

Filipino Fathers as Primary Caregivers

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Abstract: This study was about the experiences of 16 Filipino fathers who served as the primary care takers of their children while their wives were working outside the Philippines. They hailed from the city of General Santos and Koronadal and others were from the provinces of Sarangani, South Cotabato and Cotabato.

Through a one-on-one in-depth and taped interview and conversation, narratives of fathers were captured. Guided by a grand tour question related to the experiences of the fathers as they hurdled the daily activities with the children, the participants openly shared their involvement on the children's activities of daily living, their manner of disciplining the kids, the strategies in promoting health and on their actions whenever the children get sick. In addition, the fathers echoed their feelings while taking care of the children and shared their involvement in child's care when their wives were still around and the time when they were left alone to cope with the responsibilities at home.

Using Gibson and Connor's five (5) steps in analyzing data result, the study came up with six (6) themes which included (1) total involvement on the children and household concerns as a manifestation of child care, (2) evolving disciplinary techniques on children to make them obey orders, (3) ensuring children are free from sickness and medicating them when sick. Other themes are (4) mixed feelings for childcare (5) caring for the sick child as the most challenging responsibility (6) considers wife is the best in childcare.

Having identified and discussed the themes, recommendations were made particularly on the inclusion of fathers in health programs not as clients but as agents of change on health related matters.

Keywords: Filipino fathers, househusbands, primary caregivers, transnational

INTRODUCTION

This qualitative case study is a picture of how Filipino fathers assumed the responsibility of their wives who went abroad to earn for the family. In a traditional Filipino household, the role of fathers in the family was primarily to serve as breadwinners while the mothers were responsible for doing the household chores and in taking care of the children (Bustos and Espiritu, 1996, Rabaino, 2014, Kamaruddin et al. 2013). However, with the advent of globalization and job opportunities for women abroad, the structure of families has changed Bond (2010). The migration of women abroad, according to Pabico (2005), made changes in the role of husbands and wives, which for Dias (20016) does not always give good results to their respective families. Parrenas (2005) said Filipino fathers avoid nurturing and parenting responsibilities while their wives were away, an observation seconded by Rabaino (2014) who mentioned if the mother worked overseas, the fathers failed to assume the role of the caretaker leaving the children without the necessary care they need.

Despite the negative reports on fathers regarding child rearing, fathers made significant contributions to the child's general well – being Kotelchuck and Moore (2004). In Higham and Davies (2012), fathers as primary caregivers were responsible for assisting their children in the activities of daily living like grooming; doing medical decisions and helping the children develop their coping skills. Also, in Richter and Morell(2006), men whose wives were employed often attended health centers for child's immunization, brought children to and from school and gave health care at home.

Regardless of this report, relatively to date only a few studies were made in reference to the involvement of fathers in child's health care (Kotelchuck and Moore, 2004, Kramer and Mc Culloch, 2013) and studies conducted related to fathers continued to be on limited samples (Lamb, 2014). This was because for Thompson and Kramer (2002), O' Brien (2003) and Davies (2013), most of the researchers were focused on female caregivers thereby disregarding the experiences of caregiving men and marginalizing the contributions that they have made for the family especially on child's health needs. It is for this reason that the researcher embarked on the study about Filipino fathers as primary care givers particularly in the areas of disease prevention, and management of common illnesses.

METHODS

The study was conducted in Region 12 of South Central Mindanao. In 2009, Region 12 has the most number of Overseas Filipino Workers (OFWs) from Mindanao with more than 4.2% of the country's 1, 920,000 registered migrant workers. Region 12 with 21,256 OFW's has surpassed Region XI or Davao region, the most prolific exporters of Filipino in Mindanao (Espijo, 2011).

Using nonprobability purposive sampling method, particularly purposive – convenience sampling which according to Merriam (2009) is the best for qualitative research, 16 fathers served as the participants of this undertaking. The fathers who have biological child/children of seven (7) years old and below do not have other members of the family at home except for their children.

This research used qualitative case study design. Case study research according to Baskarada (2013) involves intensive analysis of an individual unit like person, family or community while for Neale et al. (2006), is a story about individuals, processes, and even events that is unique, special, or interesting. If, for Neale (2006) case study explores the complete picture of the phenomenon, Merriam (2009) anchored case studies to real life situations. In this research work, the experiences of fathers being primary caregivers of their children were unearthed. It also includes care practices of fathers to their children, their feelings in taking care of the kids, their promotion, prevention and management of child's illnesses. Moreover, their involvement in the meal, play, studies of the children and how are they as fathers when their wives were still around and now that they are in charge of everything were also part of the father's narratives. Since only few studies were made about the contributions of fathers in child care (Higham and Davies, 2012) and their contributions to health care were unexplored (Kramer and Thompson, 2002), this study made an in depth understanding of the complex factors that contributed to the caring behavior of fathers. This design employed interview of fathers in natural setting ensuring that it followed ethical standards for research.

O' Connor and Gibson, (n.d.) data analysis was employed in this study. This includes organizing the data, finding and organizing ideas and concepts, building over – arching themes in the data, ensuring reliability and validity in the data analysis and finding possible and plausible explanation of the study.

RESULTS

Fathers claimed they did everything for their children. This responsibility started the moment they woke up until they retired at night. These responsibilities covered not only the concern on their children's activities of daily living like grooming, feeding, schooling and a lot more, but also the household tasks that were traditionally done by women in the Filipino culture. To be able to do these everyday jobs, most of them wake up as early as three o'clock or four o'clock in the morning. With no one to rely on, these fathers who took care of one (1) to seven (7) children, having had preschoolers or graders called themselves multitaskers while others claimed to be "inatay", a colloquial term for tatay at nanay or father and mother. By being multitaskers, the fathers here described themselves as the mothers and at the same time the fathers of their kids since they were alone in doing childcare and household chores.

The caring behavior of the fathers resonated too on their deep involvement in the hygiene, meals, and studies of the children. In terms of hygiene, the fathers looked into the detailed cleanliness of their kids' as most of them made sure that children were able to bath every day, particularly before going to school. Comes mealtime, may that be breakfast, lunch or dinner; the participants ensured that their offspring have eaten their food. Almost all of the fathers said they have easily prepared food on the table like canned goods, noodles or eggs for breakfast.

Concerning the study of the kids, fathers like Mago, Obet, Mello, Champ, and Lino shared that every night, they tutored their children on their assignments while Iko, Arn, Jomar and Mello only checked if kids have assignments and reminded them to do it. On the other hand, Dencio and Justo no longer tutored their kids because they believed their children are excelling in class. For the rest of the fathers, tutoring was delegated to older siblings. The participants were not only involved in their children's homework but also in the school activities as well, because the majority of them joined school organized gathering of parents and were even voted as officers in parents – teacher's organizations.

Related to health promotion, fathers kept their children healthy thru good personal hygiene. This hygiene included cleaning of fingernails, brushing teeth, bathing every day and washing before sleeping at night, washing hands before meals, and wearing of clean clothing. There were also fathers who believed that exposure to too much heat and cold, especially on drizzles or drafts, caused illness. Another way of promoting health was through children's safety. Ven, Iko, Jomar, Alz, Champ, Lino and Mello shared about how they carried this out to their kids. A number of them said when at home or in school, children were often reminded about safe crossing on streets. The participants also fetched their children for lunch to avoid falls because of playing while on lunch break. Other fathers also kept the sharp objects at home, did not allow cooking to avoid burns, and prohibited their children to be out of the house when they were not around.

In terms of discipline, the fathers used various techniques in controlling their children. Majority of them usually talk or gave advice to their offspring, and often shared about appropriate behaviors. These were exemplified in the narratives of Iko, Arn, Mago, Rodel, Jomar, Mello, Justo and Miko. Another way of addressing parental concerns was through punishment like spanking, pinching and often shouting at children. These methods according to some were only to scare the children and made them understand that their behaviors were no longer acceptable. Most of the fathers claimed they never go into harsh physical punishment because of the fear that children will get sick after the action which in turn will bring another problem, and because of pity to the children considering that they were still small and their mothers were not around thus they have no one to run to. Another reason was that they do not want to hear negative comments from their partners on how they took care of the kids while they were not around. Others use a combination of both, giving advices and physical punishments.

During sickness, unexpectedly, most of the fathers, like Ven, Iko, Mago, Mello, Justo, Champ Aldo, Miko and Lino medicated their children. The basis for this was the previous prescriptions of the doctors, the medicines given by wives before, the one suggested in the pharmacy, and the experience they had based on earlier encounters. If few of the participants referred to their wives on what to do to the sick child, Arn, Rodel, Obet, Mello, and Ahmad used to bring their kids to a medical facility either the following day after a night of fever or when after the medication the manifestations were still present.

In the sense that fathers claimed to have encountered difficulties, more so, that some can no longer hang out with friends, the two major situations they described as the hardest part of child rearing are when the children were sick and when they themselves were sick. Primarily, when children were sick, the fathers did not know what to do. Being sleepless at night while taking care of the sick child, once hospitalized fathers were more puzzled as to who will take care of the other children who were left at home plus the enormous hospital expenses. Often, relatives were the persons whom they can immediately ask for help. In cases when fathers are sick, despite the condition, they mentioned they have no choice but do the household chores not even minding their ailment. This situation made them lonely and stressed.

Despite the above challenges, the fathers claimed that their dual role at home was not at all difficulties but also brought them joy and contentment for they claimed that they were able to raise their children well in spite of being alone. Even with this realization, majority of them mentioned that still their partners are the best in child rearing since the mothers can easily pacify a crying child, detect sicknesses and easily manages it.

DISCUSSIONS

Total Involvement on the children and household concerns as a manifestation of childcare

The storylines of the fathers related to how they hurdled the day-to-day activities of the family even in the absence of their wives manifested the husbands' total involvement in childcare. Halle (2003) identified three (3) main ways, which will show father's involvement with their children. These were father's direct contact with the child, their availability to the children and their responsibility for their children's care and welfare. The involvement of the fathers in this study is a manifestation of a total concern for their children's well-being as they fully spend with their children their time in doing the household chores like cooking, washing and ironing of clothes, cleaning and performing the routine physical care activities for their preschool and school aged kids. These acts of the fathers were also described in the study of Taylor (2008) who is the same with the fathers here also did the laundry, cooked, budgeted for groceries and prepared kids for school.

In terms of cooking, although fathers here prepared simple viands, they usually ensured that children have complete meal every day. For most of the fathers, it was important that kids have something to eat than to consider the nutritional value of the foods that were taken. This was because almost all of the fathers often dwell on easy to prepare foods and easily accessed foods like eggs, hotdog, noodles, canned goods, and fish soup, which is abundant in the Philippines and the immediate food fathers can prepare on the table (Torres, 2002). The readily available foods were the ones being bought from the neighborhood is commonly called in the Philippines as “turo-turo” (point – point or choose) from which a number of different preparations were offered for the customers to just point on their choices (Torres, 2002). The accounts of the participants related to the simplicity of the food they served at the table were not surprising because the scanty literature (Khandpur, 2014) on food preparation of the fathers mentioned that indeed, they seldom cook (Redmas, Promundo and EME 2014, De Vault, 1994). Furthermore, Miller (2010) shared other fathers identified food preparation and planning the children’s meals as an area where they do not have expertise or responsibilities. On the other hand, Dreby (2007) revealed when mothers left, the other members of the family have the responsibility of preparing the foods for the children. Generally, it was believed that the responsibility of preparing food for the family is being delegated to the mothers or wives (Kamaruddin, et al. 2013). Because of this, even with the evolving roles of couples, the majority of the fathers in this study found cooking as a difficult task, resulting in their dependence on already cooked food that can be bought from the neighborhood or the preparation of processed food.

One common value among Filipinos is their high regard for education. This was the reason why parent/s worked abroad in order to sustain the education of the children (Torres, 2002). In this study, despite the low educational levels of fathers where most were on high school levels and few were elementary, part of the day-to-day activities among the majority of them was to ensure that they were able to help their preschoolers and school aged children in their studies. The assistance of fathers was through tutoring at night or helping with the children's homework and their attendance to the children's school activities. Ortiz et al. (1999) shared that those fathers who were involved in some activities like bathing and feeding of children, in which participants of this study were very much involved, were likely to read more to their younger kids (Saracho, 2007) in Pattnaik (2013). Another interesting result of this study presented that fathers were active on their child’s school activities. This was because many of the fathers became officers of the classroom PTA or even the whole school and even volunteered in schools’ activities. Gadsden and Ray (2003) supported this finding. According to them, fathers assumed the role of the mother in a single headed family, thus, fathers’ school activity included attending a general school meeting; attending a regular schedule; parents – teacher’s conference with the child’s teacher, attending a school or class event; and volunteering at the school. Moreover, Inham et al. (2015) shared that today, fatherly care assumed many forms for assisting homework and attending parents – teachers' conference. These activities of the fathers were manifestations of what Ricci and Kyle (2009) shared that parents must collaborate with teachers and school personnel to be able to ensure that children are fulfilling the expectations and requirements specific for their age groups.

Evolving disciplinary techniques to children to make them obey orders

Disciplining children has often been thought of an adult duty, a power that was given to them by society. This emerged from cultural norms that said they have an absolute control and authority over their children (Sanapo, 2013). Disciplining may also be patterned from how parents were raised before. In Cabrera and Tamis - Lemonda (2013), behavioral patterns of childhood were the results of lessons learned from seeing others and adjusting one's behavior accordingly. More so, Caspi and Elder (1988 in Capaldi, et al. 2008) cited many of the parenting behaviors of the parents were assumed to be learned from their parents too. Despite the variances in ages and educational background, the participants have commonality in instilling discipline to kids. Regardless too of the religious and ethnic affiliation, all of the fathers imposed the same disciplinary techniques to children for them to obey orders. Interestingly, at the young age of their children, giving advice, talking or sharing of experiences was commonly done by the fathers especially when they were about to sleep. Often, fathers discussed appropriate behavior, the negative influence of bad friends and the disadvantage of quarreling with siblings. Reminding children about the sacrifices of the mothers to be able to send them to school was also being used by fathers to encourage the children to study more. Though there was no available literature about this style of father's disciplining technique, the conversations as mentioned in Working Mother (2007), where the special time spent by fathers in bonding with their children, especially during bedtime.

Another way of addressing parental concerns was through punishment like spanking, pinching and often shouting at children. These methods according the fathers in this study were only to scare the children and made them understand that their behaviors were no longer acceptable. Physical punishment as a disciplinary strategy was universal, and previous studies said physical punishment pointed out as the majority of the child rearing practices in the Philippines, (Sanapo, 2003). In a study conducted among 80 mothers from Ilo – Ilo, Philippines it showed that 80% punished their children physically (71% pinching and 65% spanking). This, according to them was done to mold the children to be better citizens in the future. They also quoted a bible verse which said, “Sparing the rod, spoiling the child”, which also served as their basis in doing the act since for them God allowed the child to be beaten in order to teach them a lesson (Sanapo, 2003).

Ensuring children are free from sickness and medicating them when sick

Though Filipinos value hygiene by maintaining bathing practices to avoid illnesses (Goody and Drago, 2010), only a few of the fathers in this study cited hygiene as their way of limiting children's exposure to ailments. In a report of Barthelemy (2009), men were featured as less likely to wash hands properly. More so, it was mentioned they often need blunt reminders to lather up their hands. Hand hygiene is the most important way of avoiding contact with germs (WHO, 2009).

The fathers also believed that when a child was exposed to the rain the later will get sick. This was related to the belief of the Filipinos on "pasma", a roughly defined exposure illness when the condition of hotness was being attacked by the element of cold or vice versa Tan (2008), as cited by Abad et al. (2004). Because of these, some fathers do not allow the children to be out of the house when there were drizzles or during the hottest time of the day. They also monitored the back of the child's body for sweat. This practice was based on the Filipino's view of health and wellness from the perspective of balance between hotness and coldness that said that a quick change from both might trigger colds, fever, respiratory tract infection and rheumatism (Goody and Drago 2010).

Fathers also ensured child safety whether at home or in school. When at home, they do not allow their children to cook because of their fear of burning. They also advised their kids not to play with sharp objects and matches. Much more upon going to/from school, they reminded their children to be extra careful with the vehicles or often they ensured that they themselves brought and fetched the kids to and from school. The issue of road traffic injuries became pandemic worldwide killing around 250,000 children annually and in the Philippines, there were more than 20 million children who walked on streets everyday in going to and from school exposing them to road traffic injuries (International Walk to School, 2014).

Results showed if children were sick, majority of the fathers solely medicated their children. Fathers proudly said they already knew how to identify sickness by just merely touching, observing and looking at the child. Once sickness of children was identified, fathers just bought the perceived needed medicines and immediately gave these to their kids or they self-medicate for fever, cough, colds, asthma and even abdominal pains where antibiotics were commonly used. Fathers in this study relied much on the information of the acquired drugs from the labels on the boxes of bottles. This action can lead to misunderstanding of medicine instructions, especially of the package insert information and that of the rational use of medicines (WHO, 2007). A report by Philippine Center for Investigation (2015) revealed that Filipinos has been practicing self-diagnosis and self-medication due to the government's meagre resources for health. Moreover, another study result showed that majority of childhood illnesses in the Philippines were treated at home, without consulting a doctor. Treatment was based on pharmaceuticals – both prescriptions and none prescription drugs (Hardon, 1987). In addition, Robles (2006) disclosed that common practice among Filipinos is to use medicines without prescription every time patients experience discomforts such as a headache, runny nose, cough, and stomachache. This practice of fathers was synonymous to what was revealed by the World Health Organization (2007), that in many low-income countries, a considerable number on the supply of medicine is by passing the official health care system. The same was true with the study conducted by Geest and Hardon (1990), they said that in many developing countries, prescription drugs were freely available over the counter. They added that drug regulations were limited or not implemented and that health care was not functioning.

Once being medicated and the children's condition did not improve after a few days of treatment, the immediate action of the fathers was to refer the sick child to a health practitioner. Study findings revealed many of the fathers' first line of referrals were "manghihilot" (traditional Filipino massager) or "arbolaryos" (Filipino folk healers) (Herrera et al. n.d.). According to de Torres (2002), poverty, coupled with a strong sense of religion acquired from Spanish friars and a kind of alternative form, has developed in the Philippines, that instead of going to the doctors, some people go to these traditional healers.

Results also showed that only a few fathers resorted on referrals to health professionals when the children were sick. Most often, this happened when the condition of the children did not improve after the self - medications. In a health forum of the Philippine College of Physicians, their president, Dr. Anthony Leachon described, when patients come to them to seek medical advice, the patients are very sick already (Mateo, 2014). This practice of the fathers was similar to that of Bennson and Maarkwots (2014) that fathers seldom bring their children to physicians for medical check – up because Peate, (2007) revealed there men seldom report illness.

In Pillitteri (2010), a research was made related to health provider visits of a female single headed family and male single headed family. Results of that study showed that despite the difference in insurance coverage of fathers and mothers, males have a lower likelihood of having a usual source of care. Bennson and Maarkwots (2014) reported that children of single fathers received less health care. This was because at different times of their lives, men viewed medical care were for women. Health for men at an early age has always been a domain that belonged to women. As boys, until they reached 16 years old, they were often brought to clinics by any of their female relatives.

Results of this study also disclosed that the fathers sometimes felt ashamed when bringing the children in the health facilities and the belief that they were in control of the situation during the children's sickness.

There were many socio-cultural factors that have the ability to influence health related behavior, and gender was one of them. Accordingly, men seldom submit for health visits because they believed asking advice from medical authorities was not “macho” (Peate, 2007). Though historically, fathers were recognized to have greatly contributed to the well - being of the children, often that role was overlooked (Bond, Cuninghame et al., 2010). This might be affected by cultural dynamics and practices (Phakathi, 2009), the difficulty of involving of fathers in the maternal and child health care services (Plasten, 2007) or the gender norm that care was biased for women (Engaging men as Partners, 2011). Further, Plasten (2007) said that for men to seek help from a nurse or a doctor was a sign of weakness; and in Peate (2007), research result showed that men felt primary care was unwelcoming for them and that this was designed for women. Garfield and Isaceo (2006) mentioned sometimes fathers felt they were being viewed by health care staff as having a lower quality of service than the mothers and that they have a less emotional bond with the children than the mothers. Moreover, stay- at-home fathers were routinely confronted with stigma due to their flouting of the social norm surrounding masculine behavior.

Mixed feelings for child care

If fathers do not have enough experience in child care before their partners left, they will also have difficulty to childcare and home management when their wives already left Pillitteri (2010). This was true to the shared experiences of the fathers in this study. As solo parents, fathers felt the difficulty when their wives left. These difficulties were referred by them as their struggles in the morning doing the household chores while at the same time preparing the kids for school, the hitches in organizing the overwhelming activities at home, their worries when they have nothing to eat. On top of these all they also recalled the difficult times when their kids were still babies especially in waking up at night time to prepare the milk.

Undeniably, changes in the role of couples do not always bring positive results to men (Dias, 2006). There are fathers who said that although they loved their babies, they also suffered the loss of self - esteem, physical dexterity and intellectual edge. Fathers also often found loneliness a problem (Pruett, 2007), and the switch of duty made them less of a man, while others admitted that their present role was harder than holding down a job (Bond, 2012). Tasks like buying of groceries, mending, ironing, doing dishes, and keeping the house clean were difficult adjustments for them (Bun 2009). On the other hand in Lupton (2012), the stay at home fathers dealt with social stigma and sense of self-worth.

Although their tasks were exhausting, yet according to them they were able to carry out the responsibilities which were left to them by their partners for more than a year already. Fathers developed an intense attachment to their babies and a sense of themselves as primary caregivers in stages. They gained a reciprocal nurturing relationship with their babies at different rates, most often will depend on how fathers get themselves ready for their role in their family (Pruett, 1997). Despite the struggles the fathers encountered, they continued with their duties which were accorded to them by their wives. This was congruent to what was cited by Crane and Hill (2009) that if mothers spent more time away from home, the fathers increased their involvement with their children by monitoring their activities and queries about their day. This might be because fathers’ involvement becomes higher when their partners expected them to be more involved (Maurer et al. 2001 in Pleck and Hofferth, 2011). More so, in cases when mothers were no longer around, the father took over the role of primary caregiver, providing full assistance on the child’s activities of daily living (Thompson and Kramer, 2002). It was further revealed that the absence of woman in the family entailed greater participation of husbands in care work (Baldassar and Merla, 2014). A study of Filipino transnational families disclosed husbands who were left by their partners tend to have more work during the initial migration of their wives because their children were still young and were dependent on adult care (Baldassar and Merla, 2014). True enough, when the children in this study were still young, the participants shared about their sleepless nights preparing the milk, doing some lullaby to bring kids to sleep and even on checking if the child was wet from urine. It was also found out that most of the fathers really found it hard to adjust to their new roles during the initial phase of their wives migration. They were afraid because they did not know if they can handle the responsibilities that were passed on to them. These fears were also associated with the feelings that they were incapable of rearing the children. These emotional state as cited by (Scalabrini, Hearts Apart, 2003) in Cortes (2007) were because men do not easily take up caregiving.

Being sick and caring for a sick child are the most challenging responsibilities

On top of all hardships in childcare taking care of the sick children was the most grueling part of the fathers’ responsibilities according to the participants in this study. For fathers, their hardships were doubled when children were sick. The verbalizations of difficulties were mirrored to a claim of a father who said he almost call all the saints especially when children were sick at night and another father felt it was like almost losing his sanity. The illness of the children intensified the father’s emotions that may cause the change of their usual behavior in responding to this kind of concern (Hsu – Lin, 1992).

The experiences of fathers during their child’s sickness did not only trouble their physical body yet, many became irritable, fearful, lonely, and helpless because they have no one to talk to or ask for an advice. These same feelings were also discussed by Palkovitz (2002) who mentioned that fathers were helpless when children were ill. This was because, for Pillitteri (2010), there was no second person who would give reassurance or a second opinion about the child’s condition. Plantin (2007) has the same explanation with Pellitteri and Palkovitz by saying that even if fathers shared some of the responsibilities for the sick child, they still

relied much on their wives. For the fathers in this study, despite the distance of the wives from their transnational family, still, the husbands referred to their wives what medicines to take or what to do to a particular ailment of the child. There were also instances when fathers no longer tell their wives about the sickness of the children because according to them they did not want their partners to worry. This may be because as Davies and Davies (2011) revealed, at times fathers need to look strong hence they were reluctant to talk while Baldassar and Merla (2009) shared men kept to themselves all serious and heavy problems like sickness among children.

Men seek sympathy during ailment as Alleyne (2010) noted when a male is sick, he has a complete system breakdown and wanted to be treated like a baby. Moreover, many authors relayed too the babyhood of the males when they were sick. Johnson (2016) shared the comments of women about their husbands like “he is such a baby when he is sick, “I feel like I had another child” or “he acts like I am his mother.” Illness arguably reduced men on a state of imitative femininity, dependency on other for material support and for domestic care (Gestrich et al., 2012). However, the claim of the fathers in this study says even if they took care of their kids, yet they really longed for the care of their wives and hoped that their partners were present and do the care for the children. They shared they endured their pains and forced themselves to stand up so that they can serve their children. In Pilleterri (2010) it was cited that when fathers are ill, they do not have a back – up person for child care thus for the fathers in this study, being the only adults at home they do not have no choice because if they will not do the house chores especially in food preparation the children will have nothing to eat. Other fathers mentioned they tried not to be sick and prayed persistently so as to deliver them away from sicknesses. These behaviors of the fathers can be related to the claims of Helden, (2009) that the poor has to deny sickness in order to survive and not to give up normal role responsibilities, but was expected to maintain normal behavior within the limits of their health condition.

Considers wife is the best in child care

Fathers' narratives were also their reflection on how they were as child carers when their wives were still around, and when alone taking care of the children. For some, mothers were still the best in child care, while others claimed they can never equal how women took care of children. This feeling of the fathers may be accounted on the research findings of Pruett (1997). Looking back at Pruett's discussion it was mentioned that across many cultures fathers were present during pregnancy until delivery. However, after giving birth, mothers focused their attention to their newborns leaving fathers to have a feeling of backing off, feeling less control of their own lives or inadequate to the task at hand. The fathers in this study have this feeling during the initial migration of their partners but eventually became positive as they carried on their duties with their kids.

The perception of the fathers of being less skilled on child care than their partners was opposed to some study results since researchers claimed that parents have various ways of child care emphasizing that no one was better or worst. Close observation documents showed that even men who experience with children handled children differently from women, not worse, not better, but differently (Pruett, 1997). If ever there were dissimilarities, Thompson and Kramer (2002) cited there were only a few differences between a father and a mother on how they assisted their children in the activities of daily living while Cabrera and Tamis – Lemonda (2013) also affirmed that fathers and mothers influenced their children in similar rather than dissimilar way. In addition, Thompson and Kramer (2002) mentioned fathers were as likely as mothers to be helping in the self – care activities and supervision of meals, a description which was echoed by Cabrera, et al., (2007), when he noted, quality of father and mother's parenting was very similar to each other.

Another research result revealed stay at home fathers do the same duties as a mother who cares for children – changing diapers, feeding, bathing, shopping and nurturing their children on a daily basis (Balter, 2000). This may be because in Pleck and Hofferth (2011) fathers' modeled their behavior after mothers.

Despite the increasing number of hands on father, cultural stereotyping of fathers as providers and breadwinners continued to give much influence towards, women and children's attitudes to fatherhood (Rowtee Foundation, 2000). This interchanging of gender roles in the family can impact positively or negatively depending on how the father who was left behind accepts his "new" role since parental absence creates "displacement, disruptions, and changes in care giving (Reyes, 2008). In Rosenberg et al. (2006) it was revealed that father's ability to provide and protect was still very much attached to the average men's sense of self - worth and manhood.

CONCLUSION

The fathers claimed that they were responsible for the well-being of their children. This was manifested through their involvement in the hygiene, nutrition, health, and studies of their children. More over, part of that responsibility was in ensuring that

their offspring will become children with the right attitude and conduct. To make this possible the fathers used their influence by instilling advices and at times gives minimal physical punishments and some verbal reprimands.

Various emotions were also revealed by the fathers when asked about how they felt when they took care of their children. Almost unanimous, they claimed, "It's difficult." For them it was difficult because they were not used to that kind of responsibility, difficult because of the overwhelming responsibility over the children. It was also difficult because of the household chores and the responsibility of helping the wives earn for their living. Despite the negative feelings, they also aired out happiness, fulfillment, satisfaction and pride.

Sickness of children was seen by the fathers as the most difficult part of rearing their kids, more so when they themselves are sick since no one will no longer do the household tasks that they are supposed to do.

The study also uncovered that most of the fathers medicated their children once sick after making their own diagnosis. Although there were also those who referred the sick child to medical facilities or resorted to traditional medicines.

Finally, despite the full involvement of the fathers in the over all well being of their children, they still claimed that their wives were still better than them in terms of child rearing. It was also interesting to note that these fathers were able to learn the tasks that were done by their wives when they were still around, tasks that were delegated to them or forced to them to do.

RECOMMENDATIONS

In the light of the findings recommendations were made such that, as the new role of fathers emerged, health workers and educators may also include them in the programs that they will develop. Moreover, in conducting a study about the perception of the children regarding their fathers as caretakers at home while their mothers are working abroad would also add on the limited literatures about fathers caring behaviors. Parenting education may also start earlier giving emphasis on the role of the fathers or mothers in today's generation. In addition, it would be advantageous if government programs especially on the local levels will include the fathers on health care among children. These programs will be made available considering the sensitivity of the father's roles and needs. And finally, there is a need to insist on a more accurate portrayals of fathers in the media so that representation of men as partners of wives, and as an involved and equal contributors to the care and upbringing of their kids will be promoted.

REFERENCES

- Baldassar and Merla (2009). *Transnational families, migration and the circulation of care: Understanding mobility and absence in family life*. Retrieved from <http://books.google.com/books?isbn=1135132259> on October 15, 2014.
- Balter, L. (2000). *Parenthood in America: an encyclopedia*. Volume 2. Retrieved on February 26, 2015 from <http://books.google.com/books?isbn=1576072134>.
- Barthelemy (2009). Show vital signs for CNN . CNN News, London, England. Retrieved on June 5, 2014 from <http://edition.cnn.com/2009/HEALTH/10/16/hand.washing>.
- Bauyot, M.M.(2010). *Preparing thesis and dissertations: Basic guidelines on using APA format*. (2nd ed.), San Pedro College, Davao City.
- Bennson, J. and Maarkowts, H. (2014). *The survival of the sexes warriors and worries*. Retrieved from <http://books.google.com/books?isbn=0199972230> on October 22, 2014.
- Bond, J., Cunningham S. et al. (2010). *Defining the roles of fathers*. National Healthy Start Association. Issue Brief. Retrieved April 20, 2012 from <http://healthystart.mightysparklabs.com/site/assets/docs/NHS...>
- Bond, A. (2012). *Number of house-husbands triples in 15 years as number of women who are family's main breadwinner soars*. Mail on line News. Retrieved June 17, 2012 from <http://www.dailymail.co.uk/news/article-2092053/Househusbands-triple-15-years-number-women-familys-main-breadwinner-soars.html#top>

- Bustos, Alicia S. Espiritu, Socorro C. (2006). *Psychological, Anthropological, & Sociological Foundations of Education*, 2nd edition. Quezon City: Katha Publishing Co. Inc.
- Bun, R. (2009). *Child, family, school and community: Socialization and support*, 8th ed. Retrieved from <http://books.google.com/books?isbn=0495603252> on October 22, 2014.
- Cabrera, N. et al. (2007). *Father's influence on child's cognitive and emotional development: from toddler to pre – kindergarten*. Volume 11, No.4, Laurence Erlbaum associates, Inc. Retrieved on May 14, 2015 from <http://steinhardt.nyu.edu/scms/Admin/upload>.
- Capaldi, D. et al. (2008). *Intergenerational and partner influences on fathers negative discipline*. Journal of Abnormal child Psychology, volume 36. Retrieved on March 5 2015 from www.ncbi.nlm.nih.gov/NCBI/Literature/Pubmed/CentralMC.
- Cortes, Rosalia (2007). *Children and women left behind in labor sending countries: an appraisal of Social risks*. Accessed May 17, 2012 from www.childmigration.net/files/Rosalia_Cortes_07.pdf
- Crane and Hill (2009). *Handbook of families and work: Interdisciplining perspective*. University Press of America, Inc. Retrieved from <http://book.google.com/books?isbn=076184438> on October 15, 2014.
- Davies, R. and Davies, U. (2011). *Children and young people nursing principles for practice*. Taylor Francis Group, LLC. Retrieved from <http://books.google.com/books?isbn=1444107844> on November 6, 2014.
- Dias, R. (2006). *Now papas do what mamas did best!* The Times of India, Bombay Times. Retrieved on June 18, 2012 from <http://timesofindia.indiatimes.com/city/bombay-times/Now-papas-do-what-mamas-did-best/articleshow/1682154.cms>
- Dreby, J. (2007). *Parent – child separation in Mexican transnational family*. Retrieved on February 27, 2015 from <http://books.google.com.ph/books?isbn=059258906>
- Engaging men as partners in reproductive health*, 2011. Retrieved on May 13, 2012 at <http://www.engenderhealth.org/our-work/gender/index.php>
- Espiño, E.G. (2011). *Tuna no longer the gold mine for Region 12*. Minda News, this is our Mindanao. Retrieved June 18, 2012 from <http://www.mindanews.com/business/2011/07/22/tuna-no-longer-the-gold-mine-for-region-12/>.
- Gadsden, V. and Ray, A. (2003). *A fathers role in children's academic achievement and early literacy*. ERIC digest. Retrieved from www.eric.digest.org/2004-3/role.html
- Garfield, C.F. and Isaceo A. (2006), *Fathers and the well child visit*. *Pediatrics*. Accessed on February 20, 2015 from
- Gestrich, A. et al. (2012). *Poverty and sickness in modern Europe: narratives of the sick poor*. Retrieved on January 30, 2016 from <https://books.google.com/books?isbn=144111081x>.
- Goody, C. and Drago, L. (2010). *Cultural food practices. Diabetes care and education, dietetic practice group*. Retrieved from <http://books.google.com.ph/books?id=THx9Elb> on July 22, 2015.
- Hardon, AP (1987). *The use of modern pharmaceuticals in a Filipino village: doctor's prescription and self medication*. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/?term=Hardon> on July 21, 2012.
- Herrera, M. et al. (n.d.) *Overview of health sector reforms in the Philippines and possible opportunities for public – private partnership*. Asian Institute of Management, business and Development Research. Retrieved on July 5, 2015 from www.aim.edu/files/download/131.
- Higham, S. and Davies R. (2012). *Protecting, providing and participating father's roles during their child's unplanned hospital stay, an ethnographic study*. J. Adv. Nurs vol. 69, issue # 6. Retrieved on April 24, 2015 from www.ncbi.nlm.nih.gov/pubmed/22909311
- Hsu - Lin, Y. (1992). *Helping parents interact with their hospitalized preschooler*. Retrieved on March 5, 2015 from ir.fy.edu.tw/~bistream/P55-P74.

- International walk to school month* (2014). Safe kids worldwide Philippine. Retrieved from <http://www.safekidsphilippines-org>. on July 15, 2015.
- Johnson, R. (2016) *Understanding the man you love*. Retrieved from <https://books.google.com/books?isbn=1493403281> on January 30 2016.
- Kamaruddin, M. et al. (2013). *Delivering love to children: the role of father though food preparation*. Journal of Tourism, Hospitality and Culinary Arts, Volume 5, Issue # 1. Retrieved from www.jthca.org/Download/df/v5%201s1/chap%203.pdf o July 15, 2015.
- Khandpur, N. et al. (2014). *Father's child feeding practices: a review of the evidence*. Volume 78. Retrieved from www.sciencedirect.com/science/article/pii/Sa9566314001305 on July 20, 2015.
- Kotelchuck, Milton and Moore, Trevene (2004). *Predictors of urban fathers' involvement in their child's health care*. Pediatrics Vol. 113 No. 3.
- Kramer, B. J. and Thompson, E. Jr. (2002). *Men as caregivers theory, research, and service implications*. Springer Publishing Co., Inc. Retrieved May 31, 2012 from <http://www.google.com.ph/books>.
- Lamb, M. (2014). *Understanding fatherhood a review of recent research*. York Publishing Services Ltd. Retrieved on March 13, 2015 from [understanding_fatherhood.pdf_adobe reader](#).
- Lupton, D. (2012). *Stay at home dad syndrome: Why do Rachel Griffiths parenting choices make news?* News from the University of Sydney. Retrieved June 17, 2012 from <http://Sydney.edu.com/news/84.html?>
- Mateo, I. (2014). Low health literacy level alarming, making Filipino more sick. I am Ready Exclusive Event. GMA News Online
- Merriam, S. (2009). *Qualitative research a guide to design and implementation*. John Wiley and Son, Inc. retrieved from <https://books.google.com.ph/books?isbn=047283548> on October 22, 2015.
- Miller, T. (2010). *Making sense of fatherhood, gender and caring and work*. Cambridge University Press. Retrieved from <https://books.google.com.ph/books?isbn=11399492837> on November 3, 2015.
- O' Connor, H. and Gibson, N. (n.d.) *A Step-by-Step Guide to Qualitative Data Analysis*. Pimatiziwin: A Journal of Aboriginal and Indigenous Community Health 1(1). University of Alberta retrieve from on July 6, 2012.
- Pabico, A.P. (2005). *Men as mothers*. Retrieved from <http://pcij.org/stories/men-as-mothers/> on June5, 2013.
- Palkovitz, R. (2002). *Involved fathering and men's adult development provisional balances*. Lawrence Enbaum Associates, Inc. Retrieved from <http://books.google.com/books?isbn=1135658935> on October 22, 2014.
- Parrenas, R.S. (2005). *Children of global migration: Transnational families and gendered woes*. Stanford University Press, California. Retrieved on June 12, 2012 from <http://www.books.google.com>
- Pattnaik, J. (2013). *Father involvement in young children's lives: A global analysis*. Springer Derdecht Heidelberg London, NY. Retrieved from <http://google.books.com/book?isbn=9400751559> on November 6, 2014.
- Peate, I. (2007). *Men's health: the practice nurse handbook*. John Wiley and sons, Ltd. Retrieved from <http://books.google.com.ph/books?isbn=0470512431> on August 20, 2015.
- Phakathi, M. (2009). *Men on board to reduce maternal and child mortality*. Retrieved on May 14, 2012 at <http://ipsnews.net/new.asp?=-48258>

- Pillitteri, A. (2010). *Maternal child health nursing: Care of the childbearing and childrearing families*. Retrieved from <http://google.books.com/books?isbn M=158255996> on October 15, 2014.
- Plasten, L. (2007) *Fatherhood and health outcomes*. Retrieved from http://www.emhf.org/resource_images/fatherhood.pdf on September 16, 2012.
- Plantin K. (2007). Fatherhood and health outcomes the case of Europe.
- Pleck, J. and Hofferth, S. (2011). *Mother involvement and influence on father involvement with early adolescents*. Retrieved on March 13, 2015 from [www.ncbi.nlm.nih.gov/literature/pubmed/Central\(PMC\)](http://www.ncbi.nlm.nih.gov/literature/pubmed/Central(PMC)).
- Pruett, K. (1997). *How men and children affect each other's development*. Zero to Three Journal, volume 18:1. Retrieved on June 16, 2015 from <http://www.zerotothree.org/child-development/early>.
- Redmas, Promundo and EME (2014). *Program P for engaging men in fatherhood, caregiving and maternal child health*. Retrieved from www.men-care.org/...FinalProgramP-SinglePage.pdf on November 6, 2014.
- Reyes, M. M. (2008). *Migration and Filipino children left behind: A Literature Review* Retrieved May 11, 2012, from www.unicef.org/philippines/synthesis_July122008.pdf
- Richter, L. and Morell, R. (2006). *Baba: Men and fatherhood in South Africa*. (1st ed. pp. 59). HSRC Press, South Africa. Retrieved on June 10, 2012 from <http://www.hsrbpress.ac.za>
- Robles, Y. (2006). *The dangers of self medication*. RxPinoy Medication guide retrieved from <http://rxpinoy.com/medguide> on July 21, 2015.
- Rosenberg, J. and Bradford, W. (2006). The importance of fathers in the healthy development of children. US Department of Health and Human Services. https://books.google.com/books?id=W_ViDYUOOtEC on July 8, 2015.
- Rowtee Foundation (2000). A man's place in the home: fathers and families in the United Kingdom. Retrieved from www.jrf.org.uk on May 15, 2015.
- Sanapo, M. (2003). *What Filipino Mothers Say* Retrieved from http://www.academia.edu/4106084/What_Filipino_Mothers_Say on July 15, 2015.
- Taylor, A. (2008). *Parenting in Filipino trans family*. Masters Thesis. University of North Florida.
- Thompson, H and Kramer, B. (2002). *Men as caregivers: theory research and service applications*. Springer Publishing Company, Inc. retrieved from google.com.ph/books?isbn=0826197213
- Working mothers* (2007). Volume 30, # 5. Retrieved on June 15, 2015 from <http://books.google.com.ph/books?id=YrYnwVAjXB4C>.
- World Health Organization (2007). *Promoting safety of medicines for children*. Retrieved February 27, 2015 from <http://books.google.com.ph/books?id=9241563435>.