia.^{8,9} The women in Turkey's labor force are generally invisible because they are working without pay in agriculture as a family worker or in the informal economy as an uninsured worker.⁸ Therefore, Turkey is still among the countries which have the worst statistical values on involvement in unpaid housework in the European Union and all over the world.¹⁰

In the Turkish patriarchal society, the "male breadwinner role" is very strong.¹¹ The men of working age are expected to devote themselves to their career and women are expected to devote themselves primarily to unpaid domestic responsibilities including child-care and the care of dependent relatives even she is

working in a paid work outside home.¹²⁻¹⁴ The legislation on paternal leave also discourages men from taking long parental leave by offering them an "option" to take only ten days off after their wife has given birth and reflects a cultural shift relating to the fatherhood role.

Although functional status scores were found to be low, the paternal attitudes of Turkish fathers were found to be positive.¹⁵ Because the fathers' involvement in infant care improves the mothers' health, this positive attitude is important. Ramona T. Mercer, argues in her "Maternal Role Attainment Theory" that the importance of a father's support of the mother in attaining the motherhood role is irreplaceable for her.¹⁶ A father's interaction with the baby and the mother reduces the mother's stress and enhances her harmony with the mother's role. To provide optimal support to fathers, it is necessary to understand a father's experiences from the perspectives of the father himself. Analyzing a father's opinions of infant care involvement and fatherhood would help in planning this vital period. This research aims at determining the "infant care" experiences and involvement of Turkish fathers having 4-12 month old healthy infants and the factors affecting the fathers' involvement in infant care.

Methods

Participants

The investigators used a cross-sectional and in-depth interview method which means collecting and analyzing quantitative and qualitative data within one study for the purpose of providing a strong database for two main research questions: (1) what is the level and type of involvement of fathers in infant care? And (2) how do fathers explain their fatherhood and involvement in infant care?

While the quantitative data helped to identify the fathers' involvement and related socio-demographic factors in child

care, qualitative data helped us to understand the fathers' view about why fathers involve or do not to involve themselves in child care. The results of the quantitative and qualitative parts were integrated during the discussion of the study.

The study was conducted in Antalya. Due to the rate of internal migration, particularly driven by tourism and other service sectors on the coast, Antalya is the fastest-growing province in Turkey. Two family health centers, one from an urban and another from a sub-urban area were chosen through random sampling from a pool of 54 family health centers in Antalya, as representative of the fathers from all regions of Turkey. The socioeconomic status of the health centers was also different. While health center number 2 is at middle and/or upper socioeconomic levels, health center number 11 has low socioeconomic status with a high rate of immigration from other regions of Turkey.

Target Population

The fathers of 4-12 months old healthy infants were included in this study because it is the period during which working mothers are expected to return to work and fathers are expected to be involved with the child as a caretaker and playmate or guide. For the quantitative phase, a cross-sectional survey design was used. First, universe population of 690 fathers with 6-12 months old healthy infants was identified from the 2007 records of two health care centers. Subsequently, by using the formula for determining the sample size of known population, the sample size of 253 was estimated for 95% confidence interval and 5% sampling error. Eventually the study was completed with 260 fathers.

In the quantitative phase *the fathers' involvement in infant care* was produced on the basis of 28 questions that formed a "Fathers' Involvement in Infant Care" questionnaire (FIICQ). FIICQ was self-developed and reliability tested by the

investigators and a pilot was tested on 5% of randomly selected fathers.¹⁷

FIICQ: The questionnaire's items were developed on the basis of an analysis of the observations of investigators, expert opinions and related literature.^{1,3,4,6,18} The questionnaire has subgroups named: (1) Physical care, 13 questions; (2) Personal development and health, 8 questions; and (3) Allocating time and games, 7 questions. The internal validity coefficient of the FIICQ and its subgroups were found to be high (respectively 0.95, 0.93, 0.89, and 0.86). The items of the questionnaire were scored as 5-point Likert-type scales with the answer "never" graded as 1 point whereas the answer "always" was graded as 5. In the 5-point Likert type scales the results were defined on the basis of the mean ratings and there was no accepted cut point used by the investigators. Thus, the higher the score, the more involved the father was in infant care. Filling out a FIICQ took approximately 15 minutes.

Analyses of FIICQ results used Analysis of Variance (ANOVA), Independent Samples T Test, least significant difference and Stepwise backward multiple regression analysis tests with SPSS 16.0 software. Stepwise multiple regression analysis was used to sequentially identify the fathers' involvement in child care (predicted variable) in connection with their demographics (predictor variables). In the stepwise regression, predictor variables were entered into the regression equation one at a time based upon statistical criteria and the stepwise backward method was used to explore the potential predictors of greater impact on the fathers' FIICQ scores. This allowed the investigators to determine what the best combination of independent variable(s) would be to predict the researched topic.

In the qualitative phase, an in-depth interview study design was used for collecting data. The purposive sampling method was used to identify and work with the most relevant samples for the

fatherhood phenomenon and to explore the inner responses of the father's involvement with child care. That is, interviews were ended when repetitions occurred and no new information was gathered. The interviews were conducted from 32 fathers at either the home or the workplace. Each father was interviewed only once. We used a semi-structured guide which consisted of six open-ended questions; *According to you, how should a father be? Could you describe "how could a man be a bad father"? Are you involved with your infant's care? Do you have difficulty in baby care? Could you explain, is your job affected at all from your being an involved father? Tell me about the responses of your close others (friends, relatives etc) to your being an involved father?* Each interview was video recorded with the permission of the participants and transcribed verbatim (104 pages). Video records enabled the researchers to record behavioral reactions of fathers' to the questions. The thematic analysis method was used in accordance with Collaizzi's (1978) constant comparative method.¹⁹

Ethical considerations

In this research, firstly, the Ethical Committee of Faculty of Medicine of Akdeniz University provided approval of the study, (b.30.AKD.0.01.00.00/Etik;/10.09.2008). Subsequently, before answering the questionnaires, the investigator informed the father about the aim, duration, and the method of the research. All fathers in the study participated voluntarily, and they had the option to withdraw from the study at any time they wanted if they chose not to continue. Furthermore, they were assured about the confidentiality of the information they provide and their consent was taken both verbally and in writing.

Results

The mean age of fathers was 32.3±6.4 years and 48.8% of them had graduated from primary or secondary school. The percentage of high school graduate was

20.4%. The participants came from different working areas such as white-collar workers (18.5%), blue-collar workers (38.1%) and shopkeepers (40.8%). Only 2.7% of the fathers were unemployed. The fathers' birthplaces included different regions of Turkey but were prevalently from the Mediterranean (43.8%) and Central Anatolian (20.4%) regions. The average age of the wives was 28.02 ±5.87 years. 51.2% of the wives had graduated from primary or secondary school and 78.5% of them were housewives. 51.5% of the fathers had one child and 30.8% had 2, and 17.7% had 3 or more. 41.9% of the children they had were 4-6 months old; 29.2% were 1-9 months old and 28.8% were 10-12 months old. Three percent of the fathers indicated that they spent "no" time with child care. Others indicated 1 hour to 4 or more in a day for child care. 52.3% of the fathers had a girl child.

Fathers' involvement in child care: quantitative findings

The fathers' responses to questions in the FIICQ were helpful in order to pinpoint the

level and type of their involvement in child care (Table 1). As can be observed from the table, the fathers' participation in physical care was the least. The activities that were most frequently responded as "never" in the physical care subgroup were "bathing" (61.9%) followed by "changing nappies" (55.8%).

In the personal development and healthcare subgroup, the activities that were most frequently responded as "never" were about the "vaccination" (59.2%) and "telling tales" (58.8%). Activities that were responded to by "always/frequently" mostly were "going along with when his wife takes the baby out walking" (78.8%), "watch the child growing and developing" (77.3%) and "talk at the baby" (63.5%). Talking at the baby was the item that was least responded with "never" (0.8%) by the fathers in this subgroup. Responses to the items in the "spending time and playing games with the child" subgroup were usually "frequently" and/or "always" in most cases. The "I play with our baby" item was the only activity in the questionnaire in which none of the participants responded as "never".

Table 1. Distribution of fathers FIICQ scores (Antalya, 2010)

FIICQ	Involvement in Child Care			
	Minimum	Maximum	Mean	(sd)
Whole questionnaire	1.1	4.8	3.0	(0.72)
Sub-Groups				
Physical care	1.0	4.8	2.5	(0.85)
Personal development and health	1.1	5.0	3.0	(0.87)
Allocating time and games	1.4	5.0	3.9	(0.63)

FIICQ: Fathers' Involvement in Infant Care questionnaire, SD: Standart deviation

Fathers FIICQ scores and their distribution according to the mean can be seen in Table 2. The mean score for FIICQ was calculated as \bar{X} =3.0 (SD: 0.72), with the lowest and highest scores respectively being 1.1 and 4.8. The questionnaire's physical care subgroup mean score was the

lowest of the three subgroups with \bar{X} =2.5 (min.: 1.0; Max.:4.8; SD: 0.85), whereas the means for "personal development and healthcare" and "caring and games" subgroups were \bar{X} =3.0 (min.: 1.1; Max.:5.0;

SD: 0.87) and \bar{X} =3.9 (min.: 1.4; Max.:4.5; SD: 0.63).

The t-tests of the FIICQ scores showed that fathers living in urban areas (t=6.23, p<0.001), fathers having a secondary or higher level of education (F=30.11, p<0.001), fathers that were white-

collar workers (F=3.87, p=0.01) and fathers that were from northern and western parts of the country (F=3.14, p<0.01) had higher scores and were more likely to be involved in child care. On the other hand, fathers' ages were found to be not statistically significant for any of the FIICQ's subgroups (F=0.20, p>0.05).

Table 2. Distribution of Fathers' involvement in child care (Antalya, 2010)

FIICQ- child care activities	Involvement in the child care					
	Always/Frequently		Sometimes/Rarely		Never	
	n	%	n	%	n	%
Physical care						
Changing baby's diaper	19	7.7	96	36.9	145	55.8
Assisting his wife in changing baby's diaper	49	18.8	99	38.1	112	43.1
Changing baby's clothes	46	18.4	135	51.9	77	29.6
Preparing baby's food	31	11.9	112	43.0	117	45.0
Assisting his wife in preparing baby's food	67	25.8	139	53.4	54	20.8
Feeding the baby	19	7.4	168	64.6	73	28.1
Assisting his wife in feeding the baby	82	31.6	139	53.4	39	15.0
Assisting his wife in changing baby's clothes	94	36.2	117	56.6	19	7.3
Assisting his wife when giving a bath to the baby	104	40.0	134	51.5	22	8.5
Helping his baby to burp	86	33.1	132	50.8	42	16.2
Bathing the baby	38	14.6	61	23.5	161	61.9
Putting the baby to sleep	33	12.7	209	80.4	18	6.9
Attending to baby when he/she cries at night	38	14.6	162	62.3	60	23.1
Personal development and health						
Going along with his wife for baby's vaccination	125	48.1	103	39.6	32	12.3
Taking the baby to vaccination	50	19.2	56	21.5	154	59.2
Telling tales to the baby	36	13.4	72	27.7	153	58.8
Talking to the baby	165	63.5	93	35.8	2	0.8
Watching the baby's growth and development	201	77.3	55	21.2	4	1.5

Continue to Table 2 on Personal development and health						
Taking care of the baby when he/she gets sick	63	24.2	167	64.2	30	11.5
Assisting his wife in taking care of the baby when he/she gets sick	159	48.9	98	50.0	3	1.2
Acting first when the baby starts crying	84	32.3	137	52.7	39	15.0
Going along when his wife takes the baby out walking	205	78.8	52	20.0	3	1.2
Allocating time and playing with the child						
Taking the baby out walking	189	72.7	69	26.5	2	0.8
Accompanying when his wife is playing with the baby	216	83.1	43	16.5	1	0.4
Assisting his wife in calming down the baby when he/she cries	151	58	105	40.4	4	1.5
Trying his best to spend time together with the baby	195	75.0	63	24.3	2	0.8
Calming down the baby when he/she cries	129	49.6	127	48.8	4	1.5
Playing with the baby	234	90.0	26	10.0	0	00.0

FIICQ: Fathers' Involvement in Infant Care questionnaire

The educational background of the fathers' partners was also found to be statistically significant for their involvement in child care ($F=18.41$, $p<0.001$). Fathers with partners that were small business owners or white-collar workers with a secondary or higher educational background had higher means and were generally more involved in child care ($F=5.11$, $p<0.01$). Fathers' involvement in child care was minimal when the partner was a housewife. On the other hand, fathers' partners' ages were found to be not statistically significant for any of the FIICQ's subgroups ($F=0.30$, $p>0.05$).

While the age of the child was found to be not significant for the father's involvement in child care ($F=0.77$, $p>0.05$), the number of children was found to be statistically significant in all of the subgroups ($F=9.28$, $p<0.001$). As the number of children increased, the father's involvement in child care tended to decrease. Furthermore, as the time dedicated by the father to child care

increased, his FIICQ score strongly tended to increase ($F=16.52$, $p<0.001$).

Stepwise regression analysis was carried out from the statistically significant variables (time devoted to child care, fathers' level of education, wives' level of education, number of children, fathers' work, wives' work and where the fathers were from) of the t-tests for the purpose of clarifying the variable(s) with the largest contribution to fathers' total scores of the FIICQ. The latest model emerged from the regression analysis shown in Table 3. According to the standardized coefficient of the regression analysis, results of the relative order of importance of independent variables on the fathers' total FIICQ scores were: the fathers' work ($t=1.658$, $p>0.05$), wives' work ($t=0.409$, $p>0.05$) and where the fathers are from ($t=-0.791$, $p>0.05$). These were found to make a smaller contribution to the topic under study and were not statistically significant for explaining the fathers' involvement in child care. A multiple regression analysis showed

that the fathers' involvement in child care significantly correlated with the time they devoted to child care ($p < 0.001$). The fathers' level of education ($p < 0.001$), the wives' level of education ($p < 0.01$), the number of children ($p < 0.01$), and the combination of

these factors explained the variability of the fathers' involvement in child care by 37%. The overall regression is, $F = 37.13$ with 4 and 255 degrees of freedom, with a probability well below 0.05. Therefore, the regression is statistically significant.

Table 3. The final model of stepwise multiple regression analysis showing the factors with fathers' FIICQ scores (Antalya, 2010)

Most closely associated independent variables with FIICQ	Father involvement in child care				
	R	R ²	t	p	SE
a	0.45 ^a	0.20	6.89	0.000	0.31
b	0.57 ^b	0.33	3.95	0.000	0.58
c	0.59 ^c	0.35	2.74	0.007	0.53
d	0.61 ^d	0.37	-2.61	0.010	0.49

F = 37.130, p < 0.05, SE: Standard error, a.Predictor(s): time devoted to child care (Groups: 0, 1hour, 2 hours, 3 hours, 4 hours and more), b.Predictors: time devoted to child care, fathers' level of education (Groups: Secondary school or less,, High school, Bachelor's Degree or more), c. Predictors: time devoted to child care, fathers' level of education, wives level of education (Groups: Illiterate & Literate, Primary & Secondary school, High school, Bachelor's Degree or more), d. Predictors: time devoted to child care, fathers' level of education, wives level of education, number of child (Groups:1child, 2 children,3 children and more)

The fathers' views on fatherhood and their involvement in child care: qualitative findings

Analysis of the essays revealed five themes. 1) *Fatherhood is a hard concept to portray*, 2) *Is this an arrogance or to negotiate a new?* 3) *Conditional fatherhood*, 4) *My job comes first and* 5) *Caring the baby: Beyond the reactions*. Sample expressions, supporting the five identified themes were given below.

Theme 1: A hard concept to portray: Fatherhood. In this study, when "good" fatherhood was discussed, the "caring father" emerged as the main description that could be include many parenthood practices. "Caring father" mostly indicated recognition of the child's need for care, sometimes it related to seeing a

responsibility to respond to the child's need and rarely included actions needed for the child's comfort. It also involved the meaning of concern, attentiveness, responsibility and rarely competence in child care. When we inspected the content of fathers' descriptions of a "caring father", it was found that "good fatherhood" were somehow to the role of traditional "provider", "breadwinner", "protector". For some fathers, to become a good father meant to be responsible and meet the expectations of the community by acting within certain limits. It was a major commitment to the child, to the family and to the community. One of the participants' views on this topic was as follows: "... A good father should be caring for his child.... should look after his wife and child, and provide for

all of their needs. One can be a good father by devoting oneself to his children, by taking care of them and educating them." (28 years old, father of a girl baby, 7 months old).

The emotions also had a place in the definition of the "good fatherhood" (11 fathers). The emotions most frequently indicated were "proximity", "good-humored", "affectionate", and "tenderhearted". All the descriptions of the fathers were in the direction of fulfilling the emotional and/or social needs of the child and the family. The physical aspects of care such as feeding, bathing, diapering the baby or putting it to sleep did not find much place in the fathers' opinions.

In this study, the fathers' descriptions of "bad father" generally included the "unconcerned, unapproachable, irresponsible, undisciplined, distant, ignorant, selfish" father and were not accessible physically and/or psychologically. They were somehow absent fathers: *"In my opinion, a bad father is the father who is going on with his life as if nothing has happened or the baby was never born... Because there is a serious change in your life after the baby is born... a bad father is the father who makes no change in his life after the baby is born... He does not take care of the baby, does not know if he/she is alive or dead... He lives in his corner at home and getting older there..."* (35 years old father of a 12 months old baby).

Beating and violent fathers were also labeled as "bad fathers" by most of the participants. Even, some participants' negative father examples consisted only of some acts of violence. These acts included: "Aggressiveness, cruelty, torturing, fighting, scolding, swearing, disrespecting, yelling, negligence, and teaching bad things".

Theme 2: Is this an arrogance or to negotiate a new? Becoming a father involves internalizing a set of role prescriptions for what a father should do in terms of fatherhood descriptions. Most of the participants (21) in this study stated that they had no role models and needed to

organize fatherhood concepts through their own values. The results indicated that the fatherhood role was under renegotiation: *It is hard to believe but I do not have a role model. [T]his might sound narcissistic and arrogant but I look at people around me, and I think they do wrong things in many matters. Of course, children behave in many unpleasant ways... but they are children all in all. We should do the best and discipline them by staying calm. I try to avoid duplicating their (other fathers) mistakes..."* (36 years old, father of a 6 months old child).

Fathers who stated that they had role models (6) mostly indicated that their role models were their fathers. For these fathers, fathering was constructed in their family life as "relational".

Theme 3. Conditional fatherhood: Fifteen of the thirty-two participants stated that they were *somehow* involved with child care. Eighteen fathers stated that they were not/could not be wholly involved with child care, and assumed this duty "sometimes," "at night," "when necessary," and "as long as they were free" and "when the mother was occupied or sick". Some fathers stated preconditions such as "if he/she does not cry, get hungry" or "if it is daytime." Interestingly, one of the participants stated that *"I can, but I would run amok."* Fathers' had a perceived inadequacy in baby care skills such as "changing diapers," "feeding," and "changing clothes. A few of these fathers gave strong responses to the question such as "of course I am involved," "certainly," "I am involved in every aspect". Only eight fathers stated that they could care for the child for a whole day.

Theme 4: My job comes first: Time was the major obstacle for these fathers. Three participants stated that their jobs hindered them from being involved with child care during the daytime, and nineteen stated that they allocated more time for child care at the weekends. Also, it was clear that for some fathers "allocating time for child care" meant time spent with the family in general: *"I'm at home at weekends. We go for a walk and share an intimate day*

together... during the week I leave for work and they (children) are longing for spending time with me. So I devoted all my weekends just to enjoy all together." (35 years old, father of 12 months old baby).

Childcare was also negligible work for some fathers because mothers were the primary person responsible for the child care activities. These fathers gave preference to their personal needs and habits as before: "Well to be honest, I still have youthful excitement and there are so many close friends who love me... they call me for going out and I do sometime. I don't have nasty habits such as smoking drinking or gambling... You know, I need a little fun... then I have less time for him" (28 years old, father of 7 months old baby).

Theme 5. Caring the baby: Beyond the reactions Thirteen participants indicated that they get positive reactions from their when they were involved in child care. One father expressed that being involved with the child was seen as a proof of "not being a bad father" and it makes people around him happy. Only four participants clearly mentioned that they were labeled as henpecked when they were involved in child care. However, further elaboration of this issue showed that these were only acts of teasing; "They call me "henpecked" when I assist in dressing the baby... I get most of the reaction from my older brother. Sometimes my father also teases me, but taking care is nice... Other than that, I do not get any strong reactions." (30 years old, father of one, 12 months old).

Fathers were seen to progress beyond the problems originating from being more participatory and involved in child care. Numerous fathers emphasized the importance of the father-child attachment and labeled negative reactions as merely outdated attitudes and die-hard.

Discussion

The purpose of this mixed methods study was to identify fathers' experiences and

involvement in the care of their 4-12 months old healthy infants. Although many studies have been made to understand the fathers' involvement in child care, relatively few have done this with mixed methods which bring more clarity to the subject.

Demez^{20,21} argued that contemporary Turkish men attempt to avoid patriarchal habits, conditions, practices by developing and displaying "softer" characteristics. As in Demez's^{20,21} argument, fathers' in our study, responses indicated that the distant, serious, and alienated man or father figure was being replaced by a friendly, cheerful, kind, loving and compassionate one, resulting in an increasingly more participating father. However, the marks of a strong patriarchal structure of Turkish society were evidenced by the fathers' discourses and the style of their involvement s in baby care in this study. This result is consistent with Connell's²² idea that: "The concept of masculinity changes over time but the hegemonic meaning of masculinity is always the definition conceptualized by the dominant social group, and it is always designed to maintain the group's position of dominance".

In this study the quantitative and qualitative findings suggest that fatherhood performances vary to some extent from the hegemonic masculine gender role. From their expressions, all fathers had positive feelings, thoughts, fantasies, and wishes on fatherhood and to be involved in the infant care. They wanted to be accessible and nurturing as fathers. However, fathers' involvement in child care was also up to them. Thus, the fathers' participation in care became optional and non-obligatory. As a result of this self-determinate nature of the involvement, physical aspects of the care were found the least of a father's involvement after playing activities. Allen & Hawkins²³ explained this situation by indicating that: "fathers' power originating from patriarchy allows him to choose the activity which they wish to do and furthermore they can choose not to involve

with child care and have leisure time for their personal interests”.

Fathers mostly saw themselves as helpers especially in the physically caring aspects of the infant care and were involved 'at a distance'. Due to the perceived position or low status of care by the fathers, men's involvement in care is still punished or not sufficiently rewarded by a patriarchal society and this could be the reasons for a father's "distance" to baby care.²⁴ The finding of this study that in "families with unemployed fathers, the fathers' involvement in child care was found to be the lowest in our study" supports the idea mentioned above and is one of the most important findings of our study. Avoiding the child and childcare in patriarchal societies brings power and prestige to the individual.²⁵ This might be the father's attempt at rectifying his social image by ignoring "womanly" tasks after failing in the "bread-winner" role in the dominantly patriarchal society.

As Ökten's²⁶ research also emphasized, the fathers in the present study from Eastern and Southeastern regions of Turkey, where a patriarchal superstructure was dominant, also found it important, to a statistically significant extent not to participate in activities such as "feeding, changing clothes, caring for the sick, taking to get vaccine, and telling tales". The Fathers' involvements in child care were highly correlated with the father's and their partner's educational background and occupational status and this in accord with the related literature.^{23,25,27} Fathers were more likely to get involved if mothers are either highly involved or working full-time.²⁸ Authors indicated that education increases individuals' level of questioning of traditional gender roles which is vital for understanding the personal qualities that have positive impacts on the child's development.^{2,29}

A lack of paternal preparation for fatherhood was another effective determinant of a fathers' ability to become involved in caring for their infants.^{4,30} From

their statements, fathers who wished to be involved in care of the newborn in this study left the work to their wives in the belief in that they did not have the knowledge or skills to act. Their lack of a real-life, day-to-day involved fatherhood role models contributed to their being unprepared to stand on their own feet as a father. Even though the importance of the educational aspects of parental readiness is recognized, little attention has been paid to the fathers' preparation in child care skills in Turkey.^{2,31,32}

Fathers in our study emphasized their jobs as their biggest hindrance to participating with childcare during the week and the day. Lack of paternity leave, in addition to lack of a role models make a large proportion of fathers' to involve in childcare with their "time allocated". This also it make impossible to negotiate the parenting roles and responsibilities for couples so that mothers become the main responsible person caring for the child whether she is employed or a housewife. Yet, in many egalitarian cultures, paternity leave has gained legacy and opened a door to involved fathers. According to Council Directive 96/34/EC, male and female workers must have an individual, non-transferable right to at least three months' parental leave for childcare purposes (as distinct from maternity leave) after the birth.³³

Another important finding of our study was that the relation between a father's involvement in child care and the number of children in the family was inversely proportional. This finding was in line only with another study in Turkey that found fathers with two children have higher affection scores than fathers with three or more children.¹⁵ It could be suggested that the more children the more traditional provider responsibility there is for the fathers and they withdraw their participation in child care. In this context, the finding of our study was also noteworthy because it underlined the

possible deteriorative effects of having multiple children to women's health.

This study is, of course, limited in its scope and applicability. First, our conceptualization of paternal involvement did not include the fathers' involvement with the other responsibilities at home such as cleaning, cooking, shopping and solely focused on the involvement with the infant care. Another limitation of this study was the sample. A set of different sample selection criteria of the fathers' might change the implications or the qualitative nature according to the change in sample (socioeconomic status of the fathers, baby's illness etc). Further study with fathers is still needed to assess the full extent of the cross-cultural generalizability of the research subject.

Implication for practice

Our study stresses the multidimensional nature of a father's involvement in infant care such as educational and work status of the couples, number of and time devoted the children. This study further stresses that a fathers' involvement in infant care is closely related to what the care activity is. Fathers devoted their remaining time from their other roles which are closely bonded with masculinity - especially the "bread-winner father role- to parental tasks. Professionals who work with children and their families are recommended to encourage fathers' involvement in the care of their children from an early age by paying attention to perceptions of gender-stereotyped parenting roles within the family. Strategies for this may be calling fathers continuously for health-care related visits for their pregnant wives and their infants and to speak directly to the father as well as the mother. These visits could be turned into an opportunity for fathers to improve their thoughts on good parenting to cover all kinds of infant care activities including his/her physical care.

The present study also concludes that fathers' involvement in their baby's

care is mostly constructed in the context of the fathers' own prescription for fatherhood. So it should be kept in mind that private 'parenting education and support' programs are likely to be effective for promoting the father's involvement in infant care. Moreover, because of the "conditional" nature of their involvement in infant care, it would seem important to deconstruct "the cultural and political basis of conditional fatherhood" in order to facilitate the father's optimal and consistent involvement in the parental tasks. Stating that men as fathers have an important role in promoting their child's social and emotional development and men as partners have a substantial role in promoting their wives physical and psychological health could be a useful approach in promoting fathers' involvement. Results may be important stimuli for: considering the needs of fathers as they adapt to the parenting role, for creating work environments that allow fathers to allocate more time to children and for drafting laws that enable such environments. This study contributes to health care providers' especially family health care practitioners, maternity and child health nurses and midwives knowledge database by providing better understanding and explanation of fathers' involvement in childcare. However there is a need for further investigations conducted with different socio-cultural and economic groups (e.g. paternal involvement in rural or urban areas, teenaged fathers, after divorcing or unhealthy children).

Acknowledgements

The authors would like to thank M. Ziya FIRAT, professor, Department of Biometry at Akdeniz University Faculty of Agriculture, for his statistical assistance. We are also grateful to all the fathers who participated in this study.

References

1. Steinberg S, Kruckman L, Steinberg S. Reinventing fatherhood in Japan and Canada. *Journal of Social Science & Medicine* 2000;50:1257-1272.
2. Ahmeduzzaman M, Roopnarine JL. socio-demographic factors, functioning style, social support, and fathers' involvement with preschoolers in African-American families. *Journal of Marriage and the Family* 1992;54:699-707.
3. Lowdermilk D, Perry SE. *Maternity & Women's Health Care* (8th ed.). Philadelphia: Mosby & Evolve; 2004. p.402-403, 578-579,590,654-656.
4. McVeigh C, Winsome J, Cameron C. Fathers' functional status six weeks following the birth of a baby: A Queensland Study. *The Australian Journal of Midwifery* 2005;18(1):25-28.
5. Winsome J, Cameron C, McVeigh C. Meeting the challenge of new fatherhood during early weeks. *J Obstet Gynecol Neonatal Nurs.* 2004;34(2):180-189.
6. Lamb ME. How do fathers affect children's development?: Let me count the ways. In Lamb ME, editor. *The role of the father in child development*, 5th edition. Wiley & Sons: Hoboken, NJ; 2010. p.1-26.
7. Dick GL. The changing role of fatherhood: the father as a provider of selfobject functions. *Psychoanalytic Social Work* 2011;18(2):107-125.
8. KEIG (Women's Labor and Employment Initiative Platform). *Women's Labor and Employment in Turkey: Problem Areas and Policy Suggestions* [online]. Available at: <http://www.wwhr.org>. 17th April 2009. Accessed February 08, 2012.
9. T.R. Prime Ministry, State Planning Organization and World Bank. *Female Labor Force Participation in Turkey: Trends, Determinants and Policy Framework*. Report No 48508-TR. Available at: http://siteresources.worldbank.org/TURKEYEXTN/Resources/361711-1268839345767/Female_LFP-en.pdf [online]. Accessed November 23, 2009.
10. OECD. *Cooking and caring, building and repairing: unpaid work around the world*. Chapter 1, *Society at a Glance 2011* [online]. Available at: <http://www.oecd-ilibrary.org>. Accessed February 25, 2013.
11. Muftuler-Bac M. Turkish women predicament. *Women's Studies International Forum* 1999;22:303-315.
12. Işığçok Ö. Employment and equality Policies in the European Union and Turkey in the context of parental permission. *İstanbul Üniversitesi İktisat Fakültesi Mecmuası* 2005;55(1):778-789.
13. Kulakac O, Buldukoglu K, Yilmaz M, Alkan S. An analysis of the motherhood concept in employed women in South Turkey. *Social Behavior and Personality* 2006;34(7):837-852.
14. Sahip Y, Molzan Turan J. Education for expectant fathers in workplaces in Turkey. *J Biosoc Sci* 2007;39(6):843-860.
15. Seçer Z, Çeliköz N, Yaşa S. Paternal attitudes and the effect of the individual characteristic on the paternal attitude of the fathers whose 5-6 years old children attend preschool education. *Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi* 2007;18:425-438.
16. Mercer RT. Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship* 2004;36(3):226-232.
17. Kuruçırak Ş. 4-12 aylık bebeği olan babaların, babalık rolü algısı ile bebek bakımına katılımı arasındaki ilişki. Yüksek Lisans Tezi, Tez Danışmanı: Özen KULAKAÇ. Akdeniz Üniversitesi Sağlık Bilimleri Enstitüsü, Antalya, 2010. p.30-33.
18. Pontes CM, Osorio MM, Alexandrino AC. Building a place for the father as an ally for breast feeding. *Midwifery* 2009;25(2):195-202.
19. Colaizzi P. Psychological research as the phenomenologist views. In Valle RS, King M, editors. *Existential-phenomenological alternatives for psychology research*. New

- York: Oxford University Press, 1978. P.48-71.
20. Demez G. Where and in which way the new Turkish man growing up? Chapter. In *Erkeklerin Kültürel Üretim Alanları (Renkli Atlas)*. Türkoğlu N, editor. İstanbul: Babil Yayınları; 2004. p.175-191.
21. Demez G. The changing masculine image from real men to virtual led. (1st Ed.). İstanbul: Babil Yayınları; 2005. p.128-165.
22. Connell R. *Masculinities*. Los Angeles: University of California Press; 2005. p.2.
23. Allen SM, Hawkins AJ. Maternal gatekeeping: mothers' beliefs and behaviors that inhibit greater father involvement in family work. *Journal of Marriage and The Family* 1999;61(1):199-212.
24. Goodman JH. Becoming an involved father of an infant. *JOGNN* 2004;34(2):190-200.
25. Lindsey LL. *Gender roles a sociological perspective*. 4th ed. New Jersey: Pearson; 2005. p.7-9.
26. Ökten Ş. Toplumsal cinsiyet ve iktidar: Güneydoğu Anadolu Bölgesi'nin toplumsal cinsiyet düzeni. *Uluslararası Sosyal Araştırmalar Dergisi* 2009;2(8):303-311.
27. The Father Support Program Evaluation Report. In Atmaca AK, Editor. İstanbul: Boğaziçi Üniversitesi, Anne Çocuk Eğitim Vakfı; 2004. p.1-65.
28. Gottzen L. Involved fatherhood? Exploring the educational work of middle-class men. *Gender and Education* 2011;23(5):619-634.
29. Maridaki-Kassotaki K. Understanding fatherhood in Greece: father's involvement in child care. *Psicologia: Teoria e Pesquisa* 2000;16(3):213-219.
30. Tronto JC. *Moral boundaries: a political argument for an ethic of care*. New York: Routledge, Chapman and Hall; 1993. p.101-113.
31. Draper J. Men's passage to fatherhood: an analysis of the contemporary relevance of transition theory. *Journal of Nursing Inquiry* 2003;10(1):66-78.
32. Hawkins AJ, Lovejoy KR, Holmes EK, Blanchard VL, Fawcett E. Increasing fathers' involvement in child care with a couple-focused intervention during the transition to parenthood. *Journal of Family Relations* 2008;57(1):49-59.
33. Council Directive 96/34/EC Framework agreement on parental leave concluded by UNICEF, CEEP and the ETUC, 1996 [online]. Available at: <http://www.antidiscriminare.ro/gen/legislatie/directiva-9634ec-din-3-iunie-1996-privind-contractul-cadru-referitor-la-concediul-parental-sustinuta-de-unicef-ceep-si-etuc/?height=600&width=900>, Accessed February 25, 2013.