

**“We’re in the background”: Facilitators and barriers to fathers’ engagement and participation in a health intervention during the early parenting period.**

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### **Keywords**

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### **Ethical Statement**

Ethics approval was granted by the Royal Children's Hospital Human Research Committee (HREC 37366C).

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**“We’re in the background”: Facilitators and barriers to fathers’ engagement and participation in a health intervention during the early parenting period.**

**Abstract**

Issues addressed. Little is known about the barriers and facilitators associated with engaging fathers in interventions targeting their physical and mental health. The current research therefore aimed to explore fathers’ perceived barriers and facilitators to engagement and participation in a health intervention delivered during the early parenting period.

Methods. Eleven fathers of young children (0-4 years) were interviewed about their perceptions and experiences of facilitators and barriers to engaging and participating in an intervention (Working Out Dads) to target their mental and physical health. Interviews were recorded and transcribed. Transcripts were analysed using thematic analysis.

Results. Fathers identified a number of program related and father related facilitators and barriers which impacted their engagement and participation. Program related facilitators included: accessibility of the program; father advocacy of the program; group fitness/exercise component; and having a father-specific program. Facilitating factors related to fathers included: making social connections; learning how to be a better dad/partner; and partner support and encouragement to attend. Program related barriers included: travel; lack of awareness; and

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gender roles. While father related barriers included: being time poor; sacrifices to family; and apprehension.

Conclusions. The current findings identified many areas that facilitate, encourage and motivate men to participate in interventions which support their mental and physical health during the early parenting period.

Relevance. Generating evidence on barriers and facilitators to health interventions is important to improving the current intervention along with informing the development of engaging and targeted health interventions for fathers in early parenthood.

### **Keywords**

Father; engagement; mental health; physical health; intervention; barriers; facilitators.

Early fatherhood is a time of significant life change, and is recognised as a social determinant of men's health (Garfield, Clark-Kauffman, & Davis, 2006). Mental health issues are common during the early parenting period (birth to 6 years). Approximately one in ten fathers report symptoms of depression (Cameron, Sedov, & Tomfohr-Madsen, 2016; Giallo et al., 2012; Giallo, D'Esposito, Cooklin, Christensen, & Nicholson, 2014; Paulson & Bazemore, 2010; Seymour, Dunning, Cooklin, & Giallo, 2014), and as many as 18% report elevated symptoms of anxiety and/or stress (Giallo, Cooklin, Wade, D'Esposito, & Nicholson, 2013; Leach, Poyser, Cooklin, & Giallo, 2016; Seymour et al., 2014). Many fathers also experience poor physical health at this time (Giallo, Riggs, et al., 2017; Morgan et al., 2011; Pot & Keizer, 2016), with approximately 10% of Australian fathers of young children (aged 4-5 years) reporting at least one health issue (e.g., chronic pain, difficulty breathing, sight or hearing issues), 12% reporting poor overall health, and 70% are overweight or obese (Giallo, Riggs, et al., 2017). Men with young children are also significantly less likely to engage in physical activity compared to men without children (Pot & Keizer, 2016). Together, this research indicates that early fatherhood is a critical time when men are vulnerable to experiencing increased mental and physical health difficulties.

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Despite men's vulnerability, there is very little targeted support for improving the mental and physical health of fathers. Services provided to parents of young children typically focus on parenting (Fletcher, Freeman, & Matthey, 2011), mothers' wellbeing (Panter-Brick et al., 2014; Rominov, Pilkington, Giallo, & Whelan, 2016), child outcomes (e.g., child behaviour)(Tully et al., 2017), or the couple relationship (Feinberg & Kan, 2008). Of the limited targeted support that does exist for fathers, services often face difficulties recruiting and engaging them (Bayley, Wallace, & Choudhry, 2009; Fletcher, May, StGeorge, Stoker, & Oshan, 2014; Tully, 2017). Engaging fathers is essential for improving outcomes not only for men themselves, but for their children and families (Fletcher et al., 2014; Lundahl, Tollefson, Risser, & Lovejoy, 2008).

Help-seeking by men, especially for mental health issues is poor (Addis & Mahalik, 2003; Galdas, Cheater, & Marshall, 2005). The early parenting period is an opportune time to engage with fathers when they might be more open to support (Department of Health, 2019). Factors which commonly impact fathers' engagement with services include, attitudes around help-seeking and masculinity (e.g., prioritise other family members' needs, minimise problems, self-reliance, control) and poor health literacy (Bayley et al., 2009; Bevan, 2010; Galdas et al., 2005; Giallo, Dunning, & Gent, 2017). Structural factors can also influence fathers' uptake and engagement of support. These can include inflexible workplace practices and service culture (e.g., maternal focus; (Australian Government Department of Families, 2009; Fletcher et al., 2012; Panter-Brick et al., 2014), practitioner knowledge and competency in engaging fathers (Tully et al., 2018), interventions offered during traditional working hours, lack of male clinicians, and long waitlists (Bayley et al., 2009; Fletcher et al., 2014; Hull et al., 2010; Mailey, Huberty, Dinkel, & McAuley, 2014; Matthey, Reay, & Fletcher, 2009; Tully et al., 2018; Tully et al., 2017).

While this research provides insight into some of the difficulties associated with engaging fathers, much of this literature has utilized samples of fathers participating in parenting interventions for their child (e.g., Bayley et al., 2009; Panter-Brick et al., 2014) where support is not directed specifically at fathers' health. Additionally, existing research has predominately focused on barriers to fathers' engagement with health support. There is a lack of research on what motivates or facilitates fathers' engagement with mental and physical health interventions during the early parenting period. As such, services targeting fathers' health in the early

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parenting period are left with little guidance on how best to engage fathers (Matthey, Barnett, Ungerer, & Waters, 2000).

Working Out Dads (WOD) was developed and implemented by a child and family health service following their recognition of the lack of interventions targeting fathers' mental and physical health concerns (King & Tweddle Child & Family Health Service, 2016). WOD is a free program offered within Melbourne's western metropolitan area since 2016. WOD is a six-week manualised intervention, with each session consisting of a 60-minute group discussion facilitated by a male allied health professional and a 30-minute group exercise session provided by a qualified personal trainer. Discussion topics include the roles of fathers, building positive relationships with children, juggling commitments, strengthening parenting partnerships, and managing stress. WOD was designed to overcome common barriers to fathers' engagement with health services, including provision after hours, focus on fathering, pairing wellbeing content with a gym component, and providing sessions in a neutral setting (i.e., a gym) rather than a mental health clinic. Preliminary data (N = 53) has indicated good attendance and health outcomes (i.e., decreases in psychological distress, depressive, anxiety, stress and fatigue symptoms along with increased general physical health; Giallo et al., 2020).

Generating evidence on barriers and facilitators to health interventions is important to improving WOD. The current research also has the potential to inform the development of targeted health interventions in other settings (e.g., allied health, maternity services). The current research therefore aimed to explore perceived barriers and facilitators to fathers' engagement and participation in WOD.

## **Methods**

### **Study Design and Recruitment**

This qualitative study was nested within a larger, pilot study which evaluated health and parenting outcomes associated with fathers' participation in WOD (King & Tweddle Child & Family Health Service, 2016). WOD was being run by an early parenting centre within the western suburbs of metropolitan Melbourne. Fathers were given a flyer about the qualitative interviews in their final WOD session. At the three-month post-intervention evaluation survey, fathers were also asked to indicate whether they were interested in participating in the qualitative interviews. Interested fathers were emailed study information and consent forms. Eligibility

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criteria included: being over 18 years of age; having a child aged 0-4 years; sufficient English fluency to participate in an interview; and having attended at least three of the six WOD sessions. Fathers who completed the qualitative interviews were reimbursed for their time (AU\$25 supermarket voucher).

## Sample

The demographic characteristics of participants are presented in Table 1. Participants included 11 fathers of children aged four years or less. The majority of participants were born in Australia, spoke English as their first language, had a university education, were working full-time and were first-time fathers.

Table 1. Sample demographics

| Characteristics                | n (%)              |
|--------------------------------|--------------------|
| Father age in years (M, SD)    | 34.27 (6.47)       |
|                                | Range: 20-44 years |
| Born in Australia              | 7 (63.6%)          |
| English as main language       | 7 (63.6%)          |
| Educational attainment         |                    |
| High school                    | 1 (9.1%)           |
| Certificate, trade, diploma    | 3 (27.3%)          |
| University education           | 7 (63.9%)          |
| Employment                     |                    |
| Full-time                      | 10 (90.9%)         |
| Part-time/casual               | 1 (9.1%)           |
| Yearly personal income (\$AUD) |                    |
| Under \$50,000                 | 1 (9.1%)           |
| \$50,001-100,000               | 2 (18.2%)          |
| More than \$100,000            | 7 (63.9%)          |

|                                       |            |
|---------------------------------------|------------|
| Fathers' engagement and participation |            |
| Not reported                          | 1 (9.1%)   |
| First time father                     | 8 (72.7%)  |
| Number of children                    |            |
| Mean (SD)                             | 1.27 (.47) |
| 1                                     | 8 (72.7%)  |
| 2                                     | 3 (27.3%)  |

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### Procedures and Data Analysis

Semi-structured qualitative interviews were conducted after the three-month follow-up by members of the research team with psychology training. Interviews were audio recorded and transcribed verbatim. On average, interviews lasted 35 minutes. The majority of interviews were conducted over the telephone, and one was conducted face-to-face. Research has shown that qualitative interviews conducted via telephone are comparable in quality and detail to those conducted face-to-face (Carr & Worth, 2001; Sturges & Hanrahan, 2004).

Data collection for the qualitative interviews and analysis were conducted simultaneously to allow for emerging themes and the point of saturation to be identified. Interview data were analysed by two of the authors using a six-step thematic analysis (Braun & Clarke, 2006) as follows: 1) familiarising yourself with your data; 2) generating initial codes; 3) identifying themes across codes; 4) reviewing the themes; 5) defining and naming themes; and 6) producing the report. Within these six steps, regular meetings were held to discuss analysis and reach consensus on codes and themes. Thematic maps of the broader themes relating to fathers' perceived facilitators and barriers to their engagement in an intervention to promote their health were created, and quotes illustrating the sub-themes were identified.

### Results

Thematic maps relating to the perceived facilitators and barriers to fathers' engagement in WOD are presented in Figures 1 and 2, respectively. Within the facilitators to engagement, two over-arching themes were identified: father related factors and program related factors. The sub-themes associated with father related factors included a) making social connections, b) learning how to be a better dad and partner, and c) partner support and encouragement to attend.

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The sub-themes associated with program related factors included: a) accessibility of the program, b) father advocacy for the program, c) group fitness/exercise component, and d) father specific program.

Likewise, factors related to fathers and the program were identified for barriers to fathers' engagement with WOD, each with associated sub-themes. The father related factors included: a) being time poor, b) sacrifices to family, and c) apprehension. The program related barriers included: a) travel, b) gender roles, and c) lack of awareness.

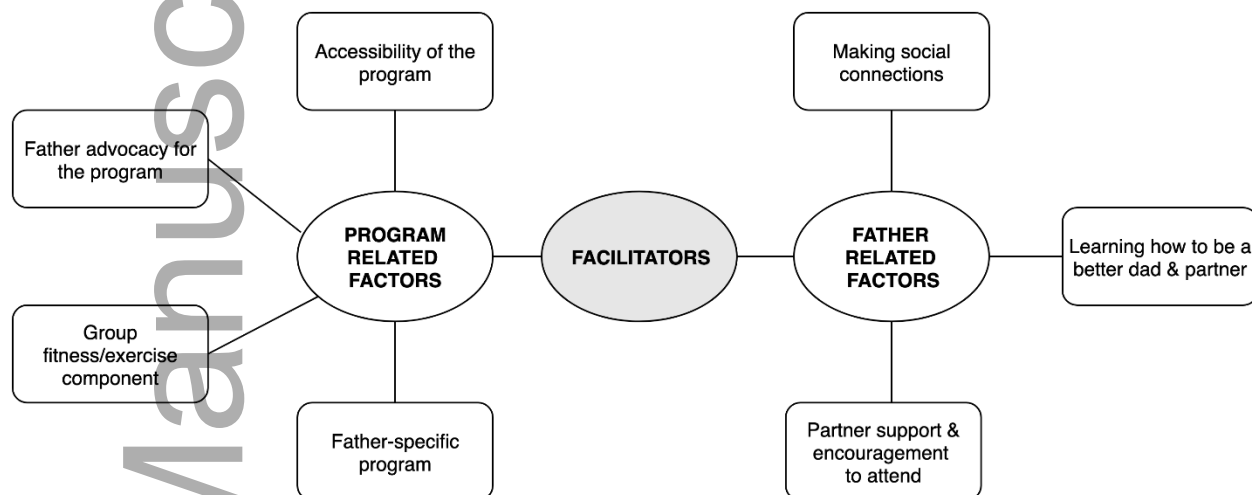


Figure 1. Perceived facilitators to fathers' engagement and participation

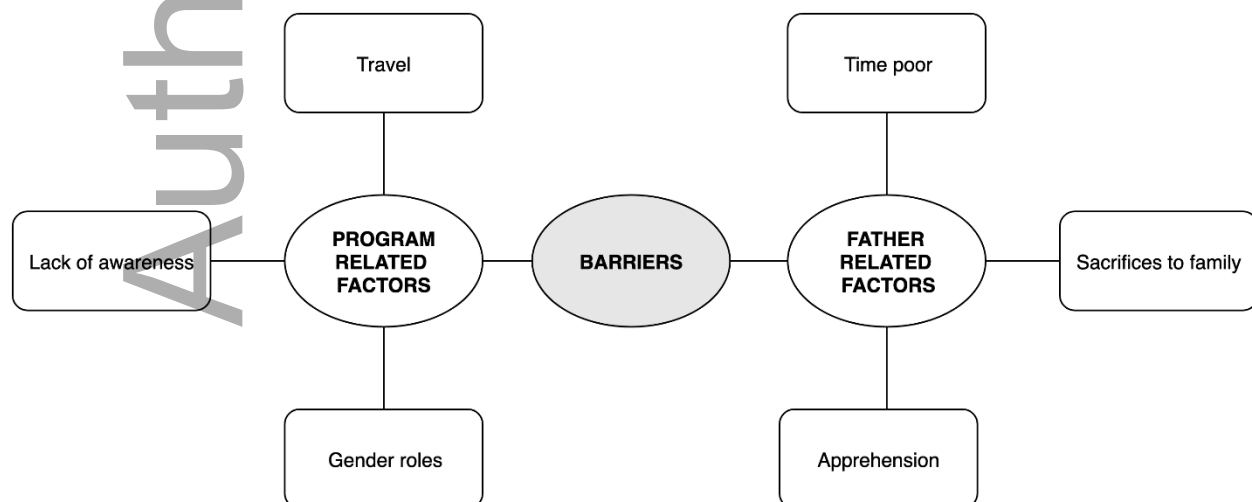


Figure 2. Perceived barriers to fathers' engagement and participation

## Facilitators to Fathers' Engagement and Participation

### Father Related Facilitators

Making social connections. Fathers spoke about wanting to meet other new dads in the early parenting period, as they did not necessarily have the opportunity to do so in everyday life. WOD appeared to be viewed as an opportunity to seek social connection with other men at similar life stages.

“Part of it was I started the group because I want to meet other new dads. This was good opportunity to do that as well.” [pt 15]

“I think it was the chance to meet other dads.” [pt 22]

“So, if you're a migrant, like me, and you don't have any family here in Australia, the only way for you to actually share some ideas of experiences is to involve yourself in groups, and planned groups.” [pt 34]

Learning how to be a better dad and partner. Many fathers spoke about wanting to be the best father they could be, and this was a motivating factor for participating in WOD. Fathers wanted to learn more about parenting, child development and care, along with how to support their partners and manage life stress.

“To be honest, for me it was a no brainer. It was number one, being a new dad, I loved to learn a lot more about [what] I can do to build that relationship with my daughter at a very young age. Also, how to deal with situations and parenting, because sometimes the two parents both have different ideas and how long they be with the kids. How to compromise.” [pt 29]

“I think the biggest thing for me was I felt a bit clueless at times, like most people do when they have their first child and you don't really know what to do... I want to be a good dad, and a way that I could improve that or give myself every opportunity then that was something I was more than happy to do.” [pt 24]

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“Look, I believe that it's important, because it was my first child... when you first have your child, everything is new and you're working it out as you go along. So, any kind of support I think was really important.” [pt 8]

Partner support and encouragement to attend. It was apparent that support and encouragement from partners was important to fathers' initial decision to take up WOD and continued attendance. Several fathers discussed the need for their partner's support to participate, as attending would take away from family time, and result in their partner taking on more of the childcare that evening.

“I can imagine that just having a newborn at home would be a challenge for some dads. I'm quite fortunate I've got quite a supportive wife, so she obviously took care of the bub and I was able to come and attend.” [pt 13]

“My wife thought it would be a good idea to get out of the house a bit to chatter or whatever.” [pt 20]

“My wife found it and she let me know about... She passed it on to me and we thought it looked good, based on my situation at the time.” [pt 23]

“[Wife] was good, she pushed me to go, because she knew it was better for us as a family.” [pt 24]

### Program Related Facilitators

Accessibility of the program. Structural factors related to the organisation and intervention were noted as facilitators of participation and engagement. Fathers shared that provision of WOD outside of business hours, the location and consistent date and time for the group made it easier for them to participate.

“... timing-wise, seven o'clock, I think, that was good because most people have finished work by then. As long as it's close to home or a community centre that's close by geographically...” [pt 29]

“So, it wasn't that far away. It was ten minutes away. So, that's very good actually.” [pt 34]

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“[It] was [a] great time of night, so I'd just come home from work and have some dinner. Help my wife out with the boys. Get them ready for bed and then I'd rush off to attend the class and I'd usually get there right on time so any earlier would have been a struggle, I think.” [pt 22]

“I like the fact that there was a consistent date set up, we had a time. So, it means that you were able to schedule and make sure that was free.” [pt 8]

Having a male facilitator also seemed to be important for fathers. In particular, some fathers' spoke about the importance of the facilitator being a father himself. The facilitator was able to demonstrate a shared understanding of what new fathers were experiencing, and this helped the group members relate to him.

“I think that's important as well... but having a male facilitator that's actually gone through as well, in giving that perspective, is important.” [pt 8]

“Probably a male and a male that's a dad or has been a dad, so that they can relate. Someone that has been through what some of those dads have been through and provide examples of what they have done or just helps relating to them a lot easier.” [pt 22]

Father advocacy for the program. Fathers discussed the importance of recommendations or personal testimonies from others who had previously participated in WOD. These fathers also mentioned that they would recommend WOD to other fathers as a way to help motivate and encourage them to participate in the future.

“Some of these sorts of programs from our wives and then the child health nurse and because they're women they don't participate in these programs so they don't have first-hand experience about what's actually involved in it. Whereas if you hear stories from another dad that's actually been, you know that they're going through a similar thing to what you are.” [pt 15]

“I follow them on Facebook [Sons of the West] and I believe one of those members might have posted something about this program and when I looked into it, it really ticked all the boxes that I was after.” [pt 22]

“I just talk to my colleagues or people I know. Friends, and I've told them I've joined this program when I first moved here...” [pt 29]

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Group fitness/exercise component. Having an exercise component within WOD was important to fathers. Many fathers spoke about the importance of making time to exercise, increasing their physical fitness, and the link between physical health and mental health as drawcards to taking part in the program.

“The fitness part of it too as I’m always interested in a bit of fitness here and there as well.” [pt 20]

“... the fitness part as well, which I really am a big advocate of, because I go to the gym five or six days a week. I think, it’s actually vital for us to keep that part of our life. Mental health and also for fitness as well.” [pt 29]

“I think what attract[ed] me at the start is the gym sessions... And yeah, any chance to try to do some exercise, I like to do that.” [pt 3]

“I think initially the biggest attraction was the workout, so that was a really good element of it. So, I think that’s important to have.” [pt 8]

Father-specific program. Several fathers noted that the advertising material exclusively targeting fathers was important to their decision to take up WOD. Similarly, the intervention content focused on issues that related to fathers helped them feel comfortable to take part in the program.

“I think keep putting up those useful points [on the flyer]... every point I read on it related to me and the way I thought.” [pt 23]

“It just felt good to have the program for dads... It was just good, refreshing to have a program for dads. Normally, out there, most of the programs you hear are for mothers, not too much for fathers” [pt 6]

“Look, I believe that it’s important, because it was my first child. So, I think it’s important to have that support and I know that there’s a lot of mothers groups and a lot of resources for mums out there, but for fathers, it seems to be very limited. So, I thought it was really appealing to be in a group of new fathers or fathers that were going through the same thing, to have a discussion.” [pt 8]

## **Barriers to Fathers' Engagement and Participation**

### **Father Related Barriers**

Time poor. Pressures on fathers' time was perceived as a significant barrier to their participation in WOD. Fathers were juggling work and family commitments, and often felt as though they did not have the time to participate and engage in other activities. In particular, fathers talked about work commitments impacting their ability to attend WOD sessions.

“Once parental leave period is over, which might only be a couple of weeks, you're pretty well back at it supporting the family, being at work and all that stuff. Your brain capacity to look up these things and engage yourself in things outside of the daily grind becomes a little bit more difficult.” [p13]

“On occasion my job... I lead the team so if we're in crunch time it can be a little bit harder to get away at a certain time but luckily enough, I was able to get away on time but there were a few times where I was home and then straight there.” [pt 15]

“Maybe I was struggling a bit because I had to come from [work] and help out with the kids a bit. When I got home, I struggled to get there on time sometimes... Just sometimes work, if I had to stay back a bit, then I was rushing. I've got the kids at home, so if they were playing up and my wife was under a bit of stress.” [pt 23]

“So, something harder I found was probably, sometimes you have a bit on at work, and I didn't arrive on the actual time, probably arrived ten minute late.” [pt 34]

Sacrifices to family. For some fathers, participation in WOD was seen as time away from the family and increased childcare and domestic work for their partner at time when they would normally be available to provide support or give their partner a break in the evening. This was described as a sacrifice, and viewed as a potential barrier to participation for some fathers.

“I think probably where it becomes an issue a bit more and the hardest thing I found was the fact that I know that [Wife] was with [Child] all day. Normally, I would come home and I'd give her a bit of a break until he goes down for his sleep in the evening, but I wasn't able to provide that when I was doing this because by the time I got home he's already in bed.” [pt 15]

“Just the unpredictability of family life so those sessions that I was unable to attend, I had every [in]tention of going and then my wife had a really tough day with the boys and at the last minute

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I had to say to her, “You know what, you need my support at home. I won't go this session tonight.” Sometimes she's had a really hard day and she needs to unwind then that would be something that would stop me from going.” [pt22]

“And also, you do sacrifice a bit of the time on that day with your kids.” [pt 3]

Apprehension. Fathers spoke about the apprehension they experienced prior to participating in WOD as a potential barrier. There was some uncertainty about what the intervention involved and what the actual benefits to fathers would be. Additionally, one father also spoke about his apprehension to talk about himself within the group.

“Having information around what they're actually about. Often people can be deterred by them purely because they think they're a waste of time, it will just be a talk fest; what am I actually doing to get out of it?” [pt 13]

You certainly see that little bit of apprehension even on day one, in the first few minutes everyone introducing themselves and people walk in going, what can I expect? What's this about? Think it's just a male thing to be honest.” [pt 8]

“I guess I haven't always found it easy to just open up and talk to groups of people about my personal life.” [pt 8]

## Program Related Barriers

Travel. For some fathers, the travel required to attend WOD was a potential barrier. If the location of the intervention was too far from home and/or too difficult to get to after work, fathers were less motivated and willing to participate.

“Yeah, because of where I worked in the city. I don't know, maybe the other dads worked a bit closer.” [pt 23]

“But, sometimes the traffic can be... getting back from work... so, especially the distance.” [pt 3]

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Lack of awareness. Fathers also acknowledged that they lacked awareness of programs targeting their health and wellbeing. Fathers talked about the need for health professionals to inform them of interventions that are available.

“So, it's really just again access to the information, knowing that it's actually there, so, for instance, just knowing that there was a class that was available... But, I think the group discussion programs like this, they just need to be a little bit more well known. I think that's important, and particularly in local areas.” [pt 8]

“Just the knowledge that there's a program like that out there, I guess.” [pt 6]

“The awareness point... so just making sure that new dads, new parents have the awareness that these programs are out there... just inform dads that, “Hey, now you're a dad, guess what, we've got these programs which you're more that welcome to participate in.”” [pt 13]

“All the dads were equally really positive about the program and they were just saying there's not really much of these programs out there and there needs to be, and there's not as much awareness as there could be.” [pt 8]

Gender roles. The impact of stereotyped gender roles was a potential barrier to participation in WOD for some fathers. In particular, one fathers felt that society perpetuates the view that men are stoic and do not need additional support and this contributes to the lack of services specifically designed for fathers. Additionally, many fathers spoke about the lack of services or programs that focused on them and their needs during this stage of their lives, despite needing additional support.

“I think the perception is often that fathers should often work alone and they don't really need that support and discussion, but, to be honest, when you first have your child, everything is new and you're working it out as you go along. So, any kind of support I think was really important... there aren't many of these and there should be, because dads need that support as well.” [pt 8]

“Normally, out there, most of the programs you hear are for mothers, not too much for fathers” [pt 6]

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“Mothers have mothers' groups and maternal health nurses and thing like that, whereas the guys we're in the background and don't get to form any relationships, so that was a good thing.” [pt 22]

## Discussion

This study provides important insights into fathers' perceptions of the facilitators and barriers to engaging and participating in an intervention to promote mental and physical health in early fatherhood. Many fathers in the current study reflected upon their desire to become better fathers and partners as a key facilitator to their engagement with WOD. The early parenting period has been found to be a key time to engage men and families due to their increased contact with services (Australian Government Department of Families, 2009). The current findings also suggest that this time appears to be a significant period when fathers may be highly motivated to seek additional support for themselves, as they are experiencing increased stress and have an increased desire to provide the best for their families. Targeting men during the early parenting period may increase their engagement and participation in health interventions due to their increased contact with services and enthusiasm to be a “better dad”.

The importance of partner support and encouragement in facilitating fathers' engagement and participation was also evident for many fathers. Partner encouragement has also been found to help facilitate men's engagement and uptake in parenting interventions, especially if the partner (mother) is already attending the service (Bayley et al., 2009; Matthey et al., 2009). Women are likely to engage with health services and professionals more frequently than men during the early parenting period. A key strategy may be to build the confidence and competency of health professionals to engage fathers indirectly through mothers (Tully et al., 2018). This may involve explaining and educating mothers on the importance of fathers' health. Encouraging women to support and encourage their partners to engage with services is likely to facilitate and increase father's participation in health interventions. Emphasising the value of father engagement with health interventions to both mothers and fathers may also help reduce perceived barriers around fathers' sacrifices to their family.

Our findings also identified that having father-specific content paired with a physical health component is appealing and less stigmatizing to fathers. Within parenting intervention

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research, fathers have also been found to be attracted to attending an intervention which focuses on practical content, rather than being asked to directly discuss feelings and difficulties (Matthey et al., 2009). Many fathers in the current study also identified wanting to make social connections with other fathers as a facilitator to their engagement with WOD. Social connection is a protective factor for both mental and physical illness (Seppala, Rossomando, & Doty, 2013). Incorporating physical and mental health content with social support may further increase fathers' engagement with health and wellbeing interventions.

Interestingly, having the endorsement and advocacy of fathers who had previously completed the intervention was important for engagement. Using respected peer advocates has also been found to be an effective recruitment strategy for engaging fathers with parenting programs (Bayley et al., 2009). A key strategy to increase father engagement with health interventions could be to include fathers' testimonials in recruitment materials, and to encourage fathers who have completed the program to recommend it to fellow fathers. Having fathers advocate for and promote the program may have the added benefit of reducing fathers' initial apprehension and uncertainty around the intervention, which was identified as a barrier to engagement for some fathers in the current study.

Despite research indicating that fathers are at increased risk of mental and physical health problems during the early parenting period, concerningly, fathers in this study noted that services are still typically focused on mothers and children. This acts as a barrier even when fathers want support. Family services need to provide increased targeted support for fathers which includes offering services outside business hours, having male clinicians, convenient locations, along with actively engaging men in such interventions. Active engagement strategies could include informing fathers of available services when families are first engaged in support for their children or partner, or disseminating information through partners/mothers.

While the current study has provided important insight into facilitators and barriers to fathers' engagement with health interventions, the current findings need to be interpreted with the limitations in mind. The majority of fathers in the current sample were Australian born, university educated, and employed full-time. The current themes are unlikely to explain facilitators and barriers which influence all fathers, as there are many differences between men and across diverse backgrounds. Further investigations that target men from diverse backgrounds is warranted in order to gain greater insight into the barriers and facilitators they face when

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accessing and engaging in father programs. Additionally, all fathers who participated in WOD resided in metropolitan Melbourne. As such, facilitators such as accessibility, and travel are likely to be exacerbated in fathers residing in rural or remote settings. What is more, the fathers who participated in the interviews attended the majority of WOD sessions, and their views may represent a particular group of fathers who are motivated to participate or those who found it beneficial. A better understanding of the barriers and facilitators for fathers who chose not to participate in WOD is needed.

### **Conclusion**

Much of the existing literature has focused on barriers to fathers' engagement in parenting interventions. The current findings identify many areas that facilitate, encourage and motivate men to participate in interventions which support their mental and physical health during the early parenting period. The current findings will help inform modifications of WOD to increase father engagement and participation. Importantly, these findings also have the potential to help inform the modification of existing health interventions along with the development of targeted interventions which appeal to fathers and increase their engagement.

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