

Fragile Families Research Brief

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Father Involvement, Maternal Health Behavior And Infant Health

Introduction

New child support and welfare laws, specifically targeting unwed fathers, are designed to encourage greater father involvement in the lives of their children. However, since research on the impact of mother-father relationships among unwed parents is virtually non-existent, it is difficult to say if and how greater father involvement in unwed families is beneficial. This brief examines whether greater father involvement is likely to have positive or negative effects on the mother and child, specifically looking at mother's prenatal health behavior and infant health. It examines whether father involvement during the pregnancy and around the time of birth is associated with more positive health behaviors on the part of mothers and with better birth outcomes for infants.

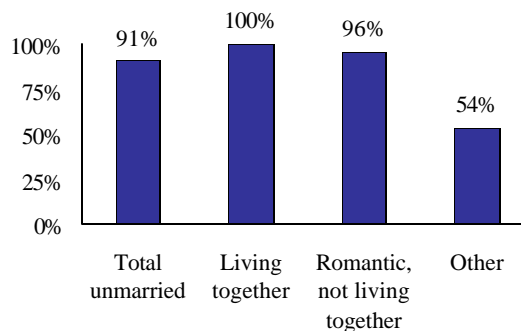
Measures and Levels of Father Involvement

There are many ways to measure father involvement, including looking at relationship status (whether a couple is living together, romantic but not living together, or in a non-romantic relationship). Examining whether the father provided financial support or other support during pregnancy, whether he plans to provide support in the future, and whether he visited the mother and the baby at the hospital are additional indicators. Public declarations of paternity, including whether the father plans to put his name on the birth certificate and whether the baby will take the father's surname also can provide insight into the father's intentions. This analysis uses all of these measures from the Fragile Families and Child Wellbeing Study, enabling us to broaden our understanding of the variation in levels of unwed fathers' involvement and the effects various types of involvement have on very early health outcomes.

Many unwed fathers showed early signs of wanting to be involved. Most fathers came to the hospital to visit their baby and the baby's mother. Fathers living with the baby's mother were present at birth at rates virtually equal to those of married fathers (92 versus 95 percent, respectively). Even among fathers who do

not live with mothers, a large number (72 percent of romantically involved fathers and 35 percent of fathers who were not romantically involved) visited the mother and child. Clearly, most unmarried fathers are not 'absent;' at least at the very beginning of the child's life.

Unwed Fathers Planning to Stay Involved In Child's Life



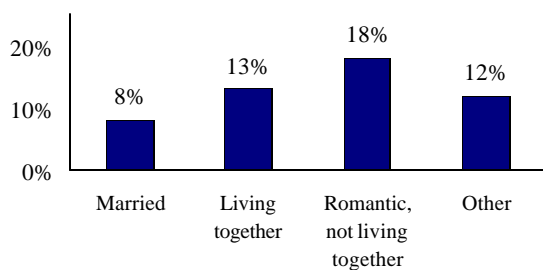
Considerable differences in levels of father involvement exist depending on the relationship status of the parents. As one might expect, co-resident fathers are most likely to be involved, followed by romantically involved fathers who do not reside with the mother. Fathers who are no longer in a romantic relationship with the mother are least likely to be involved.

Father Involvement and Health Outcomes

The more involved the parents are with one another, the better the outcomes are for the mother's health behavior and the baby's health. Past research has indicated a strong relationship between being married and positive birth outcomes. This analysis confirms this relationship: married mothers are less likely to have a low birthweight baby than with unmarried mothers (8 percent versus 14 percent.) Married mothers are more likely to have sought first trimester prenatal care, and less likely to report having consumed alcohol, smoked and used drugs during pregnancy. Given differences in socioeconomic attributes of married and unmarried parents, these differences are not surprising.

Among unmarried mothers, living together increases the likelihood of early prenatal care and reduces the likelihood of drug and alcohol use. Living together is also associated with better birth outcomes (higher birthweight) among unmarried parents. Mothers who are romantically involved with the father, but do not live with him, have almost 1 ½ times greater likelihood of delivering a low birthweight baby than do mothers who cohabit. Paradoxically, however, mothers that have little or no relationship with the baby’s father are not at risk for low birthweight when compared to those mothers who are living with the baby’s father.

Percent Low Birth Weight by Parent's Relationship Status



Relationship status is not the only measure of father involvement. The provision of cash support from the father during the pregnancy is associated with better birth outcomes, and mothers who received money or other items from the baby’s father during pregnancy are only 2/3 as likely to deliver a low birthweight baby as those who did not. Children whose fathers work and have at least a high school education are less likely to be low birthweight and the mothers are less likely to consume alcohol, use drugs or smoke during pregnancy. Father involvement may not always be positive, however. Mothers are almost four times more likely to have consumed alcohol during pregnancy and over twice as likely to have used drugs during pregnancy if the father had drug and alcohol related problems than if he did not.

Consequences for Policy

Unmarried mothers are at a real disadvantage relative to married mothers in terms of many risk factors for low birthweight. However, unmarried mothers are not a homogeneous group and many, particularly those who are living together, are in relationships that closely resemble traditional marriages.

It is important to consider that marriage and cohabitation may not *cause* better health behavior and pregnancy outcomes. Parents who decide to marry or live together are likely to be different from those who chose other arrangements and thus it may not be marriage (or cohabitation) per se that accounts for better health behaviors and outcomes. It also is possible that mothers’ health behavior during pregnancy affects her relationship with the father – fathers may be more likely to commit to mothers who take good care of themselves and the baby – in which case, mother’s behavior is causing father involvement.

Furthermore, even assuming fathers have a positive influence on prenatal care, the consequence of that effect on birthweight depends of the quality of prenatal care services used. What this means from a policy perspective is that encouraging greater involvement of fathers is unlikely to be an effective way of improving children’s birth outcomes unless it is accompanied by effective prenatal care – that is, prenatal care that helps mothers adopt or maintain healthy behaviors. Improving the availability and quality of these programs would capitalize on fathers’ influence to encourage mothers to seek prenatal care.

Finally, most fathers appear to be very involved and to be committed to helping raise the child, even among unmarried fathers and even among many of the fathers who are not residing with the mothers. This differs markedly from stereotypical images of absent or “deadbeat” dads. The policy and programmatic challenge that remains is to translate the high levels of early paternal involvement and good intentions into beneficial outcomes for children.

The Fragile Families and Child Wellbeing Study was developed to provide information about unmarried parents and their children. The study is following a cohort of parents and their newborn children for at least four years, examining the relationships within these families and seeing what factors (including governmental policy) may push them closer together or pull them apart. Data are being collected in twenty U.S. cities with populations over 200,000. The data are representative of nonmarital births in each city, and the full sample will be representative of all nonmarital births in large cities in the U.S. The current analysis is based on baseline data collected in the first seven cities (Austin, TX, Detroit, MI, Baltimore, MD, Newark, NJ, Oakland, CA, Philadelphia, PA, and Richmond, VA).

This research brief, written by Christina Norland, was adapted from “Father Involvement, Child Health, and Maternal Health Behavior” by Julien Teitler, and “Father Involvement and Birth Outcomes of Unmarried Mothers” by Yolanda Padilla and Nancy Reichman. Both are forthcoming in *Children & Youth Services Review*, and available as working papers at <http://crcw.princeton.edu/CRCW/papers/papers.htm>. For more information on the Fragile Families and Child Wellbeing Study, please visit our website at <http://crcw.princeton.edu>, email us at crcw@opr.princeton.edu or phone us at (609) 258-5894.