

Paternal affection and masculinity predict parenting self-efficacy among fathers

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Research Article

Keywords: Fathers, parenting self-efficacy, masculinity, parenting affection

Posted Date: September 7th, 2025

DOI: <https://doi.org/10.21203/rs.3.rs-7530520/v1>

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Additional Declarations: The authors declare no competing interests.

Abstract

Parenting self-efficacy, individual beliefs regarding parenting skills, has far-reaching consequences for family well-being and child development. Yet how parenting self-efficacy unfolds in men remains largely unknown. Here, we focus on two important social factors that may influence parenting self-efficacy: men's recollection of affection received from their own father, and men's values regarding traditional masculinity. Using nationally representative data from Australian men ($N = 7,901$), we found that recalled paternal affection was significantly associated with greater parenting self-efficacy. Masculine norms relating to 'winning' and 'risk taking' were positively associated with greater parenting efficacy, while 'emotional control', 'violence', 'playboy', and 'power over women' were associated with lower parenting self-efficacy. To enhance their parenting self-efficacy, men may require additional support to normalise and reinforce changing expectations of fathers and which provides a foundation for their own children's parenting.

INTRODUCTION

Fatherhood has changed profoundly over the past 50 years, with men increasingly involved in pregnancy, childbirth, and infant care (Bakermans-Kranenburg et al., 2019). However, the transition to involved fatherhood is not always easy (Giallo et al., 2023). Underpinning successful adjustment are parents' beliefs or judgement about their ability to be successful in their role (Albanese et al., 2019), that is, their perceived self-efficacy about parenting. These beliefs directly influence their parenting behaviours (Coleman & Karraker, 1998) and subsequently, child development (Rominov et al., 2016).

While a substantial body of evidence explains mothers' parenting self-efficacy (Glatz et al., 2024), little is known about how fathers attain or develop parenting self-efficacy. Male parenting is embedded in socio-cultural environments that include men's experiences of being raised by their fathers well as prevailing cultural identities and values about gender, family and work (Cabrera et al., 2014; Donithen & Schoppe-Sullivan, 2022). Mothers and fathers are socialised differently in preparation for their parenting roles, dependent on the values and culture of their society (Wood & Eagly, 2002). In childhood, girls are still more likely than boys to be given toys that encourage play acting the role of parent (e.g., dolls, prams) (Weisgram, 2022). Further, despite greater gender equality in caregiving and parenting, mothers still undertake most of the caregiving during the early parenting years (Baxter, 2010; Perry-Jenkins & Gerstel, 2020). Thus, mothers have more opportunities than fathers for the development and practice of parenting self-efficacy.

In this context of constrained opportunities, fathers may develop their parenting self-efficacy by drawing upon their own experiences of being fathered (Donithen & Schoppe-Sullivan, 2022). Experiences of paternal warmth are linked to men's self-esteem and well-being (Chen, 2022; Marshall et al., 2021). Similarly, there is evidence that paternal parenting practices are transmitted to their sons (Kerr & Capaldi, 2019). This evidence suggests that factors in early life may contribute to the development of fathers' parenting self-efficacy.

Another potential influence on fathers' parenting self-efficacy is their beliefs about masculinity. These are likely to influence what fathers think their role should be, and therefore their engagement in parenting tasks (Petts et al., 2018). Masculinity beliefs also tend to follow family lines, with male offspring having similar beliefs as their fathers (Perales et al., 2023). Traditionally, male gender norms represent fathers' engagement in 'provider' or 'breadwinner' tasks rather than engagement in caregiving (Baxter, 2010). Traditional masculine norms prioritise dominance, power and assertiveness, and this combination of attributes may result in less father involvement in expressive and instrumental parenting (Petts et al., 2018). As such, these norms may act as barriers to men's opportunity to gain mastery in caregiving tasks and in turn develop parenting efficacy.

Nevertheless, most men, including those who adhere to such ideals, are under increasing social expectations to perform the role of a nurturant father (Hunter et al., 2017), a disjunction that may reduce their parenting self-efficacy if they see themselves as a 'breadwinner/provider father'. However, a nuanced view of masculinities suggests that aspects of masculinities are plural and diverse and, even if traditionally based, are negotiable and adaptable (Hunter et al., 2017). This then suggests that different dimensions of masculine norms may be differentially associated with parenting self-efficacy: Related research shows that different aspects of masculinity are correlated in different ways with health outcomes and attitudes to gender (Gerdes & Levant, 2018).

In the current study, we examined how recalled experiences of paternal affection and adherence to masculinity norms are related to fathers' parenting self-efficacy in a large, nationally representative sample of Australian fathers, with two time-points of data collection. We know of no prior research investigating these important relationships to better understand fathers' parenting self-efficacy. We hypothesised that men reporting positive affection from their fathers would report higher parenting self-efficacy than those men receiving less paternal affection (H1). We also hypothesised that adherence to masculinity norms would be associated differentially with parenting self-efficacy (H2). A final exploratory hypothesis tested how associations between paternal affection and adherence to masculine norms interacted to predict fathers' parenting self-efficacy (H3). These two social factors might compound, or, one may buffer the other, to influence men's parenting self-efficacy. We also investigated father age as a factor, given that parenting self-efficacy may increase with age (Fang et al., 2021) and adherence to traditional masculinity norms is lower in older men (Herreen et al., 2021).

METHODS

Data source

Study participants were men who participated in Wave 1 and 2 of the Australian Longitudinal Study on Male Health (Ten to Men, TTM). Ten to Men was established in 2011 to examine male health and social, economic, environmental and behavioural factors that affect the length and quality of life of Australian males (Pirkis et al., 2017). It is a national longitudinal study with a stratified multi-stage cluster random sample design and oversampling in rural and regional areas. This secondary analysis was conducted in

accordance with the ethical principles of the Declaration of Helsinki. The study used anonymised data from previous research for which participants had provided informed consent. TTM was approved by the University of Melbourne Human Sciences Human Ethics Sub-Committee (HREC 1237897 and 1237376). TTM recruited a baseline national sample of approximately 16,000 men in 2013–2014, with Wave 2 in 2015–2016.

Males were included if they were resident in a private dwelling, were an Australian citizen or permanent resident and had sufficient proficiency in English to complete the questionnaire/interview. At recruitment, participants were stratified into age groups, boys aged 10–14 years, young men aged 15–17 years, and adults aged 18–55 years. In Wave 2 (2015/2016) 732 young men, and 10,339 adults participated (retention rate = 75%). Further information on the study is documented by Pirkis et al., 2016. Permission for general access to the data for this study was granted by the Australian Institute of Family Studies in 2021. In this analysis, we drew on both Wave 1 and Wave 2 of the adult age group. The analytic sample size was N = 7,901, including fathers only (i.e. our criterion was having at least one child age under 18).

Measures

Below we describe the variables used in the study and timing of measurement (Table 1).

Table 1. Timing of Measurement for Key Study Variables		
Variable	Wave 1	Wave 2
Parenting Self-Efficacy		x
Recalled Paternal Affection		x
Masculine Norms (11 subscales)	x	
Depression Severity	x	
Child Living Elsewhere	x	x
Country of Birth	x	
In a Relationship		x
Australian or Torres Strait Islander Identity	x	
Education: Year 12 Completion	x	
SEIFA	x	
Father Age	x	

Demographics. A range of participant demographics were adjusted for in the analyses to control for their potential impacts on paternal efficacy. These included: participant age at Wave 1, Aboriginal and/or Torres Strait Islander status (0 = No, 1 = Yes) (recorded at Wave 1), Country of Birth (0 = Not Australia, 1 =

Australia) (recorded at Wave 1), Year 12 completion (0 = No, 1 = Yes) (recorded at Wave 1), SEIFA Index of Relative Socio-Economic Advantage and Disadvantage at Wave 1 (from 1-100, where a higher score represents greater socio-economic advantage (Australian Bureau of Statistics, 2016)). Family demographics included participant having a child living elsewhere (other than in their household) at either Wave 1 or 2 (0 = No vs 1 = Yes), and in a relationship at Wave 2 (0 = No, 1 = Yes). Participant demographics are presented in Table 2.

Patient Health Questionnaire-9 (PHQ9). The multivariate analyses controlled for prior depression using the brief Patient Health Questionnaire (PHQ-9) at Wave 1, given it is associated with paternal affection and parenting efficacy (Junttila et al, 2015). The PHQ-9 is a brief, reliable and valid measure of depression severity (Kroenke et al., 2001). It consists of the nine criteria which can be used to screen for a DSM-IV depressive disorders diagnosis. The PHQ-9 can be used for categorisation of mild, moderate, moderately severe and severe depression, or, as a continuous variable ranging from 0 to 27 (as used in the current study). The question stem is "Over the past 2 weeks, how often have you been bothered by any of the following problems?". Four response options indicate frequency from 'not at all' to 'nearly every day'. The nine problems include lack of interest, energy, appetite, self-esteem, concentration, movement, as well as hopelessness, sleep issues and suicidal ideation. Higher scores indicate more severe depression. Internal consistency in the current study was high ($\alpha = .91$).

The Conformity to Masculine Norms Inventory-22 (CMNI-22). The CMNI was used to assess masculine norms and was recorded at Wave 1. The CMNI is a widely used tool to measure adherence to traditional western masculine norms and values across 11 domains (Mahalik et al., 2003). The CMNI-22 is a short form version of the full inventory and includes 22 items. Each item is responded to using a 4-point Likert scale from "strongly disagree" to "strongly agree". The total scale score for the CMNI-22 provides a continuous variable ranging from 0 to 66, with higher scores indicating a higher conformity to masculine norms. As the CMNI-22 measures 11 separate domains with two items per domain, each of these individual subscales can also be assessed. These include sub-scales for: winning, emotional control, risk-taking, pursuit of status, primacy of (paid) work, violence, power over women, dominance, 'playboy', self-reliance and homophobia. In line with recent research indicating differentiation between the subscales (Gerdes & Levant, 2018; Pirkis et al., 2017), subscales scores were used separately in the current study rather than the total scale score. Internal consistency for each subscale ranged from $\alpha = .40$ (pursuit of status) to $\alpha = .85$ (emotional control).

Paternal Affection Scale. The Paternal Affection scale (included in Wave 2 of the study) is a validated measure that asks about paternal emotional availability during the respondent's early years. This scale has previously been included in the National Survey of Midlife Development in the United States (MIDAS) (Brim et al., 2020). Participants first rated the relationship with their father/father-figure 'during the years when you were growing up', from 1 (poor) to 5 (excellent). A further six statements included 'he understood my problems or worries', 'I could confide in him about things that were bothering me', 'he gave me the love and affection I needed', 'he gave me time and attention when I needed it', 'he made sure I had a good upbringing', and 'he taught me about life'. Five response options ranged from '1 = strongly

disagree' to '5 = strongly agree'. As such, the scale is a recall of the respondent's relationship with their father. Internal consistency in the current study was high ($\alpha = .98$).

Fathers' Parenting Self-Efficacy. A single item was used to measure fathers' belief or judgement about their ability to be successful as a parent (recorded at Wave 2). It has previously been included as a brief measure of parenting efficacy in the Early Childhood Longitudinal Study, Birth Cohort, ECLS-B, (Andreassen & Fletcher, 2007). This item asked "Overall, as a parent, do you feel that you are....". Response options 1 and 7 indicated 'not a very good parent' and 'a very good parent'. Options 2–6 ask fathers to compare themselves to the 'average parent', such as "a well above average parent" or "a little above average parent". In the TTM dataset, 'a very good parent' was rated as 1; in the current study, the scores have been reversed such that high scores indicate high father parenting self-efficacy.

Data Analysis

Analyses were conducted in Stata 17.0 (*Stata Statistical Software*, 2021). Descriptive information for the sample demographics and the key variables of interest were calculated. Bivariate associations between study variables were quantified using Pearson's correlations. To test hypotheses 1 and 2, we ran two multiple linear regressions testing the relationships between recalled paternal affection and paternal parenting self-efficacy (Hypothesis 1), and each of the conformity to masculine norm domains and parenting self-efficacy (Hypothesis 2). These associations were first tested in an unadjusted model, such that parenting self-efficacy was regressed onto recalled paternal affection and each CMNI-22 subscale. This model was then repeated including demographic covariates (child living elsewhere, born in Australia, in a relationship, Aboriginal and/or Torres Strait Islander status, year 12 completion, SEIFA and age) and depression severity.

We then tested moderation effects in 23 separate models (Hypothesis 3). We first tested interaction effects of recalled paternal affection and each masculinity subscale (11 models) on paternal parenting self-efficacy. Next, we tested interaction effects of age and each masculinity subscale on paternal parenting self-efficacy (11 models). Finally, we tested interaction effects of age and recalled paternal affection on paternal parenting self-efficacy (1 model). Where interaction terms were significant, simple slope analyses were conducted to examine effects. The final adjusted multiple regression analysis predicting paternal parenting self-efficacy from recalled paternal affection, each CMNI-22 subscale and covariates, was repeated with significant interactions included (See Supplementary Table 3).

Missing data were handled using multiple imputation with 50 imputed datasets based on a multivariate normal model (Lee & Carlin, 2010) and combined using Rubin's rules (Rubin, 1987). All study variables and interaction terms described above were included in the imputation model. Binary variables were initially imputed as continuous and then back-transformed using adaptive rounding (Bernaards et al., 2007). Prior to analysis, all variables were z-score standardised to aid interpretation.

RESULTS

Fathers in the sample were largely born in Australia (74.14%), in a relationship (68.3%) and their average age was 40 years (Table 2). The average SEIFA score (Index of Relative Socio-Economic Advantage and Disadvantage) for the sample was 52.4 (indicating an average level of SES status) and 58.1% had completed Year 12 education (slightly more than in the general population in 2016 which was 51.9% (2016 ABS Census)). The average PHQ score was 4.2 indicating 'minimal' depression (scores of 5–9 are classified as 'mild' depression). Supplementary Table 1 presents bivariate associations between study variables.

Table 2. Participant Demographics and Summary Statistics (N = 7,901)			
Demographics	n	%	% missing
Australian or Torres Strait Islander Identity (Wave 1)	184	2.33	0.77
Born in Australia (Wave 1)	5858	74.14	0.39
Year 12 Completion (Wave 1)	4589	58.08	1.85
Child Living Elsewhere (either w1/w2)	830	10.50	0.57
In a Relationship (at Wave 2)	5397	68.31	28.57
	Mean	SD	
Age (Wave 1)	40.48	7.76	0.04
SEIFA (Wave 1)	52.43	27.41	0.01
Depression severity (Wave 1, 0–27))	4.19	4.62	2.54
Parenting Efficacy (Wave 2, 1–7)	5.69	1.22	24.86
Recalled Paternal Affection (Wave 2, 1–5)	3.35	0.94	25.76
Masculine Norms (subscale domains) (Wave 1, 0–6)			
Winning	2.45	1.05	1.29
Emotional control	3.17	1.33	1.05
Risk taking	2.72	1.14	1.42
Violence	2.34	1.45	1.70
Dominance	2.51	1.08	1.77
Playboy	1.47	1.29	1.47
Self-reliance	2.58	1.11	1.05
Primacy of work	2.54	1.17	1.38
Power over Women	1.29	1.01	1.34
Heterosexual self-presentation	2.93	1.54	2.18
Pursuit of status	3.31	0.99	1.65
<i>Note:</i> Demographics and summary statistics presented here are based on available case data. Percentages are of total sample (N = 7,901).			

Results for Hypotheses 1 and 2 are presented in Table 3. In the unadjusted model, higher levels of recalled affection were associated with higher parenting self-efficacy. After adjustment for covariates

and prior depression, recalled paternal affection remained significantly associated with greater parenting self-efficacy (H1). The unadjusted model also showed that almost all of the masculine norms were associated with parenting self-efficacy, although the directions of these differed (H2). In the adjusted model, only the masculine norms ‘winning’ and ‘risk taking’ were positively associated with greater parenting self-efficacy, whereas the masculine norms of ‘emotional control’, ‘violence’, ‘playboy’, and ‘power over women’ were associated with lower parenting self-efficacy. ‘Dominance’, ‘self-reliance’, and ‘pursuit of status’ were not significantly associated with parenting self-efficacy in the adjusted model.

Table 3
Multiple Regression Analyses Predicting Parenting Self-Efficacy

Predictors	Unadjusted			Adjusted		
	β	(95% CI)	p	β	(95% CI)	p
Recalled Affection	.18	(.16, .21)	< .001	.14	(.12, .17)	< .001
Winning	.03	(.01, .06)	.012	.03	(.00, .06)	.038
Emotional control	– .11	(–.13, .08)	< .001	– .11	(–.14, .09)	< .001
Risk taking	.05	(.02, .07)	< .001	.04	(.02, .07)	.001
Violence	– .04	(–.06, .01)	.003	– .04	(–.06, .01)	.006
Dominance	.04	(.01, .07)	.014	.03	(–.01, .06)	.105
Playboy	– .06	(–.09, .04)	< .001	– .05	(–.07, .02)	.001
Self-reliance	– .05	(–.08, .02)	.001	.00	(–.03, .03)	.853
Primacy of work	– .01	(–.03, .02)	.667	.00	(–.03, .02)	.798
Power over women	– .07	(–.10, .04)	< .001	– .07	(–.10, .04)	< .001
Heterosexual self-presentation	.02	(–.01, .04)	.196	.02	(.00, .05)	.078
Pursuit of status	.03	(.00, .05)	.045	.02	(–.01, .04)	.206
Note: Analyses adjusted for demographic covariates (child living elsewhere, born in Australia, in a relationship, Aboriginal and/or Torres Strait Islander status, year 12 completion, SEIFA and age), and depression severity.						

To answer the third hypothesis, in unadjusted models, none of the interactions between recalled paternal affection and any of the masculine norms were significant (Supplementary Table 2). Moderation effects were also tested to explore whether associations between recalled paternal affection, dimensions of masculine norms, and parenting self-efficacy differed depending on father age. In the unadjusted models (Supplementary Table 2), the only statistically significant interaction effect detected was between age and ‘dominance’ ($\beta_{\text{unadj}} = 0.03$, $SE = 0.01$, $p = .032$). The simple slopes analysis for this relationship, indicated that for those at younger age ($[-2SD, 24.96 \text{ years}]$, slope = -0.03 , $SE = 0.03$, $p = .340$) and middle

age ([mean, 40.48 years], slope = 0.03, SE = 0.01, $p = .058$), no relationship was found between dominance and parenting efficacy, but for those at older age ([+ 2SD, 56.00 years], slope = 0.08, SE = 0.03, $p = .004$), a positive relationship was found between dominance and parenting self-efficacy. However, this interaction effect was no longer significant when included in the final adjusted model (see Supplementary Table 3).

DISCUSSION

Using data from a nationally representative Australian cohort, we report evidence implicating men's relationships with their fathers when growing up, and their adherence to traditional masculinity beliefs, in their self-efficacy as a father. Specifically, we found that fathers who reported positive affection from their own fathers also reported higher parenting self-efficacy (H1), and that adherence to certain dimensions of masculinity predicted their parenting self-efficacy (H2). Recalled paternal affection and masculine norms did not interact to predict parental self-efficacy (H3).

A large portion of the variance in parenting practices may be explained by unique environmental circumstance (Geary, 2000). In support of our first hypothesis, recalled paternal affection was significantly associated with greater parenting self-efficacy, an association which held after adjusting for covariates and prior depression. Paternal affection benefits children's social and emotional adjustment across the lifespan (Cui et al., 2018), including their self-esteem, self-concept, and self-efficacy (Dick & Bronson, 2005; Marshall et al., 2021). Our findings here suggest that the positive roles father play in nurturing their sons, results in their sons having greater self-esteem in their own parenting practices, with potential concomitant benefits for their children.

Social and economic changes over the last 50 years have shaped familial gender roles, with men taking increasingly more communal roles in parenting (Bakermans-Kranenburg et al., 2019). We hypothesized that these shifts away from the traditional masculine breadwinner and provider towards more communal, nurturing, and caring roles, has happened slowly, and is reflected in variation in adherence to traditional masculine norms. Although discussion on the dimensionality of the CMNI dates back to at least Owen (2011), there is very little research on how specific norms are related to father-son relationship and affection. Related research indicates that positive relationships or outcomes tend to be associated with winning and primacy of work, but the evidence is mixed (Gerdes & Levant, 2018).

Adherence to the norms 'winning' and 'risk taking' were positively associated with greater parenting self-efficacy, which remained significant after adjusting for covariates including mental health. While winning and risk-taking may be more obviously aligned with assertiveness and dominance-related dispositions and behaviours, engaging in competitive or challenging tasks that embody winning and risk taking can also be motivational (Sloman et al., 2011). These types of interactions can promote positive emotions and self-confidence (Sloman et al., 2011) and, within the family, positive interactions (Sloman & Sturman, 2012). Similarly, positive risk-taking (i.e., not including violence and substance abuse) is associated with challenge and reward, allowing someone to both explore the unknown and learn from the experience

(Fryt et al., 2022). Positive risk-taking peaks in middle adulthood (Fryt et al., 2022), the approximate age of participants in this study, and could be linked to individual differences in navigating and overcoming the daily struggles of fatherhood (Fagan, 2000). Thus, if daily paternal 'challenges' require addressing and resolving, 'winning' these daily hassles may provide a good space for fathers to develop confidence, competence, and greater parenting self-efficacy.

We found that fathers adhering to masculine norms of 'emotional control', 'violence', 'playboy', and 'power over women' reported lower parenting self-efficacy. These characteristics are more typically aligned with hegemonic masculine norms for which there is a well-supported link with negative interpersonal relationships (Nielson et al., 2022). Adherence to these masculine norms is also at odds with child-rearing, particularly where violence and gendered dominance in the family setting compromises the safety and caregiving role of the other parent, and constitutes a form of child abuse (Humphreys et al., 2019). More generally, these masculine norms together represent a lack of investment in the partner and family that neither supports positive intimate relationships, sustains family cohesion, nor provides opportunity for developing parenting self-efficacy.

Given fathers' parenting self-efficacy may be influenced by the intersection of multiple factors, we explored whether men's masculinity beliefs interacted with their recalled paternal affection to subsequently influence parenting self-efficacy (H3), finding no significant interactions.

Strengths and limitations of the study

We used data from two waves of a longitudinal dataset; however, one predictor (recalled paternal affection) and the dependent variable (parenting self-efficacy) were assessed cross-sectionally at Wave 2. The masculine norms were collected in Wave 1 and were not used as a time dependent construct as in a true longitudinal design. As reasoned in the introduction, we nevertheless conceptualised the recalled paternal affection and masculine norms as potentially having origins in individuals' family history.

The Australian Longitudinal Study on Male Health is the largest national cohort study on men's health to be conducted internationally to date (Pirkis et al., 2016). The cohort differs in some respects from the Australian male population, as Wave 1 is slightly skewed to older men and those born in Australia; nevertheless, it mirrors the general population of Australian males reasonably well (Pirkis et al., 2017).

All measures in this study were by self-report, no other objective data triangulated self-reporting of affection, depression, masculinity norms or parenting self-efficacy. Self-report data may be susceptible to response bias, such as social desirability. However, the use of validated tools in TTM helps to reduce this problem (Gorber & Tremblay, 2016).

The measure of parenting self-efficacy was a single item asking for fathers' rating of themselves against other parents. This specific measure has been widely used in large longitudinal studies. Single-item measures are acceptable when constructs are unidimensional, clearly defined, and narrow in scope

(Allen et al., 2022). Therefore, our assumption is that the item adequately captures fathers' perceptions of their parenting self-efficacy compared to the 'average parent'. It also has predictive validity in that it corresponds in a logical manner to our other variables of interest (Albanese et al., 2019).

The measure of recalled paternal affection was based on the scale by Brim and colleagues for the National Survey of Midlife Development in the United States (MIDUS), 1995–1996 (Brim et al., 2020). There are numerous reports on this cohort using the recalled paternal affection questionnaire, demonstrating its concurrent and predictive validity (Marshall et al., 2021). Given that the recall is a memory, and memory is an “immediate, non-analytic feeling that one's current mental state is coterminous with past experience” (Klein, 2015, p. 6), we acknowledge that the recall may not be an exact representation of the actions that occurred in the past. However, it will be a current mental cognition that embodies emotions experienced in the past.

The CMNI has a long history of use in research on men's wellbeing, with one critique being its reliance on white American college students in its conceptualisation and construction. However, it has concurrent and predictive validity with other measures in the Australian population, e.g., relationship satisfaction (Holmes, 2014) and occupation (Milner et al., 2018). We followed Milner et al. (2018) in utilising the subscales of the CMNI to better understand masculinity and parenting in the Australian context.

CONCLUSION

The current study has important implications for supporting fathers' parenting self-efficacy, as well as promoting the need for ongoing research that seeks to understand the trends and developments in fathering as expectations and practices evolve over time. Given the epoch of our study (2010-2020s), there is potential for continuing and evolving social expectations of involved, demonstrative, intimate fathering (Banchefsky & Parke, 2016; Smith et al., 2022) to create pressures on men in the studied cohort.

Our findings tentatively suggest that the current prevailing expectations of fathers to confidently adopt more communal roles within family structures may exceed what men have learned from their own fathers. Men may require additional support to normalise and reinforce these changes in ways that enhance their parenting efficacy. Indeed, parenting self-efficacy is a predictor of positive parenting, and it is malleable (Tully & Hunt, 2016), further highlighting the need to expand the limited research on the formative elements that contribute to fathers' parenting self-efficacy (Lee et al., 2018). For the present, our findings provide evidence that the relationship between men's personal history of paternal affection and their beliefs about masculinity are associated with appraisals of their own parenting self-efficacy, with implications for breaking the social barriers surrounding equality in coparenting and improving whole family mental health.

Declarations

Data availability. Data for this paper were drawn from the Australian Longitudinal Study on Male Health (Ten to Men). Ten to Men research data is the intellectual property of the Commonwealth of Australia. Research data are available from the Australian Government /Australian Institute of Family Studies. The analysis code was deposited in the OSF repository, https://osf.io/vhk79/?view_only=985426647e2c416c889e6999d806b36d

Funding: The authors did not receive support from any organization for the submitted work. The authors have no relevant financial or non-financial interests to disclose.

Ethics Approval: This study involved secondary analysis of anonymised data from the Australian Longitudinal Study on Male Health (Ten to Men), for which participants had provided informed consent. The primary data collection was conducted in accordance with the ethical principles of the Declaration of Helsinki and received ethical approval from the University of Melbourne Human Sciences Human Ethics Sub-Committee (HREC 1237897 and 1237376). Additional ethical approval was not required for this secondary analysis as it falls within the scope of the original consent.

Author contribution: All authors whose names appear on the submission

- made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data;
- drafted the work or revised it critically for important intellectual content;
- approved the version to be published; and
- agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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