

DEVELOPMENT OF THE FATHER INVOLVEMENT MODEL DURING PREGNANCY AND NEONATAL PERIOD

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A fathers' involvement has an impact on the child cognitively, emotionally, and socially as well as on the family relationships. This study is based on the Neuman Systems Model and was designed to examine the factors influencing a fathers' involvement in order to develop a father involvement intervention model to be implemented during the pregnancy and neonatal period to increase fathers' involvement in the family. Fathers were selected from antenatal care and postnatal care units in an Eastern community hospital in Thailand. The research and development design consisted of four phases: 1) Situation Analysis: the quantitative data were collected from self-administered questionnaires with 90 fathers-to-be and 116 fathers and qualitative data were collected from in-depth interviews with 12 stakeholders. Pearson's product-moment correlation, Spearman's rank correlation coefficient, point-biserial correlation coefficient and backward multiple regression were used for quantitative analysis and content analysis was used for qualitative analysis; 2) Planning of Model Development: the process consisted of the identification of problems, construction of the nursing intervention instruments, and refinement of the nursing intervention instruments; 3) Model Implementation: 28 fathers and their partners and stakeholders participated in solving problems and responding to the needs of fathers and their partners; and 4) Model Evaluation: the nursing intervention was provided to 26 fathers and their partners and outcomes analyzed using repeated measures ANOVA.

The findings in the first phase showed two predictors (prenatal and postnatal care knowledge and attitude toward fatherhood) together, accounted for 31.5% of the variance for the fathers-to-be and three predictors (prenatal and postnatal care knowledge, attitude toward fatherhood, and father-child attachment) together, accounted for 33.2% of the variance for the fathers. Next, the father involvement model that emerged consisted of inputs, process, and outputs. First, the inputs of the model consisted of human resources, materials, time, and management. Second, in the process of this model, the nursing intervention was revised via the process of action for implementation, re-assessment, and re-planning to fit within the context of fathers and their families. Final, the outputs were evaluated for the effectiveness of the father involvement model. The results showed the mean score of prenatal and postnatal care knowledge significantly increased at one week after delivery while the mean scores of attitude toward fatherhood and marital relationship significantly increased at one month after delivery, and the mean scores of father competence, father involvement, and father-child attachment significantly increased at one week and one month after delivery.

The study suggests this model was successful in promoting fathers' involvement in the family. The key successes were derived from the collaboration between fathers, mothers, and health care providers which makes the model possible and sustainable.

**KEY WORDS: FATHER INVOLVEMENT/ FATHERS/ PREGNANCY/
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