

Engagement of Teenage Mother's Partner in Child Health Development

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Abstract – *The purpose of this study is to describe the engagement of partners of teenage mothers in the child health development. Using a cross-sectional research design, 73 couples were chosen purposively based on their exposure and experience with their children. The husbands and wives, in a dyadic process accomplished 2 sets of questionnaires. Descriptive statistics was used to describe the variables. Majority of the respondents are 18 – 19 years old, high school graduate, have 1- 2 children and are currently employed. Both couples perceived that the fathers are moderately engaged, and the teenage father identified that he is competent in caring sometimes. The mother confidently answers that her partner often displays competence in childcare. At the beginning, the researchers expected that the quality of the father-child relationship to be lower on average for adolescent fathers because not only they are less likely to be co-resident and therefore likely less involved in the child's day-to-day life, some teen fathers have also been found to have less competent parenting skills. However, the adolescent fathers reported feeling more attached in terms of both talking and thinking about the child, which contradicted our expectations. Moreover, this study shows that the engagement of the teenage mother's partner is not dependent on their caring competency and demographic profile. Also, the perception between the couples about engagement and child care differs, teenage mothers believes that their partners are able and is currently competent in the childcare, while their partners are not confident about it. The result will help the community to formulate seminars and trainings to engage the fathers in the childcare and improve their competency in this parenting area. Colleges and Universities can also benefit from this study as a part of their community service. They can use this as a guide for the development of service to the teenage fathers. In addition to that, the study will help the fathers of every community enhance their capability in developing their child's health. Finally, this can also help the teenage mothers guide their partners in engaging themselves in the child's health development.*

Keywords – fathers, teenage pregnancy, paternal engagement, child health development

INTRODUCTION

Teenage pregnancy is now increasing its prevalence worldwide and becoming a social and public health concern. It creates lot of societal needs and dilemma to the family and community resulting to challenges and awakening struggle. In the Philippines, one in ten young Filipino women age 15 – 19 has begun childbearing [1]. Apparently, most of teenage mother have also young partners. Instead of preparing for their own educational career pathway and looking forward for their future, they are now becoming parents and supporting their own children and family in everyday needs. It has always been expected in a family that the father addresses the financial aspect and disciplines the children. They are working outside home and have limited time for childcare and household chores. Their engagement to their children is only during free time and day off.

Unlike the mothers, who are everyday available to meet the children's needs holistically.

The socio-demographic norm is evolving and reshaping. The fatherhood image and working environment has been changed and adapted by the society. Women are increasing their participation in the labor force and there is a rise in the gender equality [2]. Along with this trend, comes the parenting role switch: The fathers are no longer viewed only as family providers, breadwinners and authoritarians but also child caretaker. Thus, addressing the Sustainable Development Goal on gender equality which is to promote shared responsibility within the household [3]. This is a challenging yet a remarkable experience among fathers. The deviation from macho-image to an unpaid and domestic work is not an easy transition but beneficial to their children.

Numerous studies emphasize the fathers' direct influence in the physical, psychological and social activity and its contribution to the child's development. However, their shared engagement and participation in child care competency are seldom recognized because it is believed to be the mother's task. Therefore, it is timely to know the engagement of teenage mother's partner in child health development. Acknowledging their involvement and participation in their child's milestones will help open the doors to teenagers and adults who are considered the head of the family.

This research has an impact to the teenage fathers, community, university as well as the society. This will be an eye opener to the people affected in this struggle. Statistics shows that their situation and experiences in fatherhood are widely occurring among adolescent dads across the globe. It will greatly affect the teenage mothers, father, children, family, and community as a whole. Health Allied professional can use this research as a baseline for a policy that will provide service for the teenage fathers and the society.

OBJECTIVES OF THE STUDY

The purpose of this study is to determine the engagement of teenage mother's partner in child health development. Specifically, it identifies the engagement and child care competencies of fathers through self-evaluation and evaluation of mothers to her partners. It also includes relationship and differences of variables.

MATERIALS AND METHODS

Descriptive quantitative method was utilized as a research design. This method was chosen by the researcher since it is used to describe the current status of the variable. Purposive sampling was used to get the total of 73 couples who participated as participants. They are residents of municipalities in selected cities in the Philippines, teenage wives and husbands who are parents of pre-school children (5 years old and below) and are co-residing with each other during the time the study was conducted. The respondents are all volunteers and can withdraw from the study at any time.

Role of the Father Questionnaire [4] was utilized to determine the level of engagement of the father in childcare health development. The tool used was composed of 15 items to measure the engagement of teenage mother's partners in child health development, using with 5-point Likert Scale wherein: 5.0 strongly agree, 4 agree, 3 neither agree, 2 disagree and 1 strongly disagree. It has good internal validity with Cronback alpha of .77. While, to measure the child care

competency of the partners of teenager mother, the ten (10) items self-made inventory was prepared with validity of alpha 0.91. To get the specific answer of the participants, it used the 5-point Likert Scale wherein 5.0 always, 4 means often, 3 sometimes, 2- rarely and 1- never. The questionnaires were validated by 3 experts, then translated to Filipino language to be easily understood by the couple. Then, it was distributed to selected health centers in Metro Manila and Cavite.

Subjects were recruited voluntarily to participate in their available time. Interested participants were evaluated for inclusion criteria. The researcher explained the study, including the purpose of the study, potential risks or benefits, and informed consent. It was also explained to them that they have the right to leave the study at any point and the researcher's contact information will be given for all for that purpose. They were also told that their answers will be treated as confidential. A cover letter explaining the purpose of the study, guidelines explaining how to complete the questionnaire was given at the time of distributing the questionnaires. Autonomy and privacy was assured and maintained; no name or other personal details to be obtained, and participant's right to withdraw from the study at any time. Questionnaires was collected from both fathers and mothers of same family for the purpose of comparing findings of fathers' engagement in children development and explore if there is a variation in their responses. Collected data was analyzed using statistical package for the social science SPSS version 22 to get the objective of this study.

RESULTS AND DISCUSSIONS

Demographic Profile of the Participants

The mean ages of both parties are Father (F) = 18.90, Mother (M = 17.62), both in late adolescent stage. While the highest educational attainment were both high school graduates (35.6%), followed by high school level (F = 23.3 %; M = 31.5 %), Elementary graduate (F = 15.1 %, M = 9.6 %), College level (F = 11 %, M = 11 %), Not specified (F = 6.8 %; 8.2 %)/ In the employment category, it reflects that most of the father are employed with 67.1 % but 32.1 % was unemployed. This is opposite to the result of the mothers' employment status that majority of them are unemployed with 67.1 % and employed of 32.1%. However, the participants result in the number of children (Mean = 1.2) and number of pregnancy (Mean = 1.5).

Based on the demographic profile, it represents the image of our teenagers who become parents at early age. In the Philippines, one in ten young Filipino women age

15-19 has begun child-bearing [1,], [5], similar to United States data that 194,377 babies or 18.8 per 1000 women [6] or in Texas has 62 birth per 1000 teenage women [7] with same age group [6]. The result of this study was similar to the previous one [8] that 30 % to 50% of children born of teenage mother also have a teenage father. Apparently, the young parents need to stop their schooling as their option to give way to pregnancy, financial needs and demands of time. Usually they are not physically and emotionally ready to become parents at this time, pregnancy happen as not planned. Thereby they are not prepared, especially in financial aspects and burdens set-in together with body changes accompanied by discomfort due to hormonal imbalance. Alterations of daily routine become evident and resources to parenthood stage. Hence, schooling is neglected and least priority because he needs to support the demands of the family. That is why, only 50 % of teen mothers receive a high school diploma by 22 years of age [6]. This problem resulting adolescent mothers negatively affect high school graduation, less educated population and increases unemployment [9] that can aggravate potential lower earning [10]. This will create great impacts to the family, children and their community as well. Possibly fewer chances of giving high standard of living and their parents are less educated. Hence, makes it difficult for communities to break aggressive cycles of poverty [9]. That usually occurs in high, middle and low-income countries [11]. But in some cases, second pregnancy happen because they are prepared to parenthood instead of going back to school. It is stated to Philippine Statistics Authority that more than 18000 girls between the ages of 15 and 19 have had a second child [12] similar to the result of present study. In this situation, teenage pregnancy remains a public health concern [13].

Father's Engagement through Self- evaluation and by Teenage Mother's evaluation)

This data discussed the perception of the father (F) and the teenage mother's (M) perception of the father's engagement in child development. Most of the respondents strongly agree that even when a baby is very young it is important for them to set a good example for his baby (F =4.6, M = 4.4); they believe that the most important thing a man can invest are time and energy into his family (F =4.5, M = 4.3); it is as important for a father to meet a baby's psychological needs as it is for the mother to do so and all things considered, fatherhood is a highly rewarding experience. (F = 4.4, M = 4.3). This result affirms that the respondents agrees that the fathers who interact more with their children in their first few

months of life could have a positive impact on their baby's cognitive development [14]. It's because the father provides the child with variety of social experience to deal with life. They offer more exciting and interesting activity; thus, the child develops critical thinking and problem-solving ability. Children are boosted to be more competitive and engaged in more challenging activities through the aid of internet, television and other learning-materials available that helps them to stimulate their creativity. In addition to that, the father provides more rough and unsecured play; for example running, basketball games, soccer, boxing and other outdoor actions to enhance learning and independency of the child. They are unlike mothers who are protective, more on sympathy and provides secured environment. The fathers are very much aware that what they do together with their children will have a great impact on them, they imitate what they see. If he wants his child to grow well, he has to keep in mind that his examples matter even in a very young age, especially if he is one of the primary caregivers. The child says the words they hear, develop similar habits, sings the songs adults sings and even dances to the tune, believe the same beliefs and enjoy the same hobbies they see from the people who are taking care of them. Furthermore, the respondent also affirms that that father's role is not only to provide financial matter but also to support the social and psychological aspects of human being [15]. Through everyday communication, the child become familiar with the voice, touch and physical presence of father. This develops trust, attachment and recognition of a familiar face to the child. This will also bring the father a feeling of fulfillment every time the baby response to his voice. This understanding connects neurotransmitter functioning, synaptic formation and gene activation that are influence by environmental conditions. [16]. This activity will lead to an intense bonding and progress in their relationship thus making him more engaged and considering fatherhood as a highly rewarding experience. This kind of engagement and emotional support is strongly related to the development of a child's academic success and enhanced social functioning and fewer behavior problems [17].

Moreover they strongly agree that it is essential for the child's well-being that fathers spend time interacting and playing with their children; it is as important also for a father to meet a baby's psychological needs as it is for the mother to do so and mothers are naturally more sensitive caregivers than fathers are (F = 4.4, M = 4.3). Most father strongly agree that it is important to respond

quickly to a young a baby each time it cries (4.2), yet most mothers perceived otherwise. Although, the perceptions of most fathers (4.1), and the mothers are strongly agreed that the way a father treats his baby in the first six months has important life-long effects on the child (4.3). Likewise, respondents agree that a father should be as heavily involved in the care of a baby as the mother is (F = 3.9, M = 4.1); that the responsibilities of fatherhood never overshadow the joys (F = 3.8, M = 3.4); that a very young babies are affected by adults' moods and feelings. For example, if you are angry with a baby he/she may feel hurt (F = 3.7, M = 3.5); and a very young babies are generally able to sense an adult's moods and feelings. For example, a baby can tell when you are angry (F = 3.4, M = 3.5). However, they are conscientious in their belief that they will never agree that it is difficult for men to express tender and affectionate feelings toward babies (3.2) and most fathers never agree that they are able to enjoy children more when the children are older and don't require so much care (3.2) but most mothers perceived otherwise (3.4). These responses display the evolution of fathers in the new generation. Gone are the days that the father always be at work provider of the family and belief of "macho" culture of Filipinos or male dominance [18,19]. The traditional family shows an authoritarian and disciplinarian figure of fathers mainly because they are the "pillar of the household". They finance the household, protect the household, they carry the responsibility of disciplining the children and most of the major decision-making. It is unusual for them to show affection, and tenderness because it will be interpreted as weakness and contrary to their "macho" image. The respondents are least agreed in having difficulty in expressing affection towards their babies. This is breaking the stereotypical father of the past. Because supposedly fatherhood allows balance between workplace and home responsibilities. Home responsibilities includes not only taking care of the house but most especially taking care of the kids, like preparing their children for school, preparing their meals, taking care of their hygiene, helping them with their homework and the likes. The respondents believe that regardless of the age of the child, whether they require much care or not, they are enjoying these responsibilities.

Father's Childcare Competency through Self-evaluation and by Teenage mother evaluation)

This shows the perceptions of the teenage mothers' partner perceptions and the father's self-evaluation in child care competency. The respondents believed that they are most competent on the following area of care:

care during child's sickness like diarrhea, cough and colds, fever etc. (F = 3.8, M = 4.1); putting baby to sleep (F = 3.5, M = 4.1); changing of diaper and preparing milk/assisting mother for breastfeeding (F = 3.5, M = 4). In the Philippines few years ago, women tend to stay home to take care of child. They are responsible to bring child in health centers, get doctor's appointment, preparing child needs and etc., the father is only companion or partner. The co-parenting status evolved to and nature of parenting transform. Mother does more when it comes to managing the children's schedule and activities. But equal opportunity is now promoted, reshaping the fathers more of the workload traditionally associated with women: scheduling doctor's appointment, household management responsibilities and participating in childcare [18] such as: changing nappies, bathing, helping or supporting feeding, helping when the baby cried, playing with the baby and looking after the baby when the mother. Fathers were now given more opportunities in terms of childcare. Usually, women tend to stay home to take care of child and are more competent in rendering them care. The result presents that the respondents now trust themselves when it comes to giving basic remedies to their children's sickness. Teenage fathers perceive that they can handle their child's sickness through giving of pain relief and home remedies since it was also done to them by their mother when they were young. They also think that it is easy for them to just sway the baby to sleep, or swing the cradle until the baby fall asleep while they are also resting beside them. In addition to that, changing diapers can also be an easy task since it is one of their child's routine. Feeding their children with milk formula is also one of the common things that teenage father can do without the help of their partners. Also, since our government launched the mother-baby friendly policy in all government hospital, it is now required for our hospital to assists mothers during breastfeeding. This contributes to the rise of the father's awareness on the importance of breastfeeding. Our health practitioner provides health teaching about the proper way of bathing, diaper change and milk preparation not only to the mother but also to the father. Hence, the confidence of father is established.

Likewise, they often perceived that accompanying the baby during well baby check-up (F = 3.4, M = 4) and bathing of baby/child (F = 3.4, M = 3.9) are also one of the many child care competencies most fathers have, yet first aid care during emergency cases is regarded by most mothers as always be the child care competencies by most fathers (4.2). However, most father sometimes

believed that preparing food is one of most father's child care competencies (3.5), yet most mothers believed otherwise (3.9). Aside from preparing foods, most of the fathers sometimes believed that wound care (3.2); height and weight monitoring (3.1) also one of the child care competencies but most mothers think otherwise (3.7). mean of 3.4 and 3.0 by fathers and mothers respectively. The Changing of paternal involvement, working relationship and norms within family context are inevitable. Men are now expected to be more involved in childcare and house responsibilities [20]. But the least task for men is to prepare food for children. This is notably a motherhood task because they are much aware of the menu, taste and food preparation that love by their children likewise mother knows the available viand/ ingredients to be used in every meal. They are certain in planning, budgeting and marketing for day to day food preference of the family as compared to father. Fathers are usually backup and tend to pay the bills. They are not particular on the amount of food to buy, and the nutritional content of the food is not their priority. Similar to height and weight monitoring of children it least from their bucket of understanding or urgencies For them, checking of these activities are done in health care facilities. The father entrusted this task to mother because they believed that mothers are the frontliner and have the ability to maintain and keep the record of the child. For example: during consultation and well- baby check up the father prepared to listen and observe on the discussion and allow the mother to respond, on every inquiry asked by the doctors or other health care professional. Since the wound care is commonly done in the health care facility, the father's competency on this is much lesser compared to mother. Likewise fathers are more comfortable if the mother is presents during needs of medical attention such as wound care.

Table 1 shows the relationship between demographic profile variables and engagement and caring competency of the father using Pearson Moment-Product Correlation Coefficient at 0.05 level of significant. Analysis of the data revealed that there is a negligible correlation existing between father engagement (M = 4.06, SD = 0.589), (N = 73) and the following demographic profile variables: age (M = 18.90, SD = 3.33) (N = 73) (r – value = 0.162); number of children (M = 1.26, SD = 0.449) (N = 23) (r – value = 0.054); number of pregnancy (M =1.55, SD = 0.672) (N = 71) (r – value = 0.207) . Moreover, the results of the study indicated that there is negligible correlation existing between the caring competency of the father (M = 3.424, SD = 0.892) (N = 73), and the following demographic profile variables: age (r – value = -0.02); number of children (r – value = 0.188); and number of pregnancy (r – value = 0.084).

Likewise, it was found out that the computed p-value between father's engagement and the demographic profile variables and between the caring competency of the father and the demographic profile variables is greater than the assumed level of significance. This means that there is no significant relationship between the said demographic profile variables and engagement and caring competency of the father (p > 0.05). It means that the demographic background such as: age, number of children & number of pregnancies does not affect the engagement and caring competencies of father. A teenage father with younger age and fewer experience in being a father doesn't necessarily need to be uninvolved with their children. A teenage father with one child can be as engaged as an adult father with 4 children. In this study, we cannot say that younger father are less involved and engaged with their baby.

Table 1. The Relationship Between Variables And Engagement And Caring Competency

DEMOGRAPHIC PROFILE	ENGAGEMENT A (M = 4.06, SD = 0.589) (N = 73)			CARING COMPETENCY (M = 3.424, SD = 0.892) (N = 73)		
	r- value	p-value	Interpretation	r-value	p-value	Interpretation
Age (M = 18.90, SD = 3.33) (N = 73)	0.162	0.171	p>0.05 NS	-0.02	0.872	p>0.05 NS
No. of children (M = 1.26, SD = 0.449) (N = 73)	0.054	0.807	p>0.05 NS	0.188	0.391	p>0.05 NS
No. of pregnancy (M =1.55, SD = 0.672) (N = 73)	0.207	0.084	p>0.05 NS	0.084	0.492	p>0.05 NS

In fact, Young fathers often feel a strong emotional commitment to their children than adults do. There are some fathers who has already been a father to more children and yet can be seen being irresponsible and is lacking of commitment to their children. Some fathers who are more experienced in taking care of their children are sometimes seen to be less competent in comparison to those teenage fathers who are taking their time to learn and take care of their children due to worries and anxieties that they might not perform their duties well. Therefore, engagement of fathers delivers depend on his commitment and dedication to his own family and children. It is accumulated through learning experiences and motivations of fathers. This will be contributed by the personal background from his own parents on how he trained and develop during his younger age. In addition, the environment that surrounds him could influence the competency of the father. If the people around him are engaged or oriented in taking care of children it easier for him to adopt this kind of setting. And lastly, the educational background: for example are trainings attended, learning materials, media that support father endeavor in taking care of children. In that matter, the father engagement and caring competencies are not measured through demographic profile of them only but it is but, it will depend on orientation to fathering role.

Table 2 shows the significant difference between engagement and caring based on father's employment using independent t-test at 0.05 level of significance. Analysis of the data revealed that the computed p-value between father's engagement and father's employment (0.417) and between father's competency and father's employment (0.663) is greater than the assumed level of significance. It means that there is no significant difference between father's engagement and father's employment; employed (M = 4.09, SD = 0.53) (N = 49) and unemployed (M = 3.98, SD = 0.68), (N = 24), t = 0.816, df = 71, p > 0.05, 2-tailed. Moreover, this is to

imply that father's competency is not significantly differed with father's employment: employed (M = 3.39, SD = 0.92), (N = 48) and unemployed (M = 3.49, SD = 0.85), (N = 25), t = -0.438, df = 71, p > 0.05, 2-tailed. It means that caring competencies and engagement of father towards child health development is not related to employment status. This proves that "lack of time" due to work is not always the case for the engagement and caring competency issues among father. Father who are unemployed and employed can become equally engaged or unengaged with their children. It is related with their answer in the survey wherein most of the respondents believe "that the most important thing a man can invest are time and energy into his family". If the father knows the importance of his presence and his role in his child development, He will intentionally make time and effort for his child. An employed father can still be engaged and be competent in taking care of his child and his job cannot become a hindrance to his responsibilities. Engagement can be given anytime, at any given occasion even the father is at work. An example is buying necessary things for the kids like food, vitamins, and clothing. The father can schedule time of bonding during breaktime or free hour, the child can see the father at work, play in a short period of time and bond together. There is no burden for the father when it comes to engagement. Although, the caring competencies such as preparing milk, changing diapers and other task can only perform by the father afterwork and day off. But still, both of them are aware that activities for taking the child in home are least among husband's priority but they can able to perform if the wives are not available. The fathers understand the shared parenting and responsibility are not limited to being a provider but includes the total care to develop physical and psychologic aspect of child development. Thus, the father's commitment on child health progress depends on their deliberate involvement.

Table 2. Difference Between Engagement And Caring Based On Father's Employment

	N	Mean	SD	T	df	Sig. 2-tailed	Interpretation
Father's Engagement							
Employed	49	4.09	0.53	0.816	71	0.417	p > 0.05 NOT SIGNIFICANT
Unemployed	24	3.98	0.68				
Father's Competency							
Employed	48	3.39	0.92	-0.438	71	0.663	p > 0.05 NOT SIGNIFICANT
Unemployed							

Table 3. Difference Between Mother's Perception and Father Self- Assessment of Engagement and Caring Competency Perceived By Mothers and Father's Self-Assessment

	Mean	N	SD	t	df	Sig (2 – tailed)	Decision
Father's Self-Assessment of Engagement	4.05	73	.5892	1.49	72	0.141	p > 0.05 Not Significant
Mother's Perception of Father's Engagement	3.99	73	.6785				
Father's Self-Assessment of Caring Competency	3.42	73	.8917	-3.215	72	0.002	p < 0/05 Significant
Mother's Perception of Father's Caring Competency	3.96	73	.9164				

Table 3 shows the significant difference between mother perceptions on father's engagement and father's self-assessment in his engagement caring competency using Paired Sample t-test at 0.05 level of significance. Analysis of the data revealed that the computed p-value between father's self-assessment of engagement (M = 4.05, SD = 0.5892), (N = 73) and mother's perception of father engagement (M = 3.99, SD = 0.6785) (N = 73) is greater than the assumed level of significance (0.141). This is to imply that there is no significant difference between father's self-assessment of engagement and mother's perception of father's engagement, $t = 1.49$, $df = 72$, $p > 0.05$, 2-tailed. Although, engagement of father to their children's health development varies depending on personal orientation and background, even the father is at far or nearby from their children, still his involvement are present and he can show his engagement. The difference is the approach and timing. There is no correct and wrong engagement because it depends on parenting style and agreement of partners. The designed framework to build family is their concern, because it is relatively related to acceptable norms and practices based on the origin and cultures. Likewise, the knowledge, environment and family background are only guide for their engagement. This encompasses through a distinct ways such as: communicating, teaching, monitoring, engaging in thought processes, providing, showing affection, protecting, supporting emotionally, running errands, caregiving, engaging in child-related maintenance, sharing interests, being available, planning and sharing activities. [21]. The father's engagement to the child health development is not measured by the personality or characteristics of the parents this will influence by the social context in which the parent-child interaction occur [21]. Fatherhood is interrelated to engagement, need to plan proper timing and preparedness emotionally, psychological and physical. The demands of time and priority maybe changed because he is directly affected with new set up

life. A man who is prenatally involved by supporting his partner (e.g., buying supplies, helping out with chores, taking her to doctor's visits) and by directly experiencing the unborn child (e.g., examining an ultrasound, listening to the fetus' heart) is more likely to be involved with his partner and infant (e.g., caregiving, physical play, literacy-related activities) than one who is not [22].

However, the results of the study showed that the computed p-value between father's self-assessment of child caring competency (M = 3.42, SD = 0.8917), (N = 73) and mother's perception of father's child caring competency (M = 3.96, SD = 0.9164), (N = 73) is less than the assumed level of significance (0.002). This is to infer that there is a statistically significant difference between father's self-assessment of caring competency and mother's perception of father's caring competency, $t = -3.215$, $df = 72$, $p < 0.05$, 2-tailed. The father perception in performing child care competency has lower scores than his teenagers' partner. Fathers are engaged in child care but to performed task such as: bathing of baby, changing diapers, preparing food, prepare milk, putting baby to sleep, accompany the baby during well baby check-up, height and weight monitoring, first aid care during emergency cases, would care and render care during child's sickness like diarrhea, cough, cold, fever and other minor illnesses are turn to mother's duty. These duties are knowingly related to mother's workload and the father are considered second-hand to do that task. Even though, they are capable and responsible to do task with appropriate knowledge and skill in daily routines of the child. But still their thinking shows that mothers are better and more competent in providing care among children and monitoring their health condition. Usually, children are more attached and comfortable to approach mothers as compared to his dad because his image is strict and disciplinarian. For example is when the baby cries, it is the mother's instinct to respond immediately and address needs of the child

rather than her partner.

It is culturally recognized that mothers are the center of nurture and care in family life, responsible for parenting as compared to men [23]. Even working mothers handle most of the child care and household activities [24]. Gendered social norms contribute to women having greater responsibility for, and time commitments to, domestic and unpaid care work, and this has been slow to change despite women's increased participation in, and time allocated to, paid work [25]. [26] Noted that there is still a wide gap between research results and the true acceptance of the value of fathers, with many fathers expressing the feeling that they continue to be second-class citizens in the world of their children. The movement to change these traditional mindsets may be slow, but it is essential for real and long-term change [27]. Thereby, fathers' perceived that he is less competent as compared to his partners perception in doing child-care competencies.

CONCLUSION AND RECOMMENDATION

The present study sought to determine the Engagement of Teenage Mother's Partner in Child Health Development. The demographic profile shows that most of the participants are in late adolescent stage ranging from 18 to 19 years old, high school graduates, employed, and has 1 child during the study. The participants are in agreed that: the most important thing a man can invest are time and energy into his family; it is as important for a father to meet a baby's psychological needs as it is for the mother to do so and all things considered, fatherhood is a highly rewarding experience; It is essential for the child's well being that fathers spend time interacting and playing with their children; It is as important also for a father to meet a baby's psychological needs as it is for the mother to do so and mothers are naturally more sensitive caregivers than fathers are; And it is important to respond quickly to a young a baby each time it cries. Both of the participant's perceptions displays that the father's childcare competency are the following: to render care during child's sickness; putting baby to sleep; changing of diaper and preparing milk/assisting mother for breastfeeding; And First aid care during emergency cases. Despite of that, the fathers were perceived "less competent" compared to perception of their partners (wives) about their caring towards their child (t-value: 3.215; p-value: 0.002). But generally, the fathers are highly engaged (4.10; \pm 0.59) and are competent (3.40; \pm 0.90) regardless of the age, employment, number of children and pregnancies since it was not seen as to be related to engagement and caring.

It means that, being adult and employed doesn't make it an assurance that a father will be engaged and competent in taking care of the baby. As well as being a teenager cannot hinder a father-son relationship, and Young fathers often feel a strong emotional commitment to their children [28]. Like what was discussed in the Life Course Perspective theory a person transitioning from one stage to another will be affected according to how they are going to accept the challenge, attempts to understand the continuities as well as the twists and turns in the paths of their individual lives. It recognizes the influence of historical changes on human behavior through timing of lives not just in terms of chronological age, but also in terms of biological age, psychological age, social age, and spiritual age though it not entirely dependent on it [29]. As a father he is making choices and constructing their own life journeys acting as a pilot in directing the family.

RECOMMENDATION

The findings of the study yielded a health education plan that will help the partners of teenage mother adopt to the demanding role of parenthood. The health education plan will be incorporated to the program of community health centers of the research settings targeting different areas of the child rearing and maternal support. The nature of the teenage mother's condition, the financial limitations and challenges, support from the extended family members were seen to be a prospect for success for their child development. Health practitioners must continually support and further educate both the father and the mother to intensify their engagement and caring competencies towards self and their child.

LIMITATION

This study is focused on the engagement of teenage mother's partner in child health development. The participants in this investigation was limited to co-parenting parents with below 5 year old child, during conception the father is below 20 years of age while the mother is below 18 years of age. The couples are both present during interview and answering tool of the researcher.

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