A Research Report on Paternal Involvement in Child-rearing Practice

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ABSTRACT

The present study, entitled paternal involvement in childrearing practice assessed father's involvement in childrearing.

A descriptive cross sectional research design that used non-probability purposive sampling technique to draw 92 samples from Buddhashanti Village Rural Committee, Jhapa-1. An interview schedule and Likert scale containing structured and semi-structured questions were used to collect data from fathers of under five children. Content validity and reliability of the instrument was maintained, and ethical consideration was maintained throughout the study. Data were analyzed using SPSS version 16 for descriptive and inferential statistics and presented in academic table.

The result showed that, majority (51.1%) of the respondents were from age group of 25-34years and 28.3% of the children were from the 2 years of age group. Similarly, 78.3% of respondents were Brahmin/Chhetri, 85.9percent of the respondents' were Hindu. Majority (42.4%) of the respondents' father education level was above +2, whereas, in occupation majority (37.0%) were involved in service and most (50.0%) of the mothers were Housewife. Furthermore, 56.5percent were joint families and the majority (47.8%) had one child. Regarding involvement, maximum (91.3%), (88.0%), (71.7%), (64.1%) fathers had good involvement in supporting good behavior, direct care, setting limits and indirect care respectively. Similarly, minimum (9.8%), (4.3%) father had poor involvement in indirect care and setting limits. In overall, maximum (71.7%) of the respondents had average involvement on childrearing whereas (15.2%) had good involvement followed by least (13.0%) had poor involvement on childrearing.

Based on the findings, it can be concluded that nearly two-thirds respondents had average involvement on childrearing.

ABBREVIATIONS

%	:	Percentage
&	:	And
doi	:	Digital Object Identifier
et al.	:	And Others
i.e	:	That is
IFI	:	Inventory of Fathers Involvement
IYFC	:	Infant and Young Child Feeding
Ltd.	:	Limited
n	:	Sample size
N	:	Frequency
N	:	Population
PBNS	:	Post Basic Bachelor's in Nursing Science
PI	:	Paternal Involvement
Pvt.	:	Private
SD	:	Standard Deviation
SPSS	:	Statistical Package of Social Science
USA	:	United States of America

INTRODUCTION

Traditionally, the roles of father and mother are differentiated as soon as the child is born. Mothers are involved in the rearing and caring of a baby, whereas a father holds the responsibility of raising the child, supporting them financially, setting morals, and being a disciplinary example. The term paternal refers to “father”, so paternal involvement is the quality of time fathers positively engage with and are available to their child and take responsibility for their child's welfare.[1] In today’s world, both parents of the child can provide warmth, nurturance, and close attachments for their children. Child-rearing encompasses the entire process of raising children, including essential tasks like feeding and ensuring their health, as well as various aspects of their emotional and social development, and teaching them how to behave. They have attachments for their children. Thus, they have an important role as a teacher, caregiver, financial supporter, protector, advocate, friend, and playmate.[2]

In a study in the United States of America (USA), fathers spend more time with their children than in the past. They are involved in the physical care of young children as compared to mothers. The study showed that approximately half of the fathers (49.8%) claimed that they did physical care every day, and the other half (50.2%) said they performed such care less than once a day or were not even involved in that. On the other side, 80.4 percent of fathers were involved with play with their young children every day, and 19.6 percent were less involved, i.e, once a day.[3]

A similar study done in the USA showed that paternal involvement is influenced by the personality, attitudes, and behavior of his partner or not. It showed that mother’s may play active role in influencing how father do parenting. Both their perceived role and actual level of involvement are influenced by the mother’s beliefs about the father’s role.[4]

Similarly, a study conducted in Japan assessed paternal childcare at 18 months by examining the hours fathers spent caring for their children on weekdays and weekends, as well as the frequency of different caregiving activities, such as feeding, changing

diapers, bathing, staying at home with the child, and taking the child outside. The findings revealed that on weekdays, 47.1% of fathers spend 2 or more hours with their children, while on weekends, 70.1% of fathers have dedicated 6 or more hours to childcare. The study concluded that adequate paternal involvement during toddlerhood can help prevent subsequent behavioral problems in children.[5]

In another study conducted in Rajasthan, India, researchers examined the involvement of fathers with preschool-aged boys and girls. This study found that fathers were highly engaged in promoting healthy habits and age-appropriate physical skills. They were moderately involved in grooming aspects related to promoting age-appropriate emotional needs and aspects of future orientation in developing emotional skills.[6]

In a study done in Mangalore regarding fathers' role in child showed that 47 percent of fathers had average knowledge regarding childcare, 34.45 percent had poor knowledge, and 18.5 percent of fathers had good knowledge.[7]

While the role of a mother is widely acknowledged, the role of a father in shaping a child's future is equally significant. Mothers are typically more nurturing, but children also require a firm hand in discipline. Fathers could provide that discipline. Thus, a father complements a mother's role.[8] In a developing country like Nepal, care of children is taken as the sole responsibility of the mother or a woman. Nepal has a male-dominated society. Still, females are squared in a kitchen.

The nature of parenting during a child's early years is believed to play a crucial role in influencing their immediate and long-term well-being. This includes aspects of mental health, social development, and cognitive and educational outcomes. Fathers are responsible for more of the financial security and health status of the children. It only improves when both parents take equal responsibilities for proper childcare. Children with involved and loving fathers tend to perform better in school, have higher self-esteem, display greater empathy, exhibit positive social behaviors, and are less likely to engage in high-risk activities compared to children with uninvolved fathers. [9] The role of parents in the upbringing of children is vital for shaping a child's future.

Statement of the Problem

The role of parents in the upbringing of children is crucial in forming a child's future. Many fathers tend to have average awareness regarding childcare, and their involvement, particularly in physical care activities, is often limited. Fathers should have adequate knowledge and practice regarding child-rearing . Direct involvement of fathers during the initial days of raising a child is more important than indirect one. Direct engagement from fathers can lead to more positive behavioral outcomes in children. In the present generation of increasing nuclear families, the father's role in child-rearing becomes even more important in deciding the future of the child. Moreover, fathers today are more involved in employment, which means they cannot give their time to their children. If a father is not much involved in the rearing and caring of a child, they will more likely experience behavioral problems like depression, youth crime, poor academic scores, and exhibit disruptive behavior. Even though it is widely known to be important, society is still unaware of the level of involvement and its positive effects. Hence, the researcher has stated the problem as "Paternal Involvement in Child-rearing Practice".

Rationale/Justification

Although the dynamics of our society are changing, the role of a father and mother is differentiated at the time of birth of a baby. Mothers are involved in the rearing of children while fathers play the role of protector, financial supporter, and setting morals. More males are in foreign employment because of poor socio-economic status, employment opportunities, so they can't make time for their family. Children lacking a father's love, support, and care tend to develop emotional disorders and behavioral problems. Despite this, if there is equal involvement of both parents, the above-mentioned problem incidence will be reduced.

Findings from this study might also serve as a reference or provide information for future researchers to conduct a similar study. Though there is enough research to support the involvement of fathers in childrearing in various developed countries still in Nepal, even though the family structure and role of fathers have changed, there is limited published research to determine the involvement of fathers in childcare. Thus, the researcher has felt the need to conduct this study to know the status of "Paternal involvement in child-rearing practice".

Research Objectives

General Objective

To assess the level of paternal involvement in child-rearing practice.

Specific Objectives

To assess the level of paternal involvement in direct and indirect care.

To assess the level of paternal involvement in supporting good behavior and setting limits.

To identify the association between selected demographic variables and paternal involvement.

Variables

Independent Variables

Socio-demographic variables
Ethnicity
Age of father
Age of child
Educational status of father
Occupation of father
Occupation of mother
Type of family
Number of living children

Dependent Variable

Paternal involvement in child-rearing practice.

Conceptual Framework

The conceptual framework describes the relationship of the phenomenon under study. It shows that paternal involvement in child-rearing practices is affected by socio-demographic variables such as the age of father, the educational status of father, the educational status of mother, the type of family, etc. If the father's participation is more, it is considered good involvement; if the involvement is moderate, it is average involvement; and if the participation is less, then it is poor involvement.

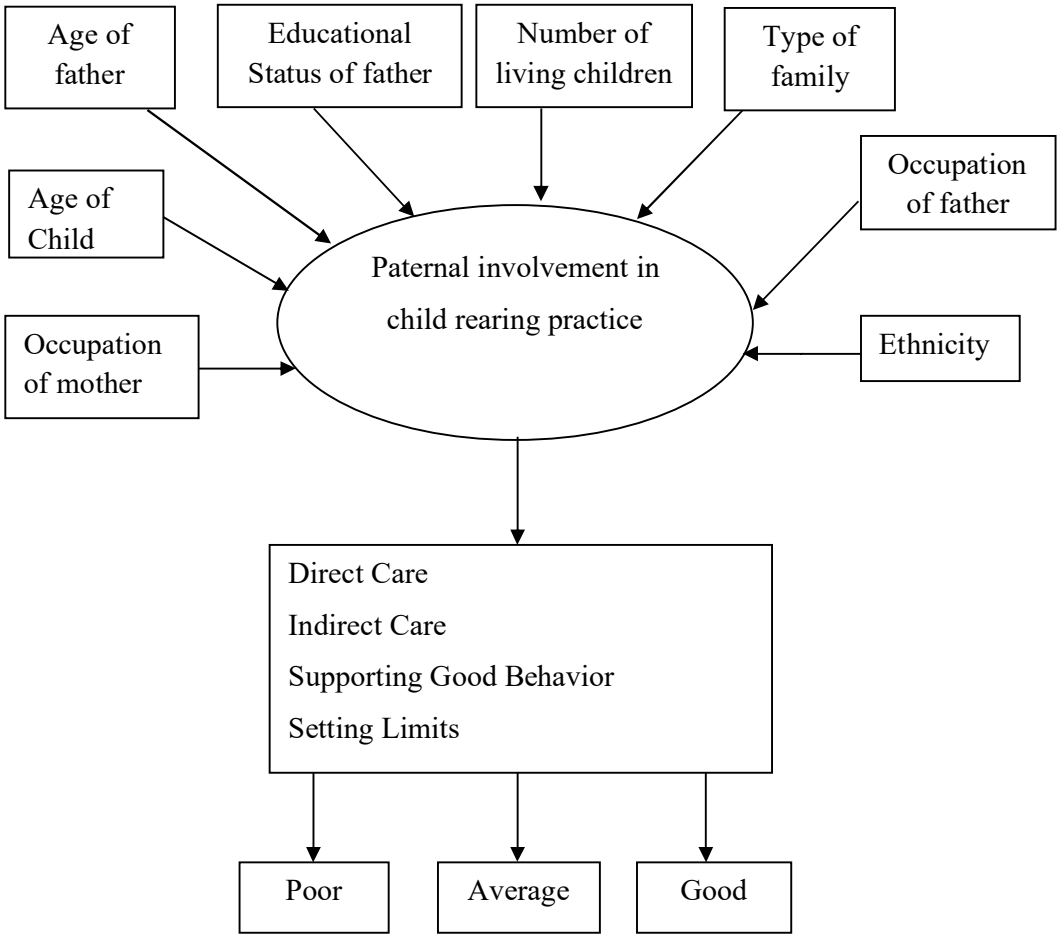

Figure 1. Conceptual Framework on Paternal Involvement in Child-rearing Practice.

Operational Definitions

Paternal Involvement: Paternal involvement refers to the involvement of the father in rearing activities.

Father: Father refers to the father of children up to the 5-year age group.

Child-rearing Practice: Child-rearing practice refers to the way that is used to perform childcare.

LITERATURE REVIEW

A study was conducted among 120 fathers of preschool children in Udaipur, Rajasthan, India. The involvement was assessed under three major categories, i.e., Grooming, Sustaining the learning, and future orientation. The study concluded that father's were highly involved in promoting healthy habits (92%), age appropriate physical skills(95.75%), moderate involvement was observed in grooming aspects of promotion of age appropriate emotional skills(26.34%), moderate involvement was observed in father's of preschool boys regarding future orientation aspect of promoting age appropriate emotional skills(21.66%), how involvement regarding future orientation aspect of promoting age appropriate emotional needs(5.005%).[5]

A cross-sectional study was conducted in rural part of Mysuru District to determine the father's involvement in child-rearing . Data was collected using Inventory of Fathers Involvement (IFI) questionnaire which was self-administered. The result shows that 75.9percent of fathers had poor in child-rearing and the remaining 24.1percent showed better involved in child-rearing based on scores. 3/4th of father's

showed poor involvement in child-rearing . The individual scores in all domains were statistically significant in both groups. Various socio-demographic variables were found to influence fathers' involvement.[8]

Similarly, a community-based cross-sectional study was conducted at Anandanagar tole, Gokarneshwar Municipality-8, Jorpati, among 128 fathers with children under five years of age to assess the awareness and involvement of fathers in the care of their children under five years of age. The majority (60.1%) of fathers had an average level of awareness about childcare. Regarding involvement, 44.5percent of fathers had poor involvement, followed by average involvement 41.4 percent, in physical care. Around 2/3(68.9%) of the fathers showed average involvement in psychological and intellectual developmental activities of their children. This study shows that though most of the fathers had average awareness regarding childcare, their involvement in the same was less, especially in physical care activities.[9]

A descriptive correlational survey was done among a conveniently selected 150 fathers of hospitalized children of 1-6 years of age at Kasturba Hospital, Manipal, to assess the knowledge and attitudes on child-rearing practices among fathers of hospitalized children. The findings showed that fathers had satisfactory knowledge and a favorable attitude in child-rearing practices. The study also revealed that there was a significant association between knowledge and type of family and that there was no significant association between attitude in child-rearing practices and demographic variables. The study concluded that there is no relationship between knowledge and attitude on child-rearing practices among fathers, and fathers had satisfactory knowledge and a favorable attitude in child-rearing practices.[10]

Similarly, in Karnataka, South India, a study was done to find out Father's Involvement in Infant and Young Child Feeding (IYCF), which showed that half of the fathers of children aged 2years or less have poor involvement in IYCF despite having adequate knowledge and favorable attitudes. [11]

Moreover, a community-based cross-sectional study was conducted to assess the knowledge, attitudes, and practices of the fathers of children under five regarding childcare in Ramnagar area, Belagavi. It was found that the majority (52%) of the fathers had good knowledge about childcare, (26.5%) had average knowledge, and only

(21.5%) had poor knowledge. 80.5 percent of fathers had a positive attitude, while 19.5%) had average attitude towards child care. Regarding practice, (45.5%) of fathers did poor practice, (30.5%) were on average and only (24%) did good practice. There was a significant difference seen with age, socio-economic status and education regarding the level of knowledge and attitude towards childcare whereas they were less involved in childcare practices.[12]

A cross-sectional study was conducted to identify factors associated with the lack of active father involvement in infant care at four months of age where involving families of 153 infants at four months of age, interviewed in their homes. The result showed that fathers of 13percent of infants had no contact with their children. Among families whose parents lived together (78% of all), 33percent of the fathers reported not actively participating in their children's care. A problematic couple relationship and a mother as a housewife were associated with a lack of 15 father involvement in infant care. Most of the results showed that a father's involvement is highly determined by the relationship between couples and the job status of a mother.[13]

Similarly, in England, a cohort study on the association between father involvement and attitudes in early child-rearing and depressive symptoms in the pre-adolescent was done. Children with high scores on emotional response and security have been seen in children of 9-12 years, where the result was 22percent, and 17percent of children show depressive symptoms due to a lack of father involvement in childcare. The study highlights that there are positive psychological and emotional aspects of father involvement in children's early upbringing, but not the quantity of direct involvement in childcare, that may protect children against developing symptoms of depression in their preteen years.[14]

Similarly, in the southwest of England, a cohort study was done to explore the nature of paternal involvement in early child-rearing. Out of the 14,701 children in this cohort who were alive at 1 year, 10,440 children were living with both parents at 8 months and were eligible for this study. The result shows that father's emotional response, frequency of father in domestic and childcare activities, and father's feelings of security in their role as a parent and partner were 27percent. There was a significant association between fathers' emotional response and fathers' feelings of security in their role as a parent and partner. The study highlights that psychological and emotional aspects of

paternal involvement in children's early upbringing, particularly how new fathers see themselves as parents and adjust to the role, rather than the quantity of direct involvement in childcare, are associated with positive behavioral outcomes in children.[15]

Furthermore, a qualitative study was conducted to illustrate a picture of Greek fathers concerning their involvement in family and child-centered tasks over the first year of the child. Eighty fathers from rural areas with low educational and occupational status and eighty fathers from urban districts with high educational and occupational status were asked to talk about their perceptions of fatherhood. The sample comprised 160 fathers out of 179 who were approached in the urban and rural communities. The results showed that fathers in urban regions were more involved in these activities than their counterparts in rural areas. All fathers value fatherhood as a pleasant experience. Many fathers, however, stated that child-rearing responsibilities cause them a lot of psychological strain.[16]

A qualitative study was conducted to describe fathers' perceived responsibility for child feeding and to identify predictors of how frequently fathers eat meals with their child. 436 Australian fathers of a 2- 5-year-old child were recruited in the study. Most fathers reported that the family often/mostly ate meals together (79%). Many fathers perceived that they were responsible at least half of the time for feeding their child in terms of organizing meals (42%); amount offered (50%), and deciding if their child eats the 'right kind of foods' (60%). Most fathers were engaged and involved in family meals and child feeding. This suggests that fathers, like mothers, should be viewed as potential agents for the implementation of positive feeding practices within the family.[17]

A qualitative study was conducted in northern Ethiopia to investigate the extent of perceptions, practices, and challenges of fathers from low-income settings in routine childcare. Ten fathers, who had children between 6 and 23 months, participated in the study. Some fathers did not perceive routine child-care practice as their responsibility. Most of the fathers still perceived childcare mainly as a responsibility of mothers. However, they were also involved in routine childcare activities, although this was often mentioned as a way of helping the mother. Few fathers mentioned that they were equally responsible as mothers in childcare practices.[18]

A qualitative study was conducted to examine the associations of father-child feeding and physical interactions with dietary practices and weight status in children, where a nationally representative sample of children, mothers, and fathers who participated in the Early Childhood Longitudinal Study Birth cohort study (N = 2441) was used to explore relationships. Approximately 40percent of fathers reported having a great deal of influence on their preschool child's nutrition, and about 50percent reported daily involvement in preparing food for their child and assisting their child with eating. Potentially modifiable behaviors that support healthy dietary practices in children may be supported by targeting fathers.[19]

METHODOLOGY

Research Design

A cross-sectional descriptive study was used to identify the involvement of fathers regarding child-rearing practices.

Research Setting

This study was conducted at Buddhashanti Village Rural Committee, ward no.1, Budhabare, Jhapa. It is a Rural Municipality that is located in the eastern part of Nepal.

Study Population

The study was conducted among the fathers of selected community.

Sample Size

The study population was calculated using Cochran's formula.[20]

Sample size (n) $n= Z^2pq / d^2$

Where, p = prevalence on (According to the basis of literature).[9]

(52%=0.52)

z = the value of confidence level (at 95% confidence level =1.96)

q= 1-p = 0.48

Let us take precession as $1/5^{th}$ of prevalence.

Therefore,

d =allowable error = (10%) =0.1

$n=Z^2pq/d^2$

$= (1.96)^2\times0.52\times0.48/ (0.1)2$

=95.88 =96

Now, calculating adjusted sample size, we had,

Total number of households in ward number 1 (N) = 2200

Adjusted sample size (n_1) = $n_0\times N/n_0+N-1$

$n_1 = 96\times2200/96+2200-1$

$n_1 = 92$

Therefore, the calculated sample size (n) will be 92.

Sampling Technique

Non-probability purposive sampling technique was used.

Exclusion Criteria

Fathers who were not willing to participate and who were aboard were excluded.

Instrumentation

An interview schedule containing structured and semi-structured questions was developed by the researcher based on research objectives and literature reviewed. It had included:

Part I: - Questions related to background information.

Part II – Likert scale related to child-rearing practices among fathers.

Scoring and Interpretation

The involvement of fathers in child-rearing practice was categorized based on the study. Based on literature, a mean score less than one standard deviation (SD) was considered as poor involvement, a mean score less than one SD to mean score plus one SD was average involvement, whereas a mean score more than one SD was good involvement.[9]

Poor involvement : <(Mean-SD)

Average involvement : (Mean-SD to Mean+SD)

Good involvement : >(Mean + SD)

Validity and Reliability

The content validity of the instrument was established by developing the instrument based on a literature review, peer discussion, and consultation with research experts.

The reliability of the instrument was maintained by pretesting in 10 percent of the total sample size (9) at Buddhashanti Village Rural Committee, ward no. 2, Jhapa.

Data Collection Technique

Data was collected from the primary source of information through face-to-face interviews using a Nepali translated tool. Each interview took 15-20 minutes.

Ethical Consideration

Data collection was started after submitting the proposal to the Nepal Health Research Council (NHRC) and receiving ethical approval to conduct the study. Formal permission was obtained from the Chairperson of Buddhashanti Village Rural Committee, Ward no 1. Objectives of the study were explained to each respondent, and informed written consent was taken before data collection. Respondents were assured that the information obtained would be used only for the study. Privacy was maintained by interviewing the respondent separately. Confidentiality was maintained by not sharing the obtained information with others. The respondents were not forced to participate in the study. The right of the respondents was highly respected, and they were free to withdraw from the study at any time without any explanation.

Data Analysis

The data was analyzed and interpreted according to the objectives and the nature of the research questions. All the collected data were reviewed, checked, and verified for their completeness, consistency, and accuracy. The collected data were coded and analyzed with the help of software Statistical Package for Social Sciences (SPSS) version 16. Collected data were analyzed using descriptive statistics such as frequency, percentage, mean, and standard deviation, and inferential statistics like the Chi-square test. The findings were presented in academic tables.

FINDINGS AND INTERPRETATION

This chapter deals with the descriptive analysis and interpretation of the obtained data. Data was analyzed and interpreted according to the objective and nature of the research questionnaire. All completed data were reviewed, checked, and verified after each data collection for completeness, consistency, and accuracy. The collected data were coded, entered, and analyzed in the Statistical Package for Social (SPSS) 16. Data were analyzed by using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics. Table 1 represents the respondents' background information; Table 2 represents information on respondents' involvement in direct and indirect care; Table 3 represents information on respondents' involvement in supporting good behavior and setting limits; Table 4 represents level of respondent's involvement in direct care, indirect care, supporting behavior and setting limits; Table 5 represents level of respondents' involvement in child-rearing practice; Table 6 represents association between paternal involvement and selected demographic variables.

Table 1. Respondents' Background Information

n=92

Variables	Frequency (N)	Percentage (%)
Age(in years)*		
25-34	47	51.1
35-44	45	48.9
Age of Child		
One	13	14.1
Two	26	28.3
Three	23	25.0
Four	17	18.5
Five	13	14.1
Ethnicity		
Brahmin/Chhetri	72	78.3
Janajati	20	20.7
Religion		
Hindu	79	85.9
Christian	13	14.1
Level of Education		
Can read and write	3	3.3
Up to lower secondary level (1-7)	8	8.7
Up to secondary level (8-10)	8	8.7
Higher secondary	39	42.4
Bachelors and above	34	37.0
Occupation of Father		
Agriculture	30	32.6
Business	34	37.0
Service	28	30.4
Occupation of Mother		
Home maker	46	50.0
Teacher	23	25.0
Business	15	16.3
Service	8	6.7
Type of Family		
Nuclear	40	43.5
Joint	52	56.5
Number of living Children		
One	44	47.8
Two	38	41.3
Three	10	10.9

**mean age: 34.28±4.071 years; minimum age: 25years; maximum age: 44year*

Table 1 shows that the majority (51.1%) of the respondents were from the age group of 25-34years, and the overall mean age was 34.28±4.071 years. 28.3percent of the children were from the 2-year age group. Similarly, 78.3percent of respondents were Brahmin/Chhetri, 20.7% were janajati. 85.9percent of the respondents were Hindu and 14.1% were Christian. The majority (42.4%) of the respondents' fathers' education level was above higher secondary; whereas, in occupation, 37.0% were involved in service, and most (50.0%) of the mothers were homemakers. Further, 56.5percent were joint families, and the majority (47.8%) had one child.

Table 2. Information on Respondents' Involvement in Direct and Indirect Care

n=92

Items	Always N(%)	Sometimes N(%)	Rarely N(%)	Never N(%)
Direct Care				
Talking with child	76(82.6)	15(16.3)	1(1.1)	0(0)
Holding child	50(54.3)	39(42.4)	2(2.2)	1(1.1)
Playing with child	41(44.6)	47(51.1)	2(2.2)	2(2.2)
Spending time with child	56(60.9)	31(33.7)	5(5.4)	0(0)
Cuddle with child	34(37.0)	51(55.4)	7(7.6)	0(0)
Help in changing diapers	10(10.9)	33(35.9)	38(41.3)	11(12.0)
Help to put child to bed	11(12.0)	44(47.8)	27(29.3)	10(10.9)
Help in bathing child	10(10.9)	24(26.1)	37(40.2)	21(22.8)
Help in feeding child	20(21.7)	36(39.1)	27(29.3)	9(9.8)
Sooth child when restless or crying	43(46.7)	45(48.9)	4(4.3)	0(0)
Taking child's temperature or manage medications when sick	63(68.5)	27(29.3)	2(2.2)	0(0)
Taking child for health check up	89(96.7)	3(3.3)	0(0)	0(0)
Indirect Care				
Help in buying clothes and necessary items(diaper, food)	67(72.8)	21(22.8)	3(3.3)	1(1.1)
Help in preparing child's bag	24(26.1)	57(62.0)	6(6.5)	5(5.4)
Preparing child's meal	11(12.0)	36(39.1)	30(32.6)	15(16.3)
Washing child's cloth	19(20.7)	17(18.5)	28(30.4)	28(30.4)
Taking and receiving child	65(70.7)	24(26.1)	2(2.2)	1(1.1)

Table 2 represents information of respondents on direct and indirect care. For direct care, the maximum score was 96.7% for statement "Taking child for health checkup" and minimum score was 1.1% for statement "Holding child". For indirect care, the maximum score was 72.8% for statement "Help in buying cloths and necessary items" and minimum score was 1.1% for "Taking and receiving child".

Table 3. Information on Respondents' Involvement in Supporting Good Behavior and Setting Limits

n=92

Items	Always N(%)	Sometimes N(%)	Rarely N(%)	Never N(%)
Supporting Good Behavior				
Making time to play with your child	45(48.9)	44(47.9)	1(1.1)	2(2.2)
Inviting child to play a game or share an enjoyable activity	63(68.5)	28(30.4)	1(1.1)	0(0)
Rewarding child when they do something good	56(60.9)	25(27.2)	4(4.3)	7(7.6)
Teaching child new skills	47(51.1)	41(44.6)	3(3.3)	1(1.1)
Noticing and praising child's good behavior	79(85.9)	10(10.9)	1(1.1)	2(2.2)
Setting Limits				
Speaking calmly when upset with child	83(90.2)	5(5.4)	2(2.2)	2(2.2)
Set rules for changing their behavior	38(41.3)	42(45.7)	9(9.8)	3(3.3)
Hesitate and change rule if child starts arguing	29(31.5)	46(50.0)	11(12.0)	6(6.5)
Thinking ahead and plan what kind of limit to set	19(20.7)	47(51.1)	17(18.5)	9(9.8)
Explaining reward and consequences for their behavior ahead	26(28.3)	24(26.1)	24(26.1)	18(19.6)

Table 3 illustrates that, in supporting good behavior, 85.9percent had responded always for statement "Noticing and praising child" whereas only 1.1percent had responded never for statement "Teaching new skills". For setting limits, 90.2percent answered always for statement "Speaking calmly with child when upset with him/her" and 2.2percent of respondents answered never for the same statement.

Table 4. Level of Respondents' Involvement in Direct Care, Indirect Care, Supporting Behavior and Setting Limits

n= 92

Domain	Level of rearing practice*			Mean±SD
	Poor	Average	Good	
	N (%)	N (%)	N (%)	
Direct Care	13(14.1)	68(73.9)	11(12.0)	38.64±4.44
Indirect care	12(13.0)	73(79.3)	7(7.6)	15.40±3.23
Supporting Good Behavior	11(12.0)	81 (88.0)	0(0)	17.78±2.25
Setting Limits	11(12.0)	67 (72.6)	12(13.0)	15.60±3.04

**<(Mean – S.D.) = Poor; (Mean-S.D. to Mean +S.D.) = Average; >(Mean +S.D.) = Good*

Table 2 illustrates that, majority of the respondents had average involvement in each domain i.e, direct care(73.9%), indirect care(79.3%), supporting good behavior(88.0%), and setting limits(72.6%). Similarly, 14.1percent of respondents had poor involvement in direct care, 13.0percent in indirect care, and 12.0percent in supporting good behavior and setting limits, respectively. Further, 13.0percent of respondents in setting limits, 12.0percent in direct care, and 7.6percent in indirect care had good involvement in child-rearing practices.

Table 5. Level of Respondents' Involvement in Child-rearing Practice

n=92

Level of Involvement*	Frequency(N)	Percent (%)
Poor (<77.97)	12	13.0
Average (≥77.97-96.89)	66	71.7
Good (>96.89)	14	15.2

**<(Mean – S.D.) = Poor; (Mean-S.D. to Mean +S.D.) = Average; >(Mean +S.D.) = Good*

Table 5 shows that maximum (71.7%) of the respondents had average involvement on child-rearing , 15.2percent had good involvement whereas the least 13.0percent had poor involvement in childrearing.

Table 6. Association between Paternal involvement and selected demographic variables

n=92

Variables	Level of Involvement		df	χ^2	*p*-value
	Poor	Average to Good			
Age of respondents'					
25-34	4	43	1	1.020	0.313#
35-44	8	37			
Occupation of father					
Agriculture	5	25	1	0.515	0.473
Others (Business, Service)	7	55			
Number of living children					
Single	6	38	1	0.026	0.872
Multiple	6	42			
Type of family					
Nuclear	6	34	1	0.239	0.625
Joint	6	46			

*****Significant at <0.05*

#Continuity correction association (as cell value <5)

Table 6 demonstrates that, there is no significant relationship between age of respondents, occupation of father, type of family and number of living children with paternal involvement.

DISCUSSION

Respondents' Information on Direct and Indirect care, Supporting Good Behavior and Setting Limits

In present study, majority (73.9%) had average involvement, 14.1percent had poor involvement and 12percent had good involvement respectively in direct care. For direct care, the maximum score was 96.7percent for statement "Taking your child for health check up" and minimum score was 1.1percent for statement "Holding child". In present study, 60.9 percent fathers frequently spend time with their child. As stated in a study done in Japan, on weekdays, 47.1percent of father spent 2 or more hours and on weekends 70.1 percent of father spent 6 or more hours with their children which is similar to the present study.[5] Majority(39.1%) of fathers were seen to be involved in feeding their child which is similar with the result of the study in Coastal South India, which showed, overall 40.9percent of the respondents' had poor involvement in Infant and Young Child Feeding(IYFC).[11] In present study, 82.8percent of respondents' were involved in talking with child which contradict the study done in Hong Kong, where 60percent of them said they ignored family care because of long working hours and lack of communication with their children.[21]

Similarly for indirect care, majority(64.1%) of fathers had good involvement, 31.5% had average involvement and 4.3percent had poor involvement. About 39.1percent fathers were involved in preparing meal for their child which is different by the study done in Canada, in which, 59percent fathers were involved in preparing meal for their children. In present study, majority(30.4%) of fathers said that, they are not involved in washing cloth of their child which is in contrast with the study done in Canada, in which, 49percent respondents' were involved in childcare.[22] In present study, 54.3percent fathers played with their child which contradict the study done in USA, in which 49.8percent of fathers played with their under-5 year old children.[4]

In the present study, half of the respondents'(51.1%) were involved in teaching child new skills which is in contrast with the study done in United Kingdom, where every 20th father reported teaching a child, reflecting that some fathers reported on their involvement during school age children and that some fathers reported on their involvement during school holidays.[23] In present study, majority(88.0%) of fathers had

average involvement whereas 12.0percent had poor involvement in supporting good behavior which includes 85.9percent of fathers were highly involved in noticing and praising child's behavior which is similar to the study done in South Carolina, where fathers are more likely to engage in vigorous, physically stimulating play or unusual and are more likely to praise their children during play activities.[24]

In the present study, majority (72.6%) of fathers had average involvement whereas 12.0percent had poor involvement followed by 13.0percent had good involvement in setting limits which includes 90.2percent of fathers speak calmly with child when upset with him/her which is similar to the study done in Palestine, 7.5percent had lowest in corporal punishment in which highest score was for "Your parents calmly explain to you when your behavior was wrong".[25]

Association between Respondents' Selected Background Variable and Level of Involvement

The present study shows that there was no significant association between the level of involvement and occupation of father which contradict the study done in Ramnagar area, India, in which there is significant association (p-value <0.05) between level of involvement and occupation of father whereas no significant difference was observed with age of respondents, type of family and number of living children which is supported by the study done in Ramnagar area, India among fathers of under five years of children.[12]

CONCLUSION

On the basis of the findings of the study, more than fourth-fifth respondents' had good involvement in supporting good behavior and setting limits. Similarly, three-fifth of the respondents' was directly and indirectly involved in child-rearing practices. Overall, more than half respondents had average involvement whereas least of the respondents had poor involvement on childrearing practice.

Statistically significant association was not found between level of involvement and selected demographic variables i.e. age, occupation of father, type of family and number of living children.

RECOMMENDATION

On the basis of present study, it can be recommended that a similar study with large sample size can be done to generalize findings.

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APPENDIX A

Research Instrument

Research Topic: Paternal Involvement in Child-rearing Practice.

Part I

Background Information of respondents

1. Age of respondent :- _____years
2. Age of Child: _____years
3. In which ethnic group you belong to?
   a. Brahmin/Chhetri
   b. Dalit
   c. Janajati
   d. Others(specify)_____
4. Which religion do you follow?
   a. Hinduism
   b. Buddhism
   c. Christianity
   d. Muslim
5. How long have you continued your study?
   a. Up to Primary level
   b. Up to Secondary level
   c. Above +2
   d. Bachelor and above
   e. Just able to read and write
6. What is your occupation you are currently involved in?
   a. Agriculture
   b. Business
   c. Service
   d. Others (specify):_____
7. What is the occupation of child's mother?
   a. Housewife
   b. Teacher
   c. Business

d. Others (specify):_____

8. What is the type of your family?
   a. Nuclear
   b. Joint
   c. Extended
9. How many children's are there in your family?
   a. One
   b. Two
   c. Three
   d. Others(specify)_____

Part II

Likert Scale Containing the Item related to Factors Used in Child-rearing Practices.

Items	Always	Sometimes	Rarely	Never
1. Direct care a. How often do you talk with your child?				
b. How often do you hold your child?				
c. How often do you play with your child?				
d. How often do you spend time with your child?				
e. How often do you cuddle with your child?				
f. How often do you help in changing diapers of your child?				
g. How often do you help to put child to bed?				
h. How often do you help in bathing your child?				
i. How often do you help in feeding your child?				
j. Have you ever sooth child when he/she is restless or crying?				
k. How often do you take child's temperature or manage medications when they fall sick?				
l. How often do you take your child for health check up?				
2.Indirect care a. Have you ever help in buying clothes and necessary items(diaper, food) for your child?				

b. Do you help in preparing child's bag?				
c. How often do you prepare child's meal?				
d. Do you wash your child's cloth?				
e. How often do you take and receive child?				
3. Supporting Good Behavior a. How often do you make time to play with your child?				
b. How often do you invite your child to play a game or share an enjoyable activity?				
c. Do you reward your child when they do something good?				
d. Do you teach your child new skills?				
e. Have you ever notice and praise child's good behavior?				
4. Setting Limits a. Do you speak calmly with your child when you are upset with him/her?				
b. Do you set any rules for changing their behavior?				
c. Do you hesitate and change rule if child starts arguing?				
d. Do you think ahead and plan what kind of limit to set?				
e. Do you explain reward and consequences for their behavior beforehead?				

अनुसन्धानको प्रश्नावली

अध्ययनको बिषय: बालबालिकाको हेरचाहमा बुवाको संलग्नता

खण्ड१: उत्तरदाताको पृष्ठभूमि

१. उत्तरदाताको उमेरः- _____ वर्ष

२. बच्चाको उमेर :- _____ वर्ष

३. तपाईं कुन जातीय समूहमा पर्नुहुन्छ ?

क.बाहुन/क्षेत्री

ख.दलित

ग.जनजाती

घ.अन्य (उल्लेख गर्नु होस्)

४.तपाईं कुन धर्म मान्नु हुन्छ?

क. हिन्दू

ख.बुद्धिस्ट

ग. क्रिश्चियन

घ. मुस्लिम

५.तपाईंले कुन तहसम्मको अध्ययन गर्नुभएको छ?

क.आधारभुत तहसम्म

ख.माध्यमिक तहसम्म

ग.उच्चमाध्यमिक तहसम्म

घ.स्नातक र स्नातक भन्दा बढी

ङ.सामान्य साक्षर

६. तपाईं हाल कुन पेशामा आबद्ध हुनुहुन्छ?

क. कृषि

ख. ब्यापार

ग. सेवा

घ. अन्य (उल्लेख गर्नु होस्)

७. बच्चाको आमा कुन पेशामा आबद्ध हुनुहुन्छ?

क.गृहिणी

ख.शिक्षण

ग.व्यापार

घ.अन्य (उल्लेख गर्नु होस्)

८ .तपाईंको परिवार कस्तो प्रकारको छ ?

क.एकल परिवार

ख.संयुक्त परिवार

ग. विस्तारित परिवार

९. तपाईको परिवारमा कतिजना बालबच्चाहरु छन्?

क.एक

ख.दुई

ग.तीन

घ.अन्य (उल्लेख गर्नु होस्)

खण्ड २: बालबच्चाको हेरचाहमा प्रयोगहुने बिधिहरुको लिकर्ट स्केल

क्र.स.	सधैं	कहिले काही	विरलै	कहिल्यैगर्दिन
१. प्रत्यक्ष हेरचाह क.तपाईं आफ्नो बच्चासँग कत्तिको कुरा गर्नुहुन्छ?				
ख. तपाईं आफ्नो बच्चालाई कत्तिको बोक्नुहुन्छ?				
ग. तपाईं आफ्नो बच्चासँग कत्तिको खेल्ने गर्नुहुन्छ?				
घ.तपाईं आफ्नो बच्चासँग कत्तिको समय बिताउनुहुन्छ?				
ङ. तपाईं आफ्नो बच्चालाई कत्तिको अङ्गाल्नु हुन्छ?				
च. तपाईं आफ्नो बच्चाको डाइपर फेर्न कत्तिको सहयोग गर्नुहुन्छ?				
छ. तपाईं आफ्नो बच्चालाई सुताउन कत्तिको सहयोग गर्नुहुन्छ?				
ज. तपाईं आफ्नो बच्चालाई नुहाउन कत्तिको सहयोग गर्नुहुन्छ?				
झ. तपाईं आफ्नो बच्चालाई खुवाउन कत्तिको सहयोग गर्नुहुन्छ?				
ञ. तपाईंले कहिल्यै बच्चा रोइरहेको बेला फकाउनु भएको छ?				
ट. बच्चा बिरामी हुँदा तपाईंले बच्चाको तापक्रम लिने अथवा औषधी खुवाउने कत्तिको गर्ने गर्नुभएको छ?				
ठ. तपाईं आफ्नो बच्चालाई स्वास्थ्यजाँच कोलागि कत्तिको लैजानु हुन्छ?				
२. अप्रत्यक्ष हेरचाह क. के तपाईंले आफ्नो बच्चाकोलागि कपडा र आवश्यक वस्तुहरू (डायपर, खाना) किन्न मद्दत गर्नुभएको छ?				
ख. के तपाई बच्चालाई चाहिने सामानको तयार गर्न मदत गर्नुहुन्छ?				
ग. तपाईं बच्चाको खाना कत्तिको तयार गर्नुहुन्छ?				
घ. के तपाइँ आफ्नो बच्चाको कपडा धुनुहुन्छ?				
ङ. तपाइँ बच्चालाई कतै पुर्याउने र ल्याउने कत्तीको गर्नुहुन्छ?				
३. राम्रो व्यवहारलाई समर्थन				

क. तपाईं आफ्नो बच्चासँग खेल्न कत्तिको समय निकाल्नुहुन्छ?				
ख. तपाइँको बच्चालाई खेल खेल्न वा रमाइलो गतिविधि गर्न कत्तिको आमन्त्रित गर्नुहुन्छ?				
ग. के तपाईं आफ्नो बच्चाले राम्रो काम गर्दा पुरस्कृत गर्नुहुन्छ?				
घ. के तपाईं आफ्नो बच्चालाई नयाँ सीपहरू सिकाउनु हुन्छ?				
ङ. के तपाईंले कहिल्यै बच्चाको राम्रो व्यवहारलाई बिचार गरेर प्रशंसा गर्नुभएको छ?				
4. **सीमाहरूको तय** क. तपाईं आफ्नो बच्चासँग रिसाएको बेला नरम भएर कुरागर्नु हुन्छ?				
ख. के तपाईं तिनीहरूको व्यवहार परिवर्तन गर्न कुनै नियमहरू तय गर्नुहुन्छ?				
ग. के तपाईं यदि बच्चाले झगडा गर्न थाल्यो भने नियमहरु परिवर्तन गर्नुहुन्छ?				
घ. के तपाइँ अगाडि सोचेर कस्ता किसिम का सीमाहरु तय गर्ने योजना बनाउनुहुन्छ?				
ङ. के तपाइँ पहिले नै उनीहरूको व्यवहारको लागि पुरस्कार र परिणामहरूको बारेमा बताउने गर्नुहुन्छ?				