

Original Research Article

Caregiving Together: Optimising the Involvement of Fathers of Children with Disabilities in India

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ABSTRACT

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Background: While mothers are often the default caregivers of children with disabilities in India, emerging evidence highlights the importance of fathers' engagement in caregiving, which may enhance child development and family wellbeing. However, paternal caregiving remains underexplored in low-resource settings.

Aim: This study explored the caregiving roles, perspectives, and barriers experienced by Indian fathers of children with disabilities, using a large qualitative dataset from diverse geographic and cultural contexts.

Method: This exploratory qualitative study involved 54 semi-structured interviews and 9 focus group discussions with fathers and other caregivers, conducted across eight sites in five Indian states. Participants were purposively sampled to capture a range of disability types (physical, sensory, intellectual, developmental, and mental health conditions) and caregiving experiences. Interviews were transcribed, translated, and analysed using inductive thematic analysis in NVivo 14. The large sample size allowed for thematic saturation across diverse subgroups and regions.

Result: Thematic analysis revealed three key themes: fathers' caregiving roles, the impact of caregiving, and support needs. Fathers' involvement ranged from providers and decision makers to occasional primary caregivers, influenced by cultural beliefs, availability, skills, and emotional bonds. Caregiving shaped fathers' self-perception, mental health, and family dynamics. Acceptance was higher when caregiving was viewed as purposeful. Barriers included stigma, rigid gender norms, limited inclusive infrastructure, and lack of tailored services. Fathers expressed the need for greater public awareness, emotional encouragement, and consistent, accessible disability services to support their roles and enhance outcomes for children and families.

Keywords: Paternal engagement, inclusive caregiving, cultural perceptions, gender dynamics, social inclusion, caregiver well-being.

INTRODUCTION

Background

According to the Census of India (2011a), 7.8 million children have disability in India; however, this likely underestimates the true prevalence. These children encounter significant barriers, including restricted availability and access to social welfare programs, social exclusion, educational non-enrolment, denial of property rights, insufficient awareness of available benefits and services, and limited employment opportunities (Gireesan, 2018; Janardhana et al., 2015; Miner et al., 2023). Caregivers can play a significant role in either mitigating or perpetuating such barriers.

The role of caregivers, particularly parents, is critical in shaping the developmental trajectories of these children with disabilities (Acar et al., 2021; Smythe et al., 2022). A nurturing, supportive, and positive family environment optimises developmental outcomes for children with disabilities (Tiengsomboon & Luvira, 2024). Parental involvement correlates with a child's emotional, social, linguistic, cognitive, and motor development (Hohlfeld et al., 2018; Lv et al., 2019) and plays a pivotal role in fostering school readiness, motivation, and academic achievement among children with disabilities (Bariroh, 2018; Guo & Keles, 2024).

Paternal involvement in caregiving is important for the well-being and developmental progress of children with disabilities (Lamb & Billings, 1991; Jeong et al., 2023). Studies have demonstrated that fathers' active participation positively influences developmental outcomes, including reductions in behavioural difficulties, improvements in socio-emotional skills, and enhanced academic performance (Rollè et al., 2019; Lopez et al., 2019; Panter-Brick et al., 2014). Moreover, paternal engagement in physical care, cognitively stimulating activities, and emotional warmth has been associated with a lower likelihood of cognitive delays in children with disabilities (Cabrera et al., 2018). However, the extent and nature of paternal involvement is not uniform and is influenced by factors such as socio-cultural norms, personal capacities, and the availability of external support (Dada et al., 2020).

Fathering in India

Traditionally, parental roles in India have been distinctly delineated. Although changing, fathers are still typically seen as income providers, moral guardians, protectors, and educators, whereas mothers tend to be viewed as primarily responsible for caregiving and nurturing (Navalkar, 2010; Isacc et al., 2013). Traditional gender roles can see fathers less involved during early childhood but taking on more active roles as children reach school age, particularly imparting specific skills and knowledge (Sriram & Sandhu, 2013; Varghese et al., 2015).

Parenting practices in India are also strongly influenced by the predominant religious values. Hindu concepts such as dharma, signifying one's ethical duty or moral righteousness, and moksha, refers to spiritual liberation, emphasise parents' moral responsibilities and highlight their duty of care and acceptance (Navalkar, 2010; Dickinson, 2018). In the context of children with disabilities, the faith of karma is often mentioned, attributing a child's condition to past actions. Nonetheless, fulfilling swadharma - the parental obligation or duty of care - is believed to bring virtues and merits to both parents and the child (Sriram & Sandhu, 2013; Dickinson, 2018).

In India, national policies and programs, supported by non-governmental organisations, provide assistance to children with disabilities (Government of India, 2016). However, accessing these services remains challenging for families, and paternal motivation plays a significant role in influencing their ability to advocate for and utilise available resources (Johnstone et al., 2022). Fathers' advocacy is essential in addressing systemic barriers within political, institutional, and broader sociocultural structures, ul-

timately enhancing the quality of care for children with disabilities (Bourke -Taylor et al., 2022; Sriram, 2011a).

Support for caregivers, especially fathers, remains very limited and differs between regions. Financial assistance is minimal, employment laws have minimal provisions for caregiving, and facilities offering respite care, emotional support, and social support are often scarce, inaccessible, or unaffordable compared to those available in high-income countries.

Most of the existing research on fathers' involvement in caregiving for children with disabilities has been conducted in high-income settings (Davies et al., 2024; Marsh et al., 2020). In India, scholarly research into this subject is scarce, with the most recent studies dating back over a decade (Navalkar, 2010; Sriram & Navalkar, 2013). Given the evolving socio-cultural landscape, it is imperative to understand the contemporary role of fathers in caregiving. This study, therefore, explores the lived experiences of fathers caring for children with disabilities in India, examining their roles and influencing factors, the impact of caregiving on paternal and family well-being, and the necessary support systems for enhancing their caregiving effectiveness.

METHOD

Study Design and Setting

This study employed a multi-site exploratory qualitative design, conducted across eight locations in five Indian states (Uttarakhand, Tamil Nadu, Kerala, Karnataka, and Gujarat). These regions were selected to reflect socio-cultural, linguistic, and service provision diversity across North, South, and Western India. The study used semi-structured interviews (SSIs) and focus group discussions (FGDs) to explore fathers' caregiving experiences. Local community workers from seven disability-focused organisations facilitated recruitment and data collection, ensuring cultural and contextual relevance as well as psychological safety during participation.

Study Population and Sampling

Eligible participants were parents aged 18 years and above who identified as primary caregivers of at least one child with a disability. The sample included 54 SSI participants (42 fathers and 12 mothers) and 9 FGDs (7 mixed-gender, 1 male-only, 1 female-only). The sample size allowed an exploration of caregiving approaches across India's heterogeneous regions and disability types. Purposive sampling was employed to ensure variation across gender, geographic location, disability type and religion, aiming for thematic saturation across subgroups (Carter et al., 2014; Creswell & Miller, 2000).

Participants were drawn from rural and semi-urban settings: 27 from Uttarakhand, 22 from Tamil Nadu, Kerala, and Karnataka, and 5 from Gujarat. Fathers represented various occupations including daily wage labourers (n = 15), company employees (n = 11), farmers (n = 8), self-employed (n = 5), and full-time caregivers (n = 3). Mothers were predominantly housewives (n = 4), farmers (n = 4), or company employees (n = 4). The children under their care ranged from 1 to 18 years in age and exhibited a broad spectrum of disabilities including physical, sensory, intellectual, mental health, and developmental impairments.

Data Collection

Interview and FGD guides were collaboratively developed with community partners to ensure linguistic and cultural congruence (Appendices 1 and 2). SSIs explored personal caregiving roles, emotional impacts, barriers, and familial relationships. FGDs addressed societal perceptions and norms regarding paternal caregiving. All sessions were conducted in participants' native languages, audio-recorded, transcribed verbatim,

translated into English by bilingual staff, and de-identified for confidentiality (Magaldi & Berler, 2020; Carter et al., 2014).

Data Analysis

The study employed an inductive interpretative thematic analysis approach to explore the roles, perspectives, and support needs of fathers of children with disabilities in India (Braun et al., 2019). NVivo 14 qualitative analysis software was used to facilitate systematic coding, theme development, and data management. An initial *a priori* coding framework was developed based on existing literature and the interview and focus group guides, focusing on dimensions such as caregiving roles, emotional responses, perceived barriers, and support systems (Saldaña, 2020). However, the coding process remained flexible and iterative, allowing emergent concepts and patterns to be inductively incorporated.

Two researchers (RA and NB) independently coded the full dataset, followed by reflexive team discussions to consolidate codes and refine thematic hierarchies. Through repeated reading and constant comparison, initial codes were collapsed into higher-order themes and subthemes. Discrepancies in interpretation were resolved through consensus with a third reviewer (NG), ensuring analytic integrity and intercoder reliability (Braun et al., 2019). Informed by grounded theory techniques and interpretative phenomenological analysis principles, the coding process also sought to capture the subjective emotional positioning of fathers, including how they made sense of their caregiving roles through religious beliefs, relational identity, and emotional recalibration.

The final thematic structure was reviewed by two external qualitative researchers to ensure credibility and confirmability (Isaacs, 2014). Additionally, triangulation was applied by comparing findings from fathers with supporting data from mothers and community stakeholders (Carter et al., 2014). Data saturation was achieved when no new codes emerged from the final transcripts, affirming thematic completeness. Verbatim quotes are used throughout the results to illustrate the nuanced experiences and meaning-making processes of participants.

Ethical Considerations

This study was approved by the Community Health Global Network (CHGN) Uttarakhand Cluster Ethics Committee in May 2023. Informed consent was obtained from all participants, with oral consent procedures used for participants with low literacy. Participants were provided with information sheets in their native language, and their right to withdraw at any time without consequences was emphasised. Confidentiality, anonymity, and voluntary participation were upheld throughout the study.

RESULT

Thematic analysis of the data revealed three major themes: the role of fathers, the impact of caregiving on them and their families, and the supports available to father-caregivers.

Role of fathers

The role of fathers in caregiving is multifaceted and shaped by various factors, including the identity they derive from their role, their physical and mental well-being, adherence to traditional beliefs and cultural practices, and their spatial and relational capacity.

Fathers' involvement in caregiving was observed along a spectrum, ranging from 'not involved', 'involved', 'maintaining contact from a distance', 'involved but not hands-on', to 'directly hands-on' and 'primary caregiver'. Notably, primary caregiving among Indian fathers was uncommon, with most assuming roles as providers, protectors, moral guardians, decision-makers, problem solvers, friends, or therapists.

As a primary caregiver, Father S stated, "I am actively involved in every aspect of my child's life. I am her primary carer", while Father B similarly expressed, "I take care of my son more than his mother." These accounts highlight the rare yet significant presence of fathers assuming primary caregiving roles in India.

In contrast, most fathers primarily identified as providers. For instance, Father N focused on "financial support, planning, and securing the future," while his wife managed daily caregiving responsibilities. Additionally, decision-making emerged as a central role among fathers, as illustrated by Father A, who stated, "The decision-making often depends on me. Everything that needs to be done for her is always on my mind." Similarly, Father T viewed himself as "the primary problem solver... for the most part, I can address and fix her challenges."

Fathers often acted as a 'therapist' or oversaw their child's therapy. This may involve taking their child to the hospital or disability services, managing paperwork for therapy, scheduling therapy sessions or acting as a therapist at home. For example, Father Y "trained [his son] in speech and followed up on his progress," and Father H "gave [his son] physical exercises to improve his fitness."

Fathers' Engagement in Caregiving: Influencing Factors and Perspectives

Our data showed that fathers' engagement in caregiving was largely shaped by their understanding of their child's disability in the context of socio-cultural and religious perspectives. Their involvement was often associated with finding deeper meaning, purpose or identity in fathering a child with a disability for example, Father C, a primary caregiver, stated, "I have embraced disability. God entrusted us with this child, so we must take care of him." When fathers perceived their caregiving role as having a higher purpose, it fostered acceptance and even joy. As Father Q expressed, "This child has brought joy to our family since he was born, and we don't worry all the time because we are in line with God's purpose."

Fathers who integrated their caregiving role into their worldview, faith or identity were inclined to experience a deep love and joy in their responsibilities. Father AG affirmed, "A disabled child means more love and care to me." Conversely, fathers who struggled to find meaning or joy in caregiving were more likely to perceive their child as a "burden" (Father L), a source of "trouble" (Father O), or even a "showstopper" (Father AL), disrupting their lives. Several factors influenced the extent of fathers' involvement in caregiving, including availability and necessity, their bond with the child, capacity (skills, knowledge, and health), and traditional beliefs regarding gender roles.

Availability and necessity: Fathers with flexible work schedules were more available to be involved in caregiving. As Father B observed, "Working from home for both men and women helps us care for the child with disability." Similarly, Father V noted, "More flexible work hours allow us to be more involved." Alternatively, fathers with structured work hours tried to integrate caregiving into their daily routines: "I take care of the child every evening after 6 p.m. until bedtime, and since Sunday is free, I spend more time with my child." (Father F).

Fathers typically did not assume primary responsibility for personal care in the presence of the mother. However, these tasks were undertaken when the mother was unavailable or unable to perform. Mother B remarked, "Although my husband helps out when I'm not around, he tends to avoid these tasks when I am present." Mother D reflected, "It was an eye-opening experience for me, realising that even in my absence, things would proceed smoothly. It also made me realise how effectively my husband could handle our child's needs."

Bonds with the child: A strong correlation was observed between the quantity and quality of care and the emotional bond between father and child. Fathers who were actively involved in caregiving reported their child was "most comfortable by my side"

(Father D) and "has a stronger bond with me than anyone else" (Father H). However, emotional bonding was often constrained by the child's communicative ability and gender. Fathers found it "challenging to engage with [their child with disability]" since he is unable to communicate and react" (Father O). Additionally, gender norms influenced caregiving involvement; for instance, Father AH, who cared for an adult female child, reported, "[Her gender] restricts me from getting too involved."

Capacity Factors: Caregiving skills and knowledge were closely associated with fathers' levels of involvement. Some fathers expressed a strong desire to be actively engaged but felt ill-equipped. Father G admitted, "I do want to do a lot of things for them, but I feel incapable. I do not have much knowledge." This challenge was particularly pronounced in cases requiring specialised care. The fathers' capacity to engage was also affected by their physical and mental health (e.g., age, physical strength) and unhealthy behaviour. Mother E commented "My husband is an alcoholic and also spends money betting on cotton lottery, losing his money and becoming depressed, which is why he doesn't spend much time with me and my children."

Traditional Beliefs: Societal, familial and gender expectations frequently constrained fathers' caregiving roles. The father's mother was often described as a "prominent barrier" (Father F), reinforcing traditional beliefs that "fathers should not be involved" (Father AE) or "shouldn't handle certain duties, notably washing their child" (Father M). Furthermore, cultural expectations dictated that fathers should prioritise income generation, which consequently limited their caregiving participation. As Father H stated, "It is challenging. My parents have always hoped I would pursue a job with a higher salary. They have questioned my current job choice, wondering if I am using caregiving as an excuse to stay home."

Impact - Factors Influencing the Effect of Caregiving on Fathers

Self-Perception and Appreciation

Our data indicate that the impact of caregiving on fathers, and consequently on those around them, is influenced by their self-perception (respect and appreciation), self-compassion (collaboration and quality time), and self-regulation (emotional control and rational expectations). Fathers often feel undervalued after having a child with a disability. Our study found that their self-perception and engagement were shaped by whether they felt respected and appreciated. One respondent in FGD 07 noted, "When the father receives respect from his wife, children, and family, it helps him continue his work." Appreciation from a spouse or other family members enhances a father's sense of self-worth. As Father H mentioned, "My family members praise me for taking good care of my child and say others would not have done the same".

Sacrifices and interdependence

Caring for a child with disabilities requires significant physical, mental, and financial sacrifices. Some caregivers become so selfless that they neglect their own well-being. As Father Z noted, they often fail to "take care of themselves," while Father E admitted to "feeling guilty about their own happiness." Father U added that some fathers "keep their troubles and anxieties to themselves," which can lead them to "feel trapped by this emotion" (Father AB). Clear communication, mutual respect and understanding between the caregivers allowed parents to understand the family role distribution, accept each other's contributions and limitations. As Father C explained, "The key for us has been clear communication and making adjustments where needed. This way, we ensure we are both involved in our commitments without compromising our son's care." Maintaining positive relationships and collaborating with family members was also critical, as illustrated by Father AG, who shared: "We depended on each other to take care of the child."

Quality Time and Family Bonding

Spending quality time together as a family, between husband and wife and father and child, was crucial for strengthening family bonds and alleviating the stress associated with parenting challenges. Father J, who reported that he and his wife "do not get much time for each other," felt a lack of opportunities for meaningful conversations and effective communication. In contrast, Father G emphasised, "We have always valued spending time as a family and have never let his presence make us feel uncomfortable or burdened. We travel, attend events, and live happily."

Paternal Acceptance and Adjustment

Some fathers of children with disabilities experienced periods of depression and fluctuating mental states, particularly when they first learned about their child's condition. As Father C recounted:

The early days after having him were intense and filled with mixed emotions. It was emotionally overwhelming as we came to terms with this new reality. It took a long time for us to realise and accept that this was something we as a family had to live with.

This study illustrated that fathers' ability to think flexibly and adjust expectations significantly influenced their caregiving experience. When fathers could emotionally process their situation and focus on present circumstances they tended to cope better. For instance, Father R stated, "I don't let my child's disability control or depress me," while Father G stressed, "There is no place for stagnant reflection or pessimistic rumination." This was supported by Mother G, who noted, "Though my husband occasionally expressed worries about our child's future, he has learned to handle it and focus on today." Conversely, some fathers struggled to come to terms with their situation and experienced prolonged distress. As Father H stated, "I just couldn't process it, and I, in fact, fainted and fell." The father's ability to adjust and accept the situation was affected by the severity of his child's problem behaviours. .

Support - Fathers seeking supportive environments and services

Fathers in this study highlighted the essential support they require to better care for their children with disability, which can be categorised into three primary areas: addressing stigma, creating inclusive public spaces, and providing individualised disability services.

Addressing Stigma and Promoting Acceptance

Fathers expressed the need for encouragement, acceptance which underscores the importance of challenging the stigma associated with disabilities and traditional gender roles. As Father H stated, "One of the difficulties of raising a child with a disability is that not everyone fully understands our journey or the challenges we [fathers] encounter." He further emphasised the importance of actively encouraging fathers, stating:

Visiting the fathers of children with disabilities, chatting with them at their homes, empathising with them, acknowledging that our child and yours are alike, or saying, like 'we admire the activities you do with your children. You are doing a wonderful job for your children. Your child has a lot of potential'.

In contrast, in certain regions of India, particularly the northern states, disability remains heavily stigmatised, and fathers experienced shame and exclusion. Some communities perceive childhood disabilities as "a curse" (Father AE), "an infectious disease" (Father AD), or "not worth taking care of" (Father Z). Furthermore, fathers who actively participate in caregiving are sometimes ridiculed, being labelled as "wife's slaves" (Father M), "hen-pecked" (Father O), or engaged in "lady's work like a woman" (Mother N). This societal stigma often discourages fathers from taking an active caregiving role. As Father Y mentioned in FGD 02, "Some fathers take a more active role in raising their children,

but when others make fun of them for providing too much care, they get embarrassed and stop caring for their children."

The respondents described hostility toward families with children with disabilities. In Uttarakhand, for example, they reported that people had set fire to crops and thrown stones at houses, believing that such children bring a curse to the community. Furthermore, children with disabilities often "encounter unkindness from other children or adults when they play. This hurts their feelings. All parents hope that their child will be welcomed by everyone" (Father AF).

In southern and western India, public awareness about disability was reportedly better but stigma still present. Intrusive questions and excessive, unsolicited advice were reported as making fathers uncomfortable. Father U similarly noted:

Some people excessively feel sorry for my child. This was more obvious during the initial times. There were times when I would easily lose my patience to questions like, 'Can she speak?' 'Can she walk?' and so on.

Inclusive public spaces and services

Fathers emphasised the need to enhance public services for children with disabilities. As Father E noted, "Indian culture is more inclusive, but establishments such as hospitals, public utilities, and places of worship are not." For instance, Father Q faced challenges in finding inclusive restroom facilities for his daughter due to gender-related barriers, stating, "I find it difficult taking her to the restroom to change her clothes and diapers." Similarly, multiple fathers expressed concerns about the lack of inclusive public transport, which poses a significant mobility barrier for children with physical disabilities. As Father U explained, "I have to book my personal big vehicle, as ... cannot travel on public transport, as it's not disability-friendly and it's crowded."

Access to individualised services

Many fathers stressed the importance of finding individualised services tailored to their children's specific needs. As Father Y stated, "every child is different and needs to get individualised care and treatment." Father N echoed this sentiment:

For a child, it's crucial to establish a rapport with the therapist. Every time we change to a new therapist, it feels like we are starting over. The therapeutic process would be beneficial only if a therapist could remain consistent for at least two years.

Additionally, fathers advocated for improved support programmes, including increasing awareness, simplifying application processes, and expanding eligibility criteria. Father P pointed out, "Even though our government has several provisions and support structures in place, the fundamental problem is a need for more awareness. I wasn't even aware of insurance plans or compensatory schemes for treatments." Moreover, bureaucratic hurdles often made it difficult for families to access available services. Father U noted, "There is a lot of extensive paperwork to avail of these services, which makes things difficult." Accessing these resources was often contingent on personal connections, as described by Father H: "The process can be tedious, and you must stay on top of it. Fortunately, I was helped by a doctor I knew who worked at the hospital. Navigating the paperwork might not be easy for a parent without such connections."

DISCUSSION

Shifting role of fathers in caregiving of children with disability in India

The definition of caregiving ranges from narrow definitions to quite inclusive interpretations (Bowers, 1987; Riffin et al., 2017). Narrow definitions include a minimum of four hours per day and participation in at least one activity of daily living and the "primary caregiver" has been the "hands-on" provider of "direct care". Some definitions

simply describe a caregiver as someone who provides care to individuals who need assistance with daily activities (Kent et al., 2016). In this study, we adopted a broader definition, aiming to include all potential roles of fathers to determine whether their involvement remains limited to peripheral care or extends to substantial direct caregiving contributions.

Our findings indicate that the current roles of fathers in India are more diverse and extensive than previously documented. While fathers have typically been considered central as providers and supporting access to care, our data reveal that some fathers also fulfil roles as primary caregivers and are directly involved in personal care. Additionally, our research shows fathers can also act as friends or companions to their children, engaging in activities such as playing, spending time together, or sharing personal thoughts. This differs from the literature which documents emotional gap between fathers and their children with disability (Sriram, 2011a; Sriram & Sandhu, 2013).

This study also revealed that fathers take on therapeutic roles in their child's care, a responsibility that has been identified for example, in the mechanics of ensuring children have access to care. This role has not clearly been described in the literature. Their involvement as caregivers for young people with mental health problems was described as providing support for activities of daily living, improvising therapy and long-term rehabilitation. This is contrary to dominant gender norms in other studies set in North India (Mathias et al., 2019). We also found that fathers are also involved in arranging therapy sessions, managing paperwork, and directly implementing therapeutic interventions at home, effectively acting as informal therapists.

Any observed shift in the role of fathers is likely driven by changing societal norms which includes a growing move to less asymmetrical gender roles with fathers taking greater responsibility in household chores including cooking and cleaning as well as caregiving (Sriram, 2013; Mathias et al., 2022). Motwani (2024) highlights a noticeable evolution in both the practices and discourse surrounding child-rearing within urban middle-class Indian society. Consequently, traditional gender norms related to caregiving responsibilities are beginning to shift within Indian households and communities. (Sriram, 2018; Mathias et al., 2022). Our data reflect this change, particularly in the first theme on the roles of fathers of children with disability, and the third theme on societal perceptions. . Social norms play a pivotal role in shaping the gender-based distribution of childrearing responsibilities and are evolving in response to wider social and economic transformations (Motwani, 2024). Increased education and employment among urban upper-middle-class women has contributed to a redefinition of gender roles (Motwani, 2024). These changes are reshaping societal expectations and perceptions of paternal involvement more broadly and are likely applicable to fathers of children with disability (Dada et al., 2020; Saraff & Srivastava, 2010).

Furthermore, our analysis in the third category reveals that perceptions of disability and paternal involvement vary across different regions of India, a pattern supported by previous studies (Isaac et al., 2013). Compared to the southern and western sites, the northern sites tend to uphold more traditional views regarding disability and the role of fathers. Consistent with earlier findings, disabilities in the northern states are often perceived as a curse or even contagious. In such contexts, fathers who engage in caregiving are sometimes viewed as inappropriately subordinate to their wives (Varghese et al., 2015; Mathias et al., 2022). These regional differences align with broader demographic and health indicators, with southern and western states demonstrating more favourable outcomes in education, employment, health, and economic development (Census of India, 2011b). Data from the National Family Health Survey (NFHS-5) 2019-21 also suggest a shift in these more developed states toward progressive attitudes regarding the role of fathers and the understanding of disability (IIPS, 2021; Pattnaik et al., 2023; Motwani,

2024). Existing policies, programs, and awareness campaigns probably also contribute to transforming social norms around expectations and perceptions of paternal involvement and disability (Dada et al., 2020; Saraff & Srivastava, 2010).

Optimising Father Involvement in Caregiving for Children with Disabilities

Our findings indicate that paternal involvement is positively associated with the wellbeing of fathers, in addition to that of the child and the broader family. Qualitative studies from other countries have shown a strong correlation between the level of paternal engagement in caregiving and a range of positive outcomes for fathers, as well as improvements in the quality of care provided (Sato & Araki, 2022; Giannotti et al., 2022). While the direction of causation remains complex and difficult to establish definitively, caregiving has been linked to increased self-esteem, confidence, empathy, happiness, cooperation with one's spouse, attentiveness to the child's needs, and enhanced knowledge and skills in child-rearing (Bragiel & Kaniok, 2014; Glenn, 2007). Promoting paternal involvement in India is therefore likely to be beneficial not only for children and families, but also for fathers' own health and wellbeing.

In our study, religious engagement and spirituality emerged as significant coping mechanisms in the context of disability. This aligns with existing literature indicating that religious involvement supports both individuals and families in adjusting to disability and finding new meaning or direction. Evidence suggests that religious coping frameworks facilitate cognitive reappraisal, which has been associated with greater resilience in the face of adversity (Dolcos et al., 2021).

Recommendations for Existing and Future Programmes and Policies

Based on this study's findings, several key recommendations can enhance existing and future programmes and policies aimed at supporting fathers in caregiving roles.

Expanding Paternity Leave and Workplace Support

In India, few policies specifically support fathers in caregiving roles (Johnstone et al., 2022). Currently, paternity leave is limited to government employees, school staff, and university personnel, with a short duration of only 15 days. Expanding paternity leave to include fathers working in the private sector and extending the leave period, particularly for those caring for children with disabilities, would provide fathers with more time to adjust, cope, and actively engage in caregiving responsibilities (Angothu & Chatuvedi, 2016; Boyd et al., 2019; Purba & Simanjuntak, 2021; Richard, 2014; Simmerman et al., 2001). Additionally, workplace policies must evolve to accommodate caregiving responsibilities. Many fathers struggle to balance employment and caregiving due to rigid work structures. Increasing workplace flexibility, such as offering remote work options and flexible schedules, would enable fathers to participate more actively in their children's care without compromising their careers (Sriram, 2018; Uribe-Morales et al., 2021).

Simplifying Bureaucratic Processes and Increasing Awareness

The guardian certificate scheme is a critical policy mechanism that enables access to disability-related benefits, including pensions, concessions, and financial assistance. However, the application process remains complex and burdensome for families (DEPWD India, 2023). Streamlining this process would reduce administrative hurdles and ensure that eligible families can access the support they need without unnecessary delays.

In addition to simplifying procedures, broader awareness initiatives are essential to ensure that fathers are well-informed about the available programs and benefits. A significant number of caregivers remain unaware of the financial, medical, and social support services intended to assist them. Strengthening public education efforts and outreach strategies is necessary to bridge this gap and enhance access to these critical resources (Kumar & Singh, 2019; Grills et al., 2017; Srivastava et al., 2014).

Enhancing Public Services

Inclusive public services are essential for supporting families of children with disabilities. Enhancing accessibility in public transport, places of worship, public restrooms, and community spaces can reduce caregiving burdens and promote the active involvement of both mothers and fathers in their children's daily lives (Brien et al., 2023).

Strengthening Family-Centred Programmes

Family well-being is at the core of effective caregiving. Programmes specifically designed for fathers have demonstrated benefits for the entire family, including improved mental health, stronger parent-child relationships, and enhanced family cohesion (Irwin et al., 2019; Paswan & Kumar, 2024; Samadi et al., 2013). Initiatives that foster emotional connections between fathers and children, strengthen co-parenting relationships, and provide psychosocial support for fathers can create a more balanced caregiving dynamic (Altenburger, 2023; Allen & Hawkins, 1999; Richard, 2014).

Building Supportive Communities and Training Fathers

Social support networks are crucial for fathers navigating the complexities of raising children with disabilities. Community-driven initiatives such as the I'm-Perfect Fathers group in India have been successful in providing peer learning, promoting non-violent discipline strategies, and creating spaces for fathers to share experiences, access resources, and advocate for their role in caregiving (Shetty et al., 2017). Expanding such initiatives across different regions can further strengthen social support systems for fathers.

Additionally, structured training programmes are helpful to equip fathers with the skills and confidence needed for caregiving. Evidence suggests that skill-based interventions improve fathers' self-efficacy and ability to manage the challenges of disability caregiving (de Santis et al., 2020; Hohfeld et al., 2018). Individualised therapy and counselling services, led by professionals who adopt a holistic approach, can also help fathers better understand their children's unique needs and potential (Wiesel et al., 2024).

Raising Societal Awareness

Beyond individual and family-level interventions, broader societal change is needed to foster an environment that supports fathers in caregiving roles. Public awareness campaigns, educational workshops, and community engagement initiatives can help shift societal attitudes, reduce stigma, and encourage collective responsibility in supporting families of children with disabilities (Lindsay & Edwards, 2013; Scior, 2011).

CONCLUSION

This study yielded three major findings. First, Indian fathers are increasingly assuming diverse and extensive caregiving roles. Their level of involvement is shaped by their understanding of disability. It is further influenced by spatial, relational, and capacity factors within socio-cultural and religious perspectives, as well as by their own health status and redefined gender roles. Second, caregiving is associated with both positive and negative impacts, which are shaped by self-perception, self-compassion, and self-regulation. Finally, external factors and health conditions significantly influence fathers' participation in caregiving.

Policy can support and enhance fathers' caregiving roles through inclusive public services, community-based support and encouragement, enabling legislation, and individualised disability services. These findings underscore the importance of policies and programs that promote paternal well-being, strengthen family relationships, offer capability-building opportunities (e.g., parenting courses), foster supportive peer communities, and implement public awareness campaigns. Such initiatives may enhance paternal

engagement in caregiving and lead to better outcomes for fathers, their children with disabilities, and their families.

Limitations and Future Research Directions

While this study provides valuable insights into paternal caregiving in India, its findings are based on a small sample size and qualitative methodology, limiting their generalisability. Further research is needed to explore the applicability of these recommendations across different regions in India and internationally, ensuring that policies and interventions are responsive to diverse caregiving needs.

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