

Abstract

Background

The important role a father plays other than as a breadwinner has not been evaluated in our context as in other countries. This induced us to carry out this study to find the impact of the absence of the biological father on 11- 16 years old children and their mothers in the Western Province.

Methodology

This comparative cross sectional study was conducted in two phases. First phase or Component I had six focus group discussions to identify the views of mothers and children on the father. These children and mothers were from different MOH areas and with different ages and socioeconomic background. The analyzed focus group data was used to develop the Interviewer administered questionnaire, which was used along with the Strength and Difficulty Questionnaire (SDQ) and the General Health Questionnaire (GHQ) at the second phase or Component II of the study. There were four groups of children; 215 children in the migrant group whose fathers have migrated within the last six months to five years, 197 children in the bereaved group whose fathers have died within a similar time frame as above and two comparison groups. The migrant and the bereaved groups had age, sex and social class matched separate comparison groups as it was not feasible to have one comparison group which could be matched to different socioeconomic backgrounds of the migrant and bereaved groups.

Results

The mean age of the children in the migrant group and the comparison group I was 13.4 years (SD 1.79 years) and the mean age of the bereaved group and comparison group II was 13.5 years (SD1.61 years). The educational attainments were assessed using the position by merit, marks for the language subject and by the marks for the mathematics at the last school examination. From these the position by merit at the last school examination was affected by father absence but the marks for the mathematics subject was not affected by the father's absence. Though the marks for the mathematics subject was not affected the

marks for the language as a subject was affected by the father's absence and this was only seen in the bereaved group of children. The attitudes of the children towards studies in the bereaved group became more negative after the absence of their father however the attitudes of the children towards schooling did not change. The attitudes of children towards studies or schooling in the migrant group were not significantly affected by the father's migration.

Further the study looked at the impact of the father's absence to the mental health status of the children. The children were classified as children with mental health problems and children without mental health problems according to the validated cut off values of the SDQ. The migrant group had 27.5% children and the comparison I had 16% children who had mental health problems and these proportions had a significant difference (p value <0.01). Among the children in the bereaved group 34.1% had mental health problems while only 19.3% children in the comparison group II had mental health problems and this difference was also very significant (p value <0.01). Further we found that children without fathers had more emotional problems, more conduct problems, more hyperactivity problems and more peer relationship problems than children with fathers. The children in the father absent groups (both migrant and the bereaved groups) had poor pro-social behaviours than the father present groups.

It was not only the mental health status which was affected by the father absence but also the attachment with the mother and the friends. The children in the migrant group had significantly deviated from their mothers and they were more attached to their friends after father's migration but there was no such significant difference found among the children in the bereaved group. The mental health status of the children in the migrant group had a significant association with the children's attachment with their mother and with their friends but this was not evident from the bereaved group. Furthermore father absence had entailed to the restriction of extracurricular activities and separation of siblings due to diverse reasons. Some of the children in the migrant group and the bereaved group were restricted from participating in their extracurricular activities after father's absence and these restrictions had a significant effect on their mental health status. The mothers had

many justifications to separate her children the common reason they gave was the difficulty of looking after the children alone. This separation of siblings affected the mental health status of both the children in the migrant group and the bereaved group significantly.

The unavailability of the father gave psychological distress to the mothers as well as the children. Mothers who lived with their spouses had significantly less psychological distress than the mothers who lived without their spouses. The magnification of her duties and responsibilities, the unavailability of free time to spend with her children and the change in her occupation with the absence of her spouse may have caused psychological distress to the mothers.

Conclusions and recommendations

This study was able to elicit the impact of father absence on the children and their mothers by comparing the father present and father absent groups. The father absence had a negative impact on the educational attainments and the psychological status of the children as well as the psychological status of the mothers. Though the current study has confined the father absence to migration and bereavement, future studies need to include the other categories of father absence such as by separation or divorce etc. Fathers should be encouraged to get involved with the academic work of their children and more emphasis should be given the children without fathers by the mothers and the teachers. The available maternal and child health programmes should always incorporate the fathers into their agendas and mothers whom are living without their spouse should be given more support by the public health staff especially by the public health midwife on her field visits to avoid psychological distress.