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healthy dads, healthy kids

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body images and caregiving ideals make it difficult for men to prioritize health for themselves and their children. understanding those constraints is essential for cultivating a more engaged, health-conscious style of fathering.

Far too many babies and children in the United States today struggle with myriad conditions that negatively affect their emotional, mental, and physical health. We initially see this tragedy in the high rates of infant mortality and low-birth-weight babies and then in the discouragingly high numbers of youth who are obese, get pregnant, contract a sexually transmitted infection, smoke, binge drink, abuse drugs, develop an eating disorder, or attempt suicide. Sadly, when young people look at

adult men they often find poor role models who are ill equipped to help them avoid or correct unhealthy behaviors.

One third of Ameri-

can men are obese and one in 10 will become an alcoholic in his lifetime. Men are more likely than women to smoke, eat fatty foods, drink and drive, use guns, play violent sports, and not get enough sleep, and they're less likely to use seatbelts. Men are also less likely than women to seek medical attention for either routine physicals or when more serious problems occur. Many factors contribute to children's poor health, but one we hear little about is how fathers act and what they do and don't say about health. Indeed, what men say and do can help prevent or minimize some of their chil-

Understanding how fathers make decisions is essential for cultivating a more engaged, health-conscious style of fathering.

their children's health.

children's health problems and effectively manage the adverse effects when problems do arise.

However, social pressures and financial struggles limit the choices men can make to prioritize health for themselves and their children. Understanding how fathers make decisions, as well as their social networks and diverse experiences over their lifetimes, is essential for cultivating a more engaged, health-conscious style of fathering that will, in turn, positively affect

The theory of "con-

strained choice," developed by health policy experts Chloe Bird and Patricia Rieker, can guide efforts to help

fathers do a better job in this regard. Touted as a "platform for prevention," the theory suggests that individuals' opportunities to pursue healthy options are shaped by decision-making processes at multiple levels: nation/state, community, workplace, family, and individual. By paying attention to gender-based health disparities, this framework also highlights the diverse social forces that organize men's and women's lives differently. These conditions, along with biological processes and other social realities like socioeconomic status, expose men and women to specific stresses, burdens, and health

risks. Consequently, men in general, and fathers in particular, face unique challenges to assert themselves as more positive role models for healthy behavior.

We're entering a propitious moment in history to foster real changes in how fathers perceive, practice, and promote health. President Barack Obama's commitment to reforming health care on multiple levels while promoting preventative care and wellness resonates with Bird's and Rieker's idea that individuals' health experiences are shaped by a multilayered social context and their call for prevention strategies. Indeed, as an outspoken public advocate of getting men to step up and become more involved fathers, Obama and his administration are poised to spearhead cultural, policy, and programmatic changes that could link health promotion with good fathering.

connecting fathers' and children's health

Since the 1980s scholars have explored extensively how fathers from all kinds of families are involved with their children and how that involvement affects their children. Currently, a nascent and promising multidisciplinary research agenda (involving sociologists, nurses, pediatric psychologists, and public health experts) considers how fathers' health consciousness, practices, and outcomes relate to their children's quality of health and care. Attention has even been given to how men's actions prior to a child's conception or birth can influence that child's health.

Political scientist Cynthia Daniels argues that men's behaviors can indeed make a difference. Prevailing cultural conceptions of how masculinity is related to reproduction, she observes, have compromised scientific assessments of how sperm damaged from toxicity at work and at war, as well as from men's smoking, drinking, and drug habits, produces negative outcomes for fetuses and infants. She also notes that scientists

and funding agencies apply a higher level of scrutiny when reviewing reproductive studies of male sperm compared to those examining female reproductive issues. Such scientific bias has perpetuated the public's disproportionate interest in how women's allegedly bad behavior increases fetal health risks while largely ignoring how men's preconception experiences can negatively contribute to fetal and children's health. Indeed, Daniels argues that many have resisted human and animal research that suggests connections between males and both birth defects and childhood diseases, in part because it "places men closer and closer to culpability for the health problems of their children."

In addition to direct biological influences, various studies show that fathers may indirectly affect children's health outcomes by influencing the mother's prenatal and early postnatal behavior and stress levels. Researchers can't say definitively whether and how men make a difference, but as sociologist Rachel Kimbro's work from the Fragile Families and Child Wellbeing study indicates, women in more stable and supportive relationships do exhibit more positive prenatal health behaviors. They're more apt to receive prenatal care and less likely to smoke, drink, or abuse drugs during pregnancy. Women with partners who have completed at least some college have lower odds of smoking and using drugs during pregnancy. (On the other hand, these women have higher odds of drinking occasionally during pregnancy and, surprisingly, fathers' education is not related to the women's inadequate prenatal care.)

Health policy researcher Laurie Martin and colleagues also show that fathers with at least a high school education, first-time fathers, and those who want a pregnancy are more likely to be involved prenatally. And health researchers Manoj Sharma and Rick Petosa argue that partners' views consistently play a major role in whether mothers start and sustain breastfeeding.

Discussions about health are influenced by how males think about gender and their fathering.

How men see their own bodies and their role as caregivers shapes the role fathers play in influencing their kids' health. Boys and men are regularly exposed to media, family, peers, and other sources that transmit messages about health. How they think about gender and social class, for example, affects how they construct images of manliness, perceive their own and others' bodies, manage friendships, and approach

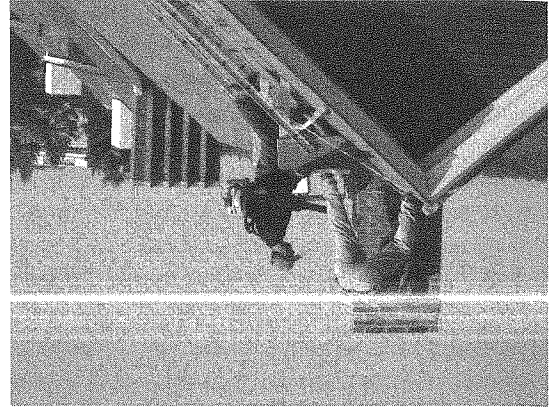
masculine body images, caregiving ideals

Fathering may also have significant health consequences for fathers themselves. For example, Garfield, the Northwestern pediatrician, describes how stressful experiences associated with fathering can accumulate and debilitate fathers' health over time. Presumably, fathers at risk of experiencing this pattern include those frustrated by their inability to fulfill their bread-winning role because of low wages or job loss, as well as those working stressful, high-risk jobs for the money.

Health-risk lifestyles, partly explaining the path of intergenerational transmission of poor health behaviors from fathers to adolescents. Lower family social status, as measured by education, increases fathers' chances of exhibiting eating, excessive drinking, and smoking predicts the same behaviors among adolescents. Trends are evident among white, rural families in Iowa, where fathers' lack of exercise, poor and more involved with their children tend to nonresident fathers, those more highly educated (or mothers) are obese, they found. Among children are more likely to be obese if their fathers

How men see their own bodies and their role as caregivers shapes the role fathers play in their kids' health.

Men who work at dangerous jobs may compromise their reproductive health as well as their safety and well-being. (Brian Del Vecchio via Creative Commons)



Menning's earlier research with family demographer Susan Stewart paints a similar portrait of resident and nonresident fathers' contributions to their children's obesity. Children who smoke when their fathers smoke.

Furthermore, children are more likely to smoke when their fathers smoke. Menning's longitudinal research with a national sample suggests that nonresident fathers' greater involvement with their adolescent children reduces the likelihood the children will begin smoking regularly. This outcome changes with fathers' level of involvement. Furthermore, children are more likely to smoke when their fathers smoke. Menning's earlier research with family demographer Susan Stewart paints a similar portrait of resident and nonresident fathers' contributions to their children's obesity. Children who smoke when their fathers smoke.

Finally, Craig Garfield, a pediatrician at the Evanston Northwestern Healthcare Research Institute, confirms that fathers' poor postnatal mental health brings on negative consequences for both children's developmental outcomes and maternal mental health.

individual exposure to stress and risk, factors themselves that are affected by various social processes and limited—constrained—choices, be they cultural, structural, or interpersonal. For example, the messages permeating organized sports, friendships, and workplaces often encourage males to assert a stoic, risk-taking, and “hard” image that rejects expressions of vulnerability and femininity.

Sociologist Michael Messner asserts that contrary to popular wisdom, boys’ and men’s sports activity often breeds “unhealthy practices, drug and alcohol abuse, pain, injury, and (in some sports) low life expectancy.” Referencing the “pain principle,” Messner observes that if boys don’t learn to “‘shake it off,’ ignore their own pain, and treat their bodies as instruments to be used—and used up—to get a job done . . . [then] they may lose their position on the team, or they may be labeled as ‘women,’ ‘fags,’ or ‘pussies’ for not being manly enough to play hurt.”

The masculine ideology that perpetuates bodily harm extends well beyond the sports world, whether it’s excessive drinking, drug use, fast driving, fighting, or some other display of a potentially self-destructive behavior. Much of this is tied to and supported by males having friends and acquaintances who take unnecessary risks.

For example, in his recent book *Guyland*, gender scholar Michael Kimmel discusses the disturbing way peer pressure fuels hazing rituals. In fraternities, young men seduced by the masculine status that flows from belonging to a tightly knit, all-male group, subject themselves to humiliation and sometimes untold health risks. A 2008 study of hazing in more than 50 schools found drinking was involved in the hazing of 31 percent of the men, and 17 percent “drank until they passed out.”

Consistent with sociologist Erving Goffman’s view that “men must be prepared to put up their lives to save their faces,” men who

work dangerous jobs as loggers, miners, construction workers, police officers, firefighters, EMTs, and the like are engulfed in an atmosphere that defines the drama of manhood as physical, fearless, and full of risk. Granted recent studies, such as the compelling ethnography of wildland firefighters by sociologist Matthew Desmond, suggest a much more complex picture, where the skills and dispositions children and adolescents acquire from their blue-collar upbringing prepare them to view as unthreatening the high-risk work many will perform as young men. What’s fascinating, Desmond and others have observed, is that men don’t avoid, but instead actively pursue, jobs that threaten their bodies and health.

In recent decades, diverse tactics have been used to persuade adult men to adopt a more attentive self-care philosophy. Men have been encouraged to become more body conscious, embrace healthier life practices, and develop closer ties with the health-care community. Magazines launched since the late 1980s like *Men’s Health* found a niche among an expanding segment of professional men eager to learn the latest developments in nutrition, fitness training, and body care. Increasingly, too, a range of books, newsletters, magazines, websites, and other media outlets have driven the boom industries to educate men about a host of issues including prostate, colon, and heart care; testosterone therapy; hair replacement and surgical implants; and, of course, erectile dysfunction therapies.

Just as men’s health advocates try to transform negative perceptions of self-care as feminine, they must wrestle with the notion that providing care for the ill or disabled is women’s “work.” Women are more likely than men to practice caregiving, but as social worker Betty Kramer and sociologist Edward Thompson illustrate in their edited volume *Men as Caregivers*, many men are effective caregivers. Estimates indicate that between 14 percent and 18

percent of men informally provide various forms of caregiving for needy friends and family.

Yet mainstream cultural messages downplay fathers' caregiving capacity and ability to address children's health-care needs. Parenting magazines and books are commonly tailored to informing moms more so than dads about the newest and best ways to care for and protect their children. This gender bias has been so engrained in the public's mind that a book published in 2004, *From Boys to Men: A Woman's Guide to the Health of Husbands, Partners, Sons, Fathers, and Brothers*, seems intuitively marketable whereas serious doubts would accompany its hypothesis.

In her book *Do Men Mother?* sociologist Andrea Doucet interviewed Canadian primary-caregiving fathers, most of whom were single fathers or stay-at-home dads. She reports that even highly motivated fathers find it difficult to feel comfortable at young children's playgroups, which they perceive as dominated by suspicious, unwelcoming mothers. Men's less intimate and more competitive friendship styles may also curtail fathers' willingness to discuss with other men their insecurities about fathering or focus on children's needs. Although Doucet doesn't emphasize typical health issues, her findings (and those of others) suggest fathers are more likely to be excluded from parental networks in which social support and children's health and childcare information are meaningful.

lives reinforce these stereotypes. networking patterns that shape fathers' everyday best suited for these positions, and the social a nursing home, societal images depict women in noses in a childcare facility or wiping bottoms in *ters, Mothers, and Sisters*. Whether it's wiping *Guide to the Health of Wives, Partners, Daughters, Mothers, and Sisters*. A Man's

For far too long, many men have been ignorant of or ignored how their poor health habits jeopardize their children's well-being.

fully shared. Moreover, fathers are less apt than mothers to take on the "community responsibility" tasks of engaging with adults involved with caring for children. Notably, some of these adults monitor children's physical, emotional, and mental health.

promoting health-conscious fathering

For far too long, many men have been ignorant of or ignored how their poor health habits jeopardize their children's well-being. With the U.S. Department of Health and Human Services report *Healthy People 2020* on the horizon, now is the time to challenge men to foster positive health outcomes for their children. So what can be done to improve these patterns?

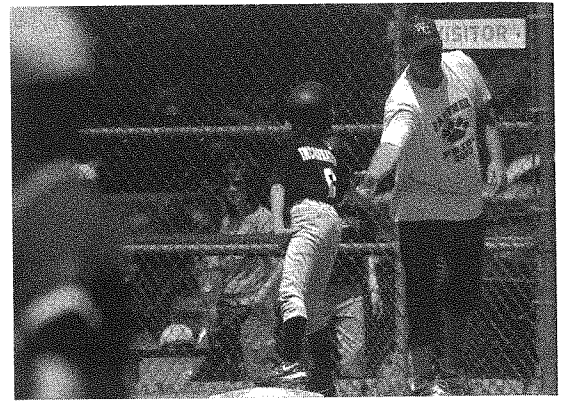
Generally speaking, men engage in more unhealthy behaviors and are less attentive to their self-care than women. The emerging evidence tells us, too, that men's exposure to health risks prior to their children's conception can contribute to prenatal problems. Moreover, men's poor health habits are related to children being more likely to smoke, abuse drugs, and eat poorly as well as be overweight and experience other negative health outcomes.

To understand and alter these patterns we must fully grasp fathers' lives as men and the diverse decisions affecting them. In other words, as the constrained choice theory implies, choices and priorities about health exist as part of a larger context and compete with other decisions about income, work, housing, partner/family, and personal image. Thus, we must commit to a multilevel approach to promoting social change that incorporates national and state policies, community-based strategies, workplace agendas, family support, and individual commitments.

Various social circumstances make it difficult for boys and men, some more than others, to forge and sustain healthy lifestyles and transmit similar values and benefits to their children. Constraints come in many forms, including conventional masculine discussion and business cultures that glorify stereotypes of the macho athlete or worker, inner-city and rural planning that limits recreational facilities for youth and adults alike, inadequate supports to educate men about reproductive health care and the consequences of paternity, workplace conditions and economic realities that expose men—especially those from economically disadvantaged backgrounds—to work-related health hazards, and peer pressure that extols a masculinity grounded in body toughness and risk-taking. Unfortunately, too many boys and men navigate their social networks, leisure, and work lives in ways that reinforce this less-than-ideal approach toward health.

Despite the constraints, men do have choices. Some recent research suggests, in fact, that men are capable of looking out for their own health and caring for others effectively if they put their minds to it. Ideally, as feminist values promoting gender equity inside the home gain wider appeal, and research accumulates to document the connections between fathers' and children's health, definitions of "good fathering" will summon fathers to pursue a healthier lifestyle while cultivating the same for their children.

Getting large numbers of men to adopt such a mindset requires broad public support and will require an intense public health service campaign—one that an Obama administration might be well suited to launch. Realistically, though, concrete progress in altering individual commitments and choices will come when men regularly encourage each other to be more attentive to their own and their children's health. The seeds for this shift can be sewn most visibly in places that traditionally have been instrumental in discouraging health consciousness: locker



Opportunities in communities, like coaching, allow fathers to be involved with kids' health. (Paul W via Creative Commons)

rooms, fraternities, many work sites, and other places where male respect holds sway. Of course, these efforts also need to be augmented by men's partners.

The harsh reality for some men is that their chances to perceive and pursue healthy choices for themselves and their children hinge on politically sponsored national and state initiatives. In other words, for many men living in poor inner cities and rural areas, structural and legislative changes are needed to improve access to fresh-food markets, healthcare facilities and substance abuse programs, recreation sites, and organized sports so that more fathers and their children have viable, healthy options. It makes sense to expand Head Start programs by providing poor fathers with information, screenings, and referrals for a broad range of father-child health matters.

A less direct but critical step is to have schools, other youth-oriented organizations, and public health programs do a better job of providing teenage and young adult males comprehensive instruction on reproductive health. Because men have the capacity to influence fetal and infant life directly via their sperm quality

and reduce their stress, they can more readily model such behaviors and authentically encourage their children to do the same.

RECOMMENDED RESOURCES

- C. E. Bird and P. R. Rieker. *Gender and Health: The Effects of Constrained Choices and Social Policies* (Cambridge University Press, 2008).
An overview of how diverse layers of social life are interconnected, contributing to health disparities between men and women.
- W. H. Courtenay, "Constructions of Masculinity and Their Influence on Men's Well-Being: A Theory of Gender and Health," *Social Science & Medicine* (2000) 50: 1385-1401.
A critical review of how various conditions shape the kind of masculinity men construct and how those practices contribute to differential health risks.
- A. Doucet. *Do Men Mother? Fathering, Care and Domestic Responsibility* (Toronto University Press, 2006).
Grounded in qualitative data, this book highlights fathers' opportunities to be more nurturing and engaged parents.
- C. Garfield, E. Clark-Kaufman, and M. M. Davis. "Fatherhood as a Component of Men's Health." *Journal of the American Medical Association* (2006) 296: 2365-68.
A thoughtful interdisciplinary essay that conceptualizes the relationship between fatherhood and men's health.
- C. L. Menning and S. D. Stewart. "Nonresident Father Involvement, Social Class, and Adolescent Weight." *Journal of Family Issues* (2008) 29: 1673-1700.
Provides a quantitative analysis of two waves of the well-respected National Longitudinal Study of Adolescent Health survey.

and indirectly by how they treat the mother, they need to be educated at a young age about how their smoking, drinking, and drug use as well as their readiness to become fathers can affect their offspring's health. Although all males deserve these services, those living in poor neighborhoods are most vulnerable because they typically are the least prepared to assume many of the responsibilities associated with providing and caring for children.

Work sites are another place where men can be afforded opportunities to make better decisions about eating, exercise, stress management, and substance use, and receive medical check-ups and education about how these experiences matter for their children's health. Workplace policies, reinforced by more father-friendly corporate culture, can ensure fathers have increased access to flexible schedules and nonstigmatized family-leave time. These benefits can make it easier for fathers to accompany their children to medical visits as well as provide hands-on care for their sick children.

Health-care institutions, in addition to educating men, can promote men's greater participation by providing more convenient evening and weekend hours while making their operations more male-friendly. Like the decisive trend beginning in the 1970s that saw fathers participating in childbirth preparation classes and being present when their children were born, the medical community must find innovative ways to integrate more fathers into their children's pediatric care. Today's creative childbirth preparation classes might produce promising results by coordinating new fatherhood programs with interventions to curb smoking, drinking, and drug use.

Ultimately, fathers must answer the call to communicate proactively with their children and monitor their well-being in consultation with healthcare providers and others who have a vested interest. Perhaps most importantly, if men adopt healthier behaviors for themselves

REVIEW QUESTIONS

1. In what ways can a father negatively affect his children's health before birth? After birth? Which mechanisms are biologically based? Which are socially based? Did any of them surprise you?
2. How can gendered expectations of masculinity affect fatherhood? Do you think ideas about masculinity would have to change in order to improve parenting by fathers?
3. List both positive and negative examples of fatherhood in the popular media. Which are more abundant? Why?
4. The author suggests several policies that would help mitigate the number of fathers having a negative effect on their children's health. Which of these policies seem most promising to you? What other ideas would you add to the list?