

A photograph of a man with a beard and long hair, wearing a dark tank top, leaning over a white crib. He is looking down at a baby who is lying on its back in the crib, looking up at him. The man's hands are gently holding the baby's head. The background is a simple room with a white wall and a small framed picture. The entire image has a blue tint.

Plus Paternal: A focus on fathers Case for Change

A high-angle, close-up photograph of a couple's legs and feet in a swimming pool. The water is a deep blue, and the legs are tanned. The couple's hands are visible, resting on their thighs. The image is used as a background for the contact information.


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Plus Paternal: A focus on fathers Case for Change

Australian fathers want and deserve more from our health system.

Non-birthing parents, most commonly men, are not systematically engaged or supported from pre-conception to parenthood. They are often treated as secondary to fertility, birthing and parenting processes — welcome but not active-partners.

Healthy Male — together with men, health professionals and organisations from across Australia — is calling for changes to our health system, and society.


This Case for Change outlines:

- How social and gendered norms affect fathers
- Why our health system needs to change, and
- How, by taking a top-down and bottom-up approach, the system can be changed to recognise, value and support the health and wellbeing of men and women from preconception to parenthood.

It also asks policy makers, organisations and individuals to support seven goals for achieving change:

1. Society recognises and values both parents equally
2. Health policy addresses the health and wellbeing of both parents
3. The health system supports the proactive engagement of both parents
4. Health professionals are willing and able to support men and women
5. Both parents are prepared for the transition to parenthood
6. Parents who experience loss, distress, or are struggling with parenthood, receive the care they need
7. Practice is evidence-informed and shaped by the lived-experiences of both men and women

Achieving these goals will create healthier families.

A close-up photograph of a man with curly hair, smiling warmly while holding a baby. The man is wearing a dark t-shirt, and the baby is wearing a striped onesie. The image has a soft, warm tone with a slight purple/pink overlay.

“ I understand that the majority of attention needs to be provided to the mother and I am supportive of this. However, having a child was still the most important event of my life, and yet I was often ignored completely during preconception consultations, during the pregnancy, and perinatally. Being treated like a member of the team on more occasions would have been valued.”

Men's Lived-experience Survey Participant

Why focus on fathers?¹

For understandable reasons, Australia's reproductive health services focus on the health and wellbeing of mothers and babies. The explicit focus on mothers is entrenched within the model of care and is apparent from preconception to parenthood.

But what about fathers?

Healthy Male embarked on the Plus Paternal: A focus on fathers project in response to the National Men's Health Strategy 2020-2030's call for a more inclusive approach to parenthood and expansion of the maternal and child health infrastructure to include fathers.

With guidance from a national, multi-disciplinary Advisory Group we began by building knowledge to establish an understanding of the current situation in Australia in relation to fathers. We engaged men, health professionals and policy makers to determine what, if anything, needs to change to improve the health and wellbeing of fathers, prospective fathers and their families.

Not only did we discover **a pressing need for change** across all levels of the health system and beyond, we found **a strong desire for change** amongst men and health professionals.

The evidence clearly shows that our health system does not proactively engage men as they attempt to, and/or become fathers. Instead, across many health services, men are viewed as secondary to the child-bearing process – welcome, but not active partners. This mindset, and the system that supports it, leaves men feeling undervalued and ignores their fertility needs, and the mental health and wellbeing issues they may face as they become fathers. It also lessens their ability to be engaged and proactive parents, who make positive contributions to the growth and development of their children.

There is a wide range of organisations across Australia committed to the health and wellbeing of families, and some great work is happening with fathers. As a peak national men's health organisation, Healthy Male sees its role as a 'facilitator of change' – working to draw organisations and individuals together to grow a movement to increase the focus on fathers nationally.

Join the collective effort by endorsing the Case for Change and its seven goals (visit www.healthymale.org.au/plus-paternal) and by taking action within your sphere of influence to help improve the experiences and outcomes of fathers and their families. (See page 19 for suggestions)

Together we can make a difference.



Simon von Saldern
Healthy Male CEO

REFERENCES

¹ Healthy Male's work focusses on the health needs of men. Within this document the terms mother and father have been used to highlight gender differences within families. We recognise and respect that gender nonbinary people may prefer gender-neutral terms.

² Reproductive health services include a broad range of services that support fertility, pregnancy, birth and parenthood. They include general practice, family planning, fertility support services, hospitals, antenatal education providers, maternal and child health services and family health services.

Principles for action

The following principles should underpin all actions to improve the support and care of fathers:

- **Equality** - All men have equal access to information, care and support, regardless of their backgrounds or circumstances
- **Proactive care** - At all points on their pathway to fatherhood men are proactively engaged and supported. Saying they are welcome is not enough.
- **Strengths-based focus** - Initiatives highlight men's strengths and promote empowerment
- **Evidence-informed practice** - Initiatives are informed by evidence, expert opinion and the voices and experiences of men
- **Co-design** - Initiatives are co-designed with men who have diverse lived experiences
- **Collaboration** - Organisations and stakeholders collaborate, share knowledge and resources and form partnerships to leverage expertise and avoid duplication
- **No competition** - Initiatives to improve the health of men do not detract from, nor compete with, women's health initiatives

Australian fathers at a glance³

1 in 5 Australians are fathers – that's 5 million fathers	Most men desire to be fathers	Fatherhood is a time of significant transition
The average age of first-time fathers is 33 years	1 in 20 fathers experience depression while their partner is pregnant	Men's preconception health affects fertility and the health of their children
Over 2 million fathers have a child under 18 years of age	For infertile couples, the male contributes to infertility in around half of all cases	1 in 20 of the parents who access the government's primary parental leave scheme are males
After a miscarriage or stillbirth men often hide their grief to support their partners	The proportion of stayathome fathers (4–5%) has not grown much in the last 20 years	Less than 1% of the parents who access the government's paid parental leave scheme are males
Father-child bonding contributes to healthy child development	1 in 10 fathers experience depression and/or anxiety before or soon after birth	The risk of suicide is higher for men in the perinatal period than at any other time in their lives
38% of new fathers worry about their mental health	1 in 5 fathers report feeling totally isolated in the first year of fatherhood	45% of fathers are not aware that men can experience postnatal depression
Over half of new fathers report not spending as much time as they wish with their child	Most men report finding real joy in being a father	Almost half of new fathers report feeling stressed or anxious about needing to be 'the rock' in their family

REFERENCES

³ See www.healthymale.org.au/plus-paternal/case-for-change for references

Australia's diverse fathers

Men's health is influenced by a complex range of factors, including social, economic, cultural, environmental and political influences.

Australia's diverse fathers have different needs and experiences. Their engagement and support require tailored approaches, cultural understandings, community partnerships and the insights of men themselves.

The complex needs of men who belong to more than one priority population group⁴ must also be considered, as must the needs of men whose aspirations for fatherhood are not realised.

Stay-at-home fathers	LGBTI+ fathers	Working fathers
Step-fathers	Fathers with disability	Older fathers
Separated fathers	First-time fathers	Donor fathers
Fathers with several children	Fathers who work away from home	Fathers in rural or remote areas
Fathers who are unwell	Single fathers	Young or teenage fathers
Fathers who speak languages other than English	Fathers who've lost a child to miscarriage, stillbirth or neonatal death	Aboriginal & Torres Strait Islander fathers
Fathers who weren't expecting to be fathers	Fathers who left school early	Fathers with financial concerns
Unemployed fathers	Fathers who were born overseas	Experienced fathers
Fathers who are thriving	Fathers who are struggling	Imprisoned fathers
Isolated fathers	Fathers from different cultural backgrounds	Fathers of varied religions

REFERENCES

⁴ The National Men's Health Strategy 2020-2030 identified nine priority population groups of men at greater risk of poor health: Aboriginal and Torres Strait Islander males; males from socio-economically disadvantaged backgrounds; males with a disability, including mental ill-health; males from culturally and linguistically diverse backgrounds; members of the LGBTI+ community; males living in rural and remote areas; male veterans; socially isolated males; and males in the criminal justice system. These men, together with a 10th group – Young men, are likely to experience additional challenges in relation to parenthood.

Who can engage and support men from preconception to parenthood?

General practitioners

Nurses

Aboriginal health workers

Peer support workers

Parenting educators

Employers

Obstetricians

Gynaecologists

Genetic counsellors

Community workers

Dads' groups

Peers

Partners

Family members

Other fathers

Health educators

Teachers

Work colleagues

Midwives

Psychologists

Counsellors

Fertility specialists

Friends

Neighbours

“ Our obstetrician talked to my partner and I as a team, which we both really appreciated.”

**Men's Lived-experience
Survey Participant**

“ I wasn't even acknowledged. Could have been invisible.”

**Men's Lived-experience
Survey Participant**

“ There is a lot of literature about engaging fathers – we know what to do but we don't systematically apply the principles”.

**Stakeholder Consultation
Participant**

Evidence for change

The Case for Change is supported by strong evidence, including the voices of fathers. It draws together the views of experts in reproductive health, knowledge from reviewed literature, analysis of national policies and guidelines, and the experiences and suggestions of hundreds of men and health professionals.

Surveys

500+ total participants
including 159 health
professionals and
367 men

Literature reviews

2 literature reviews -
154 articles reviewed

Sector engagement

43 participants from
14 disciplines provided
advice through the
Plus Paternal Virtual
Round Table

Strategy & guidelines review

A desktop review of
14 national policies,
strategies and guidelines

Stakeholder consultations

40 interviews with
health experts from
26 organisations

The evidence and the feedback show clear, consistent themes.

<p>1</p> <p>Australian fathers have unmet needs and diverse experiences</p>	<ul style="list-style-type: none"> • There is no single pathway to fatherhood. Fathers and prospective fathers across Australia have a wide range of experiences from preconception to early fatherhood. • This time of life is associated with significant change. Although it is a positive time for most men, many experience distress, anxiety and depression. Financial pressures, changing family and intimate partner relationships and dynamics, and the responsibilities of fatherhood weigh heavily on Australian fathers and fathers-to-be. • Many men have unmet needs when they attend health services, from preconception to early fatherhood. They are routinely excluded from the conversation or not acknowledged at all, and report feeling undervalued or irrelevant to the process of having a child. First-time fathers often feel uninformed or ill-informed when it comes to pregnancy, how their relationship with their partner may change, how to interact with and handle their child, and more generally, in how to be a successful parent. • There are inconsistencies in the care men receive across and within Australian States and Territories. • Those from priority population groups are likely to face additional barriers in accessing information and appropriate care. • For some men, engagement in pregnancy, birth and parenting is not the traditional approach in their culture. • There are many examples of emerging good practice in engaging and supporting men, despite a lack of consistent policy consideration, inclusion or guidance.
<p>2</p> <p>Traditional norms can negatively influence the roles, support and experiences of men (and women)</p>	<ul style="list-style-type: none"> • Most men wish to become fathers. There is a clear shift towards the active and equal involvement of men in parenting, as well as a desire by men to support their partners as best they can. The notion of ‘multiple masculinities’ supports diversity amongst fathers rather than traditional ‘father’ roles. • There is growing expectation and acceptance of men’s involvement during pregnancy, such as attending antenatal appointments and the birth of a child. When men do attend, however, they are often not actively engaged and included and there is little acknowledgement of their role or needs when interacting with the health system at these times. • Traditional social and gendered norms negatively impact men. Harmful notions include: that fertility and child rearing is women’s business; that the primary roles for a man are as breadwinner and supporter of their partner; and that men are stoic and strong and have a lesser emotional bond or experience than women, especially when the loss of a child occurs. • These prevailing norms impact on whether men raise concerns or advocate for their own needs, with some men feeling pressure to align with these norms. During the perinatal period, pressure to ‘stay strong’ and ‘be a man’ can be exacerbated because many fathers feel that they must support their partners. • Our health system reflects wider society. Norms influence, consciously and unconsciously, how health professionals engage with men and whether they consider engagement to be relevant. • Norms also translate into workplace policies and attitudes which can inhibit men from taking as active a role as they would like as fathers and partners. The uptake of parental leave remains relatively low and flexible working arrangements are not always accessible to men.

<p>3</p> <p>The health system's focus on mothers masks opportunities to support and prepare men for fatherhood</p>	<ul style="list-style-type: none"> • The focus on women and infant welfare within reproductive health services is appropriate and required, and is supported by men. However, the benefits of providing support for the family unit as a whole are often overlooked, as are men's needs as they attempt to, and/or become fathers. • The emotional needs of fathers and prospective fathers are not consistently acknowledged or supported. This particularly includes: men who may be anxious about impending fatherhood; men who may be infertile or experiencing protracted engagement with fertility support services; and those who have experienced the loss of a child. • The pathway to fatherhood provides opportunities to engage, inform and prepare men for the transition to fatherhood and the many challenges and impacts it will have in their lives. • Structural changes and more father-inclusive practice across the board would help to support the proactive engagement of men in reproductive health services. This includes the development of a clear health pathway specifically for men from preconception to early fatherhood, including for men who have experienced loss.
<p>4</p> <p>The knowledge and skills of men and health professionals in relation to fatherhood need to be strengthened</p>	<ul style="list-style-type: none"> • Men's knowledge about preconception, fertility, pregnancy, birth and early fatherhood is insufficient. This extends to the importance of maintaining their mental and physical health at this time, understanding and preparing for changes in relationships, knowing how to support their partner beyond the physical pregnancy and birthing process, and in shaping their role and understanding the influence they can play in child development. • Men are calling for more engagement, greater provision of information and support from healthcare services, and for opportunities for peer support. • Health professionals are seeking education and information to support them in engaging with men from preconception through to early fatherhood. • An integrated, father-inclusive approach to health policies and guidelines would support the consistent care of fathers and potential fathers.

“The whole system squeezes men out. There are no universal structures within the system to engage men.”

Stakeholder Consultation Participant

The problem

Australian society, and our health system, has not kept pace with the changing needs, expectations, roles and diversity of modern-day families.

Non-birthing parents, most commonly men, are not systematically engaged or supported from pre-conception to parenthood. They are often treated as secondary to fertility, birthing and parenting processes – welcome but not active-partners. Many do not receive the care they need if they are unable to conceive, if they lose a child or if they are struggling with parenthood. Opportunities to prepare them for this major life transition are lost.

The goals and changes outlined on the following pages arose from the evidence gathered and suggestions from men and health professionals.

“

A ‘quick screen, dispense medications, off you go’ approach is not conducive to engaging and supporting men who may have fertility concerns or be struggling with early parenthood.”

Men’s Lived-experience Survey Participant

“

We will benefit as a society if fathers have access to the same service provision as mothers...we are often working with only one half of the parenting partnership.”

Health Professional Survey Participant

“

Don’t just include fathers, treat us as equal partners and parents.”

Stakeholder Consultation Participant

Achieving change

Achieving meaningful, sustainable change will require the collaboration and commitment of a wide range of stakeholders.

Opportunities for change may arise through health system changes, health promotion, education, fertility support, perinatal support, promotion of general health and wellbeing, or workplace policy.

The goals and changes outlined below arose from the evidence gathered and suggestions from men and health professionals. They are supported by senior health professionals and policy makers who participated in the Plus Paternal Virtual Round Table.



Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
Society recognises and values both parents equally	<ul style="list-style-type: none"> • Social and gendered expectations of men evolve so that our society views men and women as equally important to raising children. • Health promotion and communication campaigns challenge traditional family stereotypes, promote positive role-models, reduce stigma associated with help-seeking and help shift social and gendered norms related to parenthood. • Workplaces acknowledge the importance of men being active, present and engaged fathers. Parental leave provisions and flexible work arrangements are routinely available for fathers and uptake is actively encouraged and modelled by leaders in all fields. • Secondary-school curriculum includes content related to healthy parenting, male and female fertility and the contributions of both parents to the health of their children. 	<ul style="list-style-type: none"> • Business, employment, health and education sectors • Media • Workplaces • Trade unions • Professional organisations and peak bodies • Health organisations • Education departments • Schools and universities • Private health insurers
Health policy addresses the health and wellbeing of both parents	<ul style="list-style-type: none"> • All policies, strategies and guidelines related to reproductive health acknowledge the needs of both parents and provide guidance in meeting those needs. • A universal Pathway of Care for parents is embedded across the health system to support nationally consistent, standardised care, with mechanisms to recognise men who are prospective fathers as unique clients with specific needs. 	<ul style="list-style-type: none"> • State and Territory Health Departments • Primary Health Networks • Professional health organisations and peak bodies • Private health insurers • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc.

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
The health system supports the proactive engagement of both parents	<ul style="list-style-type: none"> • Our health system is structured and adequately resourced to effectively care for both parents' health and wellbeing. • Men and women are proactively engaged and supported from preconception to parenthood, and at times of loss or distress. • Initiatives that support the care of men become standard practice: <ul style="list-style-type: none"> — Men are encouraged to attend appointments to discuss reproductive life planning and their pathway to fatherhood. — A screening tool for anxiety and depression that has been validated for men is routinely offered to fathers, with clinical guidelines developed for appropriate usage. — The routine engagement of men in relation to reproductive health is supported by service/practice level initiatives including software systems, health pathways and local information campaigns. 	<ul style="list-style-type: none"> • State and Territory Health Departments • Primary Health Networks • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Professional health organisations and peak Bodies

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
Health professionals are willing and able to support men and women	<ul style="list-style-type: none"> • The roles and remits of health professionals who provide reproductive health services include the proactive engagement and care of fathers and prospective fathers. • The reproductive health workforce receives training and information on father-proactive practice, the benefits of supporting men as they become fathers, emotional support during fertility treatment and at times of loss, and strategies for engaging men. 	<ul style="list-style-type: none"> • Professional colleges and associations • Peak agencies • Primary Health Networks • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Non-Government Organisations
Both parents are prepared for the transition to parenthood	<ul style="list-style-type: none"> • Information and education for fathers and prospective fathers, that addresses their needs as well as the needs of their families, is widely available in various formats and languages. • The curriculum of antenatal education and first-time parenting classes is reviewed and expanded to include nationally consistent content that addresses the needs of both parents. • Information is available on practical issues related to having a child and emotional issues, such as likely relationship changes. • Effective, culturally appropriate programs, services and resources for supporting fathers are available across all levels of service provision and are widely accessible in diverse formats. • Initiatives for fathers from priority population groups are trialled and, if successful, made widely available. 	<ul style="list-style-type: none"> • State and Territory Health Departments • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Health education providers • Peak agencies • Non-Government Organisations • Parenting support services

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
<p>Parents who experience loss, distress or are struggling with parenthood receive the care they need</p>	<ul style="list-style-type: none"> • The emotional wellbeing of men is routinely monitored by health professionals if: <ul style="list-style-type: none"> — they are undergoing fertility treatment — they have experienced the loss of a child through miscarriage, termination, still birth or an infant death — they have a traumatic birth-related experience — they are experiencing anxiety, depression or other emotional challenges during the transition to fatherhood. • Tailored information, debriefing, counselling support and culturally appropriate care is readily available for and offered to these men. • Hospital, clinic and service policies support the routine follow-up of each parent who has experienced loss through miscarriage, medical termination, stillbirth or the death of a child. 	<ul style="list-style-type: none"> • Peak agencies • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Non-Government Organisations • Peer support
<p>Practice is evidence-informed and shaped by the lived-experiences of both men and women</p>	<ul style="list-style-type: none"> • The evidence base for how best to engage diverse fathers and respond to their needs builds over time. • Initiatives are co-designed with men who have diverse lived experiences. • The engagement of fathers across the health system is monitored using national indicators. • Progress across all of the areas listed above is routinely measured and reported over time. 	<ul style="list-style-type: none"> • National research institutes and organisations • Universities • Research consortia • State and Territory Health Departments • Statutory data collection and reporting agencies • Health consumers' groups

Call to action

The Case for Change is strong and the time to act is now. Men are missing out on the care they need, and this is impacting on Australian families.

Although many organisations are making great progress in engaging and supporting fathers, there is still much work to be done to mainstream their care and development as parents. The current system, that was not designed with men in mind, can't simply be 'retro-fitted', nor should its evolution to encompass fathers detract from the services needed by women.

To improve the experiences and support of men, a fundamental shift in the way society and the health system views fathers is required, and change across all levels of the system, and beyond. This requires policy, service-level and individual commitments to a philosophy that is truly inclusive of men and fathers. Tokenism has no place.

Social, cultural and systemic change will require the collective and collaborative efforts of many stakeholders, but the results will undoubtedly benefit men, their families and society more broadly.

How can you get involved?

There are many ways to support the Case for Change. Here are some ideas:

- Publicly endorse the Case for Change. Visit healthymale.org.au/plus-paternal/supporters to register your support and/or that of your organisation
- Participate in joint advocacy activities and sector partnerships
- Review the Achieving Change table on page 15-18 and identify opportunities for change within your sphere of influence e.g.:
 - Develop an organisational response to the Case for Change
 - Lobby for additional resources to support programs for men
 - Audit your organisation's policies, procedures and resources to determine whether they are father-inclusive and father-proactive
 - Work with men to improve systems and resources
 - Support the men in your life as they plan for, or become fathers

For more information about Healthy Male and Plus Paternal: A focus on fathers visit www.healthymale.org.au/plus-paternal

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“Be aware that our (fathers’) health and wellbeing is just as important to the child’s wellbeing as the mother’s in the long run. Prepare fathers for being a dad and don’t just treat us as assistants.”

Men’s Lived-experience Survey Participant



HEALTHY MALE
ANDROLOGY AUSTRALIA