



More Than a Provider

AUSTRALIAN FATHERS ON HEALTH, IDENTITY,
AND EXPERIENCES OF PARENTHOOD



MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

Acknowledgements

AUTHORS

Michael Wilson
Research Fellow
Movember Institute of Men's Health

Cliona Fitzpatrick
Policy and Evidence Director
Movember Institute of Men's Health

Professor Simon Rice
Chief Impact Officer
Movember Institute of Men's Health

Associate Professor Zac Seidler
Global Director of Research
Movember Institute of Men's Health

SUGGESTED CITATION

“Wilson, Fitzpatrick, Rice & Seidler (2026).
More Than a Provider: Australian fathers on health,
identity and experiences of parenthood. Melbourne,
Australia. Movember Institute of Men's Health.”

ENQUIRIES

advocacy@movember.com

ABOUT MOVEMBER

Since 2003, Movember has challenged the status quo, shaken up men's health research, and transformed the way health services reach and support men – taking on prostate cancer, testicular cancer, mental health, and suicide prevention with unwavering determination. Movember has raised well over \$1 billion for men's health, thanks to a passionate network of Mos. These critical funds have delivered more than 1,000 men's health projects around the world. Championing new research, cutting-edge treatments, and healthy behaviours.

To learn more, please visit [Movember.com](https://www.movember.com)

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 20-year legacy of investment in men's physical and mental health, The Movember Institute of Men's Health launched in 2023 and has ambitious goals to enhance quality of life for millions of men worldwide. Uniting global experts in the field of men's health, the Institute will accelerate research and translate it into tangible, real-world outcomes.

Executive Summary



CONTENTS

Executive Summary Page 3

Introduction Page 5

What Did We Find? Page 8

What Next? Page 20

Conclusion Page 22

References Page 24



More Than a Provider presents findings from a nationally representative survey of 1,216 Australian fathers with at least one child aged 0-10 years. This is among the first large-scale Australian surveys to examine the intersections among identity, health and health service experience across the transition to fatherhood.

WHO TODAY'S FATHERS ARE

Most fathers said fatherhood gave their life greater meaning (84%) and helped them express love and vulnerability more openly (77%). More than two in three are more involved in daily care than their own father was. Two in five do not want to parent the way they were parented. Yet over half believe Australian society lacks support for involved dads.

THE HIDDEN HEALTH TOLL

One in four fathers rated their physical or mental health as poor or fair in the first year of fatherhood. One in five said they became more isolated or lonely since becoming a father. Fathers under financial strain fared far worse: more than six times more likely to report poor physical health, and more than five times more likely to report poor mental health.

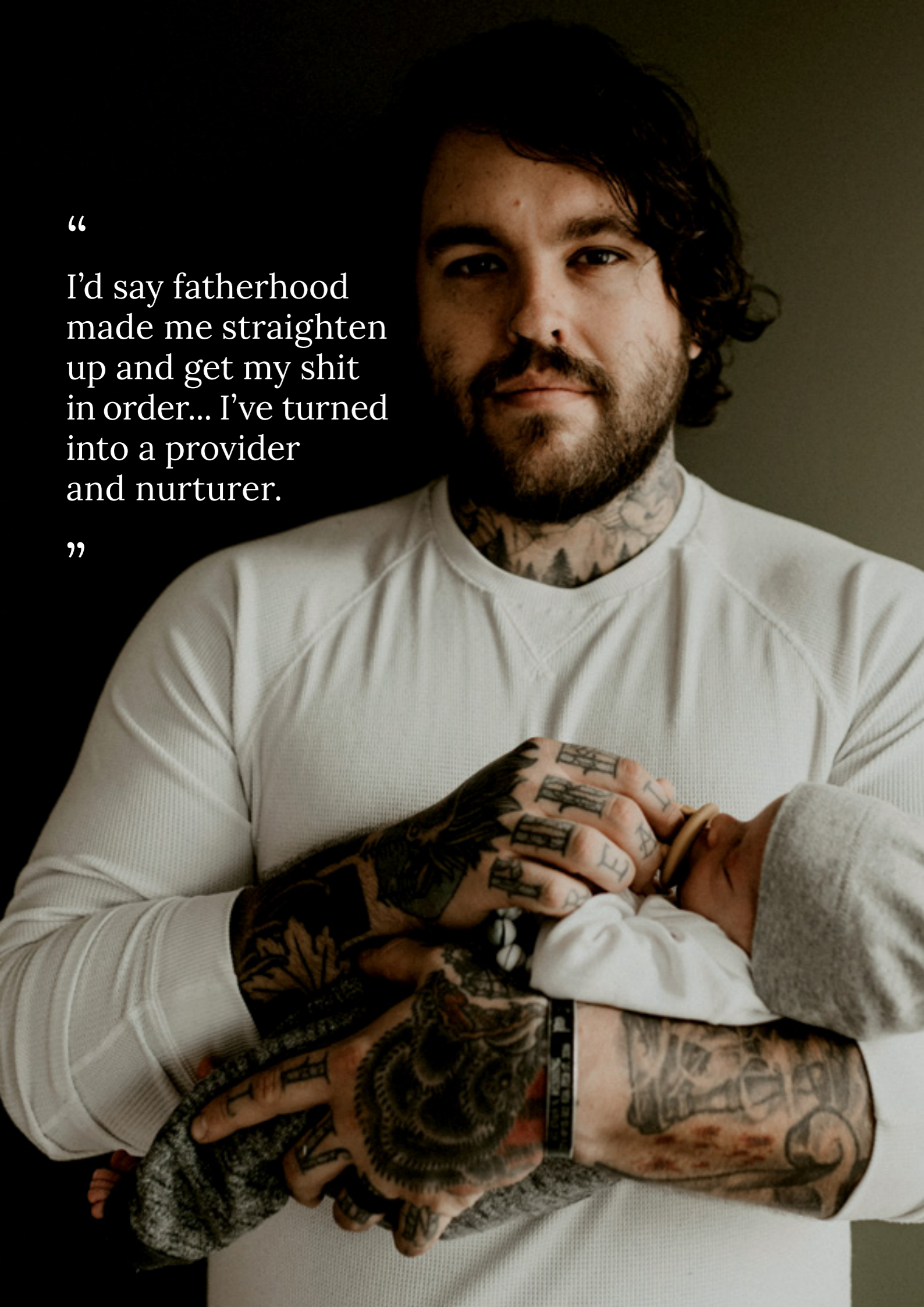
A SYSTEM THAT ISN'T ASKING

Three in five fathers said no health professional asked about their mental health or coping at any point across the perinatal period – not during pregnancy, not in the 12 months after birth.

Fathers under financial strain were almost twice as likely to have been missed entirely. The fathers who most needed support were the least likely to receive it. Improving the health of fathers benefits not only men themselves, but their partners and children in turn.

WHAT NEEDS TO CHANGE

Routine mental health screening of new fathers. A workforce equipped to engage them. Community programs that address isolation and build peer connection. Fathers are asking to be seen. The evidence is clear on what works. What is needed now is the will to act.



“

I'd say fatherhood made me straighten up and get my shit in order... I've turned into a provider and nurturer.

”

Introduction

Becoming a father is, for many men, one of the most significant transitions of their life. It reshapes identity, restructures daily routines, and reorients a man's sense of purpose and priorities. As relationships and social roles shift, new fathers also contend with rising financial pressures, disrupted sleep, and changes to physical activity and diet – a constellation of demands in which newfound joy and considerable stress routinely coexist. During early fatherhood, around one in ten men will experience a mental health problem¹⁻⁴. These challenges affect not only the man himself, but relationship quality, father-child bonding, and broader family cohesion⁵⁻⁷.

Today's fathers are approaching parenthood differently to previous generations. Research consistently shows that fathers are spending more time engaged in direct childcare, offering greater emotional support, and expressing affection more openly toward their children than ever before^{8,9}. The historically dominant construction of the father as only a detached provider is gradually giving way to contemporary models that foreground relational engagement, emotional availability, and active co-parenting¹⁰. Many men are consciously trying to do fatherhood differently to how it was done to them¹¹.

Nonetheless, longstanding traditional masculine norms like stoicism, self-reliance and the expectation to provide and protect have not dissolved alongside this shift; they persist in parallel with newer ideals, producing a landscape in which competing expectations coexist¹². Contemporary fathers increasingly navigate two sets of demands simultaneously: the emotionally present, co-parenting model that research and culture now affirm, and the enduring social pressures to be a protector and provider. Much like the expanding priorities and demands of modern motherhood, fathers today must navigate and integrate these dual identities.

This identity expansion carries motivational significance. Many fathers report a deepened sense of purpose upon becoming a parent, one that extends inward toward their own health and wellbeing, as much as outward toward their child's^{13,14}.

The perinatal period therefore represents a point at which capability, motivation, and openness to change align in ways that are rarely replicated at other points in a man's life, and one in which health services are well positioned to act in supporting the health of new fathers.

New fathers are typically in regular contact with the health system during this period, presenting a clear opportunity to identify need and connect men with appropriate support¹⁵. Health services are rightly focused on the clinical care of the pregnant woman and her baby. What is currently absent is a consistent, proactive approach to complementary support for fathers' wellbeing within these same settings. Health practitioners frequently report lacking the training or tools to check in meaningfully with new fathers, to ask how they are coping and to recognise early signs of difficulty¹⁶⁻¹⁸. As a result, men who are present in the system and potentially motivated to engage often do so without their own needs being identified or addressed.

Establishing relationships with health practitioners and services at this stage, grounded in an understanding of men's experiences, communication preferences, and the specific pressures of this life transition can create a foundation for ongoing care that does not currently exist for most men – setting them up for better health well beyond early fatherhood^{19,20}. Most critically, supporting the health of new fathers is not in competition with prioritising the care of mothers and children; the evidence indicates it is integral to it.

This report presents findings from a nationally representative survey of 1,216 Australian fathers with at least one child aged 0 to 10 years. Conducted by Movember, it is among the first large-scale surveys in Australia to directly examine the intersections among identity shifts, health impacts and health service experiences among new fathers. Findings signal a new generation of men who are motivated to be present and engaged parents, who recognise that their own wellbeing matters to their families, and who may nevertheless be falling through the cracks of a health system that was not designed with them in mind.

OBJECTIVES

The objectives of this report are twofold:

1. To document Australian fathers' experiences of identity shift, health and health services during the transition to fatherhood.
2. To provide actionable, evidence-based insights that policymakers, health services, and practitioners can use to better support fathers' health and wellbeing during this critical life stage.

SURVEY DESIGN

Movember conducted a national survey of the experiences of Australian fathers with at least one child aged 0-10 years. We designed the survey with a mix of closed- and open-text response questions gauging fathers' identity shifts, mental and physical health, and health service engagement in the lead-up to and shortly after birth of their first child.

The survey included a mix of quantitative and qualitative survey questions. Associations between quantitative items and key demographic factors were examined via cross-tabulations with chi-square tests for independence, and logistic regressions for multivariate associations. Qualitative items were coded and grouped by shared thematic content¹.

WHO DID WE HEAR FROM?

Australian dads with at least one child aged 0-10, representative of the national population by region.

1,216

Dads surveyed

37 yrs

Average age
(range 18-73)

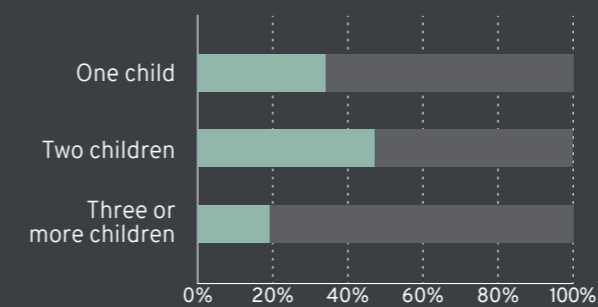
89%

Married
or partnered

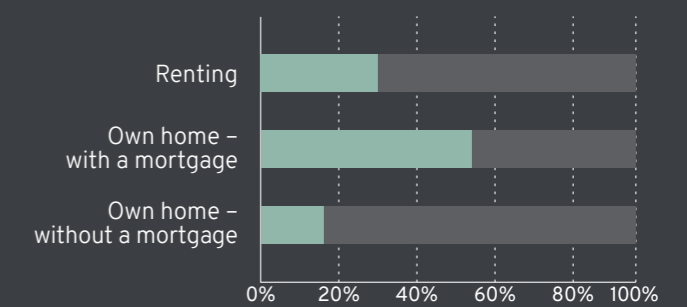
94%

Live with
all children

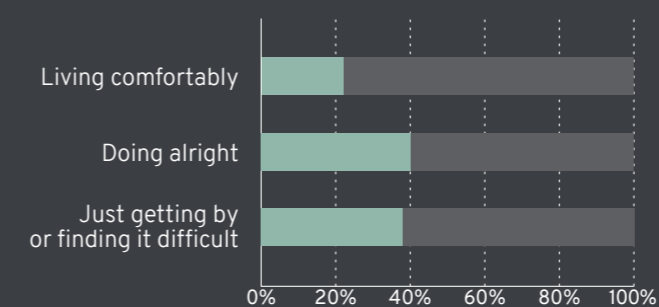
Number of children.



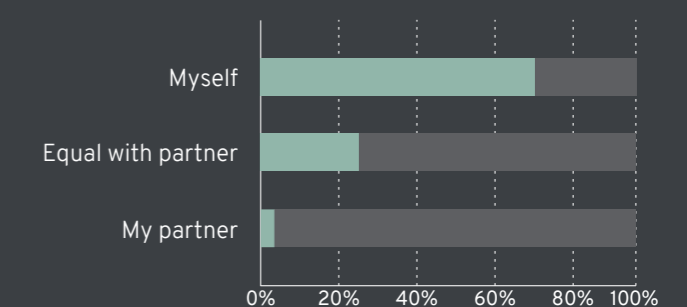
Living situation.



Financial wellbeing.



Main financial provider for family.



Identity and language.

96%

Heterosexual/
straight

93%

English spoken
at home

14%

Aboriginal
or Torres Strait
Islander

22%

Living with a
physical or mental
health condition

1. See Appendix for full methodology information.

What Did We Find?

NEXT-GEN DADS, OLD-GEN NORMS

The fathers we surveyed reported deriving meaning, purpose, and worth from their role as parents. For many men, the transition to fatherhood appears to have catalysed meaningful change in their emotions and relationships, particularly in how they express love, vulnerability, and affection toward their children.

This new meaning in their lives seems to occur alongside a reckoning with models of fatherhood – a tension between what was and what is, in terms of expectations of fathers to be both nurturer and provider.

Meaning and growth

We asked our fathers about their experiences after becoming a dad, and found the vast majority experienced profoundly positive shifts in their sense of meaning and purpose, and comfort expressing vulnerability.

Overall, 51% of fathers agreed that becoming a dad had given their life greater meaning, helped them express love and vulnerability, deepened their self-understanding, and made them a better version of themselves (i.e., agreement with all four items in Figure 1 opposite).

Fatherhood is a source of meaning and growth, regardless of circumstances.

We examined whether responses to the items in Figure 1 varied by fathers' demographic factors – namely age, relationship status, region of residence, and number of children. None of these variables meaningfully differentiated dads' endorsement of fatherhood as a source of meaning and emotional growth². This suggests the transformative experience of fatherhood may hold up regardless of who you are.

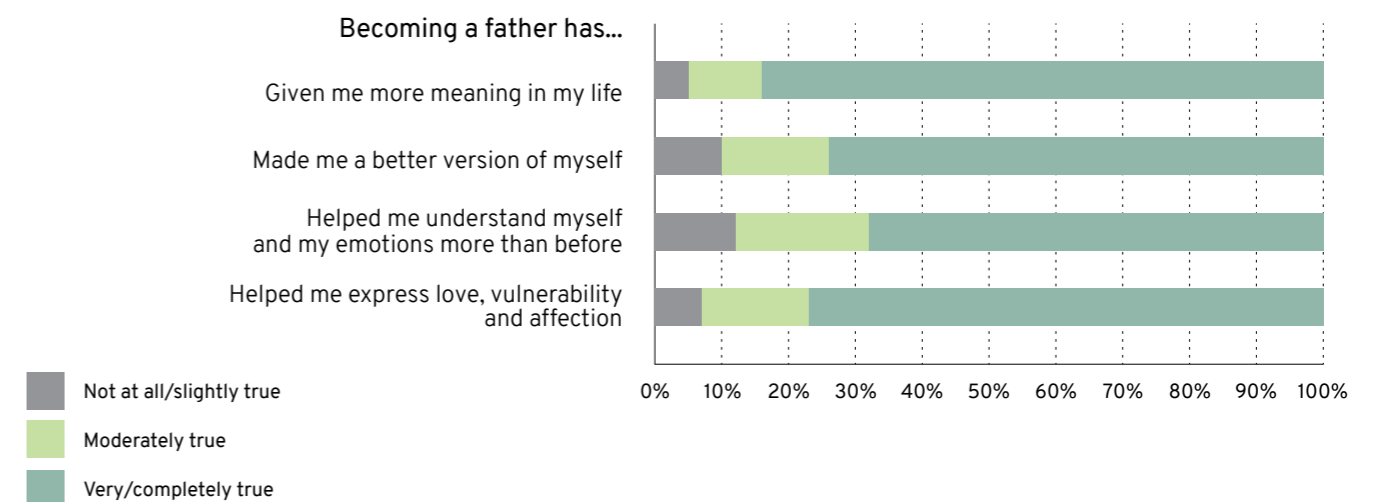
In describing the most significant change they experienced after becoming a father, our participants signalled a reorientation of priorities and values, which for many brought into focus what really matters. Fathers spoke to the profound emotional growth they experienced upon becoming a father, which for many precipitated a reckoning with the rigid ideas of manhood against which they had been raised.

“I have become more vulnerable emotionally... I’m able to display more emotions openly.”

“One of the changes I have experienced since becoming a father is the vulnerability that follows it... I care more for my child than I ever cared for myself, because it is like I can see through their emotions.”



Figure 1. Meaning and growth in early fatherhood.



2. Based on cross-tabulations and chi-square tests for independence (all $p > .05$) between all items and age group (≤ 34 years, 35-40 years, 41+ years), relationship status (married or partnered vs. all others), region of residence (major cities vs. regional or remote), and number of children (1 vs. 2 or more).

Doing 'dad' differently

Our findings suggest that men's own fathers serve as a key reference point that guides decision making around how they want to show up for their kids. Dads would seek to take what they loved, leave what they didn't, and in many cases start a new chapter, addressing areas where their own dads might have fallen short.

When asked whether men wanted to parent their child(ren) in the same way they were parented, we found that two in five (42%) said this was not at all or only slightly true for them.

In terms of what this might look like in practice, we also asked fathers about their involvement in the day-to-day care of their children, and how often they tell their kids they love them relative to their own fathers.

We found that 72% of surveyed fathers reported being more involved in the day-to-day care of their children than their own fathers. Almost three quarters of fathers (74%) reported saying "I love you" to their children, more than it was said to them (see Figure 2 below).

"My father passed away when I was three years old so I don't know how a father would be, but I try my best to be a good father and enjoy those moments which I never got in my life. I am enjoying my life more than ever since becoming a father."

Yet at the same time, tension with old models of fatherhood persists. When we asked fathers about the pressures of providing, nearly three in four (72.6%) said becoming a father had significantly increased their sense of financial responsibility – a figure that climbed to 81% among those experiencing financial strain.

"I'm concerned about whether I am doing well enough in all facets of raising the boys. Not only financially but emotionally and psychologically."

Ultimately, Australian society still has some way to go in supporting fathers who are aiming to be both emotionally involved and financial providers – men who refuse to see these roles as mutually exclusive. When asked whether Australian society celebrates and supports involved dads, 54% of fathers responded 'no' or 'unsure'. In addition, over half of dads did not feel society (nor the Australian government) takes their mental health seriously (see Figure 3 below).

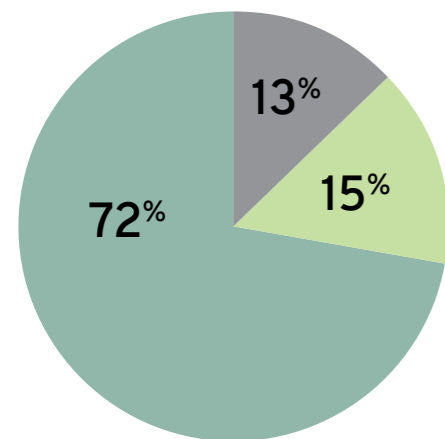
These data point to fatherhood as a meaningful inflection point for many men – a period in which prior experiences of being parented and traditional 'provider-only' models of fatherhood are actively reconsidered. A reorientation toward greater emotional engagement and self-development becomes both possible and, for many, a conscious priority.

We found that over three in four fathers (75.6%) valued their role as a father more than success in their career (i.e., 'very true' or 'completely true').

"I'm constantly thinking about how I was raised and making sure I don't make the same mistakes."

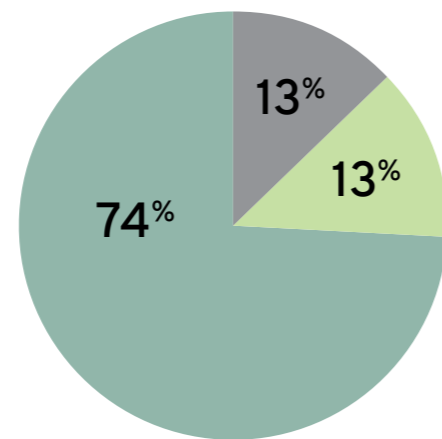
Figure 2. Father involvement relative to own father.

I am more involved in the day-to-day care of my children than my father was for me.



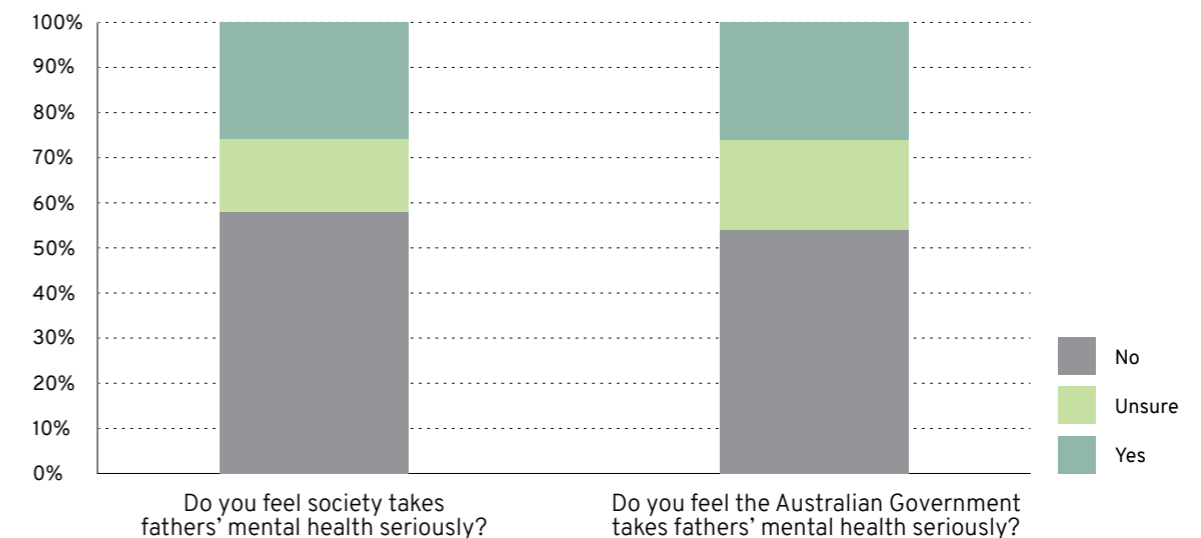
Not at all/slightly true
Moderately true
Very/completely true

I tell my kids I love them more than my father said it to me.



Not at all/slightly true
Moderately true
Very/completely true

Figure 3. Fathers' perception of support for their mental health.



HEALTH IMPACTS AMONG NEW FATHERS

Fatherhood brings profound opportunities for growth, but not always without cost. One in four fathers in our sample reported poor physical health in the early years of fatherhood – a rate two to three times higher than age-matched population norms from the ABS National Health Survey, where just 8.5–11% of men aged 25–44 report fair or poor health²¹. When exploring their mental health we heard a similar story, with social isolation and loneliness likely compounding the burden for many.

Nonetheless, the transition to fatherhood also emerges as a genuine catalyst for positive health behaviour change, suggesting this period is not simply one of vulnerability, but of real openness to support. This is a window of opportunity that health systems and policymakers cannot afford to continue overlooking.

The weight of early fatherhood

When we asked fathers to reflect on their health in the first year, one in four rated their mental or physical health as only ‘poor’ or ‘fair’ (see Figure 4 opposite).

Almost one in seven fathers (13.7%) reported that both their physical and mental health were ‘poor’ or ‘fair’ in the first 12 months of fatherhood. These numbers reflect a significant share of new dads who are not doing well at one of the most important times in their lives.

“Sleep deprivation. My daughter needed to be fed every three hours, so often we’d only get an hour’s break between feeds. A lack of spare time and energy meant I was exercising less and eating worse.”

Financial strain increases risk of poor health in early fatherhood.

Fathers under financial strain were over six times more likely to report poor/fair physical health, and over five times more likely to report poor/fair mental health compared to those living comfortably – regardless of whether men had a health condition, education level, partnership status and identification as Aboriginal or Torres Strait Islander³.

We also asked fathers to tell us more about what affected their physical or mental health during the early years of fatherhood. Key themes in these qualitative responses are summarised in Figure 5 opposite.

Chronic sleep deprivation was a recurring theme. For many fathers this was the entry point into a broader cycle of physical decline. As competing demands accumulated, exercise and self-care were typically the first to fall away. The pattern was familiar and compounding as less sleep led to less movement, which led to poorer eating, each deficit reinforcing the next.

Fathers reported that many of the same pressures impacted their mental health: disrupted sleep, the pressure of providing and nurturing simultaneously, and relationship strain and conflict. Across responses, there was a profound sense of weight – fathers described compounding stressors, the weight of which collectively wore them down, often with little avenue for support. If dads did reach out for help, many felt that they’d be compromising their role as provider.

“I became very overwhelmed and depressed, felt incapable of properly providing for my family, and emotionally distressed at the prospect of failing as a father.”

Figure 4. Fathers’ ratings of their physical and mental health in early fatherhood.

In the 12 months after becoming a father, how would you rate your...

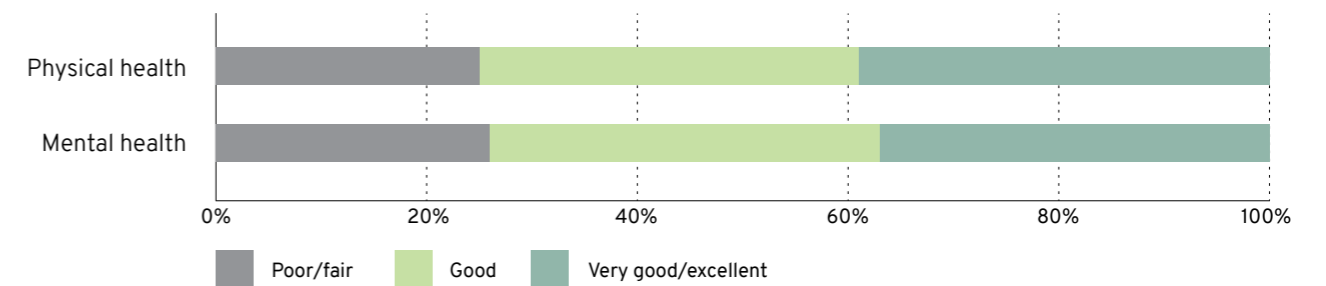
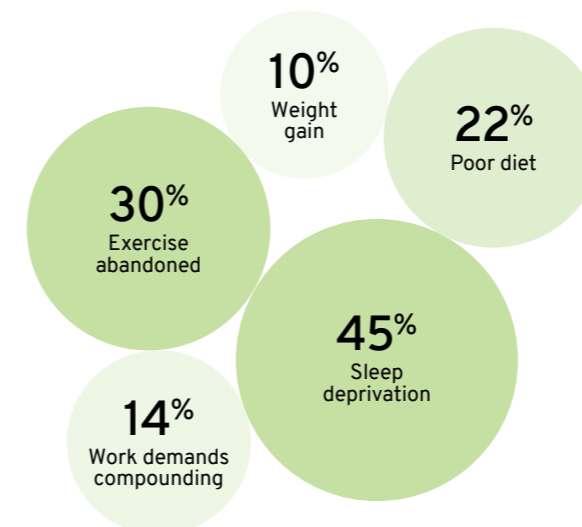
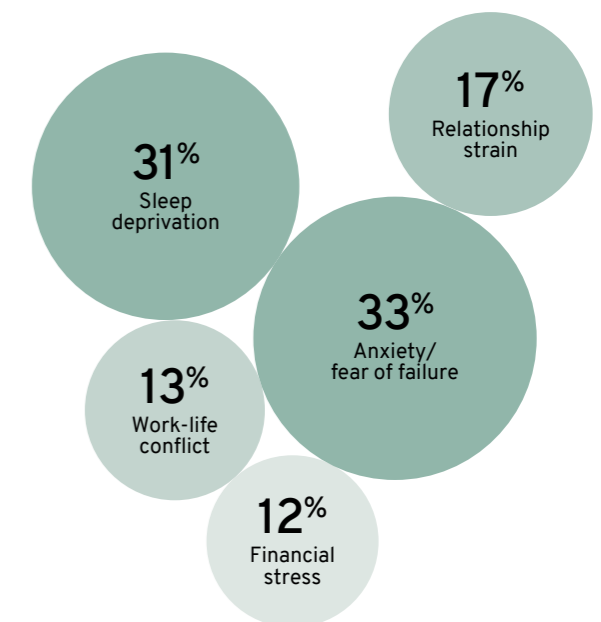


Figure 5. Self-reported factors affecting physical and mental health in early fatherhood.

Factors affecting physical health.



Factors affecting mental health.



3. Based on two logistic regression analyses. Health ratings were binarised to poor/fair vs. other ratings and regressed onto financial strain (living comfortably vs. doing alright vs. just getting by or finding it difficult), adjusting for age, whether men had a health condition, education level, relationship status, identification as Aboriginal or Torres Strait Islander, number of children, and region of residence. Odds ratio and 95% confidence interval for poor/fair physical health = 6.3 [3.8, 10.5]; poor/fair mental health = 5.2 [3.2, 8.4]. ‘Under financial strain’ reflects those ‘just getting by or finding it difficult’.

“

I am parenting without a village. My usual hobbies stopped when I became a dad, so I lost direct social contact. There's little social support for dads. We are just expected to push on, no matter how vulnerable we are. I also was going through the personal transition from career focussed to family focussed, meaning I was navigating my own personal systems and which ones no longer applied. It's been tough, raw and rewarding. Still lonely as hell, but it's slowly getting better.

”

Fathering in isolation

Along with one in four fathers reporting poor physical and/or mental health in the first year of fatherhood, we also found that almost one-in-five (18.7%) fathers said they felt more isolated or lonely since becoming a father (i.e., 'very true' or 'completely true').

In their own words, fathers pointed to several converging forces behind their growing isolation. Time was the most immediate: fatherhood compressed the hours available for maintaining friendships to the point where many simply lapsed. But the rupture was not only logistical. If men transitioned to parenthood out of sync with their peers, the gap in shared experience could feel unbridgeable – less a matter of scheduling than of suddenly having little common ground.

Even among those who maintained social contact, many described an unspoken pressure to present as fine, keeping interactions light and untouched by the harder realities of early fatherhood.

“No one understands the struggle which leads to feeling alone. All your friends are going through their own pains. It's hard to bring up your own issues.”



FATHERHOOD AS FUEL FOR HEALTH

“I was employed as a police officer for 15 years. My children were born halfway through that. I developed severe PTSD, MDD [major depressive disorder], and alcohol use disorder. It made me see the issues in myself and how it affected my family. It made me more aware of how my behaviours affect my children and how I can be a better father and husband.”

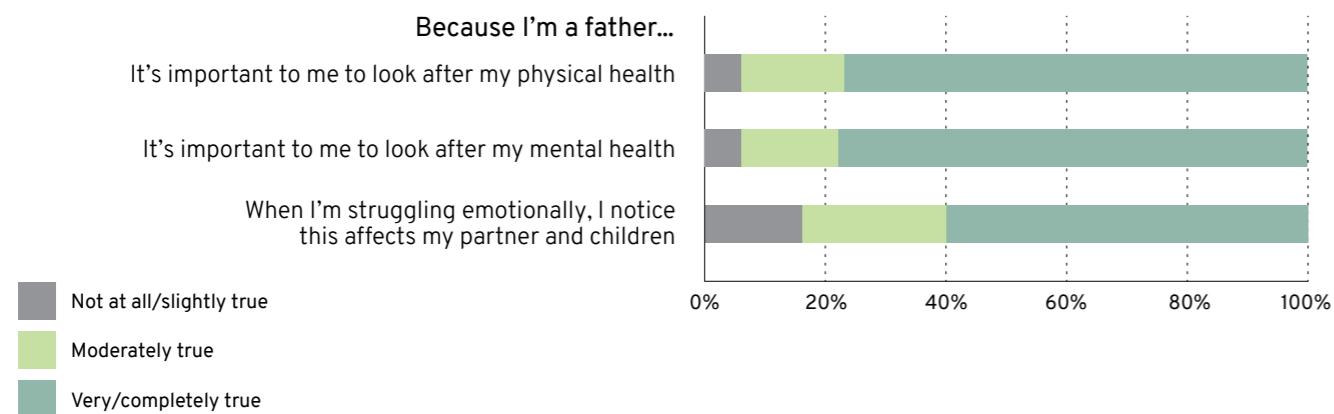
New fatherhood is clearly a time of significant health challenges for many fathers. Yet our findings also suggest that despite the struggle, becoming a dad may be a powerful motivator for health-related behaviour change. Almost half (44%) of fathers reported having a health check-up since becoming a dad that they might otherwise have skipped.

More striking still, over three quarters agreed that fatherhood had highlighted the importance of looking after both their physical (77.1%) and mental health (78.4%; see Figure 6 below).

Our fathers also recognised the potential ripple effects of their poor health for their families. Over 60% of dads identified that when they're struggling emotionally, they notice this affects their partner and child(ren).

There is a crucial opportunity here: many fathers struggle when adjusting to parenthood, yet they are more motivated than ever to look after their health for the benefit of their families. This highlights the critical role the health system can play in supporting new dads.

Figure 6. The importance of physical and mental health in new fathers.



MIXED EXPERIENCES OF HEALTH SERVICES

Recognising that fatherhood presents a clear opportunity to lever health promotion in new dads, we asked fathers to reflect on their health service experiences in the lead-up to the birth of their first child, and the 12-months afterwards. Our data paints a complex picture. Whilst dads felt involved in conversations and decision-making in the lead-up to fatherhood, it seems a critical question goes overlooked: most (59%) dads said they were never asked about their mental health or how they were coping.

“Lack of sleep, time to myself, talking about nothing but baby appointments, size, weight, all the milestones, doctors, midwives, people coming and going with the focus being the baby... but no one ever asked about me. I worry about my wife and her coping, while still going to work and managing a household.”

Missed opportunities to engage fathers when it counts

Overall, we found that most dads reflected positively on the extent to which health practitioners engaged them during their partners’ pregnancy and after childbirth. 64% of fathers agreed that they felt included in conversations and decisions; 61% agreed that they felt recognised as an important parent (see Figure 7 opposite).

However, when fathers went deeper and assessed their interactions with health professionals across the four dimensions in Figure 7, responses became progressively less positive as the items moved from passive inclusion toward active, father-specific support. While most fathers agreed that they felt included, only 39% agreed that health professionals made a clear effort to prepare them for the transition to fatherhood.

“As a man you have no one to turn to for help when the family is looking at you asking for help.”

Almost three in five fathers (59%) said no health professional asked about their mental health or coping either during pregnancy or in the 12 months following the birth of their first child. This means for the majority of fathers, a critical opportunity for the identification of mental health challenges may be going unassessed (see Figure 8 opposite).

Vulnerable dads are less likely to be asked about mental health.

Fathers under financial strain were almost twice as likely to say no health professional asked about their mental health at any point across the transition to fatherhood (i.e., neither during pregnancy, nor the first 12 months of fatherhood). This result held regardless of other demographic factors⁴.

Figure 7. Health service experiences in the lead-up to fatherhood.

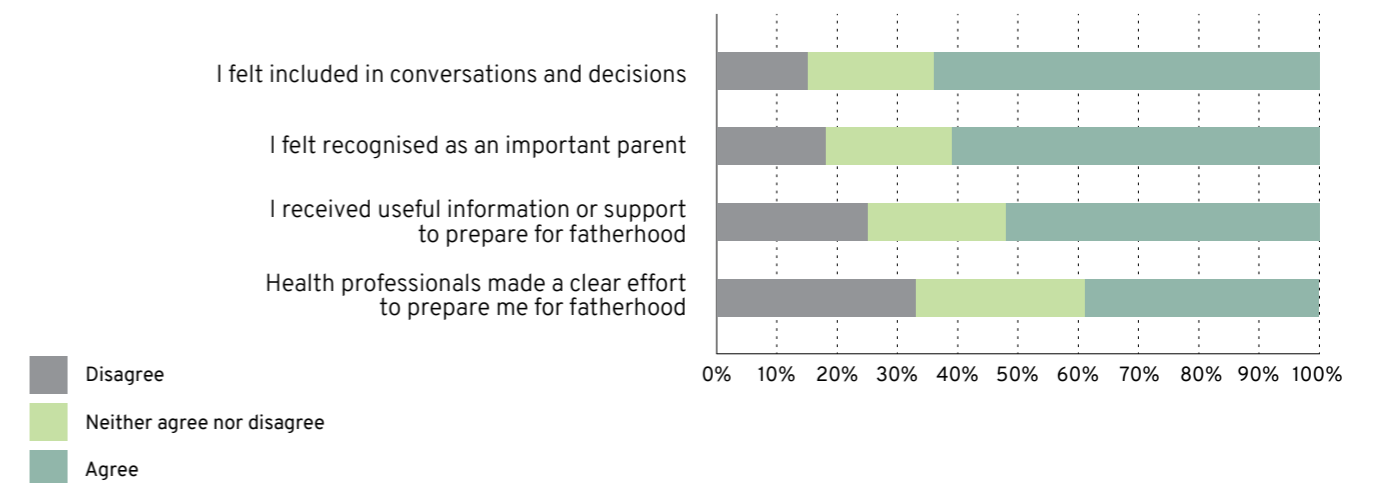
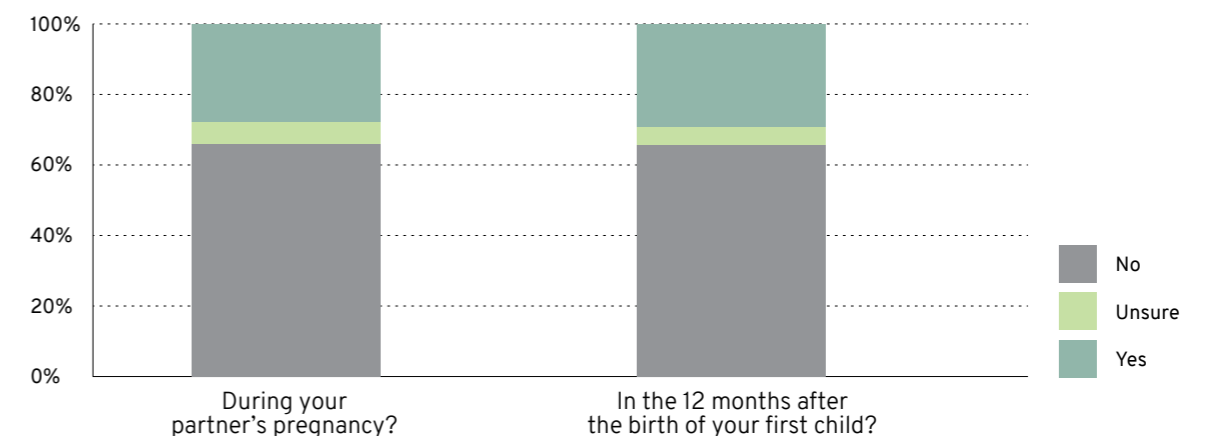


Figure 8. Assessment of perinatal fathers’ mental health and coping.

Did any health professional ask you about your mental health or how you were coping...



4. Based on logistic regression analyses of a binary variable coded 1 if men responded ‘no’ to being asked about mental health both during pregnancy and during their first year of fatherhood. Odds ratio for not being asked at all = 1.9 [1.4, 2.8], adjusting for age, whether men had a health condition, education level, relationship status, identification as Aboriginal or Torres Strait Islander, number of children, and region of residence.

What Next?

The case for better supporting fathers during the transition to parenthood extends well beyond individual men. Paternal mental and physical health is deeply interconnected with relationship quality, partner wellbeing, and children's developmental outcomes. Supporting fathers is therefore integral to improving the health and wellbeing of partners and children. The findings in this report make clear that key avenues of support for new fathers may be going unaddressed.

WE NEED ROUTINE, HOLISTIC ASSESSMENT OF MENTAL HEALTH AMONG NEW FATHERS

Our findings bring to light the challenges facing fathers in the early years of fatherhood. A significant subgroup report poor physical and mental health, compounded by social isolation and financial difficulty. Amidst these levels of distress among dads in the community, three in five fathers also reported that no health professional asked about their mental health in the lead-up to, or in the 12 months following, the birth of their child. This is a gap in care we can and must fix.

There is a clear need for routine, holistic health screening among new fathers to ensure the dads at risk are identified and directed to appropriate supports. This should encompass assessment not only of new fathers' physical and mental health, but also include inquiry about risk factors for poor health – including financial strain and relationship problems.

WE NEED TO EQUIP THE WORKFORCE WITH THE SKILLS AND CONFIDENCE TO ENGAGE WITH FATHERS

A health system capable of responding to the needs, challenges, and cultural realities facing new fathers represents one of the most promising levers for improving men's health outcomes – and the health of their families in turn. Positive healthcare experiences during the transition to fatherhood, one of the most significant of a man's life, can establish a foundation for ongoing engagement with care that does not currently exist for most men, setting them up for better health well beyond early fatherhood.

We need to equip the health workforce (across primary and perinatal care) with the skills needed to engage new fathers effectively. The literature shows capacities here may be limited – practitioners may be aware of the importance of supporting new fathers but lack the systemic professional development and training to do so¹⁹.

Movember's Men in Mind training has demonstrable efficacy at improving confidence and competency among mental health practitioners to engage and respond to help-seeking men²². There is an opportunity to expand this professional development to the perinatal workforce to ensure practitioners are equipped to support both mothers and fathers.

WE NEED TO EXPAND COMMUNITY CONNECTION INITIATIVES FOR NEW FATHERS

Almost one in five fathers identified social isolation as a key challenge since becoming a father – even more among non-partnered dads. New dads clearly battle with challenges identifying their role, learning as they go, often reworking inherited models of fatherhood without adequate support around them.

We need targeted responses to reach and effectively respond to new dads in community settings to promote social and emotional wellbeing, encourage them to access health care when they need it, and support the journey into parenthood. Peer support is a particularly powerful vehicle for achieving this by reducing isolation, normalising help-seeking, and enabling new dads to learn alongside one another. It is also a likely by-product of community programs even if they aren't exclusively designed for this purpose.

There is a clear opportunity to fund and scale low-cost community fatherhood health programs that have highly promising or demonstrated effectiveness on the ground in Australian communities. Examples include Tuning into Kids, Daughters & Dads Active & Empowered, Healthy Youngsters Healthy Dads, Working out Dads, the Incredible Years Parenting Program. Dads Group also leads the charge in Australia, convening programs, community events, workplace initiatives, research and partnerships all designed to help dads, dad better.

WE HAVE A VISION FOR CHANGE

To drive this forward, Movember will be convening key stakeholders across the fatherhood, health, and policy sectors to develop a practical implementation pathway to advocate for better support for the health of new fathers. This collaborative process will bring together researchers, clinicians, lived experience and community advocates, and service providers to identify the gaps and lay a groundwork for change.



Conclusion

Our findings suggest Australian fathers are connecting more deeply and deliberately with their children than the generations before them. For many, becoming a dad has been genuinely transformative: a catalyst for growth, a reason to reflect, and a motivation to look after their own health in ways they might not have otherwise.

Dads clearly want to be the best versions of themselves, and for many, fatherhood is already helping them get there. Yet a significant proportion are struggling with poor health, financial stress, and social isolation, most often doing so unseen by the systems that could help. The perinatal period represents a rare and time-limited window in which many men are motivated, present, and reachable. But shifting the dial will require more than individual intention. It demands a shift in societal attitudes and genuine policy support. Because a healthy, involved dad is better for him, for his partner, and for his kids.



References

1. Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis. *Journal of Affective Disorders*, 206, 189-203. <https://doi.org/10.1016/j.jad.2016.07.044>
2. Giallo, R., D'Esposito, F., Christensen, D., Mensah, F., Cooklin, A., Wade, C., ... & Nicholson, J. M. (2012). Father mental health during the early parenting period: results of an Australian population based longitudinal study. *Social Psychiatry and Psychiatric Epidemiology*, 47(12), 1907-1916. <https://doi.org/10.1007/s00127-012-0510-0>
3. O'Connor, E. J., Zajac, I. T., Brindal, E., & Kakoschke, N. (2025). Transitioning to fatherhood: Prospective effects of wellbeing on future depression symptoms. *Journal of Affective Disorders*, 371, 147-155. <https://doi.org/10.1016/j.jad.2024.10.102>
4. Australian Institute of Family Studies. (2025). Health outcomes and health service usage among first-time fathers. Ten to Men Insights Report. Australian Institute of Family Studies. <https://aifs.gov.au/tentomen/insights-report/health-outcomes-and-health-service-usage-among-first-time-fathers>
5. Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *JAMA*, 303(19), 1961-1969. <https://doi.org/10.1001/jama.2010.605>
6. Ramchandani, P. G., Psychogiou, L., Vlachos, H., Iles, J., Sethna, V., Netsi, E., & Lodder, A. (2011). Paternal depression: an examination of its links with father, child and family functioning in the postnatal period. *Depression and Anxiety*, 28(6), 471-477. <https://doi.org/10.1002/da.20814>
7. Sethna, V., Murray, L., Netsi, E., Psychogiou, L., & Ramchandani, P. G. (2015). Paternal depression in the postnatal period and early father-infant interactions. *Parenting*, 15(1), 1-8. <https://doi.org/10.1080/15295192.2015.992732>
8. Schoppe Sullivan, S. J., & Fagan, J. (2020). The evolution of fathering research in the 21st century: Persistent challenges, new directions. *Journal of Marriage and Family*, 82(1), 175-197. <https://doi.org/10.1111/jomf.12645>
9. Livingston, G., & Parker, K. (2019). 8 facts about American dads. Pew Research Centre. <https://www.pewresearch.org/short-reads/2019/06/12/fathers-day-facts/>
10. Mancini, V., & Nevill, T. (2023). State of the world's fathers: Australia 2023. The Fathering Project; Telethon Kids Institute.
11. Wells, M., Mitra, D., & Flanagan, K. (2015). State of Australia's fathers. Save the Children Australia.
12. Petts, R. J., Shafer, K. M., & Essig, L. (2018). Does adherence to masculine norms shape fathering behavior? *Journal of Marriage and Family*, 80(3), 704-720. <https://doi.org/10.1111/jomf.12476>
13. Rominov, H., Giallo, R., Pilkington, P. D., & Whelan, T. A. (2018). "Getting help for yourself is a way of helping your baby:" Fathers' experiences of support for mental health and parenting in the perinatal period. *Psychology of Men & Masculinity*, 19(3), 457-468. <https://doi.org/10.1037/men0000103>
14. Garfield, C. F., Fisher, S. D., Barretto, D., Rutsohn, J., & Isacco, A. (2019). Development and validation of a father involvement in health measure. *Psychology of Men & Masculinities*, 20(1), 148-160. <https://doi.org/10.1037/men0000144>
15. Mancinelli, E., & Filippi, B. (2025). Help-seeking in perinatal fathers: a scoping review of needs, barriers, facilitators, and access to support. *EClinicalMedicine*, 89. <https://doi.org/10.1016/j.eclinm.2025.103512>
16. Wynter, K., Di Manno, L., Watkins, V., Rasmussen, B., & Macdonald, J. A. (2021). Midwives' experiences of father participation in maternity care at a large metropolitan health service in Australia. *Midwifery*, 101, 103046. <https://doi.org/10.1016/j.midw.2021.103046>
17. Hodgson, S., Painter, J., Kilby, L., & Hirst, J. (2021). The Experiences of First-Time Fathers in Perinatal Services: Present but Invisible. *Healthcare*, 9(2), 161. <https://doi.org/10.3390/healthcare9020161>
18. Watkins, V., Kavanagh, S. A., Macdonald, J. A., Rasmussen, B., Maindal, H. T., Hosking, S., & Wynter, K. (2024). "I always felt like I wasn't supposed to be there". An international qualitative study of fathers' engagement in family healthcare during transition to fatherhood. *Midwifery*, 130, 103928. <https://doi.org/10.1016/j.midw.2024.103928>
19. Wynter, K., Mansour, K. A., Forbes, F., & Macdonald, J. A. (2024). Barriers and opportunities for health service access among fathers: A review of empirical evidence. *Health Promotion Journal of Australia*, 35(4), 891-910. <https://doi.org/10.1002/hpja.846>
20. Copland, F. S., & Hunter, S. C. (2025). Paternal perinatal mental health support: fathers' perspectives on barriers, facilitators, and preferences. *Discover Mental Health*, 5(1), 39. <https://doi.org/10.1007/s44192-025-00165-x>
21. Australian Bureau of Statistics. (2018). Self-assessed health status, 2017-18 financial year. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/self-assessed-health-status/latest-release>
22. Seidler, Z. E., Wilson, M. J., Benakovic, R., Mackinnon, A., Oliffe, J. L., Ogroniczuk, J. S., Kealy, D., Owen, J., Pirkis, J., Mihalopoulos, C., Le, L. K.-D., & Rice, S. M. (2024). A randomized wait-list controlled trial of Men in Mind: Enhancing mental health practitioners' self-rated clinical competencies to work with men. *American Psychologist*, 79(3), 423-436. <https://doi.org/10.1037/amp0001242>



More Than a Provider

AUSTRALIAN FATHERS ON HEALTH, IDENTITY,
AND EXPERIENCES OF PARENTHOOD



MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH