EXPLORING THE LINKS BETWEEN FATHERING, MASCULINITIES AND HEALTH AND WELL-BEING FOR MIGRANT FATHERS: IMPLICATIONS FOR POLICY AND PRACTICE
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ABSTRACT
Fathers’ uptake of paternity leave and care of children is shaped by various factors, including structural barriers and gender norms, which influence masculine identity formation. Such barriers to accessing leave and caring for children are thus influenced by a complex intersection of individual and institutional factors. Focusing on Australia, this article looks at migrant fathers’ decisions about parental leave and caregiving, and its intersection with gender (masculinities) and culture (race/ethnicity). We do so to unpack the structural barriers these men face, including those that influence their (mental) health and well-being. The authors identify a gap in research, and argue that there is a need to better understand the intersection of gender and culture on migrant fathers’ decisions to access parental leave and care for children. A better understanding of these decisions is integral to building better policy and programme supports for different groups of fathers and, ultimately, improving their mental health and well-being. It also identifies the need for research and policy to recognise the diversity of “migrant” fathers in both quantitative and qualitative research.

INTRODUCTION
There is an increasing policy focus on the role of men and fathers to improve gender equity, particularly in relation to caring for children.1-3 As research shows, fathers’ uptake of paternity leave and care of children is shaped by gender and cultural norms, which both influence identity formation.4 Fathers’ engagement in caregiving is also influenced by structural barriers at both individual and institutional levels.

At the institutional level, the design of national parental leave policies, as well as access to employer leave schemes, are central to fathers’ decisions and go some way in explaining differences across countries5,6 (as will be discussed further later in this article). Individual structural barriers span issues related to racism, unemployment and income inequality; poor access and engagement with health services and the education system.7-8 Migration is likely to impact structural barriers to caregiving, as access to employment, health and social services; recognition of previous qualifications; and experiences of racism and discrimination can all affect migrants’ (men and women) opportunities and decisions to work and care for family.9 Such structural barriers intersect with gender and cultural norms associated with masculine and ethnic identities.10-12

It is important that we better understand the factors impacting fathers’ decisions about caregiving because their engagement with caring for young children is shown to improve their own, and their child

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and family’s mental health and well-being. There is a gap in research about migrant fathers’ decisions about parental leave and caregiving. In addition, much of the current literature does not recognise the diversity and heterogeneity of “migrant fathers.” This article looks at migrant fathers’ decisions about parental leave and caregiving, and its intersection with gender (masculinities) and culture (race/ethnicity). Intersectionality is increasingly being applied to social policy and health research based on the understanding that human experiences, behaviours and outcomes are shaped by various factors, including gender, race/ethnicity, country of origin, religion, sexuality, class and age, among other factors. As a concept, intersectionality helps us as researchers, policymakers and practitioners to better understand the complexity of social and health issues across different cohorts of the population. It is recognised that a growing body of research in Australia, and internationally, is adopting an intersectional approach to understand cultural identity and masculine norms among men. The complex intersection of gender (masculinities) and race/ethnicity (culture) draws further attention to the heterogeneity of migrant fathers as a group. Importantly, their country of origin, socioeconomic status, education and reason for migrating (i.e. refugee vs. skilled worker) are central for understanding the heterogeneity of this group, and consequently the diversity of their decisions about caregiving.

Using an intersectional approach, we aim to unpack the structural barriers these men face, including those that influence their (mental) health and well-being. In doing so, we demonstrate that there is a need to better understand the complex intersection between gender/masculinities and race/ethnicity and how they influence migrant fathers’ decisions to take parental leave and care for children. Further research in this area will also contribute to our knowledge about how to better engage with migrant fathers and develop appropriate programmes and services.

FATHERS’ LEAVE AND CAREGIVING: POLICY AND PATTERNS

In most industrialised countries, policies increasingly focus on improving work/family balance and the gendered division of paid and unpaid work. In Australia, organisations have made significant improvements to workplace leave policies for fathers. Organisations are moving towards gender-neutral parental leave policies; however, while the rate of utilisation is increasing, fathers still take far less parental leave than mothers. Only one in 20 fathers take parental leave as the primary caregiver, and 85% of fathers take less than 4 weeks of leave. Across the globe, fathers take less parental leave, and the gender division of paid and unpaid work remains high. Globally, women undertake up to 10 times more unpaid care and domestic work than men. In Europe, the gender gap for paid and unpaid work and the take-up of parental leave is greater for immigrant fathers. One factor found to contribute to the low uptake of leave is workplace stigma, which creates real or perceived barriers to requesting and accessing flexible work and leave.

Barriers to accessing leave entitlements and flexible work rights are thus exacerbated for migrants, who experience additional challenges accessing employment; are less likely to be eligible to leave benefits; and may face discrimination in the workplace. While structural barriers at the organisational level do constrain immigrant fathers’ access and uptake of leave, recent research found that national policies also make a difference. In particular, a study comparing Sweden and Finland found the fathers’ quota (amount of leave dedicated to fathers only) offers financial incentives for fathers to take leave up to the quota. However, the authors found that immigrants were more responsive to the quota than native-born fathers, that is, immigrant fathers were less likely to take more than the quota, or earmarked, portion of parental leave. This was more prevalent among immigrants from non-Western backgrounds, which likely reflects both the impact of information deficit as well as gender norms associated with their country of origin. There is, however, a dearth of research in Australia about how individual characteristics and cultural norms impact immigrant fathers’ use of decisions about parental leave.

Studies indicate that acquired (education, income) characteristics make a difference to decisions about leave and caring for children. For example,
international research\(^1\) on men’s caregiving found that financial stress is a key factor impacting fathers’ (and mothers’) decisions to take leave to care for children. However, at the same time—and as will be discussed in the next sections—such financial constraints are often related to gender norms about men being positioned as the “providers” for families,\(^30\) thereby placing pressure on fathers to find paid work.

There is, however, a gap in knowledge on how migrant fathers’ ethnicity, class, sexuality, ability and culture\(^31\) might intersect with gender to shape their care decisions. As Hunter et al. suggested, research on fathering needs to consider the complex intersections between different masculinities.\(^27\) And, as Griffith notes in relation to masculinities and men’s health, an intersectional approach helps us move beyond which social characteristics affect men’s behaviours to why and how they “create new norms, expectations, masculinities and ultimately, health outcomes.”\(^16\)

**GENDER NORMS AND MASCULINITIES**

Fathers’ decisions and attitudes about paid work and unpaid care are closely linked to theories of gender, specifically masculinities. Scholars have identified weaknesses in the concept of hegemonic masculinity, particularly in the way in which it associates masculinity, a term that refers to masculine ideas that “legitimise and maintain patriarchal relations.”\(^27,35,36\) Although there is considerable literature critiquing the concept of hegemonic masculinities, it is arguably still useful in the “process of understanding how and what men do and what men identify as.”\(^32\) Research with men and fathers, especially in Europe, supports an alternative framework of caring masculinities, which challenges the harmful impacts of hegemonic masculinity, such as violence, lack of self-care, poor health and impoverished relationships.\(^33\) When fathers align caring values to their identity, it can lead to benefits for men, including improved physical and psychological health, quality of social life and relationships between men and women.

Hofstede\(^37\) conceptualised masculinity at the national cultural level using the “mas-fem” dimension, whereby the behaviours of men differ across countries across societal environments, such as the family, work, politics and relationships. While Hofstede suggested that the mas-fem dimension is not primarily about the gendered division of work and care, it serves as a useful tool for thinking about the impact of culture on migration. For example, migrants migrating between countries with very different mas-fem scores would likely experience greater conflict as they make decisions about work and care. This is consistent with Tervola et al.’s research, which found, in Finland, fathers who had migrated from other Western countries were more likely to respond to the parental leave entitlements, compared with fathers from non-Western countries.\(^6\) However, at the same time, Pease’s qualitative research with immigrant men in Australia found that men’s patriarchal role as providers was shared across countries.\(^22\) This scholarship points to the complexity of masculine identities at the national level, and the way in which gender norms intersect with race/ethnicity and culture to impact fathers’ decisions and attitudes about care for children.

**RACE/ETHNICITY AND CULTURE**

As with gender, race/ethnicity and cultural norms associated with a person’s country of origin impact their attitudes and behaviours surrounding the roles and responsibilities of men and women. This is evident from recent Australian and international literature, yet there is a notable gap in understanding how race/ethnicity intersect with gender and masculine identities, which are often underpinned by cultural norms. As Griffith noted based on other research, “the identities of men of colour intersect and create unique masculinities.”\(^38\) This is evident through a growing body of research about Black masculinities\(^20,38,39\) and Indigenous masculinities.\(^40\)

Emerging literature in Australia and internationally is beginning to look more closely at the experiences of migrant fathers and those from ethnically diverse backgrounds. In 2016, 28% of the population was overseas-born.\(^31\) Using language as a proxy for ethnicity or country of birth, Australian and international
research indicates that migrant and non-English-speaking fathers are less likely to take parental leave.\(^6,42,43\) This is consistent with Baxter,\(^14\) who found that mothers and fathers who spoke a language other than English at home were significantly more likely to support a traditional male breadwinner model than mothers and fathers mainly speaking English at home. Looking at Australian datasets, the gap in quantitative data on the uptake of leave for fathers from non-English-speaking backgrounds is particularly noteworthy. For example, Smyth et al.\(^15\) pointed out that a significant research design issue is that even in large-scale population surveys, there are usually not enough respondents from particular groups to permit a detailed examination of these issues. We need to understand each cultural group, and indeed the important intra-group differences, and the ways groups adapt to a mainstream environment, which in itself is in a state of flux.\(^11,15\)

It is recognised by community organisations in Australia working with migrants that different cultural expectations of fatherhood create barriers to migrant fathers engaging with services.\(^7\) However, existing studies indicate that many fathers—migrant and non-migrant—find services difficult to engage with because they are mother- and child-centric.\(^44\)

**WHY CARE ABOUT MIGRANT FATHERS’ CAREGIVING? IMPLICATIONS FOR MEN’S HEALTH AND WELL-BEING**

Outside the explicit policy rationale to improve gender equality in the division of paid and unpaid work, why do we and should we care about whether fathers, and migrant fathers more specifically, take leave and time to care of children? One important reason, which is less prevalent in the research, relates to the positive impact of fathers’ engagement with caring on children’s health and well-being.\(^3\) One recent global initiative is the MenCare campaign, implemented by Promundo and Sonke Gender Justice. It is a global campaign, currently focussed in Latin America, which promotes the engagement of men as fathers and caregivers, with the aim to improve gender equality, and the mental health and well-being of mothers, fathers and children. Their evaluations of the initiatives found that engaging men in caregiving benefits both men and women, through more equal distribution of care giving, with fathers also reporting better mental and physical health.\(^13\) The Helping Dads Care Research Project found that, in all seven countries,\(^8\) fathers who took longer periods of leave benefitted from better mental health and life satisfaction. These, and other,\(^45,46\) findings illustrate the potential for campaigns and programmes to change dominant masculine stereotypes that both promote engagement with caregiving and also improve men’s health and well-being.\(^3,47,48\)

There is, however, a gap in research about migrant fathers’ leave behaviours and decisions about caregiving in Australia. The limited literature that does exist indicates migrant fathers are less likely to engage in caregiving, and fathers from refugee and non-English-speaking backgrounds are more likely to report psychological distress and poorer overall health.\(^49\) It should be noted that the experiences of refugee fathers likely differ from migrants entering Australia (and other countries) for different reasons, such as skilled migration or family reunification.

Cooklin et al.\(^42\) used data from the Longitudinal Study of Australian Children (LSAC) to investigate the relationship between fathers’ job characteristics, work–family conflict and their mental health and well-being before and after the birth of a child. Key findings from the study included that job conditions and job quality were significantly associated with mental health. Thus, work organisations are important institutions that support fathers through the postpartum period. One of the limitations of their findings was that fathers excluded from the analyses (due to incomplete data) were much more likely to be born outside Australia and to be from a non-English-speaking or Aboriginal background. This is significant because they are also less likely to be attached to the labour market and more likely to have poorer workforce conditions. They suggest that further research is needed with fathers from diverse backgrounds to fill the gap in research using national datasets (namely, the Household Income and Labour Dataset of Australia [HILDA] and the

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† Argentina, Brazil, Canada, Japan, the Netherlands, the United Kingdom and the United States.
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Longitudinal Survey of Australian Children [LSAC]). Furthermore, they state that “further research to understand the implications of leave usage on fathers’ mental health is warranted, particularly as universal access to paid paternity leave has been introduced in Australia since these data were collected.”

Lastly, research illustrates the important connections between gender attitudes, masculinities and health and well-being. Findings from the Man Box studies in Australia and internationally show that young men who conform to “being a real man”—the behaviours and characteristics that are largely reflected in the concept of hegemonic masculinity (introduced above)—were more likely to report poor mental health and well-being, and to be the perpetrators of harm to others (i.e. bullying or sexually harassing women). Thus, there is a need to extend research to these areas using an interdisciplinary and intersectional approach to better examine the connections between gender norms/masculinities and race/ethnicity and culture. Research in this area will make a significant contribution to knowledge about the experiences of marginalised groups of fathers, such as migrants, in negotiating decisions about work and care. This knowledge will contribute to theoretical and empirical evidence about how the intersection of gender norms and race/ethnicity and culture shape fathers’ access to, and decisions about, work and care and, ultimately, their mental health and well-being. It will also contribute to our knowledge about how to better engage with fathers and develop appropriate programmes and services, for example, through new strengths-based approaches that recognise positive forms of masculinity.

Globally, fathers are a heterogeneous group, and it is essential that policies and programmes recognise and are adapted to meet the needs of minority groups with different cultural values and norms. This will enable the development and implementation of policies to better meet the needs of immigrant fathers, and their families.

CONFLICT OF INTEREST

There are no conflicts of interest with any of the organisations mentioned in the manuscript.

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