Nursing Frontiers Research and Practice
2026.Vol. 1, No 2, (92-101)
https://doi.org/10.35730/efwbw737

Patriarchal Parenting and the Father's Role (Fatherlessness) in the Rasimah Ahmad Community Health Center (Puskesmas) Service Area, Tengah Sawah

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Type of article: Original Article

ARTICLE INFORMATION

Received: mm dd, yyyy
Revised: mm dd, yyyy
Accepted: mm dd, yyyy
Available online: mm dd, yyyy

KEYWORDS

Father, fatherlessness, parenting, patriarchy, role

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ABSTRACT

The phenomenon of fatherlessness refers to limited father involvement in children's lives and upbringing, which may affect their psychological, emotional, and social well-being, as well as family functioning. In psychiatric and family nursing, father involvement is an important aspect in supporting children's psycological well-being and family harmony. One factor thought to be associated with father involvement is patriarchal parenting, which positions fathers primarily as breadwinners and heads of the family, while childcare is largely considered the responsibility of mothers. This study aimed to determine the relationship between patriarchal parenting and father's role (fatherlessness) in the working area of Rasimah Ahmad Tengah Sawah Public Health Center in 2026. This study employed a quantitative method with a cross-sectional design. The population consisted of 2,017 fathers, with a sample of 334 respondents selected using purposive sampling. Data were collected using the Parental Authority Questionnaire (PAQ) to measure patriarchal parenting and the Inventory of Father Involvement (IFI) to measure father's role. Data were analyzed using univariate and bivariate analyses with the Spearman Rho test. The results showed that patriarchal parenting was categorized as low in 15 respondents (4.5%), moderate in 197 respondents (59.0%), and high in 122 respondents (36.5%). Father's role was categorized as low in 16 respondents (4.8%), moderate in 156 respondents (46.7%), and high in 162 respondents (48.5%). The Spearman Rho test showed a p-value of 0.000 ($p<0.05$) with a correlation coefficient of $r=0.333$, indicating a statistically significant relationship with a weak correlation, and the higher the level of patriarchal parenting, the more fatherless the father becomes. Nurses are expected to provide family education and counseling regarding the importance of father involvement in childcare and encourage a balanced division of roles between fathers and mothers to support mental health and family functioning.

INTRODUCTION

The role of a father is crucial to a child's growth and development, extending beyond merely meeting the family's economic needs to include providing affection, attention, emotional support, education, and guidance (1). However, a father's involvement in child-rearing can be influenced by the social and cultural values prevalent within the family (2). Patriarchal culture positions men as breadwinners and holders of family authority, while women are largely cast as the primary caregivers (3). Such rigid gender role divisions can limit a father's involvement in parenting and emotional interaction with his child, potentially leading to a state of "fatherlessness", the absence of the father's role, whether physically or psychologically, in the child's life (4).

In the digital era, a father's involvement is defined not merely by physical presence but also by the quality of communication and interaction established with his child (5). Fathers living apart from their families can still fulfill their roles through regular communication and emotional support (1). Conversely, a father who lives with his child but remains disengaged from communication and parenting may cause the child to experience a sense of psychological paternal absence (4). Therefore, paternal involvement should be understood as an integral part of the emotional and communicative dynamics within the family (6).

The phenomenon of "fatherlessness" has drawn attention because a lack of paternal involvement can impact on a child's psychological, social, and emotional development (4). Data cited in the thesis includes a UNICEF analysis revealing that 55% of children aged 3–4 across 74 countries do not engage in play or early learning activities with their fathers (7). At the national level, approximately 20–25% of children experience a lack of paternal involvement in their upbringing (7). Meanwhile, data from the 2025 Family Data Update, reported by ValoraNews, indicates that the rate of fatherlessness in Indonesia stands at 25.8% (8). In West Sumatra Province, the rate reaches 28.5% (8). These figures underscore the importance of focusing on paternal involvement in child-rearing (9).

The impact of a lack of father's involvement can be linked to a child's psychological well-being and social skills (4). Research on father absence indicates associations with mental health issues, difficulties in forming interpersonal relationships, and challenges in psychosocial development (4). Therefore, father involvement is crucial not only for meeting a child's basic needs but also for providing emotional support and aiding the child's developmental process (1).

In the field of nursing, particularly family nursing and mental health, father involvement is an aspect that warrants attention within promotive and preventive efforts (10). Nurses can provide education on healthy parenting styles, effective parent-child communication, and the importance of a balanced division of caregiving responsibilities (11). These efforts can be implemented through health education, family counseling, parenting classes, and family health service activities that directly involve fathers (12).

A preliminary study conducted by researchers in the service area of the Rasimah Ahmad Community Health Center (Puskesmas) in Tengah Sawah identified 2,017 households. Furthermore, divorce data cited in the study indicate 669 cases in 2024, rising to 726 cases in 2025. These conditions highlight the need to focus on family functioning and paternal involvement in child-rearing. However, divorce statistics do not directly reflect the prevalence of "fatherlessness," and there is currently no definitive data regarding the lack of paternal involvement in parenting within the city of Bukittinggi. Therefore, research is required to gain insight into the role of fathers and its relationship with patriarchal parenting experiences in the study area.

Patriarchal parenting can shape understandings regarding the division of roles between men and women within the family (3). When a father focuses primarily on his role as the breadwinner and decision maker, his involvement in daily child-rearing and his emotional closeness to his children may be limited (13). Social Role Theory explains that societal expectations regarding male and female roles can influence family behavior, while father involvement theory emphasizes the importance of direct interaction, availability, and paternal

responsibility in parenting (14). Together, these perspectives provide a basis for examining the relationship between a patriarchal parenting background and the father's role (15).

Although the phenomenon of "fatherlessness" and the issue of father involvement have been addressed in various studies, empirical evidence is still needed regarding the relationship between a history of patriarchal parenting and the role of fathers within the service area of the Rasimah Ahmad Tengah Sawah Community Health Center (Puskesmas). Limited local data on father involvement also underscores the importance of examining these two variables. The findings of this study are expected to contribute to the advancement of family nursing and mental health knowledge, as well as serve as a basis for developing family education programs that encourage father involvement in child-rearing.

Based on the foregoing, this study aims to determine the distribution of patriarchal parenting backgrounds and the distribution of father roles (specifically regarding "fatherlessness"), as well as the relationship between patriarchal parenting backgrounds and father roles within the service area of the Rasimah Ahmad Tengah Sawah Community Health Center in 2026.

METHOD

This study employs a quantitative method with a descriptive-correlational design and a cross-sectional approach. This design is used to examine the relationship between a history of patriarchal parenting (as the independent variable) and the father's role, specifically the absence of a father figure or "fatherlessness" (as the dependent variable). Measurements of both variables were conducted during the same period without administering any interventions to the respondents. The study was carried out from December 2025 to September 2026 within the service area of the Rasimah Ahmad Community Health Center (Puskesmas) in Tengah Sawah, Bukittinggi City.

The population for this study consisted of 2,017 fathers residing in the service area of the Rasimah Ahmad Tengah Sawah Community Health Center (Puskesmas). The sample size was determined using Slovin's formula with a 5% margin of error, resulting in a total of 334 respondents. Sampling was conducted using a purposive sampling technique, wherein respondents were selected based on established criteria. Inclusion criteria comprised fathers who had unmarried children, were capable of effective communication, and were willing to participate and sign the informed consent form. Exclusion criteria included respondents who were unable to communicate effectively or failed to complete the questionnaire fully.

Data collection was conducted using a questionnaire comprising a respondent characteristics sheet, the Parental Authority Questionnaire (PAQ), and the Inventory of Father Involvement (IFI). The PAQ was used to measure the history of patriarchal parenting and consisted of 12 items, while the IFI was used to measure paternal involvement in parenting and consisted of 11 items. The PAQ was adapted from an instrument developed by Buri—based on Baumrind's parenting style theory—and had previously been adapted by Darmagita and Susanto (16). Meanwhile, the IFI was developed by Hawkins et al. (17). Both instruments utilized a five-point Likert scale, ranging from "strongly disagree" to "strongly agree." Item scores were summed—following the reverse scoring of negative statements—and subsequently categorized as low,

moderate, or high. According to the thesis, the reported validity coefficients were 0.78 for the PAQ and 0.83 for the IFI, while the reliability coefficients were 0.81 and 0.95, respectively.

The data collection procedure began with obtaining research permits and preparing the instruments. Respondents were selected based on the study's criteria and were then briefed on the research objectives, procedures, and their rights as participants. Those willing to participate were asked to sign an informed consent form. Subsequently, respondents completed the questionnaires independently, with researcher assistance available to clarify questions if needed. The collected questionnaires were checked for completeness and clarity of responses prior to data processing.

The conduct of the research adhered to ethical principles, including informed consent, anonymity, data confidentiality, fairness, respondent autonomy, beneficence, and non-maleficence. Respondent participation was voluntary, respondent identities were not disclosed in the reporting, and the confidentiality of the data obtained was maintained.

Data processing involved the stages of editing, coding, data entry, data cleaning, and tabulation. Processing was carried out using Microsoft Excel and SPSS software. Univariate analysis was employed to describe the frequency distributions and percentages of respondent characteristics, patriarchal parenting, and the father's role (fatherlessness). Bivariate analysis was conducted using the Spearman Rho correlation test to determine the direction, strength, and significance of the relationship between the two ordinal-scale variables. The significance level was set at 0.05, with a p-value ≤ 0.05 indicating a statistically significant relationship.

RESULT AND DISCUSSION

Table 1. Demographic Characteristics of Respondents (n=334)

Age	Mean	Median	Modus	Std. Deviation	Min	Max	Range
334	**34.87**	**35**	**35**	**4.158**	**25**	**44**	**19**

Last education	**Frequency**	**%**
Elementary School	20	6,0
Junior High School	81	24,3
Senior High School	188	56,3
Higher Education	45	13,5
Work		
Workshop Worker	16	4,8
Laborer	18	5,4
Day Laborer	1	0,3
Teacher	19	5,7
Shop Employee	15	4,5
Motorcycle Taxi Driver	26	7,8
Trader/Merchant	53	15,9
Shop Staff	6	1,8
Nurse	4	1,2
Civil Servant	23	6,9
Security Guard	4	1,2
Driver	21	6,3
Tradesperson/Handyman	6	1,8
Self-employed/Entrepreneur	122	36,5

Income		
Half of the Minimum Wage (UMR/UMP)	32	9,6
Above half of the Minimum Wage (UMR/UMP)	197	59,0
Above the Minimum Wage (UMR/UMP) up to twice the Minimum Wage (UMR/UMP)	105	31,4
Number of children		
1	144	43,1
2	190	56,9
Total	**334**	**100,0**

Table 1 shows that the mean age of the respondents is 34.87 years, with a median of 35 years. This indicates that most respondents fall within the adult age group. The mode of 35 years reveals that this is the most frequently occurring age in the data.

Table 1 shows that more than half of the respondents in this study (188 individuals, or 56.3%) had a high school education as their highest level of schooling, indicating that this educational background was predominant among the participants. The majority of respondents were self-employed (122 individuals, or 36.5%). Regarding income, more than half of the respondents (197 individuals, or 59.0%) earned an income exceeding half of the regional minimum wage (UMR/UMP), more than half of the respondents 190 individuals (56.9%) have two children.

Table 2. Frequency Distribution of Patriarchal Parenting (n=334)

Patriarchal Parenting	Frequency	%
Low	15	4,5
Medium	197	59,0
High	122	36,5
Total	**334**	**100,0**

Based on Table 2, it is evident that more than half of the respondents (59.0%) exhibit a moderate level of patriarchal parenting.

Table 3. Frequency Distribution of the Father's Role (n=334)

The Role of a Father	Frequency	%
Low	16	4,8
Medium	156	46,7
High	162	48,5
Total	**334**	**100,0**

Based on Table 3, the most frequently observed category for the father's role is the "high" category, comprising 162 respondents (48.5%).

Table 4. The Relationship Between Patriarchal Parenting and the Father's Role (Fatherlessness)

Pengasuhan Patriarki	Peran Ayah Rendah n (%)	Peran Ayah Sedang n (%)	Peran Ayah Tinggi n (%)	Total n (%)	r	p-value
Rendah	0 (0,0)	5 (33,3)	10 (66,7)	15 (100,0)		
Sedang	11 (5,6)	126 (64,0)	60 (30,5)	197 (100,0)	**0,333**	**0,000**
Tinggi	5 (4,1)	25 (20,5)	92 (75,4)	122 (100,0)		
Total	**16 (4,8)**	**156 (46,7)**	**162 (48,5%)**	**334 (100,0)**		

Based on Table 4, among the 334 respondents, those experiencing low patriarchal parenting included 0 (0.0%) with a low father role, 5 (33.3%) with a moderate father role, and 10 (66.7%) with a high father role. Among the 197 respondents experiencing moderate patriarchal parenting, 11 (5.6%) had a low father role, 126 (64.0%) had a moderate father role, and 60 (30.5%) had a high father role. Among the 122 respondents experiencing high patriarchal parenting, 5 (4.1%) had a low father role, 25 (20.5%) had a moderate father role, and 92 (75.4%) had a high father role.

The Spearman test yielded a p-value of 0.000 ($p < 0.05$); thus, it can be concluded that there is a significant relationship between patriarchal parenting and the father role. Furthermore, the correlation strength between the research variables was found to be weak, as evidenced by an r-value of 0.333, indicating a positive direction with a weak relationship strength.

DISCUSSION

Patriarchal Parenting

The study results, based on 334 respondents, indicate that the majority experienced a moderate level of patriarchal parenting (197 respondents or 59.0%), followed by the high category (122 respondents or 36.5%) and the low category (15 respondents or 4.5%). These findings demonstrate that parenting experiences associated with traditional gender values and role divisions are still present among the respondents, albeit at varying levels (3). Patriarchal parenting can shape how individuals perceive familial authority, the responsibilities of men and women, and the extent of paternal involvement in child-rearing (13).

These findings can be explained through Social Role Theory, which posits that individual behavior is linked to social norms and expectations regarding male and female roles (14). In families with rigid gender role divisions, men tend to be positioned as leaders and breadwinners, whereas women are more often directed toward caregiving responsibilities and domestic tasks (3). These values may persist as individuals form their own families and assume the role of a father (15).

The Role of the Father (Fatherlessness)

The research results indicate that 162 respondents (48.5%) fell into the high father-role category, 156 respondents (46.7%) into the moderate category, and 16 respondents (4.8%) into the low category. The high category had the highest frequency, although it did not account for more than half of the respondents. These results should be interpreted in light of the operational definitions and the scoring direction of the instrument used in the study.

Father involvement extends beyond merely meeting economic needs; it encompasses direct interaction, the availability of time, responsibility, communication, and emotional support for the child (1). Consequently, a father's physical presence does not necessarily reflect the quality of his involvement in the child's life (11). Assessing a father's role requires considering his engagement in caregiving, education, guidance, and the fulfillment of the child's emotional needs (17).

The Relationship Between Patriarchal Parenting and the Father's Role (Fatherlessness)

Bivariate analysis of 334 respondents revealed a significant relationship between a history of patriarchal parenting and the father's role (specifically regarding "fatherlessness"), with a Spearman correlation coefficient of $r = 0.333$ and a significance value of $p < 0.001$. These results indicate a positive relationship with a weak correlation strength. Thus, the alternative hypothesis positing a relationship between the history of patriarchal parenting and the father's role is supported by the statistical analysis. However, the weak correlation strength suggests that the relationship between the two variables is not strong enough to explain the full variation in the father's role within the family (18).

Based on the cross-tabulation, the low-patriarchy parenting group included 10 respondents (66.7%) in the high father-role category. In the moderate-patriarchy parenting group, the majority of respondents—126 individuals (64.0%) fell into the moderate father-role category. Meanwhile, in the high-patriarchy parenting group, 92 respondents (75.4%) were in the high father-role category. This pattern indicates that a shift in the patriarchy parenting category is not always consistently accompanied by a shift in the father-role category. This may explain why, although the relationship between the two variables is statistically significant, the strength of the correlation is classified as weak.

The results of this study align with research conducted by Zahra and Fikry involving 97 fathers who ran home-based businesses in Bukittinggi (19). That study found a significant negative relationship between masculine ideology and father involvement, with a correlation coefficient of $r = -0.380$ ($p < 0.001$) (19). These findings indicate that the stronger the traditional masculine ideology, the lower the level of father involvement in child-rearing (19). These results support the understanding that values and views regarding gender roles are linked to father involvement in their children's lives (19).

Research by Dannisworo and Amalia involving 371 fathers with children aged 0–12 in the Greater Jakarta area (Jabodetabek) also found that gender ideology is associated with father involvement, with a coefficient of $\beta = 0.104$ ($p < 0.05$) (20). The study further identified psychological well-being and time spent with children as aspects linked to father involvement (20). These findings demonstrate that the father's role is associated not only with views on the division of gender roles but also with psychological well-being and opportunities for interaction with the child (20).

Theoretically, the findings of this study can be explained through Social Role Theory, Father Involvement Theory, and Family Systems Theory (14). Social Role Theory posits that societal expectations regarding male and female roles shape individual behavior within the family (13). Father Involvement Theory emphasizes paternal engagement through direct interaction, availability, and responsibility toward the child (17). Meanwhile, Family Systems Theory views the family as a system in which members interact with and influence one another (6). Together, these three perspectives help explain that while past caregiving experiences may be linked to current paternal roles, father involvement is also associated with family conditions and the social environment (6).

The researchers hypothesize that the weak association between a history of patriarchal parenting and the father role may stem from the fact that paternal involvement is a multidimensional construct. While childhood

parenting experiences shape an individual's understanding of the division of tasks and responsibilities within the family, they do not entirely dictate his behavior as a father. Factors such as work demands, time availability, economic conditions, parenting knowledge, and the relationship between the father and mother also play a role in how the father role is enacted. Thus, patriarchal parenting can be understood as one aspect related to the father role, rather than the sole determinant of paternal involvement in the family.

Research Implications and Contributions

The findings of this study have implications for family nursing and mental health nursing practice, particularly regarding promotive and preventive efforts to enhance paternal involvement (10). Nurses need to consider parenting patterns and role distribution within the family, while also providing education on parent-child communication, emotional support, guidance, and a more balanced sharing of caregiving responsibilities (11). Such education can be delivered through family counseling, parenting classes, integrated health posts (Posyandu), and health promotion activities at community health centers (Puskesmas) (12).

This study contributes empirical evidence regarding the relationship between a history of patriarchal parenting and the father's role within the service area of the Rasimah Ahmad Tengah Sawah Community Health Center. The results reveal a significant relationship, albeit one with a weak correlation. These findings support the view that parenting values and experiences are linked to the father's role, while also highlighting the need to consider other aspects of family life. Consequently, this study can serve as baseline data for developing family nursing research focused on father involvement and parenting patterns that are more responsive to children's needs.

For community health centers, these research findings can serve as a basis for developing family education programs that directly involve fathers, rather than just mothers (10). Educational content could cover the importance of open communication, the expression of affection, support with learning, involvement in children's activities, and the fulfillment of emotional needs (13). For families, a more balanced sharing of parenting responsibilities can be encouraged through cooperation between fathers and mothers (13). For educational institutions and policymakers, the findings can provide input for developing inclusive parenting programs that do not limit the father's role solely to economic functions (9).

Research Limitations and Recommendations

This study has several limitations. First, data collection relied on questionnaires; consequently, the results depend on respondents' answers and perceptions and are potentially influenced by a tendency to provide socially desirable responses. Second, work activities and family responsibilities may have limited the time respondents had to complete the questionnaire. Third, the cross-sectional design captures the relationship between the two variables at a single point in time, precluding the determination of a causal relationship. Fourth, the study focuses exclusively on patriarchal parenting and the father's role, while other factors—such as employment, education, economic status, number of children, quality of the couple's relationship, and social support, were not specifically analyzed.

Based on the study's findings and limitations, it is recommended that nurses involve fathers in parenting education and family health promotion, including through parenting classes, counseling, and integrated health

post (Posyandu) activities. Community health centers (Puskesmas) can provide practical educational materials covering positive communication, emotional support, and paternal involvement in children's daily activities. Future research should incorporate additional variables related to father involvement and employ longitudinal designs or qualitative approaches to gain a deeper understanding of fathers' experiences, parenting barriers, and the division of responsibilities within the family.

CONCLUSION

Based on a study of 334 respondents in the service area of the Rasimah Ahmad Tengah Sawah Community Health Center in 2026, it can be concluded that the majority of respondents (197 or 59.0%) fell into the moderate category regarding their history of patriarchal parenting. Regarding the father's role (specifically concerning "fatherlessness"), the high category showed the highest frequency (162 respondents or 48.5%), followed by the moderate category (156 respondents or 46.7%) and the low category (16 respondents or 4.8%). Spearman correlation analysis revealed a significant relationship between the history of patriarchal parenting and the father's role (fatherlessness), with a correlation coefficient of $r = 0.333$ and a p-value of < 0.001. This relationship was positive but weak in strength. These findings indicate that while a history of patriarchal parenting is associated with the father's role, the relationship is not strong enough to fully explain the variation in father's roles within the family. Therefore, future research should consider other factors related to father involvement such as employment, time available for children, family conditions, and the quality of the parental relationship and employ longitudinal designs or qualitative approaches to gain a deeper understanding of the father's role in child-rearing.

AUTHOR CONTRIBUTION

Sriva Marshanda: investigation, data curation, formal analysis, visualization, writing original draft, and writing review and editing. Nike Puspita Alwi: Conceptualization, methodology, supervision, validation, methodology, and writing review and editing. Vera Kurnia: Validation and writing review and editing. Muhammad Pauzi: Validation and writing review and editing.

ACKNOWLEDGEMENT

The researcher extends gratitude to the Rasimah Ahmad Tengah Sawah Community Health Center for granting permission and providing support for the conduct of this study, as well as to all respondents who willingly participated and provided the necessary information. Appreciation is also expressed to all parties who offered assistance and support throughout the research process until its completion.

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