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RATIONALE AND STRATEGIES FOR  
ENGAGING FATHERS IN MATERNAL AND  
INFANT HEALTH PROGRAMS:  
A Summary of Promising Practices

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**Please Note:**

Recommendations provided in this report are based on available literature. Implementation of these recommendations may be restricted by your funding source and/or funding agency's policies.

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## Why involve fathers in maternal and infant health?

Fathers and men have long been either ignored or an add-on to maternal and infant health (MIH) programs, yet the importance of engaging them in MIH work has been increasingly noted in the past few decades. Research findings indicate that fathers' engagement in their children's lives is important for fetal growth, infant and childhood development, health and social well-being. In this report we present a summary of the evidence for the role or impact of fathers across the reproductive life span: before and in-between pregnancies, during pregnancy and after delivery (pre-/inter-conception, prenatal and postnatal).

**Before and in-between pregnancies.** Men have an important role to play in family planning and can influence contraception use. Their involvement in reproductive health planning is crucial to reducing unintended pregnancies and increasing use of birth control and protection from sexually transmitted infections that can impact pregnancy outcomes when contracted by the mother. Additionally, men's health and preconception risk behaviors have been shown to have a direct impact on fetal and infant health. Paternal abuse of alcohol, smoking (cigarettes, marijuana), diet, environmental exposures, among others, have been shown to modify genetic makeup passed on through the sperm at conception which in turn can influence the health of the child as well as future illnesses in adulthood.<sup>1</sup>

**During pregnancy.** Based on research findings, fathers indirectly impact fetal development, birth weight, and preterm birth. This is proposed to be primarily through their effect on maternal well-being, stress levels and behaviors during pregnancy. When fathers or partners are involved and supportive of the mother during pregnancy, mothers tend to obtain prenatal care earlier, smoke/drink alcohol/use illicit drugs less, exercise more, and eat healthier while pregnant.<sup>2,3</sup> The involvement of fathers during pregnancy has been associated with reduced risk of very low birth weight, small for gestational age, and pre-term birth.<sup>4</sup> Similarly, when fathers were not involved, pregnancy outcomes were at higher risk for negative birth outcomes.<sup>4</sup>

**After delivery.** In the first months of infancy, fathers can influence important maternal behaviors such as breastfeeding. Study findings indicate that when fathers are on board, they have an influence on the decision of mothers to initiate and continue breastfeeding.<sup>5</sup> Fathers can encourage a positive attitude towards breastfeeding and provide practical support to the mother of their child. Often, fathers want to support breastfeeding and encourage their partners to do so, but they feel left out of breastfeeding education and promotion.

Fathers can be an important part of helping mothers who are dealing with post-partum depression. It has been observed that a mother is more likely to experience depression if she has a poor relationship with the baby's father, if the father was not present at the time of the baby's birth, if the mother perceives that the father is providing insufficient emotional or practical support, and if the father is being critical, coercive or violent.<sup>6</sup> Among mothers who were satisfied with the father's involvement, the perception of the amount of fathers' care giving is associated with fewer depressive symptoms.<sup>7</sup> Different levels of depression (stable non-depressed, stable depressed, remitted depression), are associated with mothers' level of satisfaction with support from the baby's father.<sup>8</sup> Additionally, fathers who are involved and engaged can help care for the infant, if the mother is suffering from postpartum depression.<sup>9</sup> MIH agencies with fatherhood programs should also be aware of post-partum depression among men and be aware of signs, or the benefits of screening men as well.<sup>10</sup>

#### Signs of potential postpartum depression in a father:

- ☹ He's withdrawn from or avoids the family.
- ☹ He stays at work longer hours than usual.
- ☹ He doesn't interact with the baby in positive ways.
- ☹ He feels inadequate or fearful in his role as a dad.
- ☹ He has difficulties relating to the mother.
- ☹ He feels more irritable, aggressive or angry.
- ☹ He's experiencing sadness or despair.
- ☹ He has increased drug or alcohol use.

Studies on infant-father attachment indicate that it is important for fathers to begin the bonding process during the prenatal period (e.g. listening to baby's heartbeat, reading to the baby in utero, being present at the delivery). Early paternal attachment has been associated with reduced risk of future child abuse by the father.<sup>3</sup>

The literature on fathers and infants indicate that, when fathers are not involved during pregnancy, there is greater risk of infant mortality.<sup>4</sup> When men were not involved, infant mortality rates were higher than for those infants who had involved fathers. This was true across all races and ethnicities, but even more important for African American/Black infants who have a 2.4 times greater risk of dying within their first year of life.<sup>11</sup> As the infant grows into a toddler, having a father that is not involved has been found to be associated with reduced cognitive and social development.<sup>12</sup>

## What are some of the barriers to fathers' participation in MIH programs?

Socially, women are seen as being the primary party in reproductive health, especially for pregnancy and early childhood. As a result, barriers exist at various levels of society, including individual, family, community, institutional and policy levels.<sup>2</sup> On a personal level, socio-economic issues such as lack of employment, current or past incarceration, and multiple child support responsibilities can impact fathers' ability to be supportive of the family. These issues

have been known to impact fathers' sense of inadequacy, which in turn can lead to avoidance of responsibilities they feel they cannot address. This sense of inadequacy can also result from their own lack of male role models during their upbringing. For new fathers, the lack of experience and possibly not having a father themselves, can lead to fears of responsibility, or of the unknown territory of fatherhood. Additionally, the fathers may not live near their child or the mother carrying their child. This may prevent fathers from being engaged in their child's life or from participating in a maternal and infant health program.

The relationship with the mother has been identified as an important barrier to fathers' involvement. These complex and sensitive relationships make it difficult for fathers but also for MIH programs: the mother serves as the gatekeeper to the father being invited or engaged in the program. Staff working with mothers to engage fathers should be aware of the mother's reluctance to share information with the father or about him. Staff should be trained to further investigate the resistance and identify whether it is based on fear/safety or relationship issues. For example, is this a case of domestic violence, or could it be based on her own resentment or anger towards the father of her child based on unmet expectations or disappointments? Sharing information about the importance of the father's involvement in the baby's life can become an incentive for mothers to focus their attention on the well-being of the child, rather than their couple relationship problems.

There are many cultural variations in perceptions of fatherhood and fathers in communities. Many myths exist about African American, Latino, Native American or fathers from poor communities in general. Mothers and MIH staff may transfer these beliefs onto the way in which they deal with fathers, giving the men little chance to become honestly engaged. With the high rates of incarcerations and high rates of single motherhood in many minority and communities with high poverty, the assumption is often that these men are "dead-beat dads" that should be ignored. However, just like mothers, fathers from these communities love their children and have high socio-economic, physical and mental health needs because of their own environment and lack of opportunities.

Fathers also face institutional and policy barriers, when it comes to reproductive health.<sup>13</sup> Institutions providing MIH services are focused on women and fathers are not expected to be involved in preconception, prenatal, postnatal or inter-conception care. As a result, health care and MIH service providers lack the awareness and the training for involving fathers in reproductive health care and services. Overarching policies and laws also reflect the tendency to focus on mother and child, rather than the family as a whole, and do not favor men at all.<sup>14</sup> For example, government programs for aid to families with children have traditionally penalized families where the father is present, regardless of his own income or employment situation. Other laws may discourage mothers from reporting paternity, in order to either protect the

father or so that their assistance is not reduced as a result. Paternity leave is only now being offered by some employers, but not for workers at the lower end of the economic ladder. With regards to MIH, the lack of funding for fatherhood programs is an important barrier that impacts staff training, hiring of male coordinators, providing father-focused activities, and engaging in outreach activities specifically targeting fathers.

*“Traditional definitions of fatherhood underestimate the role of black fathers and do not adequately capture the cultural nuances that surround the fathering role in the African American experience.”<sup>15</sup>*

## What are promising strategies for engaging fathers in maternal and infant health programs?

When looking to involve fathers, it is important for MIH programs to:

1. *Define the target male population:* who does your program wish to engage, fathers of the infants served, partners of the mothers served, fathers in the community, adolescent fathers, incarcerated fathers, or another population of fathers? Biological fathers or father-figures?
2. *Prepare the environment:* Is the environment welcoming of fathers? Is the staff experienced or trained to engage with fathers?
3. *Select outreach strategies:* where and how can you reach your target population of men or fathers?
4. *Tailor the message:* are your messages and incentives for participation tailored to men/fathers?
5. *Develop or identify activities or program:* in what types of activities will you engage fathers? How and when will you conduct these activities?
6. *Identify partners and community resources for fathers/men:* should you engage men in your program, to what agencies can you refer them for services needed?
7. *Assess program progress:* how well are you engaging fathers targeted? What outreach strategies, messages, activities, etc., work and what needs to be improved upon?

These general steps for involving and engaging fathers in MIH programs and health services have been used. Details of the specific successful strategies within each step are provided below, based on existing research and program reports.

## Defining the target male population.

The initial determination of an MIH program is whether there will be specific programs or activities just for fathers, or if fathers will be included into existing programs within the agency or in collaboration with local partners. Secondly, the MIH program will need to determine whether their agency will recruit fathers of infants served, partners of the mother served, or fathers in the community in general. Due to the complexity of relationships, it is important to define the men or fathers that are sought for your program. There exist many forms of fatherhood, including the biological father of the child, the current husband or male partner of the mother (noting it may change within the timeframe of the program) regardless of the biological relationship to the child, or a father figure who is not romantically involved with the mother such as an uncle, grandfather, or friend.

When a group of mothers were asked about how they defined ‘father’ they made the distinction between the biological father and the ‘dad’ who is helping care for the child, and emphasized that they may or may not be the same person.<sup>2</sup> Because some services such as child support only come from the biological father, it is important to be clear about who can be served through program funding mechanisms. For example, if there are services offered that are tied to the ‘father’ providing child support, paternal leave, or paternity testing, then the recruited population will be biological fathers. The majority of MIH programs looking to involve fathers have few restriction and usually include the ‘father’ as identified by the mother of the infant. Other programs reach out to fathers in general, regardless of their relationship to the infants served, while some programs may specifically focus on fathers who are incarcerated, on adolescent fathers, or first time fathers, for example. Defining the ‘father’ to be involved in the program will guide the remaining steps to engaging father.<sup>2</sup>

## Preparing the environment.

The current perception of MIH programs is that they exist mainly to serve women. It is therefore important to create spaces where men feel comfortable.<sup>16</sup> One way to accomplish this is to display an attitude of willingness to learn from and listen to fathers/men. Assuming that they know what fathers want is an early misstep that many programs make when seeking to engage fathers into MIH programs.

Other ways of preparing to engage fathers can be as simple as displaying images of nurturing fathers with their infants in the office, adding magazines in the waiting room that would generally be of interest to men, have pamphlets about issues fathers may face including images of fathers on program materials, and have a diaper changing station in the men’s restroom.<sup>17, 18</sup>



Fathers and men interviewed or surveyed in various studies also reported staff being unwelcoming, being suspicious of their presence, or being reluctant to address them.<sup>2</sup> Hiring the right staff and/or providing training for existing staff is needed as we include fathers in MIH programs.

It is also important to educate mothers and the surrounding community on the importance of men on reproductive health and infant outcomes.<sup>19</sup> The local community is an asset that should be fully used. The community is vital for ensuring that a program's teaching methods and materials are culturally sensitive and are appropriate for the fathers within the population. Effective programs should tailor their lessons to better serve the fathers in their population.<sup>20</sup> Having strong community ties also allows an agency to link to other services within their community and to be more effective at engaging fathers.<sup>21</sup>

#### How father-friendly is your program? <sup>24</sup>

- Does the entire staff have an understanding of the role men play in children's lives?
- Do fathers believe there is value to using the program?
- Is there a male on staff that fathers are able to connect with?
- Is there a male volunteer or representative (another father) who is the point man for fathering activities?
- If there is no male on staff, are the female staff trained to work specifically with men?
- Is the physical environment welcoming to fathers?
- What biases may be influencing your efforts to engage men?
- Are there resources available that speak to fathers?
- Do promotion materials reflect fathers in the wording and images?
- Have you identified local partners and resources for men?

#### Training Staff.

There is an emphasis on the importance of recruiting and hiring staff that are experienced working with fathers and empathetic towards them.<sup>20</sup> Another proven strategy for increasing fatherhood engagement was matching home visitors and fathers based on gender, age, background, and personality.<sup>22</sup> Potter et al. found that the factor identified by fathers as most crucial to the project was having a worker that grew up in a similar way as the men in the program, this made it easier to develop trust and mutual understanding.<sup>23</sup> Workers' attitudes, skills, confidence, sense of humor, and their understanding of fatherhood and gender issues all impact fatherhood engagement.<sup>6, 24</sup> Other studies found that employing fatherhood coordinators or partnering with an agency that is an expert in including men can increase fatherhood

engagement.<sup>22,23</sup> For example, Potter et al. had their fatherhood project outsourced to an external charitable agency that was an expert in male inclusion. This allowed for the project to draw on the agency's expert knowledge.<sup>23</sup> While many studies recommend having a staff member with special responsibility for father involvement, it is also important to ensure that everyone on the team is trained and actively trying to engage fathers.<sup>6</sup> The reality is that father engagement is an add-on to many current MIH programs, therefore the funds to hire a male coordinator are not always available within the funding stream. However, training women to work with men has been proven to work if the women have been well trained and have dealt with their own biases towards men.

Staff training and staff ratio have also been shown to have an impact on fatherhood engagement. Programs that had staff members working one-on-one with fathers, instead of in large group settings were more likely to engage fathers.<sup>20</sup> High staff – client ratio and providing case management or service referral component raised the retention rates of fathers in the program.<sup>20</sup> Training staff in fatherhood engagement has also proven effective. For example, one program developed a one-day workshop for home visitors that discussed implementing a whole team approach to engaging fathers, discussed stereotypes and assumptions of fatherhood, and shared research findings on the impact of fathers on a child's life. The health workers that attended this workshop were shown to have a greater awareness of how to engage fathers.<sup>25</sup> Studies have shown that it is also important to train home visitors to identify their biases towards fathers.<sup>22</sup> Studies that addressed staff and

#### Tips for women working with Dads:

1. Hear men out. Find out their interests.
2. Do more facilitation of discussion than teaching of content.
3. Be prepared for some men to challenge your role in this work from time to time.
4. Ask “What do you think?” instead of “How do you feel?”
5. Keep discussions solution-focused, rather than idea or sharing focused.
6. Promote the message that dads can go to prenatal care visits, or well-baby visits.
7. Start with the assumption that the father is important to his family and really wants to be part of the group.
8. Have a sense of humor.
9. Try to make ice-breakers activity-based and relevant to the topic at hand.

#### Tips from men who have participated in women-led group:

- Do not openly challenge a man to respond in front of the class or group.
- Don't always emphasize that men and women are different, don't make too much of it.
- Men like to be direct and to the point.
- Allow men to be the experts on our own lives and families.
- Be patient, and curious about what we have to say. Learn from us as we learn from you.

practitioner training on fatherhood engagement found that programs that had well-trained instructors or facilitators had more positive outcomes in their programs.<sup>20, 26</sup>

### Selecting outreach strategies.

The best way to begin to provide outreach to this population is by specifically targeting fathers, not the family in general. Strategies to accomplish this include inviting father to events individually in-person or by phone, using social media, separately sending copies of the information to the father if he does not live with the mother, including a space for fathers on the contact information form, and specify the word “father” when reaching out – the word “parent” is often viewed as “mother.”<sup>18</sup> For reaching out to teen fathers, it is important to refer to them as “young fathers.”

Using a father friendly hook, is also a strategy that can be used; for example, discussing sports or technology prior to beginning a program may build rapport with the fathers and make them more likely to engage.<sup>27</sup> “Invite Dad” strategies are also a good outreach method, “Invite Dad” is a strategy that includes direct communication with fathers about the program.<sup>9</sup> Involving the mothers of the children to encourage the fathers to participate in programs can often be an effective outreach strategy.<sup>27, 28</sup>

### Tailoring the message.

The “Invite Dad” messaging strategy includes explaining to fathers why it is important for them to be involved in their child’s life, and discussing how services such as home visiting can make a positive impact on their child.<sup>28</sup> For many men their children are their strongest motivator; therefore, explaining how a program benefits their children can be a successful strategy for engaging them.<sup>27, 28</sup>

During home visits when a father is present or when addressing a father, it is important to explain to him why it is important that he be involved in his child’s life, and explain exactly what the program does and how it can benefit him and his family.<sup>29</sup>

Some programs have found that fathers were more likely to join a program and remain engaged it if there were an incentive promoted in the outreach message. Cash incentives and providing fathers with work and a steady income have been effective in keeping fathers engaged in programs.<sup>19</sup> Other studies found that providing incentives that addressed barriers to attendance,

*For many men, their children are their biggest motivator for becoming involved in maternal and infant health programs.*

such as transportation, financial incentives, help finding employment, skills building opportunities, and child care were effective in engaging fathers.<sup>16, 19</sup>

## Developing or identifying activities or program.

### *Types of programs or activities.*

Men are more likely to stay engaged in a program if the activities are tailored to their needs. A focus on the spousal relationship and co-parenting are important topics for fathers. Many studies have reported that the spousal relationship has a significant influence on father engagement.<sup>30</sup> Cowan et al. found that their program that addressed navigating the relationship stresses of parenthood through problem-solving, goal-setting, and conflict resolution had a positive impact on father engagement.<sup>30</sup> Another strategy to address the spousal relationship is to simply ask the parents if there are any changes in their relationship since the pregnancy started or since the baby was delivered.<sup>31</sup> It has been shown that strengthening spousal relationships leads to improvements in the child's quality of life, it is important that programs try to improve the couple's relationship.<sup>20</sup>

### *Curriculum for fathers.*

Although there is no ideal one program for fathers, there exist several programs for fathers that have been used in MIH program settings. The National Fatherhood Initiative ([www.fatherhood.org](http://www.fatherhood.org)) provides many resources for programs to use with fathers, including curricula, staff training manuals and evaluation forms. The most widely used resources include:

- ↳ *24/7 Dad* focuses on training fathers to be involved, responsible and committed. The curriculum has not been tested among minority populations and would require some modification for those recruiting fathers of color.
  - A study of fathers at the University of Hawai'i, it was shown that through the *24/7 Dad* 12-week program, fathers' involvement and relationship with their child improved.<sup>32-34</sup>
- ↳ *Father Topics Booster* sessions are stand-alone workshops on various topics including topics for non-custodial fathers, workforce readiness, rights and responsibilities, visitation, child support, money management.
- ↳ *Mom as Gateway* helps breakdown barriers between mothers and fathers and provides strategies for co-parenting.

↳ *Inside Out Dad* connects incarcerated fathers to their families and provides them with tools to become more involved, responsible and committed in the lives of their children, and providing increased motivation for them to get out and stay out.

- In several studies comparing before and after participation in the program, fathers showed a significant increase in knowledge of impacts of fathering as well as improved interaction and attitudes with their children from the facilities where they were held.<sup>35-37</sup>

↳ *Understanding Dad: an Awareness Program for Moms* provides mothers with information on the importance of involving the father in a child's life.

- One study determined that mothers who participated in the program showed improvements in knowledge of the effects of father involvement as well as improved attitude and rates of self-efficacy.<sup>8</sup>

Educational resources for expectant fathers are available but many target middle and upper class White populations. New York State has produced “A Driver’s Manual for NEW DADS” (Also in Spanish: “Manual del conductor para NUEVOS PAPAS”), a resource guide which provides expectant fathers with

“Sometimes some dads get more stressed about being a father because [they’re] just not being educated on the facts.” [Male Focus Group participant]<sup>2</sup>

a summary of information on preparing for baby’s arrival (from pregnancy to infancy) (Available at: <https://otda.ny.gov/programs/publications/4901.pdf>). The National Responsible Fatherhood ([www.fatherhood.gov](http://www.fatherhood.gov)) clearinghouse provides responsible fatherhood toolkits for programs and practitioners working to engage fathers, tips and activities for fathers to conduct at home and in the community, and general information on the importance of and benefits of involving fathers.

#### *Delivery of program & activities.*

During the sessions it is important to discuss with the fathers their role. Educating fathers on how their role as a dad can impact the child, mother, and themselves can make the fathers more engaged in the program.<sup>19,38</sup> Educating him and giving him responsibility for his own self-care can strengthen interpersonal process and make the father more likely to engage.<sup>19</sup> During visits it is important to explain to the father why it is important that he is involved in the child’s life and explain exactly what your program does and how it can benefit him and his family.<sup>29</sup> Make sure that fathers are well informed and be sensitive to the concerns and needs of both parents, not just the mother.<sup>17</sup>

Home visitors or other program staff could also encourage the father to talk to the baby and touch the mother's belly.<sup>38</sup> For example, informing them that the baby can sense someone's touch and that by the second trimester of pregnancy can hear and recognize voices is important to fathers. This will make the baby feel more real to the father and make him feel more connected and more likely to engage in the program.<sup>38</sup> Once the baby is born, encourage skin-to-skin contact between baby and father, and father-child play, as it will help the father understand the babies' cues and will help promote attachment.<sup>17, 25</sup> A successful intervention to engage fathers can be to simply provide time for the father to spend time with his child.<sup>6</sup>

To successfully engage fathers in programs it is best to intervene early in men's transition to fatherhood.<sup>37</sup> Not all fathers are the same and it is important to tailor the program to each father and provide a gender specific approach.<sup>22, 23,27</sup> Men and women have different needs and interests and it is important to address these different type of needs. The gender specific approach has been successful in engaging men in programs in the United Kingdom.<sup>23</sup> Fathers were more likely to engage in a program if the content was personally relevant to him.<sup>26</sup> A home visitor can ask the father what he needs and what he wants to learn.<sup>19</sup> Addressing who the fathers are and what they need has been shown to increase engagement. It is important to let fathers set their own goals and be experts in their own lives and the lives of their children.<sup>22</sup> This can be accomplished by using a variety of teaching methods that focus on the father as an individual.<sup>22</sup>

Fathers can be served through programs that include active participation and hands-on learning rather than discussion focused programs.<sup>6, 22</sup> It is important to cater to male learning styles to fully engage fathers in the program.<sup>16</sup> Delivering services in an interactive way, so fathers feel more like they are doing something and not just talking about it has been shown to be effective in engaging fathers.<sup>20, 27</sup>

Another effective method for engaging a father in a program is to have the worker (preferably male, but also female) build rapport with him.<sup>18</sup> This can be accomplished through sharing similar experiences, treating the father with respect and trust, and asking questions to get to know him better.<sup>16, 29, 39</sup> It is often easier to build rapport in one-on-one settings than it is in group settings.<sup>6, 19</sup> Make the fathers feel welcome, always greet him by his name, respect his wishes, listen to him and do not judge.<sup>17, 24, 39</sup> For example, if a home visitor is calling to schedule an appointment or a post visit check-up and the father answers, he/she may chat with him and ask how he is doing before asking to speak with the mother.<sup>18</sup> Program staff should never assume who the father is, however, once they have identified him, they should always begin with the attitude that the father is very important to the family and the assumption that he wants to be involved, rather than play into the stereotypes about 'deadbeat' fathers, especially in lower socio-economic communities.<sup>6, 24</sup> Another helpful strategy is to ask the father for his advice on the program.

Asking him questions about the content and design will make the father feel more valued with in the program and more likely to engage.<sup>27</sup>

During lessons it is important to phrase questions carefully, instead of asking “How do you feel?” ask “What do you think?” this will make the father more likely to answer the question.<sup>24</sup> This will keep the discussion more solution focused instead of sharing focused.<sup>24</sup> An anti-expert approach has been shown to work, meaning that it was more important for workers to make the fathers feel comfortable and build relationships with them than it was to lecture them.<sup>16</sup> It is less about teaching content and more about facilitating discussion.<sup>24</sup> Developing the lesson so it discusses only a few core issues, will make the father feel less overwhelmed and make him feel that the program is more effective.<sup>6</sup> One of the key predictors to whether or not fathers will engage in the program is if they think the program is effective.<sup>26</sup>

#### *Timing of activities.*

Fathers are likely to be working during the day so it is important for agencies to provide flexible scheduling.<sup>26</sup> It may be easier to engage a father in the program if you can schedule appointments for early mornings, evenings, or even weekends.<sup>27</sup> A policy brief from the Child and Family Research Partnership found that mothers think the most effective way to engage fathers in a program is through flexible scheduling.<sup>28</sup> Minnesota Fathers and Families network found that the largest barrier to involving fathers in programs was fathers’ lack of time.<sup>18</sup> It is therefore important to schedule activities when fathers can attend, let fathers know about events well in advanced so that they can schedule around it, and when planning a special event send out a brief poll asking when they would be available.<sup>18</sup> One of the most important things an agency can do to engage fathers is to be flexible in their hours and scheduling.<sup>16, 22</sup>

#### **Tips for positive conversations with fathers about their children during home visits:**

- What has your infant/child taught you?
- When did something really special happen between the two of you?
- What have you changed about yourself because of your infant/child?
- What have you done to make things better for your infant/child?
- What strategies help you and your partner raise your infant/child together? Or on your own?
- What would your partner say is your unique contribution to the family?
- When things look rough, what keeps you going?

#### *Identifying partners and community resources.*

Since fathers’ needs can be different from mothers’, programs that seek to involve fathers can provide information on or referrals for men’s services. The most common needs reported by

men include: unemployment, obtaining employment, child support, child custody, re-entry program, paternity testing, education, vocational training or skills building, and legal assistance. Home visitors and MIH programs can provide flyers, brochures or other means of sharing information on additional local resources available for fathers.

Developing partnerships with local agencies that provide parenting programs, or any male-related programs, is crucial to MIH programs seeking to engage fathers. Since MIH agencies are primarily focused on women and infants, and fatherhood activities or initiatives are often an add-on, forming collaborative partnerships with local programs is necessary. MIH programs can increase fathers' engagement by providing resources, information and referrals that target their specific needs.

#### [Assessing program progress.](#)

Throughout the implementation of a program, assessing fathers' participation and satisfaction with various activities can provide information for continuous program improvement. To this end, obtaining baseline information as well as post-activity assessments is key. A structured method for collecting information on fathers works best. For example, the BRO (Brief Risk Overview for men, [www.brohealth.org](http://www.brohealth.org) ) screens men for psycho-social risk factors that may affect their health, their relationships and their ability to prepare for or fully engage in fatherhood. This tool helps to identify their needs and risk factors that the program can either address, provide information, or refer to other agencies for specific services.

Assessing individual activities can be done with basic evaluation forms completed at the end of each activity or series of activities. Many curricula and programs developed include evaluation forms or objectives that can be utilized to create an assessment tool.

Focus groups or individual conversations with the fathers can also be a valuable method not only for engaging fathers in the assessment but also obtaining their suggestions for improving the program content, outreach to other men, and potential future educational topics or activities.



#### WHY SHOULD MATERNAL & INFANT HEALTH (MIH) PROGRAMS ENGAGE FATHERS?

- Before and in between pregnancies men can impact pregnancy intendedness as well as affect their future offspring through their own poor health behaviors that may impact their sperm quality and thereby impact fetal development and pass on genetic material susceptible to affect their child in the future.
- During pregnancy fathers can influence pregnancy outcomes through the support they provide mothers, encouragement for positive maternal behaviors, and through changing their own behaviors that might harm the development of the baby. Fathers' involvement is also associated with better infant outcomes.
- After pregnancy fathers who are involved can influence breastfeeding practices, reduce the impact of postpartum depression, and help mothers with postpartum depression.

#### WHAT STEPS SHOULD A MIH PROGRAM TAKE TO ENGAGE FATHERS?

1. Define the target male population that your program aims to serve.
2. Prepare the environment by ensuring the physical space is male friendly and staff are trained and ready to welcome and engage fathers.
3. Select outreach strategies that specifically target men, such as: using the word "father" in written materials; "invite Dad" outreach strategies; methods that are inviting non-judgmental, and recognizes their unique world views.
4. Tailor the message to the importance of fathers to their infant's development, health and well-being; provide incentives for fathers. Ensure messages are non-judgmental.
5. Develop or identify activities or program appropriate for program timeline and resources. Among others, the *National Fatherhood Initiative* ([www.fatherhood.org](http://www.fatherhood.org)) and the *National Responsible Fatherhood Clearinghouse* ([www.fatherhood.gov](http://www.fatherhood.gov)) provide many resources for programs seeking to work with fathers. Educational programs should focus on topics such as co-parenting, fetal and infant developmental stages, caring for and interacting with their infants. Programs should offer information and resources specific to men's needs.
6. Identify partners and community resources for fathers/men in order to be able to provide fathers with information, and access to resources and services through referrals to local agencies.
7. Assess program progress to identify areas of success and improvement; involve fathers in the process as they can provide feedback and recommendations, while feeling engaged in the development of the program.

## Sample checklist to guide program efforts in reaching fathers

### Checklist for programs:<sup>24</sup>

#### Be Strategic

- We ask fathers about their needs and interests (survey, focus groups, etc.).
- We ask mothers about their needs and interests (survey, focus groups, etc.).
- We know who our priority population is.
- We have a name for our Dads' program that resonates with fathers.
- We have a list of potential community partners.
- We have contacted potential partners.

#### Be Methodical:

- Staff members have attended training about involving fathers.
- We have resources, articles, etc. for staff to read and stay current on the role of fathers.
- Female staff members are aware of their role and influence in fathering programs.
- We provide Dads-only programs or activities.
- We work to better integrate fathers into existing programs.
- We have at least 2 ways fathers can connect into our programs.
- We offer activities for fathers and children to share together.

#### Be Welcoming:

- We have assessed the father-friendliness of our environment.
- We have avenues to stay in touch with the men.
- We can provide food (meals or snacks).
- We can provide transportation for the men.

#### Be Relevant:

- We have resources and information that speak to fathers, grandfathers, and other men.
- Our resources cover a broad spectrum of developmental stages, from preconception to early childhood.
- Our planned programs and resources are practical and hands-on.
- We access referrals to services men may be looking for.
- We have a male facilitator/point person who gives leadership.
- We give men opportunities to provide leadership to the program.

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