

Barriers to Paternity Leave: Societal Attitudes and Workplace Cultures

Robert Fernandez*

College of Medicine and Dentistry, James Cook University, Townsville, Australia

In recent years, there has been increasing recognition of the importance of paternity leave in fostering family well-being and supporting gender equality. However, despite progress in policy and advocacy, many fathers still face significant barriers when it comes to taking paternity leave. These barriers often stem from entrenched societal attitudes and workplace cultures that can undermine the effectiveness of paternity leave policies [1].

One of the primary barriers to paternity leave is the persistence of traditional gender roles. Societal expectations often dictate that men should be the primary breadwinners, while women take on the role of primary caregivers. This stereotype can pressure fathers to prioritize work over family responsibilities, even when paternity leave is available. Fathers who take paternity leave may face stigma or judgment from peers and supervisors. In some cultures, taking leave to care for a newborn can be perceived as a sign of weakness or lack of dedication to one's career. This stigma can discourage fathers from utilizing their leave entitlements and can create a barrier to a more equitable distribution of caregiving responsibilities. The absence of visible role models who successfully balance paternity leave with their careers can perpetuate the notion that taking leave is not feasible or desirable. When high-profile men or leaders openly take paternity leave, it can help challenge stereotypes and normalize the practice [2, 3].

Even when paternity leave is officially offered, the duration and compensation often fall short compared to maternity leave. Short or unpaid paternity leave can make it financially impractical for fathers to take time off. In some cases, policies may be non-existent or inadequately communicated, leaving fathers unaware of their entitlements. In many workplaces, there are unspoken norms and expectations that discourage men from taking paternity leave. For example, employees might feel pressure to prove their commitment to their jobs by minimizing time away from work. This cultural expectation can lead to a reluctance to take full advantage of paternity leave policies, even when they are available [4, 5].

Fathers may fear that taking paternity leave will negatively impact their career progression. Concerns about being perceived as less committed, missing out on opportunities for advancement, or facing subtle discrimination upon return can deter men from taking the leave they are entitled to. Workplaces that do not actively support or encourage paternity leave can create an environment where fathers feel isolated or unsupported in their decision to take time off. Employers who do not promote a culture of work-life balance or who lack resources for managing temporary absences can contribute to the difficulties fathers face when taking paternity leave [6, 7].

Promoting a more inclusive view of fatherhood and gender roles can help reduce stigma and support fathers in taking paternity leave. Public campaigns, media representation, and education can all play a role in shifting perceptions and normalizing shared caregiving responsibilities. Employers can address barriers by offering more generous paternity leave policies and ensuring they are well-communicated. Policies that provide adequate pay and support can make it easier for fathers to take leave without financial strain. Workplaces should cultivate an environment that values work-life balance and supports all employees in their family responsibilities. Encouraging a culture where taking paternity leave is seen as a positive and normal part of career development can help reduce the stigma associated with it. Leaders and high-profile individuals who openly take paternity leave can set a positive example and challenge traditional stereotypes. Their visibility can help normalize the practice and encourage others to follow suit [8, 9].

By addressing these societal and workplace barriers, we can move towards a more equitable approach to parental leave that supports both mothers and fathers in balancing their work and family lives [10].

References

- Olagoke A, Reyes K, San Miguel LG, Torres P, Robledo C, Kling W, et al. Intentional Storytelling to Sustain Low-cost/Free Breast Cancer Services: A Latina Example of Community-driven Advocacy. Prog Community Health Partnersh. 2022;16(2):205-15.
- Lane W, Phillips BT, Offodile AC. Where advocacy meets patientcentered care–cost considerations in breast reconstruction decisionmaking. Gland Surg. 2021;10(1):507.
- Kizub DA, Zujewski J, Gralow JR, Ndoh K, Soko U, Dvaladze AL. Patient advocacy approaches to improving care for breast and cervical cancer in East and Southern Africa. JCO Glob Oncol. 2020;6:49-55.

*Correspondence to: Robert Fernandez, College of Medicine and Dentistry, James Cook University, Townsville, Australia, E-mail: Fernandez.r90@jcu.edu.au

Citation: Fernandez R (2024). Barriers to Paternity Leave: Societal Attitudes and Workplace Cultures. J Women's Health Care. 13(8):743. **Copyright:** © 2024 Fernandez R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Received: 27-Jul-2024, Manuscript No. JWH-24-33393; **Editor assigned:** 30-Jul-2024, PreQC No. JWH-24-33393 (PQ); **Reviewed:** 13-Aug-2024, QC No. JWH-24-33393; **Revised:** 22-Aug-2024, Manuscript No. JWH-24-33393 (R); **Published:** 27-Aug-2024, DOI: 10.35248/2167-0420.24.13.743

Fernandez R.

- 4. Chopra S, Khosla M, Vidya R. Innovations and challenges in breast cancer care: a review. Medicina. 2023;59(5):957.
- Litton JK, Regan MM, Pusztai L, Rugo HS, Tolaney SM, Garrett-Mayer E, et al. Standardized definitions for efficacy end points in neoadjuvant breast cancer clinical trials: NeoSTEEP. J Clin Oncol. 2023;41(27):4433.
- 6. Ingman WV, Richards B, Street JM, Carter D, Rickard M, Stone J, et al. Breast density notification: an Australian perspective. J Clin Med. 2020;9(3):681.
- 7. Swain SM, Shastry M, Hamilton E. Targeting HER2-positive breast cancer: advances and future directions. Nat Rev Drug Discov.

2023;22(2):101-26.

- 8. Patel AK. Breast radiology advocacy: responding to the call-to-action. Radiol Clin. 2021;59(1):13-7.
- 9. Weber WP, Gentilini OD, Morrow M, Montagna G, de Boniface J, Fitzal F, et al. Uncertainties and controversies in axillary management of patients with breast cancer. Cancer Treat Rev. 2023:102556.
- Sessa C, Balmaña J, Bober SL, Cardoso MJ, Colombo N, Curigliano G, et al. Risk reduction and screening of cancer in hereditary breastovarian cancer syndromes: ESMO Clinical Practice Guideline. Ann Oncol. 2023;34(1):33-47.