

What Fathers Need: A Countywide Assessment of the Needs of Fathers of Young Children

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Objective: Realizing the paucity of data available concerning fatherhood, the Fatherhood Collaborative of San Mateo County, a public-private community partnership with leadership from the local Maternal, Child and Adolescent Health (MCAH) program, conducted a countywide needs assessment to ask fathers of young children about their personal and service-related needs in order to assist local stakeholders in expanding and improving services for families. **Methods:** Both quantitative and qualitative data were collected. A total of 204 fathers of children aged 0 to 5 years completed a 35-question survey. In addition, 80 fathers and community representatives participated in nine focus groups. **Results:** A complex set of needed services for fathers in the county emerged from the assessment, including: father-child activities; parks and recreational activities; better schools; parenting classes; support groups; high quality, affordable childcare; and general legal assistance. Only one-half felt the county was doing a good or excellent job in supporting fathers. **Conclusions:** This assessment is one county's effort to collect data about fathers, from fathers, in order to shape MCAH programming to better serve families. This assessment may serve as a model for other MCAH programs interested in improving services for fathers and families.

KEY WORDS: Fatherhood; Family Involvement; Needs Assessment; MCH Programs; County MCH Services.

WHY FATHERS

Maternal, Child and Adolescent Health (MCAH) programs aim to improve the health and well being of families, but often fail to address a key family member. It is not possible to completely

address the needs of women, infants and children in families without addressing the needs of a child's father, whether or not he resides with the child's mother. Historically, the rare data collected about fathers were based on maternal report, while the fathers themselves remained a virtually unheard voice (1).

Recently, there have been stronger initiatives to collect data about fathers and the national indicators that do exist demonstrate that involved fathers make a difference in the lives of their children and families. Thirty six percent of children in the United States live apart from their biological fathers, and the number of single fathers with children at home increased by 25% between 1995 and 1998 (2, 3). Children with involved, loving fathers are significantly more likely to do well in school, exhibit empathy

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and pro-social behavior, and avoid high-risk behaviors such as drug use, truancy, and criminal activity compared to children who have uninvolved fathers (1, 2, 4). In a study of premature African-American infants, increased father involvement was associated with improved cognitive outcomes (5). Fathers play a unique, significant and irreplaceable role in influencing a child's development, frequently providing a more playful parenting style than mothers, that stimulates different muscle groups and parts of the brain during infancy (6–8). Paternal bonding and attachment also enable the child to form trusting relationships beyond those already established with the mother (9). Paternal involvement has increased over the last three decades. Fathers in intact two-parent families previously spent 30 to 45% as much time with their children as mothers did – they now spend 67% as much time on weekdays and 85% as much time on weekends (10).

Despite this increased involvement, most public health programs have largely kept the same mother-focused model. Fathers indicate that they often feel ineffective in supporting their partner during labor, and that they “were made to feel in the way” during labor and delivery (11). Fathers discuss feelings of disruption, discomfort and exclusion during the first few weeks of their child's life (12). New fathers express that they struggle to receive recognition as a parent, and initially feel that the fatherhood experience is more uncomfortable than rewarding (13). In addition, barriers exist that may limit a father's involvement with his children including: residential status and/or physical distance from the child; work responsibilities; conflict with the mother; and paternal depression or mental illness (14, 15). The limited data available strongly reflect the need for communities to assist fathers in removing these barriers, to involve fathers in the lives of their children, and to provide comprehensive father-focused programs in order to best serve families.

In 1998, local practitioners and community stakeholders who shared an interest in expanding local services for fathers established the Fatherhood Collaborative of San Mateo County (Fatherhood Collaborative). The county's MCAH Program was one of several founding organizations of the Fatherhood Collaborative, served for three years as the organizational home of the grant-funded Fatherhood Coordinator for the county, and continues to play a leadership role in the Fatherhood Collaborative. More than 40 governmental agencies, community-based organizations, and individuals throughout the

county have partnered with the Fatherhood Collaborative in order to promote three main objectives: 1) To increase the community's awareness and support of fathers and men in the lives of children; 2) To increase the health and well-being of children in San Mateo County by increasing the strength and quality of their relationship with their fathers and male caregivers; and 3) To improve the coordination of family services for fathers and to encourage male responsibility in families.

In 2001 the Fatherhood Collaborative, with funding from a local commission, conducted its own countywide needs assessment to identify the service-related needs of fathers with children aged 0 to 5 years.⁵ A previous report on fathers in the San Francisco Bay Area focused on demographic data and identification of available resources for specific groups (e.g., teen and single fathers). That report also addressed attitudes held by program participants, staff and governing agencies regarding the challenges of supporting men in their roles as fathers, reducing father absence, and enhancing the welfare of children and families in times of hardship (16). The objective of our assessment was to enhance the information available about fathers in order to build on existing MCAH and other community programs in San Mateo County. It was hoped that these data could then be used to create new programs that accurately reflect the needs of fathers, and to generate information for advocacy purposes. The full report is available online (17).

METHODS

Quantitative and qualitative strategies were utilized in order to collect data that represented the views of fathers of young children (aged 0 to 5 years) in San Mateo County. A 35-question confidential survey (available from authors) was developed, piloted and administered to collect quantitative data from fathers including: demographic information; general needs, service-related needs, and health care needs; available community support services; and their role identification as fathers.

⁵First 5 San Mateo County was established after a California ballot measure passed in 1998 adding a surtax on tobacco products provided a new source of revenue to fund services for children ages 0 to 5 years and their families. Their mission is that all children in San Mateo County will be healthy, eager and ready to learn, have a loving attachment to a parent or other adult, and are able to reach their fullest potential.

About twelve hundred surveys were distributed to 16 agencies and community-based organizations, in both English and Spanish. Because San Mateo County, located in the San Francisco Bay Area on the peninsula between the city of San Francisco and Silicon Valley, is geographically, culturally and socio-economically diverse, an attempt was made to distribute the surveys to agencies countywide with different target populations. In addition, all male county employees who had added a newborn child to their health insurance in the previous 5 years were sent a survey through the county's interdepartmental mail system.

Surveys took 15 to 30 min to complete, and all responses utilized check boxes. Many items also had space for additional comments. Fathers completed the surveys, returning them to county organizations or directly to the data collection team in self-addressed stamped envelopes via the US mail, or the county's interdepartmental mail system (for county employees). In all, 240 surveys were returned, for a response rate of approximately 20%. Ninety-four percent of surveys in this study were completed in English, and 6% in Spanish. Only surveys completed by fathers with at least one child aged 0 to 5 years were included in the analysis (*n* = 204). Quantitative data were entered in Excel and analyzed using Intercooled Stata 7.0.

Focus groups provided qualitative data on parenting needs, social support, and community resources. Nine focus groups, with a total of 80 participants including fathers and local agency representatives, were conducted throughout the county. Participants were recruited at agency staff meetings, parenting groups, churches, and social events by using flyers and posters advertising the focus groups. Many of the participants were fathers already involved in county programs serving men. Key themes were extracted from the focus group sessions and summarized.

RESULTS

Characteristics of the Fathers

Table I presents demographic data on the fathers surveyed. These men are somewhat older, better educated, more married, and more likely to have health insurance than the adult male population as a whole. In addition, the survey over-represents the African American population in the county.

Table I. Demographic Data on Fathers Surveyed^a

	N (%)
Fathers Age, y (<i>n</i> = 183) ^a	
<30	41 (22)
30–38	81 (44)
>39	61 (33)
Ethnicity (<i>n</i> = 198) ^b	
White	73 (37)
Hispanic	52 (26)
African American	19 (10)
Asian	36 (18)
Other	18 (9)
Education (<i>n</i> = 200) ^c	
Less than high school	12 (6)
High school or equivalent	38 (19)
Some college	49 (25)
College degree	101 (50)
Marital Status (<i>n</i> = 200) ^d	
Never married	22 (11)
Married	157 (79)
Separated or divorced	21 (10)
Living with children (<i>n</i> = 203)	
Yes	167 (84)
No	15 (7)
Sometimes	21 (10)
Number of Children (<i>n</i> = 200)	
1 or 2	159 (80)
3 or more	41 (20)
Father's Health Insurance (<i>n</i> = 199) ^e	
No insurance	17 (9)
Medicaid	18 (9)
Private insurance	163 (82)
Both Private and Medicaid	1 (0)
Child's Health Insurance (<i>n</i> = 201) ^f	
No insurance	3 (2)
Medicaid	25 (12)
Private insurance	165 (82)
Both Private and Medicaid	1 (0)
Don't know	7 (3)
Language of Survey (<i>n</i> = 204) ^g	
English	192 (94)
Spanish	12 (6)

^aTotal percentages may not add to 100 as a result of rounding.
^bAccording to US Census 2000 data for San Mateo County, men aged 15–29 years make up 20.1% of the male population, men aged 30–39 years make up 17.8% of the male population, and those aged 40 years and over make up 42.0% of the male population.
^cAccording to US Census 2000 data for San Mateo County, 59.5% of the population is White, 21.9% Hispanic (any race), 3.5% African American, 0.4% American Indian/Alaska Native, 20.0% Asian, 1.3% Native Hawaiian/Pacific Islander, 10.2% other race, and 5.0% two or more races.
^dAccording to US Census 2000 data for San Mateo County on educational attainment, 40.9% of male residents 25 years and over have a bachelor's degree or higher, 21.1% have some college, 16.7% are high school graduates (including equivalency) and 14.9% have less than high school graduation.
^eAccording to US Census 2000 data for San Mateo County, 56.4% of males 15 years and over are married, 32.6% have never been married, 1.5% are separated, and 7.3% divorced. (Continued.)

Table I. (Continued)

^fAccording to the 2004 Assessment: Health & Quality of Life in San Mateo County, 13.6% of adults 18–64 years of age are uninsured. Of those with health insurance, 74.6% have coverage through an employer, 11.7% purchase their coverage, 6.0% have government sponsored plans, and 7.7% did not specify a source.

^gAccording to the report Children in Our Community: A Report on Their Health and Well-Being (2005), 94.9% of children ages 0–5 years were enrolled in a health insurance program in 2003 (64.7% had private insurance).

^hAccording to US Census 2000 data for San Mateo County, 6.2% of the population aged 18 to 64 years live in linguistically isolated households. Of the large population who speak Spanish at home, 9.1% speak English “not at all”.

General Needs and Themes

Fathers surveyed were asked to prioritize their five highest current needs. For the 55% of survey respondents who answered this question, the ranked responses were: finances (61%); health care (37%); shelter/housing (35%); food (34%); employment (34%); transportation (27%); other (7%); counseling (7%); employment training (6%); family planning (6%); legal assistance (6%); child support assistance (5%); child custody assistance (5%); smoking cessation classes (4%); and alcohol or drug abuse counseling (1%).

Discussion themes that were common among the focus groups included the need to provide parenting education to boys before they become sexually active, the low social expectations of fathers and the negative stereotypes portrayed in the media, and the lack of awareness most men have of the father-friendly services that exist within the county.

Service-related Needs

Fathers were asked to prioritize the support services that the community needed to provide in order to help them become better fathers – the most common response was increased father-child activities

Table II. Respondents Identify the Five Highest Ranked Services That They Need In Order to Become Better Fathers ($n = 156$)

Service	<i>N</i> (%)
Father child activities	92 (59)
Parks or recreational activities	75 (48)
Better schools	70 (45)
Parenting classes for fathers	68 (44)
Support groups for fathers	50 (32)

(Table II). Focus group participants also frequently identified several other necessary support services such as high quality, affordable childcare, and general legal assistance.

Health Care Needs

Fathers were surveyed about current health conditions (including mental health status) and need for health care for themselves and their children. Among those fathers who indicated that they were currently sad, depressed or overly stressed ($n = 32$, 16%), only 23% indicated that they had seen a mental health specialist. Three percent of all respondents stated a current need for counseling, while 9% of fathers who indicated that they were sad, depressed or overly stressed answered that they currently needed counseling.

While no fathers surveyed indicated a current need for alcohol or drug counseling, almost 5% indicated that the community needed more substance abuse services. Focus group participants identified the need for family counseling, especially when child custody issues are present.

Available Community Support Services

More than three-quarters of fathers surveyed indicated that they had received enough support or information during the first year of their child's life. The support was, however, from other sources, and did not seem to be coming from available county programs or services.

This survey was conducted three years into an extensive effort in San Mateo County to improve services and support for fathers. However, when asked about their feelings about community support for fathers, fifty percent of fathers surveyed thought their community was “good” to “excellent” as a place that supports fathers in the raising of children, 40% rated the county “fair” to “poor”, and 10% did not respond.

More than one third of fathers surveyed had participated in a parenting class. Of those fathers who participated in parenting classes, almost 25% attended a class just for fathers. One-third of fathers also indicated that the county needed to offer more parenting classes. Focus groups identified a need for anger management courses for fathers and father-focused classes that provide skills in caring for young

Table III. Respondents Identify Their Primary Role As A Father (*n* = 197)

	<i>N</i> (%)
Parenting	153 (78)
Role model	104 (53)
Pay the bills	86 (44)
Care giver	80 (41)
Disciplinarian	77 (39)
Head of the house	76 (39)
Teacher	71 (36)
Mother's support	60 (30)
Providing transportation	58 (29)
No role as father	4 (2)

children, especially girls. Access to father-focused information about early childhood development and education was also a frequent theme.

The Role of Fathers

Fathers identified a variety of activities that they enjoyed with their children, and indicated multiple primary roles in the family (Table III). Focus group participants discussed the challenges that they face as fathers. Barriers identified included their belief that a negative perception of non-custodial fathers exists, particularly in child support and legal service situations. Fathers often sense that they are presumed “guilty” prior to any type of investigation and regardless of their level of personal and financial involvement in their child’s life. Additionally, fathers expressed that available family services focused on mothers and their needs, and father-focused services were lacking.

Potential Solutions

The survey did not specifically address possible solutions to problems or issues, but rather focused on the identification of personal and service-related needs of fathers. During the focus groups, however, fathers generated ideas for improved county services for fathers. These ideas included: 1) creating a Fatherhood Resource Center that could provide comprehensive services including housing, legal aid, case management, parenting education and support groups, offered at one central location; 2) creating a Young Dad’s Council that would help serve the needs of young fathers and would advocate for all fathers within the county; and 3) developing a strategic advertising campaign on television, radio and in print media that focuses on showing fathers as competent

parents, leaders in the community, and important in their children’s lives.

DISCUSSION

While fathers are often considered a difficult population to reach, 240 fathers completed surveys for this assessment (204 of these had at least one child aged 0 to 5 years and were included in our sample). The data collected demonstrate a complex picture of needs. While some of the prioritized general needs are beyond the scope of most MCAH programs, the needed support services identified by fathers provide important information for future MCAH programming. For example, fathers indicated that they would like the county to provide more father-child activities. The Fatherhood Collaborative already provides some services such as a Dad and Me @ the Library program in multiple sites, a Dad and Me @ the Park event around Father’s Day, and a mini-grant program for organizations to create additional innovative services for fathers and families. These data demonstrate the value and necessity of expanding these types of programming.

Support from high-level leadership is vital when making the systemic changes advocated by the Fatherhood Collaborative. Such support from elected officials, county department heads, judges, and other leaders has encouraged participation in this work by local government entities including schools, libraries, health and human services agencies, and the child support, probation, and court systems. Community based organizations serving incarcerated populations, providing counseling and mental health treatment, and addressing job training and childcare are also heavily involved. Two staff positions serving fathers and the fatherhood effort are, in fact, housed in our local childcare resource and referral agency. These activities augment case management and education programs for young fathers, African American fathers, and young men at risk for teenage fatherhood in our MCAH and related programs.

These data also make evident the importance of increasing the visibility of available programming to fathers. Several of the potential solutions generated in focus groups already exist within the county (e.g., one-stop job training center), but were not known to those in the focus group. Fathers may be less experienced than mothers at navigating public health and other public systems, and require additional training in accessing resources. Additionally, fathers stated in

focus groups that strategic marketing targeted at fathers is critical to encourage program participation by fathers.

At the time this assessment was completed, the Fatherhood Collaborative had already been advocating for the needs of fathers within the community for three years and working to make services and programs more father-focused. Despite this, a large percentage of fathers surveyed felt that the county was only doing a “poor” to “fair” job in providing support to fathers. This finding demonstrates just how much work and advocacy is still needed, even in a county that has already realized the importance of working with fathers and attempted to address their needs.

While these qualitative and quantitative data are complimentary, they have several limitations. All data were collected from convenience samples. The fathers who participated in the focus groups were self-selected and may have been more motivated to share their views than the general population. Different agencies also used different methods in recruiting fathers to complete the survey. Finally, many current families are non-traditional in structure and the survey may have been more difficult to complete for these families, potentially yielding under-sampling of non-traditional families.

We received many survey responses from county employees who had added a child to their health insurance in the previous five years, and believe this approach may be useful to others trying to survey fathers. In addition, the brevity of the survey likely encouraged response, as did the overall focus on this topic in the county.

CONCLUSION

This assessment was one county’s attempt to define and clarify the needs of fathers of young children in order to improve MCAH and other county programs. We hope that other jurisdictions will be able to use it as a model for their own assessment. As in other areas of MCAH, ongoing data collection about fathers is critical. However this assessment demonstrates that efforts to collect data from fathers can be successful, and should confirm the importance of additional studies of this kind at the local, state and national level. MCAH and other programs need to actively consider fathers and their unique needs while developing programs and services in order to best serve families—mothers, fathers and children.

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Sara M. Buckelew, MD, MPH reanalyzed the survey data, wrote the final report to the funders, and drafted this manuscript. Herb Pierrie, RN, MSN served as Coordinator for the Fatherhood Collaborative of San Mateo County, wrote the initial grant to First 5 San Mateo County, and was the Principal Investigator for the needs assessment. Anand Chabra, MD, MPH oversaw all aspects of this project. All authors reviewed and edited the final manuscript.

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