

Pacific Father Involvement and Early Child Behaviour Outcomes: Findings from the Pacific Islands Families Study

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Abstract This paper examines the relationship between father involvement and their child's behaviour outcomes amongst a birth cohort of Pacific children and fathers in New Zealand. A birth cohort was established in 2000 from births at Middlemore Hospital in South Auckland where at least one parent was identified as being of Pacific ethnicity and a New Zealand permanent resident. This included 1,376 mothers, 825 fathers, and 1,398 children at baseline. At the 6-years measurement wave, father involvement was measured using the Inventory of Father Involvement, and child behaviour measured using the Child Behaviour Check-list. Internalising and externalising behaviour was related to father involvement in crude and adjusted logistic regression and generalised estimating equation models. 571 Pacific fathers participated at the 6-years measurement wave; most of Samoan (42.9 %) or Tongan (33.5 %) ethnic identification. Overall, 190 (32.1 %) children exhibited clinical or border-line internalising and externalising behaviour. Self-reported father involvement was generally high, but lower involvement was significantly related to increased odds of internalising [adjusted odds ratio (aOR) approximately 1.9, $p < 0.001$] and externalising (aOR approximately 4.0, $p < 0.001$) behaviour. Father involvement was significantly associated with child behaviour in Pacific

families within New Zealand. Strategies that promote and enable increased father involvement may reduce negative child outcomes amongst Pacific families.

Keywords Fathers · Involvement · Child behaviour · CBCL · Pacific health · Pacific families · Early childhood

Introduction

The importance of research on fathers and fathering behaviour has been recognized by eminent international bodies, such as the World Health Organization (WHO) (2007) and the United Nations Secretariat (2011), as fundamental and critical to impacting on the formation, stability and overall wellbeing of families. These international bodies propose that a deeper understanding needs to develop of issues regarding fathering roles and family support structures in promoting better quality of life for children and families.

Within New Zealand (NZ), there has been relatively scant population health research into fathers and fathering behaviour; although this paucity has been partially addressed by nationwide studies undertaken by the Ministry of Health (1998, 2008a), and the Families Commission (2007, 2008a). These studies conclude that NZ families are becoming less cohesive and emphasize a need for fathers to have more direct involvement and stronger relationships with their children. Moreover, the findings recognise that the essential role of fathers has for too long been overlooked. This may be because in most post-war modern societies, women have historically been seen as the main caregivers (Wall and Arnold 2007), and consequently, services, support, and research have largely been directed at mothers.

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Pacific people comprise approximately 7.4 % of the New Zealand population, and are over-represented in many adverse social, health, and economic statistics relating to unemployment, housing, crime, income, education and nutrition (Alcohol Advisory Council of New Zealand 2007; Finau and Tukuitonga 1999; Ministry of Health 2008a, b; Statistics New Zealand 2006). Such statistics have significant consequences for Pacific families given that socioeconomic disadvantage has been consistently linked with negative health outcomes (Callister and Didham 2008). In response to this, Pacific men's health and particularly the health of Pacific fathers is an issue which in recent years has become increasingly important for health researchers and policy makers to consider (Families Commission 2008b; Health Research Council 2006, 2007). Developing an understanding of the influence which the health and involvement of fathers can engender regarding the positive development of their children, is also an increasingly important and emerging area of research.

Several factors have contributed to an increased interest in father involvement and fatherhood, including changing societal conceptions of parental roles, increased maternal employment, shifts in the demographic profile of modern families, policy debates over the well-being of children, and a growing body of literature outlining the impact of father involvement on child development (Lamb 2004). For example, a number of studies have demonstrated that healthy and involved fathers can lead to positive cognitive development, social development, and physical health outcomes for both their children and families (Sarkadi et al. 2008; Teitler 2001).

Early conceptualizations of father involvement such as the model proposed by Lamb et al. (1987) posit father involvement as consisting of three distinct concepts: engagement, accessibility, and responsibility. Instead, Hawkins and Palkovitz (1999) argue that father involvement is a multidimensional construct that includes affective, cognitive, and ethical components as well as the observable behavioural components proposed by Lamb et al. (1987). In recognition of this multidimensional nature of father involvement, more recent instruments such as the Inventory of Father Involvement (IFI) scale derived by Hawkins et al. (2002), have attempted to capture these complexities.

The over-representation of Pacific children with poor health and social outcomes alongside the lack of understanding concerning how Pacific fathering or father involvement may alleviate these issues, advocates for further research in this area. While Marshall (2005) highlights a lack of empirical studies concerning parenting attitudes, practices, and styles among different cultural groups in NZ, contemporary research from Tautolo (2011) on Pacific fatherhood underlines the importance of father involvement in facilitating positive outcomes for Samoan and Cook

Islands children. Moreover, focus-group research by Abel et al. (2001) suggest that Pacific fathers play an important support role during the antenatal period, but took more of a background role compared to female relatives postpartum. However, despite these findings, the cultural appropriateness of asking Pacific fathers to rate their own children, or the presence of characteristic biases when speaking about their children to outsiders must be considered.

Father involvement can significantly impact behavioural problems amongst children (Javo et al. 2004). Understanding the risk factors associated with early child behaviour problems is a critical area of empirical enquiry, both in its own right, and as a prerequisite for the development of effective preventions to improve health in children and adults (Robinson et al. 2008).

Few epidemiological studies have focused on the prevalence and correlates of behavioural problems in early childhood (Bordin et al. 2009; Campbell 1995; Erol et al. 2005). There is considerable variability of instrumentation and case definition but there is agreement that approximately 10–15 % of preschool children show mild to moderate problems (Barkman and Schulte-Markwort 2005). Within the Pacific Islands Families (PIF) study, a birth cohort of Pacific infants born in South Auckland, the prevalence of total problems within the clinical range identified by the CBCL at 2 years of age was relatively high at 14.2 % (Paterson et al. 2007).

Using standardized measures of child behaviour, and father involvement, this paper will examine the relationship between father involvement and child behaviour outcomes amongst a longitudinal cohort of Pacific fathers and their children at 6-years of age. Additionally, important mediating variables for father involvement and child behaviour outcomes will also be examined. Despite the longitudinal nature of the PIF study, only data from the 6-years measurement wave was utilised for this study. This is because father involvement around 6-years of age has been shown to have a more profound effect on child functioning (Dubowitz et al. 2001), and therefore data on this domain was first elicited at the 6-year measurement wave.

Method

Participants

This study utilizes data from participant fathers and their children at the 6-years measurement of the multi-domain multi-discipline PIF study. This study follows a cohort of Pacific infants born at Middlemore Hospital, South Auckland, between 15 March and 17 December 2000. Detailed information about the cohort, and its recruitment and

retention procedures is described elsewhere (Paterson et al. 2006, 2008; Sundborn et al. 2011).

Procedure

Approximately 6-weeks after infants' births, female interviewers of Pacific Islands ethnicity who were fluent in English and a Pacific Islands language visited mothers in their homes. Once eligibility was confirmed and informed written consent obtained, mothers participated in interviews of approximately 90 min concerning family functioning and the health and development of the child. At specific time-points postpartum, maternal participants were re-contacted and revisited by a female Pacific interviewer. Again, written consent was obtained before the interview was conducted. At the time of the 6-years postpartum interviews, mothers were asked to give permission for a male Pacific interviewer to contact and interview the father of the child. If permission and paternal contact details were obtained, then a male Pacific interviewer contacted the father to discuss participation in the study. Once informed written consent was obtained from the father, the interview was conducted.

Measures

Father Involvement

Responses from the IFI measurement scale developed by Hawkins et al. (2002) were used to analyse father involvement within this study. The original 35-item IFI questionnaire was designed to provide a reliable and valid self-report instrument that captures the breadth and richness of father involvement, yet is short enough for inclusion in large-scale surveys of broader family issues. The IFI measure includes nine dimensions of father involvement, namely discipline and responsibility, mother support, school encouragement, providing, time and talking together, praise and affection, developing talents, reading/homework support, and attentiveness. To reduce participant burden, the original IFI measure was shortened to include 5 of the original 9 dimensions which comprise the IFI, namely; school encouragement, mother support, providing, developing talents and future concerns, and attentiveness. Scores for each of the dimensions are derived from a series of questions relevant to each particular component of fathering. Each question is scored using a Likert scale of 0–6, with a score of 0 being very poor and a score of 6 being excellent. In analysing the IFI data, scores for father involvement were categorized into tertiles. This was necessary because of the high median scores reported for each of the 5 individual dimensions of father involvement, and the overall involvement score. Information about

the reliability and validity of the IFI measure is discussed by Hawkins et al. (2002), and produced Chronbach's alpha values for the individual dimensions of the IFI e.g. .82 for school encouragement, .87 for mother support, .69 for providing, .75 for developing talents, and .69 for attentiveness.

Child Behaviour Checklist (CBCL)

CBCL responses from Pacific fathers were used in the analysis for this study. The CBCL 1.5–5 years version is a 99-item standardised questionnaire designed to obtain ratings of behavioural/emotional problems by parents or caretakers of children aged between 1.5 and 5 years of age (Achenbach and Rescorla 2000, 2001). The CBCL includes total problem scores, two broad-band syndromes, internalising and externalising, and seven narrow-band syndromes: emotionally reactive, anxious/depressed, withdrawn, somatic complaints, sleep problems, attention problems and aggressive behaviour. This measure has been widely used in both clinical and community populations and extensive information is available about its reliability and validity (Achenbach and Rescorla 2000, 2001). In our study, the internal consistency was tested producing a Cronbach's alpha of 0.82 for Internalising, 0.86 for Externalising, and 0.93 for Total Problems. These results showed that the internal consistency within this cohort was satisfactory for the CBCL and supported the appropriateness of using this checklist with this Pacific cohort.

Within the CBCL measure, the score for internalizing behaviour is derived as the sum of scores for 32 questions within three syndromes: *anxious/depressed*, *withdrawn* and *somatic complaints*; and externalizing behaviour scores are derived from 35 questions within two syndromes: *aggression* and *rule breaking*. The CBCL is assessed on a 3-point Likert-type scale: 0 = Not true, 1 = Somewhat or Sometimes true, and 2 = Very true or Often true. Higher scores indicate greater degrees of behavioural and emotional problems. In order to determine clinically relevant cases, using the cut-off values recommended by Achenbach and Rescorla and the results from our sample, the 83rd and 90th percentiles were used to define the borderline and clinical ranges for internalizing, externalizing and the total problem score within our cohort of Pacific children from the PIF Study.

Socio-Demographic and Other Variables

Father reports of ethnicity, paternal age, education level, maternal relationship, weekly household income, relationship to the child, and potential mental health disorder, were collected and incorporated in the analysis. All socio-demographic and confounder variables included in this

analysis were selected due to their identification in previous research as being associated with fathering, child behaviour, or the overall health of Pacific children (Flouri 2005; Hill and Liang 2008; Iusitini et al. 2011; Loureiro et al. 2006; Ministry of Health 2008a). Acculturation status amongst participants was assessed using the General Ethnicity Questionnaire (GEQ) (Tsai et al. 2000). The measure incorporates a bi-directional scale, and based on the characterisation of Berry (1980), individuals are classified into four distinct groups, namely: Separationalist; Integrator; Assimilationist; and Marginal.

Alcohol drinking and tobacco smoking measures were also included in the analysis as markers of lifestyle risk factors. In order to measure alcohol consumption, fathers were asked how often they drank alcohol in the past 12 months. To measure tobacco usage, fathers were asked how many cigarettes they had smoked the previous day. These variables were then categorized for analysis into smoking status of yes or no, and alcohol drinking status of abstainer, monthly or less, or more than once a month.

Statistical Analysis

All statistical analyses were performed using SAS version 9.3 (SAS Institute Inc., Cary, NC, USA) software and $\alpha = 0.05$ was used to define statistical significance, except where otherwise explicitly stated. Recognising within child correlations between CBCL measures, generalised estimating equation (GEE) models were adopted to analyse internalising and externalising behaviour indicators simultaneously, using an unstructured correlation matrix and robust estimators of variance. Statistical model development for regression analysis followed methods advocated by Sun et al. (1996). Initially bivariable comparisons were employed to compare socio-demographic and potential confounding variables with father involvement and CBCL. From these comparisons, all variables with a p value <0.20 were then included in further analysis using a saturated multivariable regression model. This model utilized a manual backward selection process to sequentially eliminate the least significant variable (using Wald's statistic), then to re-analyse the model, until all remaining included variables had an overall p value <0.05 . This hierarchical model development approach was deemed the most appropriate approach to select the variables of most significance for multivariable analysis, and to reduce the chance of variable rejection due to confounding (Sun et al. 1996).

Ethics

Ethical approval was obtained from the National Ethics Committee and the AUT University Ethics Committee (AUTEK).

Table 1 Distribution of socio-demographics for Pacific fathers at the 6-years phase

	n (%)
<i>Age at baseline (years)</i>	
<30	57 (9.6)
30–39	333 (56.4)
≥40	201 (34.0)
<i>Ethnicity</i>	
Samoan	245 (42.9)
Tongan	191 (33.5)
Cook Islands	54 (9.5)
Other Pacific ^a	81 (14.2)
<i>Highest educational qualification</i>	
No formal qualifications	215 (45.6)
Secondary	70 (14.8)
Post-secondary	187 (39.6)
<i>Weekly household income</i>	
≤\$500	85 (14.6)
\$501–\$1,000	315 (54.0)
>\$1,000	183 (31.4)
<i>Relationship to child</i>	
Birth father	571 (96.6)
Adoptive father	10 (1.7)
Other	10 (1.7)
<i>Relationship to child's mother</i>	
Married/de facto	565 (96.6)
Separated/single	20 (3.4)

^a Includes those identifying equally with two or more ethnic groups

Results

Demographics characteristics of the sample are shown in Table 1. Most, 571 (97 %), Pacific fathers interviewed at the 6-years phase were the biological fathers of the child with 20 adoptive or stepfathers. For ease of exposition, we shall refer to this group collectively as 'fathers' hereafter. Most, 565 (97 %), fathers were living with the biological mother of the child in a married or de facto relationship. The mean paternal age was 38.4 years.

Additionally, 42 (7 %) fathers reported a GHQ score which is indicative of a potential mental disorder, 222 (38 %) fathers were smokers, 316 (53.6 %) fathers reported drinking alcohol at least once a month, and 280 (48 %) of fathers indicated having a separationist acculturation status.

Table 2 displays the number of children with normal or problem behaviour scores at the 6-years phase. In order to classify CBCL scores into either normal or problem behaviour categories, children were dichotomised into binary groups for each scale; those with normal CBCL scores, and those with either borderline or clinical CBCL scores. Using

Table 2 Distribution of children’s CBCL indications (clinical/border-line) at the 6-years measurement wave

	N (%)
No problem behaviour indications	401 (67.9)
Internalising problem behaviour only	40 (6.8)
Externalising problem behaviour only	67 (11.3)
Both internalising and externalising problem behaviour indications	83 (14.0)

this categorisation, there were 401 (67.9 %) children that had no problem behaviour indications, 40 (6.8 %) children with internalising problem behaviour only, 67 (11.3 %) children with externalising problem behaviour only, and 83 (14.0 %) children with both internalising and externalising behaviour problems.

Table 3 displays the median, 25th percentile (Q1), and 75th percentile (Q3) scores for the five individual dimensions of father involvement together with the global score amongst the cohort of Pacific fathers. Overall the scores were high amongst the cohort, with median involvement scores of 6 out of 6 (the maximum most involved score) for each dimension. This indicates a ceiling effect with data skewed towards the upper range scores.

Given the skewed nature of global father involvement, together with the observed ceiling effect, scores were categorized into approximate tertiles for analysis: Tertile 1 or “Lower” (score ≤ 5.625), Tertile 2 or “Mid” (5.625 < score < 6.000), and Tertile 3 or “Higher” (score = 6.000). These categorisations were then related to both internalizing and externalizing behaviour outcomes; see Table 4. The crude analysis, using separate logistic regression models, demonstrated a significant relationship

Table 3 Median and interquartile range scores for father involvement dimensions amongst participating fathers

Father involvement scale	Median (Q1, Q3)
<i>Dimensions</i>	
School encouragement	6.0 (5.4, 6.0)
Mother support	6.0 (5.6, 6.0)
Providing	6.0 (6.0, 6.0)
Developing talents and future concerns	6.0 (5.4, 6.0)
Attentiveness	6.0 (5.0, 6.0)
<i>Overall involvement score^a</i>	5.9 (5.5, 6.0)

^a Average of all 5 dimensions

Table 4 Logistic regression analysis of the relationship between father involvement and child behaviour

Father involvement	N (%)	Internalising behaviour		Externalising behaviour	
		n (%)	OR (95 % CI)	n (%)	OR (95 % CI)
Lower	177 (30.1)	44 (24.9)	2.2 (1.3, 3.6)	60 (33.9)	4.3 (2.6, 7.2)
Mid	176 (30.0)	48 (27.3)	2.5 (1.5, 4.1)	63 (35.8)	4.7 (2.8, 7.8)
Higher	234 (39.9)	31 (13.3)	1.0 (reference)	25 (10.7)	1.0 (reference)

Table 5 Adjusted GEE analysis of father involvement and child behaviour

	Internalising behaviour OR (95 % CI)	Externalising behaviour OR (95 % CI)
<i>Father involvement</i>		
Lower	1.9 (1.1, 3.3)	4.0 (2.2, 7.1)
Mid	1.9 (1.1, 3.2)	3.8 (2.1, 6.9)
Higher	1.0 (reference)	1.0 (reference)

Adjusted for: ethnicity, current smoking status, acculturation status

between these grouped father involvement score and child behaviour outcomes.

After bivariable and multivariable analyses, the final parsimonious GEE model between child behaviour outcomes and father involvement also included ethnicity, smoking status, and acculturation variables. No significant interaction between these variables was found (Wald’s type III test, $p > 0.05$). Table 5 displays the results of the final GEE model. It is noteworthy that the lower and mid father involvement categories yielded similar estimated ORs within the internalising and externalising behaviour domains.

Discussion

The majority of Pacific fathers reported being very involved with their children (see Table 3), and given the substantial literature highlighting the relationship between increased father involvement and positive child behaviour outcomes, these results are encouraging.

Similar research by Rienks et al. (2011) utilising the IFI to examine father involvement and ethnicity established that Caucasian fathers were less involved with their children compared to African American, Hispanic, and Asian fathers. This finding is consistent with other studies

showing differences in father involvement by ethnicity (Hofferth 2003). Lamb and Tamis-LeMonda (2004) have also identified cultural attitudes and ideologies as important determinants of father involvement, as they shape family types, attitudes and beliefs about gender and parenting, and paternal roles (Lamb and Tamis-LeMonda 2004). These results suggest fathers from ethnic minority groups feel a need to be involved with children in a way that helps prepare them for the likelihood of encountering negative experiences, and may indicate that ethnicity is tied to cultural beliefs about families and the role of fathers (Coley and Hernandez 2006). Nevertheless, further investigation is needed to understand the underlying interactions between culture and father involvement within this cohort of Pacific fathers.

Approximately 30 % of Pacific children within the study displayed some form of internalizing, externalizing, or both internalizing and externalizing behaviour problem (see Table 2). While there is little information available regarding the use of the CBCL measure at a population or cohort level, it has been widely used in NZ (Fitzgerald et al. 2006), and the validity of the CBCL across various cultures has been well documented (Crijnen et al. 1997, 1999). Despite considerable variability of case definition, there is agreement that approximately 10–15 % of school children show mild to moderate behavioural problems (Barkman and Schulte-Markwort 2005). Thus, it appears that the children within our cohort exhibit a prevalence of behavioural problems significantly higher than this predicted range. One explanation may be that Pacific peoples could have norms or perceptions of child behaviour which differ from other cultures. Pacific parents' perceptions of proper behaviour might be viewed as problematic behaviour by individuals from other cultures, or vice versa. These findings suggest further testing and investigation of the CBCL as a method for indicating problem behaviour amongst Pacific children may be necessary.

Results from the crude analysis of associations between self-reported father involvement and child behaviour displayed a significant relationship between father involvement and child behaviour outcomes amongst the cohort of Pacific fathers. Regression analyses yielded significant relationships between father involvement classifications and child behaviour measures, as well as a significant trend illustrating higher father involvement scores were associated with a decreased likelihood of internalising and externalising problem behaviour for children.

These findings complement previous research highlighting the important influence that father involvement has on the development of children, particularly in the areas of cognitive learning and social development (De Luccie and Davis 1991; Dubowitz et al. 2001; Sarkadi et al. 2008). Therefore, the important role of fathers must be

highlighted, and a concerted effort made to inform Pacific fathers about the vital role they hold in shaping the future development of their children.

Yet, despite the fact that the IFI attempts to measure the quality and not the quantity of parent–child interactions makes it better than most tools used to study father involvement, the question of whether it is culturally relevant/resonant and whether it is really the best approach to studying Pacific fathers' involvement remains. Perhaps, given the relatively unique and contemporary nature of this field of research examining Pacific father involvement and relationships with child development/behaviour outcomes, it could be argued that a more narrative or even a post-qualitative approach might yield more useful and perhaps valid insights. This approach could be argued as having a more culturally grounded underpinning for Pacific people, given the widespread use of Pacific research methodologies that utilise and leverage the use of 'talanoa' or 'open conversation and discussion', as a framework for engaging with participants and collecting data (Pulotu-Endemann 2009; Vaoleti 2006).

Alongside this, the presence of a 'ceiling effect' concerning self-reported IFI scores suggests the necessity for a more robust method/measure for examining father involvement and behaviour for Pacific populations. For example, although the IFI scale utilised in the study examines 5 key dimensions of fathering behaviour, it fails to account for important facets of Pacific society and context, such as the influence of cultural traditions and practices, as well as the issues of migration and navigation through mainstream NZ society. Moreover, previous PIF Study research has highlighted these factors as significant influences for maternal health (Borrows et al. 2010), and findings from this study of Pacific fathers indicate a similar pattern, with acculturation being a significant mediating variable for both father involvement and child behaviour outcomes.

Despite these challenges of characterizing Pacific fathers' involvement and Pacific young children's behaviours, the PIF study remains one of the very few studies with the available data to address these challenges. The PIF Study utilises the 'fonofale' model as a Pacific-specific framework to examine and understand the data. This holistic approach plays a vital role in allowing the investigations in this study to go beyond noting the importance of father involvement. Further exploration of Pacific father involvement is necessary with the inclusion of culture and the influence of traditional practices and customs as a dimension for exploration and examination.

A key strength of this research is the contribution to the limited data available about parenting within the NZ Pacific community, and the cultural context of fathering. This study comprises a large sample size of Pacific fathers with robust procedures and protocols in place, and can

make an important contribution to understanding the relationship and significant factors associated with father involvement and child behaviour outcomes. This will enhance the knowledge base concerning this important area of Pacific health.

The use of standardized instruments for father involvement and child behaviour, the CBCL and IFI scales, and the suite of confounders, is also important, with both measurement tools having been validated in prior research studies. Similarly, the IFI attempts to measure the quality rather than the quantity of parent–child interactions. This consideration is important because positive child outcomes arise principally from the emotional quality and closeness of the father–child relationship, rather than temporal involvement per se (Cabrera et al. 2000).

A limitation of this research is the self-reported nature of both IFI and CBCL data, which may be subject to recall and social-desirability biases (Paulhus 1991). Respondent fathers may have been reluctant to endorse child-rearing practices that are considered to be less socially acceptable. Also, the presence of a ceiling effect concerning IFI scores derived from participants, may have contributed to some misinterpretation of results (Rothman and Greenland 1998). The findings of this research should also be interpreted in light of the presence of attrition bias.

There is a possibility of bias with regards to the choice of culturally inappropriate measurement tools (IFI and CBCL) within this survey, however the likelihood of this is considered small. While other potentially relevant tools were considered during development of the overall survey questionnaire e.g. Strengths and Difficulties Questionnaire (SDQ), interviews or direct observations of fatherhood behaviour etc., their applicability throughout the longitudinal lifecourse of the participants, and their suitability to the collection of quantitative data from a cohort study made their selection flawed.

The results indicate a clear association between increased self-reported father involvement and positive behaviour outcomes for children, consistent with other international findings (Dubowitz et al. 2001; Flouri 2005; Flouri and Buchanan 2003; Palkovitz 2002; Sarkadi et al. 2008). Pacific men and Pacific fathers have received negligible attention in the literature on fathering involvement, especially concerning their motivations and behaviours. Yet Pacific fathers are a potentially major contributor to positive developmental outcomes for their children. Encouraging fathers to be more involved with their children is likely to produce benefits not only for their families, but also for the future generations of NZ. With the Pacific population projected to contribute approximately 10 % of the total NZ population within the next 10 years, it is vital to strive for understanding about the interactions between Pacific fathers and their families, and encourage them to be more involved with their children. It is

hoped these findings will draw attention to the diversity of beliefs and behaviours in parenting practices among the Pacific population in NZ, and stimulate the development of empirically based and considered ways to approach these complex phenomena. Alongside this, the findings provide evidence for Pacific-specific services and resources to be developed in order to support Pacific fathers to increase and enhance their involvement with their children.

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