Paternal Mental Health and Parenting in the COVID-19 Pandemic Era

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Abstract

The COVID-19 pandemic has negatively affected the family economy by threatening job security, which has been acting as a source of stress for fathers. Social distancing has increased father-child interaction time and the burden of parenting. The parenting stress levels of fathers increased, and mental health problems such as depression and anxiety were induced. This was reported to be more serious in vulnerable groups, according to the race or socioeconomic status of the fathers. Fathers’ mental health problems in the context of COVID-19 affect father-child relationships and children’s adjustment in the long term. Healthcare professionals must develop community-based intervention programs to screen fathers’ risk factors and educate them on mental health issues, while considering the changing roles and mental health of fathers during the pandemic. Before another epidemic breaks out.

Keywords: COVID-19; father; men; mental health

Since March 2020, the lives of parents with children aged 18 years and younger have changed drastically [1]. Although two years have passed, the uncertainty caused by COVID-19 continues and it is difficult to predict when the pandemic will end. Challenges in parenting and role changes in families due to the pandemic have continuously been reported in the East and the West [2,3]. Following the declaration of the pandemic, many countries implemented lockdown measures to reduce the risk of virus transmission and mitigate the emergency. Public and educational institutions and numerous businesses suspended their functions. People were forced to isolate in their houses. There have been unprecedented social gaps in the rearing and education of children [4], such as seen in Italy, where the burden has been directly transferred to families [5]. Additionally, the emergency caused by the pandemic directly affected family income [6], which increased the stress and depression levels of family members and negatively affected their mental health [7]. This engendered changes in the relationship between parents and children [8]. In the last 10 years, many studies on children and parents focused on the father’s role in the parenting and development of children [9]. It has been revealed that a father’s involvement in parenting has a long-term effect on the health and development of children [10]. Negative socioeconomic status increases a father’s parenting stress [11]. Moreover, a father’s mental health issues aggravate not only the quality of the parent-child interaction but also the challenges in the emotion and behavior of children. It has been pointed out that the father’s role, compared to the mother’s, is underestimated in child parenting studies [12]. Particularly, studies are scarce on the father’s role and father–child relationship in the context of COVID-19. Thus, the changed roles and challenges of fathers during the pandemic should be identified, followed by support to them. The purpose of this review is to identify family dysfunction caused by sudden or unwanted isolation caused by COVID-19, especially the difficulties of fatherhood, and to identify interventions that health professionals could make for their families and fathers. The studies presented in this review were selected from the literature searched by combining the keywords ‘father’, ‘paternal’, ‘COVID-19’, ‘children’, and ‘mental health’ with ‘AND’ and ‘OR’ through Google Scholar, PubMed, and CINAHL databases. As a result of this search, various studies have been confirmed, and 24 of them suitable for the purpose of this study have been reviewed and presented in the reference list. The COVID-19 pandemic has also affected the mental health of fathers [12]. Previous studies reported that over half the families perceived a worse financial situation due to the pandemic [12]. Furthermore, the job or economic situation was related to parenting stress of the parents, particularly fathers, and problem behaviors among children. Anxiety, concern, and uncertainty regarding the future of the family economy increased fathers’ depression and negatively affected parenting [13]. Men tend to establish their self-worth and identity by fulfilling their role in supporting their families. Fathers may experience feelings of helplessness and depression attributable to the uncertainty caused by the pandemic and stress due to a potential threat to their livelihood [11,12]. During the pandemic, due to high uncertainty and fear, an unprecedented shortage of family and social support and resources also imposed parenting burden on fathers. In fact, fathers’ parenting stress increased during the lockdown. COVID-19 forced parents to actively plan and modify their caregiving, educational routines, and work practices within a short span of time. Parents had to poten-
tially sacrifice time spent on their emotional experiences and self-care. Balancing the high level of psychological distress caused by the pandemic and caregivers’ burden has been a great challenge for parents. Hence, there was a possibility of parents’ sacrificing their own well-being and an increase in their parenting stress levels [14]. A study reported that the main predictor of fathers’ parenting stress during the pandemic was their perceived relationship with their children [12]. It was also reported that higher perceived aggravation of the relationship was associated with higher parenting stress [12]. Lockdown measures against COVID-19 forced fathers and children to be isolated at home, which increased the amount of time fathers spent with their children. While fathers could immerse themselves in their role as a parent, they began working remotely, a new form of work that hardly existed before the COVID-19 pandemic. This situation amplified the complexity of their role during the pandemic. Furthermore, the role of institutions in which children could receive services in health, day care, and development was reduced. Hence, changes in fathers’ role and child-father interactions are required. Changes surrounding the family have created parenting burden, which can be particularly burdensome for fathers who are generally less involved than mothers. Disaster-related parenting stress amplifies parental burden and mental health symptoms. It may also potentially lead to negative parenting behaviors that affect parent-child relationships [14]. The mental health problems of fathers can affect their children. A father’s well-being can positively affect that of his child. However, if fathers have mental health problems, such as depression or anxiety, it can lead to family stress, which can threaten the children’s mental health [13,15]. Additionally, depression in the parents affects parent-child interactions [16], such as spending less time and having less physical contact with their children. This could affect the children’s long-term adaptation. However, not all children of parents with mental health problems experience maladaptive outcomes, indicating that the family system is also resilient [17,18]. Changes in fathers’ roles also appear in the process of childbirth. For the past few years, during pregnancy, from prenatal examinations to delivery, healthcare professionals have encouraged the involvement of fathers. However, the pandemic situation has limited fathers’ roles during pregnancy and experience of parenting by Swedish fathers [19]. For the safety of mothers and newborns from the virus, fathers can no longer be involved in or support the childbirth. Some studies have shown that the impact of separation from fathers on bonding and long-term consequences needs to be reported [20]. Recent studies provide evidence that reducing the role of fathers can affect mothers’ stress, resulting in paternal and family stress and long-term effects on children [20,21]. COVID-19 causes a public health crisis that has a serious and negative impact on vulnerable populations, and this phenomenon also appears in the context of fathers [12,22]. Socioeconomic factors affecting adverse health outcomes can be detected in certain populations such as ethnic minorities and low-income families. Black and Latino Americans were more likely to continue working outside their homes than Whites and Asians during the pandemic [22]. This can negatively affect families by increasing their exposure to the virus. Fathers working in settings at a higher risk for COVID reported greater family discord than fathers not working in such environments [22]. In addition, fathers living in areas with high rates of transmission and mortality reported higher levels of parenting stress [14]. Experts report that the risk of mental illness, such as depression, is rapidly intensifying, and that existing disparities can be deepened during the pandemic due to social isolation and limited support [22,23]. The COVID-19 era posed a challenge to fathers’ role in parenting, and healthcare providers need to develop interventions to support fathers. Health professionals can provide fathers with information and education programs about mental illnesses, such as depression, anxiety, stress, and access to services during the pandemic. Providing accurate information about COVID-19 is important for preventing anxiety and depression. Such programs should include information not only about mental health, but also about the management of changed daily lives with children during social distancing. In addition, providing safe working conditions and affordable and reliable childcare could be a great social safety net to reduce the burden of parenting on fathers. The social and legal basis for childcare, children’s education, and a stable financial status of the family are cornerstones for society to accept fathers’ role as parents even in disaster situations. Research focusing on fathers remains scarce. Longitudinal studies should be conducted to investigate the acute and long-term effects of COVID-19 on fathers’ mental health and parenting. The risk and resilience factors for paternal mental health and parenting, father-child relationships, child adaptation, and coping strategies should be investigated. Furthermore, existing studies on vulnerable and high-risk groups among fathers, fathers in areas with high infection rates, and families with new children suggest factors to be considered in future studies. Health professionals should provide preliminary screening for high-risk groups that may experience health disparities. Therefore, it is necessary to develop tailored intervention programs for vulnerable fathers. New strategies such as telemedicine should be quickly embraced to enable continuous family oriented services even during the pandemic period. The social crisis caused by the pandemic necessitates specific response strategies to meet the mental health needs of parents and children. Therefore, effective intervention and prevention programs should promote the development of parental coping skills and reduce parenting stress. As arbitration, virtual support can be developed in situations where face-to-face services such as online or phone counseling, text support, and online support are limited [24]. Some studies emphasize that the establishment
of a partnership between community-based organizations and health professionals is required during a pandemic [23]. Healthcare providers can develop community-based hybrid parenting classes not only in the virtual field, but also in the real world. These intervention programs will promote cooperative care and exchanges between fathers in communities, thereby maximizing the effects of the program. It is also necessary to train healthcare providers to support parents and children through community-based programs. This review is not intended to ignore the benefits of being a father and the potential resilience that fathers and families have. Despite the necessity of fatherhood and positive aspects in child care and education as long as mankind exists, we have tried to summarize and draw on family dysfunction caused by sudden or unwanted isolation caused by COVID-19, especially the difficulties of fatherhood.

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HP and SY drafted the manuscript. All authors revised the important contents of the manuscript and approved the final version.

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References


