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Fatherhood Research Bulletin

Bulletin 24

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The Paternal Perinatal Depression Initiative (PPDI)	2
RESOURCES ON THE WEB	2-5
Academic dad	
Bringing fatherhood into faculty culture	
Healing Aboriginal dads while they are in prison	
Working with Indigenous men in behaviour change programs	
Involved fatherhood and gender equity	
Russian Father School	
Exercise from Father School: a Path of Equal Opportunities for New Fathers	
PROGRAMS AND FATHER INCLUSIVE PRACTICE:	6
Running a mental health first aid course as part of a health program for Aboriginal dads	
RESEARCH:	6
Fathers whose partners have severe mental illness	7
Characteristics of men accompanying their partners to a specialist antenatal clinic for women with severe mental illness	
Researching fathers' role in families where a child has a disability	8-9
Health-related quality of life in fathers of children with or without developmental disability: the mediating effect of parental stress	
Child–Mother and Child–Father Attachment Security: Links to Internalizing Adjustment Among Children with Learning Disabilities	
Father participation with mothers in the Signposts program: An initial investigation	
Fathers and depression	10-11
A Longitudinal Study of Paternal Mental Health During Transition to Fatherhood as Young Adults	
Risk factors associated with the mental health of fathers of children with an intellectual disability in Australia	
The impact of maternal postnatal depression on men and their ways of fathering: an interpretative phenomenological analysis	
Sexual activity post-birth	12
Exploring Co-Parent Experiences of Sexuality in the First 3 Months after Birth	
Father involvement	13-14
Studies of Men's Involvement in the Family—Part 1: Introduction	
Equality Is Bliss? Relationship Quality and the Gender Division of Household Labor.	
Navigating New Norms of Involved Fatherhood Employment, Fathering Attitudes, and Father Involvement	
From ARCY	14-15
The 2nd Biennial Australian Implementation Conference	
From the Family Action Centre	15
Online postgraduate courses	

The Paternal Perinatal Depression Initiative (PPDI)

The Paternal Perinatal Depression Initiative (PPDI)

The first face-to-face meeting of the PPDI will take place on 15th August at The University of Newcastle. The meeting will discuss the development of NHMRC Clinical Practice Guidelines: Depression and related disorders in men in the perinatal period, hear updates on current SMS4dads developments, consider funding options for research projects in the PPDI area and plan the next steps for the development of the PPDI. Membership of the PPDI is open to subscribers of The Fatherhood Research Bulletin,

RESOURCES ON THE WEB

if you would like further information please contact Richard Fletcher at Richard.fletcher@newcastle.edu.au

Academic dad



FRN comment: Academics are usually the ones to be researching fathers so it is of interest how father-friendly Universities and research centres are. The commentary recently published in *The Chronicle of Higher Education* suggests that these institutions have a long way to go.

Bringing fatherhood into the workplace continues to run against the grain in faculty culture

At a recent meeting of the Medieval Academy of America, I spoke on a panel about the challenges and possibilities of being an academic and a parent. I took the panel, organized by the group's graduate-student council, as a positive sign that next-generation scholars in my field believe that it's possible to integrate their professional and personal lives. Here's the problem: Not one male graduate student attended.

The full article can be accessed at <http://chronicle.com/article/An-Academic-Working-Dad/146667/>

RESOURCES ON THE WEB

Healing Aboriginal dads while they are in prison

FRN comment: *The issue of family violence in Indigenous communities has received consistent media attention, much of it inflammatory and calls for action are frequent. However, solutions such as imprisonment do little to address the issue as men, many of them fathers, return to the community after internment. This report of the 'Dads on the Inside' program run by Helem Yumba Central Queensland Healing Centre in Rockhampton, Queensland, for Indigenous fathers in prison suggests that healing is central to eliminating the violence. The excerpt below gives an idea of their approach.*

Working with Indigenous men in behaviour change programs

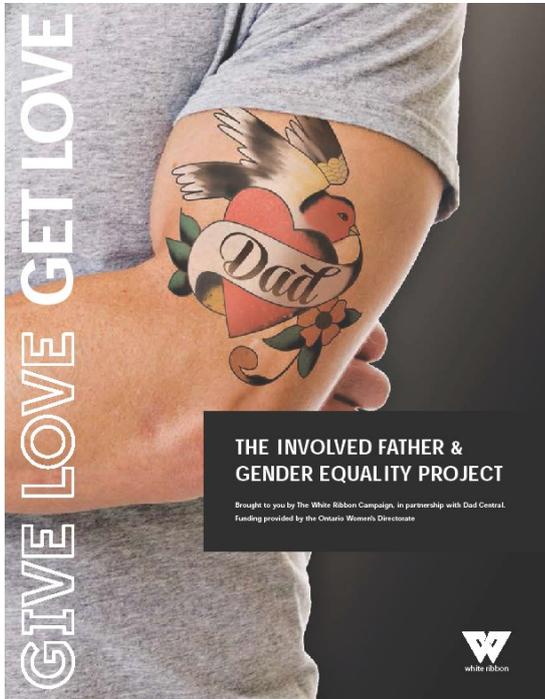
EDWARD MOSBY: We know there is an over-representation of Indigenous males in every incarceration facility nationally. Our sense is that one of the most significant reasons is because of violence-related offences. Putting this next to the growing rate of children being placed in care; and what are the reasons they are being placed in care? Generally, on many occasions, it is because of the violence that is going on in the family and general environment. Further, we know that for a lot of Indigenous men, recidivism rates across all incarceration facilities are going through the roof. These guys only represent 2 or 3% of the population but 30 or 40% in these facilities. As an Indigenous non-government agency providing a service to the community, prison is where we as a healing service need to be because if we're not in the prison then we are going to miss out on time with these guys, because the majority of our guys that get referred to us in the community are going to do some time at some stage for their offending behaviour. Most of our referrals are repeat offenders, most of them have done multiple periods but we haven't even talked about how these guys are set up to fail. If they are lucky enough to do a program or even choose to do a program we may have some hope of addressing these issues, however the validity of these programs needs to be ensured. After release, these men go back to their communities, they aren't given accommodation, they get dropped off at the same place they were picked up from and they haven't engaged with their partners to make sure they are all right, they haven't been given any skills to manage anger, relationships, how to get employment or particularly, where we are interested, been validated for their own trauma, grief and losses. However, we expect them to change, have no belief that they will change, and don't take responsibility for setting the conditions to support any change.

GIL THOMSEN: So basically what I've learnt over 30-odd years is to talk to the person's conscience, and we have together developed this work and we believe that we can't change any one but ourselves, it is their conscience that has to change them. We have seen evidence of this working, for example if a man can't sleep at 2 am they can't sleep because their conscience is bothering them, and they start to think about things. We have men incarcerated that have done our behaviour change program before being incarcerated, and they have said to us, "I thought I'd be able to come in here and forget about my children and just do my time and then get out". And they have said to us, "I haven't been able to shut my mind down, I haven't been able to stop thinking of my children". And so that's a huge shift from when they are first mandatorily referred and don't give a rat's about anyone else other than themselves basically. We prepare them over time to go and do our behaviour change program so when their legal matters catch up with them, they have the program content that has stimulated their conscience.

The full report can be accessed at <http://www.aifs.gov.au/acssa/pubs/workingwith/helemyumba-workingwith.html>

RESOURCES ON THE WEB

Involved fatherhood and gender equity



The Involved Father and Gender Equity project was a collaborative effort between the White Ribbon Campaign and Dad Central. The study explored the positive roles that fathers, organizations working with diverse fathers, and the fatherhood sector in Ontario in general can play in promoting gender equality, healthy, equal relationships, and ending violence against women in all its forms.

A comment from the researcher involved: This project represents a unique opportunity and possibly a ‘tipping point’ in the way that Canadian society considers fathers. Prior to this project I had spent a good deal of time working with fathers who were mostly uninvolved in the lives of their children. These fathers were given different labels; abuser, neglectful, controlling and absent to name a few. There is a considerable body of literature and research that has focused on understanding the negative impact that these men have had on their wives and children and to find ways to heal and repair some of these relationships. The work to understand the impact of neglectful, absent and abusive

fathers is important, necessary and represents a commitment to ensuring that future generations live differently.

This study sought to understand the other end of the spectrum. This project focused on the positive aspects of fathering and set out to tell stories that demonstrate the kinds of difference that fathers can make. We recruited fathers for this project who are dedicated, present, active and involved in the lives of their children and partners. We hoped to provide them with an opportunity to tell their stories, to listen with intent about what they were saying and to give them an opportunity to talk about being an involved father. The expectations for this project were realistic. It was hoped that 30-40 fathers might participate in focus groups from across the province of Ontario and provide the opportunity to learn about their experiences and the impact that involved fathers have. The final total of 53 fathers is a testament to the interest in this topic.

For the full report see http://www.men-care.org/data/fatherhood_report.pdf

Russian Father School

FRB comment: In Bulletin 23 we reported an essay describing the unique perspective of fathers role in Russia. Here we briefly describe a manual on Russian Fathers Schools. Father Schools, men-only education and discussion sessions for new fathers, began in Sweden in the early 90s. Recently the model has been adapted to support new fathers in several regions of Russia.

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RESOURCES ON THE WEB

Exercise from Father School: a Path of Equal Opportunities for New Fathers

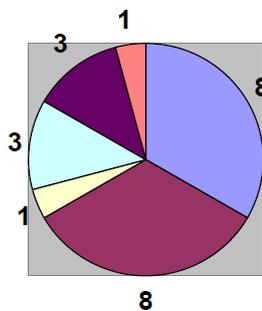
Here is a group good exercise. On a flip chart pad draw a circle that represents 24 hours

Participants are asked to schematically allocate times spent on different activities.

It is better to start with work time that is more standard (about 7 to 8 hours) followed by:

- Time for sleep
- Time for meals
- Time for communicating with relatives/friends
- Time for entertainment
- Time for housekeeping

The results might look like this:



■ working	■ sleeping
■ having meals	■ communicating
■ entertainment	■ housekeeping

Having completed the puzzle the participants are suggested to determine the time they are going to give to their child and to include this time into the puzzle.

It is quite important to use this opportunity and discuss changes in their family life once the child is born. Note which parameters participants cut down as they look for time reserves. The exercise enables participants to start thinking about and get better prepared for the coming life changes.

Later, once the babies arrive, you may suggest drawing a similar puzzle for their wife's time. Such exercise helps to dismiss statements like 'she does nothing just stays at home with the baby'. Fathers begin to better understand what their wife does and how busy she is taking care of their baby. You should keep the earlier drawn puzzle by the end of the course to analyze the changes that have happened.

How do you allocate your personal time now?

What inner reserves have you found for sleep?

Do you have any private time?

Do you have enough time for communicating with your friends?

What would you add to the puzzle?

The full manual can be accessed at <http://www.men-care.org/data/Father-school%20ENGLISH-2.pdf>

PROGRAMS AND FATHER INCLUSIVE PRACTICE

Running a mental health first aid course as part of a health program for Aboriginal dads

Many Aboriginal dads who have lost their drivers' licence because they owe money for fines have limited options for making repayments and getting back on track. Not being able to be the driver for the family can have a negative impact on men's ability to fulfil their fathering role. The fathers' frustration and despair, which may lead to conflicts, substance use and tensions in the family, can further damage relationships. When the Medicare Local office at Moruya on the NSW south coast signed up to be an approved Work and Development Organisation with the NSW Government they were able to offer Aboriginal dads a chance to pay off their fines by undertaking a health and wellness program.

The men who attended, however, raised unexpectedly complex questions about their mental health and relationship difficulties. Jackie Jackson, the Aboriginal Health manager for the area, agreed to run a mental health first aid course as she knew most of the men attending the program. She describes how the course was adapted to work with this group.

At the first meeting when only four of the enrolled nine turned up I explained how the topics, like depression related to their community. So when there is a death in the community then the whole community feel it because of the connection between Koori families. For the next week I told them they all had to bring a mate and they did. And then when we came to depression the next week I asked them "What do you do when you are depressed?" And they said they drank or smoked yandi or whatever and then I asked "So how was your partner feeling when you were doing these things and what happened to your family when you were depressed?" They'd say "Oh we were bluein' and she'd take out an AVO and I got kicked out..." And then we talked about anxiety how you drink to get the Dutch courage back and then we end up drunk and then we end up going around that violent circle. With the alcohol we talked about the physical effects; how it affects your hair, your skin, your sexuality. We even talked about Brewers' Droop I'd say "You know youse go out there getting all charged up and then your sergeant's not standing at attention and then you blame the wife..." And they say "Oh Auntie.." but I know these blokes really well. They went home and talked to their wives about it and the women went to Medicare Local and said we want this as well so now I have had to do it for the women.

Contact: Jackie Jackson, Aboriginal Health Manager, Southern NSW Local Health District jackie.jackson@gsahs.health.nsw.gov.au

RESEARCH

Fathers whose partners have severe mental illness

FRN comment: *In many cases it is individual clinicians who are taking the initiative to investigate fathers' contribution to family mental health. In the report below a WA GP obstetrician describes the origins of a paper on the mental health of fathers whose partners have severe mental illness*

Continued on next page

RESEARCH

Examining the mental health of fathers whose partners have severe mental illness

I am a GP obstetrician who works at the Childbirth and Mental Illness Clinic here at King Edward Memorial Hospital for Women in Perth. I have been here for the past 6-7 years. We are proud of the clinic and work we do. It is a small team and we work together to look after pregnant women with serious mental illness and try and liaise with their community care givers to establish stronger links and support postnatally, even though we don't offer postnatal care ourselves.

The research we have done has evolved from the limited information about this group of women in pregnancy and has tried to cover a comprehensive range of topics. We received some research mentoring from Professor Jane Fisher (supported by the Department of Health and WA Perinatal Mental Health Unit), I decided to look at the fathers who came in with their partners as there has been so little research done and they remain an important part of the family unit. Having a GP background I feel it was important to be inclusive in our management approach so the study started from there. It was great to get a snapshot of who these dad's were and how open they are to be included in the process as well as how vulnerable. Since the study, I have just been trying to raise awareness of the needs of this group in the general obstetric and GP community.

Characteristics of men accompanying their partners to a specialist antenatal clinic for women with severe mental illness

Purpose: Partners are often enlisted in the care and management of pregnant women with severe mental illness (SMI); however their needs and capacity to provide support is not yet well understood. We aim to describe the psychosocial characteristics, health behaviours and appraisals of parenthood of men accompanying their partners with SMI to a specialist antenatal clinic. **Methods:** A 36-question, study-specific cross sectional survey was completed by men whose partners with SMI were receiving antenatal care at a specialist multidisciplinary clinic over a 12-month period. **Results:** A high percentage of eligible participants (40/41, 97.5%) completed the survey. Overall 25% depended for income on social security benefits; 60% reported smoking, alcohol and drug using behaviours that carried high health risks; 18% had a history of domestic violence order (DVO) being taken out against them, and 12.5% a documented history of bipolar or schizophrenic illnesses. Despite these risk factors they reported high satisfaction with their intimate partner relationships, and all anticipated the birth of the baby and impending fatherhood with enthusiasm, optimism and perhaps idealisation. **Conclusions:** Men who are the pregnancy partners of women with SMI, appear to be an especially vulnerable population, who report high rates of psychosocial difficulties, which are likely to have an adverse impact on their capacity for realistic planning and support of their partners in this critical period of adjustment to parenthood. We recommend enhanced models of clinical care in which assessment and provision of support for partners is incorporated in comprehensive care of the pregnant woman with SMI.

Frayne, J., Brooks, J., Nguyen, T. N., Allen, S., Maclean, M., & Fisher, J. (2014). Characteristics of men accompanying their partners to a specialist antenatal clinic for women with severe mental illness. *Asian journal of psychiatry*, 7, 46-51.

RESEARCH

Researching fathers' role in families where a child has a disability

FRN comment: *As noted by the studies reported below the increased participation of fathers in parenting over recent decades has meant that fathers are also more involved in caring for children across the spectrum of disability. In the Chinese context, Huang et al point to the greater responsibility for children with a disability carried by fathers in a patriarchal culture. Fathers in a large sample of Chinese children with developmental disability were found to be significantly less healthy, mentally and physically compared with fathers of healthy children. Using an Israeli sample of 8-12 year olds with a learning disability Al Yagon found that both mother-child and father-child attachment influenced the children's internalized adjustment. However mother-child attachment was linked to a sense of coherence while father-child attachment affected the child's hope and effort. Finally, from Australia, May and colleagues compared the effect of including fathers in a program for parents who have a child with an intellectual disability. Those mothers who participated with the father gained markedly more from the program than mothers who participated alone.*

Health-related quality of life in fathers of children with or without developmental disability: the mediating effect of parental stress

Purpose The aims of this study were to compare parental stress and health-related quality of life (HRQOL) between Taiwanese fathers of children with and without developmental disabilities (DDs) and to examine the mediating effect of parental stress on the association between having a child with DD and paternal HRQOL within Chinese culture. **Method** This cross-sectional, prospective, unmatched case-control study included 206 fathers of children with DDs and 207 fathers of healthy children. HRQOL was assessed by the SF-36 short-form questionnaire, and parental stress was assessed by the Chinese version Parental Stress Scale.

Results Fathers of children with DDs experienced poorer mental and physical HRQOL and higher parental stress than fathers of healthy children. Parental stress acted as a complete mediator for paternal physical HRQOL, while parental stress had a partial mediating effect on the relationship between having a child with DD and paternal mental HRQOL. Having a child with DD also directly affected paternal mental HRQOL. **Conclusions** Fathers of children with DDs should be monitored for parental stress and HRQOL, and interventions should be provided to empower them with the knowledge and skills to reduce their stress and to enhance their HRQOL.

Huang, Y. P., Chang, M. Y., Chi, Y. L., & Lai, F. C. (2014). Health-related quality of life in fathers of children with or without developmental disability: the mediating effect of parental stress. *Quality of Life Research*, 23(1), 175-183.

RESEARCH

Child–Mother and Child–Father Attachment Security: Links to Internalizing Adjustment Among Children with Learning Disabilities

The study examined the unique role of children’s attachment with the father and with the mother, in explaining differences in internalizing features (i.e., loneliness, sense of coherence, hope and effort, and internalizing behavior syndrome) among 107 children with learning disabilities (LD) versus 98 children with typical development ages 8–12. Preliminary analyses yielded significant group differences on most measures. SEM analysis indicated high fit between the theoretical model and empirical findings, and different patterns of relations among the model’s components for the two populations. As hypothesized, child–father and child–mother attachment contributed differently to children’s internalizing features for the two subgroups. Discussion focused on understanding unique and complementary roles of attachment relations with fathers versus mothers among children with and without LD.

Al-Yagon, M. (2014). Child–Mother and Child–Father Attachment Security: Links to Internalizing Adjustment Among Children with Learning Disabilities. *Child Psychiatry & Human Development*, 45(1), 119-131

Father participation with mothers in the Signposts program: An initial investigation

Background The Signposts program is an evidence-based intervention system for parents of children with intellectual disability and problem behaviours. This study provided an initial investigation of the outcomes for mothers associated with father participation in Signposts, using data collected from the Signposts Statewide project, conducted in Victoria, Australia.

Method Data from Signposts Statewide were analysed, with the effect size Cohen’s *d* and 95% confidence interval around *d* calculated for pre- to post-program changes for 134 mothers who participated in Signposts with fathers and 483 mothers who participated without fathers. *Results* Although mothers in both groups benefitted from the program, as evidenced by pre- to post-program improvements across all measures, the mean effect size was notably larger for mothers who participated in Signposts with fathers. *Conclusions* These results highlight possible further program benefits for mothers who participate in Signposts with fathers, and are of particular significance in light of research describing the increased stress experienced by mothers of children with a disability.

May, F. S., Mclean, L. A., Anderson, A., Hudson, A., Cameron, C., & Matthews, J. (2013). Father participation with mothers in the Signposts program: An initial investigation. *Journal of Intellectual and Developmental Disability*, 38(1), 39-47.

RESEARCH

Fathers and depression

FRN comment: We expect that things will settle down after the birth and that fathers and mothers who are distressed will regain their mental health. When Australian researchers reported in May this year that women's depression is more common at 4 years postpartum than at any time in the first 12 months there was extensive media coverage. Now Garfield and colleagues have reported a similar finding for fathers in the USA. Their study examining a 23 year data set of over 10,000 men has reported that the depressive symptoms score for fathers increases on average by 68% over the first five years of fatherhood. In comparing an Australian sample of fathers of children with a disability with the general population Giallo and colleagues found that the strongest predictors of fathers' mental health difficulties were children's behaviour problems, daily stress arising from fathers' own needs and children's care needs, and low parenting satisfaction. Fathers also face difficulty when their partner is depressed. In a UK study based on interviews with fathers whose partners had suffered perinatal depression Beestin et al. highlight the way that preoccupation with their partner's depression might take some men away from fathering and that fathering was particularly affected by the loss of a close adult relationship.

A Longitudinal Study of Paternal Mental Health During Transition to Fatherhood as Young Adults

BACKGROUND AND OBJECTIVE: Rates of paternal depression range from 5% to 10% with a growing body of literature describing the harm to fathers, children, and families. Changes in depression symptoms over the life course, and the role of social factors, are not well known. This study examines associations with changes in depression symptoms during the transition to fatherhood for young fathers and whether this association differed by key social factors. **METHODS:** We combined all 4 waves of the National Longitudinal Study of Adolescent Health to support a 23-year longitudinal analysis of 10 623 men and then created a "fatherhood-year" data set, regressing age adjusted standardized depressive symptoms scores on fatherhood status (nonresidence/residence), fatherhood-years, and covariates to determine associations between Center for Epidemiologic Studies Depression Scale scores and fatherhood life course intervals. **RESULTS:** Depressive symptom scores reported at the entry into fatherhood are higher for nonresident fathers than nonfathers, which in turn are higher than those of resident fathers. Resident fathers have a significant decrease in scores during late adolescence ($b = -0.035$, $P = .023$), but a significant increase in scores during early fatherhood ($b = 0.023$, $P = .041$). From entrance into fatherhood to the end of early fatherhood (+5 years), the depressive symptoms score for resident fathers increases on average by 68%. **CONCLUSIONS:** In our longitudinal, population-based study, resident fathers show increasing depressive symptom scores during children's key attachment years of 0–5. Identifying at-risk fathers based on social factors and designing effective interventions may ultimately improve health outcomes for the entire family.

Garfield, C. F., Duncan, G., Rutsohn, J., McDade, T. W., Adam, E. K., Coley, R. L., & Chase-Lansdale, P. L. (2014). A longitudinal study of paternal mental health during transition to fatherhood as young adults. *Pediatrics*, 133(5), 836-843.

RESEARCH

Risk factors associated with the mental health of fathers of children with an intellectual disability in Australia

Background Raising a child with a disability places considerable demands and stress on parents, which can contribute to mental health difficulties. Research has primarily focused on mothers' mental health, and our understanding of the effects on fathers remains limited. The factors that place fathers at increased risk of mental health difficulties are also poorly understood. This study aimed to redress these gaps by reporting on the mental health of a large sample of fathers of children with an intellectual disability (ID) (aged 3–15 years), comparing this to published Australian norms and mothers of children with ID. The second aim of the study was to explore risk factors associated with fathers' mental health. **Method** The data for this study come from 315 Australian fathers of children (aged 3–15 years) with ID, who participated in the large-scale evaluation of the *Signposts for building better behaviour programme*. Fathers completed a range of self-report questionnaires at baseline including the Depression Anxiety Stress Scale (DASS). **Results** Fathers in the present sample reported significantly more symptoms of depression and stress than the Australian normative data, with approximately 6–8% reporting symptoms in the severe to extremely severe range. The strongest predictors of fathers' mental health difficulties were children's behaviour problems, daily stress arising from fathers' own needs and children's care needs, and low parenting satisfaction. Socio-economic factors did not predict mental health difficulties. **Conclusion** This study is among one of the first to report the mental health of fathers of children with a disability in Australia. Findings highlight that some fathers of children with ID are at heightened risk of experiencing mental health difficulties, underscoring the importance of the provision of information and interventions to promote their mental health.

Giallo, R., Seymour, M., Matthews, J., Gavidia-Payne, S., Hudson, A., & Cameron, C. (2014). Risk factors associated with the mental health of fathers of children with an intellectual disability in Australia. *Journal of Intellectual Disability Research*. doi: 10.1111/jir.12127

The impact of maternal postnatal depression on men and their ways of fathering: an interpretative phenomenological analysis

Objectives: Postnatal depression affects approximately 15% of women in Western countries. There are conflicting findings about the effects on fathers as well as the extent to which fathers buffer against the negative effects of depression on children. This study sought to understand the ways in which maternal postnatal depression affects men and their ways of fathering. **Design:** Narrative interviews were conducted with 14 British fathers (mean age = 33.9 years) whose (ex)partners had experienced at least one episode of postnatal depression. Interviews explored how their partner's depression affected them, the partner relationship, their children and their ways of fathering. Data were analysed with interpretative phenomenological analysis. **Results and Conclusions:** Men felt that their partner's depression led to significant physical and/or psychological maternal absence as well as a fracturing of the family unit, which had been an important ideological foundation for men's fathering. Unequal divisions of labour, unfulfilled expectations, a thwarting of preferred ways of fathering and preoccupation with their partner's depression took some men away from fathering. Others reported adaptation by accepting the loss of shared parenting and investing in an exclusive father-child relationship. Fathering appears to be particularly affected by the loss of a close adult relationship.

Beestin, L., Hugh-Jones, S., & Gough, B. (2014). The impact of maternal postnatal depression on men and their ways of fathering: an interpretative phenomenological analysis. *Psychology & Health*, 29(6), 717-

RESEARCH

Sexual activity post-birth

FRB comment: *New parenting is intense because the novel situations that arise with the arrival of a baby involve powerful emotions. How, and when, to resume sexual activities after the birth is one such area. Unfortunately, our research base for developing information for parents is particularly thin. Fathers seeking help can find blogs with mothers' accounts of pain and discomfort, reported in some cases to last years or be faced with simplistic, bullet point suggestions on parenting websites to 'talk about it'. The research by van Anders reports on the responses of 95 men and 18 women to an online, retrospective survey examining their recollection of sexual activity 3 months post birth. While scales on stress, body image, fatigue were included participants also were asked when specific sexual activities were resumed. Not surprisingly, masturbation and oral sex were resumed prior to intercourse and respondents rated their own enjoyment from receiving oral sex as higher than from intercourse. This exploratory study should prompt others to expand our evidence base to allow more considered information and advice for fathers and mothers on such an important topic.*

Exploring Co-Parent Experiences of Sexuality in the First 3 Months after Birth

Introduction. Research on postpartum sexuality has focused primarily on mothers, though new findings suggest that relational perceptions may have a strong influence over sexual desire and behavior. Little investigation exists regarding sexuality in partners of postpartum women. Additionally, recent findings point to the importance of a partner's sexuality for postpartum women's perceptions of their own sexuality in this time. **Aims.** The goal of this research was to explore women's partners' sexuality in the early postpartum phase taking into account psychosocial context. **Methods.** Partners (N = 114; 95 men, 18 women, 1 unspecified) of postpartum women completed a retrospective online questionnaire about their sexuality during the 3 months following their youngest child's birth. **Main Outcome Measures.** Primary measures included sexual desire (Sexual Desire Inventory), latency to sexual behavior, and enjoyment and initiation of sexual behavior. Other psychosocial variables were investigated: partners' perceptions of the birth mother's sexual desire, perceptions of the birth experience (Questionnaire Measuring Attitudes About Labor and Delivery), postpartum stress (Perceived Stress Scale), body image self-consciousness (Body Image Self-Consciousness Scale), social support (Multidimensional Scale of Perceived Social Support), fatigue, and experiences surrounding breastfeeding. **Results.** Partners reported most frequent engagement in intercourse in the postpartum period, earliest engagement in masturbation, and highest enjoyment of receiving oral sex compared with other sexual activities. Partners' sexual desire was not correlated with the psychosocial variables measured in the study. Findings for partners' sexuality were similar by gender, except for perceptions of social support and likelihood to engage in intercourse. **Conclusions.** This study provided a novel perspective on the study of postpartum sexuality by investigating physical and psychosocial influences on the experiences of partners of parous women. Given parallels between sexuality reported by partners in this study and by birth mothers in past studies, this study provided evidence that sexuality in the postpartum period may be experienced similarly, highlighting the social and relational nature of the postpartum.

Anders, S. M., Hipp, L. E., & Kane Low, L. (2013). Exploring Co-Parent Experiences of Sexuality in the First 3 Months after Birth. *The journal of sexual medicine*, 10(8), 1988-1999.

RESEARCH

Father involvement

FRN comment: This month the *Journal of Family Issues* produced two special issues on the topic of father involvement. Below are reproduced abstracts from the Editorial introducing the first issue and two key papers. The first paper by Barstad challenges the notion that women gain in terms of relationship quality when housework is shared equally while men lose by examining responses from over 8,000 Norwegian heterosexual respondents living in couples (marriages or cohabitations), in the age group 18 to 65. The second paper by McGill takes issue with another assumption: that working hours determine fathers' involvement with children. Data from a large US survey indicate that there is a subgroup of fathers who work long hours yet manage to spend more time with their children.

Studies of Men's Involvement in the Family—Part 1: Introduction

This special issue (like the one to follow) is designed to highlight research on men's increased involvement in their families, focusing both on the antecedents that are linked with their involvement and on the consequences that may follow.

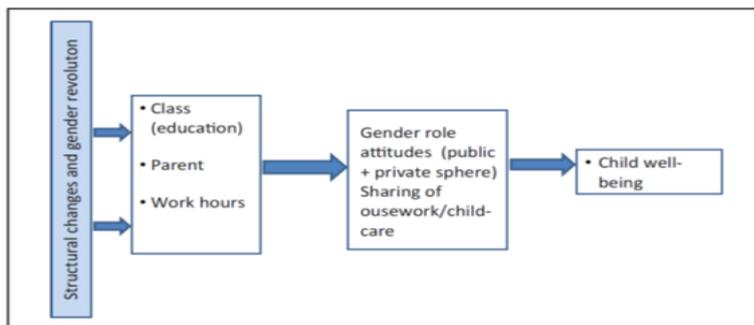


Figure 1. Antecedents and sequelae of men's family involvement.

Thus we show that such research is consistent with our theoretical view that the ongoing gender revolution has two parts. The first half, in which the "separate spheres" are broached by women's increased participation in paid work, strained the family, but the second, in which the separation between the spheres is finally dissolved by men's taking an active role in their families, contributing to the care of

their children and homes, strengthens the family. This issue focuses on Scandinavia, where both halves of the gender revolution are more advanced than in other industrialized countries; the second issue, although not neglecting Scandinavia, includes not only research on the United States but also cross-national studies.

Goldscheider, F., Bernhardt, E., & Lappegard, T. (2014). Studies of Men's Involvement in the Family—Part 1 Introduction. *Journal of Family Issues*, 0192513X14522237.

Equality Is Bliss? Relationship Quality and the Gender Division of Household Labor.

How does gender equality in the division of household labor correlate with relationship quality? Earlier research has pointed to the division of routine housework as a "zero-sum game": Women gain in terms of relationship quality when housework is shared equally, while men lose. I find weak support for a "zero-sum game" logic in the case of Norway, possibly related to the strong influence of gender egalitarian norms in Norwegian society. For men, equality in the sharing of routine housework is associated with less dissatisfaction with the division of household labor than all other sharing arrangements. Compared with taking no or little part in such housework, men who do as much routine housework as their partner score equally well on an index for relationship quality. While women's relationship quality deteriorates the larger their share of intermittent work (doing small repairs) is, there is no clear pattern among men.

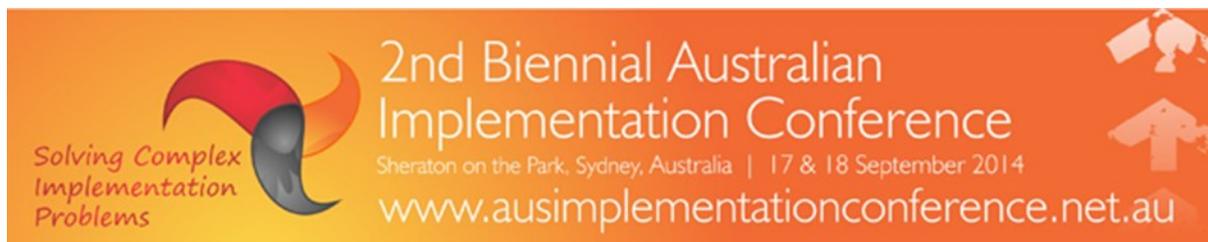
RESEARCH

Navigating New Norms of Involved Fatherhood Employment, Fathering Attitudes, and Father Involvement

In the context of the gender revolution, contemporary norms of fatherhood emphasize men's involvement with their children in addition to their traditional role as financial provider. These "new fathers" are expected to be more equal partners in parenting, nurturing children, and performing both interactive and physical caregiving. However, the roles of provider and involved father may conflict: Whereas the "new father" role requires spending time with children, the "provider" role requires commitment to spending time on the job. Using two waves of the Child Development Supplement to the Panel Study of Income Dynamics (N = 1,139), this study examines the relationship between employment and father involvement and whether fathering attitudes moderate that relationship. Results suggest work hours are not strongly related to father involvement. Despite generally long work hours, a subgroup of "new fathers" appear better able to preserve time with children, likely by cutting back on, or incorporating their children into, their leisure time.

McGill, B. S. (2014). Navigating New Norms of Involved Fatherhood Employment, Fathering Attitudes, and Father Involvement. *Journal of Family Issues*, 35(8), 1089-1106.

FROM ARACY



The 2nd Biennial Australian Implementation Conference (AIC): Solving complex implementation problems will be held in Sydney, Australia on the 17-18 September 2014, at the Sheraton on the Park. The Parenting Research Centre (PRC) and the Australian Research Alliance for Children and Youth (ARACY), will be once again co-hosting these vital discussions.

The goal of the conference is to help advance implementation science, practice, and policy to **improve the implementation of policies and programs to more effectively deliver better health, education and wellbeing outcomes for individuals and families in Australia and our surrounding regions.**

Themes of the conference will include:

- building a shared understanding of the implementation practice and science terms
- implementation concepts and theories
- putting implementation science into practice and policy

Continued on next page

FROM ARACY

- effective scaling-up service and system wide innovation
- measurements and tools for implementation science and practice
- evaluations of efforts to effectively implement for positive outcomes for individuals
- leadership and leadership's role in implementation
- policy development and application for effective implementation
- implementation teams and their role
- capacity building within organisations and across multiple layers of a system (for example, practitioners, managers, organisational leaders and policy-makers) to apply what we know from implementation science to what we do in real-world settings to improve outcomes for individuals and society.

The **AIC 2014** will build on the successes of the inaugural AIC held in Melbourne in 2012, which brought together more than 400 researchers, policy-makers, practitioners, community and organisational leaders from the health, education and human services sectors, providing opportunities to build networks and leverage cross-discipline learning to advance and enhance the science and practice of implementation.

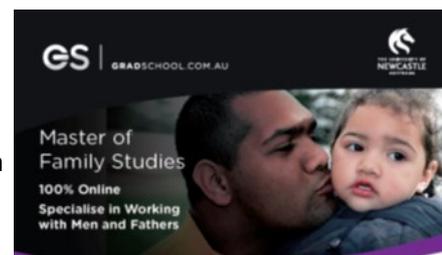
To register and for more information visit www.ausimplementationconference.net.au and follow the event on twitter @AIC2014 #AIC14

FROM THE FAMILY ACTION CENTRE

Online postgraduate courses

Fathers and Attachment (online)

Wouldn't it be marvellous to have a detailed knowledge of how father-infant bonding takes place; what are the similarities and differences with mother-infant bonding. Even better would be to know how to utilize this knowledge in real-life encounters with men in families. Best of all would be achieving a balance between enthusiasm for fathers' involvement and awareness of mothers' need for support. Well, now there is a course *Father - Infant Attachment and Co-Parenting: Theory and Intervention* <http://gradschool.edu.au/courses/details/HLSC6112> that offers to provide all of this.



Working with Fathers in Vulnerable Families (online)

Working with Fathers in Vulnerable Families <http://gradschool.edu.au/courses/details/HLSC6126> will provide an evidence-based, practical understanding of how to include men (fathers, uncles, boyfriends) in the services and programs aiming to support vulnerable families. The course uses a biopsychosocial approach to explore the most appropriate theoretical basis for including fathers in protecting the family while drawing on the strengths of all family members. There will be video and written material to help you work through practical exercises including specific, brief research projects connected to your work environment. Examples of successful (and promising) interventions with fathers, including interviews from vulnerable family catchment groups form part of the real-life materials for this course.

Please view in HTML. If HTML is not accessible or you are having trouble viewing the links go to
<http://www.newcastle.edu.au/research-and-innovation/centre/fac/research>

Or contact Richard Fletcher:

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This edition of the Fatherhood Research Bulletin was produced with assistance from Simon Fowler, Bachelor of Social, Science Student UoN, on behalf Family Action Centre, The University of Newcastle

