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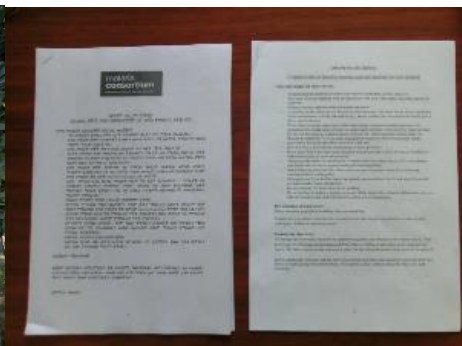


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“I also take part in caring for the sick children”

A qualitative study on Ethiopian fathers’ roles and responsibilities in seeking care for sick children

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Background

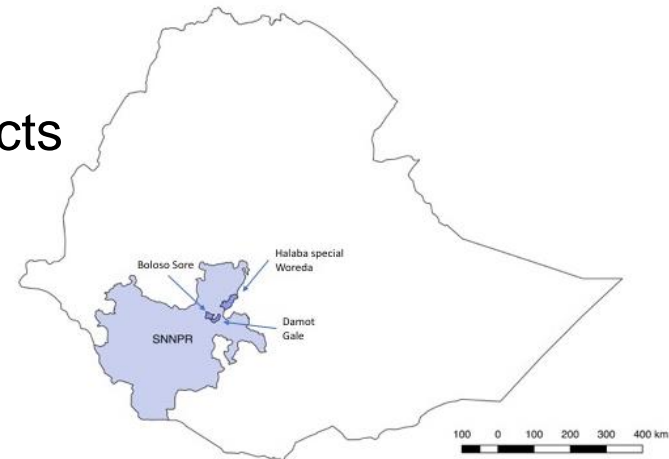
- Gender roles play an important role in household decision making regarding health care
 - Mothers historically seen as care-takers and responsible for child health matters, but tend to have low decision-making power when it comes to health care decisions for themselves and their children
- Fathers are still underrepresented in child health research
- Previously conducted interviews with mothers suggested that the father decided where to seek care

Aim

- To explore fathers' roles and responsibilities in care-seeking for sick children in SNNPR, Ethiopia

Methods

- Study was nested within a large cRCT (TRAction study) conducted in three districts of the SNNPR (i.e. Damot Gale, Boloso Sore, Halaba Special Woreda)
- The TRAction study was funded by USAID and implemented by Malaria Consortium
- 24 fathers interviewed
- Interviews conducted in all three study districts
- Three male interviewers
- Interviews were transcribed and translated
- Content analysis was applied



Results

1. Complementary parental roles in caring for a sick child

2. Seeking health care can cause paternal stress

3. Fathers' ties in the health system

4. Investing in children's health can benefit family in the future

Results

1. Complementary parental roles in caring for a sick child

- Parents have different roles and responsibilities during the care seeking process
 - Domestic vs. financial responsibility
- Fathers said to discuss with their wives about the situation and what actions to take

“Since I bear more responsibility as father on my family’s affairs, it is my decision that needs to be adhered to. Since she [my wife] doesn’t have an income generating work and we solely depend on the income I get, it is me who decides over issues.”

(ID 15; lowest socio-economic quintile; 3+ children)

Results

2. Seeking health care can cause paternal stress

- Money is decisive factor in the care-seeking process
- Borrowing money was common practice
- Availability of money and resources provides freedom of choosing a health provider and time
 - If no money is available, care cannot always be sought even if wanted

“[...] if we go to [the] hospital, we may pay up to 1000 birr (~36 USD). Even if we stay only one night there, they charge us 700 up to 800 birr (~25-30 USD). The more we stay there, the more money we are expected to pay. If we don't have money, we are left with staying home with the sick child and praying to God.”

(ID 15; lowest socio-economic quintile; 3+ children)

Results

3. Fathers' ties in the health system

- Fathers are well aware of health services available to them and the associated costs
- Bringing child to health facility not clearly the responsibility of mothers

“When the mother notices that the child is sick, she takes [the child] to health post. If the health post advises her to take the child to the health centre she returns back and waits for my return. After I return back to home, we take the child to the health centre together.”

(ID 15; lowest socio-economic quintile; 3+ children)

- Some fathers seemed to prefer the health centre & private providers over the local health post

Results

4. Investing in children's health can benefit family in the future

- Behaviours of fathers in regards to seeking care for children has been changing over time
- Fathers today are more involved and don't leave child health matters entirely up to the mother
- Children bring value in the future

“In past time, there were widely held assumptions among fathers that a child will grow by his faith so that no worries are needed. But this belief is changing as those sons and daughters that work at urban centres and abroad send [money] and augment their family's income. Children now are believed to be assets and obtain great care. So fathers are alert whenever they observe changes in their children's health.”

(ID 18; highest socio-economic quintile; 3+ children)

Conclusion

- Mothers and fathers have different tasks
 - Domestic vs financial responsibility
- Fathers say they discuss with their wives when a child is sick to decide what to do
 - Not always clear what weight mothers opinions have in these discussions
- Fathers are well informed about available health care facilities and associated costs
- Even though resources are limited, some fathers seemed to prefer health centres/private providers over health posts
- Attitudes and behaviours of fathers are changing