Fathers' Involvement and Children's Health

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ABSTRACT

The relationship between involvement in children's health care, the moderating effects of parenting beliefs between involvement and child health status and use, and the mediating effects of family integrity in fathers' involvement and child health were examined in two separate studies. The first study includes 760 fathers from a national survey project. Involvement, parenting beliefs, and demographic variables were used to predict child health and health use. Fathers' residency status was correlated with the number of times the doctor was consulted and predicted the child's height-to-weight ratio. Participation in fun activities and shopping was associated with sickness and child height-to-weight ratio. No moderation effects were found for parenting beliefs. The second study uses a mixed methods design to which fathers' perceptions of involvement, motivations, barriers, and support by their child's mother are examined qualitatively. The associations between father demographic variables, barriers to attendance, family integrity, and modernity in predicting involvement are and child health status are tested. The mediating effects of family integrity between involvement and child health were also studied quantitatively. Seventeen fathers were included in the qualitative analysis. Fathers perceived that participation in their child's health care is important and felt supported by their child's mother. Barriers to involvement included work-related difficulties and a poor relationship with their child's mother. A total of 52 fathers were included in the quantitative analysis. Fathers' biological relationship to the child was associated with involvement. Additionally, family integrity and parenting beliefs predicted involvement. No evidence was found for mediation effects of family integrity between involvement and child health. These results have implications for community programs and practioners with the aim of improving child health.

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CHAPTER ONE: INTRODUCTION

There is much support in the literature emphasizing the importance of fathers' involvement and its impact on child cognitive and psychosocial functioning (Carlson, 2006; Dick, 2007; Flouri & Buchanan, 2004; Yogman, Kindlon, & Earls, 1995). Involvement is associated with better cognitive development in community programs that seek to increase fathers' involvement in the lives of their children (Fagan & Iglesias, 1999; Raikes & Bellotti, 2006; Raikes, Summers, & Roggman, 2005), but a major shortcoming in the study of father involvement is the lack of research examining fathers' involvement in health-related behaviors. This leaves much room for inquiry to be made in understanding the intersection between fathers' involvement in general, and whether involvement is associated with better health outcomes in children. Therefore, the goal of this project is to examine the relationship between father involvement and child physical health status by examining fathers' perceptions of involvement, motivations, barriers, and support by their child's mother in their participation with their child's health care. Understanding the predictors and barriers of involvement and child health status may provide useful information within the population of community organizations providing services to low income families as they make efforts to engage fathers and improve children's health. The knowledge gained from this project will also inform current theory by identifying predictors of fathers' involvement in their child's health care.

Father Involvement Defined

The conceptualization of father involvement has exposed a number of measurement methodological problems. Conceptualizations have evolved over the last few decades from observable behaviors (Hawkins & Palkovitz, 1999) to the amount of time that fathers spend with children. Lamb and colleagues (1987) conceptualized involvement by father engagement,

accessibility, responsibility, and positive emotional involvement. Engagement is referred to as one-to-one interaction with the child (playing, reading, or feeding), accessibility is being available to the child (even if not directly interacting), and responsibility is being accountable for the care and welfare of the child. This conceptualization of father involvement includes categories outside of direct interaction and includes activities not fully captured at a specific time-point. Hawkins and colleagues (2002) expanded on Lamb-Pleck's (1987) biosocial model of paternal involvement by including a multidimensional definition of father involvement: Responsibility, paternal monitoring, activities with the child, activities in the household, and showing warmth and affection. This model suggests that fathers' involvement is highly contextual and may likely occur within families experiencing barriers for fathering outside of marriage.

Some of the difficulties in measuring father involvement have been identification of the father, defining father type (intact, resident, non-resident, stepfather, etc), and difficulty in obtaining data on these fathers. The change in family structure over the last few decades has made it difficult to engage fathers in research. Additionally, most of the research on fathers does not truly reflect family structure in households of families with low socio-economic status. Therefore, the conclusions that have been drawn from this research have been somewhat non-representative of families. Nearly a majority of the research has focused on biological father-child relationships in non-divorced or "intact" families. A second problem is the overuse of mothers' reports of father involvement which have been used because of the difficulty in recruiting fathers for research due to non-residency status and the questionable accuracy of fathers' self-reports. In these cases, mothers' reports have served as proxies for fathers' involvement. It has been questioned whether mothers are more accurate reporters than fathers of

their own involvement. One study suggests that mothers are perceived to be the most reliable informants when compared to teachers and fathers, but fathers could also serve as accurate informants when they were included in research designs (Phares, 1997). On the whole, studies indicate that father and mother reports of father involvement show moderate agreement correlating in the range of .4 to .8 (Wical & Doherty, 2005). Fathers' reports of their involvement have not been included in research because of the existing debate about the accuracy of their reports (Wical & Doherty, 2005). As efforts have been made to improve involvement measurement by broadening the conceptualization and accuracy of conclusions, it remains important to include fathers in samples with entry barriers associated with socio-economic status and residency.

Child Health

Children's health has been defined in the literature in a number of different ways including mental health functioning (McLearn et al., 2007), dental health (Holve, 2008), weight status (Gupta et al.), physical illness (Bass, Singer, Powers, & Olson, 1996), immunization status (Currie & Thomas, 1995), injury and accident prevention (Emond & Shepherd, 1994), and health care utilization (Hale, Seitz, & Zigler, 1990). The basic methods of assessing health are clinical assessment by a health professional, subjective evaluation (i.e. self-reports) of one's own health, and standard inventories of behaviors associated with impairment of functioning that are impacted by illnesses. Many believe that a full clinical assessment is the most reliable way to evaluate individual health, but it is also the most costly and most cumbersome. Self-reports, while robust for adults pose substantial methodological difficulties in assessing child health status due to varying levels of cognitive development in children (Stein & Jessop, 1990). Agreement between child and parent reports have been investigated and indicate some agreement

(correlations ranging from .41 to .66), but the magnitude of agreement differs based on gender, age, illness, and visiting a physician (Theunissen et al., 1998). In sum, there appears to be some consistency and validity in parents' and children's reporting of health status. The sole use of parent reports of child health is under scrutiny and suggests that a number of factors may explain parents' patterns of inconsistencies in reports of their child's health when compared to the child (Bruil & Maes, 1995). There have been fewer questions about the validity and reliability in the use of height and weight measurements in children. One study showed that routinely collected child health record height/length and weight data are compatible with no systematic bias in children over 8 months old (Howe, 2009). Taking these limitations into consideration, parents' reports of child health are used in the current study.

Child Health Utilization

Child health status is a driving force behind parents' decisions to seek pediatric health care services (Janicke, Finney, & Riley, 2001; Kelleher & Starfield, 1990). Child health use generally falls under the categories of well-child visits, acute illness needs, and chronic illness. Well-child care has been defined to include health supervision by a physician of developmental milestones, psychosocial functioning, coordination of care, immunizations, and additional screening (Inkelas, Lotstein, Samson, Schor, & Halfon, 2006). The general purpose of these activities is to assure adequate child physical and psychosocial development, prevention of disease, and early detection of problems (McCormick, 2008). Acute illnesses tend to be more emergent problems in children that require immediate attention (e.g. colds, ear infections, etc). Certain amounts of services use for acute problems are usually expected during child years and illnesses/injuries are a relatively normative experience (Chin, 2002) and are necessary for the recognition of potential medical problems (Robertson, 1998). Most parents see the experience as

unacceptable because parents consider their children to be ‘‘healthy’’ (Hojer, Sterky, & Widlund, 1987). Health use for chronic illnesses tends to be management of health problems that may require routine appointments or occasional hospitalizations (e.g. asthma, and or complications with diabetes management).

One of the challenges with measuring child health use is in developing a consensus or measures to characterize child health broadly. Although many agree that appropriate measures should be multidimensional (Eiser & Morse, 2001), there is little agreement on what those dimensions should be from the perspective of the child, the family, or society at large. Moreover, because many of the child health measures reflect adaptation of adult instruments, measures for young children and infants tend to be sparse. There is not a “standard” measurement for health in specific domains, but global measures of health have been used in various texts throughout the literature. Measures of child health have been utilized by practitioners to focus on their specific area of interest when working with child patients (i.e. interest in BMI for developmental screenings). In most cases, approximations to the concept of health involve self-ratings or proxy ratings of overall health. Generally, these are questions that ask an individual to rate their health along a 4 to 5–point scale from poor to excellent (McCormick, 2008). Although such questions correlate with other measures of current and future health, there is usually insufficient variance in the responses to make them useful in clinical practice; however, they may be somewhat useful in research as it pertains to a specific question. In the current project, child health is examined in several ways (the combination of chronic and acute health problems, height-to-weight ratio, and health utilization).

Factors that Influence Father Involvement

A number of factors have been shown to be related to fathers' involvement. One of the broadest conceptual frameworks discusses the determinants of fathers' involvement by contextual factors, father factors, mother factors, and coparental factors (Doherty, Kouneski, & Erickson, 1998). Socio-economic status, (Flouri & Buchanan, 2003) fathers' biological relationship to their child, fathers' residential status, (Flouri, 2008) maternal factors, mothers' feelings about the fathers' abilities to provide child care, (De Luccie, 1995) maternal support of fathers' involvement, coparenting, and marital/relationship quality have an influence on the degree to which fathers are involved. Schoppe-Sullivan and colleagues (2004) examined a number of these factors in predicting fathers' involvement and identified additive effects. When examined individually patterns emerge that provide useful information regarding prediction, but when examined simultaneously, the effects of some factors appear to be more marginal than others. This does not suggest that there is a single factor of importance when predicting father involvement, but suggests that an examination of father factors and other contextual variables should be understood within specific populations.

Contextual Predictors of Involvement

Some of the contextual factors associated with fathers' involvement are institutional practices, employment, economic factors, race and ethnicity, cultural expectations and social support (Doherty, et al., 1998). Lack of income and poor opportunities for finding employment affects fathering (Thomson, Hanson, & McLanahan, 1994) in that fathers' involvement with their children is strained due to economic stress. Often in these cases, fathers are mandated by the legal system to pay child support. Fathers' payment of child support is shown to have beneficial effects on children because non-resident fathers' economic contributions improve

children's standard of living, health, educational attainment, and general well-being. Studies have documented that more frequent contact is associated with more child support, (Seltzer, 1991) and arguments over visitation and other contacts with children are associated with lower child support (Dudley, 1991; Judith Seltzer, Schaeffer, & Charng, 1989). Monetary and material contributions from the father (especially contributions provided informally) are associated with more positive child well-being outcomes (Dunn, Cheng, O'Connor, & Bridges, 2004; Greene & Moore, 2000).

Paternal Factors in the Prediction of Involvement

Fathers' motivation (Lamb, Pleck, Charnov, & Levine, 1987) and attitudes also predict fathers' involvement. Attitudes play a role in fathers' perceptions of their care-giving skill, and the extent to which they value their role (Beitel & Parke, 1998). A study by Freeman, Newland, and Coyl (2008) found that fathers' identification with the paternal role, parenting efficacy, and responsibility were associated with a lower impact of perceived barriers (e.g. lack of time, energy, and work constraints). Identity theory has also been cited as a theoretical explanation for why fathers are involved. Identity theory posits that father involvement varies as a function of the salience with which a father views his parenting role, and fathers behave in ways that reflect their role investments (Bruce & Fox, 1999; Fox & Bruce, 2001; Maurer, Pleck, & Rane, 2001; Rane & McBride, 2000). Additional theories of inclusive fitness (paternal investment theory) suggests that fathers are more involved with children to which they are biologically related and have the best chance of thriving (Bruce & Fox, 1999). The significance of ''ownness'' (Daly & Wilson, 1998) and empirical studies have identified biological relatedness as a correlate of parental involvement, although it is usually unclear if this is because parents and children who have similar characteristics become more involved and attached, or because most biological parent–child dyads have enjoyed a shared relationship from early infancy (Dunn, 2002, p. 157).

Biological relatedness and family type affect young children's feelings of closeness to their fathers, which are related to levels of parental involvement (Flouri & Buchanan, 2002).

Fathers' workplace barriers such as longer work hours are ranked by fathers as the most important reason for low levels of paternal involvement and source of stress in balancing work and family life (Haas, 1992; Milkie & Peltola, 1999). Men are more likely to work more hours and less likely to take advantage of flexible work arrangements or parental leave (Robinson & Godbey, 1997). Involvement may be impeded by work hours and fathers may be sacrificing the quality of the relationship with their child in order to provide economically for their families. Difficulty getting time off from work (Moore & Kotelchuck, 2004) is a barrier to attending child well-baby visits. The primary barrier discussed by fathers was the difficulty of juggling work, other time demands, and their time for fathering. A number of fathers said there were no barriers and furthermore said they did not want any help or support. Fathers also described their primary sources of support as their spouse or partner, their own parents (especially their mothers), and their own internal resources (e.g., motivation, patience).

Maternal and Coparenting Factors in the Prediction of Involvement

The patterns of involvement among fathers are influenced by maternal factors such as work status, support of father involvement, and coparenting relationship with the mother. When mothers work longer hours and offer more support of fathers' involvement fathers are more likely to be involved (De Luccie, 1995). The level of father involvement may also decrease with mothers' level of employment. In the Early Child Care Research Network (2000) study, fathers were significantly less likely to participate in caregiving activities in households in where mothers were not employed or were employed part-time. The availability of child care when

parents are working creates opportunities for parents to work together in deciding who will be involved in each aspect of child-rearing and care.

A number of studies also suggest that mothers' maternal gate-keeping is related to paternal activities with children (Beitel & Parke, 1998; McBride, Brown, Bost, & et al., 2005; Palkovitz, 1984). Maternal gate-keeping has been defined as mothers tendency to inhibit a collaborative effort between men and women in family work by limiting men's opportunities for learning and growing through caring for children (Allen & Hawkins, 1999). Many women are ambivalent about greater father involvement for a variety of reasons including concerns about their husband's competence as a caregiver, feared loss of control over a domain in which they exercised significant power, and an unwillingness to change their standards for housework and childcare. The father's level of involvement in the child's life is therefore, partly determined by the extent to which mothers permit participation (Allen & Hawkins, 1999; De Luccie, 1995; Dickie & Sharon, 1980; Seery & Crowley, 2000). One study (Fagan & Barnett, 2003) found that maternal gate-keeping was significantly, and negatively associated with the quantity of father involvement. Additionally, fathers' competence was indirectly and directly linked to the amounts of maternal gate-keeping and father involvement with children as gate-keeping mediated the relationship between fathers' competence and involvement. There is perhaps some evidence to the contrary regarding the effects of maternal gate-keeping. One study of African American mothers revealed that mothers are interested in increased father involvement and fathers' perceptions of gate-keeping may prevent him from being involved (Sano, Richards, & Zvonkovic, 2008). This finding suggests the possibility that socio-cultural factors may explain mothers' feelings of increased father involvement.

Fathers' involvement with his children hinges on more than just his willingness to be involved, but mothers' feelings about fathers' competence, their support of his involvement, and the quality of the marital or joint custody relationship. A recent finding reveals that maternal encouragement mediates the relationship between coparenting and fathers' involvement as well as interactions between co-parenting quality and fathers' involvement (McBride et al., 2005; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). The link between fathers' involvement, the quality of fathers' relationship with the child's mother and involvement suggests that having a good relationship is associated with increased involvement as well as other positive coparenting behaviors. Easterbrooks, Barrett, Brady, and Davis (2007) found that when father-mother relationships were more positive (supportive, deeper, less conflict), fathers were more likely to be involved with their children on a daily basis, to provide greater emotional support for the mother, and to spend a greater proportion of their father–child time within the family triad. Coparenting is conceptually related to maternal support of father involvement and has been largely cited as having an indirect effect on the parent-child relationship and fathers' involvement (Russell & Russell, 1994). Recent research indicates that cooperative coparenting predicts more frequent father-child contact, which in turn predicts higher relationship quality and more responsive fathering (Sobolewski & King, 2005). The degree to which fathers interact with their children is often times related to the level of support or discouragement provided by mothers. For example in infancy, research has shown that more engagement in collaborative parenting is associated with increased self-esteem and support among partners (Lindsey, Caldera, & Colwell, 2005). This pattern of interaction allows fathers and mothers to effectively coordinate child care through problem solving efforts. The compound effects of having a

positive relationship with the child's mother and engaging in collaborative parenting may increase involvement and possibly improve child health.

Fathers' Involvement in their Children's Health

The examination of father involvement, child health status and utilization is an understudied area of both developmental and pediatric psychology. A number of methodological problems in the examination of this topic are reported in the literature. A few reasons are the relative lack of attention and under-representation of fathers in research studies (Phares, Lopez, Fields, Kamboukos, & Duhig, 2005; Seagull, 2000). Some of the reasons for the lack of inclusion have been documented by researchers in the last decade: Difficulty in father recruitment, differential base rates of pathology among fathers and mothers, predominance of sex-driven theories, and assumptions about father effects based on outdated social norms (Phares, 1992). The lack of inclusion of fathers in studies raises a number of methodological issues affecting the accuracy of conclusions drawn about the role of fathers in influencing their children's health. One problem is that current reports often aggregate the effects of mothers' and fathers' involvement in children's health care, thus ruling out a potential focus on the individual effects of fathers. It has been suggested that a possible solution to this problem is to isolate the effects for mothers and fathers by analyzing them separately (Phares & Compas, 1992). A second problem is that conclusions about actual father involvement behaviors have been typically based on mothers' reports about fathers' relationships with their children (Boyd, 1985). While it is accepted that in some cases it is not possible for fathers to report on their involvement due to non-residency status, the degree to which mothers can be considered accurate reporters of fathers' involvement has also been questioned (Wical & Doherty, 2005).

The effects of fathers' presence can be found with respect to child chronic illness health outcomes and weight. Fathers' residency status and accessibility at the time of birth are associated with higher birth weight (Teitler, 2001; Martin, McNamara, Miltot, Halle, & Hair, 2007) through fathers' encouragement and support of maternal prenatal care. Fathers who reside with their child's mother tend to be more involved and more stable in their involvement than non-resident fathers. Additionally, non-resident fathers are more likely to be involved if they are present at the birth (Coley & Hernandez, 2006). The effects of father residency are found in other health conditions related to weight. Obese children are more likely to live in father-absent homes than are non-obese children (Strauss & Knight, 1999).

Fathers' participation in their child's health consists of attending doctor's appointments and staying home with the child when they are sick (Bailey, 1991). Aside from feelings about the child's hospital/clinic experience it is suggested that if fathers were better able to manage work-related difficulties (scheduling and employment) they might be more likely to participate in their child's appointments. Fathers' satisfactions with health care professionals include interactions with the physician, perceptions of receiving quality care and receiving clear explanations. Negative experiences included feeling viewed suspiciously by health care staff, being perceived as having a lesser emotional bond with their child than the mother, and the perception that they were receiving a lower quality of service compared with the mother. It may be easier to suspect that attendance to well-child visits can be affected by these perceptions, but additional barriers related to attending well-child visits include employment schedules, relationship with the child's mother (Moore & Kotelchuck, 2004) and more convenience for mothers to attend rather than fathers (Ahmann, 2006). There is reason to believe that fathers'

attendance to doctor's appointments and involvement is an aspect of involvement, but it is unclear whether this involvement behavior is associated with child health outcomes.

Qualitative Research on Fathers' Roles

The literature cited above has been referenced largely from quantitative methodology, which dominates the literature. There are several other works that emphasize qualitative methods to understand and conceptualize fatherhood, roles, and involvement. One study suggests that fathers' cognitions about their role are based on four broad types: (1) providing a stable environment (e.g., providing a living, "being there" emotionally and physically), (2) teaching (e.g., giving guidance, exposing their child to the world), (3) physical interaction (e.g., play, care-giving), and (4) emotional support (e.g., providing love, building self-esteem). In a cross-site study, fathers also identified roles that included: providing financial support, "being there," caregiving, outings and play, teaching and discipline, and providing love/protection. The literature suggests that fathers decide between a traditional role with limited involvement in infant care and a nontraditional role with extensive involvement in the birth and care of their infants (Zaslow & Pedersen, 1981). The men in this study conveyed a strong sense of commitment to their children and identify many issues reported by white and middle class men, such as providing support and affection and teaching values and skills. They expressed the desire to protect their children and help take care of them when sick- even though some added that they did not feel confident in taking care of their children. Fathers saw discipline as one of their roles, but described some difficulty in this task.

Another notion in the literature is fathers' perceived role as a play-mate versus a caregiver. Some studies suggest that fathers' role is primarily that of a play-mate. Goodsell and Meldrum (2010) suggest that fathers exhibit versatility as nurturers (both a playmate and a

nurturing attachment figure), and that fathers may assume a nurturing role in addition to providing financially for the family. The narratives of fathers suggest that although the mother is present and able to assume the role of the primary attachment figure, the father may overshadow her by taking the primary nurturing responsibilities. Fathers can compensate for mothers (Kromelow, Harding, & Touris, 1990, p. 522), by providing an alternative attachment figure to the mother. Grossmann and colleagues' (2008) distinction between secure attachment and secure exploration helps to explain the unique contribution fathers make to raising children.

There is less difference in the role perception of fathers who are not married to their child's mother compared to married fathers. In a study of non-married fathers by Garfield & Chung, (2006) fathers stressed the importance of their involvement in their infant child's life. F Fathers focused on the importance of modeling behavior toward mothers and work-family balance. Nearly all fathers in each group acknowledged that spending time with their infants was an important child care responsibility. Most fathers identified more responsibilities, such as "playing with him, feeding him, changing him, bathing him" as well as "tickling her and talking to her." About half of the fathers in both groups differentiated their child care duties from those of the mother. For non-married fathers, involvement was influenced most commonly by both the child's sex and their partners' expectations and negative feelings. In contrast, married fathers most often mentioned employment as the primary factor limiting involvement. Neither group mentioned lack of income or ability to provide as a barrier, but in other studies men face challenges of not having financial resources, not living with the child, and lacking knowledge or skills (Dubowitz, Lane, Ross, & Vaughan, 2004). This pattern of involvement provides a unique understanding of the motivations associated with fathers' participation in child care for their infant children.

Mixed Methods Research

It has been argued that mixed methods research should be used when the research question suggests that combining quantitative and qualitative approaches is likely to provide superior research results and outcomes (Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008). Broadly speaking, mixed methods research is a class of research where the researcher mixes or combines quantitative and qualitative research techniques into a single study, (Johnson & Onwuegbuzie, 2004). Qualitative approaches make use of almost exclusively purposive sampling strategies allowing for "selection of information-rich cases to be studied in depth" (Patton, 1990, p. 169). The third component of mixed methods research is triangulation, a methodological approach that contributes to the validity of research results when multiple methods, data sources, theories and investigations are employed (Erzerberger & Prein, 1997). Triangulation is also used to neutralize any bias that may originate from data sources, methods, and researchers by employing other data sources, methods, and researcher. In terms of methodology, data triangulation involves examining the consistency of different data sources, i.e. comparing and cross-checking the consistency of information derived at different times and by different means within qualitative methods. The current project utilizes concurrent implementation (quantitative and qualitative data collected simultaneously) of the mixed methods design; therefore a concurrent triangulation approach is used (see Figure 1). Separate methods are used to offset the weaknesses inherent within one method with the strengths of the other method. Interpretations can identify convergence of the findings as a way to strengthen the knowledge claims supported by the research or explain any lack of convergence within the design (Creswell, 2003). There is no exact methodology for assessing triangulation. Both

analyses address the research question differently, but there usually is some overlap and support of the general direction of findings within the research question.

Study Justification and Significance

The need for exploration and explanation of father involvement as it pertains to children's healthcare requires a solid understanding of both the conceptualization and the determinants of involvement. As the theory of involvement evolved and broadened the scope of observable and quantifiable behaviors, the agreed upon theoretical notion is that father involvement is multidimensional in nature, and encompasses more than observable physical contact and time spent with children. This notion is based on earlier work by researchers of father involvement (Day, Lewis, O'Brien, & Lamb, 2005; Lamb, Pleck, Charnov, & Levine, 1987), and is depicted in the more recent the measurement model proposed by Allen and colleagues (2002). This model taps into behavioral, cognitive, affective, and moral/ethical dimensions of involvement that may explain why fathers engage in such behaviors, as well as direct contact with the child. The affective and moral/ethical dimensions of involvement tap into the concept of "father-work" (Dollahite Hawkins, Brotherson, 1997) which involves fathers' responsibility to love and provide for their child based on their own morals. Fathers' involvement and its relation to children's health hasn't been studied extensively and may be associated with a mismatch between the theory and measurement of fathering behaviors. Considering the dimensions of involvement that include physical presence of fathers and direct contact with children appears to yield face valid conclusions, but they do not tap into other relevant aspects of fathering that may explain how involvement is associated with children's health care (i.e. cognitions, motivations, barriers, and maternal support). Examining the impact

of father involvement and its association with child health addresses an important gap in the field of pediatric and developmental psychology research.

Aims, Research Questions, and Hypotheses

Community programs have emphasized the importance of involving fathers in the lives of their children in ways that impact their development. These studies suggest that engaging fathers through community programs (regardless of whether fathers are resident or not) is associated with better child outcomes. Other positive outcomes include less aggressive behaviors in children and improvement in school readiness (Downer & Mendez, 2005). Fatherhood programs have been instrumental in increasing fathers' attendance in father-focused activities that engage the father with the child (Raikes & Bellotti, 2006). Little emphasis has been placed on examining the effects of fathers' involvement as it pertains to parents' utilization of child health care services, or the effects of fathers' involvement in child health care on children's health status. To address this gap, I examine the relationship between father involvement and child physical health status. I also investigate fathers' perceptions of involvement, motivations, barriers, and support by their child's mother in their child's health care.

Study 1

The first aim of this study is to examine the associations between fathers' involvement, residency status, and children's health (general health status, utilization, and height/weight ratio). In the first analysis, I use demographic variables (child age, gender, parent age, ethnicity, education, and father residency status) to predict fathers' involvement. In the second analysis, I examine fathers' residency status and involvement as predictors of their children's general health status and height to weight ratio. In third analysis, I test fathers' child-rearing attitudes as a

moderator between fathers' involvement and child health. The research questions, plan of analysis, and hypotheses are listed below:

Research Question 1- What demographic factors predict fathers' involvement? Hierarchical multiple regression are used to predict father involvement by demographics (child gender, child age, family income, caregiver age, caregiver education, caregiver ethnicity, and residency status).

H_1- It is predicted that child gender and age, and caregiver education will predict fathers' involvement. Consistent with the existing literature the following predictions are made. First, fathers of younger children will have higher involvement. Second, fathers will be more involved with boys in physical activities and more involved in talking with girls. Third, fathers with higher education will be more involved. Given the mixed results in the literature with respect to race/ethnicity, and family income, no specific hypotheses are provided for ethnicity.

Research Question 2- Does father involvement and residency status significantly predict child health (height to weight ratio and subjective health status) and use (number of times seeing and talking to doctor in past 12 months)? Four hierarchical multiple regressions are used to predict child health (subjective health and height to weight ratio) and utilization by fathers' residency status and involvement.

H_1- Fathers who are more involved during daytime activities and fun and games will have children with higher height to weight ratio.

H_2- Fathers who are more involved will have children with healthier status.

No hypotheses are offered for the prediction of health services use. This question will remain exploratory.

Research Question 3- Do parents' beliefs about childrearing moderate the relationship between father involvement and child health problems, status, height-to-weight ratio, and services use? This question is addressed by using a series of hierarchical multiple regressions satisfying the criteria met for moderation by Baron and Kenny (1986).

H_1- It is predicted that child health parents' progressive parenting beliefs will moderate the relationship between involvement and child health.

Study 2

The second aim of this project is to examine the cognitions, motivations, maternal support, and barriers of involvement that may explain the relationship between involvement and child health status within the Head Start population. I address this aim using a mixed methods design, while taking the aforementioned criticisms of mixed methods research into consideration: First, the research questions are based on a systematic review of the literature on fathers' involvement and children's health. Second, the quantitative methodology is developed concurrently to reflect information to be obtained by the qualitative the analysis. Third, to provide the least amount of bias in the reporting of results, both datasets are analyzed separately to extract meaning independent of integration, with the researcher stating the potential biases prior to analyzing the qualitative data. Fourth and finally, convergence is assessed through triangulation within the findings of both datasets and the results are reported accordingly. The research questions for the qualitative and quantitative questions addressing this aim are listed below:

Qualitative Questions

Research Question 1: How do fathers perceive their role of involvement in their child's health care?

Research Question 2: What motivates fathers to be involved in their child's health care?

Research Question 3: How do fathers perceive support from their child's mother?

Research Question 4: What do fathers perceive as barriers to their involvement in their child's health care?

Quantitative Questions

Research Question 1: What is the direction of the associations between demographic variables, coparenting, beliefs about attendance to appointments, and involvement in order to predict child health status based on aspects of involvement and factors that influence involvement? To address this question, Pearson bivariate correlations are used to identify patterns of associations between demographic variables (child age, child gender, father biological status, father age, and socio-economic status), fathers' beliefs about attending doctors' appointments, family integrity, child rearing beliefs, and fathers' involvement. Given the mixed results in the literature with respect to race/ethnicity, and family income, no specific hypotheses are provided for ethnicity, or the relationship between barriers to appointment attendance and involvement, but some hypotheses are offered regarding child gender, age, parent education, fathers' biological status, family integrity, and progressive child-rearing beliefs. A one-tailed test of significance with a critical value of $p < .05$ is used in the following predictions.

H_1-It is predicted that child gender, age, and parent education will be associated with fathers' involvement. Specifically, fathers of younger children will have higher involvement. Fathers will be more involved with boys than with girls. Fathers with higher education will be more involved.

H_2- Biological status is associated with increased father involvement.

H_3- Family integrity is associated with increased father involvement.

H_4- Progressive child rearing beliefs are associated with higher involvement.

Research Question 2: Do demographic variables, fathers' perceptions of barriers to appointment attendance about attending doctors' appointments, family integrity, and child rearing beliefs predict involvement? To address this question, multiple hierarchical regressions are used to predict involvement based on socio-demographic factors, fathers' beliefs about attending doctors' appointments, family integrity, and child rearing beliefs. I offer no specific hypotheses are made for the prediction of involvement by beliefs about attending doctors' appointments or ethnicity, but some hypotheses are offered regarding child gender, age, parent education, fathers' biological status, family integrity, and progressive child-rearing beliefs. A one-tailed test of significance with a critical value of $p < .05$ is used in the following predictions.

H_1- Child gender, age, and parent education predicts fathers' involvement. Fathers of younger children will have higher involvement, fathers will be more involved with boys in physical activities and more involved in talking with girls, and fathers with higher education will be more involved.

H_2- Biological status predicts father involvement. Fathers who are biologically related to their children will be more involved.

H_3- Family integrity predicts father involvement. Fathers and mothers who perceive higher levels of family integrity will have fathers who are more involved.

H_4- Progressive child rearing beliefs predicts involvement.

Research Question Three: Do fathers' and mother's perceptions of family integrity mediate the relationship between father involvement and child health status? To address this question, the procedures proposed by Baron and Kenny (1986) are used to determine whether family integrity explains the relationship between father involvement and child health status. Hierarchical

multiple regressions will be used to test the effects. A one-tailed test of significance with a critical value of $p < .05$ is used in the following prediction.

H_1- It is predicted that the relationship between fathers' involvement and children's health status will be mediated by parents' perceptions of family integrity.

Triangulation- The results from the qualitative and quantitative questions will be compared to examine consistencies and discrepancies regarding the link between involvement and child health in the sample. No hypotheses are offered regarding the level of consistency or discrepancy.

CHAPTER TWO: METHOD STUDY 1

Procedure

The Study of Early Child Care Youth Development (SECCYD) is a comprehensive longitudinal study initiated by the National Institute of Child Health and Human Development (NICHD) in 1989 to answer questions about the relationship between child care experiences and children's developmental outcomes. After a thorough scientific review, the NICHD selected a research team located at universities across the United States, and the NICHD. A team of researchers worked cooperatively to design and implement the study, and enrolled a diverse sample of children and their families from 10 different locations across the United States. The SECCYD is characterized by a complex and detailed study design which takes into account many variables including characteristics of child care and the family environment. Researchers assess children's development using multiple methods (trained observers, interviewers, questionnaires, and testing) and measures many facets of children's development (social, emotional, intellectual, language development, behavioral problems and adjustment, and physical health). The dataset included in this project involves the use of Phase II data (children 54 months in age).

Sample

A total of 1,084 families were included in the SECCYD data project. Of the full sample, there are over 760 cases of father-report data used in the current analysis. A majority of caregivers that completed demographic information were mothers (92.7%). Caregiver ages ranged 20 to 75 with an average age of 38. Of the cases that were not missing, a majority of caregivers were white families (78%), black (11.2%), Hispanic (5.6%), and 4.4% identified as "other". There was a wide range of educational attainment by caregivers, however, 45% of

caregivers completed 14 years of education, 22% completed 16 years, 14% completed 18 years, and 12% completed a high school education. Families came from a wide range of socio-economic backgrounds. The average annual family income reported by caregivers was $54,879, with incomes ranging from $1,000 per year to $856,000. The income-to-needs ratio is reported from the same year averaging 3.59 with ratios ranging from .10 to 56.96. Children were 48 months old on average with ages ranging from 35 months to 62 months (Table 1) and child gender was split evenly.

Measures

Father Involvement was measured using the My Time Spent as a Parent Scale. This scale was developed by Glysch & Vandell (1992) for the NICHD Study of Early Child Care. It is broken into two parts that assess the division of child care responsibilities within the family on 16 items. These items are scored as (1) partner's "job", (2) mostly partner's "job", (3) we share it "equally", (4) mostly my "job", (5) my "job", or (6) not applicable. The internal consistency of the scale is very good (Cronbach alphas .86 for both mothers and fathers). Father self-report data collected at 54 months are used for this analysis.

Parenting Beliefs is measured using the Parental Modernity Scale of Childrearing and Educational Beliefs (Schaefer & Edgerton, 1985). Mothers and fathers complete this thirty-item, Likert-type questionnaire during the 1 month home visit. The instrument was designed to measure traditional authoritarian and progressive democratic beliefs of parents. The scale yields a total score and two sub-scores; progressive beliefs (reflects attitudes favoring self-directed child behavior) and traditional beliefs (reflects attitudes that child behavior should follow adult directives).

Child Health Status and Utilization is measured using items from the Telephone Contact (Quarterly Updates: Demographic & Health Data). The quarterly telephone update provides information from the child's mother regarding the people living in the child's household, the health of the child and mother, maternal employment, school attendance, the employment and school status of the mother's husband or live-in partner, and any child care settings in which the child spends time. At 54-months, a telephone interview was administered to each participating mother or primary custodian of the target child for the purposes of (1) obtaining current child care information, (2) determining whether any of the current arrangements meet the criteria for observable child care, (3) obtaining information on changes in child care arrangements, and (4) potentially scheduling the pertinent home, lab, and peer visits/observations. Parents were also asked to report the number of times that they saw a doctor in the last 12 months, the number of nights their child stayed in the hospital overnight, and the number of times their child's doctor encouraged them to take medicine for their illness.

Data Reduction

Father Involvement

Father involvement was computed by first examining the frequencies and distributions of the individual items comprising the My Time Spent as a Father Scale. Item-level means, standard deviations, variances, skewness, and kurtosis are reported in Table 2**.** The 16 items from the My Time Spent as a Father Scale met the assumptions of normality and were within the normal range of skewness. Principal components analysis (PCA) was conducted using the 16 items from the scale with an oblique rotation. Factors were selected using the root 1 criterion for eigen values. Given the sample size, the convergence of the scree plot, the inflection point observed after the fourth factor, and Kaiser's criterion, four components were retained in the

final analysis (see Table 3). The 4 components explained 56% of the total variance. The pattern matrix reflects fathers' interactions with their children during the daytime (factor 1), fathers' interactions with their children at nighttime (factor 2), fathers' engagement in activities that are fun (factor 3), and shopping with their child (factor 4). The correlation matrix found in Table 4 shows the correlations between these 4 factors. The correlations suggest that the factors are moderately correlated and distinct from one another. Correlations range from .02 to .31.

The four involvement factor scales were then examined for reliability. On the first component (factor 1) a total of 6 items and a total of 407 father report cases were used in the analysis. The items included taking child to sitter or child care, dressing the child, scheduling day care or sitters, preparing breakfast for the child, packing lunch for the child, and taking the child to doctor visits. Items were correlated α=.78 (Cronbach's alpha), suggesting that fathers were moderately reliable in reporting their responsibilities regarding daytime routines with their children. On the second component (factor 2) a total of four items were analyzed and a total of 652 completed father report cases were used. Items included putting the child to bed, reading to the child, getting up at night to attend to the child, and giving the child a bath. Items were correlated α=.65 (Cronbach's alpha), suggesting that fathers were somewhat less consistent in their reporting of primary responsibility regarding night time routines with their children, but still moderately reliable. On the third component (factor 3) a total of four items were analyzed and 738 father report cases were used. Items include playing with the child, taking the child on outings, supervising the child when friends were over, and arranging for the child to play with a friend. Items were correlated α=.70, suggesting that fathers were somewhat consistent in their reporting of primary responsibility regarding fun activities with their children. On the fourth and final component (factor four) a total of two items were analyzed. It is not appropriate to compute

factors with level than two items, so the two items were correlated for reliability. A total of 760 father report cases were used. The items included buying toys for the child and buying clothes for the child. Items were moderately correlated α=.48. Items for all four factors were then summed and averaged to derive 4 final scores, daytime father involvement, nighttime father involvement, involvement in fun activities, and shopping with the child. Given the high amount of missing data for fathers in the sample, means were calculated based on whether the series of responses for items had at least one value entered. Higher scores suggest that fathers felt it was their responsibility to perform the specific behavior (i.e. higher scores suggest father's agreement that night time engagement with their child was more of their responsibility than their child's mother).

Parenting Beliefs

The means, standard deviations, ranges, skewness, and kurtosis for fathers' and mothers' reports of traditional and progressive parenting beliefs are reported in Table 5. The items were within the normal range of skewness and did not require standardization. The items reflect scores originally derived by other scientists (traditional and progressive parenting scores, Schaefer & Edgerton, 1985). Due to the reliability and validation of this measure in other studies, total scores were computed which yielded a progressive factor and traditional factor. There were a total of 197 completed father reports. 30 items were used to create the parenting belief scores for both factors (traditional and progressive parenting beliefs). A total of 22 items loaded on the traditional factor and 8 items loaded on the progressive factor. Items loading on the traditional score were correlated α=.88 (Cronbach's alpha) and items loading on the progressive scale were correlated α= .64. The items for each factor were summed, and then averaged to derive a traditional and progressive score for fathers and mothers. Scores were

computed for 249 mother reports of parenting beliefs and the contents for each factor were computed in the same way that fathers' factor scores were computed (see above).

Child Health and Utilization

Child health variables were computed by examining general health condition, chronic health problems occurring over the past 12 months (tonsillitis, ear infections, food allergies, diarrhea, sickle cell anemia, asthma, pneumonia, hay fever, etc), and child height to weight ratio. Height to weight ratio was computed by dividing height and weight. This value was then standardized. Chronic health problems over the last 12 months was negatively skewed, therefore, the scores were summed, standardized, log transformed, and shifted to the right 1 unit. The correlation between general sickness and chronic health problems of the selected cases was (r= .85 p <.001). The final child health status variable was computed by summing and averaging the standardized general health status and chronic health problem variables. Higher scores on this variable indicate that children are sicker.

Child health utilization scores were obtained by examining the number of times the child was taken to see a physician in the last 12 months and the number of times that the caregiver talked to the doctor in the last 12 months. These items were not significantly correlated and did not have a normal distribution (positive skew). Both variables (the number of times talked to and visited the doctor in the last 12 months) are included as utilization variables in the current analysis. Table 6 presents frequencies and distributions for general health status, chronic health problems, height/weight ratio, the number of times talking to doctor in the last 12 months, and the number of times seeing a doctor in the last 12 months. The correlations between all child health items are reported in Table 7.

RESULTS- STUDY 1/ QUESTION 1

First, descriptive statistics and correlations are presented for all variables. Second, hierarchical regressions are reported predicting father involvement by demographic variables (analysis 1). Third, hierarchical multiple regressions are reported predicting child health (health status, height to weight ratio, and health utilization) by fathers' residency status and involvement (daytime, nighttime, fun and games, and shopping- analysis 2). Fourth and finally, a series of regressions are reported to satisfy the criteria met for moderation analysis by using self-reported involvement and parents' rearing attitudes as the moderator to predict child health status, height to weight ratio, and the number of times seeing and talking to the doctor on four separate regressions (analysis 3).

The means and standard deviations for all variables included in analysis 1 are listed in Table 8 (child age and gender, caregiver's age, ethnicity, education, and gender, and father involvement). The percentages of resident fathers and gender are also reported. On average children were 48 months at the time of the 54 month data collection point with ages ranging from 35 months to 62 months. A total 345 complete child data cases are included for this analysis. Of the 345 children, approximately 49% are male. The reported caregivers for the analysis totaled 214 and were 38 years old, with ages ranging from 20 to 75. 77% fathers in the sample were living at home at the time of 54 month assessment. About 45% of the caregivers in the sample report having completed some college, but no degree, 23% completed a bachelor's degree from a college or university, and another 14% completed some graduate work or a master's degree. A majority of the caregivers were white/Caucasian (87%), 10% black/African American, 2% Asian/Asian-American/Pacific Islander, and less than 1% responded as other.

The first goal of analysis 1 is to examine the relationship between father involvement and demographic variables. This goal is achieved by using demographic variables (child age, gender,

parent age, and education) to predict fathers' involvement. First, bivariate correlations for all variables included in the analysis for question 1 were estimated to test whether hierarchical multiple regressions should be used. The correlations are listed in Table 9. The demographic variables in this study were not significantly correlated with one another with the exception of correlations approaching significance for caregiver age and education, and caregiver gender and child age. Surprisingly, fathers' daytime involvement was positively correlated with child age, indicating that fathers' responsibilities of involvement for daytime activities were slightly higher for older children. Nighttime involvement was moderately correlated with daytime involvement, suggesting that fathers' responsibilities for participating in nighttime activities were also involved in daytime activities. Involvement in fun activities and games was positively and significantly correlated with daytime involvement, and nighttime activities. Fathers' participation in shopping with his children was positively and significantly correlated with daytime activities, nighttime activities, and fun activities and games. Fathers' involvement was correlated with one another in the positive direction indicating that fathers are likely to participate in several aspects of involvement, but slightly less likely to participate in shopping and nighttime activities.

The correlations among involvement variables ranged from .00 to .44, but were not large enough to warrant the use of multivariate multiple regressions (Tabachnich & Fidell, 1989 p.373). Therefore, a series of hierarchical regression equations were used to predict each involvement variable separately (daytime, nighttime, fun activities and games, and shopping). In the first regression equation, child age was entered and used to predict daytime involvement. In the second equation, child age and child gender were entered. In the third equation, child age, child gender, and caregiver education were entered. In the fourth and final regression child age,

gender, caregiver education, ethnicity, age, and residency status were entered. Pair-wise deletion was used for missing data to maximize power. The un-standardized beta coefficients for the predictor and outcome variables are reported in Table 10 for the final regression equations. The results of the overall model and individual beta coefficients are reported below.

Daytime Involvement

None of the regression equations for predicting involvement were significant. For daytime involvement, the first and second regressions were not significant (p-values ranging from .12 to .72). The third regression, which included child age, child gender, and caregiver education approached significance, F (3, 155) = 2.23, p =.10. The fourth and final regression was not significant (6, 155) = 1.443 p = .21, R^2 = .05. The second and third regression equation slopes were significantly different from zero, but the fourth remained non-significant. This pattern suggests that although the combination of variables does not significantly predict fathers' responsibilities of daytime activities, the pattern supports the prediction of daytime involvement based on child gender (i.e. fathers are more involved in daytime activities with female children), which not does support the current hypothesis.

Nighttime Involvement

None of the regression equations for predicting involvement were significant (p-values roughly .17 and .18), but in the first equation, predicting nighttime involvement by child age approached significance F (1, 156) = 3.19, p =.07, R^2 =.02. When examining the beta coefficients for individual variables predicting nighttime involvement, child age approaches significance in all regression equations (p-values ranging from .06 to .08), and in the final regression step, caregiver ethnicity approached significance (p =. 06). All other variables

remained non-significant. The slopes for the first three equations were significantly different from zero, but the fourth equation was not significantly different from zero.

Fun and Games

The final regression equation for predicting fun and games involvement using all of the demographic variables is not significant, F (6, 156) = 0.79 p = .58, R^2 = .03. None of the other regression equations for predicting involvement were significant (p-values ranging from .16 to .58) and none of the beta coefficients for the four regression equations were significant. All slopes for each equation were significantly different from zero. None of the demographic variables were significant predictors of fathers' responsibility of participating in fun activities and games with his children.

Shopping

The final regression equation for predicting shopping using all of the demographic variables was not significant, F (6, 156) = 0.27 p = .95, R^2 = .01. None of the regression equations for predicting involvement were significant (p-values ranging from .57 to .95) and none of the beta coefficients for the four regression equations were significant. All slopes for each equation were significantly different from zero. None of the demographic variables were significant predictors of fathers' responsibility for participating in shopping with his children.

RESULTS- STUDY 1/ QUESTION 2

The second aim of this analysis is to examine fathers' residency status and involvement as predictors of their children's general health status and height to weight ratio. The means and standard deviations for all variables included in analysis 2 are listed in Table 11 (general sickness, height to weight ratio, the number of times talked to or seen by a doctor, and father involvement).

Correlations among involvement variables ranged from -.11 to .06. The correlation between fathers' residency status and the number of times children talked to their doctor in the negative direction r (476)= -.11, $p < .05$, suggesting that when fathers are resident the child's parents spoke to their child's physician fewer times in the last 12 months. The correlation between residency status and height to weight ratio was marginal, but approached significance r (969) = .06, p =.06. Daytime and nighttime involvement was not significantly correlated with any of the child health variables (p-values ranging from .17 to .99). The correlation between fun activities and games and general sickness was marginal, r (764) = -.08, but significant, $p < .05$. Fun and games was not significantly correlated with any other child health or utilization variable. This pattern suggests that as fathers' assumed more responsibility for participation in fun activities and games, his children were generally less sick (i.e. healthier). The correlations between shopping and general sickness was marginal and negative, r (763) = -.08, $p < .05$, and there was a small negative correlation between shopping and height to weight ratio r (561) = -.10, $p < .05$. This pattern suggests that as fathers' assume more responsibility for shopping with their child, the child is less sick and there is a decrease in their height to weight ratio.

The correlations among involvement variables were not large enough to warrant the use of multivariate multiple regression (see Table 12), therefore, a series of hierarchical regression equations were used to predict each health status and utilization variable separately (general sickness, height to weight ratio, number of times seeing and talking to doctor in the last 12 months) by fathers' residency status and involvement. The un-standardized beta coefficients for the predictor and outcome variables are reported in Table 13. A simultaneous regression was used to predict child health (general sickness, height-to-weight ratio, the number of doctor visits in the past 12 months, and the number of times parents talked to their child's physician in the last

12 months) by father involvement and residency status. The results of the overall model and individual beta coefficients are reported below.

General Sickness

The overall regression model predicting general sickness with fathers' residency status and involvement was not significant, F (5, 604) = 1.86, p = .10, R^2 = .02. The slope of the regression line was significantly different from zero. The un-standardized beta coefficient for fun and games was significant β = -.27, t = -2.20, p <. 05, suggesting that for every 1 point increase in fathers' participation in fun and games, child general sickness decreases by .27 (i.e. the child is healthier with more father involvement in fun and games). This finding supports the original hypothesis. None of the other predictor variables of involvement of residency status were significant (p-values ranging from .15 to .95).

Height to Weight Ratio

The regression model predicting height-to-weight ratio with fathers' residency status and involvement was significant, F (5, 540) = 2.29, p < .05, R^2 = .02, suggesting that the variables taken together provide good prediction of child height to weight ratio. The slope of the regression line was not significantly different from zero. The un-standardized beta coefficient for shopping was significant β = -.23, t= -3.05, p <. 01, suggesting that for every 1 point increase in fathers' participation in shopping, child height to weight ratio decreases by .23. None of the other predictor variables of involvement of residency status were significant (p-values ranging from .22 to .56). No support was found for the hypothesis that daytime involvement and fun and games would significantly predict height to weight ratio.

Doctor Visits

The overall regression model predicting doctor visits in the last 12 months with fathers' residency status and involvement was not significant, F (5, 334) = 1.72, p = .13, R^2 = .03. The slope of the regression line was significantly different from zero, but none of the un-standardized beta coefficients were significant (p-values ranging from .20 to .42). Fathers' residency is significant with a critical value of p < .10, β = -.06, t= -1.69.

Talked to Doctor

The regression model predicting the number of times parents' spoke with their child's physician in the last 12 months with fathers' residency status and involvement was not significant, F (5, 471) = 1.54, p = .18, R^2 = .02. The slope of the regression line was significantly different from zero, and the beta coefficients for fathers' residency status were significant β = -.09, t= -2.49, p < .05, suggesting that when fathers live in the home, there is a decrease in the amount of contact with the child's physician. None of the un-standardized beta coefficients for the other variables were significant (p-values ranging from .35 to .94).

RESULTS- STUDY 1/ QUESTION 3

A series of regressions were run to satisfy the criteria met for moderation by Baron and Kenny (1986). First, a relationship must be found between the both the predictor and proposed moderator variable in predicting the outcome variable. Second, an interaction term is created and entered into the hierarchical regression, and if the strength of the relationship changes as the result of the interaction term, moderation is said to be present. As such, the following procedures are followed to test for moderation. Father involvement was used to predict child health status, height to weight ratio, and health utilization (doctor visits and doctor contact) in four separate regression equations. First, fathers' and mothers' child rearing attitudes were used

as predictors of health status, height to weight ratio, and health utilization (refer to Figure 2 for an illustration of the proposed moderation). Second, interaction terms were computed for the moderator variable using fathers' progressive and traditional total scores with each involvement construct (daytime, nighttime, fun and games, and shopping). Third, the predictor variable (in the first regression, daytime involvement) was entered into the hierarchical regression to predict child general sickness. Fourth, the proposed moderator variable was entered into the regression equation (father traditionalism). Finally, the interaction term was entered into the regression equation and its p-value was compared with the *p*-values of the predictor and moderator variable individually. This process was completed for each outcome variable (general sickness, height to weight ratio, and number of times seeing and talking to a doctor), and involvement. For moderation to be present, the predictor and proposed moderator variables must significantly predict the outcome variable. It is also expected that the interaction term significantly predict the outcome variable after being added to the regression equation. The results of this series of regressions are reported below.

First, bivariate correlations for parenting belief and child health variables were estimated (involvement correlations are not included as they are reported earlier in the text). The correlations are listed in Table 14. None of the variables were significantly correlated with one another with the exception of shopping and fathers' traditional parenting beliefs approaching significance p = .06, but with a marginal correlations r (761) = .07.

General Sickness

A hierarchical multiple regression was tested to investigate whether the association between involvement and child general sickness depends on the level of traditional or progressive parenting beliefs. The results of the moderation analyses for predicting general

sickness by daytime involvement are reported in Table 15. After centering the involvement, progressive, and traditional variables, and computing the daytime-by-traditional beliefs interaction term (Aiken & West, 1991), the two predictors and the interaction were entered into a simultaneous regression model. In the first step of the regression, results indicated that neither less daytime involvement (b = -.05, SE b = .04, β = -.05), p = .19, nor father traditional childrearing beliefs (b = .02, SE b = .04, β = .02, p =.64) were significantly associated with general sickness. In the second step of the regression analysis, the interaction term between daytime involvement and fathers' traditional beliefs did not explain more variance in general sickness. The patterns were similar for daytime involvement and fathers' progressive beliefs (i.e., no significant predictions). None of the regressions for nighttime involvement (b = .05, SE b = .04, β = .05, p = .20), and fathers' traditional parenting beliefs (b = .00, SE b = .04, β = .00, p = .81), significantly predicted general sickness, but the interaction term approached significance (b = -.07, SE b = .04, β = -.07, p = .07), suggesting that fathers' nighttime involvement may be associated with his child's general sickness when he is less traditional in his childrearing beliefs. This pattern was not found for fathers' progressive childrearing beliefs. Nighttime involvement did not significantly predict general sickness (b = .05, SE b = .04, β = .05, p = .16), nor did fathers' progressive childrearing beliefs (b = .01, SE b = .04, β = .01, p = .37). The interaction term was also not significant (b = .02, SE b = .04, β = .02, p = .60). Fathers' participation in fun and games is significantly associated with general sickness, (b = -.08, SE b = .04, β = -.08, p < .05), but traditional parenting beliefs, and the interaction term did not significantly predict general sickness. Fathers who participated in more fun activities and games with their children had children with less sickness. The same pattern was present when examining fun and games and fathers' progressive attitudes, (b = -.08, SE b = .04, β = -.08, p <

.05). Progressive attitudes and the interaction of fun and games involvement and progressive attitudes were not significant. Finally, shopping significantly predicted general sickness when examining both traditional childrearing beliefs (b = -.08, SE b = .04, β = -.08, p < .05), and progressive childrearing beliefs (b = -.08, SE b = .04, β = -.08, p < .05). Neither parenting beliefs, nor their interaction with shopping activities significantly predicted general sickness.

Height to Weight Ratio

A hierarchical multiple regression was tested to investigate whether the association between involvement and child height to weight ratio sickness depends on the level of traditional or progressive parenting beliefs. The results of the moderation analyses for predicting general sickness by daytime involvement are reported in Table 16. After centering the involvement, progressive and traditional variables, and computing the daytime-by-traditional beliefs interaction term the two predictors and the interaction were entered into a simultaneous regression model. In the first step of the regression, results indicated that neither less daytime involvement (b = .00, SE b = .04, β = .00, p = .99), nor father traditional childrearing beliefs (b = .00, SE b = .04, β = .00, p =.97) were significantly associated with height-to-weight ratio. In the second step of the regression analysis, the interaction term between daytime involvement and fathers' traditional beliefs explained slightly more variance in height-to-weight ratio, but was not significant, (b = .00, SE b = .04, β = .00, p =.88). The patterns were similar for daytime involvement and fathers' progressive beliefs (i.e., no significant predictions). While nighttime involvement and traditional parenting beliefs did not significantly predict height-to-weight ratio, the regression equation of the interaction term for nighttime involvement and traditional parenting beliefs was significantly associated with height to weight ratio (b = .10, SE b = .04, β = .09, p < .05), suggesting a moderating effect and supports the hypothesis. Fathers' engagement

in nighttime involvement activities is associated with higher height to weight ratio when fathers are traditional in their parenting beliefs. This pattern was not found for fathers' progressive childrearing beliefs. Fathers' participation in fun and games was not significantly associated with height-to-weight ratio, ($b = .01$, SE $b = .05$, $\beta = .00$, $p = .83$), traditional parenting beliefs was not significant ($b = .01$, SE $b = .04$, $\beta = .01$, $p = .82$), and the interaction term did not significantly predict height to weight ratio (($b = -.03$, SE $b = .05$, $\beta = -.03$, $p = .49$). The same pattern was present when examining fun and games and fathers' progressive attitudes. Progressive attitudes and the interaction of fun and games involvement and progressive attitudes were not significant. Finally, shopping significantly predicted height to weight ratio when traditional childrearing beliefs were entered into the regression equation ($b = -.11$, SE $b = .04$, $\beta = -.11$, $p < .05$), and progressive childrearing beliefs were entered into the regression equation ($b = -.11$, SE $b = .04$, $\beta = -.11$, $p < .05$). In short, fathers' shopping was associated with lower height-to-weight ratios in their children. Neither parenting beliefs, nor their interaction with shopping activities significantly predicted height to weight ratio.

Doctor Visits

A hierarchical multiple regression was tested to investigate whether the association between involvement and the number of child doctor visits depends on the level of traditional or progressive parenting beliefs. The results of the moderation analyses for predicting general sickness by daytime involvement are reported in Table 17. After centering both the involvement, progressive and traditional variables, and computing the daytime-by-traditional beliefs interaction term the two predictors and the interaction were entered into a simultaneous regression model. In the first step of the regression, results indicated that neither daytime involvement ($b = .00$, SE $b = .01$, $\beta = .02$, $p = .68$), nor father traditional childrearing beliefs ($b =$

.00, SE b = .01, β = .01, p =.79) were significantly associated with the number of times seeing the doctor. In the second step of the regression analysis, the interaction term between daytime involvement and fathers' traditional beliefs did not explain more variance in the number of times seeing the doctor. The pattern was similar for daytime involvement and fathers' progressive beliefs (i.e., no significant predictions). None of the regressions for nighttime involvement (b = -.01, SE b = .01, β = -.04, p = .40), fathers' traditional parenting beliefs (b = .00, SE b = .01, β = .02, p = .73), or the interaction term significantly predicted the number of times the doctor was seen (b = -.00, SE b = .01, β = -.03, p = .61). This same pattern was found for fathers' progressive childrearing beliefs (no significant predictors). Fathers' participation in fun and games was not significantly associated with the number of times the doctor was seen, (b = -.01, SE b = .01, β = -.04, p = .39), traditional parenting beliefs did not predict the number of times the doctor was seen (b = .00, SE b = .01, β = .02, p = .76), nor did the interaction terms for each set of equations significantly predict the number of times the doctor was seen (b = -.00, SE b = .01, β = -.02, p = .62). The same pattern was present when examining fun and games and fathers' progressive attitudes (no significant interactions). Finally, none of the regression equations for shopping significantly predicted the number of times the doctor was seen when both traditional childrearing beliefs and progressive childrearing beliefs were entered into the equation.

Talking with the Doctor

A hierarchical multiple regression was tested to investigate whether the association between involvement and talking to the child's doctor depends on the level of traditional or progressive parenting beliefs. The results of the moderation analyses for predicting general sickness by daytime involvement are reported in Table 18. In the first step of the regression, results indicated that daytime involvement (b = .01, SE b = .01, β = .04, p = .34) did not

significantly predict the number of times the parents spoke to the child's doctor. Fathers' traditional parenting beliefs approached significance in predicting the number of times the child's doctor was contacted by parents (b = .02, SE b = .01, β = .07, p = .08). In the second step of the equation, the interaction term also did not significantly predict the number of times parents spoke to the child's doctor (b = .00, SE b = .01, β = .02, p =.66). The patterns were similar for daytime involvement and fathers' progressive beliefs (i.e., no significant predictions). None of the regressions for nighttime involvement (b = .00, SE b = .01, β = .02, p = .58), and fathers' traditional parenting beliefs (b = -.00, SE b = .01, β = -.00, p = .79), significantly predicted the number of times the child's doctor was contacted. This pattern was similar for fun and games when fathers' progressive childrearing beliefs was entered into the regression equation, except that fathers' traditional parenting beliefs approached significance in predicting the number of times the child's physician was contacted (b = .02, SE b = .01, β = .07, p = .08). This pattern was not found for fun and games when fathers' progressive parenting beliefs were entered into the regression equation (so significant predictors). Finally, shopping did not significantly predict the number of times the child's physician was contacted when traditional and progressive childrearing beliefs were entered into the regression equations.

In short, fathers' residency status was correlated with the number of times the doctor was consulted, and predicted a small amount of the variance in height to weight ratio. Fathers' participation in fun activities and shopping with the child was associated with less general sickness and a lower height to weight ratio.

CHAPTER THREE: METHOD-STUDY 2 (QUALITATIVE ANALYSIS)

Qualitative Interview

In order to assess fathers' cognitions, motivations, perceptions of mother support, and barriers to their involvement in their children's healthcare, I developed a qualitative interview that included important conceptual questions reported in the literature. A number of studies identify activities fathers engage with their child (Hallberg et al., 2007; Hawkins et al., 2002; Paquette, Bolte, Turcotte, Dubeau, & Bouchard, 2000). I first asked fathers to speak openly about their perceived level of involvement and activities to which they engage their child (e.g. in what ways are they involved in their child's life, what kinds of things they do with their child?). The literature suggests that with the change in family structure and mothers entering the workforce, fathers are increasing in their desire to be more involved (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000), however, there may be times when they are unable due to work-related difficulties (Moore & Kotelchuck, 2004). Next, I assessed whether fathers were comfortable with their current amount of involvement (e.g. are there are times when they would like to be more involved in their child's life, what are these time, and what gets in the way of being involved in the way that they would like?). I then focused the interview on assessing fathers' cognitions about their involvement (e.g. do they feel its important to be involved in their child's life, what do they feel their responsibilities are as a father, what is it that they feel they are supposed to do, is this only their responsibility or does someone else that helps to fulfill this obligation). Fathers' satisfactions with being a father have been examined with respect to fathers' individual times spent with their child (Wilson & Prior, 2010), who emphasized fathers' perceptions of the importance of their involvement with their child by spending time to establish

a parental bond, taking part in the child's growth and development, being engaged with the child, teaching and guiding the child, and playing/ having fun with the child.

I then shifted the questions to assess the same thoughts about involvement, but with respect to taking part in their child's health care (desire to be involved in your child's health care, actual involvement in health care, perceptions of the importance of fathers taking part in their child's health care, and how their child's life would be different if they were not involved). Based on fathers' perceptions of the importance of their involvement, I inquired about a specific aspect of involvement to see if fathers include child health care was central to their conception of involvement. There is less literature that documents fathers' perceptions of participation in child health care, so there was less guiding literature in forming these questions. I then assessed fathers' perceptions of maternal support of their involvement in general, and with respect to their child's health care (e.g. how supportive of your involvement in general is your child's mother, how supportive is she regarding health-related activities, and how can she be more supportive of involvement in health-related activities?). Wilson and Prior (2010) found that fathers who perceive more maternal support of their involvement place more value their own involvement, but this finding is less clear with respect to child health.

Next, I discuss with fathers their level of contentment and assess barriers that prevent them from being involved (e.g. what kinds of things get in the way of you being involved in the way that you would like and what do you think would need to change for you to be more involved). I then inquire about fathers' perceptions about the ways that Head Start can help them be involved to the degree that they would like (e.g. what do you think Head Start can do to help you become more involved in your child's life?). I conclude with an open-ended question inviting fathers to express themselves in ways that may or may not be relevant to the discussion

of involvement (e.g. is there anything else you'd like to tell me or you think we should talk about?). A total of fifteen interview questions were included in the qualitative interview. The final list of questions can be found in appendix A.

Coding Procedure

A study examining the reliability and validity issues associated with transcript analysis provides several suggestions for increased validity and reliability, such as selection of a sound theoretical model and coding scheme, and the unit of analysis (Garrison, Cleveland-Innes, Koole, & Kappelman, 2006). The goal, as expressed by Rourke, Anderson, Garrison, and Archer (2001), is to select a unit that multiple coders can identify reliably, simultaneously, and one that exhaustively and exclusively encompasses the sought after construct (p. 17), such as the sentence, paragraph, or theme level. Ultimately, it should be the nature of the research question and the purpose of the work that determines the model, coding scheme, and unit of analysis. The method of coding used in this study is conceptually consistent with Strauss and Corbin's (1990) grounded theory. However, content analysis was used to organize the data into smaller segments in order to assist in making replicable and valid inferences from the data (Hall and Valentin, 2005) and to achieve reliability and validity in coding.

The coding of transcripts was completed by two student researchers independently. First, I transcribed the audio recordings of the interviews word for word in response to the questions of the interview protocol. After transcribing all interview transcripts, I then created an open code list from each interview question separately and inductively. Then, the second research assistant used the open code list to independently code transcripts. As the second researcher coded responses separately, I did the same. While coding, the second researcher was instructed to use the open code list to extract codes from the interview responses. If none of the existing codes

seemed to fit a response segment, the second researcher suggested a new code and added this code to the open code list. See Figure 3 for the final code list used in this study. After the second research assistant coded three to four interviews, the two researchers met to discuss how decisions would be made on whether a code would be assigned to a line of a transcript (i.e. defining the coding structure). Definitions were adjusted after comparisons of codes were made between researchers to form the final code definition list Figure 4. Codes were mostly defined by direct or implied statements pertaining to the interview question in the transcripts. Codes were applied by question and throughout the entire transcript. In cases where fathers referred to a separate example of their involvement (or response to interview question), the same code was applied twice to the transcript.

Coding Reliability

I calculated inter-rater reliability between my coding and the second research assistant's coding by dividing "number of agreements by the number of agreements and disagreements" (Miles and Huberman, 1995, p. 64). The percentage agreement is the percentage of the source's content where the two coders agree on whether the code is reflected in each interview question. The percentage of disagreements refers to situations where one researcher identifies a code and the other researcher does not. The average inter-rater reliability for the number of agreements between coders for each question across all cases is presented in Figure 5. Next, the two coders met to clarify the initial code list for each question. During these meetings, initial code names and definitions were clarified, some additional codes were added, and some codes were merged. Discussions and changes made during these clarification meetings increased the coding agreement between the coders to an average of 96.36% for all fifteen questions. The inter-rater

reliability achieved meets the established thresholds for qualitative research at each round of coding (Miles & Huberman, 1995).

The frequency of code use was calculated based on the total number of times the code was used divided by the number of cases where coded for both coders and is interpreted accordingly (Figure 6). The number of codes that were developed in the initial coding stage was not used by either coder and was dropped from the analysis. After the initial coding from the open code list, the codes from each question were grouped into responses that were similar in answering the interview question to form the concept. Codes were then grouped again by similarity to form categories associated with the focus of the analysis. Individual codes were grouped again according by category to form themes associated with each interview question. Percentages were then calculated for the number of codes in each category divided by the total number of codes for each interview question. The objective was to identify the most frequent themes for each question, provided each question had at least two themes.

The categorization of codes from individual code, to concept, to category, and theme are presented in Figure 7. Themes represent between 11.53% and 100% of the total number of responses, with an average of 37.87%. Codes that were applied more than 10% of the time, and more than once were retained in the final analysis. This represents a number of themes small enough to allow meaningful interpretation while still containing a substantial proportion of the total number of responses. The percentages of themes used are presented in Figure 8.

Sampling

Families were recruited from Head Start in the Roanoke area of Virginia. The Roanoke Valley includes nearly a quarter-million people living in 1,110 square miles spanning urban and rural communities (the cities of Roanoke and Salem, and the counties of Roanoke, Botetourt and

Craig). At the time of data collection, the ethnic distribution of families in this population ranged from 80% white, 18% African American, and 2% multi-racial. The average household sizes ranged from 4 to 5 people and 100% of the families in this population were at or below the poverty level. Parents' ages range from 20 to 30 years of age and children's ages ranged from birth to 5 years old. Fathers who were non-resident were targeted by contacting the Total Action Against Poverty (TAP) Fatherhood and Families Program in Roanoke. The TAP Fatherhood and Families Program provides a range of services to help fathers become more involved with their children's lives. The core of the program is the "Fathers at Work" initiative, a national demonstration project operating in six locations across the country for fathers who are non-custodial fathers aged 30 or under. The goals of the program include having each father become gainfully employed, having each father contribute financially (child support) for his children, having each father establish paternity, and having each father become physically and emotionally involved in the lives of their children. Fathers were contacted through this program by flyer. Fathers who expressed interest in the study met with the researcher during family support classes. After reviewing the procedures of the study, fathers who agreed to participate were provided informed consent and completed the survey and or interview. Surveys were completed either in-person, or sent to the family's residence to be returned by mail. Families that participated in the interview were compensated $15. A total of 17 fathers completed interviews with the researcher.

Purposeful sampling (Patton, 1990) was used to generate information-rich cases that illuminated the study and identified variation by family type (intact, non-resident, stepfather, or other father). As with qualitative research, particularly grounded theory, data collection continues until the point whereby additional interviews are not expected to yield new or valuable

information (Cutliffe, 2000). There are no clear cut rules for when saturation can be determined, but it has been suggested in the literature that after twelve interviews, between 88 and 92% of analysis codes (themes) can be identified (Guest, Bunce, & Johnson, 2006). One can determine the saturation point by making a qualitative judgment, supported by field notes as well as interview transcripts, that key sample characteristics and concepts have been adequately sampled, and that after conducting the pre-specified number of interviews, no new information has been generated (Brod, Tesler, & Christensen, 2009). In the current project, saturation was determined by the lack on new codes derived from the qualitative interviews.

Study Participant Characteristics

The demographic information for fathers are reported in Table 19 and reported below. One average, fathers were 30 years old (ages ranging from 21 to 44) and their child's mother was nearly the same age, 29 on average (ages ranging from 25 to 48). On average parents were caring for two other children in their household. There were 15 fathers that identified being biologically related to the target child. Of those 15 fathers, 4 were non-resident. There was 1 identified stepfather and 1 father identified as other (custodial grandparent). Seventy percent of the fathers in this sample were African American (n = 12), 15% identified as Caucasian (n = 3), and 10 % identified as Hispanic (n = 2). There was some variation in the amount of education fathers in this sample had received. 20% of fathers had less than a high school education (n = 4). Another 20% (n = 4) had their high school diploma or GED. 30% of the fathers had attended technical college or some college (n = 6), and 10% of fathers had earned a technical degree (n = 2). There was one father in the sample that had completed a college degree (associates or bachelor's). Mothers' level of education was similar to fathers. 35% had less than a high school diploma (n = 7), 25% had a high school diploma or GED (n = 5), 10% had some college or

technical school (n = 2), and 5% had completed a technical degree, college, and master's degree. 40% of the fathers (n = 8) earn less than $15, 000 per year. Another 30% of fathers earn between $15,000 and $25,000 per year (n = 6), and 15% of fathers earn between $25,000 and $50,000 per year (n = 3). A slight majority of the fathers and mothers were married at the time they completed the interview 35% (n = 7), 20% reported being single (n = 4), 15% were separated (n = 3), two couples reported living together, and one father and one mother endorsed being widowed.

Seventy percent 70 of parents reported not having their own insurance, but 82% of fathers reported having insurance for their child. Children were about 4 years of age (ages ranging from 1 to 6) and had been in TAP for 21 months (ranging from 0 months to 48 months). A majority of the children in this sample were girls (58%, n = 10). In terms of ethnicity, roughly half of the children were African American (n = 10), 10% were identified as Native American/Alaskan Native (n = 2), another 10% were Caucasian (n = 2) and Hispanic (n = 2). One child was identified as other.

RESULTS STUDY 2/ QUESTION 1

The results of this analysis are descriptive and are presented corresponding with the coding categories and themes summarized in Figure 9. I begin by presenting fathers' perceptions of their involvement, the activities to which they engage, and their role as a father. Next, findings are presented related to fathers' cognitions and motivations for involvement. Third, I report the findings related to perceptions of maternal support regarding their involvement and possible ways that support of involvement can be improved. Fourth, I review the results of fathers' perceived barriers to their involvement. I also review fathers' feedback concerning their

experience in Head Start and additional comments that were shared regarding their fatherhood experience

Fathers' Perceptions of their Role of Involvement

Fathers' reported being involved in their child's life in general by their participation in activities with the child 67.27% of the time. Fathers also identified cleaning and housework as part of involvement with their child, but this code was not included in the analysis due to low frequency. Participation in fun activities was coded 100% of the time for the theme of activities. Fathers report a number of similar responses in play activities with their children.

> ***"I take her to the parks, playgrounds, and I take her out to the store, and I take her grocery shopping, take her shopping."***

> ***"Sometimes me and him will play with the hot wheels sometimes together, Play-Doh, and he likes puzzles, videogames, there are only certain with that we let him play. He likes the Wii Fit thing with the Wii board you know. I take him outside on nice days and let him ride the bike. He's got a little scooter and his sister has a bike. So I take them all outside and you know, let them spend like an hour to two hours outside depending on what's going on."***

Fathers' perception of involvement was also coded by **quantity/time** 58.18% of the time. High involvement, being moderately involved, and being responsible for their child was derived from the quantity/time concept. High involvement was coded 71.86% percent of the time on the theme of quantity/time. Fathers' examples of perceived high level of involvement by having frequent contact are listed below:

> ***"I say 100% full-time. I say because she sees with me most of the time. Yeah, she's with me most of the time; yeah she's with me most of the week, the school week, and the weekends."***

> ***"Well, I have five kids, and I have 4 out of 5 kids that I see a daily basis and it all works out right because I have three different baby mammas, and two of them get along any other one doesn't really get along with anybody, but on a daily basis my kids is everything to me."***

> ***"Very much, because lately I have been getting into it with the nurses at the hospital about my baby care, because he was born early and he had a breach so my baby mother had to get an emergency c-section. So, lately everything is has been going better, but I would like them to keep me updated what's going on with my baby's health, how he's doing and everything like that."***

Moderate involvement was coded 18.75% of the time for the theme of quantity/time which is consistent with less involvement, but still a fair amount of contact with the child a few days each week. Some examples of their perceived level of moderate involvement are listed below.

> ***"My wife and I are in separate places right now and it makes it harder on the time issue. I talk to them on the phone at least every other night and tell them good night. It might be a two minute conversation before they go to bed. If they want to call me anytime during the day she will let them call me and I will talk to them. I usually try to go by there if not every weekend every other weekend."***

> ***"Yeah, she's with me most of the time; yeah she's with me most of the week, the school week, and the weekends."***

> ***"I would say. I'm not completely involved, but I will give a fair assumption of a good 40%."***

Being attentive to the child was coded was 18.75% of the time for the theme of quantity/time, which was consistent with spending time with the child outside of fun activities. Examples include learning or doing constructive activities. Some examples of the perceived level of attentiveness are listed below.

> ***"We play around at home and help her out with her ABCs; she's got a Magnadoodle, that's her favorite thing to draw on."***

> ***"I go walking with her, talk to her on the phone, make sure she's doing good in school and encourage her if she's not doing well. I tell her whatever she was her mind to she can do it."***

Fathers' response on the theme of responsibility was coded 27.27% of the time. The themes for responsibility that emerged are providing, discipline, and school encouragement. Providing was coded 53.33% on the theme of responsibility which appears to be associated with providing for

the child's needs (feeding and bathing). A few examples of fathers' responses regarding providing are listed below.

"I take him to school every day, I get him dressed, I give him showers, I feed him."

"As far as like, anything from getting her dressed, to bathing, to feeding, to reading, spending quality time, to walks in the park, dress, clothes, shopping, food, cooking."

Discipline was coded 13.33% of the time for the theme of responsibility. An example of fathers' responses regarding discipline is listed below.

"I corrected them and disciplined them when necessary but most of the time it's not. I try to be the good parent."

School encouragement was coded 33.33% of the time for the theme of responsibility. A few examples of fathers' responses regarding school encouragement are listed below.

"Make sure she's doing good in school and encourage her if she's not doing well. I tell her whatever she was her mind to she can do it."

"We are forever going to her school to eat lunch with her, we are constantly finding out if she's having trouble with speech or anything, we are trying to get her speech therapy now."

Fathers' perceptions of involvement in their child's health was coded over 91% of the time as fathers identified a number activities to which they engage in their child's health care. Fathers' identification of activities regarding their child's health included being involved in health care, both parents attending appointments, fathers giving medicine to the child, giving treatment when no one else was able, and being the caregiver when the child is sick. Participation in health care activities were coded 91% of the time. Fathers reported being involved in health care 81.18% of the time for the theme of involvement in health care. A few examples of fathers' responses are listed below.

"Make sure she eats good food, fruits and vegetables."

"You know, as far as them going and getting shots and stuff like that because the experience of it, you know is the best feeling you know because I know that they are

healthy being able to take them myself and understand what the doctors are saying to me and you know as far as like medications and stuff I give them what is referred for them so that way there is no right from wrong."

Fathers reported both parents attending appointments 36.36% of the time for the theme of being involved in child healthcare. A few examples of their responses are listed below.

"Every time the kids go to the Dr. I go with them, me and her mom."

"My oldest is very dramatic when it comes to pain. So I try to be there to help her. I remember one time me and my mother had to get a splinter out of her foot it was like fighting somebody. So I try to be there to be the stronger one."

Fathers giving medicine to the child was coded 30.30% of the time for theme of involvement in healthcare. A few examples of the coded responses include:

"I tried to explain to him what's going on, and what's happening try to get the medicine dosage, make sure he gets his medicine or she gets her medicine and…"

"For example, we took a vacation to Tennessee, and my daughter busted her chin wide open and I personally hand-stitched it. I give her medicine…."

Giving treatment when no one else was able was coded 30.30% of the time for involvement in child health care. Examples of fathers' responses are as follows:

"I give him breathing treatment. Sometimes in either one of us will do it. Sometimes, if it sounds like you need one. Immediately I will do it. If she's not there she will ask me to do it you know, or if we notice he is having a breathing problem, if either one of us are not around if she's not then I will just the machine up and give him his treatment. You know? So, that's usually how that goes."

"We take care of him the best we know. Um, that's all we can do. The mom takes him to the doctor and grandma. Grandma talks to the doctor. But I give him medicine as needed."

Being the caregiver when the child is sick was coded 12.12% of the time for involvement in child health care. A few examples are listed below.

"But I know if he's sick to take him. I'll call them up and let them know that I need to make a sick appointment. At the same time, I do letter know."

"I take care of him; I take care of everybody in the house when they are sick (laugh), the mama and the kids so..."

The Importance of Father Involvement

Fathers' involvement is motivated by their perceived importance in a number of different **roles** (coded 60% of the time). Fathers feel the father role is defined by bringing balance, being a hedge of protection, being the key ingredient, helping them through life, helping children with life lessons, and being able to do more for their child than mothers.

Bringing balance was coded 15.38% of the time for the theme of role. One father cited,

"They definitely need to be involved. The balance between male and female, a difference. It is a big deal. Umm, you know, girls like inside stuff boys like to go out and get dirty."

Being a hedge of protection was coded 11.53% of the time for the theme of role. One father reported,

"You know, just for him to come in that aspect. You know, nobody… a father is so important, because it gives that like hedge of protection almost like you know, they know the mothers going to be there and the mothers are there."

Being the key ingredient was coded 11.53% of the time for the theme of role. Fathers emphasize the importance of fathers by referring to poorer child outcomes and the necessity to cope. Examples of fathers' responses include,

"The way the statistics show in the papers on the study of the child if the fathers are not with him then they are likely to get locked up and stuff like that so if the father could spend more time with them then maybe the outcomes would be better."

"Very much so. Especially girls, boys too, but a lot of girls don't have their father and I think that is the main ingredient to the recipe. It's one thing to have the mother. But you also need the father."

Fathers feel that their involvement is important by helping children with life lessons, which was coded 15.38% of the time for the theme of role.

"Yes sir, I think it's important because if the child doesn't have a father in their life they

are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that."

"You know, because you have these kids for purpose and that is to raise them and to show them different things and to teach the so. I mean, that's just my side of it."

Fathers feel that their involvement is important in helping them through life was coded 34.62% of the time for the theme of roles.

"I guess the whole thing I would say to work on cueing her more on like, like her grow up and learning the knowledge in general things around the house."

"It teaches them about their work ethics and life. That's what my father taught me. He taught me how to budget money. I saw what kind of hard worker he was, so that made me want to be a hard worker when I grew up."

Being able to do what mothers cannot and doing more for their child was coded 23.08% of the time for role. Fathers reported.

"I see a lot of single mothers, out here with just their having to be mommy and daddy and it shouldn't be like that. I mean child really needs his father in his life because of father can do more for the son."

"I think it's very important because for them to be able to grow up and learn up to be a man. I don't take the mothers can do that. The mothers really can't teach the sons how to be a man."

"To be there when he really needs me to fall back on me just a totally be there. His mother can be there, but she can teach him to stand up to pee."

Fathers also feel that their **involvement is critical** (45.51%) believing that the child needs their father, children would be misguided without their fathers, and they need both parents.

Believing that the child needs their father was 50% of the time for the theme of critical involvement.

"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that."

"A father is so important, because it gives that like hedge of protection almost like you know, they know the mothers going to be there and the mothers are there. In most

cases. They come from the womb knowing that. But fathers, you know, is somebody that is that one that's supposed to be their protection. You know what I'm saying?"

"100%, we are the role models for the children. The way I raise him is the way he is going to be in life later. They need their fathers."

Fathers conveyed the sense that without their involvement, their child would lack direction and be misguided. Children would be misguided without their father was coded 30% of the time for critical involvement.

"I feel like each generation, always kids are misguided...You step into where they are not just kids, but you start looking at them as human beings that you're responsible for and is not just Oh that's my kid, but I am responsible."

"Yeah, I believe it should be fathers in their child's lives… I think she would probably be misguided, and how she would know is mommy."

Fathers felt that it is important for mothers and fathers to be involved in the child's life. They need both parents was coded 45% of the time for critical involvement.

"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that."

"Very much so. Especially girls, boys too, but a lot of girls don't have their father and I think that is the main ingredient to the recipe. I mean, it's one thing to have the mother. But you also need the father."

Fathers are motivated by the **personal experience** (25.58%) of growing up without a father and missing out on things. Growing up without a father was coded 72.72% of the time for personal experience. Fathers said,

"It's no why not to answer, because it's not of fathers and all. You know, I didn't have my father there in my life not one bit on until I almost died in a car wreck when I was 18 so."

"I don't know if you grew up with your father or not, I didn't. My dad rarely did anything for me you know. I will tell anybody. My kids have done more with me now at a young age that they are still kids than I did up until I was a teenager where I can kind of go in kind of do things on my own."

"I do 100%, because I grew up without a father. So I know how it is to be without. My mother raised me along with nine other siblings. There are 10 of us altogether. It was

troublesome, but we all made it out. And I've been holding down jobs since I was 17 working in and out of ship yards. So, I feel it's very important."

Fathers also felt that not having a father in their life would lead to the child missing out on important life experiences. Missing out on things was coded 18.18% of the time.

"Yes, because of miss out on a lot of things in her life. I can grow up with my real dad. It bothers me sometimes. I don't know what I missed. I'm still around my child. So that's how my life is different. My mom got married when I was three and then they got divorced."

"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that."

Fathers feel it is their **responsibility as a father** (60.47%) **and should be involved** in their children's lives. It's your responsibility and you should be involved was coded 88.46% of the time for the theme of responsibility. A few examples of fathers' responses are listed below.

"That provider, their giver, there a caretaker you know, like, if anything that stronghold of foundation of it all. You don't have that, you see a lot of kids these days falling apart and running rampant and stuff, you know."

"Yes because you're the father, and they look up to you and your supposed to be there for them and help them through life until they get old enough to do it on their own."

"Little things here and there, but they can't teach him how to take care of their children as a man. The way a man is supposed to teach them how to grow up as a man. If I had a daughter."

Fathers perceive a number of perceptions related to their responsibility of involvement in their child's life in general (85.37%); being **available** for the child (26.83%), **providing**, and **teaching and modeling** for their child (53.66%). Being **available** for the child is associated with being there for the child, being their confidant, being their emotional support, and being a strong foundation for them. Being there for the child was coded 45.45% of the time for the theme of availability.

"You know, my responsibilities that I fill are protection, trying to make sure they grow

up with morals and head them off into the right direction. You know, to give them the chance that I never had."

"Yes because you're the father, and they look up to you and your supposed to be there for them and help them through life until they get old enough to do it on their own."

Being their confidant was coded 27.7% of the time on the theme of availability.

"Just love and care for him really. Be a friend."

"Teacher right from wrong, and not necessarily her friend, but her confidant."

Being their emotional support was coded 18.18% of the time on the theme of availability.

"Provide emotional and financial security for him. Be their friend, take care of them."

"For me to make sure that my son is safe, that he is. He is being fed, having food every day, and that he is happy."

Being a strong foundation for them was coded 18.8% of the time on the theme of availability.

"To make sure that she is taken care of and to make sure that she grows up safe and knowing I'm supposed to be a strong foundation in her life."

To fathers, **providing for the child** means being responsible for protecting the child, keeping them healthy, having the shared responsibility of providing, making sure the child gets a good education, feeling that it's the fathers' responsibility to provide, and being responsible for the child's development. Being responsible for protecting the child was coded 31.43% of the time for the theme of providing. Examples of father statements include:

"You know, my responsibilities that I fill are protection."

"The biggest responsibility is to take sure they know right from wrong, and keep them out of trouble. So they don't have to go through any drama and craziness. I raised him to respect everybody; it's my responsibility that I keep him out of trouble."

Fathers also perceive the shared responsibility of providing. This was coded 71.43% of the time for the overall theme of providing. Examples include:

"And women can show them things like, I don't know how to dress properly. Or what colors go with what. So it's a good balance. Moms bring other things like table manners, which all of us are working on it, of course he's four."

"Like when he goes to school and stuff like that. Me and his mother we share the responsibility for things that have to be done but right now. I am at home more than she is I do it. It's a shared responsibility."

"Yeah, I should have to do just as much for him as his mother does. It's not one person's job to do this or do that it takes two. I mean, it takes two to make the child so it should take two to raise a child."

Making sure the child gets a good education was coded 22.86% of the time for the theme of providing. One father reported.

"Umm, make sure she's got a roof over her head, food in her stomach, clothes on her back, and try to provide the best education we can for her."

Feeling that it's the fathers' responsibility to provide was coded 34.29% of the time for the theme of providing. Examples of responses include.

"I can't really say that there is one thing in particular, that I could do, don't get me wrong. I try to keep a broad perspective on what you teach your kids. And what you should show your kids and what they should learn you know."

"To make sure nothing happens to my children, to take good care of them, to make sure they have food and clothes on their backs and on the table."

"For me to make sure that my son is safe, that he is. He is being fed, having food every day, and that he is happy."

Being responsible for the child's development was coded 17.14% of the time for the providing theme. Example responses include.

"And let them wean themselves away, eventually, but they never go away because they're your kids so. It should be equal responsibility for everybody matter if you are a parent, a spouse, a friend, or whatever."

"Take care of her, watch over her and make sure she doesn't get her and stuff like that. Make sure she is learning, or alphabets, reading and way of life. Teaching her how to do things right."

According to fathers, **teaching and modeling** for their child means being responsible for teaching the child, and disciplining them.

Teaching the child was coded 72.72% of the time for the teaching and modeling theme.

> ***"You know, my responsibilities that I fill are protection, trying to make sure they grow up with morals and head them off into the right direction."***
>
> ***"My role is to show him life and how he's going to have to come in to it and how he's going to have to live it."***

Disciplining them was coded 36.36% of the time for the teaching and modeling theme.

> ***"I'm supposed to show them right from wrong, to teach them, to help them learn, to show them respect, and just help them grow you know."***
>
> ***"The father figure more or less teaches them discipline and how to use their manners. It teaches them about their work ethics and life."***

Fathers perceive that it is **important to be involved** in their child's health because of their responsibility as a father, their role as a parent, and enjoyment of being a parent. Importance was coded 87.87% of the time for the theme of important to be involved. Fathers perceive the importance of being involved to be associated with willingness, things being hard on mothers, and having a say so. Examples of fathers' beliefs that they should be involved include.

> ***"Because fathers should know what's going on with the baby, because if not, why are you there if you don't want to know if your baby is healthy."***
>
> ***"I wouldn't want to know that my daughter have some type of sickness or was sick and I had no knowledge about it and something was to happen… "***

Fathers' perceptions of **responsibility** regarding health involvement include believing responsibilities should be shared with the child's mother, it's a part of their involvement, no one else will care for their child, they should make sure the child is okay, and be knowledgeable about their child's health. Believing responsibilities should be shared with the child's mother was coded 22.7% of the time on the theme of responsibility.

"Because, I mean, it can't always be the woman you know. The woman has a hard enough job as it is just focusing on everything in life, you know."

"I don't think it's all the mother's responsibility. Like I said earlier, it takes two to make the child, so it should take two to take care of the child... I want somebody to give me my medicine to make me feel better."

"Yes I do because it's as much as the fathers right, as it is the mothers right and responsibility to make sure your children are healthy and taken care of."

It's a part of their involvement was coded 13.63% of the time on the theme of responsibility.

"Yes I do because it's as much as the fathers right, as it is the mothers right and responsibility to make sure your children are healthy and taken care of. I feel like it's a part of the responsibility of fathers."

"Yes, most definitely. A father should know, what is going on with his child. I believe every father should, I know not everybody likes the hospital and may not feel comfortable. But at the same time, they should know about their child."

Should make sure the child is okay and be knowledgeable about their child's health was coded 63.36% of the time for the theme of responsibility.

"***Yeah because fathers should know what's going on with the baby, because if not, why are you there if you don't want to know if your baby is healthy. You should want to know about it."***

"I really do. That's another way of how to take care of them. They can't always be financially, but you have to be able to know your child from the inside out… If you don't know the physical aspect, or the outside, then there is the problem."

Fathers perceive that if they were more involved in their child's health care, there would be an **improvement** in their child's health (12.90%), and it would bring them closer together. Child's health care it would bring them closer together was coded 100% of the time on the child health improvement theme.

"I think he would want to see me do more. You know, I think you would want to see me do more as far as taking him to the doctor's order or coming to eat lunch with him at school and stuff like that."

"It would definitely bring us closer. The little things that we do now. Definitely brought us closer as far as, people understand how much of an impact for anything as simple

as a doctor's visit, where I do the little stuff, because in her have this bond to where anything that we do we turn into an event… Especially a doctor's visit, because I feel that with the child. It's saying my dad actually cares about me subliminally."

Other fathers feel that there would be **no change in their child's health** if they were not involved in health care (25.81%). Fathers perceive no change if they were not involved and that their child would be cared for regardless. No change if they were not involved was coded 100% of the time for the theme of no change.

"If I didn't participate, it really would not make a difference because we sit down and talk about everything and plan everything together he would still be healthy and she would still be healthy."

"It would make no difference, because my wife does such a good job of it and he prefers her. As far as when he is sick or if he falls and scraped his knee, he runs to her."

"I can't say that I don't take it would make a difference in how he felt about how relationship. You know? But I'm not saying that at all. I'm just saying that that was just something I've never really thought about or ever really thought about at all because I guess I'm not going to say."

Fathers also feel that their **child's health would be worse** if they were not involved (80.65%). They cite that the child's health would be affected, it would be harder on the child's mother, their behavior would be different, the child would be upset, they would lack guidance, and lose the sense that their father cares. Child's health would be affected was coded 44% of the time for worse health.

"If the man is not around in the mom will do whatever she wants to do. She will do what she has to do for the child. But she will not make sure that he is right on top of things."

"If I didn't participate in her healthcare, she wouldn't eat some of the things I want her to, like all the fruits and vegetables. Her diet would mostly be affected and she would probably eat more junk food."

Their behavior would be different was coded 40% of the time on theme of worse behavior.

"To be honest with you he would probably be more scared than he is right now. That's daddy's weak point, I don't like doctors. They do great and I don't think it would be a bad

influence for me to be there all the time because when they pull out those needles. I'm not the one that is tough enough to hide that cat cowardly face when that needle comes out."

"Because sometimes the baby doesn't take heed to the mother, he may heed to the father. Like her daughter takes heed to me more than to her mother so I'm there to calm her and make sure she knows that the Dr. is not there to hurt her. What the mother being there will be different, because they would still be showing off screaming and crying. If I was not there she would not be healthy. She wouldn't really get healthcare, because she would be showing off too much to understand what's really going on. It's not make or break for me be in there, but if I'm there, she's more call me collected, but if I'm not there she would show off. She would be better from there."

Lose the sense that their father cares was coded 36% of the time on worse behavior.

"It makes my child feel like; at least my daddy is going to be there. I am in pain or not feeling good when I need him. More than likely it's about me being there, because in the child's eyes a parent is like the best friend and being there is the best thing."

"My little X , it's pretty cheery and she would probably be down in the dumps. If I didn't participate."

"Especially a doctor's visit, because I feel that with the child. It's saying my dad actually cares about me subliminally."

Fathers' Perceptions of Support from their Child's Mother

Fathers reported their perceptions of support of their involvement from their child's mother as being supportive (91.67%) and having difficulties with being supported (13.88%). In terms of support, fathers reported that their child's mother is supportive of their involvement and appreciative of their involvement. Fathers' perceptions that their child's mother is supportive of their involvement was coded 90.91% of the time on the theme of supportive of involvement. A few example responses from fathers include:

"She is very supportive. She will make the appointments and write them on the calendar, remind a couple days before."

"She pretty much just gives me the leeway as the father to make the decisions on the choices I have to make as my son's parent."

"She doesn't block me doing nothing and I don't block her."

Fathers also feel mothers are appreciative of their involvement, which was coded 18.18% of the time for the theme of support of involvement. Fathers reported:

> ***"She always tells me think you for doing that for X. or think you for doing this or, I appreciate you doing this I mean, she's really supportive."***
>
> ***"She says she appreciates everything I do. We hardly disagree on anything. She doesn't ask me to do more, but she just says she appreciates."***

Fathers identified some difficulties in support of their involvement from their child's mother in problems communicating with their child's mother 100% of the time for the theme of difficulties). A few examples of identified difficulties are:

> ***"We don't speak much about me being involved with him. Sometimes she's good, but other times I hear from other people that she has been bashing and me."***
>
> ***"In all honesty, there situations where we completely just missed each other's point, and she supports. If I want to do something (to come get her in go here and do this or that), but as soon as I don't do something that she feels is necessary."***
>
> ***"Even if we don't live at home with the mom, a report of how you doing in school, I would like to see instead of always having to talk to the mom. They are times I want to see her grades and her mom says. "I don't know what I did with them." You know, so it's like, I don't have really much to stand on. I would like to have more information, and not go to her mom."***

With respect to child health care, fathers' perception that their child's mother is supportive was coded 78.95% of the time for the category of maternal support of involvement in health. Fathers perceive support by their child's mother by attending appointments with their child's mother, mothers informing them of appointments and inviting them to attend. Perceiving support by their child's mother was coded 60% of the time on the theme of supportive of health involvement. Examples include,

> ***"I take care of everybody in the house when they are sick (laugh), the mama and the kids so. You know, our ratio with us is that she's 25, and I am 30 and I've had kids before and she didn't. So it's all basically new to her. So everything for me. I have to teach her and she has to pick things up on her own."***

"Yes, she lets me know, anything that is going wrong. Anything. If he has a checkup or dentist appointment or if he has to be here or little screening, we always talk about it and go."

Attending appointments with their child's mother was coded 33.33% of the time for the theme of support of involvement in child health. Examples include,

"Like when we were together, we used to go together to the doctor's appointment and she would go with me. She never encouraged me to speak to the doctor."
"She will say, "I appreciate you coming to the doctor with me." You know, especially if she's getting shots. I'm always the one that has to hold the legs down."

"Yes, she lets me know, anything that is going wrong. Anything. If he has a checkup or dentist appointment or if he has to be here or little screening, we always talk about it and go."

Mothers informing of appointments was coded 66.67% of the time on the theme of support of involvement in child health.

"My mother lets me know when they have appointments and asks me if I want to go."

"She gives me the benefit of the doubt. She lets me know when the kids have appointments and what not."

Inviting father to attend was coded 43.33% of the time on the theme of support of health involvement. Fathers reported,

"She tries to get me there. I do show up for a few appointments. But the major thing to show up for, like now he's going to a chiropractor and the other thing was he had his adenoids removed and another was probably a painful process, but I couldn't make it because I had to work. I she tries as much as possible…"

"She always tells me when she wants to go to the Dr. she would say, "baby are you going to the Dr. appointment with me or meet with my daughter appointment, or do you want to go with me to see the baby?" And I am like, "yeah let's go."

In fewer instances, fathers do not perceive support from their child's mother (13.16%). Fathers perceived that mothers were not supportive of their involvement in their child's health, mothers do not inform them, and have a poor relationship with the child's mother. Mothers were not

supportive of their involvement in their child's health was coded 80% of the time on the theme of unsupportive of health involvement. One father reported,

> ***"When she had custody she would always ask for money. She didn't show much emotion about it. We don't speak much about me being involved with him. Sometimes she's good, but other times I hear from other people that she has been bashing and me."***

Mother does not inform was coded 40% of the time on the theme of non-support. One father reported,

> ***"She does it keep me posted on it, she won't inform me. I always get news later…***

Has a poor relationship with the child's mother was coded 60% of the time on the theme of non-supportive of involvement. Fathers reported,

> ***"No. We don't have the best relationship. It's not a bad one, but… not a good one."***

> ***"So it's like, she doesn't make it easier and I don't know what that's about."***

Most fathers feel there is nothing that their child's mother can do to improve their support of the fathers' involvement (86.67%). Their responses include,

> ***"No, she's trying her hardest. A lot of the time it's not understand, and she tries to get me involved and tries to explain things to me it starts to get twisted around and I get confused."***

> ***"There is nothing she can do, because I'm there when she needs me to be, no matter what."***

> ***"Uhh, no way at all. She is really supportive of anything. Like I said, we are pretty decent family, we don't do a bunch of argument and stuff like that. We sit down and take care of the bills, take care of anything in general needs to be taken care of."***

> ***"I mean it's really nothing that can change to make it better. I mean, it's already good."***

Some fathers identify communication and difficulties in responsibility as a needed improvement for their child's mother to support their involvement. Fathers report that mothers could inform fathers about the needs of the child, make it easier to get information, and stop confusing the

child. Informing fathers about the needs of the child was coded 50% of the time on the theme of improvements for maternal support of involvement. Fathers reported,

> ***"Just she could stay on the right path to continue doing what she's doing. I guess she could call me up. Or she could probably do it every now and then or say "say hey I want to take her to the doctor."***

> ***"I'd say keep me posted or arrange a way that the father, regardless of any situation or his status was social services or whatever, or arrange away that he can step over top of everybody else and just get information between a doctors or the schools and the father."***

Making it easier to get information was also coded 50% of the time on the theme of improvements for maternal support of involvement. One father reported,

> ***"I'd say keep me posted or arrange a way that the father, regardless of any situation or his status was social services or whatever, or arrange away that he can step over top of everybody else and just get information between a doctors or the schools and the father."***

Fathers' Perceptions of Barriers to Their Involvement

Fathers perceive their child's availability, their own personal issues, contentment, finances, legal issues, and knowledge as barriers to their involvement in general. Child's availability was coded 17.18 % of the time for the theme of child availability. Within this theme, fathers identified child autonomy, holidays, grandparent involvement, and when the child is not home or available. Child autonomy was coded 18.18% of the time on the theme of child availability. An example response is listed below:

> ***"Some little stuff he does, but he doesn't want you to help him. Some things he doesn't want you to help him with. Like, when P. is coloring or playing…, or trying to make something or, some things he just doesn't want you to do. Like, if he's looking for a movie or something, he doesn't want you to go get it for him. He wants to go get it. Or, if he wants to play with his toys. He won't, he doesn't want you to mess with them, because he wants to play with the because he wants to do one thing with the toys. He is on his own."***

Holidays were coded 27.27% of the time on the theme of child availability. Examples of fathers' responses are listed below:

"The only thing would be hunting season. I go deer hunting and turkey hunting, but normally, that's three months out of the year. I don't go every day. It's just two or three days a week. You know, stuff like that."

"I guess the holidays Christmas, Thanksgiving. Umm, her mom might want her or I might want her."

Grandparent involvement was coded 18.18% of the time on the theme of child availability. An example of fathers' responses are listed below:

"Sometimes he goes to his grandma's and you know, I wish I was more involved on a daily basis, but it has to be the way it is."

"Sometimes, then again, he needs his mom. You know? Because he gets to where me and the wife are his mom. And that's not good, because we're not the mom. We are the grandparents. And, I kind of wish there was a way that he could spend more time with his mom. Just to have that bond."

When the child is not home or available was coded 36.36% of the time on the theme of child availability. Examples of fathers' responses are listed below:

"I would in the morning and everything he goes to school and I spent the rest of the time. He comes home so we spend the whole day together. School gets in the way."

"You know, that's like our little time with she has a break from you, the less she gets in the house for her to be taught over there it school a lesson that she's going to need as far as from the school aspect."

Fathers' own personal issues were coded 21.88% of the time for the theme of personal issues. Concepts associated with fathers' personal issues were emotional difficulties, fathers' lifestyle, having other children, wishing he could be more involved, health problems, fathers' attitude, and other children. Fathers' lifestyle was coded 28.57% of the time on the theme of personal issues. An example of fathers' lifestyle includes,

"Uhh, it was back when I guess she was maybe five or six months old. Back when my wife was working before we both got disabled. Uhh, I would stay home and take care of her. I mean, anything that needed to be done."

Having other children was coded 21.43% of the time on the theme of personal issues. For example,

> ***"It's just kind of when I feel myself getting overwhelmed and feel like I have to spread my love around. Slip down into a little mood. Because I like to have kids spread-out places. So like when it comes to my daughter being it she's not only girl."***
>
> ***"Spreading the love around."***

Wishing he could be more involved was coded 14.29% of the time on the theme of personal issues. For example,

> ***"I'm recently getting ready to start work, which is great for everybody but I don't know if it's going to benefit nighttime. … but I wish I could be more involved on a daily basis."***

Feeling content with their involvement was coded 18.75% of the time for the concept of barriers. Associated with contentment were feelings that nothing gets in their way of involvement. Contentment was coded 50% of the time for the theme of contentment. Examples of contentment include,

> ***"No, I feel the amount I'm involved is fine."***
>
> ***"Oh no. I am sure they are things I can improve on, but I am pretty stable. And I am always all in whatever she is doing and try my best to be anyway."***

Nothing gets in the way was coded 50% of the time. Fathers report,

> ***"Umm, nothing really. Nothing really making it hard to be more involved."***

Finances/work was coded 42.19% of the time on the barriers concept. Fathers report feeling tired, work interference, and finances interfere with their involvement. Work interference was coded 96.30% of the time on the theme of finances/work. Fathers report,

> ***"I mean, you can never spend enough time. Right now, work. I'm trying to get the money to come in. So we can get the bills paid I work on any you come home and you're tired and you'll feel like doing much but relaxing, until you have to get up and do it again the next day."***

"Work is a problem and my relationship with his mom is a problem. I relationship with her is not a very prosperous one."

Fathers also report **being content with their involvement (**44% of the time for barriers), a **desire to be involved** in their child's health care (36% of the time for the category of barriers), and **having family support** (12% of the time for barriers). Examples of fathers' contentment with their current level of involvement are listed below:

"I don't think I could be more involved than I already am. I am at every doctors, every dentist appointment."

"I like get involved with his healthcare. Like his medicine… I tried to call the doctor's office to make sure that that pill is taken care of. I just I don't like to let hospital bill go so let's say, if we get hospital bill that Medicaid had not taken care of, then I'll call the doctor's office and say "hey. He's got Medicaid, and they should be taken care of this bill."

Examples of fathers' desire to be involved in their child's health care were coded 22% of the time and listed below:

"Oh yeah, I mean, I like to be more involved, but I am involved. When she doesn't take the kids or deal with the bills and stuff. I have to deal with it. I am as much as involved with it."

"Yeah, I would like to. Sometimes I might have to go to work or that's basically the only thing."

"Yes but I admit I haven't really looked into it like I have the other things because it's more so. I have a little a child support issue.., but I would like to go to the doctor's visits …and stuff like that."

Examples of fathers' perceptions of family support were coded 100% of the time for the theme of family support. Examples are listed below:

"I think it should be all the family. Even my mom, his mom."

"Yeah I'm involved in those and doctor's appointments and checkups. Yeah I'm involved in that. My mom does it to. Sometimes she might take her when I'm not, or if I'm not able to do it, my mom or me, or my stepdad, those are the three."

Fathers identified a number of barriers associated with their involvement in their children's

health (58.33% of the time for the theme of barriers to involvement in children's health care); poor relationship with his child's mother, work interference, and lack of understanding Medicaid. Having a poor relationship with the child's mother was coded 41.62% of the time for barriers. One father reported,

> ***"She won't call and saying, she has a doctor's visit. They'll just go ahead and go and she will tell me about it later. That's not really doing any good. As far as I want to be there. I've taken her to a few appointments, but not enough to know what's going on. I get my information from her mom for the most part."***

Work inference was coded 83.33% of the time for barriers. A few example responses are listed.

> ***"I missed his birth by like a few minutes because I was taking a final exam. She had at the end of the school year. Besides that, when he's here now I take them to the dentist. Work stops me from being involved in his healthcare."***
>
> ***"When I'm not working. About 75% of the time I'm busy working and I miss her appointments. Between working and always constantly running, from the police anything but running errands."***
>
> ***"If I wasn't working I would be more involved in taking them to the your and giving him medicine."***

Having a lack of understanding of things and Medicaid was coded 50% percent of the time for barriers. For example,

> ***"A lot of the time it's not understand, and she tries to get me involved and tries to explain things to me it starts to get twisted around and I get confused. She knows all that stuff she knows what is going on and I have a very hard time with memory."***

Based on the identified barriers, fathers identified a number of things that they felt needed to change in order for them to be involved to the degree that they would like: Cognitions (16.13% for things that need to change), finances/work (48.39%), legal system, relationship with the child's mother (19.35%), and nothing (19.35%). **Father cognitions** were associated with fathers' attitude and coded 100% of the time for the theme of father cognitions. Examples include,

"So if anything I would say adjust to my attitude more to program to try to become more father like to my children. And that's like being a better role model and example of things that I do because I'm still young, and there is still paying things that you know, as a young person."

"Well, I think needs to change? Umm, probably my attitude, you know, my own self-respect for me, you know."

Finances/work was associated with having more income, finding employment, having their own residence, their own transportation, and changing their work hours. Having more income was coded 33.33% of the time for the theme of finances/work. Examples include,

"A steady income would need to change."

"In my youngin's healthcare? I don't really know what could be changed. To be a millionaire things would change. I could own my own business so I could spend all my time with my kids. I think that would be every man's dream, huh?"

Finding employment was coded 40% of the time on the theme of finances/work. Example responses include,

"I'll really think anything could change was work. Because if it would be earlier than it would just be earlier I would still miss some part of his day or waking up. You have to work, in order to be able to support him. So work out think it's a problem."

"I would like to work, but right now, I haven't found a job. But if I had a job. I would still spend the same time. Well, not the same amount, but probably a little less with him at home. But I enjoy the time that me and him to spend together."

Having their own residence was coded 13.13% of the time for finances/work. Examples are,

"If I started working out to get my own place. Then I can get my kids and be 100% involved. For the most part, where I say, I get my kids on the weekend. I get my kids whenever… When I get my own place, how have all four of them."

Transportation was coded 13.13% of the time on the theme of finances/work. For example, one father reported,

"My two oldest live in the county, and I don't have a car. So it's hard to go back and forth to get them. And sometimes my mom doesn't feel like doing it."

Changing their work hours was coded 33.33% of the time on the theme of finances/work.

Example responses are,

> ***"I would change my hours. You know, but what would really have to change is my income and my hours because you still have bills and things that need to be paid."***

Relationship with the child's mother was associated with easier access to information, better communication with the child's mother and the mother being more supportive.

Easier access to information was coded 33.33% of the time on the theme of relationship with the child's mother. Examples of their responses are,

> ***"They don't tell me that the mom has to be here for this or that, because they have seen my involvement so they are pretty comfortable."***

> ***"My current situation, if I could speak in all honesty, women have children in the state or whoever jumps immediately on their side regardless. I've seen enough situations where moms use the kids against the dads."***

Better communication with the child's mother was coded 33.33% of the time on the theme of relationship with the child's mother. Examples of their responses are,

> ***"Umm. Just she could stay on the right path to continue doing what she's doing. I guess she could call me up. Or she could probably do it every now and then or say "say hey I want to take her to the doctor." Stuff like that."***

> ***"Communication between me and my wife, stuff like that."***

Nothing needs to change was coded 66.66% of the time on the theme of relationship with the child's mother. Examples of their responses are,

> ***"No, like I said, God forbid if something happened to her right now, where she got sick. I would drop hunting season altogether until she got well even if it meant missing the whole season. I would drop it for her."***

> ***"I want to find a job that will be basically the same hours that he will be at school."***

Head Start Feedback and Additional Comments

Fathers reported a number of suggestions for Head Start changes that they perceive will be helpful in improving their involvement; time, language, and getting fathers more involved.

Fathers' perceptions of time were associated with having later pick-up times, and TAP evening meetings so that they could participate. Another majority of fathers suggested that Head Start should make efforts to get fathers more involved (45.16%) which were associated with more advertising, getting parents to come out, having more events, and doing education classes for fathers. More advertising was coded 28.15% of the time for the theme of getting more fathers involved. Examples include,

> ***"When you all came down like push for more outreach and community, you know, like really, really make awareness of fathers as, it should be as important as breast cancer. …I mean, the importance of fathers should be should be match with the importance of breast cancer or any other thing…You got a take action to make action."***

> ***"Yeah. And if they don't want to be involved they are not going to and you can't force them. I mean, if they put up a banner that says "dads we need you" you know, how do you worry that without making that dads mad, you know too much pressure."***

Getting parents to come out was coded 35.71% of the time for the theme of getting fathers more involved. Examples of fathers' responses include,

> ***"Head Start, it gets. The parents, and in the mothers and fathers more involved in and like the cool activities that take place. I like the chili cook-off and the kick off, programs and events like that. And he gets all the periods together four different occasions, and the. The meetings at the tap Head Start school. They can improve by getting more parents to come out."***

> ***"In general, like to get other dads to help out more, I don't know. I like it. I mean, it's a good thing."***

Having more events was coded 35.71% of the time for the theme of getting fathers more involved. Examples of fathers' responses include,

> ***"Like X would say we have to get out there and plan more events that would attract fathers to want to spend time with their kids. Like last year our school won March madness. We had the most parents, grandparents, fathers, significant others or whatever involved in our children's lives."***

> ***"They should have a fatherhood program month to month. I mean like the chili cook-off. They have it coming in November, well the next fatherhood program is not until January, the final Chili cook-off which I think they should have like a chili Cook off in***

November and has maybe like a Christmas dinner with the mothers and the fathers of the children in December. And then have the chili cook-off in January, and then have something else in February. I mean they should have something like for fatherhood program every month and then let all the fathers get together and see what they could do."

"But you, I think TAP, like what Virginia Tech came down, they need to try the outreach in the community man. And it's not just about put up flyers. You know what I'm saying, that doesn't cut it you know you have to really push the issue of fatherhood."

Doing education classes for fathers was coded 28.57% of the time for the theme of getting fathers more involved. Examples of fathers' responses include,

"Yeah, I think they bring up the important stuff, but I think they leave out some important stuff too. Like doing stuff with the children at the centers, I mean, they would let you come in and do it but it's going to be on their terms is the way I get it."

"You know if they could do 5 to 8 one day per week that might help the dads see them. If you take a dad like me, you know, and then, but maybe an education class, because not everybody can do the medical thing. Uhh, just like once a month class. I don't know how they would do that they would have to hire real teachers I guess."

Most fathers were happy with the current services provided by Head Start (51.61%) and reported they would not change TAP, enjoys TAP programming, nothing TAP can do to help them, and feel grateful for TAP.

Enjoys TAP programming was 93.75% of the time for the theme of no change. Examples include,

"Uhh, the programs, the activities, the meetings we have, you know, it gives a better edge at knowing what to do and knowing what not to do when it comes to school, kids and other kids, and things on a daily basis. Oh yeah, I'm doing a lot better with this now than before."

"Headstart has been helpful in helping me be involved. I also go to the classroom to see what's going on with my child. Headstart has been good in allowing you to come over and see what's going on with the kids and have some the is not right. They will call you and let you know, what's basically going on in your kid's life."

Nothing TAP can do to help them was 43.75% of the time for the theme of no change. Examples include,

> ***"Honestly, nothing. I mean, as far as I'm concerned I am one of the most involved fathers that I know of at her school."***
>
> ***"Pretty much nothing. They always have things for fathers and parent so they are pretty good at that. I try to take part in it if I can. If it Headstart cancelled all their programs it wouldn't really affect my involvement too much.***
>
> ***There is nothing really stopping me, because the one that's in Headstart is in the same area as me. So it's easy for me to go up there to see how she's doing, see what she's doing."***

Would not change TAP was 18.75% of the time for the theme of no change. Examples include,

> ***"Headstart already pretty much helps me be involved in they do things …"***
>
> ***"I go to every meeting. We figure out that we can help and give each other's ideas on what to do with our children. I think the fatherhood program and has been pretty good. Then doing excellent right now, I wouldn't change a thing."***

Feel grateful for TAP was 12.50% of the time for the theme of no change. Examples include,

> ***"They can give you suggestions on things. You can do more. And I would take as advice. I really would take it into consideration. Because of Headstart, I spend more time with them and reading to him."***
>
> ***"… Fatherhood is very important to me. I feel so happy that Headstart is doing this to help our children."***

Fathers concluded the interview by affirming that they were good dads and that other "good dads" exist (40%), which was associated with the "baby daddy reputation" theme. Examples of fathers' concepts of the baby daddy reputation are,

""As I grew up and tried to be more involved. People hold that against you, and then you back out. So when you get to the point where you feel like you owe your kids all the time that you lack as when the baby mamas. Start with all whatever and through it in your face and pin it to you. Then, slowly but surely, the court system, the more the woman talks down on the man. The more the court system starts to believe that. Everybody's starts to believe that. They can go down and say this that it whatever. Then the next thing you know a guy is the worst guy in the world. I don't like that. I like attacking people's character behind a baby's mama."

One father discussed his decision to talk to and coordinate with his child's mother to effectively raise the child even though they would not be living together (20%) which yielded the code, discussion with the child's mother. The response was coded 100% of the time for the theme of working with the mother. An example of the fathers' response on this point,

> ***"Basically me and their mother had a sit down conversation. You know. These kids, they are both ours and I deserve to be a part of their life."***

Another father emphasized the importance of his healthy lifestyle and how it's important that he monitor his child's nutrition to ensure that he will be healthy (20%). The code **fit and healthy lifestyle** was coded 100% of the time for the theme of influence on parents' behavior. For example,

> ***"Nothing I can think of. I was a big when I was younger. I didn't have a father around. I was into sports trying to be healthy. It was about try to look good and keep yourself healthy. I got less fit at times, but not a whole lot. Right now, it's a part of my lifestyle."***

In sum, fathers reported moderate to high levels of involvement and participation in activities with their children. Fathers perceived that participation in their child's health care is important and having a special role to play in their child's development. Fathers also feel supported by their child's mother in their involvement in their child's health care and in general. Finally, barriers were identified that are consistent with the literature regarding work and relationship with their child's mother.

CHAPTER FOUR: METHOD- STUDY 2 (QUANTITATIVE ANALYSIS)

Sampling and Recruitment Procedure

The purpose of this analysis was to examine the associations between fathers' involvement and their children's health in a sample of low income families. To address this goal, I recruited 52 families from a sample of two-parent Head Start families within the Roanoke

TAP/Head Start population. Research has shown that one of the best ways to recruit fathers is through face-to-face contact (Sherr, Davé, Lucas, Senior, & Nazareth, 2006). In order to accurately depict fathers' involvement in this population, it was necessary to include the perspectives of non-resident fathers. Father participation in family research among intact families shows a pattern of under-representation associated with being an ethnic minority and working class (Costigan & Cox 2001). It has been documented that over 52% of children do not live at home with their fathers in the Head Start population (Administration for Children and Families [ACF], 2011). The rates of non-resident father participation in research has not been clearly documented, but given the possibility that fathers may not be accessible when approaching families for inclusion of fathers in the study, fathers' residency status was considered in the sampling of the population. Fathers who were non-resident were targeted by contacting the TAP Fatherhood and Families Program in Roanoke. Fathers were contacted through this program by flyer. Fathers who expressed interest in the study met with the researcher during family support classes. After reviewing the procedures of the study, fathers who agreed to participate were provided informed consent and completed the survey and or interview. Surveys were completed either in-person, or sent to the family's residence to be returned by mail. Families that participated in the survey were compensated $15 and an additional $15 If they agreed to participate in the interview.

At the time of data collection, the approximate number of families in Head Start was 268. Approximately 93 families were identified as eligible for the study (64 resident-father families and 29 non-resident-father families). A recruitment flyer was circulated throughout Head Start by staff members to share with the eligible families (see appendix A). Of the 93 total eligible families, 52 families (55.91%) agreed and participated in the survey collection. Sherr and

colleagues (2006) achieved 76% response rate using face to face contact with fathers and 41% through postal recruitment in their research study. When averaged together, these two rates are consistent with the recruitment rates obtained in the survey study.

Description of Measures

Father Involvement was measured using the Inventory of Father Involvement (IFI-Short Form), which was completed by fathers about themselves and the study target child, and by mothers about the father of the target child (Hawkins et al., 2002). The short IFI is a 26 item questionnaire scored on a 5 point Likert scale that asks fathers to rate how well they think they perform certain activities pertaining to involvement in their children's lives. The questionnaire taps into 9 dimensions of involvement; discipline and responsibility, school engagement, mother support, providing, time and talking together, praise and affection, developing talents, reading and homework, and attentiveness. An example question from the spending time dimension of the questionnaire is "how good of a job do you think you do at talking to your child about what's going on in their life?" Cronbach's alphas for all scaled dimensions are as follows: discipline and responsibility-α = .85, school engagement-α = .82, mother support-α = .87, providing-α = .69, time and talking together-α = .80, praise and affection-α = .79, developing talents-α = .75, reading and homework-α = .83 and attentiveness-α = .69. A global index of father involvement that provides an overall measure of how involved the father is with his child was reliably derived (α =.94). This measure can be found in appendix A. The IFI is relatively has been used relatively little in the literature, but some authors have used it to examine fathers' and family members' perceptions of father involvement. Fagan (2003) used the full length version of the IFI and father involvement variables loaded on one factor, accounting for 59.18% of the variance (play, eating meals, reading and helping with homework, and providing solo child care).

Loadings ranged from .67 to .85. Flouri (2008) used a version of the IFI modified for the British population and retained the global measure of involvement. The IFI has also been compared to the time diary method and revealed good cross-informant congruence and high intra-informant consistency (Fagan, Day, & Bean, 2002).

Parenting Beliefs was assessed using the Parental Modernity Scale of Child Rearing (Schaefer & Edgerton, 1985), which examines the traditionality of parents' attitudes about raising children. The measure was completed by mothers and fathers about their own parenting beliefs. This 30-item questionnaire asks respondents to indicate the extent to which they agree or disagree with attitudinal statements such as, ''the most important thing to teach children is absolute obedience to whoever is in authority,'' using a 5-point Likert type scale. This measure has been consistently cited in the literature (Burgwyn-Bailes, Baker-Ward, Gordon, & Ornstein, 2001; Lewis, West, Stein, Malmberg, Bethel, Barnes, et al., 2009; Raikes, Summers, & Roggman, 2005) and yields subscales on two orthogonal dimensions of parental attitudes. This measure can be found in appendix A.

Coparenting was measured using the Coparenting Scale is a 16-item scale (McHale, 1997) to assess parents' perceptions of the frequency with which they engage in several activities related to coparenting and to promoting a sense of family. The scale is presented as two distinct sets of questions (11 items involving overt, family-level behavior, followed by 5 items depicting covert, one-to-one activities). Respondents are asked to endorse, on a scale of 1 to 7 (where 1 is "absolutely never" and 7 is "almost constantly at least once an hour"), how frequently they engage in each of the activities described. This measure was factor analyzed and yielded similar four factor results in American and French samples of previous studies (McHale, 1997; Frascarolo, Dimitrova, Zimmermann, Favez, Kuersten-Hogan, Baker, & McHale, 2009) with

fathers and mothers and yielded four factors and respective reliability estimates; family integrity (α= .82), disparagement (α= .74), conflict (α= .79), and reprimand (α= .59). This measure can be found in appendix A.

Fathers' perceptions about attending their children's well-child appointments was assessed using an experimental measure referred to in this study as the *Daddy Going to Doctor Checklist*. This measure was adapted from Moore and Kotelchuck's (2004) interview questions assessing fathers' perceptions of barriers to attending their child's doctor's appointments. In the original interview, a total of 22 barriers were identified. The barrier domains focused on factors related to work, the child's mother, finances, the pediatric office practice, personal interest in their child, family encouragement or support, beliefs about self-competency, and culture. Additionally, 18 possible motivators for their attendance at well-child visits were identified on the domains of personal interests, work, family, office practice, financial concerns, provider role, and other. The questions assessing the individual domains on the motivator and barrier responses were derived from a review of the literature. The responses to the barrier and motivation questions in the original interview by Moore and Kotelchuck (2004) can be found in appendix A. These responses were formed into a total of 25 survey questions dropping the low frequency responses from the original interview, and retaining the original domains provided in the interview. The items were then worded in the direction of aspects "preventing" attendance to doctor's visits. The response choices were then placed on a 4 point Likert scale with higher scores indicating more perceived barriers as well and perceived motivation. Fathers were asked to complete this questionnaire about their own perceptions of barriers to their attendance, and mothers were given this measure (with wording adjusted to reflect their own perceptions of their child's fathers' perceptions regarding attendance). This is an experimental measure that is

unique and has not been used in the literature, and represents one of the first of its kind in assessing an important aspect of fathers' involvement (motivation to participate in their child's health care). Both the father and mother report questionnaires can be found in appendix A.

Child health status was assessed by mothers' or fathers' self-report using the Health Condition List (adapted from NICHD Study). This measure includes a description of overall health, any serious or chronic problems, and child's health. The measure includes a list of acute and chronic illnesses experienced in children: Repeated tonsillitis or enlargement of the tonsils or adenoids, ear infections, digestive allergies, diarrhea or colitis, bowel trouble, sickle cell anemia, asthma, pneumonia, hay fever, respiratory allergies, deafness or trouble hearing, blindness, eczema or skin allergies, epilepsy or convulsions not associated with hay fever, seizures associated with hay fever, and any other condition. Parents were asked whether the child has ever had the condition, within the last 12 months, for at least 3 months during the child's lifetime, and whether the condition is permanent and beginning less than 3 months ago. The child's height and weight were also estimated by parents. This measure was originally developed for use in the NICHD Study of Early Child Care and not based on any prior instrument. Hence, no reliability or validity data are available. This measure can be found in appendix A.

Data Reduction

Father Involvement

Given the small sample size in this study and the past use and validation of the measure, a total of 26 items were included to yield a total score of father involvement. The global measure of involvement has been used in previous studies (Hawkins and Allen, 2002; Flouri, 2006) and has been found to be reliable (α = .96). In the current analysis, reliability estimates were run for

fathers (α = .97 for the 26 items) and mothers reports of fathers' involvement (α = .98 for the 26 items). The 26 items were then summed and averaged to yield a father involvement total score.

Parenting Beliefs

A total of 30 items were examined to yield a total modernity score. 22 items load on the traditional factor and 8 items load on the progressive factor. Fathers' and mothers' reliability on the progressive scale was moderate (α = .68 and α = .78, respectively). On the traditionalism scale, fathers' and mothers were also varied in their level of reliability (α = .69 and α = .95, respectively). A single measure of modernity is computed by reverse scoring the items on the progressive subscale and then subtracting scores on the traditional subscale from scores on the progressive subscale. Higher scores suggest more progressive parenting beliefs. This overall modernity score is preferable to the traditional subscale score because it is possible for individuals to maintain a combination of traditional and progressive attitudes. The modernity scale is more effective than the traditional subscale at separating those with these mixed attitudes from those who accept only traditional attitudes (Fisher & Fagot, 1993). This process was completed for fathers' and mothers' reports of their own parenting beliefs.

Coparenting

The Coparenting Scale yielded four factors; family integrity (α = .82), disparagement (α = .74), conflict (α = .79), and reprimand (α = .59). The construct of family integrity includes items reflecting active parental attempts at promoting a sense of togetherness among family members. Although this factor consists primarily of items reflecting overt, public behavior, it also includes two related covert items; affection to child in the triad (α = .63), affection to partner in the triad (α = .61), affirmation of child in the triad (α =.78), affirmation of partner in the triad (α =. 72), inclusion of parent in family activity (α = .66). The scale also included two

covert items; invoking the absent parent when alone with the child (α = .66) and affirming the absent parent (α = .68). A total of 7 items were retained on the family integrity domain. Fathers' and mothers' reliability on these 7 items were highly reliable (α = .94 and α = .95). The 7 items were then summed and averaged to yield a family integrity total score.

Daddy Going to Doctor Checklist

The Daddy Going to Doctor Checklist is a 4 point likert scaled experimental measure developed for this study with 25 questions examining parents' perceptions of motivators and barriers to fathers' attendance to their child's doctors' appointments. Items were selected from the survey to assess both barriers and motivations to yield a total score. On examination of the measure, a total of 22 items appeared to be related to barriers, and 3 were not related to barriers (e.g. how often do you attend your child's doctor's appointments, how often do you transport your child to their doctor's appointments, and how would you rate your level of awareness to your child's health conditions?). These 3 items were not consistently and significantly correlated. Therefore, the face valid items examining barriers were retained to compute a total barrier score for fathers and mothers. Parents were consistent in their reporting on these items (fathers, α = .92 and mothers, α = .93). These items were then summed and averaged to yield a total "barriers" score for fathers and mothers.

Child Health Status

A total score for child health status was computed using parents' self-reports on the Health Condition List. Permanent conditions were assessed in the questionnaire, but had no variance in this sample. Only one participant endorsed their child as having a chronic condition. Items were summed for the number of illnesses reported by parents to have had the condition in

the last 12 months. This item was retained as a measure of child health status score that is scaled in the direction of higher scores suggesting poorer health.

RESULTS – STUDY 2/ QUESTION 1

The results of this analysis are presented as follows: First, descriptive statistics for all demographic variables and study variables are presented with Pearson correlations for all independent variables within participant (fathers only and mothers only) and between participant (fathers and mothers) are also reported. Second, Pearson bivariate correlations are reported identifying the patterns of associations between demographic variables (child age, child gender, father biological status, father age, and socio-economic status), fathers' beliefs about attending doctors' appointments, family integrity, child rearing beliefs (modernity) and fathers' involvement (research question 1). Third, multiple hierarchical regressions are reported predicting involvement based on socio-demographic factors, fathers' beliefs about attending doctors' appointments, family integrity, and child rearing beliefs (research question 2). Finally, regression analyses are reported examining the potential mediating effects of family integrity in the relationship between involvement and child health status (research question 3).

Descriptive Statistics

The means and standard deviations for all demographic variables included in the study are listed in Table 20. On average, fathers were 31.04 years old (ages ranging from 21 to 49, with a standard deviation of 4.61) and their child's mother was nearly the same age, 28.54 (ages ranging from 23 to 48, standard deviation 4.26). On average, parents were caring for two other children in their household (2.46, ranging from 1 to 5, with a standard deviation of 1.06). Out of the 52, a total of 34 (61.8%) fathers identified being biologically related to the target child. Of those 34 fathers, 10 (19.23%) were non-resident, but having contact with their child. There were

a total of 14 (25.5%) identified stepfathers and 4 (7.3%) fathers who identified as "other" (e.g. father-figure or custodial grandparent). Seventy percent of mothers were biologically related to the target child and lived with the child. 12.7% of mothers were reported stepmothers, 7.3% reported in the category as "other", and 3.6% of mothers were biologically related to the child, but non-resident. 49.1% percent of the fathers in this sample were African American, 30.9% were Caucasian, 9.10 % identified as Hispanic, 1.8% Native American/Asian, and 3.6% as other. 45.5% of mothers were African American, 27.3% were White or Caucasian, 9.1% were Hispanic, 7.3% identified as other, 3.6% were Native American or Alaskan Native, and 1.8% were Asian.

There was some variation in the amount of education fathers in this sample had received. 25.5% of fathers had less than a high school education. Another 36.4% had their high school diploma or GED. Twenty percent of the fathers had attended technical college or some college, and 9.10% of fathers had earned a technical degree. Two fathers completed college degrees (associates or bachelor's). Mothers' had less education when compared to fathers. 56.4% had less than a high school diploma, 21.8% had a high school diploma or GED, 9.10% had some college or technical school, and 3.6% had completed a technical degree, 1.8% college, and 1.8% a master's degree. 52.7% of the fathers earn less than $15, 000 per year. Another 29.1% of fathers earn between $15,000 and $25,000 per year, and 12.7% of fathers earn between 25,000 and $50,000 per year. Most of the families in this sample were married at the time they completed the interview 32.7%, 18.2% reported being single, 25.5% were separated, 16.4% of couples reported currently living together, and one father and one mother endorsed being widowed (1.8 %).

A slight majority (55.8 %) of parents reported having no insurance for themselves. 85.5% of fathers reported having insurance for their child and 9.1% endorsed having no insurance for their children. There were three cases on missing data for this variable. 92.7% of fathers reported having no legal problems regarding involvement with their children. Children were about 4.23 years of age (ages ranging from 1 to 6 with a standard deviation of .98) and had been in TAP for 20.92 months on average (time ranged from 0 months to 48 months with a standard deviation of 10.86). A majority of the children in this sample were boys (55.8%). In terms of ethnicity, 45.5% of the children were African American, 27.3%% were Caucasian, 9.10% were identified as Hispanic, 7.3% were identified as other, 3.6% were identified as Asian and 1.8% Native American/Alaskan Native. The means, standard deviations, and correlations within (fathers and mothers) and between (fathers and mothers) are presented for all independent variables. The results of the un-standardized values are reported in Table 21. Results are presented by comparing fathers' and mothers' reports on each independent variable using paired t-tests with a critical value of $p < .05$.

When examining fathers' and mothers' involvement total scores on 49 complete cases, scores were not significantly different, *t(48) = .07, p=.94.* Averages and standard deviations were nearly identical ($M = 4.61$ $S\ D = .97$ for fathers, and $M = 4.60$ $SD = .97$ for mothers). Fathers' and mothers' reports of father involvement were also not significantly correlated, *r(48)* = .02, $p = .90$.

Fathers modernity scores were slightly lower than mothers, but on average, the scores were similar ($M = 95.03$ $SD = 13.10$ for fathers, and $M = 100.24$ $SD = 18.67$ for mothers). On 50 complete cases, scores were not significantly different, *t(49)= -1.57, p =.12.* Fathers' and mothers' reports of father involvement were uncorrelated, *r(49)* = -.06, $p = .68$.

Fathers' family integrity scores were significantly lower than mothers, (M = 4.45 SD = 1.35 for fathers, and M = 5.63 SD = 1.10 for mothers), $t(49)= -5.31, p, 01$. Fathers' and mothers' reports of family integrity were not correlated, $r(49)$ = .19, p = .18.

When examining fathers' and mothers' perceptions of barriers to fathers' attendance to his child's doctor's appointments total scores on 52 complete cases, scores were significantly different, $t(51)=15.33, p<.01$. Fathers' rated their perceptions of barriers to their child's appointments higher than mothers rated fathers. Averages and standard deviations are reported as follows: fathers' average barrier score and standard deviations (M = 3.46 SD = .32 for fathers, and M = 1.68 SD = .76 for mothers). Fathers' and mothers' reports of father involvement were also not significantly correlated, $r(51)$ = -.04, p = .77.

Child Health Status

Descriptive statistics for child health status is reported in Table 20. This variable contained a total of 52 cases. 28.8% of parents reported that their children had not experienced any illnesses in the last 12 months. 53.8% of children in this sample had experienced at least 1 illness in the last 12 months, another 13.5% had experienced 2 illnesses, and 3.8% had experienced 3.

Correlations: Demographics, Modernity, Family Integrity, Barriers, and Involvement

The first hypothesis was not supported in this study. In fact, none of the demographic variables were associated with fathers' involvement, but fathers' race was negatively associated with mothers' perceptions of fathers' involvement (no hypothesis were offered originally for race). Support was found for the second hypothesis regarding biological status. Based on father report, fathers who were biologically related to the target child were also more involved, $r(50)$ = .25, p <.05. Support was found for the third hypothesis regarding the relationship between

family integrity and father involvement for fathers' reports only, *r(48)* = .36, p <.05. This finding suggests that fathers who perceive a stronger sense of family tend to be more involved. The fourth hypothesis was also supported for fathers' reports. Fathers who are more modern in their parenting beliefs are more involved, *r(49)* = .27, p <.05.

Prediction of Involvement

Child age, gender, and parent education does not significantly predict fathers' involvement based on fathers' reports, F (3, 50) = .16, p = .92, R^2 = .01, or mothers' reports of fathers involvement F (3, 49) = .33, p = .81, R^2 = .02. Therefore, the first hypothesis was not supported. The second hypothesis was also not supported. The prediction of involvement by fathers' biological relationship with the child approaches significance, F (1, 50) = 3.34, p = .07, R^2 = .06. The third hypothesis was supported based on fathers' self-report of their involvement F (1, 48) = 6.76, p < .05, R^2 = .13. Fathers' sense of family togetherness predicts higher levels of involvement, B = .26, *SE* = *.10*, t = 2.60, p < .05. The regression equation accounts for 13% of the variance in fathers' involvement. The prediction of mothers' family integrity and mothers' perceptions of father involvement were also tested, but did not significantly predict involvement F (1, 49) = .03, p = .87, R^2 = .13. Cross informant tests using regression were also performed to determine the pattern of predicting of fathers' involvement. In short, mothers' perception of family integrity did not predict fathers' self-reported involvement, and fathers' perceptions of family integrity did not significantly predict mothers' reports of father involvement. Support was also found with respect to fathers' reports in the fourth hypothesis. Fathers' modernity significantly predicted involvement, indicating that fathers who are more modern in their parenting beliefs are more involved, F (1, 49) = 3.91, p < .05. The regression accounts for only 8% of the variance of involvement. Using mothers' reports, modernity did not predict

involvement, F (1, 48) = .13, p = .72, R^2 = .00. Using cross-informant predictions, neither combination (father modernity to mother report of involvement, or mother modernity to father report of involvement) were significant.

Test of Family Integrity as Mediator between Involvement and Child Health

In the test of mediation, the first step involves establishing a relationship between the predictor and the proposed mediator variable (Figure 11). The first regression was significant (fathers' involvement predicting family integrity), F (1, 48) = 6.76, $p < .05$, R^2 = .13. The second necessary to establish mediation was not significant, (involvement predicting child health status), F (1, 50) = .00, p = .98, R^2 = .00. The third regression was also not significant, F (1, 49) = .03, p = .87, R^2 = .00. In short, there is no support for the hypothesis that family integrity explains the relationship between fathers' involvement and child health.

To summarize, fathers' biological relationship to the target child was positively associated with involvement, but did not predict their involvement. The relationships between family integrity, parenting beliefs, and involvement provided some additional explanations for fathers' level of involvement; Fathers who perceive a stronger sense of family tend to be more involved and fathers who are more progressive in their parenting beliefs are more involved. Family integrity did not explain the relationship between involvement and child health status, but fathers' involvement predicted a higher sense of family togetherness. Fathers reported feeling supported by their child's mother with general involvement and involvement in health care and reported that the relationship with their child's mother and work interference were the biggest barriers to their involvement in their child's health care, but mothers' interference with fathers' involvement in health care did not predict fathers' involvement.

Triangulation of Quantitative and Qualitative Analyses

Low sample size prevents the legitimacy of using factor analysis to derive measurement triangulation by theme and component. Given that total scores were used for the analysis, conceptual triangulation is more appropriate in comparing the results of the qualitative and quantitative analyses. One slightly discrepant finding across both studies is the impact of fathers' income and employment on their involvement. Fathers cited employment and income as a barrier to their involvement (coded 42.19% of the time), but their income level was not significantly associated with, nor did it predict their involvement. Fathers' income level also did not significantly predict their involvement. This finding is not surprising given that more than half of the fathers in the sample had incomes less than 15,000 per year, but reported high levels of involvement. Biological relatedness was positively correlated with involvement, but was not statistically significant when predicting involvement. The qualitative data includes a number of expressions regarding fathers' involvement with their children from fathers who are and are not biologically related to the target child. None of the interviewees reported being less involved with their child because of their lack of biological relationship. In fact, there appeared to be no differences in involvement between biological and non-biological fathers. For example, one father reported,

> ***"You mean like medication and stuff like that? Yeah I'm always there. Like the girl I'm with now she has a step daughter. I always go to the Dr. with her. When she needs medicine if she doesn't want to take it from her mother, then I give it to her I'm very involved with the kids' healthcare. I just make sure the doing good, check with the doctors make sure everything is going good."***

Family integrity did not explain the relationship between involvement and child health status, but fathers' involvement was positively associated with and predicted a higher sense of family togetherness. This finding suggests that mothers who are more encouraging of father

involvement and willing to work "as a team" have fathers who are more involved. This result is consistent with the qualitative data in that a majority of fathers in the interview sample reported feeling supported in their involvement by their child's mother in general (coded 91.67% of the time) and in health care involvement (coded 78.5% of the time). Fathers' modernity was not directly measured in the qualitative study; however, aspects of modernity include lower scores that tend to be associated with fewer positive interactions with children (Holmes & Huston, 2010). In the current study, higher modernity scores were associated with higher involvement. Additionally, modernity significantly predicted involvement, indicating that fathers who are more modern in their parenting beliefs are more involved.

One of the major goals of this study was to examine the motivators and barriers of fathers' involvement in their child's health care. In the qualitative interview, barriers and motivations were assessed, but in the quantitative study, only barriers emerged from the Daddy Going to Doctor Checklist. Fathers reported that the relationship with their child's mother and work interference were the biggest barriers to their involvement in their child's health care (coded 41.62% and 83.33% of the time respectively). Although fathers' involvement in their child's health care was not measured specifically in the quantitative study, a comparison is made with respect to involvement. A post hoc regression of mothers' not wanting the father to be involved in health care, (an item on the Daddy Go to Doctor Checklist) onto father involvement was not significant for fathers' reports of barriers, or mothers' perceptions of father barriers.

CHAPTER FIVE: DISCUSSION

The goal of this project was to determine whether fathers' involvement was associated with child health status by examining the relationship between father involvement and child physical health status, and describing fathers' perceptions of involvement, motivations, barriers, and support by their child's mother in their participation with their child's health care. In study 1, fathers' residency status was correlated with the number of times the doctor was consulted, and predicted a small amount of the variance in height to weight ratio. Fathers' participation in fun activities and shopping with the child was associated with less general sickness and a lower height to weight ratio. In study 2, fathers perceived that participation in their child's health care was important and felt supported by their child's mother in doing so. Barriers were identified that are consistent with the literature regarding work and the relationship with their child's mother. Fathers' biological relation to the target child was positively associated with involvement, but did not predict their involvement. The relationships between family integrity, parenting beliefs, and involvement provided some additional explanations for fathers' levels of involvement. Fathers who perceive a stronger sense of family tend to be more involved and fathers who are more progressive in their parenting beliefs tend to be more involved. Family integrity did not explain the relationship between involvement and child health status, but fathers' involvement predicted a higher sense of family togetherness. Fathers reported feeling supported by their child's mother with general involvement and involvement in health care. They also reported that the relationship with their child's mother and work interference were the biggest barriers to their involvement in their child's health care, but mothers' interference of fathers' involvement in health care did not predict fathers' involvement. The meaning and implications of these findings are discussed regarding the prediction of involvement,

involvement and child health, and barriers to involvement. Limitations and strengths of the study that may influence the interpretation of these results are also discussed.

Prediction of Involvement

Fathers perceive that they play a specific role in the lives of their children, feel it's their responsibility to be involved, feel that their involvement is critical, and important because of their own experiences of not growing up with a father. Some of these perceptions are consistent with the current literature and provide depth into the meaning of involvement among fathers, particularly fathers' own experiences growing up with or without their father (Marsiglio, Hutchinson, & Cohan, 2000) and feeling the responsibility to be involved (Julion et al., 2007). Fathers envision their own parenting behaviors in comparison to their fathers and often times identify shortcomings that they do not wish to replicate as a fathers to their own child. This pattern is reflected in fathers' statements about the importance of their involvement and their own motivations to be and remain involved in their child's lives.

A finding that is consistent with the literature is fathers' biological relation to child being associated with higher levels of involvement. Differences in the amount of involvement based on biological relationship may be explained by Paternal Investment theory (Fox & Bruce, 2001), which suggests that fathers are more involved with children to which they are biologically related and have the best chance of thriving. Fathers' investment in children they have fathered provides a meaningful explanation for the patterns of involvement seen in larger studies that are more representative of the national sample (McBride, Schoppe-Sullivan, Ho-Ho, 2004), but not found in smaller samples with a higher proportion of low income fathers (Adamson, O'Brien, & Pasley, 2007). Consistent with the literature in smaller samples of low income families, the effects of biological relatedness were not found for study 2. Aside from the issue of having a

small sample size, there may be a few possible alternative explanations for this lack of consistency compared to the larger literature. First, the distribution of childrearing tasks does not vary widely across family types (Ishii-Kuntz & Coltrane, 1992) and there may not be many differences in the amount of childrearing that occurs within households. This suggests that fathers of both types (biological and non-biological) may engage in child rearing tasks equally. While there may be differences in the quantity and quality of interactions and activities with fathers (biological and non-biological) and their children, (Flouri, 2008), the similarities in involvement may also be associated with differences in the perceptions of childrearing activities reported by fathers (Lewis, 2000). Second, the measurement of involvement in study 1 taps into the perception of roles and responsibility, whereas study 2 measures individual activities associated with involvement. Some theories of involvement focus on direct interaction with the child, assuming responsibility for the child's well-being, and being available (Lamb et al., 1987), while others emphasize responsibility, paternal monitoring, activities with the child, activities in the household, and showing warmth and affection (Hawkins et al., 2002). The difference in these two measures of father involvement is that fathers may be responding to their perceived roles and responsibilities versus actual activities to which they participate with their child.

Fathers' modernity significantly predicted involvement in study 1, indicating that fathers who more progressive in their parenting beliefs are more involved. Fathers' traditional parenting beliefs are associated with their involvement, but past studies discuss this relationship in terms parent-child conflict and positive relationships (Adamsons, O'Brien, & Pasley, 2007), which may be moderated by factors that are associated with family structure, namely mothers' employment status. In a study conducted by the National Institute of Child Health and Development- Early Child Care Research Network (2000) fathers who endorsed traditional

child-rearing beliefs were significantly less likely to participate in caregiving activities in households where mothers were not employed or were employed part-time. In that same study, fathers' endorsement of traditional child-rearing beliefs was not significantly related to whether he participated in caregiving activities in households in which mothers were employed full-time. Additionally, fathers who were younger, worked fewer hours, and whose incomes constituted a smaller percentage of the total family income spent more time in caregiving activities. Parents' childrearing beliefs tend to be associated higher education, training and pay. Parents also had more progressive, less authoritarian child-rearing beliefs/ traditional (Katz, 2004). Fathers' solo participation in child care has been found to be significantly associated with his pro-feminist attitudes toward women, and the performance of certain feminine tasks (caring for children and preparation of meals; Levant, Slattery, & Loiselle, 1987). Given certain fathers' less traditional child-rearing beliefs, it could be expected that they may have different role expectations of fatherhood as it pertains to childrearing that have yet to be discussed clearly in the literature.

There was some support for the prediction of involvement based on coparenting and other relational factors. In the current study, fathers' perception of "sense of family" was associated with higher involvement and accounted for 13% of the variance in fathers' involvement. A majority of the fathers in the qualitative study reported feeling high levels of support of their involvement by their child's mother, and other fathers perceived the relationship with the child's mother to interfere with their involvement. The link between the quality of fathers' relationship to the child's mother suggests that having a good relationship with the child's mother is associated with increased involvement as well as other positive coparenting behaviors. Easterbrooks, Barrett, Brady, and Davis (2007) found that when mother–father relationships were more positive, fathers were more likely to be involved with their children on a

daily basis, to provide greater emotional support for the mother, and to spend a greater proportion of their father–child time within the family triad. In addition to having a good relationship with the child's mother, maternal support of involvement is also associated with fathers' involvement (Allen & Hawkins, 1999; De Luccie, 1995; Dickie & Sharon, 1980; Seery & Crowley, 2000) and explains the relationship between coparenting and fathers' involvement, as well as interactions between coparenting quality and fathers' involvement (McBride et al., 2005; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Fathers may also perceive positive coparenting relationships when they perceive high levels of competence and their child's mother is highly encouraging. In study 2, the fathers who endorsed high levels of support also denied barriers to their involvement. It is unclear as to whether maternal support accounts for a majority of the variance in father involvement. Schoppe-Sullivan and colleagues (2008) also find that fathers who are highly competent in their fathering abilities do not require high levels of maternal encouragement or coparenting. Determining whether this perspective explains the results of the current analysis was beyond the scope of the project, but does lend itself to some speculation about the possible detriment of maternal encouragement in populations of highly competent and involved fathers.

Involvement and Child Health

Fathers in the current study perceive involvement in their children's health to be important and some feel that their child's health and overall behavior would be worse if they did not participate. Fathers' perceptions that their lack of involvement would be associated with worse health outcomes for their children is a novel finding that has not been reported in other studies. The fathers who had more support of their child's mother perceived that their lack of involvement in health care would not be associated with any decline in his child's health. The

literature identifies fathers' involvement in child health care in very specific ways that are not captured by the broader conceptualization of involvement. Fathers' involvement child health care most often comes in the form of staying home with the child and taking them to doctor's appointments (Bailey, 1991), which are most conceptually related to aspects of responsibility and providing for the child (Allen & Hawkins, 2002). Motivations to attend well-child visits revealed by the current project were similar to those found by Garfield and Issaco (2006), and fathers' residency status was associated with child height-to-weight ratio.

Fathers' motivations to be involved in their children's health care have several implications for the current perspectives on fatherhood with respect to caregiving. Significant research on fatherhood has been conducted in the last 25 years and a substantial amount of that research has been directed to attempting to explain why fathers choose to be involved in caregiving (Marsiglio, Amato, Day, & Lamb, 2000; Pleck, 1997). There have been few attempts to identify how gender-role expectations for parental behavior may influence fathers' behavior. Maurer and colleagues' (2001) Gender Congruence Theory hypothesizes that there is a connection between identity, feedback individuals receive from others about their identity and behavior (i.e. reflected-appraisals), and their behavior. For example, fathers' identification with the role of breadwinner influences his behavior in that role, if the role is gender-traditional (e.g., bread- winning for men). Reflected-appraisals (or feedback from others) influence gender-non-traditional behaviors (e.g., caregiving for men). In Maurer and colleagues' (2001) study, the findings largely supported Gender Congruence Theory in that fathers' caregiving behaviors were predicted not by their own caregiving identities, but by their perceived reflected-appraisals about care-giving from their wives. This suggests that fathers' behaviors may be indirectly influenced

not only by their perceived gender role, but also by support or encouragement of involvement in child health care by the child's mother.

Fathers' parenting beliefs appear to be associated with his involvement in general and in child health. Bailey (1991) found fathers who stayed home with their child also participated in more housework, which suggests that caring for the child may be viewed as more than the responsibility of involvement, but associated with the responsibility of participation in household-related duties. Some the earlier literature discusses the structure of two-parent households and mothers' tendency to stay home from work to care for sick children (Northcott, 1983). Traditional beliefs among fathers may be associated with a decrease in their involvement in their child's healthcare. Fathers that are more liberal/progressive may be more likely to take their child to the doctor for emergency-related matters. Fathers' increased involvement in two-parent households is suggestive of a resource model of involvement: when mothers have less time for childcare, the father becomes involved (Bailey, 1991).

There was also a relationship between height-to-weight ratio and fathers' nighttime involvement. Height-to-weight ratio was also predicted by traditional parenting beliefs. The effect of nighttime involvement may also be explained by fathers' parenting beliefs and the practical aspects of work schedules within the family. The literature involving dual-earner couples shows differences in the amount of involvement of fathers, as well as fathers who are the primary source of income for the family. A father is also more likely to be the primary caregiver for his children if he works different hours than his wife. Mothers who work non-standard hours may rely on fathers or on themselves to provide care for their young children at least until they reach 3 years of age (Han, 2004). Time spent in the paid labor force matters as well. Fathers spend more time with children if their wives worked more hours, but less time if they worked

more hours themselves. For example, fathers who work long hours during the day may miss out on the opportunity to interact with their children when they are home (Bumpus & McHale, 2006). In this study, fathers perceived that "spillover" from work interferes with the time spent with their children. Conceptually, fathers' traditional parenting beliefs do not appear to explain when the relationship between nighttime involvement and height to weight ratio exists. Although this relationship was significant, the beta weights and overall effect size were small ($f^2 = .01$). Post hoc power analysis suggests that in order to adequately detect such a small effect, a sample size of over 1,700 participants would be necessary.

Height to weight ratio was predicted by fathers' residency status and involvement. The literature has discussed that the effects of fathers' presence can be found with respect to child chronic illness, health outcomes, and weight. In particular, obese children are more likely to live in father absent homes than are non-obese children (Strauss & Knight, 1999; Thompson, Auslander, & White, 2001; Horn & Sylvester, 2002). Research indicates that fathers who reside with mothers and children tend to be more involved and less variable in their involvement than non-resident fathers (Coley & Hernandez, 2006). There are also indications that many non-married fathers demonstrate a sense of commitment to their newborn children (Garfinkel, McLanahan, Tienda, & Brooks-Gunn, 2001), and that non-resident fathers are more likely to be involved if they are present at the child's birth (Coley & Hernandez, 2006). Fathers' residency status and accessibility at the time of birth are associated with higher birth weight (Teitler, 2001) through fathers' encouragement and support of maternal prenatal care. In the study by Martin and colleagues (2007), non-resident fathers were not included so conclusions cannot be made about this same pattern with respect to non-resident fathers. It is possible that non-resident father involvement in prenatal care may be associated with the quality of relationship with the mother.

A second reason for this difference may be accounted for by the provision of resources (both if employed and resident) and if non-resident (through payment of child support- Padilla & Reichman, 2001). As fathers are living in the home, there may be less difficulty in providing financially for the family (if employed) as opposed to being non-resident and mandated to pay child support (Seltzer, 1991). Fathers' residency status and involvement did not predict child general sickness, which is a finding that is somewhat surprising. This finding may be the result of measurement differences that have not been utilized in the literature.

Barriers to Involvement in Health Care

Fathers' workplace barriers such as longer hours are ranked by fathers as the most important reason for low levels of involvement and source of stress in balancing work and family life (Haas, 1992; Milkie & Peltola, 1999). Involvement may be hindered by work hours in two parent families and fathers may be sacrificing the quality of the relationship with their child in order to provide economically for their families. Difficulty getting time off from work has also been identified as a barrier (Moore & Kotelchuck, 2004). Fathers' desires to be involved in their child's appointments have been identified in the literature. Among those cited are being there for the child, knowing what questions to ask, and communicating concerns to the doctor (Garfield & Issaco, 2006). Fathers' percieved motivations to attend are worthwhile to examine as fathers emphasize the convenience of mothers attendance rather than fathers (Ahmann, 2006), and that fathers' motivations are associated with a lower impact of perceived barriers (e.g. lack of time, energy, and work constraints- Freeman et. al., 2008). One could argue that not all fathers desire to take part in their child's health care, or feel that their involvement is critical to the child's development and health - as found in the qualitative analysis of study 2. This suggests that a closer examination could be made into fathers' resources and motivations to overcome barriers

associated with attendance to their child's appointments, and other health-related involvement behaviors.

A few of the fathers in study 2 reported that their relationship with their child's mother was a barrier to their involvement in child health and attendance to appointments. This is consistent with barriers expressed in the qualitative study by Garfield and Issaco (2006). Fathers expressed a high level of support from their child's mother, so the cases where barriers were indicated appeared to be in families where the parents were not living together and expressed unhappiness with their relationship and level of involvement which they perceive to be impeded by the mother. When taken into context, this explanation does not appear to be associated with maternal gate-keeping as described by Allen and Hawkins (1999), but more the result of poor relationship quality. The patterns of involvement that are associated with involvement and maternal relations are consistent and speak to the importance of promoting positive and healthy relationships between parents.

Limitations

The current study provides some useful information that extends the current literature on father involvement by examining the impact of fathers' involvement on children's health care. However, there are a few limitations that should be taken into consideration when examining the results of this study. First, there are limitations with drawing inferences about fathers' involvement when examining the results of both studies. Second, there is an issue with the use of parsimony in the measurement of involvement when making predictions in study 2. Third, there is a potential participant self-selection bias in study 2. Fourth, self-report measures are used for exclusively. Finally, there are some potential biases in the qualitative data associated with the level of involvement of the researcher.

Both studies attempt to measure similar aspects of children's health and involvement which rely on fathers' and mothers' self-reports as predictors and outcome variables. Drawing conclusions from the results of both studies remain a challenge primarily because of the different uses of measurement across studies. Father involvement was measured using a four factor solution in study 1 and used as a global measure in study 2. In the first study, I was able to closely examine the specific aspects of involvement that are associated with child height-to-weight ratio and general sickness, whereas in study 2, involvement was measured as a single construct. Study 1 was more sufficiently powered to test the effects of involvement on children's health. In addition to the examination of barriers and coparenting (examined only in study 2), a false conclusion that could be drawn from these findings is the lack of association between involvement and child health outcomes in the Head Start population. Relatedly, more specific conclusions could have been drawn if the measurement in both studies were more similar (study 1 did not have measures of coparenting or perceived barriers to involvement), but the results provided some conceptual agreement regarding the general direction of effects with respect to involvement and child health. Two distinct samples (one of average national income level and the other is low income) are used in this project. While the goal was not to compare the results of study 1 and 2, the results produce some valid questions regarding differences in both populations. As reviewed previously, the patterns of involvement in lower income families differ, with lower income fathers being more involved, but perhaps less involved when comparing higher income fathers with less traditional parenting beliefs. Taken together, this suggests that more work will be necessary to adequately explain the differences between these two populations with respect to the association between involvement and child health.

A second limitation associated with both studies is the limited ability to make the same predictions in studies 1 and 2 to examine the impact of involvement using multidimensional measurement. In order to reduce the chances of making type II errors, it was necessary to be parsimonious in predictions of child health by involvement using a single factor, but research suggests that involvement is multidimensional (Schoppe-Sullivan, McBride, Moon, 2004; Allen & Hawkins, 2002). There is less concern with this possible error regarding biological status predicting involvement. This finding has been replicated in the literature by a number of studies, but not in cases where the link between involvement and specific child health outcomes are measured. Therefore, this finding should be interpreted with caution and examined using a larger sample.

A third limitation of this study is the possible self-selection of fathers in study 2. Although attempts were made to include fathers that are historically less involved and less available for recruitment (non-resident and working fathers), the sample is largely one of convenience that was recruited during activities designed to promote increased fatherhood. The fathers in this study were likely highly involved given their participation in TAP programming. This sampling bias leads to higher levels of self-reported involvement by fathers and mothers than may typically be seen in the larger population of fathers (Carlson, 2006) and may not be truly representative of father involvement in lower income families.

A fourth limitation involves the overuse of self-report in both studies. Although multi-informant methods were used to reduce bias in reporting, all data relied on self report measures (involvement and children's health). As reviewed previously, child health is most accurately measured by clinical assessment of health by a professional, subjective evaluation (i.e. self-reports) of one's own health, and standard inventories of behavior. However, this method of

health measurement is both costly and most cumbersome. Even though there is some question regarding the reliability to parents' self-report of child health, agreement between child and parent reports have been investigated and indicate some agreement with moderate correlations.

A final limitation of this study is the researcher's involvement in interviewing and coding. This project is unique in that concurrent mixed methods were used to obtain data. The lead researcher was involved in the survey and interview aspects of the project and was fully aware of the current literature and emerging themes as interviews were completed. Having this specific knowledge may have biased the coding of transcripts. Under normal circumstances, researcher involvement poses some risk of bias if other researchers are not involved in the development and conduct of the project. One additional student provided assistance with coding on the project and helped to stabilize some potential biases that may have emerged through coding. In the best of circumstances, the researcher would be not participate in either aspect of the project (interviewing or coding) in the best effort to minimize bias.

Strengths

This project addresses and important gap in the literature on father involvement by examining its effects on child health. Despite the limitations of the study, there are some strengths that should also be considered when judging the merit of the findings. First, the use of fathers' self reports of his involvement and barriers and mothers' reports of fathers' involvement and barriers is a strength in this study. Past research has relied on mothers' reports of fathers' involvement. Although research has consistently argued that mothers' and fathers' reports are correlated between resident parents, mothers typically report lower levels of involvement than do non-resident fathers (Braver, Wolchik, Sandler, Fogas, & Zvetina, 1991; Braver et al., 1993; Schaeffer, Seltzer, & Klawitter, 1991; Seltzer & Brandreth; 1994; Smock & Manning, 1997).

Coley and Morris (2002) found that parental conflict, fathers' non-residence, fathers' age, and mothers' higher levels of education and employment predicted larger discrepancies between fathers' and mothers' reports. In the current study, fathers' and mothers' reports were uncorrelated on all measures. Given the patterns described by Coley and Morris (2002), discrepancies would be expected in older samples of non-resident-father families with more access to more financial resources. This is not descriptive of the current sample (study 2), which had a high proportion of resident fathers, average age in their early 30's, and a low proportion of highly educated and higher income families. The discrepancies with the current findings and the larger literature are most likely associated with power limitations.

CHAPTER SIX: CONCLUSIONS

The results of this project suggest a few important ideas with respect to fathers' involvement in their child's life. First, daytime and night involvement is associated with better child health (height-to-weight ratio and general sickness). Second, fathers' involvement is predicted by biological relationship, support of mother, and relationship with the child's mother. These findings have several implications for community-based interventions directed at improving fathers' involvement. Engagement of fathers may continue to have its share of challenges, but having an understanding of some of the barriers that occur within the household may help to increase and modify fathers' involvement in ways that promote healthy child development. It is important to know that when developing an intervention fathers' relationship with the mother, fathers' own level of confidence, and maternal support should be considered when taking steps to increase fathers' involvement.

The fathers in study 2 provided some insight into aspects of TAP/Head Start programming that they found to be helpful. Most of the fathers reported feeling that no changes were necessary to improve their own involvement, but felt that changes could be made to involve other fathers such as advertising more, getting parents to come out, planning more events, and having education classes for fathers. Although not coded a significant amount of time among fathers, concerns were expressed regarding the timing of Head Start meetings and work conflicts. Fathers expressed preference for later meetings in order to be included in decisions regarding their child. These feedback points represent practical aspects of programming that could potentially increase participation in Head Start programs. Maternal support of participation/involvement in programs can be expected to increase the amount of father involvement with the child. Raikes and colleagues (2005) found that the odds of fathers having

involvement in Head Start programming increased if the mother was engaged and had good relationships with home visitors. Fathers in Early Head Start were rated as more involved, both with their infants and with the program when they were more likely to use social support (Roggman, Boyce, Cook, & Cook, 2002). Taken together, these finding suggest that an important first step to increasing father involvement may be the encouragement of participation in Head Start programs from mothers and home-visitors that are able to establish rapport with fathers. This poses some practical difficulties as discussed above with fathers' work-related difficulties. Efforts should be made to better accommodate fathers' work schedules in order to attend appointments.

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http://www.sas.upenn.edu/anthro/anthro/whatisethnography

APPENDIX A. INSTITUTIONAL REVIEW BOARD MATERIALS

IRB Approval Letter

VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: January 4, 2011

TO: Kirby Deater-Deckard, Marshaun Glover, John Yamine

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires October 26, 2013)

PROTOCOL TITLE: Fathers and Children's Health

IRB NUMBER: 09-007

Effective January 30, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the continuation request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:
Approved as: **Expedited, under 45 CFR 46.110 category(ies) 5, 6, 7**
Protocol Approval Date: **1/30/2011 (protocol's initial approval date: 1/30/2009)**
Protocol Expiration Date: **1/29/2012**
Continuing Review Due Date*: **1/15/2012**
*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:
Per federally regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Date*	OSP Number	Sponsor	Grant Comparison Conducted?

*Date this proposal number was compared, assessed as not requiring comparison, or comparison information was revised.

If this IRB protocol is to cover any other grant proposals, please contact the IRB office (irbadmin@vt.edu) immediately.

cc: File
Department Reviewer:David W. Harrison

Study Recruitment Flyer

GETTING FATHERS INVOLVED!

JOIN THE "INVOLVING FATHERS IN CHILDREN'S HEALTH" SURVEY!

Mothers and fathers (biological, step, custodial grandfathers, or father figures) with a child enrolled in Head Start are encouraged to sign up.

For More information Contact

Marshaun Glover at 540-231-1891 or mbglover@vt.edu

EARN UP TO $30 FOR YOUR PARTICIPATION

We look forward to working with you!

In collaboration: tap into hope | Head Start | VirginiaTech | Department of Psychology, University Exemplary Department

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Fathers and Children's Health
Investigators: Kirby Deater-Deckard, Ph.D. (Principal Investigator)
Marshaun Glover, M.S. (Co-Investigator)

I. Purpose of this Research
Studies addressing the effects of father involvement on children's health have failed to examine how their involvement influences children's health and use of healthcare providers like doctors, and how fathers' involvement can be changed in community programs. To address this gap, we are studying the effects of father involvement in children's health care use, and will develop a program for increasing father involvement in their child's health-related behaviors, using a sample of about 50 families. This is a dissertation project for Marshaun Glover, who will be conducting the study in order to complete the requirements for his Ph.D.

II. Procedures
After reading this consent form, you will have the chance to ask questions about this research study. Once your questions are answered, you will sign this informed consent form. One copy of this form will be for the researcher and one copy will be for your records. After signing this informed consent form, you will complete the packet of questionnaires; you may also complete an interview if you would like to do that as well. Please follow the directions for each set of questions and try to answer them as honestly as you can. After answering all of the questions, you will return your questionnaire packet by giving it to the researcher directly or mail the survey packet back to the researcher (an envelope with postage will be included in the packet). It should take you less than 1 hour to finish the questionnaires.

If you are a father, you may also complete a one-half hour interview. If you choose to complete the interview, your responses will be digitally recorded into audio files so that we can analyze information from the interview later. All of the information we are collecting will be labeled with a code number, not with your name or any other identifying information. Your identity will not be matched to the audio files.

You can complete the surveys at a place that you choose. This could be at your home, at the Head Start center or offices, or another public location that works for you. You will meet with Marshaun Glover who will conduct the study with you; he may be accompanied by a research assistant, or the meeting may be just with him. For scheduling, it may be necessary for you to complete your surveys in the same facility at the same time as other research participants. If this happens, you will complete your surveys in private (in another room) to ensure confidentiality.

When you finish, your participation in the study is completed.

III. Risks
The risks of participating in this study are small. However, by answering some of the questions, you might have some uncomfortable feelings such as sadness or anger. In order to protect you

from these risks, you can choose not to answer any questions that make you feel uncomfortable. And, if you need to, you can stop at any time. If, after being in the study, you feel that you cannot handle your feelings on your own or you would like to talk about your feelings with a trained professional, the researcher is able to give you a referral to a local therapist or support group.

IV. Benefits

While there is no guarantee that you will benefit from being in this research project, you might experience some personal benefits. You may feel a sense of personal satisfaction from knowing that you are helping other families that are similar to your own as they learn more about father involvement and children's health. Another way that being in this study might benefit you as a person would be learning more about yourself and your own family relationships. By being in this study, you are also helping society. You will be giving important information that can be used, in the future, to help design intervention programs and support groups that can help all members of families.

Comparing the risks of being in this study to the benefits of being in this study suggests that the benefits are much greater than the risks.

You may contact the researcher to get a summary of the research results once the study has been completed.

V. Extent of Anonymity and Confidentiality

Your participation in this research study is confidential. No one, except members of the research team, will see or hear your answers to the questions. In the questionnaire packet, you will not be asked to give any uniquely identifying information. After you give your answers to the questions to the researchers, your answers will be separated from this informed consent form (which includes your signature). After this happens, your questionnaire packet will be assigned a code number. Once your questionnaire is assigned a code number, it will not be possible to link your name to your questionnaire packet. Your audio file (if you participate in the interview) will be labeled and stored in the same way and on a password protected computer, so that it will not be possible to link your name to the recorded interview.

All information collected during this research study will be stored in locked file cabinet in the researcher's locked office. Only members of the research team will have access to this file cabinet. Following the end of the study, the questionnaire packets and informed consent forms will be destroyed. A database containing your answers (but no identifying information) will be kept for future use, but only the research team will have access to this data.

The research team will protect your confidentiality at all times unless we receive information about child abuse, elder abuse, concerns of neglect, suicidal, or homicidal thoughts. This information must be given to the appropriate authorities. These are the only times when your confidentiality would not be protected.

VI. Compensation

It is impossible to fully repay you for your time and effort. However, in order to thank you for helping with this research, you will receive $15 for completing the questionnaires. For fathers

who choose to complete the interview as well as the questionnaire, they will receive an additional $15. This will be given to you when you finish the questionnaire packet and the interview. We will have you sign a form saying that you were given the gift certificate.

VII. Withdrawal Procedures
You do not have to be a part of this research study. If you agree to participate, you can stop at any time. You may choose to withdraw without penalty or negative consequences, that is, no bad things will happen if you choose to stop.

VIII. IRB Contact Information
If you have any questions about this research project, please contact

Kirby Deater-Deckard(Lead Investigator)	(540) 231-0973	kirbydd@vt.edu
Marshaun B. Glover, (Co-Investigator)	(540) 231-2240	mbglover@vt.edu

If you have questions about the treatment of you or other people in this study, you can contact

David Harrison, Psychology	(540) 231-4422	dwh@vt.edu
David Moore, IRB	(540) 231-4991	moored@vt.edu

I HAVE READ THIS INFORMED CONSENT FORM AND HAVE HAD THE CHANCE TO ASK QUESTIONS ABOUT THIS RESEARCH STUDY. I UNDERSTAND WHAT IS BEING ASKED OF ME AND I AM PREPARED TO PARTICIPATE IN THIS STUDY.

_____ _____
Participant's Signature Date

_____
Participant's Name

_____ _____
Researcher's Signature Date

MY TIME SPENT AS A PARENT
CODING PERIOD 54 Months

DATE:

Month		Day		Year
				199_
0	0	0	0	5
1	1	1	1	6
	2	2	2	7
	3	3	3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	

CHILD ID NUMBER REL

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

These items are about how parents spend their time. Please tell us how much you and your partner are involved in the following activities with your child. If a job is not done by you or your partner mark NA (Not Applicable).

	My Partner's Job	Mostly My Partner's Job	Shared Equally	Mostly My Job	My Job	NA
1. Giving child a bath.	1	2	3	4	5	6
2. Taking child to sitter or child care.	1	2	3	4	5	6
3. Taking child to doctor visits.	1	2	3	4	5	6
4. Buying toys for child.	1	2	3	4	5	6
5. Packing a lunch for child.	1	2	3	4	5	6
6. Dressing child.	1	2	3	4	5	6
7. Getting up at night to attend to child.	1	2	3	4	5	6
8. Playing with child.	1	2	3	4	5	6
9. Putting child to bed.	1	2	3	4	5	6
10. Scheduling day care or sitters.	1	2	3	4	5	6
11. Reading to child.	1	2	3	4	5	6
12. Buying clothes for child.	1	2	3	4	5	6
13. Preparing breakfast for child.	1	2	3	4	5	6
14. Taking child on outings.	1	2	3	4	5	6
15. Supervising child when friends are over.	1	2	3	4	5	6
16. Arranging for child to play with friends.	1	2	3	4	5	6

Please tell us how much you and your partner are involved in the following activities.

Parental Modernity (PM) Scale
Earl S. Schaefer and Marianna Edgerton

Below are some questions about rearing and educating children. Please indicate whether you strongly disagree, mildly agree are not sure, mildly agree, or strongly agree with the following statements.

	SD	MD	NS	MS	SA
1. Since parents lack special training in education, they should not question the teacher's methods.	1	2	3	4	5
2. Children should be treated the same regardless of differences among them.	1	2	3	4	5
3. Children should always obey the teacher.	1	2	3	4	5
4. Preparing for the future is more important for a child than enjoying today.	1	2	3	4	5
5. Children will not do the right thing unless they must.	1	2	3	4	5
6. Children should be allowed to disagree with their parents if they feel their own ideas are better.	1	2	3	4	5
7. Children should be kept busy with work and study at home and at school.	1	2	3	4	5
8. The major goal of education is to put basic information into the minds of children.	1	2	3	4	5
9. In order to be fair, a teacher must treat all children alike.	1	2	3	4	5
10. The most important thing to teach children is absolute obedience to whoever is in authority.	1	2	3	4	5
11. Children learn best by doing things themselves rather than listening to others.	1	2	3	4	5
12. Children must be carefully trained early in life or their natural impulses will make them unmanageable.	1	2	3	4	5
13. Children have the right to their own point of view and should be allowed to express it.	1	2	3	4	5
14. Children's' learning results mainly from being presented basic information again and again.	1	2	3	4	5
15. Children like to teach other children.	1	2	3	4	5
16. The most important thing to teach children is absolute obedience to parents.	1	2	3	4	5
17. Now that my child is in school, the school has the main responsibility for his/her education.	1	2	3	4	5
18. Children generally do not do what they should unless someone sees to it.	1	2	3	4	5
19. I teach my child that he/she should be doing something useful at all times.	1	2	3	4	5
20. It's all right for my child to disagree with me.	1	2	3	4	5
21. Children should always obey their parents.	1	2	3	4	5
22. Teachers need to be concerned with what goes on in a child's home.	1	2	3	4	5
23. I go along with the game when my child is pretending something.	1	2	3	4	5
24. Parents should teach their children to have unquestioning loyalty to them.	1	2	3	4	5
25. Teachers should discipline all the children the same.	1	2	3	4	5
26. Children should not question the authority of their parents.	1	2	3	4	5
27. What I teach my child at home is very important to his/her school success.	1	2	3	4	5
28. Children will be bad unless they are taught what is right.	1	2	3	4	5
29. A child's ideas should be seriously considered in making family decisions.	1	2	3	4	5
30. A teacher has no right to seek information about a child's home background.	1	2	3	4	5

Child Health Condition Checklist

1. Since birth has your child had ***repeated tonsillitis or enlargement of the tonsils or adenoids***? ☐Yes ☐No ☐ Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

2. Since birth has your child had ***frequent or repeated ear infections***? ☐Yes ☐No ☐Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

3. Since birth has your child had ***any kind of digestive allergy***? ☐Yes ☐No ☐Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

4. Since birth has your child had ***frequent or repeated diarrhea or colitis***? ☐Yes ☐No ☐Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

5. Since birth has your child had any other ***persistent bowel trouble***? ☐Yes ☐No ☐Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

6. Since birth has your child had ***sickle cell anemia***? ☐Yes ☐No ☐Don't Know

   a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

   b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

   c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

7. Since birth has your child had ***asthma***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

8. Since birth has your child had ***pneumonia***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

9. Since birth has your child had ***hay fever***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

10. Since birth has your child had ***any kind of respiratory allergy***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

11. Since birth has your child had ***deafness or trouble hearing with one or both ears***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

12. Since birth has your child had ***blindness in one or both eyes***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

13. Since birth has your child had ***eczema or any kind of skin allergy***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

14. Since birth has your child had ***epilepsy or repeated convulsions or seizures not associated with a fever***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

15. Since birth has your child had ***seizures associated with fever***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

16. Since birth has your child had ***any other condition that lasted 3 months or more***? ☐Yes ☐No ☐Don't Know

a. If yes, did your child have the condition in the last 12 months? ☐Yes ☐No ☐Don't Know

b. Has your child had this condition for at least 3 months in their lifetime? ☐Yes ☐No ☐Don't Know

c. Is it a permanent condition that began less than 3 months ago? ☐Yes ☐No ☐Don't Know

17. What is your child's height (inches or feet)? _____

18. What is your child's weight (in pounds)? _____

Inventory of Father Involvement (short form)

Think of your experience as a father over the past twelve months. Please rate how good of a job you think you did as a father on each of the items listed below. If an item is not applicable to your situation, circle "NA" for not applicable.

	Very Poor	Excellent
a. Attending events your children participate in (sports, school, and church events).	0 1 2 3 4 5 6 NA	
b. Encouraging your children to read.	0 1 2 3 4 5 6 NA	
c. Providing your children's basic needs (food, clothing, shelter, and health care).	0 1 2 3 4 5 6 NA	
d. Praising your children for being good or doing the right thing.	0 1 2 3 4 5 6 NA	
e. Giving your children's mother encouragement and emotional support.	0 1 2 3 4 5 6 NA	
f. Being involved in the daily or regular routine of taking care of your children's basic needs or activities (feeding, driving them places, etc.).	0 1 2 3 4 5 6 NA	
g. Letting your children know that their mother is an important and special person.	0 1 2 3 4 5 6 NA	
h. Praising your children for something they have done well.	0 1 2 3 4 5 6 NA	
i. Encouraging your children to succeed in school.	0 1 2 3 4 5 6 NA	
j. Being a pal or friend to your children.	0 1 2 3 4 5 6 NA	
k. Accepting responsibility for the financial support of the children you have fathered.	0 1 2 3 4 5 6 NA	
l. Encouraging your children to do their homework.	0 1 2 3 4 5 6 NA	
m. Telling your children that you love them.	0 1 2 3 4 5 6 NA	
n. Knowing where your children go and what they do with their friends.	0 1 2 3 4 5 6 NA	
o. Spending time just talking with your children when they want to talk about something.	0 1 2 3 4 5 6 NA	
p. Cooperating with your children's mother in the rearing of your children.	0 1 2 3 4 5 6 NA	
q. Reading to your younger children.	0 1 2 3 4 5 6 NA	
r. Teaching your children to follow rules at school.	0 1 2 3 4 5 6 NA	
s. Encouraging your children to continue their schooling beyond high school.	0 1 2 3 4 5 6 NA	
t. Disciplining your children.	0 1 2 3 4 5 6 NA	
u. Helping your older children with their homework.	0 1 2 3 4 5 6 NA	
v. Planning for your children's future (education, training).	0 1 2 3 4 5 6 NA	
w. Encouraging your children to develop their talents (music, athletics, art, etc.).	0 1 2 3 4 5 6 NA	
x. Spending time with your children doing things they like to do.	0 1 2 3 4 5 6 NA	
y. Encouraging your children to do their chores.	0 1 2 3 4 5 6 NA	
z. Setting rules and limits for their children's behavior.	0 1 2 3 4 5 6 NA	

Parental Modernity (PM) Scale
Earl S. Schaefer and Marianna Edgerton

Below are some questions about rearing and educating children. Please indicate whether you strongly disagree, mildly agree are not sure, mildly agree, or strongly agree with the following statements.

	SD	MD	NS	MS	SA
1. Since parents lack special training in education, they should not question the teacher's methods.	1	2	3	4	5
2. Children should be treated the same regardless of differences among them.	1	2	3	4	5
3. Children should always obey the teacher.	1	2	3	4	5
4. Preparing for the future is more important for a child than enjoying today.	1	2	3	4	5
5. Children will not do the right thing unless they must.	1	2	3	4	5
6. Children should be allowed to disagree with their parents if they feel their own ideas are better.	1	2	3	4	5
7. Children should be kept busy with work and study at home and at school.	1	2	3	4	5
8. The major goal of education is to put basic information into the minds of children.	1	2	3	4	5
9. In order to be fair, a teacher must treat all children alike.	1	2	3	4	5
10. The most important thing to teach children is absolute obedience to whoever is in authority.	1	2	3	4	5
11. Children learn best by doing things themselves rather than listening to others.	1	2	3	4	5
12. Children must be carefully trained early in life or their natural impulses will make them unmanageable.	1	2	3	4	5
13. Children have the right to their own point of view and should be allowed to express it.	1	2	3	4	5
14. Children's' learning results mainly from being presented basic information again and again.	1	2	3	4	5
15. Children like to teach other children.	1	2	3	4	5
16. The most important thing to teach children is absolute obedience to parents.	1	2	3	4	5
17. Now that my child is in school, the school has the main responsibility for his/her education.	1	2	3	4	5
18. Children generally do not do what they should unless someone sees to it.	1	2	3	4	5
19. I teach my child that he/she should be doing something useful at all times.	1	2	3	4	5
20. It's all right for my child to disagree with me.	1	2	3	4	5
21. Children should always obey their parents.	1	2	3	4	5
22. Teachers need to be concerned with what goes on in a child's home.	1	2	3	4	5
23. I go along with the game when my child is pretending something.	1	2	3	4	5
24. Parents should teach their children to have unquestioning loyalty to them.	1	2	3	4	5
25. Teachers should discipline all the children the same.	1	2	3	4	5
26. Children should not question the authority of their parents.	1	2	3	4	5
27. What I teach my child at home is very important to his/her school success.	1	2	3	4	5
28. Children will be bad unless they are taught what is right.	1	2	3	4	5
29. A child's ideas should be seriously considered in making family decisions.	1	2	3	4	5
30. A teacher has no right to seek information about a child's home	1	2	3	4	5

background.					

Co-parenting Scale

The questionnaire is completed with reference to a particular child. Instructions provided to parents underscore the distinction between times when both partners are physically present together with their child and times when the respondent is alone with the child, without the partner present or in physical proximity. Stick figure drawings are also placed next to each item to emphasize the context and set of behaviors to be described.

How often in a typical week (when all 3 of you are together) do you:

1. Show physical affection (a hug, touch, or kiss) to your child?
2. Show physical affection (a hug, touch, or kiss) to your partner?
3. Make an affirming or complimentary remark about your child to your partner?
4. Make an affirming or complimentary remark about your partner to this child?
5. Say or do something to invite, facilitate, or promote an affectionate or pleasant interchange between your partner and this child (e.g., "Show mom" or "Let dad play")?
6. Take the lead in setting a limit or disciplining your child?
7. Request that your partner set a limit or discipline your child?
8. Take a "back seat" while your partner deals with your child's negative behavior?
9. "Undo" or oppose a punishment or limit your partner has set with this child?
10. Find yourself in a mildly tense or sarcastic interchange with your partner?
11. Argue with your partner?

How often in a typical week (when you are alone with your child) do you:

12. Say something to your child about the parenting dyad ("mommy and daddy . . .") or family triad or group ("we all. . .")?
13. Make a comment to enhance this child's mental image of your absent partner ("e.g., "Daddy loves you"; "Mommy is proud of you")?
14. Make a remark to invoke or include the absent parent ("Dad will be home soon"; "You should show that to mom")?
15. Make a comment about your partner that might create a somewhat negative feeling state in your child (e.g., "Dad gets mad when you do that"; "I don't think mom would like that")?
16. Find yourself saying something clearly negative or disparaging about your partner to your child?

TABLE 2. Barriers to Attending WCVs Identified by Father

Barriers*	*N* (%)
Work	**47 (46)**
My boss won't give me time off	29 (28)
I do not have flexible working hours	27 (26)
I don't have vacation/sick time	17 (16)
I can't afford to miss work because I need the money	23 (22)
Related to the child's mother	**24 (23)**
My child lives with his mother and it is more convenient for her to take him/her	21 (20)
It is the mother's job to take the child to the doctor	13 (12)
My child's mother doesn't want me to be involved	6
Office Practice	**20 (19)**
The wait is too long at the doctor's office	19 (18)
I feel disrespected by medical staff	1 (1)
Personal	**16 (15)**
I can't remember appointment dates	14 (13)
I am not interested in my child's health care	0
I don't need info about my child's development from the doctor	0
I don't like hospitals or doctor's offices	7 (7)
Family	**13 (12)**
A relative takes my child to the doctor	13 (12)
My family discouraged me from being involved in my child's life	0
The family of my child's mother don't want me to be involved	4 (4)
Self-perceived competency	**10 (10)**
The doctor might ask me a question I don't know the answer to	8 (8)
I am nervous about attending a visit	3 (3)
Culture	
The doctor doesn't understand my culture	5 (5)
Financial	**3 (3)**
My child doesn't have health insurance	0
I don't have enough money to take my child to the well-child visit	3 (3)
Other	
My child lives in another city or state	0

* Categories are not mutually exclusive. Each bolded category indicates the percentage of fathers who chose at least 1 of the items in that category.

This figure was taken directly from Moore and Kotelchuck 2004

TABLE 3. Motivators to Attending WCVs Identified by Father

Motivators*	*N* (%)
Personal	**104 (100)**
I am interested in my child's health care	102 (98)
I want to be involved in my child's life	102 (98)
It is my responsibility to attend the well-child visit	99 (95)
I want more information about my child's development	97 (93)
Family	**79 (76)**
My family members want me to be involved in my child's life	42 (40)
The family of my child's mother want me to be involved	36 (35)
There was no other relative to take my child to the well-child visit	26 (25)
The child's mother was working	55 (53)
Work	**62 (60)**
My boss is supportive	50 (48)
I have vacation or sick time that I can use	47 (45)
My job has flexible hours	45 (43)
Office Practice	**60 (58)**
I feel respected by staff	55 (53)
I do not have to wait very long at the doctor's office	27 (26)
The office gives away free stuff for kids' activities, eg, baseball tickets	20 (19)
Financial	**55 (53)**
My child has health insurance	53 (51)
I have enough money to pay for the visit	38 (37)
Provider	
My child's doctor encouraged me to attend a well-child visit	35 (34)
Other	
I am a single parent	13 (12)

* Categories are not mutually exclusive. Each bolded category indicates the percentage of fathers who chose at least 1 of the items in that category.

This figure was taken directly from Moore and Kotelchuck 2004

Daddy Going to Doctor Checklist for Fathers

On a scale from 0 to 4 with 0 being none and 4 being very much, how would you rate the following items.

	little	some	a lot	Very much
1. How often do you attend your child's doctor's appointments?	**1**	**2**	**3**	**4**
2. How often do you transport your child to their doctor's appointments?	**1**	**2**	**3**	**4**
3. How would you rate your level of awareness your child's health conditions?	**1**	**2**	**3**	**4**
4. How much does your work schedule prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
5. How much does your boss not giving you time off prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
6. How much does not having sick time prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
7. How much does not being able to miss work because of financial reasons prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
8. How much does your child's mother not wanting you to be involved prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
9. How much does it's his mother's responsibility prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
10. How much does more convenience for your child's mother taking the child to appointment prevent you from your child's doctor's appointments?	**1**	**2**	**3**	**4**
11. How much does waiting for a long time at the doctor's office prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
12. How much does your lack of interest in your child's health prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
13. How much does not needing information about your child's health prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
14. How much does discouragement from the child's mother's family or your family prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
15. How much a relative taking your child to the doctor prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
16. How much do your concerns about your competency prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
17. How much do your concerns about not knowing what to say when the doctor asks you a question prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
18. How much does not liking hospitals prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
19. How much does being nervous about attending a visit prevent you from attending (insert child name)'s doctor's appointments?	**1**	**2**	**3**	**4**
20. How much do financial concerns prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
21. How much do cultural concerns prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
22. How much does being disrespected by medical staff prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
23. How much does not having transportation prevent you from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
24. How much does your relationship with your child's mother prevent you from attending doctor's appointments?	**1**	**2**	**3**	**4**
25. How much do you have difficulty remembering your child's appointments?	**1**	**2**	**3**	**4**

Daddy Going to Doctor Checklist for Mothers

On a scale from 0 to 4 with 0 being none and 4 being very much, how would you rate the following items.

	none	little	some	Very much
1. How often does your child's father attend the child's doctor's appointments?	**1**	**2**	**3**	**4**
2. How often does your child's father transport your child to their doctor's appointments?	**1**	**2**	**3**	**4**
3. How would you rate your child's father's level of awareness of your child's health conditions?	**1**	**2**	**3**	**4**
4. How much does your child's father's work schedule prevent them from attending your child's appointments?	**1**	**2**	**3**	**4**
5. How much does your child's father's boss not giving him time off prevent him from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
6. How much does not having sick time prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
7. How much does not being able to miss work because of financial reasons prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
8. How much does your not wanting your child's father to be involved prevent him from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
9. How much does feeling it's your responsibility to provide for your child prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
10. How much does the convenience of you taking the child to appointments prevent your child's father from taking your child to their doctor's appointments?	**1**	**2**	**3**	**4**
11. How much does waiting for a long time at the doctor's office prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
12. How much does your child's father's lack of interest in your child's health prevent him from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
13. How much does not needing information about your child's health prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
14. How much does discouragement from you and your family prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
15. How much does a relative taking your child to the doctor prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
16. How much do your concerns about child's father's competence prevent him from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
17. How much does your child's father's concern about not knowing what to say when the doctor asks them a question prevent him from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
18. How much does not liking hospitals prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
19. How much does being nervous prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
20. How much do financial concerns prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
21. How much do cultural concerns prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
22. How much does being disrespected by medical staff prevent your child's father from attending your child's doctor's appointments?	**1**	**2**	**3**	**4**
23. How much does not having transportation prevent your child's father from	**1**	**2**	**3**	**4**

attending your child's doctor's appointments?				
24. How much does your relationship with your child's father prevent them from attending doctor's appointments?	**1**	**2**	**3**	**4**
25. How much do your child's father have difficulty remembering your child's appointments?	**1**	**2**	**3**	**4**

Father Qualitative Interview

1. How are you involved in your child's life? What kinds of things do you do with your child? How often do you do these things with your child?
2. Are there times when you feel you would like to be more involved in your child's life? What are these times? What gets in the way of you being involved in the way that you would like?
3. Do you feel it important for fathers to be involved in their child's lives? Why or why not?
4. What do you feel your responsibilities are as a father? What is it that you feel you are supposed to do? Is this only your responsibility or is there someone else who you feel is appropriate to fulfill this obligation?
5. Have you ever wanted to be involved in your child's health care? What have you wanted to do more of? What stopped you?
6. Have you ever been involved in his/her health care (taking to the doctor, making appointments, talking to the doctor, or giving them medicine)? Tell me more about this experience.
7. Do you believe that fathers should be involved in their children's health care? Why?
8. How do you think your child's life would be different if you participated in their health care? Why?
9. How supportive of your child's involvement is your child's mother? What does she do specifically?
10. Is she supportive of your involvement in health related activities (taking child to doctor, taking care of child when sick, administering medicine, etc)? What does she do specifically?
11. In what ways do you think your child's mother can be more supportive of your involvement in health related activities?

12. In general, what kinds of things get in the way of you being involved in the way that you would like? What are your specific examples?
13. What do you think would need to change with these barriers (examples listed) for you to be more involved?
14. What specific things do you think Head Start can do to help you become more involved in your child's life?
15. Is there anything else you'd like to tell me, that you think we should talk about?

APPENDIX B. TABLES AND FIGURES

Figure 1 Concurrent Triangulation Method

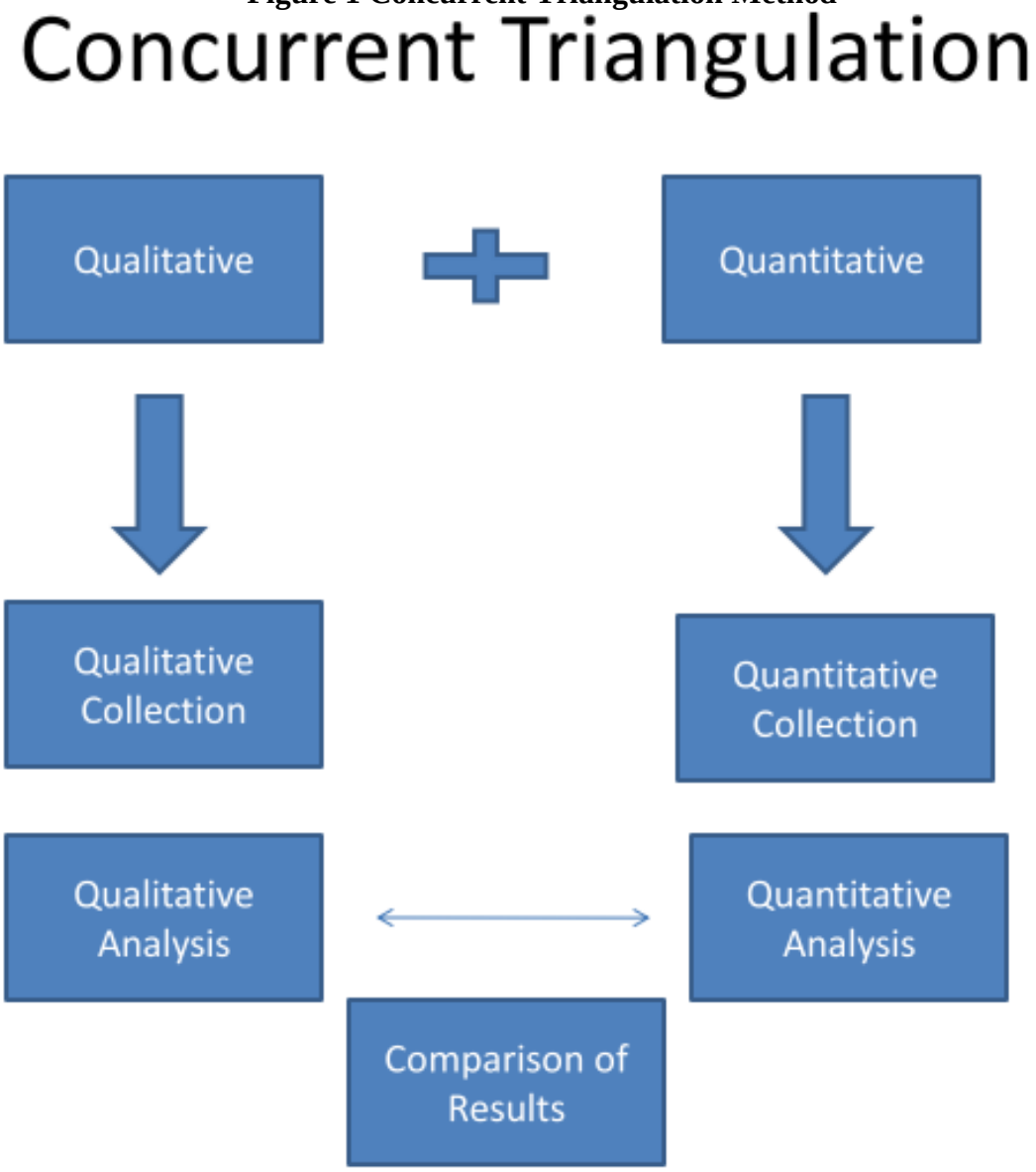

Table 1 Demographic Descriptive Statistics (Study 1)

	N	Min	Max	Mean	SD
Total Family Income	1073	1000	856000	54879.26	3.17
Income to needs ratio	1073	.10	56.96	3.59	3.17
Caregiver Age @ 54 months	206	20	75	38.33	11.08
Caregiver Ethnicity @ 54 months	214	2	5	3.87	.41
Caregiver Education @ 54 months	214	3	21	14.52	2.4
Child age @ 54 months	345	35.30	62.30	48.52	7.56

	N	**%**
Mother	824	92.7
Father	65	7.3
Girls	130	50.4
Boys	128	49.6
Father Resident	838	77.3
Non-Resident	246	22.7

Table 2 Father Involvement Descriptive Statistics (Study 1)

Factor	**N**	**Min**	**Max**	**Mean**	**SD**
DAYTIME	195	1.00	5.00	2.3068	.71171
NIGHTIME	195	1.00	5.00	2.7530	.55026
FUNGAME	195	1.25	5.00	2.7372	.43357
SHOPPING	194	1.00	5.00	2.1624	.66221

Table 3 Father Involvement Pattern Matrix (Study 1)

	Component			
	1	2	3	4
2. Taking child to sitter or child care	.724			
6. Dressing child	.695			
10. Scheduling day care or sitters	.633			
13. Preparing breakfast for child	.624			
5. Packing a lunch for child	.597			
3. Taking child to doctor visits	.566			
9. Putting child to bed		.796		
11. Reading to child		.663		
7. Getting up at night to attend child		.663		
1. Giving child a bath		.644		
8. Playing with child			.757	
14. Taking child on outings			.711	
15. Supervising child when friends over			.556	
16. Arranging for child to play w/friend			.426	
4. Buying toys for child				.822
12. Buying clothes for child				.752

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 8 iterations.

Table 4 Father Involvement Component Correlation Matrix (Study 1)

Component Correlation Matrix

	Daytime	Night time	Fun and Games	Shopping
Daytime				
Night time	.26			
Fun and Games	.27	.18		
Shopping	.31	.02	.22	

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

Table 5 Parental Parenting Beliefs (Study 1)

Variable	N	Min	Max	Mean	SD	Skewness		Kurtosis	
							SE		SE
Traditional Fathers	197	31.00	110.00	61.4788	14.83149	.195	.173	-.150	.345
Progressive Fathers	197	19.00	40.00	31.8260	4.08624	-.272	.173	-.319	.345
Traditional Mothers	249	27.00	106.00	58.7666	14.66575	.257	.154	.022	.307
Progressive Mothers	249	20.00	40.00	32.5301	3.80790	-.610	.154	.616	.307

Table 6 Child Health Status Descriptive Statistics (Study 1)

	N	Min	Max	Mean	SD	Variance	Skewness		Kurtosis	
							Statistic	SE	Statistic	SE
# of Dr. Visits	582	1	22	2.29	2.291	5.247	4.046	.101	23.235	.202
# of times talked to Dr.	147	0	48	4.01	5.795	33.582	4.391	.200	25.505	.397
General Sickness	345	-.71	3.81	.1300	.89672	.804	1.371	.131	2.197	.262
Other Health Problems	343	-.88	3.63	.1088	1.00641	1.013	.590	.132	-.435	.263
Chronic Problems	1390	.00	5.00	.1540	.57237	.328	4.609	.066	24.455	.131
Height Weight Ratio	327	.49	1.18	.8812	.13470	.018	-.626	.135	.284	.269
Valid N (listwise)	76									

Table 7 Correlations among Child Health Items (Study 1)

		GENERAL SICKNESS	HTWT	CHRON12	HEALTH PROBLEMS	# OF TIMES SEEING DOCTOR	# OF TIMES TALKING TO DOCTOR
GENERAL SICKNESS	Pearson Correlation	1					
	Sig. (2-tailed)						
	N	1364					
HTWT	Pearson Correlation	-.089	1				
	Sig. (2-tailed)	.005					
	N	993	993				
CHRON12	Pearson Correlation	.845	-.094	1			
	Sig. (2-tailed)	.000	.003				
	N	1364	993	1364			
HEALTH PROBLEMS	Pearson Correlation	.787	-.052	.302	1		
	Sig. (2-tailed)	.000	.108	.000			
	N	1023	970	1023	1023		
# OF TIMES SEEING DOCTOR	Pearson Correlation	.012	.013	-.004	.051	1	
	Sig. (2-tailed)	.777	.784	.928	.290		
	N	582	422	582	435	582	
# OF TIMES TALKING TO DOCTOR	Pearson Correlation	.047	-.013	.030	.048	-.026	1
	Sig. (2-tailed)	.247	.780	.462	.311	.622	
	N	608	443	608	455	351	608

Table 8 Study 1 Variable Descriptive Statistics for Study 1

	N	Minimum	Maximum	Mean	Std. Deviation
AGE OF CHILD AT CUR ASSESSMENT (IN MO.)	345	35.30	62.30	48.5206	7.56070
CG INT: Caregiver Age @54M	206	20	75	38.33	11.083
CG INT: Caregiver Race/Ethnicity @54M	214	2	5	3.87	.409
CG INT: Caregiver Education @54M	214	3	21	14.52	2.441
CHILD'S GENDER (1=M, 2=F)	258	1	2	1.50	.501
FATHER LIVES IN HOUSEHOLD 54M 1=YES,0=NO	1084	0	1	.77	.419
CG INT: Sex of caregiver @54M	889	1	2	1.93	.260
DAYTIME	763	1.00	5.00	2.3032	.69637
NIGHTIME	764	1.00	5.00	2.7468	.59907
FUNGAME	764	1.00	5.00	2.7780	.45486
SHOPPING	763	1.00	5.00	2.2149	.66181
Valid N (listwise)	156				

Table 9 Study 1 Variable Correlations for Study 1

	1	2	3	4	5	6	7	8	9	10	11
1. CHILD AGE	1										
2. Caregiver Age	-.017	1									
3. Caregiver Race	-.040	-.062	1								
4. EDUCATION	-.055	-.124-	-.024	1							
5. CHILD GENDER	-.039	.053	-.095	-.115	1						
6. RESIDENCY	-.010	-.064	-.024	.026	-.055	1					
7. CAREGIVER GENDER	.122-	-.101	.127-	.015	-.042	-.019	1				
8. DAYTIME	.042**	.010	.095	.008	.071	-.008	-.034	1			
9. NIGHTIME	.142	-.003	.123-	.067	-.028	.051	-.023	.377**	1		
10. FUNGAME	-.002	-.022	.018	-.073	-.016	.018	-.026	.547**	.314**	1	
11. SHOPPING	.028	-.048	.002	-.010	.074	-.017	-.020	.391**	.132**	.440**	1

Table 10 Regression Coefficients for Study 1/ Question 1

	Daytime Involvement	Nighttime Involvement	Fun and games	Shopping
Child age	-.00	.01+	-.00	.00
Child gender	.25*	-.03	.03	.11
Caregiver Education	.03	.03	-.01	.01
Caregiver Age	.00	.00	-.00	-.00
Caregiver Ethnicity	.18	.23+	-.06	-.03
Father Residency Status	-.11	-.06	-.06	.05

Note, the values reported in this table are the coefficients of the full regression model.
+p< .10, *p<.05, **p< .01

Table 11 Descriptive Statistics for Involvement, Child Health, and Utilization (Question 2)

	N	Minimum	Maximum	Mean	Std. Deviation
FATHER LIVES IN HOUSEHOLD 54M 1=YES,0=NO	1084	0	1	.77	.419
DAYTIME	763	1.00	5.00	2.3032	.69637
NIGHTIME	764	1.00	5.00	2.7468	.59907
FUNGAME	764	1.00	5.00	2.7780	.45486
SHOPPING	763	1.00	5.00	2.2149	.66181
GENERAL SICKNESS	1364	-.82306	4.95584	.0000000	1.00000000
HEIGHT TO WEIGHT RATIO	993	-3.60038	2.64126	.0000000	1.00000000
SEE DOCTOR	582	.00	1.34	.2472	.28267
TALK TO DOCTOR	608	.00	1.69	.4871	.33744
Valid N (listwise)	246				

Table 12 Correlations for Involvement, Child Health, and Utilization

		GENSICK	HTWT	LSEEDOC	LDOCTALK
FATHER LIVES IN HOUSEHOLD 54M 1=YES,0=NO	Pearson Correlation	-.002	.060	-.062	-.113
	Sig. (2-tailed)	.951	.063	.180	.014
	N	1084	969	464	476
DAYTIME	Pearson Correlation	-.046	.000	.019	.040
	Sig. (2-tailed)	.204	.998	.690	.330
	N	763	561	430	606
NIGHTIME	Pearson Correlation	.050	-.031	-.036	.022
	Sig. (2-tailed)	.167	.466	.451	.590
	N	764	562	431	607
FUNGAME	Pearson Correlation	-.083	.010	-.039	-.007
	Sig. (2-tailed)	.022	.809	.423	.865
	N	764	562	432	607
SHOPPING	Pearson Correlation	-.075	-.106	-.034	-.012
	Sig. (2-tailed)	.039	.012	.480	.760
	N	763	561	431	606

Table 13 Regression Coefficients for Study 1/ Question 2

	General Sickness	Height to weight ratio	# of times seeing doctor past 12 months	# of times talked to doctor past 12 months
Father Residency Status	-.00	.11	-.06+	-.10*
Daytime Involvement	.00	.04	.02	.03
Nighttime Involvement	.12	-.10	-.03	.00
Fun and games	-.27*	.14	-.03	-.02
Shopping	-.04	-.23**	-.03	-.02

Figure 2 Moderator Model

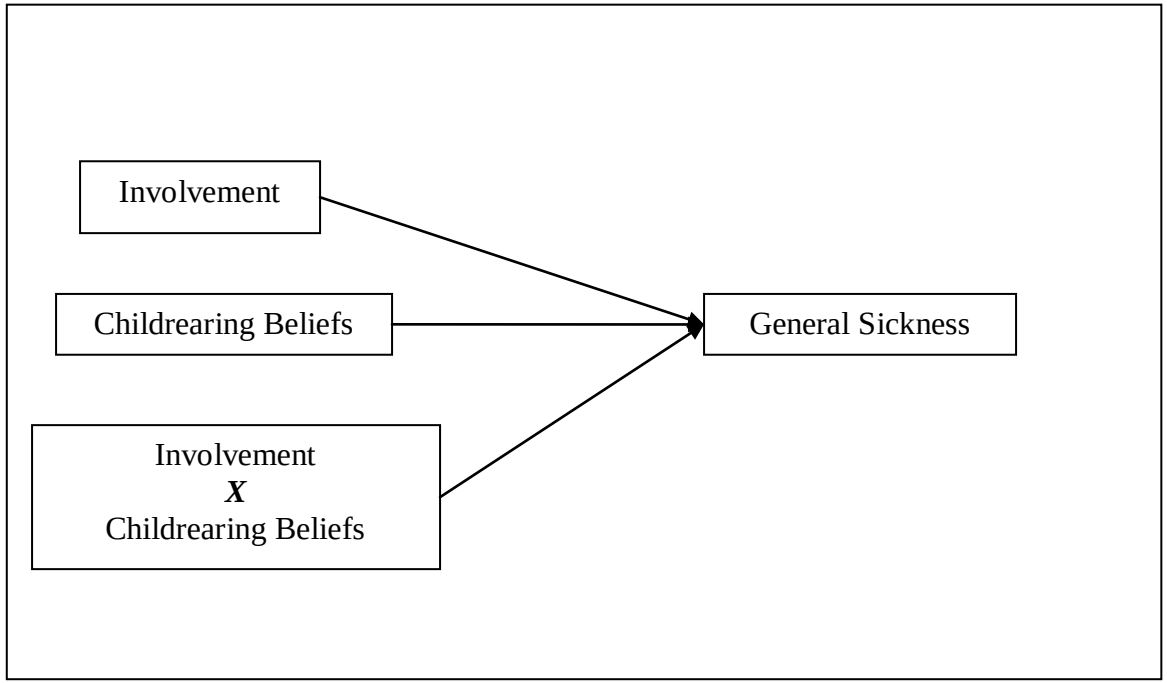

Table 14 Correlations between Parenting Beliefs, Child health and Utilization

		DAYTIME	NIGHTIME	FUNGAME	SHOPPING	(GENSICK)	(HTWT)	LSEEDOC	LDOCTALK
TRADDAD	Pearson Correlation	.026	.028	-.004	.068	.006	.010	.007	.071
	Sig. (2-tailed)	.474	.438	.913	.060	.866	.819	.876	.079
	N	761	762	762	761	775	569	437	606
PROGDAD	Pearson Correlation	.008	-.001	-.011	-.045	.013	-.023	-.008	-.011
	Sig. (2-tailed)	.825	.985	.759	.210	.715	.584	.873	.790
	N	761	762	762	761	775	569	437	606

Table 15 Moderation analysis for Prediction of General Sickness and Involvement

Model		Un-standardized		Standardized	t	Sig.
		B	Std. Error			
	Zscore(DAYTIME)	-.047	.037	-.047	-1.286	.199
	Zscore(TRADDAD)	.017	.036	.017	.467	.641
	TDDAY	.001	.037	.001	.025	.980
	Zscore(DAYTIME)	-.049	.037	-.049	-1.351	.177
	Zscore(PROGDAD)	.013	.036	.013	.362	.718
	PDDAY	.027	.038	.026	.713	.476
	Zscore(NIGHTIME)	.047	.036	.047	1.295	.196
	Zscore(TRADDAD)	.009	.036	.009	.243	.808
	TDNIGHT	-.066	.036	-.066	-1.816	.070
	Zscore(NIGHTIME)	.051	.037	.051	1.404	.161
	Zscore(PROGDAD)	.013	.036	.013	.350	.726
	PDDAY	.020	.038	.019	.527	.598
	Zscore(FUNGAME)	-.082	.036	-.081	-2.242	.025
	Zscore(TRADDAD)	.011	.036	.011	.304	.761
	TDFUN	.030	.037	.030	.819	.413
	Zscore(FUNGAME)	-.081	.036	-.081	-2.231	.026
	Zscore(PROGDAD)	.012	.036	.012	.327	.744
	PDFUN	.037	.038	.035	.971	.332
	Zscore(SHOPPING)	-.079	.036	-.078	-2.156	.031
	Zscore(TRADDAD)	.020	.036	.020	.543	.587
	TDSHOP	.059	.038	.056	1.556	.120
	Zscore(SHOPPING)	-.077	.036	-.077	-2.112	.035
	Zscore(PROGDAD)	.007	.036	.007	.200	.841
	PDSHOP	-.011	.038	-.010	-.286	.775

Table 16 Moderation analysis for Prediction of Height to Weight Ratio by Involvement

Model		Un-standardized		Standardized		
		B	Std. Error	Beta	t	Sig.
	Zscore(DAYTIME)	.001	.043	.001	.019	.985
	Zscore(TRADDAD)	.001	.043	.001	.034	.973
	TDDAY	.007	.043	.007	.156	.876
	Zscore(DAYTIME)	.002	.042	.002	.040	.968
	Zscore(PROGDAD)	-.021	.042	-.021	-.505	.613
	PDDAY	-.020	.044	-.019	-.456	.649
	Zscore(NIGHTIME)	-.028	.043	-.027	-.638	.524
	Zscore(TRADDAD)	-6.172E-6	.043	.000	.000	1.000
	TDNIGHT	.099	.044	.094	2.227	.026
	Zscore(NIGHTIME)	-.034	.044	-.033	-.776	.438
	Zscore(PROGDAD)	-.022	.042	-.022	-.525	.600
	PDDAY	-.019	.044	-.018	-.426	.670
	Zscore(FUNGAME)	.010	.045	.009	.212	.832
	Zscore(TRADDAD)	.010	.043	.010	.232	.816
	TDFUN	-.032	.046	-.029	-.686	.493
	Zscore(FUNGAME)	.011	.045	.010	.246	.806
	Zscore(PROGDAD)	-.024	.042	-.024	-.568	.570
	PDFUN	.025	.046	.024	.557	.577
	Zscore(SHOPPING)	-.110	.044	-.107	-2.527	.012
	Zscore(TRADDAD)	.016	.043	.016	.371	.711
	TDSHOP	-.022	.046	-.020	-.467	.641
	Zscore(SHOPPING)	-.109	.043	-.107	-2.525	.012
	Zscore(PROGDAD)	-.026	.042	-.026	-.607	.544
	PDSHOP	.044	.044	.042	.995	.320

Table 17 Moderation analysis for Prediction of Doctor Visits by Involvement

Model		Unstandardized		Standardized	t	Sig.
		B	Std. Error	Beta		
	Zscore(DAYTIME)	.006	.014	.021	.416	.677
	Zscore(TRADDAD)	.004	.013	.013	.271	.787
	TDDAY	.004	.014	.014	.283	.777
	Zscore(DAYTIME)	.006	.014	.021	.433	.666
	Zscore(PROGDAD)	-.003	.013	-.012	-.238	.812
	PDDAY	-.006	.015	-.021	-.420	.675
	Zscore(NIGHTIME)	-.012	.014	-.041	-.848	.397
	Zscore(TRADDAD)	.005	.013	.017	.347	.729
	TDNIGHT	-.007	.013	-.025	-.506	.613
	Zscore(NIGHTIME)	-.011	.014	-.039	-.809	.419
	Zscore(PROGDAD)	-.003	.013	-.010	-.207	.836
	PDDAY	-.005	.015	-.017	-.354	.724
	Zscore(FUNGAME)	-.011	.013	-.041	-.856	.393
	Zscore(TRADDAD)	.004	.013	.015	.311	.756
	TDFUN	-.007	.013	-.024	-.499	.618
	Zscore(FUNGAME)	-.012	.013	-.043	-.896	.371
	Zscore(PROGDAD)	-.004	.013	-.014	-.290	.772
	PDFUN	-.007	.014	-.022	-.461	.645
	Zscore(SHOPPING)	-.008	.014	-.029	-.593	.554
	Zscore(TRADDAD)	.005	.013	.018	.374	.708
	TDSHOP	.009	.014	.031	.639	.523
	Zscore(SHOPPING)	-.009	.014	-.034	-.690	.491
	Zscore(PROGDAD)	-.006	.013	-.021	-.421	.674
	PDSHOP	.005	.015	.016	.322	.748

Table 18 Moderation analysis for Prediction of Doctor Visits by Involvement

Model		Unstandardized		Standardized	t	Sig.
		B	Std. Error	Beta		
	Zscore(DAYTIME)	.013	.014	.039	.963	.336
	Zscore(TRADDAD)	.024	.014	.073	1.784	.075
	TDDAY	.006	.014	.018	.443	.658
	Zscore(DAYTIME)	.013	.014	.040	.976	.329
	Zscore(PROGDAD)	-.004	.013	-.011	-.267	.789
	PDDAY	-.010	.014	-.030	-.725	.469
	Zscore(NIGHTIME)	.005	.014	.014	.334	.738
	Zscore(TRADDAD)	.023	.014	.068	1.677	.094
	TDNIGHT	-.015	.014	-.042	-1.041	.298
	Zscore(NIGHTIME)	.008	.014	.023	.559	.576
	Zscore(PROGDAD)	-.004	.013	-.011	-.269	.788
	PDDAY	-.010	.014	-.028	-.683	.495
	Zscore(FUNGAME)	-.003	.014	-.008	-.193	.847
	Zscore(TRADDAD)	.024	.014	.071	1.740	.082
	TDFUN	-.002	.014	-.005	-.111	.912
	Zscore(FUNGAME)	-.002	.014	-.006	-.137	.891
	Zscore(PROGDAD)	-.003	.013	-.010	-.253	.800
	PDFUN	.006	.014	.019	.462	.644
	Zscore(SHOPPING)	-.006	.014	-.017	-.412	.681
	Zscore(TRADDAD)	.024	.014	.070	1.717	.086
	TDSHOP	-.011	.014	-.033	-.814	.416
	Zscore(SHOPPING)	-.003	.014	-.010	-.250	.802
	Zscore(PROGDAD)	-.003	.013	-.010	-.241	.810
	PDSHOP	.013	.014	.038	.937	.349

Figure 3 Open Code List

1 low involvement	4. keep them healthy
1 providing	4. make sure child gets a good education
1. attentiveness	4. provide a source of leadership
1. discipline and responsibility	4. Providing is shared responsibility
1. father and child participate in fun activities	4. responsible for their development
1. father does cleaning or housework with child	4. strong foundation them
1. high involvement	4. father responsible for teaching child
1. moderate involvement	4. fathers should provide for child
1. school encouragement	5 barriers to involvement in healthcare
2 child autonomy	5 wants to be more involved
2 custody problems	5. child support
2 emotional difficulties	5. content with current involvement
2 father is content with involvement	5. grandparents help with healthcare
2 father lifestyle	5. incarceration
2 holidays	5. lack of patience
2 mother disagreement	5. lack of understanding
2 work interference	5. relationship with child's mother
2. father tired	6 child wants father to be more involved
2. grandparents involvement	6 father involved in healthcare
2. having other children	6 happy with new experience
2. when child not at home	6. both parents attend appointments
3 builds care	6. father believes responsibilities should be shared with mother
3 child needs father	6. father gives medicine to child
3 child would be misguided	6. father monitor nutrition
3 father is role model	6. mother schedules appointments
3 fathers bring balance	6. talk to doctor
3 hedge of protection	6. work interference
3 help them learn life lessons	7 fathers bring balance
3 needs both parents	7 fathers should be involved in healthcare
3. child improves father life	7 important to be involved

3. father is key ingredient	7 knowledgeable of health
3. fathers able to do more for child	7 make sure child okay
3. Fathers able to do what mothers can't	7 need father-figure
3. fathers should be involved in children's lives	7 nothing like fatherhood
3. grew up without a father	7 part of involvement
3. help them through life	7 shared responsibility
3. it's great to be a father	7. affects father's well-being
3. it's your responsibility as a father	7. father should have say so
3. miss out on things	7. Grow up to be strong
3. sense of purpose	7. hard enough on mothers
3. teaches them discipline	7. must be willing
4. be their confidant	7. no one else will
4. be there for them	8 child healthier
4. discipline them	8 different from current behavior
4. do fun things with child	8 guidance
4. emotional support	8 harder on mother
4. father responsible for protecting the child	8 sense that daddy cares

8. child less healthy	13 communication with child
8. child would be upset	13 communication with child mother
8. no change if father not involved in health care	13 could eat lunch with child
8. would bring father and child closer	13 could volunteer more
8. would get done	13 doesn’t know
9 mother gives leeway	13 employment
9 mother supportive of involvement	13 father change hours
9. mother appreciative of involvement	13 more income
9. mother wants father to be more involved	13. acceptance of not seeing kids
9. mothers smiles	13. be a better role model
9. problems communicating with mother	13. easier access to information
9. works on behavior problems with father	13. legal system change
10 both parents attend appointments	13. mother more supportive
10 father caregiver when child sick	13. nothing needs to change
10 father gives treatment when no one else	13. own residence
10 mother informs of appointment	13. transportation
10 mother invites to attend	14 have later pickup

10 mother not supportive	14 TAP evening meetings
10 says encouraging words	14 would not change TAP
10. difficulty with access to information	14. don't know
10. father has custody arguments with child mother	14. enjoys TAP programming
10. mother does not inform	14. language problem
10. mother supportive of health involvement	14. nothing TAP can do
10. poor relationship	14. TAP should advertise more
11. make it easier to get information	14. TAP should do education classes for fathers
11. mother can't be more supportive for health care involvement	14. TAP should get parents to come out
11. mother could ask father to do more	14. TAP should plan more events
11. mother could inform about needs	15 grateful for TAP
11. nothing makes it hard to be more involved	15 TAP helped prepare
11. stop confusing child	15. baby daddy bad reputation
12 child autonomy	15. child is brave when father is present
12 father wishes he could be more involved	15. child not missing out on having father involved
12 finances	15. child prefers mother figure
12 health problems	15. didn't have father around
12. understanding Medicaid	15. Discussion with mother
12. access to information	15. fit and healthy lifestyle
12. child support	15. good dads exist
12. custody issues	15. Try to get fathers involved
12. father attitude	
12. father lifestyle	
12. nothing gets in the way	
12. other children	
12. relationship with mother	
12. Understanding things	
12. when child not available	
12. work gets in the way of involvement	
13 attitude	

Figure 4 Code Definitions

Code Passage As…	If-Definition (directly stated by interviewee)
1. father and child participate in fun activities	Lists activities considered to be fun
1. good enough	Stated or implied
1. father does cleaning or housework with child	Lists chores
1. attentiveness	Taking interest in child's interests, attending events in support, or Head Start
1. school encouragement	Encouraging child to do well in school, academically, and behaviorally
1. providing	Providing for basic needs (food, clothing, shelter), and financial support
1. discipline and responsibility	Reference made to discipline, encouragement to do chores, and setting rules
1. high involvement	Having daily contact
1. moderate involvement	Contact a few times per week
1. low involvement	Less than a few times per week
2. father tired	Direct statement or implication
2 child autonomy	Child does not want father to be as involved
2 emotional difficulties	Tired, overwhelmed, inferences to burnout or sadness, or anxiety
2 holidays	Child custody arrangements
2 work interference	Can't have contact with child because of work hours
2. father lifestyle	Stated or implied
2. mother disagreement	Stated or implied
2. father is content with involvement	Stated or implied
2. having other children	Stated or implied
2. when child not at home	Stated or implied
2 custody problems	Lack of payment of child support
2 grandparents involvement	Stated or implied
3. teaches them discipline	Stated or implied
3 builds care	Stated or implied
3 child needs father	Stated or implied

3 father is a role model	Stated or implied
3 fathers bring balance	Stated or implied
3 hedge of protection	Stated or implied
3 child would be misguided	If father was not there…
3 needs both parents	Stated or implied
3. child improves father life	Stated or implied
3. father is key ingredient	Stated or implied
3. fathers able to do more for child than mom	Stated or implied
3. fathers should be involved in children's lives	Stated or implied
3. I grew up without a father	Stated or implied
3. help them learn life lessons	Stated or implied (more of a supportive role in directing child through life).
3. help them through life	Stated or implied (more of a teaching role in directing child through life).
3. it's great to be a father	Stated or implied
3. it's your responsibility as a father	Stated or implied
3. miss out on things	Stated or implied
3. gives them a sense of purpose	Stated or implied
3. Fathers able to do what mothers can't	Stated or implied
4. do fun things with child	Stated or implied
4 responsible for their development	Stated or implied
4 be there for them	Stated or implied
4 discipline them	Stated or implied
4 keep them healthy	Stated or implied
4. be their confidant	Stated or implied
4. father responsible for protecting the child	Stated or implied
4. father responsible for teaching child	Respect, honesty, morals
4. fathers should make sure they get a good education	Direct statement or implication
4. fathers should provide for child	Pay child support and basic essentials (food)
4. provide a source of leadership	Stated or implied
4. Providing for child is a shared responsibility	Stated or implied

4. be a strong foundation for them	Stated or implied
5. incarceration	Stated or implied
5. lack of patience	Stated or implied
5. lack of understanding	Stated or implied
5 wants to be more involved	Stated or implied
5. child support	Stated or implied
5. relationship with child's mother	Stated or implied
5 barriers to involvement in healthcare	Work, child support, custody, whatever is mentioned attributed to difficulty with being involved
5. grandparents help with healthcare	Stated or implied
5. content with current involvement	Stated or implied
6. father monitor nutrition	Stated or implied
6. work interference	Stated or implied
6. father gives medicine to child	Stated or implied
6 father involved in health care	Lists any example of involvement from nutrition, to giving medicine, attending appointments, Being present, talking with doctor, discuss
6 both parents attend appointment	Stated or implied
6 child wants father to be more involved	List example of how child wants father to be present, or do anything related to their health care
6. father believes responsibilities should be shared with mother	Stated or implied
6. mother schedules appointments	Stated or implied
7. Grow up to be strong	Stated or implied
7 fathers should be involved in healthcare	Stated or implied
7 fathers bring balance	If father was not there would be less balance, or father brings balance.. Stated or implied
7 important to be involved	Stated or implied
7 knowledgeable of health	Stated or implied
7 make sure child okay	Stated or implied
7 need father-figure	Stated or implied
7 nothing like fatherhood	Stated or implied

7 part of involvement	Stated or implied
7 shared responsibility	Stated or implied
7. father should have say so	Stated or implied
7. hard enough on mothers	Stated or implied
7. must be willing	Stated or implied
7. affects fathers' well-being	Stated or implied
7. no one else will	Stated or implied
8. child would be upset	
8. child less healthy	Stated or implied
8. would get done	Stated or implied
8 child healthier	If father was not there child would be less healthy.. Stated or implied
8 sense that daddy cares	when dad is involved child feels like daddy cares and may not if he doesn't participate
8 different from current behavior	Stated or implied
8 harder on mother	Stated or implied
8. guidance	If father was not there child would be misguided.. Stated or implied
8. no change if father not involved in health care	references to child's health care for aspect of involvement
8. would bring father and child closer	Stated or implied
9. mother wants father to be more involved	Stated or implied
9. mother appreciative of involvement	Stated or implied
9. mother gives leeway	Stated or implied
9. mother supportive of involvement	Stated or implied
9. problems communicating with mother	Stated or implied
9. mother smiles	Stated or implied
9. works on behavior problems with father	Stated or implied
10. poor relationship	Stated or implied
10 mother is supportive of involvement in child health	Stated or implied
10 both parents attend appointments	Stated or implied
10 father is the caregiver when child sick	Stated or implied

10 father gives treatment when no one else	Stated or implied
10 mother informs of appointments	Stated or implied
10 mother invites to attend	Stated or implied
10 mother not supportive	Stated or implied
10 says encouraging words	Stated or implied
10. difficulty with access to information	Stated or implied
10. father has custody arguments with child mother	Stated or implied
10. mother does not inform	Stated or implied
11. make it easier to get information	Stated or implied
11. mother can't be more supportive for health care involvement	Stated or implied
11. mother could ask father to do more	Stated or implied
11. mother could inform about needs	Stated or implied
11. nothing makes it hard to be more involved	Stated or implied
12. other children	Stated or implied
12. Understanding things	Stated or implied
12. father attitude	Stated or implied
12. father wishes he could be more involved	Stated or implied
12. work gets in the way of involvement	Stated or implied
12 child autonomy	Stated or implied
12 finances	Stated or implied
12. access to information	Stated or implied
12. understanding Medicaid	Stated or implied
12. child support	Stated or implied
12. custody issues	Stated or implied
12. father lifestyle	Stated or implied
12. nothing gets in the way	Stated or implied
12. relationship with mother	Stated or implied
12. when child not available	Stated or implied
13. be a better role model	Stated or implied

13 acceptance of not seeing kids	Stated or implied
13 communication with child	Stated or implied
13 doesn’t know	Stated or implied
13 employment	Stated or implied
13. communication with spouse	Stated or implied
13 attitude	Stated or implied
13 could volunteer more	Stated or implied
13 could eat lunch with child	Stated or implied
13 father change hours	Stated or implied
13 more income	Stated or implied
13. easier access to information	Stated or implied
13. nothing needs to change	Stated or implied
13. own residence	Stated or implied
13. legal system change	Stated or implied
13. needs transportation	Stated or implied
14 language problem	Stated or implied
14 have a later pickup	Stated or implied
14 TAP evening meetings	Stated or implied
14 would not change TAP	Stated or implied
14. enjoys TAP programming	Stated or implied
14. nothing TAP can do	Stated or implied
14. TAP should advertise more	Stated or implied
14. TAP should do education classes for fathers	Stated or implied
14. TAP should get parents to come out	Stated or implied
14. TAP should plan more events	Stated or implied
14. don't know	Stated or implied
15 grateful for TAP	Stated or implied
15 TAP helped prepare	Stated or implied
15. baby daddy bad reputation	Stated or implied
15. biological father not involved	Stated or implied

15. child is brave when father is present	Stated or implied
15. child not missing out on having father involved	Stated or implied
15. child prefers mother figure	Stated or implied
15. didn't have father around	Stated or implied
15. Discussion with mother	Stated or implied
15. fit and healthy lifestyle	Stated or implied
15. good dads exist	Stated or implied
15. Try to get fathers involved	Stated or implied

Figure 5 Inter-rater Reliability for each Code

Code	% Agreement
1 low involvement	100
1 providing	99.75
1. attentiveness	99.43
1. discipline and responsibility	97.24
1. father and child participate in fun activities	95.69
1. father does cleaning or housework with child	94.8
1. high involvement	95.50
1. moderate involvement	96.85
1. school encouragement	97.10
2 child autonomy	95.33
2 custody problems	97.44
2 emotional difficulties	96.64
2 father is content with involvement	96.03
2 father lifestyle	94.8
2 holidays	96.38
2 mother disagreement	96.77
2 work interference	95.38
2. father tired	100
2. grandparents involvement	96.35
2. having other children	96.74
2. when child not at home	97.21
3 builds care	97.83
3 child needs father	96.26
3 child would be misguided	94.75
3 father is role model	97.73
3 fathers bring balance	95.37
3 hedge of protection	96.03
3 help them learn life lessons	94.77
3 needs both parents	96.07
3. child improves father life	97.43
3. father is key ingredient	95.95
3. fathers able to do more for child	96.1

3. Fathers able to do what mothers can't	92.36
3. fathers should be involved in children's lives	94.15
3. grew up without a father	95.03
3. help them through life	95.36
3. it's great to be a father	95.64
3. it's your responsibility as a father	97.41
3. miss out on things	95.60
3. sense of purpose	100
3. teaches them discipline	97.69
4. be their confidant	95.07
4. be there for them	96.77
4. discipline them	94.56
4. do fun things with child	100
4. emotional support	98.13
4. father responsible for protecting the child	95.58
4. keep them healthy	97.8
4. make sure child gets a good education	95.90
4. provide a source of leadership	98.45
4. Providing is shared responsibility	94.34
4. responsible for their development	95.33
4. strong foundation them	97.06
4. father responsible for teaching child	93.99
4. fathers should provide for child	95.56
5 barriers to involvement in healthcare	96.32
5 wants to be more involved	95.28
5. child support	98.10
5. content with current involvement	97.88
5. grandparents help with healthcare	97.65
5. incarceration	99.07
5. lack of patience	97.71
5. lack of understanding	98.37
5. relationship with child's mother	98.10
6 child wants father to be more involved	100
6 father involved in healthcare	93.43
6 happy with new experience	95.49

6. both parents attend appointments	93.45
6. father believes responsibilities should be shared with mother	93.10
6. father gives medicine to child	95.51
6. father monitor nutrition	95.49
6. mother schedules appointments	94.23
6. talk to doctor	95.39
6. work interference	95.16
7 fathers bring balance	100
7 fathers should be involved in healthcare	95.58
7 important to be involved	95.49
7 knowledgeable of health	96.39
7 make sure child okay	95.3
7 need father-figure	100
7 nothing like fatherhood	96.71
7 part of involvement	96.82
7 shared responsibility	96.85
7. affects father's well-being	99.13
7. father should have say so	95.08
7. Grow up to be strong	100
7. hard enough on mothers	95.56
7. must be willing	97.20
7. no one else will	95.64
8 child healthier	91.17
8 different from current behavior	83.28
8 guidance	95.02
8 harder on mother	94.29
8 sense that daddy cares	94.34
8. child less healthy	92.99
8. child would be upset	95.05
8. no change if father not involved in health care	94.12
8. would bring father and child closer	95.72
8. would get done	100
9 mother gives leeway	96.62
9 mother supportive of involvement	94.60
9. mother appreciative of involvement	98.06

9. mother wants father to be more involved	98.95
9. mothers smiles	99.31
9. problems communicating with mother	93.98
9. works on behavior problems with father	94.39
10 both parents attend appointments	97.94
10 father caregiver when child sick	94.88
10 father gives treatment when no one else	95.27
10 mother informs of appointment	96.9
10 mother invites to attend	97.26
10 mother not supportive	95.64
10 says encouraging words	97.95
10. difficulty with access to information	100
10. father has custody arguments with child mother	100
10. mother does not inform	95.85
10. mother supportive of health involvement	97.19
10. poor relationship	96.58
11. make it easier to get information	97.00
11. mother can't be more supportive for health care involvement	97.99
11. mother could ask father to do more	100
11. mother could inform about needs	97.75
11. nothing makes it hard to be more involved	97.87
11. stop confusing child	97.36
12 child autonomy	98.54
12 father wishes he could be more involved	95.90
12 finances	97.92
12 health problems	96.44
12. understanding Medicaid	97.07
12. access to information	100
12. child support	100
12. custody issues	100
12. father attitude	100
12. father lifestyle	98.11
12. nothing gets in the way	97.48
12. other children	99.93
12. relationship with mother	99.12

12. Understanding things	99.87
12. when child not available	99.57
12. work gets in the way of involvement	97.90
13 attitude	98.29
13 communication with child	98.39
13 communication with child mother	95.43
13 could eat lunch with child	100
13 could volunteer more	100
13 doesn't know	98.24
13 employment	96.70
13 father change hours	94.37
13 more income	96.99
13. acceptance of not seeing kids	88.83
13. be a better role model	100
13. easier access to information	92.97
13. legal system change	91.44
13. mother more supportive	95.54
13. nothing needs to change	97.79
13. own residence	94.15
13. transportation	94.15
14 have later pickup	93.22
14 TAP evening meetings	92.88
14 would not change TAP	91.59
14. don't know	100
14. enjoys TAP programming	91.53
14. language problem	97.71
14. nothing TAP can do	91.59
14. TAP should advertise more	86.11
14. TAP should do education classes for fathers	93.45
14. TAP should get parents to come out	92.20
14. TAP should plan more events	92.01
15 grateful for TAP	94.03
15 TAP helped prepare	100
15. baby daddy bad reputation	90.14
15. child is brave when father is present	100

15. child not missing out on having father involved	100
15. child prefers mother figure	100
15. didn't have father around	93.31
15. Discussion with mother	92.55
15. fit and healthy lifestyle	96.4
15. good dads exist	95.04
15. Try to get fathers involved	97.73
Average agreement for all codes	**96.36**

% Agreement between coders for each code across all cases.

Figure 6 Open Code Frequency Across Cases

Code	Cases Coded	Times Used	%
1 low involvement	0	0	0
1 providing	7	8	87.5
1. attentiveness	6	6	100
1. discipline and responsibility	2	2	100
1. father and child participate in fun activities	33	37	89.19
1. father does cleaning or housework with child	2	2	100
1. high involvement	22	23	95.65
1. moderate involvement	6	6	100
1. school encouragement	5	5	100
2 child autonomy	2	2	100
2 custody problems	4	4	100
2 emotional difficulties	1	1	100
2 father is content with involvement	6	6	100
2 father lifestyle	4	4	100
2 holidays	3	3	100
2 mother disagreement	3	3	100
2 work interference	12	13	92.31
2. father tired	1	1	100
2. grandparents involvement	2	2	100
2. having other children	2	2	100
2. when child not at home	4	4	100
3 builds care	2	2	100
3 child needs father	10	10	100
3 child would be misguided	6	6	100
3 father is role model	3	3	100
3 fathers bring balance	4	4	100
3 hedge of protection	2	3	66.67
3 help them learn life lessons	4	4	100
3 needs both parents	9	9	100
3. child improves father life	2	2	100
3. father is key ingredient	3	3	100
3. fathers able to do more for child	4	4	100

3. Fathers able to do what mothers can't	1	2	50
3. fathers should be involved in children's lives	19	20	95
3. grew up without a father	7	8	87.5
3. help them through life	9	9	100
3. it's great to be a father	3	3	100
3. it's your responsibility as a father	3	3	100
3. miss out on things	2	2	100
3. sense of purpose	0	0	0
3. teaches them discipline	1	1	100
4. be their confidant	3	3	100
4. be there for them	5	5	100
4. discipline them	8	8	100
4. do fun things with child	1	1	100
4. emotional support	2	2	100
4. father responsible for protecting the child	10	11	90.91
4. keep them healthy	3	3	93.75
4. make sure child gets a good education	8	8	100
4. provide a source of leadership	1	1	100
4. Providing is shared responsibility	25	25	100
4. responsible for their development	6	6	100
4. strong foundation them	2	2	100
4. father responsible for teaching child	15	16	100
4. fathers should provide for child	12	12	100
5 barriers to involvement in healthcare	3	3	100
5 wants to be more involved	9	9	100
5. child support	1	1	100
5. content with current involvement	10	11	90.91
5. grandparents help with healthcare	3	3	100
5. incarceration	1	1	100
5. lack of patience	1	1	100
5. lack of understanding	3	3	100
5. relationship with child's mother	1	1	100
6 child wants father to be more involved	0	0	0
6 father involved in healthcare	27	27	100
6 happy with new experience	1	1	100
6. both parents attend appointments	12	12	100

6. father believes responsibilities should be shared with mother	5	5	100
6. father gives medicine to child	9	10	90
6. father monitor nutrition	1	1	100
6. mother schedules appointments	6	6	100
6. talk to doctor	3	3	100
6. work interference	7	7	100
7 fathers bring balance	0	0	0
7 fathers should be involved in healthcare	26	26	100
7 important to be involved	12	12	100
7 knowledgeable of health	7	8	87.5
7 make sure child okay	6	6	100
7 need father-figure	1	1	100
7 nothing like fatherhood	2	2	100
7 part of involvement	3	3	100
7 shared responsibility	5	5	100
7. affects father's well-being	1	1	100
7. father should have say so	2	2	100
7. Grow up to be strong	1	1	100
7. hard enough on mothers	2	2	100
7. must be willing	1	1	100
7. no one else will	2	2	100
8 child healthier	8	8	100
8 different from current behavior	10	10	100
8 guidance	1	1	100
8 harder on mother	6	6	100
8 sense that daddy cares	8	9	88.89
8. child less healthy	3	3	100
8. child would be upset	2	2	100
8. no change if father not involved in health care	8	8	100
8. would bring father and child closer	4	4	100
8. would get done	1	1	100
9 mother gives leeway	3	3	100
9 mother supportive of involvement	28	30	93.33
9. mother appreciative of involvement	6	6	100
9. mother wants father to be more involved	3	3	100
9. mothers smiles	1	1	100
9. problems communicating with mother	4	5	80
9. works on behavior problems with father	2	2	100

10 both parents attend appointments	9	10	90
10 father caregiver when child sick	4	4	100
10 father gives treatment when no one else	2	2	100
10 mother informs of appointment	19	20	95
10 mother invites to attend	13	13	100
10 mother not supportive	3	4	75
10 says encouraging words	2	2	100
10. difficulty with access to information	0	0	0
10. father has custody arguments with child mother	0	0	0
10. mother does not inform	2	2	100
10. mother supportive of health involvement	18	18	100
10. poor relationship	3	3	100
11. make it easier to get information	2	2	100
11. mother can't be more supportive for health care involvement	23	24	95.83
11. mother could ask father to do more	0	0	0
11. mother could inform about needs	2	2	100
11. nothing makes it hard to be more involved	3	3	100
11. stop confusing child	1	1	100
12 child autonomy	2	2	100
12 father wishes he could be more involved	2	2	100
12 finances	3	3	100
12 health problems	1	1	100
12. understanding Medicaid	1	2	50
12. access to information	0	0	0
12. child support	0	0	0
12. custody issues	0	0	0
12. father attitude	1	1	100
12. father lifestyle	4	4	100
12. nothing gets in the way	6	6	100
12. other children	1	1	100
12. relationship with mother	2	2	100
12. Understanding things	1	1	100
12. when child not available	2	2	100
12. work gets in the way of involvement	11	11	100
13 attitude	3	5	60
13 communication with child	1	1	100
13 communication with child mother	3	3	100
13 could eat lunch with child	0	0	0

13 could volunteer more	0	0	0
13 doesn't know	1	1	100
13 employment	6	6	100
13 father change hours	5	5	100
13 more income	5	5	100
13. acceptance of not seeing kids	1	1	100
13. be a better role model	1	1	100
13. easier access to information	2	2	100
13. legal system change	3	3	100
13. mother more supportive	1	1	100
13. nothing needs to change	4	4	100
13. own residence	2	2	100
13. transportation	2	2	100
14 have later pickup	2	2	100
14 TAP evening meetings	4	4	100
14 would not change TAP	3	3	100
14. don't know	0	0	0
14. enjoys TAP programming	15	15	100
14. language problem	2	2	100
14. nothing TAP can do	7	7	100
14. TAP should advertise more	3	4	75
14. TAP should do education classes for fathers	4	4	100
14. TAP should get parents to come out	4	5	80
14. TAP should plan more events	5	5	100
15 grateful for TAP	2	2	100
15 TAP helped prepare	0	0	0
15. baby daddy bad reputation	3	4	75
15. child is brave when father is present	0	0	0
15. child not missing out on having father involved	0	0	0
15. child prefers mother figure	0	0	0
15. didn't have father around	1	1	100
15. Discussion with mother	2	2	100
15. fit and healthy lifestyle	2	2	100
15. good dads exist	1	1	100
15. Try to get fathers involved	1	1	100
Average Frequency of Code Use per Code			**88.13%**

Figure 7 Codes, Concept, Categories, and Themes

Code	Concept	Category	Theme
Question 1.	**Involvement**	**Involvement Defined**	**Activities**
1 providing	providing		father and child participate in fun activities
1. attentiveness	attentiveness		father does cleaning or housework with child
1. discipline and responsibility	discipline and responsibility		**Quantity/Time**
1. father and child participate in fun activities	father and child participate in fun activities		High involvement
1. father does cleaning or housework with child	father does cleaning or housework with child		Moderate involvement
1. high involvement	high involvement		Attentiveness
1. moderate involvement	moderate involvement		**Responsibility**
1. school encouragement	school encouragement		providing
			discipline
			school encouragement
Question 2.	**Barriers to Father Involvement**	**Barriers to Involvement**	**Child Availability**
2 child autonomy	child autonomy		child autonomy
2 custody problems	custody problems		holidays
2 emotional difficulties	emotional difficulties		grandparents involvement
2 father is content with involvement	father is content with involvement		when child not at home
2 father lifestyle	father lifestyle		when child not available
2 holidays	holidays		**Relationship with Mother**
2 mother disagreement	mother disagreement		mother disagreement
2 work interference	work interference		relationship with mother
2. father tired	father tired		**Personal Issues**
2. grandparents involvement	grandparents involvement		emotional difficulties
2. having other children	having other children		father lifestyle
2. when child not at home	when child not at home		having other children
12 child autonomy	father wishes he could be more involved		father wishes he could be more involved
12 father wishes he could be more involved	finances		health problems
12 finances	health problems		father attitude
12 health problems	understanding Medicaid		father lifestyle
12. understanding Medicaid	father attitude		
12. father attitude	father lifestyle		other children
12. father lifestyle	nothing gets in the way		
12. nothing gets in the way	other children		**Contentment**
12. other children	relationship with mother		father is content with involvement
12. relationship with mother	Understanding things		nothing gets in the way
12. Understanding things	when child not available		**Financial/Work**
12. when child not available	work gets in the way of involvement		work interference
12. work gets in the way of involvement			father tired

12. Understanding Medicaid	Understanding Medicaid	**Importance of Involvement & Motivation**	finances work gets in the way of involvement **Legal Issues** custody problems **Knowledge** Understanding Medicaid Understanding things
Question 3. 3 builds care 3 child needs father 3 child would be misguided 3 father is role model 3 fathers bring balance 3 hedge of protection 3 help them learn life lessons 3 needs both parents 3. child improves father life 3. father is key ingredient 3. fathers able to do more for child 3. Fathers able to do what mothers can't 3. fathers should be involved in children's lives 3. grew up without a father 3. help them through life 3. it's great to be a father 3. it's your responsibility as a father 3. miss out on things 3. teaches them discipline 15. didn't have father around	**Importance** builds care child needs father child would be misguided father is role model fathers bring balance hedge of protection help them learn life lessons needs both parents child improves father life father is key ingredient fathers able to do more for child Fathers able to do what mothers can't fathers should be involved in children's lives grew up without a father help them through life it's great to be a father it's your responsibility as a father miss out on things teaches them discipline didn't have father around	**Responsibilities as a Fathers/Cognitions**	**Role** fathers bring balance hedge of protection father is key ingredient fathers able to do more for child builds care help them learn life lessons teaches them discipline help them through life Fathers able to do what mothers can't fathers able to do more for child **Involvement Critical** child needs father child would be misguided Need both parents **Benefit to Father** it's great to be a father child improves father life **Personal Experience** grew up without a father miss out on things didn't have father around **Responsibility** it's your responsibility as a father fathers should be involved in children's lives
Question 4. 4. be their confidant 4. be there for them 4. discipline them 4. do fun things with child 4. emotional support 4. father responsible for protecting the child	**Responsibilities** be their confidant be there for them discipline them do fun things with child emotional support father responsible for protecting the child		**Available** be there for them emotional support be their confidant strong foundation them do fun things with child **Provide**

4. keep them healthy 4. make sure child gets a good education 4. provide a source of leadership 4. Providing is shared responsibility 4. responsible for their development 4. strong foundation them 4. father responsible for teaching child 4. fathers should provide for child	keep them healthy make sure child gets a good education provide a source of leadership responsible for their development strong foundation them father responsible for teaching child fathers should provide for child		father responsible for protecting the child keep them healthy Providing is a shared responsibility make sure child gets a good education fathers should provide for child responsible for their development **Teach/Model** father responsible for teaching child discipline them provide a source of leadership
Question 5. 5 barriers to involvement in healthcare 5 wants to be more involved 5. child support 5. content with current involvement 5. grandparents help with healthcare 5. incarceration 5. lack of patience 5. lack of understanding 5. relationship with child's mother	**<u>Barriers to Father Health Involvement</u>** barriers to involvement in healthcare wants to be more involved child support content with current involvement grandparents help with healthcare incarceration lack of patience lack of understanding relationship with child's mother	**Barriers to Health Involvement** **Health Involvement**	**Barriers** barriers to involvement in healthcare child support incarceration lack of patience lack of understanding relationship with child's mother **Desire** wants to be more involved **Content** content with current involvement **Family Support** grandparents help with healthcare
Question 6. 6 father involved in healthcare 6 happy with new experience 6. both parents attend appointments 6. father gives medicine to child 6. father monitor nutrition 6. mother schedules appointments 6. talk to doctor 6. work interference 10 father gives treatment when no one else 10 father caregiver when child sick 12. understanding Medicaid 5. relationship with child's mother	**<u>Father Health Involvement</u>** father involved in healthcare happy with new experience both parents attend appointments father gives medicine to child father monitor nutrition mother schedules appointments talk to doctor work interference father gives treatment when no one else father caregiver when child sick understanding Medicaid relationship with child's mother	**Importance of Health Involvement/Cognitions**	**Involved** father involved in healthcare both parents attend appointments father gives medicine to child father monitor nutrition talk to doctor happy with new experience father gives treatment when no one else father caregiver when child sick **Barriers** work interference understanding Medicaid relationship with child's mother
Question 7. 6. father believes responsibilities should be shared with mother 7 fathers should be involved in healthcare 7 important to be involved 7 knowledgeable of health	**<u>Health Importance</u>** father believes responsibilities should be shared with mother fathers should be involved in healthcare important to be involved knowledgeable of health		**Responsibility** father believes responsibilities should be shared with mother part of involvement shared responsibility no one else will

7 make sure child okay 7 need father-figure 7 nothing like fatherhood 7 part of involvement 7 shared responsibility 7. affects father's well-being 7. father should have say so 7. Grow up to be strong 7. hard enough on mothers 7. must be willing 7. no one else will	make sure child okay need father-figure nothing like fatherhood part of involvement shared responsibility affects father's well-being father should have say so Grow up to be strong hard enough on mothers must be willing no one else will	**Without Father/Cognitions**	make sure child okay knowledgeable of health **Role** need father-figure Grow up to be strong **Important** fathers should be involved in healthcare important to be involved must be willing hard enough on mothers father should have say so **Enjoyment** nothing like fatherhood affects father's well-being
Question 8. 8 child healthier 8 different from current behavior 8 guidance 8 harder on mother 8 sense that daddy cares 8. child less healthy 8. child would be upset 8. no change if father not involved in health care 8. would bring father and child closer 8. would get done	**Without Father** child healthier different from current behavior guidance harder on mother sense that daddy cares child less healthy child would be upset no change if father not involved in health care would bring father and child closer would get done	**Maternal Involvement Support**	**Worse** child healthier child less healthy harder on mother different from current behavior child would be upset guidance sense that daddy cares **No Change** no change if father not involved in health care would get done **Improvement** would bring father and child closer
Question 9. 9 mother gives leeway 9 mother supportive of involvement 9. mother appreciative of involvement 9. mother wants father to be more involved 9. mothers smiles 9. problems communicating with mother 9. works on behavior problems with father	**Mother Involvement Support** mother gives leeway mother supportive of involvement mother appreciative of involvement mother wants father to be more involved mothers smiles problems communicating with mother works on behavior problems with father		**Supportive** mother gives leeway mother supportive of involvement mother appreciative of involvement mother wants father to be more involved mothers smiles works on behavior problems with father **Difficulties** problems communicating with mother
Question 10.	**Mother Health Involvement Support**	**Maternal Support of health Involvement**	**Supportive**

10 both parents attend appointments 10 mother informs of appointment 10 mother invites to attend 10 mother not supportive 10 says encouraging words 10. mother does not inform 10. mother supportive of health involvement 10. poor relationship	both parents attend appointments mother informs of appointment mother invites to attend mother not supportive says encouraging words mother does not inform mother supportive of health involvement poor relationship		both parents attend appointments mother informs of appointment mother invites to attend mother supportive of health involvement says encouraging words **Not Supportive/ Relational Difficulties** mother does not inform poor relationship mother not supportive
Question 11. 11. make it easier to get information 11. mother can't be more supportive for health care involvement 11. mother could inform about needs 11. nothing makes it hard to be more involved 11. stop confusing child	**Mother Involvement Improvement** make it easier to get information mother can't be more supportive for health care involvement mother could inform about needs nothing makes it hard to be more involved stop confusing child	**Mother Support of Health Involvement Improvement**	**Nothing** mother can't be more supportive for health care involvement nothing makes it hard to be more involved **Communication/ Responsibility** mother could inform about needs make it easier to get information stop confusing child
Question 13. 13 attitude 13 communication with child 13 communication with child mother 13 doesn't know 13 employment 13 father change hours 13 more income 13. acceptance of not seeing kids 13. be a better role model 13. easier access to information 13. legal system change 13. mother more supportive 13. nothing needs to change 13. own residence 13. transportation	**Changes** attitude communication with child communication with child mother doesn't know employment father change hours more income acceptance of not seeing kids be a better role model easier access to information legal system change Mother more supportive nothing needs to change own residence transportation	**Changes to be Made** **Head Start Feedback**	**Father Cognitions** attitude be a better role model **Father Actions** communication with child **Nothing** doesn't know acceptance of not seeing kids nothing needs to change **Financial/Work** more income employment own residence transportation father change hours **Relationship with Mother** easier access to information communication with child mother Mother more supportive **Legal system** legal system change
Question 14.	**Help/Change**		**Time**

14 have later pickup 14 TAP evening meetings 14 would not change TAP 14. enjoys TAP programming 14. language problem 14. nothing TAP can do 14. TAP should advertise more 14. TAP should do education classes for fathers 14. TAP should get parents to come out 14. TAP should plan more events 15 grateful for TAP 15. Try to get fathers involved	have later pickup TAP evening meetings would not change TAP enjoys TAP programming language problem nothing TAP can do TAP should advertise more TAP should do education classes for fathers TAP should get parents to come out TAP should plan more events grateful for TAP Try to get fathers involved		have later pickup TAP evening meetings **No Change** would not change TAP enjoys TAP programming nothing TAP can do grateful for TAP **Language** language problem **More Involved Fathers** TAP should advertise more TAP should get parents to come out Try to get fathers involved TAP should plan more events TAP should do education classes for fathers
Question 15. 15. baby daddy bad reputation 15. good dads exist 15. Discussion with mother 15. fit and healthy lifestyle	**Additional** baby daddy bad reputation good dads exist Discussion with mother fit and healthy lifestyle	**Additional Comments** **Average Percentage**	**Good Dads** baby daddy bad reputation good dads exist **Work with Mother** Discussion with mother **Influence on Parenting** fit and healthy lifestyle

*Codes that were in the initial code list that were not coded to cases were excluded from the code structure.
*Combined responses 2 and 12.

Figure 8 Category to Theme Percentage Use

Category	Themes	# of Uses	Total Codes Per Question	% Use
Involvement Defined	**Activities**	37	55	67.27
	father and child participate in fun activities	37	37	100
	father does cleaning or housework with child	2	37	*
	Quantity/Time	32	55	58.18
	High involvement	23	32	71.86
	Moderate involvement	6	32	18.75
	Attentiveness	6	32	18.75
	Responsibility	15	55	27.27
	providing	8	15	53.33
	discipline	2	15	13.33
	school encouragement	5	15	33.33
Barriers to Involvement	**Child Availability**	11	64	17.19
	child autonomy	2	11	18.18
	holidays	3	11	27.27
	grandparents involvement	2	11	18.18
	when child not at home or available	4	11	36.36
	Relationship with Mother	5	64	*
	mother disagreement	3	5	*
	relationship with mother	2	5	*
	Personal Issues	14	64	21.88
	emotional difficulties	1	14	*
	father lifestyle	4	14	28.57
	having other children	3	14	21.43
	father wishes he could be more involved	2	14	14.28
	health problems	1	14	*
	father attitude	1	14	*
	Contentment	12	64	18.75
	father is content with involvement	6	12	50
	nothing gets in the way	6	12	50
	Financial/Work	27	64	42.19
	work interference	26	27	96.30
	father tired	1	27	*
	Legal Issues	4	64	6.25
	custody problems	1	4	*
	Knowledge	3	64	*
	understanding Medicaid	2	3	*
	Understanding things	1	3	*
	Role	26	43	60.47
	fathers bring balance	4	26	15.38
	hedge of protection	3	26	11.53
	father is key ingredient	3	26	11.53
	builds care	2	26	*
	help them learn life lessons	4	26	15.38

Importance of Involvement & Motivation	teaches them discipline	1	26	*
	help them through life	9	26	34.62
	Fathers able to do what mothers can't and more	6	26	23.08
	Involvement Critical	20	43	46.51
	child needs father	10	20	50
	child would be misguided	6	20	30
	Need both parents	9	20	45
	Benefit to Father	3	43	*
	it's great to be a father	3	3	*
	child improves father life	2	3	*
	Personal Experience	11	43	25.58
	grew up without a father	8	11	72.72
	miss out on things	2	11	18.18
	didn't have father around	1	11	*
	Responsibility	26	43	60.47
	it's your responsibility as a father and should be involved	23	26	88.46
Responsibilities as a Fathers/Cognitions	**Available**	11	41	26.83%
	be there for them	5	11	45.45
	emotional support	2	11	18.18
	be their confidant	3	11	27.7
	strong foundation them	2	11	18.18
	do fun things with child	1	11	*
	Provide	35	41	85.37%
	father responsible for protecting the child	11	35	31.43
	keep them healthy	3	35	*
	Providing is a shared responsibility	25	35	71.43
	make sure child gets a good education	8	35	22.86
	fathers should provide for child	12	35	34.29
	responsible for their development	6	35	17.14
	Teach/Model	22	41	53.66%
	father responsible for teaching child	16	22	72.72
	discipline them	8	22	36.36
	provide a source of leadership	1	22	*
Barriers to Health Involvement	**Barriers**	7	12	58.33
	barriers to involvement in healthcare	3	12	
	child support	1	12	*
	incarceration	1	12	*
	lack of patience	1	12	*
	lack of understanding/Medicaid	6	12	50
	relationship with child's mother	5	12	41.62
	Work interference	10	12	83.33
	Desire	9	25	36
	wants to be more involved	2	9	22
	Contentment	11	25	44
	content with current involvement	6	11	54.54
	Family Support	3	25	12
	grandparents help with healthcare	3	3	100
	Involved	33	36	91.67
	father involved in healthcare	27	33	81.18

Health Involvement	both parents attend appointments	12	33	36.36
	father gives medicine to child	10	33	30.30
	father monitor nutrition	1	33	*
	talk to doctor	3	33	*
	happy with new experience	1	33	*
	father gives treatment when no one else	10	33	30.30
	father caregiver when child sick	4	33	12.12
	Responsibility	22	33	66.67
	father believes responsibilities should be shared with mother	5	22	22.7
	part of involvement	3	22	13.63
	no one else will	2	22	*
	make sure child okay and knowledgeable of health	14	22	63.36
Importance of Health Involvement/Cognitions	**Role**	2	33	*
	need father-figure	1	2	*
	Grow up to be strong	1	2	*
	Important	29	33	87.87
	fathers should be involved in healthcare	26	33	78.78
	important to be involved	12	33	36.36
	must be willing	1	33	*
	hard enough on mothers	2	33	*
	father should have say so	2	33	*
	Enjoyment	3	33	*
	nothing like fatherhood	2	3	*
	affects father's well-being	1	3	*
Without Father/Cognitions	**Worse**	25	31	80.65
	health	11	25	44
	harder on mother	2	25	*
	different from current behavior	10	25	40
	child would be upset	2	25	*
	guidance	1	25	*
	sense that daddy cares	9	25	36
	No Change	8	31	25.81
	no change if father not involved in health care	8	8	100
	would get done	1	8	*
	Improvement	4	31	12.91
	would bring father and child closer	4	4	100
Maternal Involvement Support	**Supportive**	33	36	91.67
	mother gives leeway	3	33	*
	mother supportive of involvement	30	33	90.91
	mother appreciative of involvement	6	33	18.18
	mother wants father to be more involved	3	33	*
	mothers smiles	1	33	*
	works on behavior problems with father	2	33	*
	Difficulties	5	36	13.89
	problems communicating with mother	5	5	100
Maternal Support of health Involvement	**Supportive**	30	38	78.95
	both parents attend appointments	10	30	33.33
	mother informs of appointment	20	30	66.67

	mother invites to attend	13	30	43.33
	mother supportive of health involvement	18	30	60
	says encouraging words	2	30	*
	Not Supportive/ Relational Difficulties	5	38	13.16
	mother does not inform	2	5	40
	poor relationship	3	5	60
	mother not supportive	4	5	80
Mother Support of Health Involvement Improvement	**Nothing**	26	30	86.67
	mother can't be more supportive for health care involvement	24	26	92.31
	nothing makes it hard to be more involved	3	26	11.53
	Communication/ Responsibility	4	30	13.33
	mother could inform about needs	2	4	50
	make it easier to get information	2	4	50
	stop confusing child	1	4	*
Changes to be Made	**Father Cognitions**	5	31	16.13
	attitude	5	5	100
	be a better role model	1	5	*
	Father Actions	1	31	*
	communication with child	1	1	*
	Nothing	6	31	19.35
	doesn't know	1	6	*
	acceptance of not seeing kids	1	6	*
	nothing needs to change	4	6	66.66
	Financial/Work	15	31	48.39
	more income	5	15	33.33
	employment	6	15	40
	own residence	2	15	13.13
	transportation	2	15	13.13
	father change hours	5	15	33.33
	Relationship with Mother	6	31	19.35
	easier access to information	2	6	33.33
	communication with child mother	3	6	33.33
	Mother more supportive	1	6	*
	Legal system	3	31	*
	legal system change	3	3	*
Head Start Feedback	**Time**	6	31	*
	have later pickup	2	6	*
	TAP evening meetings	4	6	*
	No Change	16	31	51.61
	would not change TAP	3	16	18.75
	enjoys TAP programming	15	16	93.75
	nothing TAP can do	7	16	43.75
	grateful for TAP	2	16	12.50
	Language	2	31	*
	language problem	2	2	*
	More Involved Fathers	14	31	45.16
	TAP should advertise more	4	14	28.57
	TAP should get parents to come out	5	14	35.71

	TAP should plan more events	5	14	35.71
	TAP should do education classes for fathers	4	14	28.57
Additional Information	**Good Dads**	4	10	40
	baby daddy bad reputation	4	4	100
	good dads exist	1	4	*
	Work with Mother	2	10	20
	Discussion with mother	2	2	
	Influence on Parenting	2	10	20
	fit and healthy lifestyle	2	2	100
Average Percentage				

Table 19 Father Interview Demographic Characteristics

	Father (avg/ SD)	Mother	Child		
Age	30.47/ 5.09	29.18/ 5.26	4/ 1.12		
Other Children	2.24/1.15	2.24/1.15	*		
Time in TAP	*	*	21.76/ 14.21		
	Biological Intact	**Biological Non-Resident**	**Step**	**Other Father**	
Relation	13	4	1	1	
	African American	**Caucasian**	**Hispanic**	**Native American/Alaskan Native**	**Other**
Father Ethnicity	12	3	2	*	*
Mother Ethnicity	10	2	2	2	1
Child Ethnicity	10	2	2	2	1
	Less than HS	**HS or GED**	**Some college**	**Completed college**	**Master's Degree**
Father Education	4	4	6	3	*
Mother Education	7	5	2	2	1
	Less than 15K	**Between 15 and 25K**	**Between 25 and 50K**		
Income	8	6	3		
	Single	**Married**	**Divorced**	**Widowed**	**Living Together**
Marital Status	4	7	3	1	2
	Yes	**No**			
Father Health Insurance	5	12			
Mother Health Insurance	5	12			
Child Health Insurance	14	3			
	Male	**Female**			
Child Gender	7	10			

**= not applicable, N= 17*

Figure 9 Final List of Themes and Related Quotes

Research Question	Themes	Quotes
Fathers' perceptions of their role of involvement	**Activities**	
	father and child participate in fun activities	" I take her to the parks, playgrounds, and I take her out to the store, and I take her grocery shopping, take her shopping." "Sometimes me and him will play with the hot wheels sometimes together, Play-Doh, and he likes puzzles, videogames, there are only certain with that we let him play. He likes the Wii Fit thing with the Wii board you know. I take him outside on nice days and let him ride the bike. He's got a little scooter and his sister has a bike. So I take them all outside and you know, let them spend like an hour to two hours outside depending on what's going on."
	Quantity/Time	
	High involvement	"I say 100% full-time. I say because she sees with me most of the time. Yeah, she's with me most of the time, yeah she's with me most of the week, the school week, and the weekends." "Well, I have five kids, and I have 4 out of 5 kids that I see a daily basis and it all works out right because I have three different baby mammas, and two of them get along any other one doesn't really get along with anybody, but on a daily basis my kids is everything to me." "Very much, because lately I have been getting into it with the nurses at the hospital about my baby care, because he was born early and he had a breach so my baby mother had to get an emergency c-section. So, lately everything is has been going better, but I would like them to keep me updated what's going on with my baby's health, how he's doing and everything like that."
	Moderate involvement	"My wife and I are in separate places right now and it makes it harder on the time issue. I talk to them on the phone at least every other night and tell them good night. It might be a two minute conversation before they go to bed. If they want to call me anytime during the day she will let them call me and I will talk to them. I usually try to go by there if not every weekend every other weekend." "Yeah, she's with me most of the time, yeah she's with me most of the week, the school week, and the weekends."
	Attentiveness	"We play around at home and help her out with her ABCs, she's got a Magnadoodle, that's her favorite thing to draw on." "I go walking with her, talk to her on the phone, make sure she's doing good in school and encourage her if she's not doing well. I tell her whatever she was her mind to she can do it."
	Responsibility	
		"I take him to school every day, I get him dressed, I give him showers, I feed him." "As far as like, anything from getting her dressed, to bathing, to feeding, to reading, spending quality time, to walks in the park, dress, clothes, shopping, food, cooking."

	providing	"He is helping him with everything that he can do. He is also the provider. We all live together. So, he is the father for always."
	discipline	"I corrected them and disciplined them when necessary but most of the time it's not. I try to be the good parent."
	school encouragement	"Make sure she's doing good in school and encourage her if she's not doing well. I tell her whatever she was her mind to she can do it." "We are forever going to her school to eat lunch with her, we are constantly finding out if she's having trouble with speech or anything, we are trying to get her speech therapy now."
Perceived Barriers to Involvement	**Child Availability**	
	child autonomy	"Some little stuff he do, but he doesn't want you to help him. Some things he doesn't want you to help him with. Like, when P. is coloring or playing…, or trying to make something or, some things he just doesn't want you to do. Like, if he's looking for a movie or something, he doesn't want you to go get it for him. He wants to go get it. Or, if he wants to play with his toys. He won't, he doesn't want you to mess with them, because he wants to play with the because he wants to do one thing with the toys. He is on his own."
	holidays	"The only thing would be hunting season. I go deer hunting and turkey hunting, but normally, that's three months out of the year. I don't go every day. It's just two or three days a week. You know, stuff like that." "I guess the holidays Christmas, Thanksgiving. Umm, her mom might want her or I might want her."
	grandparents involvement	"Sometimes he goes to his grandma's and you know, I wish I was more involved on a daily basis, but it has to be the way it is." "Sometimes, then again, he needs his mom. You know? Because he gets to where me and the wife are his mom. And that's not good, because we're not the mom. We are the grandparents. And, I kind of wish there was a way that he could spend more time with his mom. Just to have that bond."
	when child not at home or available	"I would in the morning and everything he goes to school and I spent the rest of the time. He comes home so we spend the whole day together. School gets in the way." "You know, that's like our little time with she has a break from you, the less she gets in the house for her to be taught over there it school a lesson that she's going to need as far as from the school aspect."
	Personal Issues	
	father lifestyle	"Uhh, it was back when I guess she was maybe five or six months old. Back when my wife was working before we both got disabled. Uhh, I would stay home and take care of her. I mean, anything that needed to be done."
	having other children	"It's just kind of when I feel myself getting overwhelmed and feel like I have to spread my love around. Slip down into a little mood. Because I like to have kids spread-out places. So like when it comes to my daughter be in it she's not only girl." "Spreading the love around."
	father wishes he could be more involved	"I'm recently getting ready to start work, which is great for everybody but I don't know if it's going to benefit nighttime. … but I wish I could be more involved on a daily basis."
	Contentment	

	father is content with involvement	"No, I feel the amount I'm involved is fine." "Because I am involved. I wouldn't know what more would be." "Oh no. I am sure they are things I can improve on, but I am pretty stable."
	nothing gets in the way	"Umm, nothing really. Nothing really making it hard to be more involved."
	Financial/Work	
	work interference	"I mean, you can never spend enough time. Right now, work. I'm trying to get the money to come in. So we can get the bills paid..." "May be picking them up from school, but that's not possible with my work schedule. I get up at six in the morning, I wake him up at about 630 and I am out the door by 645.work is only thing that gets in the way." "Really nothing but work. I do have a job, part-time. But when I'm working full-time, it does make me kind of mad because I can take off and do things with the baby. But right now I'm my own boss. So I can manage it."
Importance of Involvement	**Role**	
	fathers bring balance	"They definitely need to be involved. The balance between male and female, a difference. It is a big deal. Umm, you know, girls like inside stuff boys like to go out and get dirty."
	hedge of protection	"You know, just for him to come in that aspect. You know, nobody… a father is so important, because it gives that like hedge of protection almost like you know, they know the mothers going to be there and the mothers are there."
	father is key ingredient	"The way the statistics show in the papers on the study of the child if the fathers are not with him then they are likely to get locked up and stuff like that so if the father could spend more time with them then maybe the outcomes would be better." "Very much so. Especially girls, boys too, but a lot of girls don't have their father and I think that is the main ingredient to the recipe. It's one thing to have the mother. But you also need the father."
	help them learn life lessons	"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that." "There wasn't a real father there to teach them right from wrong, not to lie, and not to beat up on each other. Where I can see when I'm with X everything is fine." "You know, because you have these kids for purpose and that is to raise them and to show them different things and to teach the so. I mean, that's just my side of it."
	help them through life	"I guess the whole thing I would say to work on cueing her more on like, like her grow up and learning the knowledge in general things around the house." "Like how to climb a tree. Or maybe when he gets older, how to work on a car. Stuff like that. That in general in our society." "you know, to try to teach your kids to do the right thing and to take care of them until they can take care of themselves." "It teaches them about their work ethics and life. That's what my father taught me. He taught me how to budget money. I saw what kind of hard worker he was, so that made me

		want to be a hard worker when I grew up."
	Fathers able to do what mothers can't and more	"I see a lot of single mothers, out here with just their having to be mommy and daddy and it shouldn't be like that. I mean child really needs his father in his life because of father can do more for the son." "I think it's very important because for them to be able to grow up and learn up to be a man. I don't take the mothers can do that. The mothers really can't teach the sons how to be a man." "To be there when he really needs me to fall back on me just a totally be there. His mother can be there, but she can teach him to stand up to pee."
	Involvement Critical	
	child needs father	"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that." "I mean child really needs his father in his life because of father can do more for the son. Then what the mother could, but I see a lot of single mothers, out here doing a great job with it. But it's really hard." "A father is so important, because it gives that like hedge of protection almost like you know, they know the mothers going to be there and the mothers are there. In most cases. They come from the womb knowing that. But fathers, you know, is somebody that is that one that's supposed to be their protection. You know what I'm saying?" "100%, we are the role models for the children. The way I raise him is the way he is going to be in life later. They need their fathers."
	child would be misguided	"I feel like each generation, always kids are misguided...You step into where they are not just kids, but you start looking at them as human beings that you're responsible for and is not just Oh that's my kid, but I am responsible." "There wasn't a real father there to teach them right from wrong, not to lie, and not to beat up on each other. Where I can see when I'm with my child everything is fine." "Yeah, I believe it should be fathers in their child's lives… I think she would probably be misguided, and how she would know is mommy."
	Need both parents	"Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that." "Yes I do. I mean, really the child should have both parents involved in their lives. Not just one. I see a lot of single mothers, out here with just their having to be mommy and daddy and it shouldn't be like that." "Very much so. Especially girls, boys too, but a lot of girls don't have their father and I think that is the main ingredient to the recipe. I mean, it's one thing to have the mother. But you also need the father." "Yeah, because the woman can do it. The mother can do it, but she can't do it all. Just to being there is fun. You can teach them little stuff that the little guy is supposed to know.,

		how to brush their hair, keep yourself up, keep yourself clean, not run around and basically keep him out of trouble and teach them right from wrong."
	Personal Experience	
	grew up without a father	"It's no why not to answer, because it's not of fathers and all. You know, I didn't have my father there in my life not one bit on until I almost died in a car wreck when I was 18 so." "I don't know if you grew up with your father or not, I didn't. My dad rarely did anything for me you know. I will tell anybody. My kids have done more with me now at a young age that they are still kids than I did up until I was a teenager where I can kind of go in kind of do things on my own." "I do 100%, because I grew up without a father. So I know how it is to be without. My mother raised me along with nine other siblings, there is 10 of us altogether. It was troublesome, but we all made it out. And I've been holding down jobs since I was 17 working in and out of ship yards. So, I feel it's very important." "Nothing I can think of. I was a big when I was younger. I didn't have a father around. I was into sports trying to be healthy. It was about try to look good and keep yourself healthy. I got less fit at times, but not a whole lot."
	miss out on things	"Yes, because of miss out on a lot of things in her life. I can grow up with my real dad. It bothers me sometimes. I don't know what I missed. I'm still around my child. So that's how my life is different. My mom got married when I was three and then they got divorced." "Yes sir, I think it's important because if the child doesn't have a father in their life they are missing out because both parents should be there to teach the child how to interact and take care of itself and things like that."
	Responsibility	
	it's your responsibility as a father and should be involved	"That provider, their giver, there a caretaker you know, like, if anything that stronghold of foundation of it all. You don't have that, you see a lot of kids these days falling apart and running rampant and stuff, you know." "Yes because you're the father, and they look up to you and your supposed to be there for them and help them through life until they get old enough to do it on their own." "Little things here and there, but they can't teach him how to take care of their children as a man. The way a man is supposed to teach them how to grow up as a man. If I had a daughter."
	Available	
	be there for them	"You know, my responsibilities that I fill is protection, trying to make sure they grow up with morals and head them off into the right direction. You know, to give them the chance that I never had." "Be their friend, take care of them." "Yes because you're the father, and they look up to you and your supposed to be there for them and help them through life until they get old enough to do it on their own."
	emotional support	"Provide emotional and financial security for him. Be their friend, take care of them."

Responsibilities as a Father		"For me to make sure that my son is safe, that he is. He is being fed, having food every day, and that he is happy."
	be their confidant	"Just love and care for him really. Be a friend." "Teacher right from wrong, and not necessarily her friend, but her confidant."
	strong foundation them	"To make sure that she is taken care of and to make sure that she grows up safe and knowing I'm supposed to be a strong foundation in her life."
	Provide	
	father responsible for protecting the child	"You know, my responsibilities that I fill is protection." "The biggest responsibility is to take sure they know right from wrong, and keep them out of trouble. So they don't have to go through any drama and craziness. I raised him to respect everybody, it's my responsibility that I keep him out of trouble."
	Providing is a shared responsibility	"And women can show them things like, I don't know how to dress properly. Or what colors go with what. So it's a good balance. Moms bring other things like table manners, which all of us are working on it, of course he's four." "Like when he goes to school and stuff like that. Me and his mother we share the responsibility for things that have to be done but right now. I am at home more than she is I do it. It's a shared responsibility." "Yeah, I should have to do just as much for him as his mother does. It's not one person's job to do this or do that it takes two. I mean, it takes two to make the child so it should take two to raise a child."
	make sure child gets a good education	"Umm, make sure she's got a roof over her head, food in her stomach, clothes on her back, and try to provide the best education we can for her."
	fathers should provide for child	"I can't really say that there is one thing in particular, that I could do, don't get me wrong. I try to keep a broad perspective on what you teach your kids. And what you should show your kids and what they should learn you know." "To make sure nothing happens to my children, to take good care of them, to make sure they have food and clothes on their backs and on the table." "For me to make sure that my son is safe, that he is. He is being fed, having food every day, and that he is happy."
	responsible for their development	"And let them wean themselves away, eventually, but they never go away because they're your kids so. It should be equal responsibility for everybody matter if you are a parent, a spouse, a friend, or whatever." "Take care of her, watch over her and make sure she doesn't get her and stuff like that. Make sure she is learning, or alphabets, reading and way of life. Teaching her how to do things right."
	Teach/Model	

	father responsible for teaching child	"You know, my responsibilities that I fill is protection, trying to make sure they grow up with morals and head them off into the right direction." "My role is to show him life and how he's going to have to come in to it and how he's going to have to live it."
	discipline them	"I just watch him, and love him, and discipline him when he needs it." "I'm supposed to show them right from wrong, to teach them, to help them learn, to show them respect, and just help them grow you know." "The father figure more or less teaches them discipline and how to use their manners. It teaches them about their work ethics and life."
Barriers To Involvement	**Barriers**	
	lack of understanding/Medicaid	" A lot of the time it's not understand, and she tries to get me involved and tries to explain things to me it starts to get twisted around and I get confused. She knows all that stuff she knows what is going on and I have a very hard time with memory."
	relationship with child's mother	"She won't call and saying, she has a doctor's visit. They'll just go ahead and go and she will tell me about it later. That's not really doing any good. As far as I want to be there. I've taken her to a few appointments, but not enough to know what's going on. I get my information from her mom for the most part."
	work interference	"I missed his birth by like a few minutes because I was taking a final exam. She had at the end of the school year. Besides that, when he's here now I take them to the dentist. Work stops me from being involved in his healthcare." "When I'm not working. About 75% of the time I'm busy working and I miss her appointments. Between working and always constantly running, from the police anything but running errands." "If I wasn't working I would be more involved in taking them to the your and giving him medicine." "Usually when things like that go down. Not saying I haven't been to the Dr. with them before, but usually, when things like that happen. I am off at work or some because most of his doctor's appointments and thing are pretty early in the day…, but if I'm off from work or something and I will ride with them if she asks me to, but usually she would take him to the Dr. and when she comes home we will talk about whatever it might be that they talked about…."
	Desire	
	wants to be more involved	"Oh yeah, I mean, I like to be more involved, but I am involved. When she doesn't take the kids or deal with the bills and stuff. I have to deal with it. I am as much as involved with it." "Yeah, I would like to. Sometimes I might have to go to work or that's basically the only thing." "If I wasn't working I would be more involved in taking them to the your and giving him medicine."

		"Yes but I admit I haven't really looked into it like I have the other things because it's more so. I have a little a child support issue.., but I would like to go to the doctor's visits …and stuff like that."
	Contentment	
	content with current involvement	"Mom takes care of all the medical staff." "Then I give it to her I'm very involved with the kids healthcare. I just make sure they doing good, check with the doctors make sure everything is going good." "I don't think I could be more involved than I already am. I am at every doctors, every dentist appointment." "I like get involved with his healthcare. Like his medicine… I tried to call the doctor's office to make sure that that pill is taken care of. I just I don't like to let hospital bill go so let's say, if we get hospital bill that Medicaid had not taken care of, then I'll call the doctor's office and say "hey. He's got Medicaid, and they should be taken care of this bill."
	Family Support	
	grandparents help with healthcare	"I think it should be all the family. Even my mom, his mom." "Yeah I'm involved in those and doctor's appointments and checkups. Yeah I'm involved in that. My mom does it to. Sometimes she might take her when I'm not, or if I'm not able to do it, my mom or me, or my stepdad, those are the three."
Involvement in Child's Health	**Involved**	"So if the child is sick the father has got to know what is wrong with the child, how to dose out the medicine for the child." "But I know if he's sick to take him. I'll call them up and let them know that I need to make a sick appointment. At the same time, I do letter know." "I take care of him, I take care of everybody in the house when they are sick (laugh), the mama and the kids so…"
	father involved in healthcare	"The most recent thing is that, she had a real bad cough and we had to take her to the doctor." "Yes mainly taking them back and forth to the Dr., giving the medicine, speaking to the Dr. about his health. I like doing all that." "Make sure she eats good food, fruits and vegetables." "You know, as far as them going and getting shots and stuff like that because the experience of it, you know is the best feeling you know because I know that they are healthy being able to take them myself and understand what the doctors are saying to me and you know as far as like medications and stuff I give them what is referred for them so that way there is no right from wrong."
	both parents attend appointments	"My wife handles the appointments, we normally both go with her." "Every time the kids go to the Dr. I go with them, me and her mom." "My oldest is very dramatic when it comes the pain. So I try to be there to help her. I

		remember one time me and my mother had to get a splinter out of her foot it was like fighting somebody. So I try to be there to be the stronger one."
	father gives medicine to child	"I tried to explain to him what's going on, and what's happening try to get the medicine dosage, make sure he gets his medicine or she gets her medicine and…" "I give him breathing treatment; sometimes in either one of us will do it." "For example, we took a vacation to Tennessee, and my daughter busted her chin wide open and I personally hand-stitched it. I give her medicine…."
	father gives treatment when no one else	"I give him breathing treatment. Sometimes in either one of us will do it. Sometimes, if it sounds like you need one. Immediately I will do it. If she's not there she will ask me to do it you know, or if we notice he is having a breathing problem, if either one of us are not around if she's not then I will just the machine up and give him his treatment. You know? So, that's usually how that goes." "We take care of him the best we know. Um, that's all we can do. The mom takes him to the doctor and grandma. Grandma talks to the doctor. But I give him medicine as needed."
	father caregiver when child sick	"So if the child is sick the father has got to know what is wrong with the child, how to dose out the medicine for the child." "But I know if he's sick to take him. I'll call them up and let them know that I need to make a sick appointment. At the same time, I do letter know." "I take care of him, I take care of everybody in the house when they are sick (laugh), the mama and the kids so.."
	Responsibility	
	father believes responsibilities should be shared with mother	"Because, I mean, it can't always be the woman you know. The woman has a hard enough job as it is just focusing on everything in life, you know." "I don't think it's all the mother's responsibility. Like I said earlier, it takes two to make the child, so it should take two to take care of the child... I want somebody to give me my medicine to make me feel better." "Yes I do because it's as much as the fathers right, as it is the mothers right and responsibility to make sure your children are healthy and taken care of."
	part of involvement	"Yes I do because it's as much as the fathers right, as it is the mothers right and responsibility to make sure your children are healthy and taken care of. I feel like it's a part of the responsibility of fathers." "Yes, most definitely. A father should know, what is going on with his child. I believe every father should, I know not everybody likes the hospital and may not feel comfortable. But at the same time, they should know about their child."
	make sure child okay and knowledgeable of health	Yeah because fathers should know what's going on with the baby, because if not, why are you there if you don't want to know if your baby is healthy. You should want to know

		about it." "I really do. That's another way of how to take care of them. They can't always be financially, but you have to be able to know your child from the inside out… If you don't know the physical aspect, or the outside, then there is the problem."
	Important	
	fathers should be involved in healthcare	"Because fathers should know what's going on with the baby, because if not, why are you there if you don't want to know if your baby is healthy." "I wouldn't want to know that my daughter have some type of sickness or was sick and I had no knowledge about it and something was to happen… "
	Worse	
	health	"If the man is not around in the mom will do whatever she wants to do. She will do what she has to do for the child. But she will not make sure that he is right on top of things." "If I didn't participate in her healthcare, she wouldn't eat some of the things I want her to, like all the fruits and vegetables. Her diet would mostly be affected and she would probably eat more junk food."
	different from current behavior	"To be honest with you he would probably be more scared than he is right now. That's daddy's weak point, I don't like doctors. They do great and I don't think it would be a bad influence for me to be there all the time because when they pull out those needles. I'm not the one that is tough enough to hide that cat cowardly face when that needle comes out." "Because sometimes the baby doesn't take heed to the mother, he may heed to the father. Like her daughter takes heed to me more than to her mother so I'm there to calm her and make sure she knows that the Dr. is not there to hurt her. What the mother being there will be different, because they would still be showing off screaming and crying. If I was not there she would not be healthy. She wouldn't really get healthcare, because she would be showing off too much to understand what's really going on. It's not make or break for me be in there, but if I'm there, she's more call me collected, but if I'm not there she would show off. She would be better from there."
	sense that daddy cares	"It makes my child feel like, at least my daddy is going to be there. I am in pain or not feeling good when I need him. More than likely it's about me being there, because in the child's eyes a parent is like the best friend and be in there is the best thing." "I think he would want to see me do more. You know, I think you would want to see me do more as far as taking him to the doctor's order or coming to eat lunch with him at school and stuff like that. You know, I think he would want more." "My little X , it's pretty cheery and she would probably be down in the dumps. If I didn't participate." "Especially a doctor's visit, because I feel that with the child. It's saying my dad actually cares about me subliminally."

	No Change	
	no change if father not involved in health care	"If I didn't participate, it really would not make a difference because we sit down and talk about everything and plan everything together he would still be healthy and she would still be healthy." "It would make no difference, because my wife does such a good job of it and he prefers her. As far as when he is sick or if he falls and scraped his knee, he runs to her." "I can't say that I don't take it would make a difference in how he felt about how relationship. You know? But I'm not saying that at all. I'm just saying that that was just something I've never really thought about or ever really thought about at all because I guess I'm not going to say."
	Improvement	
	would bring father and child closer	"I think he would want to see me do more. You know, I think you would want to see me do more as far as taking him to the doctor's order or coming to eat lunch with him at school and stuff like that." "It would definitely bring us closer. The little things that we do now. Definitely brought us closer as far as, people understand how much of an impact for anything as simple as a doctor's visit, where I do the little stuff, because in her have this bond to where anything that we do we turn into an event… Especially a doctor's visit, because I feel that with the child. It's saying my dad actually cares about me subliminally."
	Supportive	
	mother supportive of involvement	"She is very supportive. She will make the appointments and write them on the calendar, remind a couple days before." "She pretty much just gives me the leeway as the father to make the decisions on the choices I have to make as my son's parent." "She was just say spend more time with your daughter or spend more time." "She doesn't block me doing nothing and I don't block her."
	mother appreciative of involvement	"She always tells me think you for doing that for X. or think you for doing this or, I appreciate you doing this I mean, she's really supportive." "We try not to, you know what I'm saying, it's not no 80/20 type thing it's a 50-50 type thing, we both contribute equally." "She says she appreciates everything I do. We hardly disagree on anything. She doesn't ask me to do more, but she just says she appreciates."
	Difficulties	
	problems communicating with mother	"We don't speak much about me being involved with him. Sometimes she's good, but other times I hear from other people that she has been bashing and me." "In all honesty, there situations where we completely just missed each other's point, and she supports. If I want to do something (to come get her in go here and do this or that),

		but as soon as I don't do something that she feels is necessary." "Even if we don't live at home with the mom, a report of how you doing in school, I would like to see instead of always having to talk to the mom. They are times I want to see her grades in her mom says. "I don't know what I did with them." You know, so it's like, I don't have really much to stand on. I would like to have more information, and not go to her mom."
	Supportive	
	both parents attend appointments	"I'll call them up and let them know that I need to make a sick appointment. At the same time, I do letter know, then we are in a doctor's office." "Like when we were together, we used to go together to the doctor's appointment and she would go with me. She never encouraged me to speak to the doctor." "She is really happy when I can come to the Dr.'s appointment with her because I help her out a lot with it. But she is really supportive when I go to the doctor with him and her. Umm, she sometimes has to call and remind me, but most of the time. I have it on the back of my mind, like "hey I know X. has a doctor's appointment say next week." "She will say, "I appreciate you coming to the doctor with me." You know, especially if she's getting shots. I'm always the one that has to hold the legs down." "Yes, she lets me know, anything that is going wrong. Anything. If he has a checkup or dentist appointment or if he has to be here or little screening, we always talk about it and go."
	mother informs of appointment	"My mother lets me know when they have appointments and asks me if I want to go." "She gives me the benefit of the doubt. She lets me know when the kids have appointments and what not." "Yes. She first started getting me to go to the doctors with her. She got the pattern started."
	mother invites to attend	"She tries to get me there. I do show up for a few appointments. But the major thing to show up for, like now he's going to a chiropractor and the other thing was he had his adenoids removed and another was probably a painful process, but I couldn't make it because I had to work. I she tries as much as possible…" "She is still supportive of that too and lets me know about it stuff like that." "She always tells me when she wants to go to the Dr. she would say, "baby are you going to the Dr. appointment with me or meet with my daughter appointment, or do you want to go with me to see the baby?" And I am like, "yeah let's go." "She will make the appointments and write them on the calendar, remind a couple days before."
	mother supportive of health involvement	"She is still supportive of that too and lets me know about it stuff like that." "I take care of everybody in the house when they are sick (laugh), the mama and the kids so. You know, our ratio with us is that she's 25, and I am 30 and I've had kids before and

		she didn't. So it's all basically new to her. So everything for me. I have to teach her and she has to pick things up on her own." "Yes, she lets me know, anything that is going wrong. Anything. If he has a checkup or dentist appointment or if he has to be here or little screening, we always talk about it and go."
	Not Supportive/ Relational Difficulties	
	mother does not inform	"She does it keep me posted on it, she won't inform me. I always get news later...
	poor relationship	"No. We don't have the best relationship. It's not a bad one, but… not a good one." "So it's like, she doesn't make it easier and I don't know what that's about."
	mother not supportive	"When she had custody she would always ask for money. She didn't show much emotion about it. We don't speak much about me being involved with him. Sometimes she's good, but other times I hear from other people that she has been bashing and me."
	Nothing	
	mother can't be more supportive for health care involvement	"No, she's trying her hardest. A lot of the time it's not understand, and she tries to get me involved and tries to explain things to me it starts to get twisted around and I get confused." "There is nothing she can do, because I'm there when she needs me to be, no matter what." "Uhh, no way at all. She is really supportive of anything. Like I said, we are pretty decent family, we don't do a bunch of argument and stuff like that. We sit down and take care of the bills, take care of anything in general needs to be taken care of." "I mean it's really nothing that can change to make it better. I mean, it's already good." "I don't know how that possibly be. I really can't answer that question, because I don't know how you can be more involved you can it your children's health than like being there when they have health problems."
	Communication/ Responsibility	
	mother could inform about needs	"Just she could stay on the right path to continue doing what she's doing. I guess she could call me up. Or she could probably do it every now and then or say "say hey I want to take her to the doctor." "I'd say keep me posted or arrange a way that the father, regardless of any situation or his status was social services or whatever, or arrange away that he can step over top of everybody else and just get information between a doctors or the schools and the father."
	make it easier to get information	"I'd say keep me posted or arrange a way that the father, regardless of any situation or his status was social services or whatever, or arrange away that he can step over top of everybody else and just get information between a doctors or the schools and the father."
	Father Cognitions	
	attitude	"I guess my attitude sometimes (yawning). I just guess, you know, my attitude they could get stressful and depressing at times, you know, what you don't have like help really and stuff …That's what I say my attitude, because sometimes you know, I feel that I was cheated out of whatever."

Fathers' Perceptions of Things that Need to Change		"So if anything I would say adjust to my attitude more to program to try to become more father like to my children. And that's like being a better role model and example of things that I do because I'm still young, and there is still paying things that you know, as a young person." "Well, I think needs to change? Umm, probably my attitude, you know, my own self-respect for me, you know."
	Nothing	
	nothing needs to change	"No, like I said, God forbid if something happened to her right now, where she got sick. I would drop hunting season altogether until she got well even if it meant missing the whole season. I would drop it for her." "I want to find a job that will be basically the same hours that he will be at school."
	Financial/Work	
	more income	"A steady income would need to change." "In my youngin's healthcare? I don't really know what could be changed. To be a millionaire things would change. I could own my own business so I could spend all my time with my kids. I think that would be every man's dream, huh?"
	employment	"Yeah, and you have to work." "I'll really think anything could change was work. Because if it would be earlier than it would just be earlier I would still miss some part of his day or waking up. You have to work, in order to be able to support him. So work out think it's a problem." "I would like to work, but right now, I haven't found a job. But if I had a job. I would still spend the same time. Well, not the same amount, but probably a little less with him at home. But I enjoy the time that me and him to spend together."
	own residence	"If I started working out to get my own place. Then I can get my kids and be 100% involved. For the most part, where I say, I get my kids on the weekend. I get my kids whenever… When I get my own place, how have all four of them."
	transportation	My two oldest live in the county, and I don't have a car. So it's hard to go back and forth to get them. And sometimes my mom doesn't feel like doing it.
	father change hours	"I would change my hours. You know, but what would really have to change is my income and my hours because you still have bills and things that need to be paid."
	Relationship with Mother	
	easier access to information	"They don't tell me that the mom has to be here for this or that, because they have seen my involvement so they are pretty comfortable." "My current situation, if I could speak in all honesty, women have children in the state or whoever jumps immediately on their side regardless. I've seen enough situations where moms use the kids against the dads."
	communication with child mother	"Umm. Just she could stay on the right path to continue doing what she's doing. I guess she could call me up. Or she could probably do it every now and then or say "say hey I want to take her to the doctor." Stuff like that." "Communication between me and my wife, stuff like that."
	No Change	

TAP/Head Start Feedback	would not change TAP	"Headstart already pretty much helps me be involved in they do things …" "I go to every meeting. We figure out that we can help and give each other's ideas on what to do with our children. I think the fatherhood program and has been pretty good. Then doing excellent right now, I wouldn't change a thing."
	enjoys TAP programming	"Uhhh, the programs, the activities, the meetings we have, you know, it gives a better edge at knowing what to do and knowing what not to do when it comes to school, kids and other kids, and things on a daily basis. Oh yeah, I'm doing a lot better with this now than before." "Head Start, it gets. The parents, and in the mothers and fathers more involved in and like the cool activities that take place. I like the chili cook-off and the kick off, programs and events like that. And he gets all the periods together four different occasions, and the. The meetings at the tap Head Start school. They can improve by getting more parents to come out." "You know, rather than say, we went outside to play you can say you did something. So that's the way I look at it. I think the people there see me pretty often I come through their have been with them about X., and his progress and stuff like that. So, kind of all of that put you in it even if you don't want to be. But I want to be, so." "Headstart has been helpful in helping me be involved. I also go to the classroom to see what's going on with my child. Headstart has been good in allowing you to come over and see what's going on with the kids and have some the is not right. They will call you and let you know, what's basically going on in your kid's life."
	nothing TAP can do	"Honestly, nothing. I mean, as far as I'm concerned I am one of the most involved fathers that I know of at her school." "Pretty much nothing. They always have things for fathers and parent so they are pretty good at that. I try to take part in it if I can. If it Headstart cancelled all their programs it wouldn't really affect my involvement too much. There is nothing really stopping me, because the one that's in Headstart is in the same area as me. So it's easy for me to go up there to see how she's doing, see what she's doing."
	grateful for TAP	"They can give you suggestions on things. You can do more. And I would take as advice. I really would take it into consideration. Because of Headstart, I spend more time with them and reading to him." "I'm very grateful that you make this interview. Even though I speak Spanish, and fatherhood is very important to me. I feel so happy that Headstart is doing this to help our children."
	More Involved Fathers	
	TAP should advertise more	"When You all came down like push for more outreach and community, you know, like really, really make awareness of fathers as, it should be as important as breast cancer. …I mean, the importance of fathers should be should be match with the importance of breast cancer or any other thing…You got a take action to make action." "Yeah. And if they don't want to be involved they are not going to and you can't force them. I mean, if they put up a banner that says "dads we need you" you know, how do

		you worry that without making that dads mad, you know too much pressure."
	TAP should get parents to come out	"Head Start, it gets. The parents, and in the mothers and fathers more involved in and like the cool activities that take place. I like the chili cook-off and the kick off, programs and events like that. And he gets all the periods together four different occasions, and the. The meetings at the tap Head Start school. They can improve by getting more parents to come out." "In general, like to get other dads to help out more, I don't know. I like it. I mean, it's a good thing."
	TAP should plan more events	"Like she would say we have to get out there and plan more events that would attract fathers to want to spend time with their kids. Like last year our school won March madness. We had the most parents, grandparents, fathers, significant others or whatever involved in our children's lives." "They should have a fatherhood program month to month. I mean like the chili cook-off. They have it coming in November, well the next fatherhood program is not until January, the final Chili cook-off which I think they should have like a chili Cook off in November and has maybe like a Christmas dinner with the mothers and the fathers of the children in December. And then have the chili cook-off in January, and then have something else in February. I mean they should have something like for fatherhood program every month and then let all the fathers get together and see what they could do." "But you, I think TAP, like what Virginia Tech came down, they need to try the outreach in the community man. And it's not just about put up flyers. You know what I'm saying, that doesn't cut it you know you have to really push the issue of fatherhood."
	TAP should do education classes for fathers	"Yeah, I think they bring up the important stuff, but I think they leave out some important stuff too. Like doing stuff with the children at the centers, I mean, they would let you come in and do it but it's going to be on their terms is the way I get it." "You know if they could do 5 to 8 one day per week that might help the dads see them. If you take a dad like me, you know, and then, but maybe an education class, because not everybody can do the medical thing. Uhh, just like once a month class. I don't know how they would do that they would have to hire real teachers I guess."
Additional Information	**Good Dads**	
	baby daddy bad reputation	""As I grew up and tried to be more involved. People hold that against you, and then you back out. So when you get to the point where you feel like you owe your kids all the time that you lack as when the baby mamas. Start with all whatever and through it in your face and pin it to you. Then, slowly but surely, the court system, the more the woman talks down on the man. The more the court system starts to believe that. Everybody's starts to believe that. They can go down and say this that it whatever. Then the next thing you know a guy is the worst guy in the world. I don't like that. I like attacking people's character behind a baby's mama."
	Work with Mother	
	Discussion with mother	Basically me and their mother had a sit down conversation. You know. These kids, they are both ours and I deserve to be a part of their life.
	Influence on Parenting	
	fit and healthy lifestyle	Nothing I can think of. I was a big when I was younger. I didn't have a father around. I was into sports trying to be healthy. It was about try to look good and keep yourself healthy. I got less fit at times, but not a whole lot. Right now, it's a part of my lifestyle."

Table 20 Analysis 2 Descriptive Statistics for Demographic Variables and Child Health

	Father (avg/ SD)	**Mother (avg/SD)**	**Child (avg/SD)**			
Age	31.04/ 4.61	28.54/ 4.26	4.23/ .98			
Other Children	2.46/1.06	2.46/1.06	*			
Time in TAP	*	*	20.92/ 10.86			
	Biological Intact	**Biological Non-Resident**	**Step**	**Other Father**		
Father	34	10	4	4		
Mother	39	2	7	4		
	African American	**Caucasian**	**Hispanic**	**Native American/Alaskan Native**	**Asian**	**Other**
Father Ethnicity	27	17	5	2	1	2
Mother Ethnicity	25	15	5	2	1	4
Child Ethnicity	25	15	5	2	1	4
	Less than HS	**HS or GED**	**Some college**	**Completed college**	**Master's Degree**	
Father Education	14	20	11	7	*	
Mother Education	31	12	5	3	1	
	Less than 15K	**Between 15 and 25K**	**Between 25 and 50K**			
Income	29	16	7			
	Single	**Married**	**Divorced**	**Widowed**	**Living Together**	
Marital Status	10	18	14	1	9	
	Yes	**No**				
Father Health Insurance	23	29				
Mother Health Insurance	23	29				
Child Health Insurance	47	5				
	Male	**Female**				
Child Gender	29	23				
	None	**One**	**Two**	**Three**		
Illness in last 12 months	15	28	7	2		

Table 21 Descriptive Statistics and Correlations for Fathers and Mothers

		1	2	3	4	5
	M	4.61	95.03	3.46	4.45	31.04
	SD	.97	13.10	.32	1.35	4.61
1. Involvement		**.02**	.27*	.36*	.21	.08
2. Modernity		.05	**.19**	.16	-.22	.10
3. Barriers		-.08	-.26+	**-.04**	.23	-.02
4. Family Integrity		.02	-.04	.40***	**-.06**	.08
5. Parent Age		.02	-.00	-.00	.15	**.73*** **
	M	4.60	100.24	1.68	5.63	28.54
	SD	.97	18.67	.76	1.10	4.26

Note: Descriptive statistics and correlations for fathers are on top and above diagonal, and for mothers are on bottom and below diagonal. Diagonal shows underlined correlations between mother and father.

+ p,< .10, * p < .05, ** p < .01, *** p < .001 (two-tailed)

Figure 10 Mediation Model, Father Involvement, Child Health, and Family Integrity