Augsburg University

[Idun](#)

2013

The Malaika Project

Monicah M. Gikiri

THE MALAIKA PROJECT

MONICAH M. GIKIRI

Submitted in partial fulfillment of
the requirement for the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2013

Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form

This is to certify that **Monicah Gikiri** has successfully defended her Graduate Project entitled **"Malaika Project"** and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of oral defense **December 6, 2013**.

Committee member signatures:

Advisor: _Joyce P. Miller DNP, RN_ Date _12/6/2013_

Reader 1: _Katie Clark MAN, RN/GPM_ Date _12/6/2013_

Reader 2: _Nicholas P. Randolph, LICSW_ Date _12-6-13_

Abstract

Father involvement has been reported to have a positive relationship with children outcomes. The goal of this project is to empower young fathers by providing a safe home. The Malaika project will provide safe housing for young fathers age 18-21. Providing housing stability could potentially increase the parental involvement of the young father. The project was guided by Watson Theory of Caring and Culture of Safety Theory developed by Irihapeti Merenia Ramsden. This paper provides a guide on how these safe homes will be established. The project will discuss challenges that have been identified such as financing, IRS filings, and timing for the Project.

Key words: Young fathers, caring, caritas process, social justice, structural violence, empowerment.

Dedication

I dedicated my work to a dear friend, Paul Mwangi. Thank you for all the unconditional support you continue to give me. You have provided me unwavering wherewithal over the years- for that I am forever grateful.

To my lovely daughters Maggie and Angel, thank you for seeing me through another milestone. You are the best cheerleaders in the world. Your words of wisdom surpasses your chorological ages. You will do a lot for this world. Keep on working from your pure souls.

Thank you to my family and friends. Your support during this long journey was greatly appreciated. Thank you for your prayers, emotional support, and an ear for me to air out my frustration whenever I needed. You saw me over some rough terrains- Thank you!

Acknowledgments

I would like to acknowledge my committee: Joyce Miller, Kathleen (Katie) Clark, and Nathan (Nate) Rauschendorfer. A very special thanks to Dr. Miller; your guidance and support was highly appreciated. To Katie, thank you for reminding me I can reach my goals. Your selflessness to the marginalized population reminded me that everyone's effort can make a difference. Nate, I knew I wanted to work with you the first time I met you. Your dedication, humility, and expertise in the field is well documented. Thank you for advocating for those among us with "no voices".

I would like to acknowledge my panel of experts: John Turnipseed and Jon Harper. Your input to my work was greatly appreciated. Your eagerness to help and guide me was invaluable. I am forever indebted by your passion, generosity and thoughtfulness.

To my Augsburg College family: classmates, instructors, administrators and office support staff. I appreciate the feedback, comments, opinion, challenges and support you afforded me during this journey. Your commitment to academic enlightenment has improved my academic lens and vision. Special thanks to Pauline Abraham, Martha Aleman, Kerry Appleton, Katherine Baumgartner, Liyu Daniel, Virginia McCarthy, and Joyce Perkins for reigniting the fire in me and keeping it burning.

Table of Contents

FIGURES

THE MALAIKA PROJECT

Chapter One: Introduction

Recent years have seen a reduction in teen pregnancies in America, but the rates still remain unacceptably high (Gikiri, 2013). The Centers for Disease Control and Prevention (CDC) (2012) reported that African Americans, Hispanics and Native Americans continue to have higher than average rates of teen pregnancy. According to the CDC report, Hispanic teens had three times more children than Asians teens and one and a half times more children than Non-Hispanic Whites. Children of teenage mothers were more likely to have lower school achievement, drop out of high school, have more health problems, be incarcerated at some point as adolescents, be teen parents, and face unemployment as young adults. However, the CDC report was only on young mothers. This report did not address the effects of young fatherhood on the child or the young man. Several researchers have noted that research on young fathers is lagging (Gikiri, 2013; Lemay, Cashman, Elfenbein, & Felice, 2010; Tuffin, Rouch, & Frewin, 2010). Young fathers need to be included in the campaign to reduce teen parenting to achieve a substantive reversal on young parenting trends, especially in minority families. The Malaika Project is a concept venture that will support young fathers' foster relationships with their child (or children) by providing safe housing. The ultimate goal of this project is to empower young fathers.

Malaika is a Swahili word meaning "angel". The Project was named Angel to suggest a messenger of empowerment, strength, and protection. Angel (English), *angelus* (Latin), or *angelos* (Greek) means messenger. Woods (2010) proposed that empowerment is "a multidimensional social process that helps people gain control over their lives and

thereby increases their own capacity to respond to those issues that they deem important"
(p, 719). The name Malaika aligns with the project's goal of empowering young fathers
to increase involvement in their children's lives. As noted previously, housing stability
and affordability continues to be a challenge for young fathers. With this in mind, the
ultimate goal of the Malaika Project is to offer support to young fathers by providing safe
housing.

Fathers have been reported to play a significant role in children's lives. Buckelew,
Pierrie, and Chabra (2006) reported that children with involved, loving fathers are
significantly more likely to do well in school, exhibit empathy and pro-social behavior,
and avoid high-risk behaviors such as drug use, truancy, and criminal activity compared
to children who have uninvolved fathers. On the other hand, Saleh, Buzi, Weinman, and
Smith (2005) reported that lack of paternal involvement has been found to increase the
likelihood of poverty, crime, school problems, and cycles of repeat pregnancy. There is
no consensus on the effects of father's involvement as a protective factor, a deterrent
factor, or a positive factor in the children's outcomes. However, father's involvement is
positively associated with children's positive behavior and inversely related to negative
behavior (Gikiri, 2013).

Young fathers are faced with multiple barriers to paternal involvement. The
barriers include lack of maturity, scarcity of economic support, unemployment, and low
educational attainment, resistance from the teen mother, and maternal and paternal
grandparents (Buckelew et al., 2006; CDC, 2013a; Gikiri, 2013; Lemay et. al., 2010). On
the other hand, Tuffin, Rouch, and Frewin (as cited by Gikiri, 2013) reported that young
men were less likely to receive support from professionals or their families. These

multiple barriers and lack of support may decrease the probability of young fathers'

involvement in their child's life. As noted earlier, researchers identified economic

concerns as major barriers for the young fathers.

The cost of raising a child continues to increase significantly. The United States

Department of Agriculture (USDA) estimated that the cost to raise a child in the Midwest

for a single parent household making less than $60,000 is approximately $10,010. The

greatest share of these expenses is housing - accounting for 30% of the total income

(Wadsworth, 2012). This is a significant amount of money especially because young non-

residential fathers are more likely to be unemployed or under employed (CDC, 2012;

Gikiri, 2013; Saleh et al., 2005; Whitehead, 2008). The increased housing cost makes it

difficult for young fathers to procure safe and stable housing.

Safe housing has been reported as a positive factor that could create the stability

needed to raise a child. Cutts et al. (2011) reported that housing in the United States (US)

was a strong social determinant of health. Poor housing conditions have been linked to

multiple negative health outcomes in both children and adults.

Housing insecurity was associated with measures of poor health, growth, and

development in young children. The Department of Health and Human Services defines

housing insecurity as high housing costs in proportion to income, poor housing quality,

unstable neighborhoods, overcrowding, or homelessness (Cutts et al., 2011). Housing

insecurity has been associated with several important markers that determine good health.

For example, Cutts et al. reported that young children were particularly vulnerable to the

lack of a stable environment or to the stress of their families' housing insecurity. The

researchers proposed that housing insecurity impedes the development of role models,

informal neighborhood social supports, connections to resources such as child, family participation in the social environment, and establishment of a medical home for consistent health care.

Background

The CDC (2013a) reported 329,797 babies were born to women ages 15–19 years in 2011; Black and Hispanic youth comprised 57% of these teens birth. The CDC (2013b) reported that 66,800 out of 365,000 teen births in 2010 were repeat teen births: 57,200 were second births, 8,400 were third births, and 1,200 were fourth or more births. The report noted that American Indian and Alaska Natives, Hispanics, and Black teens were about 1.5 times more likely to have a repeat teen birth as compared to white teens. Several researchers reported that a large number of children born to teenage mothers had a teenage father (Darroch, Landry, & Oslak, 1999; Ford, Sohn, & Lepkowski, 2001; Mollborn & Lovegrove, 2011). Therefore, it is conceivable to assume that similar numbers of young men are involved in young parenting.

The Malaika Project is geared toward young fathers between 18 to 21 years of age. The fathers will be provided a safe home in the Minneapolis/St Paul metro area. The intention of the project is to empower young fathers to be more involved in their children's lives. This project will provide a supportive environment that could potentially make it easier for young fathers to reach their goals in life.

Young fathers need assistance with stable and safe housing because the economic down turn has significantly affected the rental market in Minnesota. Mador (2013) reported that the Twin Cities metro area is experiencing the lowest rental housing vacancy rate in a decade. Rental vacancy is the proportion of vacant units available for

rent. The effect of a low rental vacancy rate is that as rent on apartment increases it is difficult for low-income people to find inexpensive apartments. Mador noted that the average monthly rent in the Twin Cities for the first 3 months of 2013 was $966. The report suggested that more metro renters are spending more than half their income on housing. She reported that a national study ranked Minnesota as the least affordable state for housing in the Midwest. Mador stated that housing policy experts proposed that high rents could be the new normal in Minnesota. Another report by Buchta (2013) proposed that hundreds of new apartments in the Twin Cities have not reduced the demand for rental units. Buchta reported that vacancy rate in the metro area was 2.8% first quarter of 2013; downtown Minneapolis average vacancy rate was 2.2% in the same time period. The national rental vacancy rate is 8.6%, a decline from 8.8% a year ago (Njus, 2013). The lack of inexpensive rental units in the Twin Cities makes it difficult if not impossible for young fathers to secure safe housing. A challenge of the housing market on young fathers is a view that was shared by a panel of experts interviewed for this project.

Personal interviews were conducted with three practitioners who work closely with young fathers. The practitioners suggested that housing stability was one of the major challenges facing young fathers. Nate Rauschendorfer and John Turnipseed revealed that safe housing was one of the major hurdles reported by young fathers in their program. Rauschendorfer is a program director for Dad's Connection, a Catholic Charities /Seton Services Program. He works as a clinical counselor for fathers of all ages. He noted bureaucracy as another major challenge faced by young fathers as they seek assistance. He reported that most young men give up searching for help because of the negative treatment they receive as they seek support. Rauschendorfer reported that

society seems to be more understanding and supportive to young mothers, but less supportive to young fathers (N. Rauschendorfer, personal communication, March 7, 2013). The Malaika Project could eliminate the bureaucracy required for young fathers to have access to safe and stable housing.

The second interview was conducted with Mr. John Turnipseed, director of Center for Fathers. Mr. Turnipseed reported that the teens face issues with the justice system, visitation rights for their children and often have an overall outlook in life that no one cares about them as human beings. He noted that poverty makes most people make decisions they would not ordinarily make. He reported that even when one does not have the answer for a teenager's question, helping find the answers goes a long way for people who have been told "no" most of their lives. Turnipseed reported that the most serious social issue in the country today is father absenteeism. He proposed that most societal issues could be resolved by having a role model father in the home. He suggested that father absenteeism is the single largest reason for poverty in African American families (J. Turnipseed, personal communication, March 12th, 2013). The Malaika Project will seek to provide a housing answer for some young fathers in this vulnerable population. The Project will have minimal red tape to ensure the young fathers are treated with dignity and respect.

The third interview with Mr. Jon Harper, executive director of Adventures in Fathering. Mr Harper was unable to meet in person therefore email correspondence was used. His written report proposed that young fathers underestimate the responsibilities that come with being a father (J. Harper, personal conversation, Feb 25, 2013). He proposed that after a period of denial and mounting problems, most young fathers flee the

situation. Harper reported that in his experience, most teen parents' relationships self-destructed before the first trimester of the pregnancy. This leaves the young mom feeling abandoned and angry (Harper, personal conversation, Feb 25, 2013). Whitehead (2008) found that young mothers are frustrated when young fathers are unable to provide financial support. The father's inability to contribute to the welfare of this partner and babies may be a significant factor in the breakdown of relationships between the prospective parents and hence the emergence of the 'absent' father. Providing a home for young fathers can alleviate stress associate with providing for a family. I propose that reduced stress will allow the fathers to stay and face the hardships involved in being a new parent. In addition, community support like mentoring can further advance the young father's outlook in improving their children's lives.

Mentoring is one way to support and empower young fathers. Lemay et al. (2010) suggested that mentoring has been successful in helping to decrease problematic behaviors among adolescent and young men, suggesting that exposure to caring adults can help youths feel better about themselves and engage in less destructive behaviors toward themselves and others. All practitioners interviewed for this project reported success in the number of young fathers involved in their children's lives and doing better for themselves when they felt supported (J. Harper, personal conversation, Feb 25, 2013, N. Rauschendorfer, personal communication, March 7, 2013, and J. Turnipseed, personal communication, March 12th, 2013). They all noted that society could get more return on investment if they paid as much attention to teen fathers as they do to teen mothers. The practitioners echoed Lemay's (2010) proposal that increasing the involvement of young

fathers in the lives of their children benefit both the child and the father by providing

young men with a compelling reason to improve their own lives.

Nurse care plans require an accurate and full assessment of clients and their

environment. Herrman (2010) pointed out that a key role for nursing interventions is to

assess both family strengths and weaknesses and that the identified interventions meet the

needs of its members. I argue that the strength and weakness of young fathers has been

difficult to pin down because they have not been included in the assessment of most

family structures. Practitioners interviewed for this Project (J. Harper, personal

conversation, Feb 25, 2013, N. Rauschendorfer, personal communication, March 7, 2013,

and J. Turnipseed, personal communication, March 12th, 2013) reported that most young

fathers are non-custodian fathers. It is important that both the assessments and

interventions are guided by equity as the moral underpinning. Nurses are in a position of

encouraging fathers' involvement by acknowledging their importance in the nursing

process.

Lamb (as cited by Robbers, 2008) proposed a three-part typology of father

involvement: engagement, accessibility, responsibility. Engagement referred to the

actual hands-on activities with the child. Accessibility is the father's availability and

assistance when not in direct contact with the child. Responsibility is the financial and

emotional support provided to the child. Robbers (2008) reported that young fathers fail

in responsibility compared to encouragement and accessibility.

Young fathers continue to be in low social economic status. Mollborn and

Lovegrove (2011) proposed that teenage parents disproportionately come from

socioeconomically disadvantaged backgrounds therefore their children's compromised

socioeconomic status are partially a function of their parents' disadvantaged situation and not necessarily their parent's young ages. Further, Roos et al.'s (2013) research found that socioeconomic measures had a greater impact on achievement in young adulthood as compared to health measures. This Canadian study also found that families on Canadian social assistance had problems finding long-term housing. A similar study was not found in the United States. However, several housing advertisements explicitly noted that they do not accept Section 8 housing. Section 8 is a housing voucher program that the federal government provides to low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market (U.S. Department of Housing and Urban Development, 2013). Housing choice vouchers are administered locally by public housing agencies (PHAs). A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. However, guidelines and qualification requirements placed on the landlord to offer Section 8 approved housing discourages many landlords to apply. This is especially true in low rental vacancy areas.

<div align="center">Significance of the Project</div>

The National Fatherhood Initiative (as cited by Gikiri, 2013) reported that the federal government spends $99 billion dollars every year on programs - such as child support enforcement and anti-poverty efforts - to support father-absent homes. The organization suggested that $99.8 billion was a conservative estimate because it did not include federal benefit programs for communities, indirect costs related to poor outcomes of children from father-absent homes, and long-term costs in reduced tax income from low-earning single-parent families.

It has been theorized that father involvement provides intangible benefits that cannot be accounted for in dollars and cents. Craigie (2011) reported that fathers' involvement significantly increases the probability of receiving informal cash and in-kind contributions. The study reported that mothers are approximately 30% more likely to receive informal cash and 40% more likely to receive informal in-kind contributions when non-resident fathers are involved in their children's lives. Kruk (2012) found that there are several benefits of child well-being in co-parenting; the strongest predictor of a child's benefit was active involvement of co-parents in their children lives. The research noted that this was true for both harmonious and conflicted co-parenting. Therefore, practitioners should encourage nonresidential father involvement in parenting.

Nursing Theoretical Foundation

The Project will be guided by Watson's Theory of Caring. According to Watson (Watson & Nelson, 2011) caring involves ethical choices and action, which manifest potential for the harmony of body, mind, and spirit (soul). Hence the process of caring is a moral ideal. Watson (2008) called on nurses to assist with basic needs with an intentional caring consciousness. She noted that consciousness and intentionality are the starting points for caring. When nurses bring together caring and love in the work place they affirm that nursing is more than a job. "Caring must be grounded within a set of universal human value- kindness, concern, and love of self and other" (Watson, 2008 p. 43).

Watson (2012) proposed that the value of human caring goes beyond a moral commitment and involves a higher sense of spirit of self. Caring calls for a philosophy of

moral commitment towards protecting human dignity and preserving humanity. This Project will be created in an effort to protect young fathers' dignity.

Tanking (2010) suggested that caring is an abstract concept, which makes it difficult to measure. She noted that the caring framework of Watson's theory requires an expanded view of the traditional metaparadigm of nursing. Tanking proposed that nurses need to continually make every effort to find time for caring moments. These caring moments promote higher levels of growth and health in humans.

The Malaika Project was conceptualized with caring as the guiding concept. Watson's (2008) Theory of Caring defines caring as a process that involves knowledge, action, and consequences. She proposed 10 caritas processes that nurses can use to reflect in their practice. I identified four caritas processes that were especially important as I embarked this endeavor of improving young fathers' lives: (a) Instillation of faith and hope, (b) development of a helping-trusting relationship, (c) promotion of interpersonal teaching –learning, and (d) provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment. The Malaika Project uses the knowledge gathered in the field of young fatherhood and takes action to improve the results of their situation.

Some young fathers feel hopeless and most of them lack role models. The caritas of instilling faith and hope would help these young men believe in themselves. Nurses can provide faith and hope both in their private and professional arenas. Providing hope, trusting relationships, and a higher understanding to young fathers will in turn create a supportive, protective, and corrective mental, physical, sociocultural, and spiritual environment. Joyce Perkins (personal communication, February 21, 2013) suggested that

caring calls for nurses' actions to be initiated from motives of service and generosity of heart. It is this generosity that will empower the young fathers to do better for their families.

DiNapoli, Nelson, Turkel, and Watson (2010) proposed that *Caritas* brings caring and love into a philosophy and ethic of caring science. DiNapoli et al. (2010) stated that when practiced from a heart-centered consciousness, caring and healing relationships will evolve, and patient outcomes will improve. DiNapoli et al. reported that healing is potentiated when caring is demonstrated by caregivers. Therefore, caring practices and professional models of care grounded in the tenets of caring theory make a difference in nursing, patient, or organizational outcomes. I propose that caring and love for these young fathers will empower them in many areas of their lives leading to better outcomes.

Chapter 2 will offer a review of literature on young fathers' needs and involvement. The literature will examine: fathers roles, father involvement, health promoting environments, social injustice, structural violence, and homelessness. The literature will provide a guide on the need gap for young fathers.

Chapter Two: Review of Relevant Literature

This project is based on the premise that supporting young fathers will in turn increase their involvement in their children's lives. Part of the requirement of young fathers'continued stay in the program is an effort to be involved in their children's lives. Participants will be recruited from fatherhood promoting programs. The participants must have an interest to be in their children's lives to qualify for housing. Coley and Hernandez (as cited by Castillo, Welch, & Sarver, 2011) found that helping young fathers stabilize their lives allows them to be more involved parents and serves as a protective factor for fathers' involvement over time. Therefore, intervention with young fathers will have consequences for a child's well-being.

Fathers' Roles

Father roles have change significantly in the last few years. The role of the father as the primary financial provider is challenged by economic needs to have both set of parents contributing to the household financial needs. Smith (2010) proposed that socially constructed masculinity roles were highlighted as relinquishing control over sexual and reproductive decisions resulting in feelings of helplessness for young fathers. Smith suggested that there was a need to address masculinity roles if young fathers are to be more involved in parenting. Deslauriers, Devault, Groulx, and Sévigny (2012) reported that young fathers may disengage from their children when they felt inadequate to the task of creating a family and taking care of a baby. Deslauriers et al. (2012) found that fathers who viewed themselves as inadequate providers often disassociated themselves from this responsibility in order to mitigate their feelings of failure.

Jordan-Zachery (2009) proposed that there was a real need to reevaluate how fatherhood is defined, measured, and valued. They reported there were several barriers for low-income men to navigate the system in order to maintain contact with their children. They noted a need to distinguish between "dead beat dads" and "dead broke dads" (p. 209). Dead beat dads are conceptualized as those men who could support their families materially, but choose not to while dead broke dads are those who were willing to support their families, but could not. This project hopes to reach dead broke dads.

Father Involvement

The United State has a large number of children born out of wedlock. Approximately two of every five births in the United States (41% in 2009) were non-marital births—including more than half of all births to women under age 30 (McHale, Waller, & Pearson, 2012; Waller, 2012). Sipsma, Biello, Cole-Lewis, and Kershaw (2010) found that there was an intergenerational young paternal tendency. That is, young men who are fathers are more likely to be the sons of adolescent fathers, continuing the intergenerational young paternal status. This was echoed by Jordan-Zachery's (2009) research that found a significant number of men in the study did not have fathers. The subjects noted that men in their lives taught them how to survive and not necessarily how to parent. It is evident that a large percentage of the male population is affected by the nature of their fathers' involvement.

The importance of a father involvement is well documented in research. Hofferth, Forry, and Peters (2010) reported that a fathers contact or visitation was positively associated with payment of child support. The report suggested that children linked financial contributions with their father's emotional involvement. Therefore, it is

expected that the young fathers in the Malaika Project would increase their financial support and physical involvement with their children. Yoshida (2012) found that men with involved biological fathers were more likely to claim that they played with and provided physical care to their young. The study could not assess what aspect of being raised by a biological father impacts a man's own paternal involvement. However, the implications for the study suggested that biological fathers play an important role. The study also reported that biological fathers invested more in children compared with social fathers who have no biological ties to children. In addition, men who were raised by their biological fathers were likely to have received more consistent paternal involvement compared to those who were not raised by their fathers.

Father involvement has been reported to play a significant role in children's well-being. Castillo et al. (2011) noted that early involvement by fathers was predictive of involvement over time. Castillo et al. proposed that their findings suggested a need for policymakers and practitioners to pay particular attention to developing policies and implementing programs that support young, non-resident fathers and their families in a manner beneficial to the father–child relationship.

There are varying findings on the fathers' desire to be involved in his children and the duration of his involvement. Waller (2012) reported that evidence from the Fragile Families Study indicated that an overwhelming majority of unmarried fathers had a strong desire to be involved in raising their children at the time of birth, and most provided support to the mother early on. On the other hand, Robbers (2009) reported that the younger the father is at the time of a child's birth, the less likely he is to be involved with the child over time. A program run by Robbers' facilitated the involvement of

fathers with their children. The theoretical foundation for Robber's program was derived

from Prochaska's Transtheoretical Model of Change (TTM) (1979). Robber noted that

this model stressed the potential for development and growth and the assumption that

individuals can learn new behaviors with appropriate stimuli. Robber's intervention

program focused on locating fathers and conveying the importance of father involvement

and parenting through classes, activities, and counseling. Before being contacted by

Robber's program, young fathers in the program had no idea the extent to which the

absence of a father could negatively affect a child.

A large number of minorities are young parents. The CDC (2013a) reported that

Hispanic and African Americans account for 57% of teen births. Further, Hofferth et al.

(2010) reported that children's living arrangements vary substantially by race/ethnicity.

The study reported that 48% of African American children live with only their mothers

compared with 16% of Caucasian and 13% of Hispanic children. Further, Hofferth et al.

reported that African American mothers were less likely to receive child support after

relationship dissolution. Consequently, lack of financial support may further marginalize

these families.

Promoting fathers' involvement in parenthood is important to society. Wood

(2003) reported that approximately one third of children live in a family headed by a

single mother and 67% of these children are poor. That is more than 20% of poor

children are in single mother households. Without economic and other supportive

interventions, many of these children will be caught in a cycle of poverty and despair,

perpetuating and perhaps growing the size of an underclass in the richest nation on earth

(Wood, 2003). Malaika Project seeks to prevent this cycle by promoting fatherhood and providing the housing support that will hopefully facilitates father-child relationship.

<div align="center">Heath Promoting Environments</div>

There is a body of evidence suggesting that people's environment affect their health outcomes. Zender (2012) proposed that the quality of nurses' interactions with patients can impact direct biological health- or disease-promoting effects. Zender suggested that nurses could play a role in clients' well-being by promoting positive neuroceptions. Neuroception describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening (Zender, 2012). Cameron (2009) posited that neuroception occurs through the nervous system and is transduced into electrical (neural), chemical (endocrine), and biological (protein synthesis or other cellular activity) signals that provide physical, emotional, and mental experiences. Chronic psychosocial distress can tax the body's adaptive ability beyond its capacity, leading to adverse health outcomes. Therefore, nurses have the moral responsibility to promote environments that will be perceived as healthy and health promoting.

On the other hand, Law and John (2012) reported that the key concept of environmental control proposed by Giger and Davidhizar Transcultural Model is central to the lives of the homeless. Giger and Davidhizar Transcultural Model proposed that each individual is culturally unique and should be assessed according to six cultural phenomena: (a) communication, (b) space, (c) social organization, (d) time, (e) environmental control, and (f) biological variations. (Giger & Davidhizar, 2002, p. 185). Giger and Davidhizar posit that Environmental control is the ability of an individual to control nature and to plan and direct factors in the environment that affect them. The

model suggests that individual belief in their ability to control internal and or external control determines their health seeking behavior (Giger & Davidhizar, 2002). Consequently, Giger and Davidhizar (2002) stressed the importance of being able to control nature and the environment, arguing that failure to believe in this ability results in a more fatalistic view of health, making seeking health irrelevant. Law and John (2012) proposed that the homeless see their physical environment as a threat to their health, and ill health is inevitable as a result of that environment. Nurses can do more to improve young fathers' environment.

<div align="center">Social Injustice</div>

The debate on The Patient Protection and Affordable Care Act ("Obamacare"), in the political arena brought to the forefront different opinions on rights and obligations of the citizenry on health and healthcare. Woods (2010) proposed that the debates on social justice triggered closer examination of a more ethically refined nursing response to increasing complex set of socio-cultural inequalities. A combined social justice and relational care-based approach, as a social ethic, should guide nurses' moral deliberations and actions. Woods (2010) pointed out that the debates about ethics frequently reflect a wide range of post-structural deconstructions of modernist social and moral theories that have significant differences of opinion across an array of ontological, epistemological, and ideological positions.

Nurses must promote social justice as an ethical underpinning. Dilworth-Anderson, Pierre, and Hilliard (2012) reported that social justice is based on the notion that there is justice, fairness, and equity of economic, social, cultural, political, civil, and/or human rights. Social justice "refers to the minimization of conditions that

adversely affect the health of individuals and communities" (Dilworth-Aderson et al., 2012, p. 27). Woods (2010) echoed Dilworth-Anderson et al.'s (2012) definition of the prevailing definition of social justice. That is, social justice implies that the distribution of benefits and burdens in a society is a fair and equitable manner. Woods proposed that this view assumes a distributive paradigm of justice based on the practice of individual freedoms within the societal limits. This interpretation is not commonly experienced by afflicted minorities. To "empower individuals or groups is to not only reduce socio-cultural discrimination processes that have excluded them from decision-making processes but also to encourage an autonomous and identity-preserving response in any way that the individual or group regards as culturally appropriate" (Woods, 2010, p. 719). Woods noted that the concept of autonomy, the capacity of individuals to shape the conditions under which they live, implies there is the ability to plan, pursue, participate in and evaluate their own choices in social life. This is not realized by individuals who are marginalized as they do not have the power to make autonomous decisions. Woods (2010) proposed that the issue of true autonomy has occurred in several societies around the world and remains an issue that should be of moral concern to nurses everywhere.

Wallerstein, Yen, and Syme (2011) proposed that socioeconomic status remains the most common and documented social determinant of disease. They noted that an expanded definition of linking social capital emphasizes the capacity of people to demand resources from those in more powerful positions. Therefore, investing on resources that increases an individual's social capital increases the individual's capacity to demand equity consequently achieving true autonomy.

Structural Violence

The phenomenon of structural violence has been well documented by the cultural

safety model proposed by Dr. Irihapeti Merenia Ramsden (Woods, 2010). Cultural safety

involves recognizing negative attitudes and stereotyping of individuals. The theory

suggests that nurses must recognize social positions placed on a minority group by social

structures that alienate them to the rest of society (Polaschek, 1998). Mortensen (2010)

proposed that a cultural safety model focus on understanding the institutional power of

the health system and the health professionals within it. The model is based on the nurse

as a social change on behalf of a group of people who are relegated by the system.

Mortensen suggested that a cultural safety model calls on nurses to promote the reduction

of health inequalities in a marginalized population and to examine the impact of

institutional power as a barrier to access of health and health care

Structural inequalities are an essential part of the proximate opportunity structure

of children (Jonsson, 2010). The structural inequities included the parents; educational

qualifications, occupations, social class, ethnic origin, incomes, and their marital status.

Jonsson noted that studies have documented intergenerational influences of several

structural characteristics on crucial indicators of well-being. The researcher noted that

inequality among the young men emanates from their proximate surrounding, resources

and any disadvantages transmitted during childhood. Further the study findings suggested

that growing up in single parent households, in ethnic minority families, and with parents

whose educational qualifications, occupations, and social class positions are unfavorable,

on average means a lower level of living. A cultural safety approach challenges the

traditional role of nurses as fully competent cultural practitioners (Woods, 2010). Nurses

are encouraged to reflect and honestly appraise the impact of their own cultural attitudes, history, and life experiences on their patients' intrinsic rights and legitimacy in maintaining their own cultural practices. The nurse is called upon to remove or minimize those structures in society that perpetuate poverty for the marginalized populations.

Social Support

Young fathers face numerous adult issues that they are not experienced enough to handle. Gayman, Turner, Cislo, & Eliassen (2011) defined social support as the perception that one is loved, valued and esteemed, and able to count on others should the need arise. Social structure impacts social support and it determines the conditions of life to which the individual is subjected. The researchers noted that perceptions of social support decline with a wide range of social adversities. That is, negative life events have been shown to predict a decline in perceived social support among adults (Gracia & Herrero, 2004 as cited by Gayman, Turner, Cislo, & Eliassen 2011). Gayman, Turner, Cislo, & Eliassen (2011) proposed that the availability of coping resources early in the life may deter the increase of stress exposure as coping resources provide individuals with the opportunity to mitigated future stressors.

Homelessness

The state of Minnesota has created several initiatives to end homelessness. However, a large number of the population continues to be homeless. Law and John (2012) found that stereotypes and stigmatization of the homeless increases their invisibility and reduces their access to help and support. Law and John called on the nurses to treat homeless patients with respect and dignity in every interaction.

The Wilder foundation (2013b) reported that 41% of homeless adults (N=4,708) are on a waiting list for subsidized housing, with an average wait time of 11 months; another 15% were unable to get on a waiting list because it was closed. This suggests that the initiative the state created in collaboration with other stakeholders has not resolved homelessness. The most common reasons adults left their last housing and became homeless were that 38% could not afford it, 32% lost their job or had their hours cut, and 29% were evicted. There were 1,151 homeless unaccompanied youth (21 and under); 664 were in the greater metro area, and 39%, (N=446) were not in any shelter, and 36% (N=417) were in transitional housing. African Americans and American Indians are disproportionately affected by homelessness. Unaccompanied homeless youth under age 21 identified as African Americans accounted for 37% of the homeless population. This is a large representation compared to the total number of African Americans in the overall Minnesota population of 3% (Wilder Foundation, 2013b).

SafeZone, a program offered through Face to Face, is a drop-in center in St. Paul for youth ages 14 to 21 who are experiencing homelessness or are at risk of homelessness (Wilder Research, 2013a). SafeZone reported that 74% all youth entering between January and June 2012 (N=244) reported that housing was their main basic need (Wilder Research, 2013 a). The program reported that it empowers and supports homeless and vulnerable youth by meeting their basic needs and encouraging youth to set goals toward independence. The evaluation included asking youth about the impact of the program on their lives. Youth can access a range of resources, including basic needs like food, clothing, hygiene items, transportation assistance, and help finding a safe place to stay. The center also offers a computer lab, a medical clinic, a therapist, sexual health

education staff, and general education degree teachers. Case managers are also available to assist youth with goal setting and finding housing or employment, returning to school, or improving independent living skills (Wilder Research, 2013 a). However, the organization does not offer housing.

Law and John (2012) proposed that social organization and resourcefulness are important to the survival of many homeless people. They suggested that it is important for the nurse to have knowledge of the client's social world in order to provide culturally congruent care. However, in the busy 10- minute visit, a nurse does not have the time or resources to have an understanding of the client's situations. Therefore, this project suggests that it is important for nurses to be proactive in creating a healthy environment for those known to be in a less than ideal situation. The only way nurses can make a difference in a client's situation is taking bold moves on behalf of the disenfranchised communities. It is the duty of a "caring" community to initiate caring moments.

A review of literature confirmed the need for providing housing for young fathers. The literature suggested that housing is a vital gap in an effort to provide social justice for young fathers. Chapter three will provide information on how the Malaika project started and how it will be implemented.

Chapter Three: Development of the Project

The lack of housing is one of the main needs for young fathers. SafeZone reported that housing is the main need for youths within their program (Wilder Research, 2013a). Deslauriers et al.'s (2012) research found that the vast majority of fathers in their study reported that few services are adapted to their needs. Malaika project seeks to provide safe housing for young fathers.

Thomas and Quinn (2008) reported that health disparity in the United States can be attributed to poverty perpetuated by poor health. Poor health leads to higher medical expenditure and reduced potential for earning further maintaining a cycle of poverty. The researchers noted that solving health disparity in the United States requires various social and economic interventions. They proposed that eliminating health disparity requires measures that go beyond biomedical models that focuses on disease to solution that address underlining structural forces that continue to propagate social inequalities. I argue that the benefits of empowering fathers are not immediately measurable in a cause-and-effect relationship. However, elimination of structural forces that limit the advancement of the young fathers will have far reaching benefit to the society.

As noted earlier, environmental stressor can have unwanted consequences on individuals' health outcomes. Morello-Frosch, Zuk, Jerrett, Shamasunder and Kyle (2011) proposed environmental and social stressors converge in disadvantaged communities. Health disparities indicate the need for targeted place-based and proactive approaches to policy making. Morello-Frosch et al., (2011) suggested the use of cumulative impact screening to map, characterize, and target vulnerable communities for interventions that improve existing conditions and prevent future harm. The researchers

proposed that cumulative physiological "wear and tear" resulting from chronic over-activity of the body's stress-response system may impair immune functioning and increase vulnerability to stressors. The cumulative biological burden exacted by ongoing disruption of the body's stress-response system may produce health disparities. Poor communities have an excess of health-damaging factors and a shortage of health-promoting amenities. Morello-Frosch et al. further proposed that inequalities in exposures to environmental hazards are also significant and persistent, and are linked to adverse health outcomes. The Malaika project has identified several requirements for the home to ensure that it provides health promoting enviroment; on a bus line, walking trail, near grocery store, near school, laundry facility, and library (see Appendix A Page 50).

The effects of the environment on individual health have been documented in the nursing field for years. Nightingale's theory of nursing and health proposed altering the environment in an effort to improve health. DeGuzman and Kulbok (2012) suggested that nurses still have the ability to influence health via the built environment through public health nursing practice and advocacy. They proposed that modern nurses affect the quality of the built environment, thus affecting health. Built environment is a term used in urban planning and includes all buildings, spaces, and objects that are created or modified by people. DeGuzman and Kulbok (2012) linked the built environment to health outcomes, social determinants of health and environmental health promotion, which describes how physical and social environments interact to influence individual and population health and health disparities at multiple levels. Schulz, Mentz, Lachance, Johnson, Gaines, & Israel (2012) also noted that physiological responses to stress can accumulate and results in over-exposure to neural, endocrine, and immune stress

mediators (allostatic load), leading to enduring negative health outcomes through effects on the hypothalamic- pituitary-adrenal cortex, sympathetic nervous system, and immune system, with subsequent implications for peripheral biology. Eliminating pervasive health inequities must include underlying economic, political, and social processes that perpetuate the concentration of poverty within urban neighborhoods. Polices that eases stressful social and physical environmental conditions are critical aspects of efforts to promote health equity. Schulz et al., (2012) research findings suggested that relationships between neighborhood poverty and allostatic load are not substantially mediated by the health-related behaviors (diet, smoking, physical activity, alcohol use). "Interventions that seek to promote health-related behaviors or to increase access to resources that enable those behaviors (e.g., grocery stores carrying healthy foods), although important, may be insufficient to eliminate health inequities" (Schulz et al., 2012 p. 1712). Therefore, it is important for nurse to advocate for clients to remove allostatic load promoting conditions (stressors).

I have done extensive research on young parenting to date. My doctorate dissertation completed January of 2013 examined how attitudes, subjective norms beliefs, and perceived control relate to the intentions of teens to become fathers. The study attempted to address the gap in the literature concerning teen's intentions to become fathers. Although a relationship was not found in this study, several recommendations were made on improving a duplicate study. A major limitation for the study was recruiting the subjects. The study found that the young fathers were elusive and required innovative measures to recruit them for future research studies (Gikiri, 2013).

I got interested on young fatherhood as a research topic from a personal experience. A close family member had a child as a teen. It was difficult to maneuver both the social and the legal challenges placed on the young father. As I researched the topic on a professional level, I realized that my family member's plight was not an isolated incident. I found that most emphasis was placed on young mothers (Gikiri, 2013). While one cannot discount the importance of supporting young mothers, the society could ripe as many benefits by paying attention to young fathers.

The Malaika Project

The Malaika project was identified in the community health nursing class at Augsburg College. The project was to evaluate the homeless community in the Twin Cities. I was appalled by the need and lack of resources for young fathers. My research in young fathers identified several issues and challenges faced by young fathers. While housing and homelessness was not an area identified in my previous research, it was clear that there was little data collected on young fathers housing situation. Part of the challenges of identifying homelessness in young fathers was the help seeking behavior in this population. Most young males "couch surf" from one friend to another. Furthermore, most homeless housing is geared towards delinquent subjects. Consequently, young law abiding fathers that need assistance are not identified or helped because there is no special reporting for non-delinquent homeless fathers.

Selection criterion was identified for this housing project. Young men will be allocated points based on their risk factors. The maximum available points are 40 and zero minimum points. The point system will be higher to reflect the identified priorities. For example, an 18 year old father will be awarded seven points and a 25 year old will be

awarded no points. The young father with a paternity test will also be given priority.

Other factors that will be considered include; the age of the child, foster care

involvement, level of education and drug use. The drug use was identified to reduce the

likelihood that the father in this program will be unable to care for the child because of

any issues involved with the drug use. The application criterion is presented on Appendix

B Page 51. Applicant with the highest scores will be ranked on a first come first serve

basis. Organizations that provide assistance to young fathers will be provided father

selection applications. The organizations identified include; Front door, Center for

Fathers, Adventures in Fathering, Catholic Charities, Central Lutheran Church,

UnitedWay etc.

Several funding sources have been identified. Public organizations that provide

financial support for individual projects were identified for this project. I will seek

funding from the CDC Funding Opportunities Procurement and Grants Office, grants for

transitional living program for older homeless youth program, The StreetOutreach

program and Office of Family Assistance (OFA) in the Department of Health and Human

Services, research project grants and exploratory/developmental grants in the National

Institutes of Health (NIH) and Community Development Block Grant (CDBG) in the

U.S. Department of Housing and Urban Development(National Institutes of Health

(NIH), 2013; U.S. Department of Health & Human Services, n.d, ; U.S. Department of

Housing and Urban Development , 2013b).

CDBG funds allows moneys to be used for activities such as; acquisition of real

property and rehabilitation of residential and non-residential structures. CDBG funds can

be used in conjunction with other Federal, state, and local program in innovative

initiatives effort that help local communities address gaps in their homeless services

system(U.S. Department of Housing and Urban Development , 2013b) .The flexibility in

this program makes it the first choice identified for the project.

The Office of Family Assistance (OFA) administers several key federal grant

programs that supports Healthy Marriage and Responsible Fatherhood (Administration

for Children & Families, n.d). OFA programs foster economically secure households and

communities for the well-being and long-term success of children and families. This

vision aligns with the Malaika Project. Grants from this office will be a part of the

financing required for the project.

Several private foundations funding have also been identified; The Robert Wood

Johnson Foundation, Alliance for Healthcare Foundation Funding, William T. Grant

Foundation, David and Lucile Packard Foundation, Gates Foundation, and the Ford

Foundation Fellowship. These programs strive to support the health and wellbeing of all

Americans by investing in the community. The Grant requirements, process and review

vary significantly.

I discovered that organizations that provide funding for human services required

program evaluations and budgets for funding. Since the project has not been

implemented, there is no evaluation available. The Malaika Project will seeks to raise

$60,000 initially; this amounts to two years projected cost of the housing project. The

costs includes the mortgage payment, electric, and other expenses required for the house.

The cost used for this project were identified from estimate of running a house in

Minneapolis/St Paul area - Appendix C Page 52. Current pricing of homes, taxes, and

utilities were used for the project. The breakdown provides the cost associated with

running the house for 1 year. Ideally, two years' funding will be required before the

program can be initiated. The program will have a low overhead cost as there are no

employees at this time. The home will be a two or more bedrooms, two or more

bathrooms, single family dwelling, with no association fee. Appendix D page 53 provides
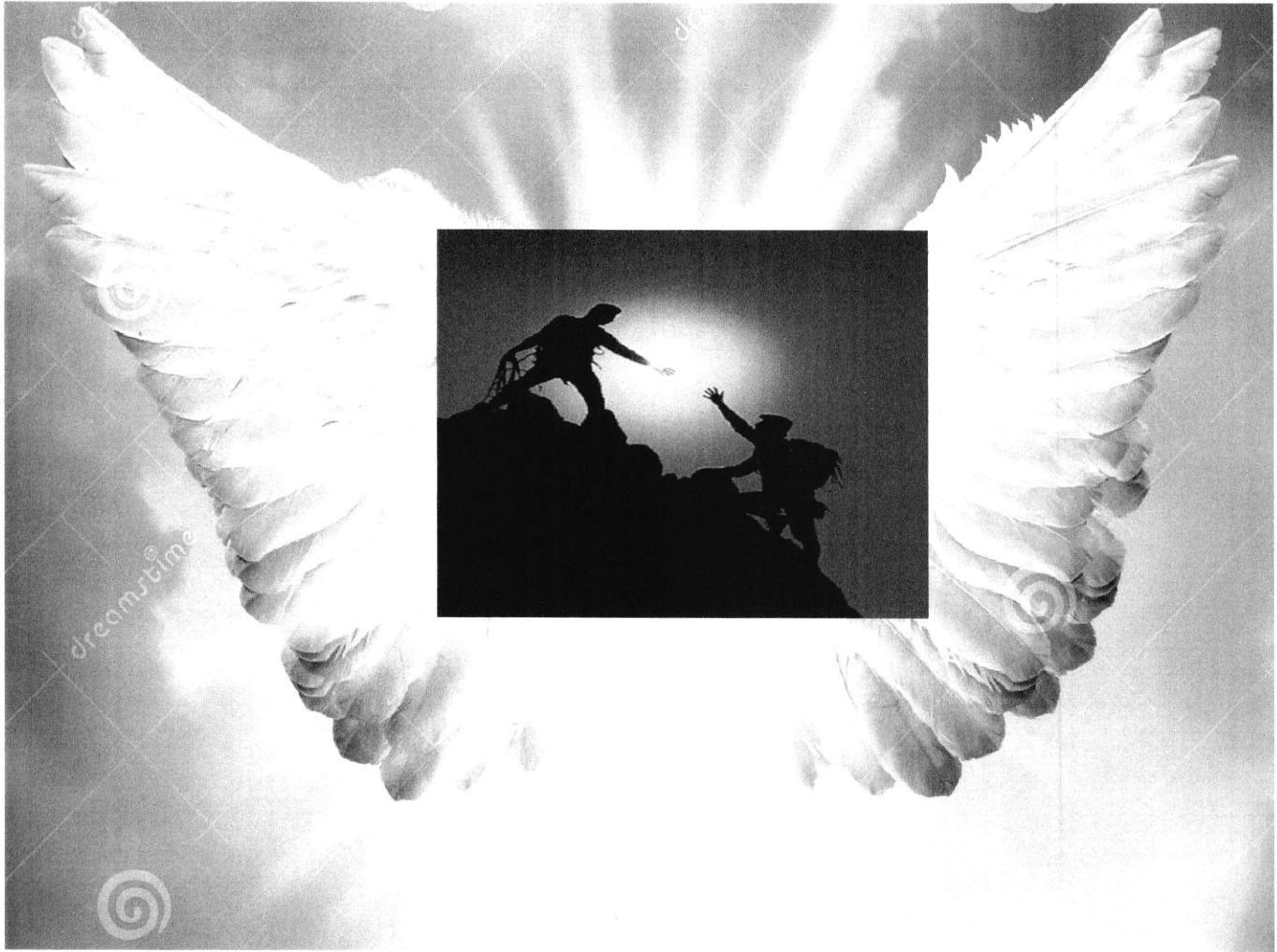
the search criteria for the home.

Conceptual Metaphor

The project is guided by the culture of safety model. Nurses have the ability to

remove social structures that limit a client's full potential. Housing is one such area that

has created limitations for young fathers. By providing housing, the Malaika project will

eliminate a structure that continues to limit the young fathers' potential. Literature review

suggests that young fathers lack role models or social support systems to deal with all the

"baggage" involved with being a young father. Consequently, they face structural

challenges due to lack of knowledge, support, experience or viable means of carrying

their heavy loads. The angelic wings represent such powers of breaking down the

limitations experienced by young fathers (Figure 1: Angelic Hands). The Malaika

Project is also guided by Watson's Theory of Caring. Using intentional caring

(empowerment of the young fathers), clients will be endowed to lift and handle their

baggage. Figure I: Angelic Hands illustrates the challenges (hill) that young fathers have

to climb. The hill may include: child support, unemployment/underemployment, financial

difficulties, economic instability, legal issues, social stigma, housing issues. Malaika

project will extend a hand up by empowers clients to carry their same issues in a better.

The Project is an "empowerment" model that will attempt to pull the young fathers up to

meet their goals. The metaphor used shows someone providing a hand to lift up the young fathers to bring them to a high level of health and well-being.

The project assumes that the fathers will be willing to take the empowerment efforts to better their lives and the lives of their children. The project hopes that the stability created in the young fathers lives will transcend the difficulties they face. Young fathers will be recruited from other partners that mentor and provide assistance to these populations. Malaika project will be a complementary program for these esteemed organizations.

Angelic Hands

Angelic wings retrieved from http://www.dreamstime.com/royalty-free-stock-photo-

angel-wings-image20726115

Men on the hill retrieved from http://oictraining.files.wordpress.com/2011/10/coaching-

culture-pulling-each-other-up.jpg

Chapter Four: Discussion/Evaluation and Reflection of the Project

Father involvement has been documented to have a positive relationship with children's wellbeing. Howard, Burke Lefever, Borkowski, and Whitman (2006) research found that father-child interaction was associated with better socio-emotional and academic functioning. Therefore, creating conditions that increase father's involvement in turn will improve children's lives. The intention of the Malaika Project is to empower young fathers to be involved in their children's lives.

Project Evaluation

Parental involvement changes depending on age and stages of development of the child. Parke (2000) argued that the nature of father involvement changes over time as a function of their children being at various stages of development and the father's developmental challenges over time. Consequently, success for these fathers will be dynamic. Nate Rauschendorfer proposed that some levels of young father's success cannot be quantified or measured in a specific scale. For example, positive experience or attitudes towards parenting are some of those goals or achievements that are not quantifiable (N. Rauschendorfer, personal communication, March 7, 2013).

Lamb, Pleck, Charnov, & Levine's (1985) reported that the most dominant measures of father involvement include the use of time diaries and correlational studies that demonstrate variance of father's presence or absence as it relates to constructs of engagement, accessibility, and responsibility. The Malaika Project will use a survey for the young fathers in the program to identify the changes in the identified three areas-engagement, accessibility and responsibility. The fathers will be assigned a non-identifying number to monitor the success of the program. This evaluation will be useful

to monitor the direction of the overall program. Program Evaluation will be used to evaluate the success of the program (Appendix E page 54). The father's current economic, paternity, employment and visitation status will be collected and monitored for evaluating the success of the program.

Allen and Daly (2007) proposed measuring father involvement by a) time spent together, b) quality of the father-child relationship and c) investment in paternal role. Time spent together includes perceived accessibility and availability of the father, frequency of contact, amount of time spent together sharing meals, leisure time, and reading. The researchers noted that assessing the impact of father involvement on a child's outcomes has routinely failed to control for the quality of the mother child relationship that could account for a portion of the observable effects. I propose that this will be a limitation for this project because the project cannot control for mother/father relationships. I propose that housing stability for young fathers will likely increase positive relationships. Better relationship with the mother of the child could foster increasingly better working relationship for the entire family unit. The project evaluation will use two of the three father's involvement measures proposed by Allen and Daly (2007). Time spent together and investment in parental role will be measured in the number of visit the father has with his child. As noted earlier, quality of the father-child relationship is a limitation for the current project. However, I propose that there will be a positive effects of the father-child relationship. An increased interaction between the young fathers and their children will be considered a success for this project. This evaluation will be done at three months and every six months after the initiation of safe

housing project. The evaluation could be amended at the second check in case there is a need for the changes.

<div align="center">Challenges</div>

The process of working on this project has identified some challenges. The main challenge for the Malaika Project has been financing. Private financing has been difficult to identify. On the other hand public funds are saturated with career grant writers, cumbersome processes and paper work, and long drawn out time frame for awards. I grossly underestimated the paperwork, skill sets and time commitment required for writing the grant letters.

The second challenge for the project is the Internal Revenue Service (IRS) classification. The process is lengthy time consuming and requires skills sets that I am missing at this point. The Project will be classified as a For-Profit Organizations/Small Business to eliminate the need for lengthy IRS filings. The organization then will be changed to Nonprofits with 501(c)(3) IRS Status after stability has been established. Tax exempt status for the Malaika Project will try to take advantage of potential private donors. A volunteer could be assist with the IRS process. That decision will need to be evaluated after the first two years of the project.

Another challenge has been the timing. When I started this project the housing market was favorable to the buyers. There was an excess of inventory. Houses were in the market for an average of six month. Sellers were willing to negotiate and even take a significant loss to sell their house. In recent months, the housing market has turned around economically. Belz (2013) reported that the home sales in the twin cities were up in August 2012 over August 2011 by 12 percent. Sale prices were up 16 percent. This

means that sellers are able to get more for their houses this year than they could the same

time last year. The challenges in the market fluctuation requires a larger variance than

was originally expected. In addition, the volatility of the housing market requires a more

patient search for the right time and right place for the project.

<div align="center">Personal Reflection</div>

At this point the main focus of the project is to provide safe and stable housing for

young fathers. The project's focus is to increase efforts to engage in the child (children's)

lives. This focus will be reevaluated after five years. Five years will provide sufficient

time to examine and evaluate the Project's mission and vision. Five years is an arbitrary

number that is expected to have enough information to evaluate the project.

Several challenges have plagued this project. They include real estate market

growth, IRS reporting and financing. The success of future projects will be determined by

how the initial challenges are overcome. If the project gets funding or private supporters

it is conceivable that it will expand.

Another factor that will determine the growth of the project is how much the

young fathers engage with their children. The purpose of this project is to provide a home

for young fathers in the hopes that they will increases their involvement with their

children. If the young fathers do not increase their engagement, a review of the factors

impeding their engagement will be examined. Those factors will be addressed at that

time.

In order to evaluate the Malaika Project, a program evaluation will be used.

Father involvement will be measured and evaluated through parental time spent and

investment on the relationships. I acknowledge several limitation of father involvement

evaluation because of other extenuating factors such as; mother/father dynamics,

visitation agreement, lack of quantifiable values for positive relationship, and paternal

status. Other challenges identified for this program was; financing, IRS filings, and

timing for the project. Future of the homes will be based in the real estate market.

Chapter Five: Conclusions and Summary

I am encouraged by Mother Teresa's words "Never worry about numbers. Help one person at a time, and always start with the person nearest to you". The Malaika Project is for young fathers living in the Minneapolis/St. Paul area. The project is based on the premises that effects and benefits of empowering young fathers in this community would eventually reap several benefits to the young father in the community.

Next step

At this point, the Malaika Project requires at least $30, 000 a year to be sustainable. The project has not received any initial funding to start the search for a house. As noted early, the market in the twin cities has had a 12% growth. As such, the project will proceed cautiously to ensure that the house bought is sustainable in the long run.

Future homes will be planned based on the real estate market, financial support and feasibility for the project. I will be working on managing the house without any employees. If at any point the job requires an assistant, volunteers will be the first line of choice. This is to ensure that all the financial capital is put in addressing young fathers housing stability.

Implications of Findings for Advanced Nursing Practice

Nurses as transformational leaders must find out of the box solutions for people that continue to be faced with inequitable health outcomes. The Malaika project will provide support system to encourage young fathers to be involved in their children's lives. Research shows that father involvement is a positive factor in children's outcomes. It is imperative for the nursing profession to promote father involvement. The benefits of

father involvement are primary, secondary and tertiary preventive measures. Father involvement is a primary preventive measure in that it creates a long term projection of well-being for the child and the father. Children of involved fathers do well in school and are less likely to be involved in delinquent behavior. Father involvement provides tertiary prevention effects in that at any point of the child's life, as increased father involvement changes the trajectory of the child's life.

The project is geared towards supporting "dead-broke dads". Castillo et al. (2011) found that early father involvement was predictive of father involvement overtime. The research recommended support be given to young father in an effort to increase father involvement. Therefore, it is important for the society to provide such support in the form of safe housing to ensure continued support. It is the nursing moral responsibility to promote health and well-being by breaking barriers created by structural violence and social injustices. It is the professional's responsibility to see all citizenry have equity in their health outcomes.

Nurses have been leaders championing health and wellbeing. Pioneers like Florence Nightingale took a stand on an issue that was not highly visible and made a difference that has been relevant 100 years later. In her writings, Nightgale proposed that the environment could be altered to improve conditions so that the natural laws would allow healing to occur. She proposed that nurses can create the best possible condition for nature to act (McDonald, 2001; Selanders, 1998). The purpose of Malaika Project is to provide a safe home for young fathers. The project will identify health promoting environment of a safe house to increase healthy living for the young fathers and their family.

Nurses have been champions of promoting health and well-being. The Malaika Project was created to provide safe housing for young fathers. The homes are expected to create stability in young "dead broke" father in an effort to promote young fathers' involvement with their children. Father involvement has been recognized as a positive factor for children. I theorize that the benefit for father involvement will be far reaching for the society. The project funding will be from public and private organization. Several funding sources have been identified for the project. The future of the project will be based on the young fathers increased involvement in their children's live and continued source of funding.

References

Administration for Children & Families (n.d) *Office of Family Assistance (OFA).*

Retrieved from http://www.acf.hhs.gov/programs/ofa/programs/healthy-

marriage/about

Allen, S. & Daly, K. (2007). The Effects of father involvement: An updated research

summary of the evidence. *Father Involvement research Alliance.*

http://www.fira.ca/cms/documents/29/Effects_of_Father_Involvement.pdf

Belz, A. (2013, September 18) Real estate sales propelling economic surge in Twin

Cities. Retrieved from http://m.startribune.com/business/?id=224172431&c=y

Buckelew, S., Pierrie, H., & Chabra, A. (2006). What fathers need: A countywide

assessment of the needs of fathers of young children. *Maternal & Child Health

Journal, 10*(3), 285-291.

Buchta, J. (2013, May, 2). Twin Cities rental demand still strong despite new apartments.

Retrieved from http://m.startribune.com/news/?id=205702361

Castillo, J., Welch, G., & Sarver, C. (2011). Fathering: The relationship between fathers'

residence, fathers' sociodemographic characteristics, and fathers' involvement.

Maternal & Child Health Journal, 15(8), 1342-1349.

Centers for Disease Control and Prevention. (2012). *Teen pregnancy in the United

States*. Retrieved from

http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm#_edn3

Centers for Disease Control and Prevention. (2013a). Breaking the cycle of teen

pregnancy. Retrieved from

http://www.cdc.gov/features/vitalsigns/TeenPregnancy/index.html

Centers for Disease Control and Prevention. CDC (2013b). *Teen pregnancy*. Retrieved
from http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm

Craigie, T. L. (2012). Informal child support contributions in black female-headed
families. *Review of Black Political Economy, 39*(2), 259-265.

Cutts, D. B., M.D., Meyers, Alan F,M.D., M.P.H., Black, M. M., PhD., Casey, P. H.,
M.D., Chilton, Mariana,PhD., M.P.H., Cook, J. T., PhD., . . . Frank, D. A., M.D.
(2011). US housing insecurity and the health of very young children. *American
Journal of Public Health, 101*(8), 1508-14. Retrieved from
http://search.proquest.com/docview/878542459?accountid=8430

Darroch, J.E., Landry, D.J., & Oslak S.. (1999).Age differences between sexual partners
in the United States. *Family Planning Perspective, 31,*160–167.

DeGuzman, P. B., & Kulbok, P. A. (2012). Changing Health Outcomes of Vulnerable
Populations Through Nursing's Influence on Neighborhood Built Environment: A
Framework for Nursing Research. *Journal Of Nursing Scholarship,*44(4), 341-
348. doi:10.1111/j.1547-5069.2012.01470.x

Deslauriers, J., Devault, A., Groulx, A., & Sévigny, R. (2012). Rethinking?? services for
young fathers. *Fathering: A Journal Of Theory, Research, & Practice About Men
As Fathers, 10*(1), 66-90. doi:10.3149/fth.1001.66

Dilworth-Anderson, P., Pierre, G., & Hilliard, T. S. (2012). Social justice, health
disparities, and culture in the care of the elderly. *Journal Of Law, Medicine &
Ethics, 40*(1), 26-32. doi:10.1111/j.1748-720X.2012.00642.x

DiNapoli, P., Nelson, J., Turkel, M., & Watson, J. (2010). Measuring the caritas processes: Caring factor survey. *International Journal For Human Caring, 14*(3), 16-21.

Ford K., Sohn W., & Lepkowski J. (2001). Characteristics of adolescent's sexual partners and their association with use of condoms and other contraceptive methods. *Fam Plann Perspec,t 33*,100–132.

Gayman, M. D., Turner, R., Cislo, A. M., & Eliassen, A. (2011). Early adolescent family experiences and perceived social support in young adulthood. *The Journal Of Early Adolescence, 31*(6), 880-908. doi:10.1177/0272431610376247

Giger, J., & Davidhizar, R. (2002). The Giger and Davidhizar Transcultural Assessment Model. *Journal Of Transcultural Nursing,* 13(3), 185-188.

Gikiri, M. (2013). Effects of attitude, norms, and perceived behavior control on intention to become a teen father. Ann Arbor, MI: *ProQuest LLC.*

Herrman, J. (2010). Assessing the teen parent family: The role for nurses. *Nursing For Women's Health, 14*(3), 212-221.

Hofferth, S. L., Forry, N. D., & Peters, H. E. (2010). Child support, father-child contact, and preteens' involvement with nonresidential fathers: Racial/ethnic differences. *Journal of Family and Economic Issues, 31*(1), 14-32.

Howard, K. S., Burke Lefever, J. E., Borkowski, J.G., & Whitman , T. L. (2006) Fathers' influence in the lives of children with adolescent mothers. Journal of Family Psychology, 20, 468- 476.

Jonsson, J. O. (2010). Child well-being and intergenerational inequality. Child Indicators Research, 3, 1–10.

Jordan-Zachery, J. (2009). Making fathers: Black men's response to fatherhood

initiatives. *Journal Of African American Studies, 13*(3), 199-218.

doi:10.1007/s12111-008-9085-y

Kruk, E. (2012). Arguments for an equal parental responsibility presumption in contested

child custody. *The American Journal of Family Therapy, 40*33–55.

Lamb, M. E., Pleck, J. H., Charnov, E. L., & Levine, J. A. (1987). A biosocial

perspective on paternal behavior and involvement. In J. B. Lancaster, J. Altaman,

A. Rossi, & R. L. Sherrod (Eds.). *Parenting across the lifespan: Biosocial*

perspectives (pp. 11-42). New

York: Academic. Law, K. & John, W. (2012) Homelessness as culture: How transcultural

nursing theory can assist caring for the homeless. *Nurse Education in Practice,*

12, 371-374.

Lemay, C. A., Cashman, S. B., Elfenbein, D. S., & Felice, M. E. (2010). A qualitative

study of the meaning of fatherhood among young urban fathers. *Public Health*

Nursing, 27(3), 221-231.

Mador, J. (2013). Tight rental market pushes people out of the Twin Cities. Retrieved

from http://minnesota.publicradio.org/display/web/2013/05/02/economy/tight-

rental-

market?fb_action_ids=638986703912&fb_action_types=og.recommends&a

mp;fb_source=other_multiline&action_object_map=[646561578703371]&a

mp;action_type_map=["og.recommends"]&action_ref_map=[]

McDonald, L. (2001). Florence Nightingale and the early origins of evidence-based

nursing, EBN Notebook 4(3), 68-9

McHale, J., Waller, M. R., & Pearson, J. (2012). Coparenting interventions for fragile

    families: What do we know and where do we need to go next? *Family*

    Process,51(3), 284-306. doi:10.1111/j.1545-5300.2012.01402.x

Mollborn, S., & Lovegrove, P. J. (2011). How teenage fathers matter for children:

    Evidence from the ECLS-B. *Journal of Family Issues, 32*(1), 3-30.

Mortensen, A. (2010). Cultural safety: Does the theory work in practice for culturally and

    linguistically diverse groups?. *Nursing Praxis In New Zealand, 26*(3), 6-16.

National Institutes of Health (NIH) (2013) *NIH Exploratory/Developmental Research*

    Grant Award (R21). Retrieved from http://grants.nih.gov/grants/funding/r21.htm

Njus. E. (2013). U.S. homeownership rate falls to lowest level since 1995; Portland

    among tightest rental markets. Retrieved from http://www.oregonlive.com/front-

    porch/index.ssf/2013/04/us_homeownership_rate_falls_to_1.html

Polaschek, N. (1998). Cultural safety: a new concept in nursing people of different

    ethnicities. *Journal Of Advanced Nursing, 27*(3), 452-457.

Robbers, M. (2008). The caring equation: An intervention program for teenage mothers

    and their male partners. *Children & Schools, 30*(1), 37-47.

Robbers, M. (2009). Facilitating fatherhood: A longitudinal examination of father

    involvement among young minority fathers. *Child & Adolescent Social Work*

    Journal, 26(2), 121-134.

Roos, L. L., Hiebert, B., Manivong, P., Edgerton, J., Walld, R., Macwilliam, L., & de

    Rocquigny, J. (2013). What is most important: Social factors, health selection,

    and adolescent educational achievement. *Social Indicators Research, 110*(1), 385-

    414. doi:http://dx.doi.org/10.1007/s11205-011-9936-0

Saleh, M., Buzi, R., Weinman, M., & Smith, P. (2005). The nature of connections: Young

    fathers and their children. *Adolescence, 40*(159), 513-523.

Schoppe-Sullivan, S. J., McBride, B. A., & Ringo Ho, M. (2004). Unidimensional versus

    multidimensional perspectives on father involvement. *Fathering: A Journal of*

    Theory, Research, and Practice, 2, 147-163.

Schulz, A. J., Mentz, G., Lachance, L., Johnson, J., Gaines, C., & Israel, B. A. (2012).

    Associations between socioeconomic status and allostatic load: Effects of

    neighborhood poverty and tests of mediating pathways. American *Journal Of*

    *Public Health,*102(9), 1706-1714. doi:10.2105/AJPH.2011.300412

Selanders, L. (1998) The power of environmental adaptation. Journal of Holistic Nursing,

    16,(2) 247-263

Singh, G. K., Siahpush, M., & Kogan, M. D. (2010). Neighborhood socioeconomic

    conditions, built environments, and childhood obesity. *Health Affairs, 29*(3), 503-

    12. Retrieved from

    http://search.proquest.com/docview/204624524?accountid=8430

Sipsma, H., Biello, K., Cole-Lewis, H., & Kershaw, T.. (2010). Like father, like son: The

    intergenerational cycle of adolescent fatherhood. *American Journal of Public*

    Health, 100(3), 517-524.

Smith, D. (2010). The influence of deprivation on young parents. *British Journal Of*

    School Nursing, 5(7), 330-334.

Tanking, J. (2010). Nurse caring behavior. *Kansas Nurse, 85*(4), 3-5.

Thomas, S. B. & Quinn, S. C. (2008). Poverty and elimination of urban health disparities

challenge and opportunity. Annals of the New York Academy of Sciences.

Volume 1136. DOI: 10.1196/annals.1425.018

Tuffin, K., Rouch, G., & Frewin, K. (2010). Constructing adolescent fatherhood:

responsibilities and intergenerational repair. *Culture, Health & Sexuality,*

12(5),485-498. doi:10.1080/13691051003629359

U.S. Department of Health & Human Services (n.d.) *Grants*. Retrieved from

http://www.hhs.gov/homeless/grants/

U.S. Department of Housing and Urban Development. (2013a). *Housing Choice*

Vouchers Fact Sheet. Retrieved from

http://portal.hud.gov/hudportal/HUD?src=/topics/housing_choice_voucher_progr

am_section_8

U.S. Department of Housing and Urban Development (2013b) *Community Development*

Block Grant Program – CDBG. Retrieved from

http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/com

munitydevelopment/programs

Wadsworth, C.. (2012). *The cost of raising a child*. Retrieved from

http://www.usatoday.com/story/money/personalfinance/2012/12/23/cost-raising-

kids/1788415/

Waller, M. R. (2012). Cooperation, conflict, or disengagement? Coparenting styles and

father involvement in fragile families. *Family Process, 51*(3), 325-342.

doi:10.1111/j.1545-5300.2012.01403.x

Wallerstein, N. B., DrP.H., Yen, Irene H,PhD., M.P.H., & Syme, S. L. (2011). Integration

of social epidemiology and community-engaged interventions to improve health

equity. *American Journal of Public Health, 101*(5), 822-30. Retrieved from

http://search.proquest.com/docview/871497393?accountid=8430

Watson, J. (1985) Nursing: Human science and human care – a theory of nursing. New

York, NY: *National League of Nursing Press*. Don't italicize the publisher

Watson, J. (2008). *Nursing: The philosophy and science of caring*. Boulder, CO:

University Press of Colorado.

Watson, J. (2012). *Human caring science: A theory of nursing*. Sudbury, MA: Jones &

Bartlett Learning.

Watson, J., & Nelson, J. (2011). *Measuring caring: International research on caritas as

healing*. Springer Publishing Co Inc.

Whitehead, E. (2008). Exploring relationships in teenage pregnancy. *International

Journal Of Nursing Practice, 14*(4), 292-295.

Wilder Research. (2013a). A snapshot of outcomes and youth views of services provided

by SafeZone. Retrieved from http://www.wilder.org/Wilder-

Research/Publications/Studies/SafeZone/A%20Snapshot%20of%20Outcomes%2

0and%20Youth%20Views%20of%20Services%20Provided%20by%20SafeZone,

%20Results%20of%20Evaluation%20Activities%20Conducted%20in%202012.p

df

Wilder Research. (2013b) Initial findings: Characteristics and trends. People

experiencing homelessness in Minnesota. Retrieved from

http://www.wilder.org/Wilder-

Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20S

tudy/Initial%20Findings-

Characteristics%20and%20Trends,%20People%20Experiencing%20Homelessnes

s%20in%20Minnesota.pdf

Wood, D. (2003). Effect of child and family poverty on child health in the United States.

Pediatrics,112(3), 707-711.

Woods, M. (2010). Cultural safety and the socioethical nurse. *Nursing Ethics*, *17*(6), 715-

725. doi:10.1177/0969733010379296

Yoshida, A. (2012). Dads who do diapers: Factors affecting care of young children by

fathers. *Journal Of Family Issues*, *33*(4), 451-477.

doi:10.1177/0192513X11415358

Zender, R., & Olshansky, E. (2012). The biology of caring: Researching the healing

effects of stress response regulation through relational engagement. *Biological

Research For Nursing*, *14*(4), 419-430. doi:10.1177/1099800412450505

Appendix A: Criteria for Health Promoting Housing Environment

1. On a bus line

2. Close to a walking trail

3. Near a grocery store

4. Close to a general store

5. Access to facilities such as a park or recreation center

6. Schools within walking distance

7. Access to a fitness and recreational sports centers

8. Bowling centers, and other amusement business within 4 mile radius

    **** Undesirable amenities (beer, wine, and liquor stores; gasoline stations; and

    convenience stores)or close to hazardous waste sites, industrial facilities, and

    sewage treatment plants.

Appendix B: Father Selection

	Father Selection for the Project	Max	Min
1	Age of the father 25=0; 24=1; 23=2; 22=3; 21=4; 20=5; 19=6; 18=7	7	0
2	Paternity tested Yes =6, No=0	6	0
3	Do you use drugs Yes =0; No= 5	5	0
4	Age of the child in months <12=4; 12-15=3; 15-18=2;18-24=1;>24=0	4	0
5	Number of children (3 max points)	3	0
6	Involved with the child Yes =3, No=0	3	0
7	Teen parents Yes =3, No=0	3	0
8	Academic (college=0; high sch= 1; GED=2; neither 3)	3	0
9	Legal custodial parent yes=0; no=3	3	0
10	Ever in foster care Yes=3 No =0	3	0
	Maximum points	40	0

Appendix C: Cost Estimates for the Home

	Lowest monthly	Highest Monthly
Mortgage (Calculate at $150,000)	$150,000	$150,000
30 YR mortgage; rate 3.25 to 5%	653	805
Home owner's insurance	83	125
Real estate taxes	83	250
Water/sewer/garbage	50	120
Gas and electric	200	300
Internet and basic cable	100	150
Total cost	$1,169	$1,750
Annual operating cost	$14,028	$21,000

Appendix D: Criteria for the Home Search

a) Two or more bedrooms

b) Two or more bathrooms

c) Minneapolis /St Paul metro area

d) Preferably on a bus line

e) Built after 1980

f) Less than $150,000 to procure

g) Single family dwelling

h) No association fee

i) 1000 square foot or more

j) 0.25 lot size or more

k) Flat or less than 2% slant that allows for playing area for the children

l) Cooling :Central Air

m) Close to a school

n) Close to a public library

o) Attached Parking

A search of homes in the metro area using these search criteria produced 285 homes.

After eliminating homes that were too far from the two major cities- St Paul and

Minneapolis, the list of acceptable homes was 18. The majority of the houses were in

Hennepin County.

Appendix E: Program Evaluation

ID number:		Initial	Month 3	Month 6	Month 12
1	Current level of education				
2	Current employment status				
3	Income				
4	Skills/ training/license				
5	Current interests				
6	Current marital status				
7	Number of children				
8	Current visitation status				
9	Who has custody of child/children				
10	Number of visits in the last month				
11	Visitation arrangements: formal/Informal				
12	Paternity test				
13	Age of the children				
14	Do you have a positive/neutral/negative relationship with the child's mother				
15	Identified areas of improvement				