

# DIFFICULTIES, HEALTH PROBLEMS AND PROFESSIONAL SUPPORT OF DIVORCED FATHERS LIVING SEPARATELY FROM THEIR CHILDREN – EXPERIENCES IN HUNGARY

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## Summary

**Introduction.** The situation of divorced men who live separately children is difficult in Hungary, as well as in many other countries. The effects of divorce on all family members is considerable, therefore, the topic seems worth investigating.

**Aim.** The aim of our study was to examine the situation, difficulties and problems of divorced Hungarian fathers who live separately from their children, and their need for professional help.

**Material and methods.** The research was conducted among men of legal age who had undergone divorce for the first time, had at least one child together with their ex-wife, and the divorce had taken place in the last 1 to 5 years. A self-made questionnaire composed of four parts (6 open and 60 closed questions) was presented to the participants. The questionnaire was available online between 21/11/2015 and 20/01/2016. 100 fathers who filled in the questionnaire correctly were included in the study.

**Results.** Only 18.0% of the fathers had not noticed any physical, mental or behavioural symptoms after divorce. 49.0% of them noticed all three types of symptoms. Several fathers' work performance declined. One third (32.0%) of the fathers had such serious symptoms that they decided to consult a medical specialist. 80.0% of the fathers were not satisfied with financial support offered to them, 76.0% of them were not satisfied with the social allowances available to them, and 74.0% were not satisfied with the psychological and psychiatric support they are offered.

**Conclusions.** Fathers are not prepared to face the divorce. Physicians should be increasingly aware that divorce can be the source of physical symptoms. Fathers feel the lack of financial, social and psychological support, as well as of legal support. They would like to be involved in the family care of the Hungarian health visitors' network after divorce.

Keywords: divorced father, health care, health care professionals, divorce

## INTRODUCTION

The situation of divorced men living separately from their children is difficult in Hungary, as well as in other countries. The effects of divorce on all family members is considerable, therefore, the topic seems worth investigating. The significance of this study lies also in the scarcity of both international and national research on the situation of divorced fathers. We know of only one similar comprehensive research project conducted in Hungary in 2005 (1).

International and Hungarian statistics clearly prove that a high number of families undergo breakdown (2).

Modern societies now face a new problem – a growing number of divorces among remarried couples. Spouses decide to part sooner during their second marriage, as it is a solution of their marital problems that is already known to them (3). Although in Hungary the number and the percentage of divorces has been decreasing from 2010 (in 2010 – 23.873; 2.4‰ of all marriages; in 2014 – 19.576; 2.0‰), but

the breakup year of all the couples has not changed significantly (4). Most married couples divorce 5-9 years after marriage (4). Minors are typically also involved in this legal procedure. In Hungary, approximately 30,000 children (4-7) – and thus nearly the same number of mothers and fathers – are faced with family breakdown each year.

About 60.0% of the broken families have minor children (8). One third of the couples who divorced in 2010 had one child together, one fifth had two children, and 7.0% had three or more minor children together (8). It is estimated that in 2012, the total number of divorced parents' children below 18 was between 200 and 220 thousand, and so, more than 10.0% of the total number of children in Hungary lived in families that had undergone divorce (9).

About 30.0-35.0% of children experience are not raised by two parents living in marriage (9).

The effect of divorce on children had been studied by international and Hungarian experts (10). In Hungary, scientific interest in this matter raised in 1970s, when it was observed that health problems were common in more children from divorced families (11). By now, the reactions of children of different age to the divorce had been well studied (11). It is known that children undergo multiple phases when facing parents' separation (12, 13). There is great discussion in scientific society on how divorce precisely affects minors, but there is general consensus that they experience psychological problems that are not only due to incorrect parental behaviour, but also to the fact that they are to leave one or both of their parents, move out, and experience financial problems of their parents (14-18). New parents, as well as siblings, may also appear in their lives (14-18).

Some studies focus on factors that influence children's ability to cope with parents' divorce. Positive influence of having stable relationship with both parents and having a chance to express their feelings and ideas to their parents was observed (10, 11). Cooperation between separated parents, their healthy attitude to the situation, as well as their general health, enable child's healthy development (19). Generally speaking, the more clearly settled relationship between the parents is and the better they cooperate in raising their children after the divorce, the less harmful is their divorce to the children (19).

For the parents, divorce is also a challenging psychological experience. For the mother and father, divorce results in the disintegration of the original family structure and familiar way of life (20). The powerful feeling of belonging together in a family correlates with the quality of life (21). On the other hand, the lack of support from the family is related to self-destructive behaviours, such as nicotineism, alcoholism and suicide attempts (21).

The separated parent may also be challenged by their child, as the child attempts to protect the parents they live with (22).

In the past, children generally remained with one of their parents after divorce – typically with their mother – and the other parent could contact the children as a separately living parent. Over the time, this solution had become less and less satisfactory for separated parents – typically fathers – who wanted to spend more time with their children and tried to have a more active role in their children's lives (23). According to our experience, physical breakup and actual separation is one of the biggest source of stress and problems for divorced fathers. Our research also shows that the separation of the parents from their children and its difficulties typically affect fathers (24). According to the findings of another survey we conducted on the changes of relationship between father and child after divorce (25), one fourth of the fathers declared that their relationships with children improved, 12.0% of them declared that they did not change, and 54.0% of them feel their relationship with their children deteriorated, e.g.: "I have not talked to him for almost ten years. Last year, I went to see him, but it did not have much sense. He is not interested in me, we have not spoken for months. I've tried to contact him, but in vain. There is a huge distance between us. Perhaps now, after ten years, the situation is getting better".

In terms of legislation, several positive changes have been made in Europe and Hungary in the last few years. Several European countries suggest to use shared custody and emphasize the need for cooperation of both parents after the divorce, so that both parents take responsibility for children after divorce (19). Shared custody or other arrangement in which parents exercise custody in turns has been adopted as default in many European countries (23). Children's interests are given priority in all the aspects, including divorce cases, with the aim of ensuring proper physical and mental development, as regulated by national acts and international conventions (19, 26, 27). New Hungarian Civil Code from 2013 regulates family law, including matters such as divorce and parental custody (19, 28). Joint custody is the option of choice, however, it is only possible when full agreement and maximal cooperation between parents is achievable. Mediation was legally introduced in Hungary in 2002, and in 2012, judicial mediation was regulated (19). Legal focus on the good of the child with adequate regulations enables to take best possible care of interests of the child in case of divorce of the parents (19, 26-28).

In professional healthcare, the predominant attitude of attributing all the symptoms to somatic causes can be an obstacle in helping persons suffering from unsolved family problems, as they are often overlooked by medical professionals (29). Personal crises, such as divorce, can cause various physical symptoms, including insom-

nia, weight loss, problems in professional life, spasmodic sobbing, suicidal thoughts, abdominal pain and heart malfunctioning (29).

In Hungarian public healthcare, help to families undergoing divorce can be provided not only by physicians, psychologists and health development specialists, but also by health visitors (30). This system is unique for Hungary and has been developed from 1915, when the Stefánia Association was founded (31). Health visitors can work only after obtaining health visitor's diploma (32, 33). The role of a health visitor is to offer help and advice to pregnant women and parents of children up to 18 years of age (32, 33). Health visitors have an important role in the health promotion (physical, mental, psychical, and social well-being), health development, early recognition of physical, mental, psychical, and social disorders (32, 33). Health visitors are healthcare professionals who are the first to meet with pregnant women and family members, and give the family tools to primary prevention of physical and mental health of the family (34). They visit every pregnant women and families with children up to 3 years of age at their homes (32, 34). They also have the possibility to refer the family to adequate specialists in case of possible family crises (34, 35).

#### AIM

The aim of our study was to examine the situation, difficulties and problems of divorced Hungarian fathers who live separately from their children, and their need for professional help.

First, we wanted to assess main difficulties, complaints and health problems that divorced fathers had to face. This knowledge is necessary for health care professionals, including health visitors, to provide efficient help. Moreover, Hungarian experiences can serve international community, as they can help social workers, healthcare workers and other professionals whose duties are similar to those of health visitors.

In this study, we examined health status of fathers who had undergone divorce (1), their physical, mental and behavioural symptoms that may suggest diseases (2). We also wanted to determine whether they had sought professional help in treating these symptoms, and if so, what specialists they had consulted and what medications they had been taking. We wanted to explore whether, in their opinion, professional help available to them was sufficient and what kind of help they needed (3). We focused on health visitor's opportunities.

#### MATERIAL AND METHODS

The research was conducted among men of legal age who had undergone divorce for the first time, had at least one child together with their ex-wife, and the divorce had taken place in the last 1 to 5 years. A self-made questionnaire composed of four parts was presented to

the participants. The parts were: (1) social and demographic data; (2) situation before the divorce (breakdown of own marriage, measures taken in order to save the marriage); (3) situation after the divorce (change of residence, work, children, state of health, and their view on divorce); (4) professional support, with primary focus on the health visitor's role.

The questionnaire contained 6 open and 60 closed questions. It took about 15 minutes to fill in. The participation was anonymous and voluntary, and the use of the data exclusively for scientific purposes was warranted. The questionnaire was available online between 21/11/2015 and 20/01/2016 after having been successfully pre-tested. The hyperlink to the survey was placed on the websites of several national associations, groups and forums assisting divorced fathers in Hungary. 100 fathers who filled in the questionnaire correctly were included in the study. The data were processed with Microsoft Office Excel, Microsoft Office Word, Google Docs Questionnaire and Google Tables software.

In this study, we exclusively investigate the topics included among the research aims, and only focus on presenting the results from this field, while not including results from other topics.

#### RESULTS

All respondents lived in Hungary: in the capital city (36.0%), county seats (17.0%), smaller towns (35.0%) and villages (12.0%). The mean age of the participants was 40.23 years. 30.0% of the fathers surveyed were between 36 and 40 years of age, 19.0% – between 31 and 35, 22.0% – between 41 and 45, 21.0% – between 46 and 55, 7.0% – younger than 30 years old, and 1.0% – between 56 and 64. No older respondents participated in the study.

Most of the surveyed had secondary (50.0%) or higher education (46.0%) and 4.0% had primary education. 61.0% of them had been married and had divorced, while 39.0% of them had been living in cohabitation and had decided to separate. They declared that their relationship with their spouse had started to change for worse on average 6.1 years after the wedding or start of cohabitation. The mean length of their partnership was 8.9 years. Divorce/separation happened on average 2.7 years before filling in the questionnaire. Women (67.0%) made the decision about the divorce more frequently than men.

58.0% of the participants had one child, 34.0% of them had two children, 7.0% had three children and one participant (1.0%) had five children. A total of 152 children were affected and the mean number of children per family was 1.52. During the divorce process, parental custody was given to the mother in 75.0% of cases, to the father in 10.0% of cases. In 7.0% of cases, it was agreed to exercise joint custody, and other solutions were ordered by court in 8.0% of cases.

After the separation, 52.0% of the fathers moved out of the shared house, while the same was true for 24.0% of mothers. Both spouses moved out in 24.0% of cases.

36.0% of fathers did not have an opinion on whether separation had had good influence on their children's healthy development, 35.0% declared they thought it was good for their children, and 29.0% of them decided they thought it affected their children negatively.

The living standard of the divorced fathers decreased, since part of their income had to be given by them to the mother of their child. 72.0% of the participants paid alimony on a regular, monthly basis. 65.0% of all fathers felt that their standard of living has decreased and 47.0% of all fathers were not satisfied with their standard of living.

First, we examined health status of fathers who had undergone divorce, their physical, mental and behavioural symptoms that may suggest diseases. The participating fathers had to choose the concerning physical and psychological symptoms and illnesses from a list provided by the authors of the study. They could use the 'other' answer to provide answers from outside of the list. The answers to the question concerning physical, mental and behavioural symptoms and diseases are summarized in table 1.

Only 18.0% of the participants did not notice any physical, mental or behavioural symptoms that had appeared after divorce. More than half (51.0%) of the participants noticed both physical and mental symptoms, 6.0% – only physical signs and symptoms, and 25.0% – only mental symptoms, 8.0% – only behavioural symptoms, 5.0% – behavioural and physical symptoms, 49.0% – all three types of symptoms.

Most frequent physical signs and symptoms included tiredness, gastric problems, abdominal pain, chest pain and head and back pain. Hypertension, tachycardia, dyspepsia, reduced immunity, hand tremor, sexual disorders and tachypnoe were also enumerated. Other symptoms, such as nausea, emesis, abnormal sweating, xerodermia, pruritus, sweaty palms, acne and allergic diseases, had lower prevalence.

Feeling depressed was the mental symptom that was noticed most frequently. The feeling of estrangement, anxiety and irritability were also complaints of high proportion of the participants. Reduced concentration, apathy and reduced self-estimation were also frequent. Inattention, inability to decide and forgetfulness caused problems to some participants as well, and in some of the participants, new addictions and panic attacks were self-observed.

Most frequent behavioural symptoms included sleep disorders, impatience and crying, as well as negligence of relationships, loss of sexual interest and aggressivity.

Several participants' work performance declined because of their deteriorating health status (32.0%). More-

over, some of them lost their jobs (10.0%) due to the symptoms. "Half a year after the separation I hit the rock bottom and I could not work for 3 months".

65.0% of the participants were satisfied with their current state of health and 72.0% did not have any concerns regarding their health status in the future.

We also asked whether the participants searched for help after noticing their symptoms, and if so, what specialists they had consulted. The results are shown in table 2.

One third (32.0%) of the participants decided to consult a physician because of their symptoms. Most of them (23 persons) referred to a general practitioner within their basic healthcare. 21 persons visited an internal medicine specialist or a cardiologist, 15 – a psychiatrist, and 2 – other specialists, such as a Hellinger therapist. 59.0% of the fathers who consulted a physician and 19.0% of all the participants of our study had had medications prescribed to them due to their symptoms.

39.0% of the participants referred to the mental health specialist, but 61.0% of the fathers affected with mental symptoms tried to solve their problems on their own. Those who asked for help mainly visited psychologists and mental hygienists, and few of them (3 fathers) went to kinesiologists for their mental problems. 12 fathers attended self-help groups and 3 men received other professional help (church staff, priests or pastors).

Fathers who did not refer to physical or mental health specialists obtained their help from friends, acquaintances or relatives.

One third of the participants felt they had received adequate support after the divorce. The answers to this question, as well as answers concerning kind of support the participants felt they needed, are summarized in table 3.

Fathers typically considered the help they received after the divorce not sufficient. 80.0% of the participants were not satisfied with financial support they obtained, 76.0% of them were dissatisfied the social benefits and allowances available to them, and 74.0% were not satisfied with psychological support. Newly divorced fathers mostly needed legal help. In their opinion, after the divorce nobody cared about what happened to men who had just lost almost everything and that the fathers received practically no help to start their lives again.

Professional help and advice from health visitors (fig. 1), concerning their children's appropriate development, allowances, healthy lifestyle, child raising, leisure time activities, healthy eating, health and others (such as order of the day, hygiene, putting children to sleep, relaxing, getting children dressed), were needed according to our respondents.

Even if the participants of our study had been familiar with health visitor's assistance before the divorce and

Tab. 1. Physical, mental and behavioural symptoms noticed after separation (N = 100)

Rank	Type of physical signs and symptoms	Incidence rate, N = 56 [no. of persons]	Type of mental symptoms	Incidence rate, N = 77 [no. of persons]	Type of behavioural symptoms	Incidence rate, N = 91 [no. of persons]
1.	Tiredness	35 (62.5%)	Feeling depressed	58 (75.3%)	Sleep disorders	63 (67.0%)
2.	Gastric disease	28 (50.0%)	Anxiety	45 (58.4%)	Impatience	44 (48.3%)
3.	Abdominal and chest pain	25 (44.6%)	Irritability	45 (58.4%)	Crying	33 (36.7%)
4.	Head and back pain	25 (44.6%)	Feeling of estrangement	44 (57.1%)	Negligence of relationships	21 (23.1%)
5.	Dyspepsia	20 (35.7%)	Reduced concentration	38 (49.6%)	Losing sexual interest	18 (19.7%)
6.	Hypertension	18 (32.1%)	Apathy	35 (45.5%)	Aggressivity	14 (15.3%)
7.	Hand tremor	17 (30.3%)	Reduced self-estimation	33 (42.8%)	Others: abnormal tranquillity, carefulness	7 (7.7%)
8.	Tachycardia	17 (30.3%)	Inattention	27 (35.1%)		
9.	Reduced immunity	16 (28.5%)	Inability to decide	18 (23.4%)		
10.	Others: vertigo, malaise, losing weight	15 (26.7%)	Forgetfulness	15 (19.5%)		
11.	Sexual disorder	13 (23.2%)	New addictions	11 (14.3%)		
12.	Tachypnoe	10 (17.8%)	Panic attack	10 (12.9%)		
13.	Nausea, emesis	9 (16.1%)	Others: reduced sense of security, homesickness	2 (2.6%)		
14.	Abnormal sweating	8 (14.3%)				
15.	Xerodermia	6 (10.7%)				
16.	Pruritus	5 (8.92%)				
17.	Cold, sweaty palms	4 (7.14%)				
18.	Acne	3 (5.35%)				
19.	Allergy	1 (1.78%)				



Tab. 2. Required professional help and medicinal treatment

Divorced fathers who required professional help (N = 100)			
Visited medical specialist	Participants who had consulted a physician, N = 32 [no. of persons]	Visited mental health specialist	Participants who had consulted a mental health specialist, N = 39 [no. of persons]
General practitioner	23 (23.4%)	Psychologist	26 (74.4%)
Internal medicine specialist/cardiologist	21 (65.6%)	Self-help group	12 (30.7%)
Psychiatrist	15 (46.8%)	Mental hygienist	8 (20.5%)
Other (therapist, Hellinger therapy specialist)	2 (6.25%)	Kinesiologist	3 (7.7%)
		Other (ecclesiastic)	3 (7.7%)

Participants who needed medicinal treatment after consulting physician: 19 people (59.4% of all the participants who had consulted a physician)

Tab. 3. View of support to divorced fathers

Views on support to divorced fathers (N = 100)			
Type of support	Adequate support		
	Yes (%)	No (%)	I don't know (%)
Financial	4.0	80.0	16.0
Social (catering, accomodation)	4.0	76.0	20.0
Psychological	7.0	74.0	19.0

**What kind of support do newly divorced fathers need?**  
 Most of the participants of our study (79 persons; 79.0%) needed legal advice. A few examples:  
 “Financial and legal support, if, for example, it was possible that family tax benefits were shared between the two parents who are divorced, so that more money would remain from our salary both for our living, and for child support. We are discriminated”.  
 “Legal support: the mother can manipulate our relationship with the children as she likes, and it is impossible to prove. The mental terror continues and it is difficult or impossible to prove”.  
 “Anyway, the legal practice is really bad, because after the divorce, the court always and in every case gives priority to the mother and protects the mother’s rights. When a man grows old, he can go to the poorhouse after he having worked for a lifetime”.

had known their health visitor personally, they had not asked advice from them after divorce, as 77.0% had never contacted her after divorce. 75.0% of the participants were interested in taking part in family care provided by health visitors. They would find this opportunity useful, especially due to the fact that after divorce, they felt to have considerably less information regarding health and condition of children because the mothers did not provide them such information. 59.0% of the participants disagreed with the mother on child raising, and would like to receive professional educational advice.

**DISCUSSION**

To our best knowledge, no research on health status and problems of divorced fathers has been conducted in Hungary for the past few decades. For this reason, we could not collect great amount of data to compare our results with.

A lot is known about the processes preceding to divorce, but considerably less about what follows. Little is known about the situation, general health status and problems of divorced Hungarian fathers who live separately from their children (11).

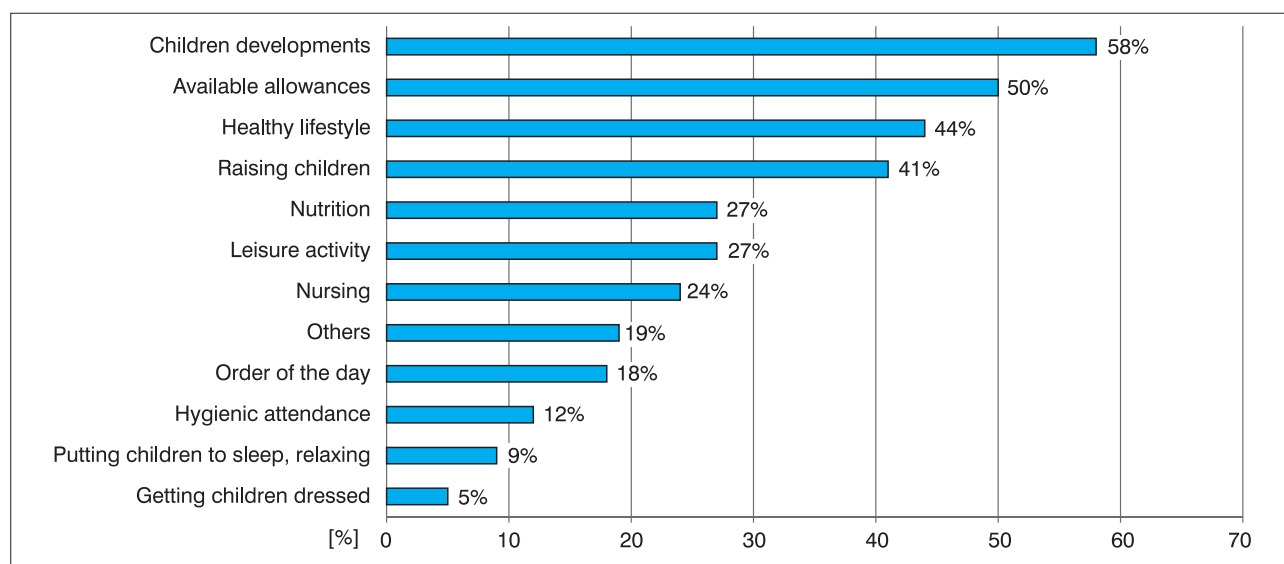


Fig. 1. Health visitors' help and advice needed by fathers

In our current study of divorced fathers living separately from their children, the participants mainly lived in cities, had secondary or higher education, and divorced on the average 2.7 years before the survey. Mean duration of their partnership was 8.9 years (identical with national statistics (4)), the average number of their children was 1.52 (higher than national statistics (4)), and after divorce, parental custody was given to the mother in 75.0% of cases (corresponding to the national trend (4)).

A shockingly high number of divorced fathers spoke about their physical, mental and behavioural symptoms: only 18.0% did not notice any signs that had occurred after divorce. During family therapy work, symptoms similar to the results of our survey were observed in divorced parents, which included: sleeping disorders, losing weight, difficulties at work, spasmodic sobbing, suicidal thoughts, abdominal pain, heart disorders (29), however, the data was not restricted to divorced fathers, but also to the mothers. Our results confirm, and even exceed, the results cited when it comes to damage due to divorce. Divorced fathers who live separately from their children lose support of their original family, struggle with many physical, mental and behavioural problems. They often experience symptoms which are not compatible with an archetype of man in Hungarian society, such as tiredness, anxiety, indecisiveness, sobbing.

In our opinion, one of our most significant findings of this study is that a high percentage of divorced fathers have health, mental or behavioural problems, and they are often so distressing that they decide to see a general practitioner, a specialized physician, a psychologist or a mental hygienist. In our study, we did not examine whether the fathers inform their physicians of their marital status and personal difficulties. It is not clear whether professionals ask their patients about their fam-

ily problems when examining the patient. In our opinion, the predominant attitude of attributing all the symptoms to somatic causes can be an obstacle in helping persons suffering from unsolved family problems, as they are often overlooked by medical professionals. Health specialists often seem not to think about tension, stress and unsolved family problems as possible sources of physical symptoms (29).

We believe that medical specialists, including paediatricians and internal medicine specialists, as well as psychotherapists and family therapists, have an important role in treatment of psychosomatic disorders.

We share the opinion that the family doctors in charge of several family members of different generations have the unique opportunity to do much more than treat somatic diseases. They can observe the family's relations and their influence on health status of the members. A family doctor's work becomes genuinely efficient if he refers the family to the required specialists in cases which exceed his competences (34).

What is striking in our results, is that after divorce fathers feel completely abandoned in terms of professional support. A possible solution to their problems could be provided in the form of advice given by health visitors, who work in basic health care in Hungary. We do not support the continuation of family care provided by health visitors to after the divorce – The presence of both father and mother during examinations, counsellings and family visits could confuse the child. It could create a false hope on possible reconciliation between the parents, which could be detrimental to the child's development (10). – However, we think advice to the fathers on several topics they enumerate, including their children's appropriate development, allowances, healthy lifestyle, child raising, leisure time activities, healthy eating, health and others, is needed.

We believe that members of a family are part of a micro social system and that they react to problems of other family members, and so, they can contribute to solving them (20). For this reason, and based on our results, we think that health professionals who work with a families must be aware that the breaking up of the family system affects every member of the family, including separately living father, and his unsolved problems also affect the life of other members of the family.

The Hungarian legal regulations also emphasize the importance of cooperation between professionals, children, the separated parent and the parent living with the child. Parents need to make important decisions, such as school selection or choosing a profession for the child, together (28). Better cooperation between parents and reinforcing the separated parent's rights and duties should be the aim of future regulations. The new Hungarian Civil Code authorizes the Court and public guardianship authority to initiate a mediation procedure when certain family problem arise. Mediators are being assigned to an increasing number of courts of justice (30).

## CONCLUSIONS AND SUGGESTIONS

Up to now, the social and demographic status of divorced fathers living separately from their children, their situation before and after the divorce, the professional assistance they need and the role of health visitors were not studied in Hungary. Although our survey did not have a national scope and only included 100 participants, an image of the situation is provided and important conclusions can be drawn, so as to facilitate future national research.

The purpose of our study was to explore divorced fathers' lives, learn about their problems, and ask their opinion. We wanted to enable them, and through them, their children as well as the mother and the new family, to successfully overcome the divorce crisis with dedicated, specialized help based on their needs, mainly through professional healthcare support.

Our findings and proposals for their professional support are as follows:

1. The incidence and variety of reported symptoms indicate that fathers are not prepared to face the divorce. In addition to general symptoms, signs incongruent with men's traditional role in Hungarian culture could be seen (inability to decide, crying).
2. The fathers refer to physicians for help because of their symptoms. Due to the high number of divorces and difficult situations they provoke, physicians should be increasingly aware that divorce can be the source of physical symptoms and should be prepared to ask their patients about recent changes in their family status. GP, who are the first to be contacted, and who often treat entire families, have the biggest role to

play. Need for medication, difficulties at work due to deteriorating health and job loss could be prevented if the patients are helped early.

3. Progress is seen in the fact that men already psychologists and mental hygienists with their mental symptoms, however, earlier and more extensive professional assistance would be needed.
4. One of the most important messages of our study is that fathers feel that their situation after divorce lack financial, social and psychological support, as well as legal support. This message should be transmitted to lawyers and politicians.
5. Fathers would like to be involved in the family care of the Hungarian health visitors' network after divorce. Professionally, this is not recommended and not considered possible to implement. However, we recommend consultation with divorced fathers on the recommended topics.
6. Although the primary prevention of divorce was not a subject of our research, the survey showed difficult situation and diseases of fathers. This calls attention to primary preventive work, and family reinforcement by health visitors and other professionals working with families, as well as the significance of referring family members to competent professionals (marriage and family therapists).
7. The harmonized informative and educational work done by professionals, establishing good practices for support of divorced fathers who live separately from their children, the collection and publication of professional experiences would lead to much improvement in this field.

We hope that this research and the above recommendations will contribute to the success of national and international professionals engaged in this field.

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