
Men's health practices within dual income families

**A thesis submitted in fulfilment of the
requirements for the degree of
Doctor of Philosophy**

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DECLARATION

I declare that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any university and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text

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Date:

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TABLE OF CONTENTS

DECLARATION	2
ACKNOWLEDGEMENTS	3
TABLE OF CONTENTS	4
ABSTRACT.....	13

PART ONE : THE RESEARCH APPROACH

CHAPTER ONE: INTRODUCING THE STUDY..... 16

1	Introduction	16
1.1.1.	<i>Types of family structures in Western society.....</i>	16
1.1.2.	<i>Role of men and women in the nuclear family.....</i>	17
1.1.4	<i>Dual income families and changing roles</i>	18
1.1.5	<i>Fathers care for sick children</i>	20
1.2	Research problem	21
1.3	Research aim	21
1.4	Significance of the study	22
1.5	Structure of the thesis	23
1.6	Chapter summaries	24

CHAPTER TWO: LITERATURE REVIEW: DUAL INCOME FAMILIES IN CRISIS..... 26

2.1	Overview	26
2.1	Introduction	27
2.2	The trend toward dual income family types	29
2.3	Can women choose motherhood or are they expected to work?.....	30
2.4	Maternal employment: source of health promotion or self harm?.....	34
2.5	Support for working parents: an international comparison.....	39
2.5.1	<i>Denmark.....</i>	39
2.5.2	<i>United Kingdom</i>	40
2.5.3	<i>Australia.....</i>	43
2.6	Socioeconomic differences among working mothers	46
2.7	Satisfaction with work – life balance.....	49
2.8	Evaluating claims of time poverty.....	52
2.9	The psychological and physical effects of childcare	54
2.10	Childcare linked to physiological stress for mother and child.....	57
2.11	Attitudes to working mothers	58
2.12	What happens when children get sick?.....	64
2.12.1	<i>Division of parenting responsibilities.....</i>	64
2.13	Conclusion.....	67

PART TWO : DEVELOPING AN ANALYTICAL FRAMEWORK

CHAPTER THREE: THEORETICAL FRAMEWORK - MASCULINITY 71

3	Introduction	71
3.1	Theorising masculinity	72
3.1.1	<i>Can masculinity be biologically determined?</i>	72
3.1.2	<i>The social construction of masculinity</i>	74
3.2	Masculinity and health	77
3.2.1	<i>What health means to men</i>	77
3.2.2	<i>Masculine parent and the health of others</i>	78
3.2.3	<i>Masculinity influencing health practice</i>	79
3.3	Gendered participation in health care	81
3.3.1	<i>Women's socialisation in health</i>	82
3.3.2	<i>Men's socialisation in health</i>	83
3.4	Gender division of labour	85
3.4.1	<i>Work defines men</i>	85
3.4.2	<i>The impact of men's work on family</i>	86
3.4.3	<i>Time spent away from the family</i>	86
3.4.3	<i>Male earnings</i>	87
3.4.5	<i>Parents gendering their labour</i>	87
3.5	Facet: masculinity under review	89
3.5.1	<i>Changing what men do</i>	89
3.5.2	<i>Changing normative depictions of gender roles</i>	91
3.5.3	<i>The new generation of men</i>	92

CHAPTER FOUR: THEORETICAL FRAMEWORK - FATHERHOOD 94

4	Introduction	94
4.1	Historical literature: a research approach	96
4.2	Father-child nexus in pre-industrial times	96
4.1.2	<i>Industrialisation reduces the availability of fathers</i>	98
4.2	Social reforms.....	100
4.2.1	<i>Diminishing paternal guidance</i>	100
4.2.2	<i>Changes to family and fatherhood</i>	100
4.2.3	<i>Absent fathers</i>	102
4.2.4	<i>Time spent with sons and daughters</i>	103
4.3	Theorising fatherhood	104
4.3.1	<i>Interdisciplinary overspecialisation</i>	104
4.3.2	<i>The nexus between masculinity and fatherhood</i>	107
4.4	Researching fathers	108
4.4.1	<i>Knowledge of fatherhood is lacking</i>	108
4.4.2	<i>Scope of fatherhood research</i>	111
4.4.3	<i>Recruitment of fathers into studies</i>	112
4.5	Child health effects linked to fathering	114
4.5.1	<i>Non-resident fathers' contribution to child health</i>	114
4.5.2	<i>Military service and fathering</i>	117
4.5.3	<i>Single fathers' contribution to child health</i>	118
4.6	Resident fathers' contribution to child health.....	119
4.6.1	<i>Father - child emotional health</i>	119
4.6.2	<i>Father - child physical health</i>	122
4.7	Conclusion.....	123

PART THREE : METHODOLOGY

CHAPTER FIVE: RESEARCH METHOD.....	127
5 Introduction	127
5.1 Documentary searches for evidence of men’s health practices	129
5.2 Qualitative approach enhancing quantitative data	132
5.3 Combining quantitative and qualitative methods	134
5.4 Focus group method	135
5.4.1 Combining focus group with individual interviews	138
5.4.2 Role of the moderator.....	138
5.4.3 Interview guide.....	140
5.4.4 Interview setting.....	141
5.4.5 Selecting participants.....	142
5.4.6 Sampling	142
5.4.7 Sample size.....	143
5.5 Ethics.....	143
5.6 Qualitative data management	144
5.7 Qualitative rigour.....	145
5.8 Analytical bias.....	147
5.9 Qualitative analysis: descriptive & thematic	149
5.10 Qualitative Limitation	150
5.11 Analytical issues.....	150
5.12 Questionnaire design: introduction.....	151
5.12.1 Validation - requirements.....	152
5.13 Construct validity	153
5.14 Criterion validity	155
5.14.1 Criterial identifier – Motherhood.....	155
5.14.2 Criterial identifier – Masculinity.....	161
5.14.3 Criteria identifier – Fatherhood.....	162
5.15 Linking qualitative data to questionnaire design	163
5.16 Face Validity	163
5.17 External validity	164
5.18 How big should the sample be?.....	164
5.19 Questionnaire design – length and format	165
5.20 Cluster sampling.....	165
5.21 Randomised block design.....	165
5.22 Respondents - Selection criteria	166
5.23 Enhancing respondents’ recall.....	167
5.24 Time referents within questionnaires.....	168
5.26 Response bias	169
5.27 Response rate - strategies	169
5.28 Limitations – quantitative.....	170
5.29 Statistical analysis	170

PART FOUR : RESULTS

CHAPTER SIX: ACUTE ILLNESS	173
6 Introduction	173
6.1 The health status of children	174
6.2 The prevalence of acute illness in infants	176
6.3 The prevalence of acute illness in children under 14 years	177
6.4 Prevalence of childhood illness in dual income families	178
6.5 Prevalence of acute infections among children attending childcare	179
6.6 Workload implication for dual income families	181
6.6.1 Parental responsibilities and workloads in caring for an acutely ill child	181
6.6.2 The administration of medication	183
6.7 Evidence of fathers' health practices toward infants or children with acute illness	185
6.8 Health practices of fathers within socioeconomic and ethnic groups	190
6.9 Exemplars of common child illnesses: evaluating parental involvement	191
6.9.1 Exemplar: Respiratory illness	192
6.9.2 Exemplar: Ear infections	193
6.9.3 Exemplar: Diarrhoeal illness	193
6.9.4 Exemplar: Tonsillitis and Tonsillectomy	195
6.10 Conclusion	198
CHAPTER SEVEN: CHRONIC ILLNESS	200
7 Introduction	200
7.1 The prevalence of chronic illness among children	201
7.2 Parental contributions to the child with chronic illness	204
7.3 Searching for evidence of fathers' health practice in chronic illness care	208
7.4 Exemplars of chronic illness	211
7.4.1 Asthma	211
7.4.2 Diabetes	216
7.4.3 Atopic dermatitis	219
7.5 Conclusion	225
CHAPTER EIGHT: MENTAL ILLNESS	227
8 Introduction	227
8.1 Background	228
8.2 Prevalence of mental health problems in young Australians	229
8.3 Who is ultimately responsible for the mental health of children?	231
8.4 Burden experienced by those with mental illness	232
8.5 Burden experienced by fathers and mothers	233
8.6 The stigma of mental illness	235
8.7 Drug induced mental health problems in young people	236
8.8 Fathers' mental health promotion practices within the family	238
8.8.1 Fathers' mental health as a contributor to child wellbeing	238
8.8.2 Fathers' effects on their children's emotional wellbeing	240
8.8.3 Stepfathers and non-resident fathers	241
8.9 Fathers' ability to engender help seeking for children	242
8.10 Parents' role in gaining a formal diagnosis	246
8.11 Parents' understanding of treatment options and efficacy of interventions	249

8.12	Fathers' experiences of their child's acute episodes of mental illness.....	251
8.13	Inadequacy of resources and support for parents.....	253
8.14	Policy development in support of parents' whose child has a mental illness	254
8.15	Father's health practices towards specific mental health problems	259
8.16	Depression in childhood and adolescence	259
8.16.1	<i>Accessing timely and appropriate treatment for depression</i>	263
8.16.2	<i>Pharmacotherapy</i>	264
8.16.3	<i>Prescribing trends</i>	265
8.16.4	<i>Associations between anti-depressant medications and suicide</i>	268
8.16.5	<i>A non-drug form of treatment is psychotherapy</i>	270
8.17	Anxiety disorder	271
8.18	Attention Deficit Hyperactivity Disorder	273
8.19	Self harm in young people.....	277
8.20	Suicide in young people	279
8.21	Conclusion.....	282
CHAPTER NINE: TERMINAL ILLNESS		284
9	Introduction	284
9.1	Background	284
9.2	Incidence of cancer in young people	286
9.3	Fathers' emotional burden.....	288
9.4	Fathers promoting their child's wellbeing	289
9.5	Evidence of fathers' health practices at home and in hospital.....	291
9.6	Fathers' physical health practices.....	293
9.7	Palliative care	296
9.8	Conclusion.....	300
CHAPTER TEN: INJURY AND ACCIDENT PREVENTION		302
10	Introduction	302
10.1	Overview of injuries and accidental deaths	303
10.2	Fathers perceptions of injury prevention	306
10.3	Researching fathers' injury prevention practices.....	309
10.4	Fathers' injury prevention practices	310
10.5	Fathers' injury prevention by surveillance	311
10.6	Fathers' treatment practices for injuries	312
10.7	Fathers' promotion of personal safety for their child's social environment	313
10.8	Conclusion.....	314
CHAPTER ELEVEN: HEALTH PROMOTION.....		316
11	Introduction	316
11.1	Health promotion: a core paternal responsibility.....	317
11.2	Fathers' role in attending health screening for infants and young children	319
11.3	Fathers' influence on alcohol initiation in children	321
11.4	Fathers' influence on adolescents' illicit drug use or abstinence.....	323
11.5	Fathers' attempts to reduce their child's exposure to smoke.....	327
11.5.1	<i>Fathers' alteration in smoking habits</i>	328
11.5.2	<i>Fathers' smoking habits influencing children smoking habits</i>	331
11.6	Conclusion.....	334

CHAPTER TWELVE: QUALITATIVE ANALYSIS.....	336
12 Introduction	336
12.1 The write-up	337
12.2 Frame one: Descriptive analysis.....	338
12.2.1 Division of labour: childcare	338
12.2.2 Division of labour: health practices.....	339
12.2.4 Division of labour: nocturnal responsibilities.....	342
12.2.5 Division of labour: Medical appointments	343
12.2.6 Sexual / reproductive health.....	344
12.2.7 Transmission of health knowledge - father-to-son	345
12.2.8 Health promotion	347
12.2.9 Occupational Health & Safety.....	351
12.2.10 Accidents and injuries	353
12.2.11 Mental health & sense of wellbeing.....	354
12.3 Frame two: thematic analysis	355
CHAPTER THIRTEEN: RESULTS HOUSEHOLD SURVEY.....	375
13 Introduction	375
13.1 Response rate.....	376
13.2 Description of the sample	378
13.2.1 Age	378
13.2.2 Culture	378
13.2.3 Birthplace.....	378
13.2.4 Ancestry.....	379
13.2.5 Language used at home	379
13.3 Socioeconomic data.....	380
13.3.1 Income	380
13.3.2 Education	382
Section 1.1 Men and work	384
Section 1.2 Women and the family	386
Section 1.3 Fathering today.....	387
Section 1.4 Combining work and family.....	388
Section 1.5 Parenting in dual income families	389
Section 1.6 Equality of the sexes	390
Section 1.7 Sexuality.....	391
Section 2.1 Family structures.....	392
Section 2.2 Child care arrangements.....	392
Section 2.3 Episodes of illness	395
Section 2.4 Episodes of illness	398
Section 2.5 Health promotion	400
Section 2.6 Sharing home duties	402
Section 3.1 Health topic taught at school or elsewhere.....	404
Section 3.2 Looking after a new born child	406
Section 3.3 Health problems in your family at present	408
Section 3.4 Medication use and purchase	409
Section 3.5 Children and medications use	413

CHAPTER 14 DISCUSSION.....	416
14.1 Gender equality and women’s employment	416
14.1.1 Pragmatic support for working mothers	416
14.1.2 Expansion of fatherhood roles.....	418
14.2 Dual income families approaching crisis.....	419
14.3 Searching for evidence of men’s health practices.....	421
14.3.1 Actual health practice: health promotion.....	423
14.3.2 Actual health practice: Newborn child.....	424
14.3.3 Actual health practice: Activities performed for sick children	424
14.3.4 Actual health practice: Health literacy and skills	425
14.3.5 Actual health practice: administration of medication	426
14.4. Perceived barrier to men’s health practices	427
14.4.1 Limitations	428
CHAPTER 15 CONCLUSIONS.....	429
REFERENCES	434

Appendices

APPENDIX 1 Household survey - questionnaire, health practices in dual income families	503
APPENDIX 2 The envelope containing the household survey as was addressed to the occupant	527
APPENDIX 3 Men's information sheet, focus group and individual interviews.....	528
APPENDIX 4 Focus groups and individual interview, consent form.....	529
APPENDIX 5 Information on research complaints procedure for interviewees.....	530
APPENDIX 6 Semi structured interview questions, used as a guide for individual interviews	531
APPENDIX 7 Ethics approval	532
APPENDIX 8 Journal article – Fathers struggling for relevance in the care of their terminally ill child	537

Figures

Figure 5:1 Schema depicting categories of literature used in the literature review.....	131
Figure 13.2 Gross income per year	382
Figure 13.3 Highest level of education received.....	383

Tables

Table 5.1	Men and women role in society (section one of the questionnaire)	154
Table 5.2	Question designs – summary of origins of questions	158
Table 13.1	Filtering of questionnaire responses	376
Table 13.2	Comparison of distribution of household types between sampling locality and respondents	377
Table 13.3	Age distribution	378
Table 13.4	Place of birth for South Australians and the sample	378
Table 13.5	Ancestry	379
Table 13.6	Language	380
Table 13.7	Income of respondent and partner	381
Table 13.8	Highest level of education	382
Table 13.9	Section for the grouping of attitudinal questions	383
Table 13.10	Response in agreement with statement for: Men at work	385
Table 13.11	Response in agreement with statement for: Women and the family	387
Table 13.12	Response in agreement with statement for: Fathering today	388
Table 13.13	Response in agreement with statement for: Combining work and family	389
Table 13.14	Response in agreement with statement for: Parenting in dual income families	390
Table 13.15	Response in agreement with statement for: Equality of the sexes	391
Table 13.16	Response in agreement with statement for: Sexuality	392
Table 13.17	Childcare arrangements [Q 2.2]	394
Table 13.18	Episodes of illness [Q 2.3.1]	395
Table 13.19	Episodes of illness – satisfaction with care arrangements [Q 2.3.2]	396
Table 13.20	Episodes of illness – when did you last provide sickness care? [Q 2.3.3]	396
Table 13.21	Episodes of illness – Length of care provided for a sick child [Q 2.3.4]	397
Table 13.22	Episodes of illness – how respondent found time to care [Q 2.3.5]	397
Table 13.23	Episodes of illness – Employers reaction to sickness care [Q 2.3.6]	398
Table 13.24	Activities performed for sick children by respondents [Q 2.4.1 – 2.4.10]	399
Table 13.25	Health promotion activities performed by parents [Q 2.5.1- 2.5.4]	401
Table 13.26	Amount of household duties performed after mother returned to work [Q 2.6.1 – 2.6.13]	403
Table 13.27	Health topics that respondents had been educated for or not educated. [Q 3.1.1- 3.1.12]	405
Table 13.28	Activities performed for a newborn child – perception of difficulty [Q 3.2.1- 3.2.8]	407
Table: 13.29	Health problems experienced by a family member at the time of survey [Q 3.3.1 -3.3.7]	408
Table 13.30	Frequency of pharmacy visits [Q 3.4.1]	409
Table 13.31	Purchased drugs in a Pharmacy [Q 3.4.2]	409
Table 13.32	Type of medication purchased [Q 3.4.3]	410
Table 13.33	Frequency of being instructed by staff on correct dose [Q 3.4.4]	410
Table 13.34	Frequency of being instructed by staff on side effects [Q 3.4.5]	411
Table 13.35	Frequency of suggesting to family member to take medication [Q 3.4.6]	412
Table 13.36	Knowledge of medication use – differences between gender [Q 3.4.7]	412
Table 13.37	Who usually gave regular medicine to your child? [Q 3.5.9]	413
Table 13.38	Who usually gives medicine to your child? [Q 3.5.10]	414
Table 13.39	Administration of pain killers or medicines for colds to your children [Q 3.5.11]	414
Table 13.40	How confident did you feel about calculating the required dose [Q 3.5.12]	415
Table 13.41	How comfortable would you feel about telephoning a pharmacy for advice? [Q 3.5.13]	415

ABSTRACT

The topic, *Men's health practices in dual income families*, is worthy of investigation because social change continues to challenge gender roles that have been used to justify a segregation of parental responsibilities. Although child health has primarily been the responsibility of mothers, the increasing trend toward dual income families has resulted in mothers being less available for this role. An emerging substitute for maternal health care is that provided by fathers. Key researchers of fatherhood have reported that men desire more pragmatic interactions with their child, aimed at directly improving health and wellbeing (Burgess, 1990; Burgess & Ruxton, 1997; Burghes, et al., 1997). However, little is known about men's willingness and capability in performing the range of practices necessary to effectively reduce the morbidity and mortality associated with child illness and injury (Hallberg, 2007; Laws, 2003a).

This study used several methods of data collection that ultimately identified new knowledge of men's health practices not previously recorded in the literature. Document searches, for evidence of men's health practices, are presented as six chapters; each chapter explores a discrete category of child health or illness; *Acute illness, Chronic illness, Mental health problems, Terminal illness, Health promotion and Accident and injury prevention*. All six document searches revealed scant information on men's health practices; this finding supported the need for additional methods. Focus group discussions and individual interviews aimed to identify men's knowledge of child health problems, their repertoire of skills and experiences of practicing health. A questionnaire survey was distributed to households to assess respondent's attitudes toward the concept of gender equity, shared parenting and to measure the actual health practices performed toward children.

Analysis of focus group discussions and survey data revealed a) strong support for gender equity in the workplace and the home b) strong support for equitable parenting c) a repertoire of health practices and frequency of performance far in excess of that evident in the literature. These findings suggest more equitable parenting is occurring and a reclaimed fatherhood role. However, all three methods of data collection identify that men experience substantial barriers to expanding their parental role into child health care; these findings and emerging

evidence indicate the need for health professionals and policy makers to develop strategies that enhance men's inclusion, as partners, in child health practices.