My research program focuses on family caregiving and specifically on the role male caregiving/fathers plays in preventing and reducing negative behavioral and mental health outcomes for children both globally and in the United States. Our knowledge of the association between father involvement and youth outcomes is underdeveloped. Much of the research on early childhood health outcomes focuses on maternal influences, while a growing body of literature is emerging that focuses on male paternal involvement as a determinant of child health. Increased paternal involvement during the early stages of child development can provide healthier outcomes as the child enters adolescence and adulthood. Focusing on male caregivers who are involved in their children’s lives is a departure of much of the current research on the effects of paternal absence on children’s behavioral and mental health outcomes.

Current gap in the empirical literature:

To affect children’s health and well-being and to inform fathers about their contributions to their children’s development, we need to understand the ways fathers contribute to their children’s health. An increasing body of literature indicates that gender plays a role in health and mental health outcomes for male children; with ethnic minorities increasingly experiencing disparities in health and mental health. More specifically, there is evidence on the associations among maternal health, education and behavior on children’s health and well-being; but few on paternal/male caregiver influences. There is little evidence on these associations and paternal influences. Given the dearth of research on paternal absence in the lives of children coupled with the increasing health disparities ethnic minorities face, I believe my research has both real world and academic implications that focuses on not only the negative aspects of father absence but also the positive influences male caregivers have in the lives of children.

My scholarly research encompasses four main areas:

1. Investigating the ways in which gender, familial, cultural and other psychosocial, contextual factors that influence male caregiving in families.
2. Exploring of the unique indirect and direct contributions that paternal male involvement has on child behavioral and mental health, with particular focus on paternal parenting behaviors.
3. Documenting the various roles male caregivers play in the lives of children and families.
4. Developing applied theoretically grounded paternal/male interventions for improving children’s behavioral and mental health outcomes.

My dissertation seeks to conduct formative global research on the mechanisms through which support prosocial behavior among children in Durban, South Africa. This study relies on secondary data from an existing NIMH funded randomized control trial (RCT) family-based HIV prevention intervention to reduce sexual risk behaviors among uninfected children within township communities in South Africa. Applying structural equation modeling, I examine the unique relationship between exogenous variables (adult caregiver socio-emotional well-being, parental monitoring, family communication), endogenous variables (child mental health and possible engagement in risky situations), and a moderator (gender of the head of household) that may be protective. The gender and head of household characteristics will be used as a proxy variable to examine how males influence family functioning among poverty-impacted youth in South Africa. Understanding their unique contributions to the family can inform future interventions that engage male caregivers in improving the lives of their children.

The next steps in my research program include collecting qualitative data from male caregivers in the U.S. and in South Africa to examine how they conceptualize their masculinity and fathering guided by Identity Theory. Findings from these data sources will potentially inform a father-specific prevention-focused intervention that can improve prosocial behaviors in youth. Additionally, I seek to explore funding opportunities through National Institute of Mental Health and Eunice Kennedy Shriver National Institute of Child Health and Human Development to further support my research program of examining the role male caregiving/fathers play in preventing and reducing negative behavioral and mental health outcomes for children both globally and in the United States.