



# Healthy Generations

Maternal & Child Health Program  
School of Public Health

Fatherhood

UNIVERSITY OF MINNESOTA

## Fatherhood in the United States Today

Volume 8: Issue 2  
Spring 2008

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Wendy Hellerstedt, PhD, MPH

The interest in fatherhood, as a social role and as a correlate of health, has developed rapidly in the past few decades. Research shows that custodial fathers spend more time with their children, are more likely to be primary (or sole) parents, and do a greater variety of things with children than ever before.<sup>1</sup> Events like the international “Million Dads March,” to celebrate fatherhood and re-affirm its central role in family life, and the “Million Father March,” to encourage men in the U.S. to be active in their children’s education, are not uncommon. Conversely, data also show that more and more children are living without fathers, because of immigration, non-committed or fragile parental relationships, and paternal incarceration. The following provides a demographic profile of fathers in the U.S. and how fatherhood may be associated with health.

### Demographic Profile

The National Survey of Family Growth (NSFG) is a comprehensive reproductive health household survey of 15–44 year-olds in the U.S. In 2006, the NSFG released a report on the sexual health of fathers in the United States.<sup>2</sup> The survey, reflecting data collected in 2002 from 4,928 males (78% response rate), is intended to be representative of the U.S. population. The NSFG data provide the following estimates about the 61 million 15–44 year-old men in the U.S.:



- 31 million men (51%) did not have any children younger than 19 years old;
- 22 million (37%) lived with their minor children, representing 73% of the men who were fathers to minor children;
- 4 million (7%) did not live with their minor children; and
- 3 million (6%) lived with some, but not all, of their minor children.

The following reflects key findings from this report, which defined fatherhood as ever having had a biological or adopted child (i.e., the data generally reflect fathers of both minor and adult children).

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### Letter from the Editors

You might be asking yourself, why is a maternal and child health program focusing on fathers? Actually this focus reflects a natural evolution for our field. We are well aware that the health of mothers and children is intrinsically tied to the men in their lives and these men are often fathers, stepfathers, husbands, boyfriends, grandfathers, and so on. And these relationships are bidirectional. Women and children have a significant influence on the health and well-being of men as well. In this volume, we invite you to consider the biological, legal, cultural and social roles of fathers: How do men balance work and family? How do men overcome stigma as they provide nurturant care? How do men assert the primacy of their fatherhood role? It is fortunate that fatherhood is receiving increasing national and state attention. We have invited several local leaders working on this initiative to share their perspectives and highlight some of the important issues we all need to address to strengthen the place of men in families. Those of us who work in the field of MCH have not allowed our name to be limiting, but rather liberating: our work must always focus on what keeps families (broadly defined) strong and how we can best strengthen our most vulnerable populations. We appreciate the vulnerability of families without fathers, mothers without partners, and men whose greatest desire is to challenge cultural stereotypes as they fulfill the very critical role of father.

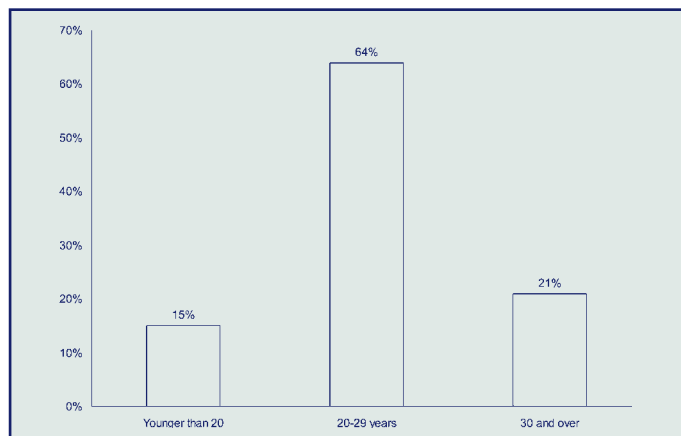
Julia Johnsen, MPH, Joän Patterson, PhD, and Wendy Hellerstedt, MPH, PhD

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**How common is fatherhood?** Women were more likely to report parenthood than men. Among 15–44 year-olds, 58% of the women and 47% of the men reported they had ever had a child. Other data about fathers included:

- 17% of the men reported one child, 16% reported two, and 14% reported three or more children;
- 64% of the men had their first child in their 20s, 15% when they were younger than 20 years, and 21% when they were 30 years or older;

Percent distribution of fathers 15–44 years by age at birth of first child, United States, 2002.



Source: National Survey of Family Growth, 2002.

- 2% of men had ever adopted a child, with the highest percentage among married 30–44 year-olds (5%); and
- 22% of the men who reported that they were bisexual or homosexual reported having a biological child.

Of special interest were the data for men aged 40–44 years, as they may be considered toward the end of their parenting life: 22% had not had a child. This could be interpreted to mean they may never become fathers.

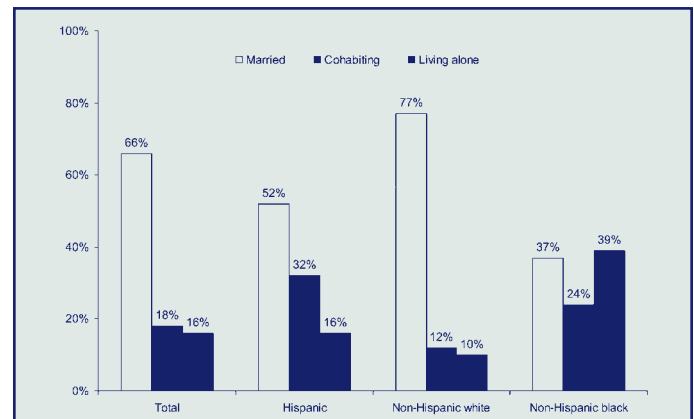
**Education is associated with fatherhood.** Forty-eight percent of the college graduates and 74% of those with less than a high school degree reported one or more biological or adopted children. The number of children men (and women) had was negatively associated with education: 32% of the men with less than a high-school degree reported three or more children compared to 10% of men with a college degree.

**Age and education at first birth.** The timing of the first birth was negatively associated with education (also seen for women). The percentage of men who had a child when they were younger than 20 years was higher among those with less than a high school education (22%) than those with a college degree (3%). Fifty-one percent of the college-educated men had their first child at age 30 years or older, compared with 8% of those with less than a high school education. Twenty-five percent of black men, 19% of Hispanic, and 11% of white men had been adolescent fathers.

**Marital and cohabitation status.** Nineteen percent of men had fathered a child outside of marriage; 47% of men with lower levels of education and 6% of those with higher education levels were involved with nonmarital births. Among men with at least one biological child, 66% were married to the child's

mother when the child was born; 18% were cohabiting with the child's mother; and 16% were living alone or apart from the child's mother. A nonmarital first birth was more common among black or Hispanic fathers, fathers with lower educational attainment, and those with lower incomes.

Percent of fathers 25–44 years by race/ethnicity and relationship status with partner at time first child was born, United States 2002.



Source: National Survey of Family Growth, 2002.

**Unintended childbearing.** Men reported that 65% of the births in the five years prior to the survey were wanted at the time of conception, 25% were mistimed (i.e., came earlier than wanted), and 9% were unwanted. The percentage of men who reported that births were wanted was higher for men with college degrees, higher incomes, married or cohabiting men, and white men (consistent with the findings for women).

**Birth intentions.** Among the 15–44 year-old NSFG respondents, men were more likely than women (55% and 46%, respectively) to report that they wanted to have their first—or another—child in the future. Of the men who had no children, 77% intended to have a child at some time in the future. On average, men reported expecting to have 2.2 children in their lifetime. Men with college degrees expected fewer children than men with less than a high school degree (2.0 vs. 2.6 children, respectively). The data were similar for men with higher compared with lower incomes.

## Fatherhood and Health

There is no consistent evidence of associations between parenthood and health indices for men. If fatherhood has an effect on the health of men, it may be explained by the fact that men who become fathers (biological or adoptive) are more likely than other men to be healthy, at least when they first become fathers, than men who desire children but do not become fathers.

**Pregnancy.** Expectant fathers may experience physical symptoms that mimic their partner's health changes (i.e., the *couvade syndrome*), including weight gain, nausea, headache, irritability, restlessness, backache, colds and nervousness.<sup>3</sup> For example, in a study of 81 expectant fathers, 47% experienced weight gain during the third trimester of gestation.<sup>3</sup> While Masoni et al.<sup>4</sup> estimated that 11–65% of men across cultures have some pregnancy symptoms, they may be psychosomatic (i.e., without a physical or biological basis).<sup>5</sup>

**Psychological health.** The roles of men and women change after they become parents, although the transition to parenthood may influence men and women differently. Small qualitative studies have reported that men (especially first-time fathers) can feel coerced, ill-prepared, ineffective, and/or psychologically excluded from the birthing process and from parenting when their children are infants.<sup>6,7</sup> A recent review of 33 studies about parental experiences during a child's first year found that parenthood was often described by fathers and mothers as overwhelming. Men were most concerned about being confident as fathers and partners, living up to the new demands, being prevented from achieving closeness to the child, and being the protector and the provider of the family.<sup>8</sup>

Depression has been studied more frequently for mothers than fathers, but some studies have suggested that the parenting role may be associated with paternal depression. In a sample of 2,139 resident fathers in the Fragile Families and Child Wellbeing Survey, symptoms of major depression were negatively associated with engagement in father-child activities, positively associated with paternal aggravation/stress in parenting, and negatively associated with both the quality of the mother-father relationship and co-parental relationship supportiveness.<sup>9</sup> In a review of depression among fathers, Spector<sup>10</sup> suggested that marital difficulties may be the most common trigger for first-time depression in husbands and that divorce amplifies depressive episodes, especially when children are involved. Nonresidential fathers may be at especially high risk for depression.<sup>11</sup>

While women are studied more frequently, men are also affected by perinatal death. In a recent review of 17 studies, Badenhorst, et al.<sup>12</sup> found that qualitative studies described that men had grief responses after a stillbirth or miscarriage, but less guilt than mothers. The quantitative studies suggested that men experienced anxiety and depression, but at lower levels than mothers. The authors suggested that fathers may develop post-traumatic stress disorder following a perinatal death.

**Fatherhood, health, and premature mortality.** The health effects of fatherhood are probably mediated by many things, including the number of children, role competency, sociodemographics, the social environment, and behaviors. Pregnancy—and the birth of an infant—are often seen as health promotion opportunities for women, but new parenthood has received little attention among health interventionists for men. A recent study of 286 smoking fathers showed that, at least for smoking, the birth of a new child is not associated with quit attempts or quitting, but it may be associated with not smoking in the home (78% of the fathers had attempted it and 60% had successfully achieved not smoking in the home). Such findings suggest that fatherhood could be an opportune time to intervene for men who may be motivated by messages about protecting infants from passive smoking.<sup>13</sup>

Premature death is a surrogate measure of overall health, but there have been few studies about fatherhood and premature death. A Swedish study of 682,919 men examined premature mortality from 1991-2000 among single fathers, with and without custody of their children, and among childless men, with and without partners. Compared with long-term cohabiting fathers living with a child, single noncustodial fathers and single childless men were at higher risks for premature death,

especially from injury and addiction, as well as from all-cause mortality and heart disease, although these risks diminished considerably when adjusted for socioeconomic factors.<sup>14</sup> Overall, this study showed a minimal effect of fatherhood on premature death.

## Conclusion

Fatherhood is a normative and life-changing experience. Our image of fathers is varied: we are concerned about absent and reckless fathers and we celebrate the many men who seek active engagement as nurturers and caregivers. It is difficult to know whether fatherhood, broadly defined, affects the health of men. The quality and the nature of paternal behavior affects the health of children and thus it makes sense that future work about the health effects of fathering should concentrate on capturing its varied nature.

## References

1. Lamb ME. The history of research on father involvement: An overview. *Marriage & Family Review* 2000;29(2/3):23-42.
2. Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. Fertility, contraception, and fatherhood: data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. National Center for Health Statistics. *Vital Health* 2006; Stat 23(26). Accessed at: [www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_026.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_026.pdf).
3. Clinton JF. Expectant fathers at risk for couvade. *NursRes*1986; 35:290-295.
4. Masoni S, Maio A, Trimarchi G, de Punzio C, Fioretti P. The couvade syndrome. *J Psychosom Obstet Gynaecol* 1994;15:125-131.
5. Klein H. Couvade syndrome: male counterpart to pregnancy. *Int J Psychiatry Med* 1991;21:57-69.
6. Finnbogadóttir H, Crang Svalenius E, Persson EK. Expectant first-time fathers' experiences of pregnancy. *Midwifery* 2003;19:96-105.
7. Fagerskiold A. A change in life as experienced by first-time fathers. *Scandinavian Journal of Caring Sciences* 2008; 22(1):64-71.
8. Nyström K, Ohrling K. Parenthood experiences during the child's first year: literature review. *J Adv Nurs* 2004;46:319-30.
9. Bronte-Tinkew J, Moore KA, Matthews G, Carrano J. Symptoms of major depression in a sample of fathers of infants. Sociodemographic correlates and links to father involvement. *Journal Family Issues* 2007;28:61-99.
10. Spector AZ. Fatherhood and depression: a review of risks, effects, and clinical application. *Issues Ment Health Nurs* 2006;27:867-83.
11. Anderson EA, Kohler JK, Letiecq BL. Predictors of depression among low-income, nonresidential fathers. *J Family Issues* 2005;26:547-67.
12. Badenhorst W, Riches S, Turton P, Hughes P. The psychological effects of stillbirth and neonatal death on fathers: systematic review. *J Psychosom Obstet Gynaecol* 2006;27:245-56.
13. Blackburn C, Bonas S, Spencer N, Dolan A, Coe C, Moy R. Smoking behaviour change among fathers of new infants. *Soc Sci Med* 2005;61:517-26.

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# Fathering in Diverse Social Contexts

Joän M. Patterson, PhD

The contemporary focus and debate about fatherhood often fails to include the wide range of ways men come to be fathers—including biological, legal, and social. Nor does it often take into account the multitude of roles fathers assume, nor the multiple ways they can be involved in the lives of their children. When you compound these dimensions by the racial and ethnic diversity of families in the United States and various cultural preferences, the complexity grows. From society's perspective, these dimensions are linked to paternal rights, responsibilities, and the impact of fathers on children's development. In this brief article, I highlight some of these dimensions keeping in mind the implications for public policy and family programs.

## Becoming a Father

The most conventional path to fatherhood is biological with the father married to and living with the child's mother and where conception occurred naturally. When you introduce assisted reproductive technology, which has increased as technology has advanced and couples have delayed childbearing, you still have two biological, heterosexual parents residing together. [NOTE: It is beyond the scope of this article to discuss the implications of sperm donation, particularly if the donor is related to or known to the mother.] Two factors add variations to the biological path—marital status and residence. The biological father may 1) not be married to the child's mother but residing with her and the child, 2) not be married to the child's mother nor residing with her and the child, 3) be divorced from the mother and living apart (with various child custody arrangements), or 4) be living with the child but not the child's mother. There are legal implications for these variations, primarily focused on financial support for the child and in some cases, establishing paternity. Over time, the family structure may involve more than one of these variations. In all of these biological pathways, fathers can and often do have varying degrees of involvement with their children (discussed below).

The legal pathway to fatherhood is primarily through adoption. A married man and woman together may adopt a child that is not their biological offspring and all reside together. A gay man, partnered or not, may adopt a child. Or a man may marry a child's mother and adopt her biological child and become his legal stepfather. Over time, these couple relationships may dissolve and you can have similar variations to those noted above regarding living arrangements for the child.

The third pathway, albeit nonconventional, is social fatherhood.<sup>1</sup> Men may have relationships with children that are independent of biological or legal relatedness to the child and

independent of a marital relationship with the child's mother. A casual or live-in boyfriend of a mother may relate to a child as a father; an extended family member or even a community member may assume some of the roles and responsibilities typically associated with fatherhood. From the perspective of the child, these men may be viewed as fathers and function like fathers from society's point of view.

## Family Roles of Fathers

Within families, fathers can assume several different roles. Even in conventional families, these roles have varied over time. In the early days of this country, men and women worked side-by-side on the farm and shared responsibility for providing basic necessities for the family and for providing care for dependent children. With the industrial revolution, mothers' and fathers' roles became more segregated when men left the farm for work in factories and assumed the primary financial role while mothers assumed more responsibility for the care and nurturing of children. Today, in many families with two

parents, both assume some financial responsibility by working outside the home and both share varying degrees of responsibility for children's nurturance and socialization.

Michael Lamb<sup>2</sup> has distinguished among three paternal responsibilities: economic support, emotional support of mothers, and direct interaction with children. Historically, traditionally, and legally, the idea remains strong that fathers have the primary responsibility for providing the economic resources needed for their children and family.

In part, this is related to the greater earning power of men relative to women in the U.S. Earning power is, of course, contingent on being able to get and keep a job. It has been well documented that African American men in America have and continue to experience discrimination in employment, which can compromise their ability to provide economically for their children and families.<sup>3</sup> This issue is at the core of the peripheral role often attributed to black men vis-à-vis their wives and children. It contributes to the higher percentage of single black women with children who are living in poverty and economic hardship.<sup>3</sup>

You may be surprised to find "emotional support of mothers" on a list of fathers' responsibilities. However, family studies show that emotionally supported mothers are more competent caregivers of children, and better child outcomes in multiple domains are associated with emotionally healthy and competent mothers.<sup>2</sup> In essence these observations speak to the importance of a mutually supportive, healthy couple relationship on child outcomes.



Conversely, marital and family conflict is one of the most toxic processes that adversely affects child development and functioning. When couple conflict is severe, father absence may be in the best interests of the child and the mother.

## Father Involvement

Michael Lamb is also responsible for distinguishing between three types of father involvement: engagement, accessibility, and responsibility.<sup>2</sup> Engagement involves direct interactions with children, such as helping with homework, feeding, playing games, etc. Accessibility involves time spent in close proximity but not actually interacting, such as reading a book while children are playing in the next room. Responsibility is when a parent acts on a felt moral obligation to ensure his child's needs are met, such as making childcare arrangements, providing money to buy food and housing, taking the child to the doctor, and so on. Each of these three types of father involvement requires a different metric for assessment. It precludes the oft-used metric of time spent with children as a measure of father involvement. How would you measure father responsibility in terms of time? Or can you count time spent in supervision if father is simultaneously doing something else? Viewed from this broader perspective, father involvement can occur regardless of geographic distance. In other words, fathers can be involved when they are not physically present.

Concern about the quality of an engaged father's interaction with his child is of interest to many who are concerned about the emotional context of parenting and its impact on child development. More specifically, interactions characterized by warmth, sensitivity and closeness have been shown to mediate the positive impact of father involvement on child outcomes.<sup>2</sup> When viewed from a socio-cultural perspective, however, fathers may engage quite differently. Lower income families living in more impoverished, crime-ridden neighborhoods may lead fathers to exert more harsh control as a way to protect and ensure their children's safety.<sup>4</sup>

Although research on variations in fathering within and between racial and ethnic groups is sparse, there is some evidence that cultural values and beliefs about gender role and men's family responsibilities influence father involvement. The degree of warmth shown towards children often is influenced by cultural beliefs. Traditional gender role attitudes may encourage fathers to emphasize their provider or breadwinner role with mothers being more involved in direct caregiving.<sup>4</sup> Among some cultural groups, there is more of collective responsibility for children and fathering roles may extend to others beyond the biological father, such as an uncle, grandfather, or clan member.<sup>4</sup> Mexican-American families are often viewed as having a strong sense of familism with collective responsibility for children and more traditional gender roles for parents; although with acculturation, these patterns are giving way to more egalitarian roles.<sup>4</sup>

Given the changing and diverse ecology of father-child relationships, there is clearly no one best way for fathers to be involved in the lives of their children. When father involvement is considered along these multiple dimensions, it affords policymakers and program planners a broader repertoire of ways to involve fathers in the lives of children. Furthermore, it is a useful to educate parents about the multiple ways their partner may be contributing to family life.

## References

1. Marsiglio W, Day RD, Lamb ME. Exploring fatherhood diversity: Implications for conceptualizing father involvement. *Marr Fam Rev* 2000;29(4):269-293.
2. Lamb ME. (Ed). *The role of the father in child development* (4th ed.). New York: Wiley, 2004.
3. Wilson WJ. *The truly disadvantaged. The inner city, the underclass, and public policy.* Chicago,IL: University of Chicago Press, 1987.
4. Cabrera NJ, Tamis-LeMonda CS, Bradley RH, Hofferth S, Lamb ME. Fatherhood in the twenty-first century. *Child Dev* 2000;71(1):127-136.

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### *10th Annual MCH Summer Institute on Health Disparities*

## **Promoting Health Equity: Family-centered program development and advocacy**

June 12, 2008  
8:00 am to 4:45 pm

Continuing Education and Conference Center  
University of Minnesota St. Paul Campus  
1890 Buford Ave.

The Institute will provide an opportunity to discuss how the universal experience of family – and its diverse definitions – can be integrated into family-centered programs and policies that enhance family resilience and improve individual and population health. We will also affirm that family-centered care is fundamental to health equity: individuals who are at social disadvantage can thrive when programs and policies strengthen and support their core support systems.

Keynote speakers include: Maureen Reed, MD, Adjunct Instructor, Dept. of Medicine, University of Minnesota; Joe Kelly, President of the national organization Dads and Daughters; and Jacquelyn Bog-gess, JD, Co-Director of the Center for Family Policy and Practice.

More detailed information, including the registration form, is available online at: [www.umn.edu/mch](http://www.umn.edu/mch).

The Institute will also include poster sessions. Community and academic researchers, program developers, students, and advocates are encouraged to submit an application to display their work at the Institute. For information on poster submission guidelines, please go to: [www.epi.umn.edu/mch/events](http://www.epi.umn.edu/mch/events).

The Institute is sponsored by the Center for Leadership Education in Maternal and Child Public Health, University of Minnesota, School of Public Health.

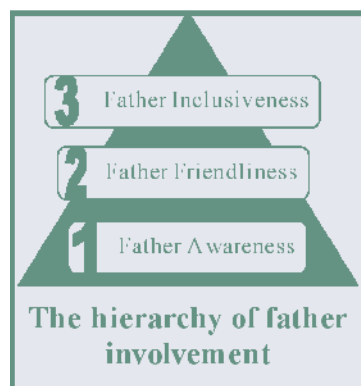
# Promoting the Importance of Healthy Fatherhood

Paul Masiarchin

Creating services for fathers is a challenging prospect for any health care provider, social service agency, or educational institution. Determining the degree to which fathers should be included in the services and programs of an institution is a key starting point toward helping men become stronger assets for child development and family well-being.

Over the last decade, research has affirmed the importance of healthy father-child relationships that emerge from fathers' greater involvement in the lives of their children. One implication of this research is that health professionals need to have an understanding of positive fatherhood. This does not necessarily mean that every institution must create services geared specifically for fathers.

Rather, a three-tiered hierarchy can be used as a guide for examining how different institutions could consider their work with fathers. Determinations will be made based on the mission of the institution, the target population served, and the capacity to expand services.



## Level 1. Father Awareness

At a minimum, all staff and administrators in institutions and agencies serving families should recognize the importance of healthy father-child relationships. This includes understanding the important role and positive impact that fathers (including separated fathers, father figures and stepfathers) play in healthy families.<sup>1</sup> Father awareness involves educating staff about healthy fatherhood, addressing negative stereotypes about father involvement, and promoting a positive understanding that father involvement is complementary to and supportive of mother involvement.

Possible action steps toward building father awareness include:

- Provide staff training about the importance of positive father involvement, father-child attachment, understanding maternal and paternal parenting styles, and differences in male and female communication styles.<sup>2</sup>
- Obtain a demographic profile of fathers in the community using census data, surveys, questionnaires, and other methods to gain a greater understanding of variation in family structural types, as well as potential service barriers and opportunities.
- Provide staff development sessions to explore personal preconceived notions about fatherhood and to diminish any negative assumptions or stereotypes about men and fathers. Ensure that staff eliminate language that categorizes men and fathers in a negative way.<sup>3</sup>

- Books, stories and articles about responsible fatherhood are shared at staff meetings and are added to agency libraries.
- Staff utilize the phrase “mothers and fathers” in place of “parents.”

## Level 2. Father Friendliness

Father friendly agencies have the look and feel of a place that is comfortable for men. At this level, an agency may not have father-specific programming, but it begins to consider fathers in its planning process. The National Head Start Information and Publication Center describes father friendliness in several categories:<sup>4</sup>

- *First impressions and physical landscape.* Upon entering the building, men see a gender-neutral area. Photos and artwork equally represent men and women of various races and ethnicities. Magazines and brochures in the lobby equally represent men's and women's interests. Walls and furniture are in gender-neutral colors. Posters about absent parents or family violence do not target men in a negative light, but provide men opportunities for action. The name of the agency is gender neutral or inclusive of men. Staff are prepared to welcome men into the institution.
- *Role models.* The agency hires men into professional positions that interact with parents and children. Agencies with few or no male professionals recruit male volunteers through AmeriCorps, local service clubs, and other professional associations.
- *Linguistic landscape.* Verbal and nonverbal language and cues avoid stereotyped generalizations about men. There is no joking or humorous conversation where men/fathers are the butt of the joke. There are no informal negative conversations about men to be overheard.<sup>3</sup>
- *Materials for parents.* Print materials, referral lists, and resource materials are written to appeal to both mothers and fathers. Father-specific brochures highlight ways that fathers, including non-custodial fathers, can engage in the institution's services and can promote child well-being.
- *Communications and roles.* Men in the agency, whether staff or clients, are listened to with open minds; their ideas are considered thoughtfully. Differences in male/female communication styles are respected—men are not expected to communicate exactly like women. Men are appreciated in both traditional and nontraditional roles. They are not asked to do all of the heavy labor tasks. Their ability to be effective and appropriate in their interactions with young children is recognized.<sup>3</sup>
- *Interaction with parents.* Staff have contact information for both mothers and fathers. When fathers and mothers live in separate homes, staff know what situations require them to contact both parents. Staff show an interest in helping both mothers and fathers to maximize their potential as good parents. Staff provide eye contact to both parents, when

they are together. Staff expect fathers to want to be involved with their children and work to increase father involvement.

### Level 3. Father Inclusiveness

Father inclusive institutions have programming that meets the specific needs of men. "All fathers have equal and fair access to the support provided by high quality family services regardless of income, employment status, special educational needs or ethnic/language background."<sup>1</sup> Furthermore, a strengths-based approach recognizes fathers' aspirations for their children's well-being and the experience, knowledge and skills they contribute to this well-being."<sup>1</sup>

Action steps toward achieving father-inclusive programming include:

- The agency conducts an assessment of father inclusiveness.<sup>2</sup>
- The agency sets a measurable goal to include fathers.
- Staff recruit fathers to assist in planning and sponsoring events and services for other fathers and for the broader community.<sup>3</sup>
- Staff look to fathers as experts capable of identifying barriers to father involvement.<sup>1</sup>
- The agency uses gender-neutral enrollment forms, permission slips, and mailing labels.
- Services empower fathers to develop their capacity rather than focus on interventions that try to prevent them from doing harm.<sup>1</sup>
- Parenting activities are designed to appeal equally to fathers and mothers.<sup>3</sup>
- The institution offers programs or services at times convenient for fathers to attend and participate.<sup>4</sup>
- The staff utilize activities, materials, assessments, and exercises that appeal to men.<sup>4</sup>
- Staff provide referrals to local father-friendly and father-inclusive resources.<sup>4</sup>
- The institution evaluates father engagement and measures outcomes of father involvement.<sup>1,2</sup>

As staff from the Family Action Centre in Newcastle Australia have pointed out, "Working toward father inclusiveness is neither an impossible set of tasks nor a starting point for acrimonious debate....Change is certainly possible and the goal of more inclusive services and fostering healthier more harmonious families is one to which we all can aspire."<sup>1</sup>

### References

1. Framework for father-inclusive practice for early intervention and family-related services. The Family Action Centre, The University of Newcastle Australia. Available at: [www.newcastle.edu.au/centre/fac/efathers/includingfathers](http://www.newcastle.edu.au/centre/fac/efathers/includingfathers).
2. Tift, N. Assessment guide on father inclusive practices. Mesa AZ: Native American Fatherhood and Families Association. E-Mail: [aznaffa@aol.com](mailto:aznaffa@aol.com) or (480) 833-5007.
3. National Fatherhood Initiative. Father friendly check-up for business. Available at: [www.fatherhood.org](http://www.fatherhood.org).
4. Head Start. Father involvement: Building strong programs for strong families: Head Start Bulletin 2004, No. 77. Available at: [www.headstartinfo.org/publications/hsbulletin77/hsb77\\_11.htm](http://www.headstartinfo.org/publications/hsbulletin77/hsb77_11.htm).

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## Web Resources

Big Brothers Big Sisters: [www.bbbs.org](http://www.bbbs.org)  
Bolder Options: Training for Life: [www.bolderoptions.org](http://www.bolderoptions.org)  
Center for Family Policy and Practice: [www.cffpp.org/](http://www.cffpp.org/)  
Child and Family Studies St. Cloud State University:  
[www.stcloudstate.edu/cfs](http://www.stcloudstate.edu/cfs)  
Children, Youth and Family Consortium, University of Minnesota:  
[www.cyfc.umn.edu/family/index.html](http://www.cyfc.umn.edu/family/index.html)  
Dads & Daughters: [www.dadsanddaughters.org](http://www.dadsanddaughters.org)  
Dads Make a Difference: [www.dadsmakeadifference.org](http://www.dadsmakeadifference.org)  
The Fragile Families & Child Wellbeing Study:  
[www.fragilefamilies.princeton.edu/](http://www.fragilefamilies.princeton.edu/)  
Minnesota Fathers & Families Network: [www.mnfathers.org](http://www.mnfathers.org)  
National Center on Fathers and Families:  
[www.ncoff.gse.upenn.edu/](http://www.ncoff.gse.upenn.edu/)  
National Fatherhood Initiative: [www.fatherhood.org](http://www.fatherhood.org)  
The National Mentoring Partnership: [www.mentoring.org](http://www.mentoring.org)  
Native American Fatherhood and Families Association:  
[www.nativeamericanfathers.org/](http://www.nativeamericanfathers.org/)  
Parenting Education Resources; University of Minnesota Extension Service: [www.parenting.umn.edu/](http://www.parenting.umn.edu/)  
Parents as Teachers: [www.parentsasteachers.org](http://www.parentsasteachers.org)  
Resource Center for Fathers and Families:  
[www.resourcesforfathers.org](http://www.resourcesforfathers.org)  
Twin Cities Men's Center: [www.tcmc.org](http://www.tcmc.org)  
Urban Institute: [www.urban.org](http://www.urban.org)

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# Family Structure and Father Involvement in Low-Income Families

Melissa Froehle, JD

There have been dramatic changes in family structure in the last century, evidenced in the high divorce rate and the increase in nonmarital childbearing. These and other changes have been talked about in schools, among policymakers, and among average citizens. At the heart of most of these debates is, “How do changes in family structure affect children?” Even more salient is the question “Are children raised in single mother households at risk for poorer outcomes?” Until recently, much of the debate and the research have given little attention to fathers and how their involvement in family life affects children’s growth and development. Concern about fathers has primarily focused on issues of child support and paternity, with policymakers trying to bring more financial stability to single mother households. The latter concern has primarily emphasized low-income fathers and their impact on the well-being of their children.

## Family Structure

In 2006, 31.7% of births in Minnesota were to unmarried women;<sup>1</sup> nationally it was 35.8%,<sup>2</sup> which is a 20% increase since 2002. In 1960, only 5.3% of U.S. births were to unmarried women.<sup>3</sup> There are important racial and ethnic variations in these data. For non-Hispanic black women, 70.7% of births were nonmarital, although the differences between black, Hispanic and white nonmarried childbearing are narrowing.<sup>3</sup> In 1979, a single mother household was usually headed by a divorced woman; now it is more likely to be headed by a never-married mother.<sup>4</sup> What are the implications of these changing patterns for father involvement?

**Fathers in the shadows.** In 2006, the Minnesota Fathers & Families Network (MFFN) set out to compile information on the “state of fatherhood” in Minnesota, a comprehensive look at the well-being of fathers and men in families in Minnesota. Given the dearth of available data on fathers, MFFN published a quite different report: *Do We Count Fathers in Minnesota: Searching for Key Indicators of the Well-Being of Fathers & Families*. MFFN found that information about some fathers is well known, such as the income of male-headed household families, but information about many other groups of fathers remain uncounted—or “in the shadows.” Minnesota, for example, collects data on men who are incarcerated, but these data don’t show how many of them are fathers; and if we don’t know if these men are fathers, we know even less about their involvement with their children. Other groups of uncounted or discounted fathers include low-income fathers, teen fathers, and gay fathers.

Even when data report the percentage of children living in various family structures, we don’t really know which adults are involved in the lives of the children, during what ages, nor for how long. For example, how often does a noncustodial father see his children? What happens when there is a remarriage and a stepfather joins the household? Is the cohabiting boyfriend of a never married mother functioning as the child’s father? It is

reality today that a child can live in many different family structures over time, and each may involve different adults providing varying degrees of care and support. Knowing more about the involvement of different fathers and men in families can inform program development and service delivery, help identify resource gaps, and is important for improving policy.

**Fragile families.** Using data from the 1997 National Survey of American Families, the Urban Institute reported that among low-income children born outside of marriage, 25% under 2 years were living in a home with both of their biological parents (cohabiting) and another 35% lived with their mothers but saw their fathers frequently, at least every week.<sup>4</sup> These findings helped coin a new term “fragile families,” which is defined as children born to unwed parents where the parents are either cohabiting or the father is highly involved.<sup>5</sup> These families are fragile because they are at a higher risk of poverty and family dissolution compared to married parent families.

The Urban Institute went on to report exactly how fragile these families are. Over time, father involvement with poor children dropped off precipitously (see Figure). So while 2/3 of low-income unmarried fathers start out either cohabiting with the mother or are highly involved with their children, by the time their children are teenagers, 2/3 are no longer highly involved.<sup>4</sup>

The family structure through which a father remains involved varies by race and ethnicity. Although rates of nonmarital childbearing are highest among African-American mothers,<sup>2</sup> among all children born outside of marriage, African-American children are far more likely to know their fathers.<sup>6</sup> Poor black children (<100% FPL) are more likely to have father involvement through fragile visiting relationships compared to poor white and Hispanic children who are more likely to experience father involvement through marriage of their parents.<sup>7</sup> As income increases, more black children do live with married parents. However, across all income levels, disparities persist with 26% of black children living with married parents, compared to 55% of Hispanic and 69% of white children.<sup>8</sup>

A landmark study, The Fragile Families and Child Well-Being Study, which began in the late 1990s, is following a birth cohort of 5,000 children born to unwed parents across all income levels in 20 large cities.<sup>9</sup> At the birth of their child, 82% of unmarried mothers and fathers were romantically involved and 51% lived together. Four-fifths of unmarried fathers provided financial or other support during pregnancy.<sup>10</sup> Several study findings are contrary to popular beliefs: (1) most unmarried births are not the product of casual relationships, (2) most unmarried fathers do care about their children (99.8% of fathers reported that they want to be involved in raising their children in coming years), (3) most unmarried fathers are not dangerous (only a very small percentage of mothers reported domestic violence or chemical dependency concerns), and (4)

93% of mothers report that they want the fathers to be involved in raising the child.<sup>11</sup>

However, results of this study also found that as children get older, the parental relationships are indeed fragile. At the time of the birth, 86% of mothers and 91% of fathers had plans to marry.<sup>10</sup> At the five-year follow-up, only 26% of the cohabiting mothers were married to the father and 45% were no longer romantically involved with the father.<sup>12</sup> Many of the mothers who ended the relationship with the father were seriously involved with a new partner.

## Father Involvement

Since the early 1990s, there has been a growing body of evidence that points to the important benefits of a strong father-child relationship. Among these benefits are higher levels of school performance and increases in healthy child behaviors.<sup>13</sup> Responsible fathers engender benefits to themselves, their communities, and most importantly, their children. Children raised with positive father involvement display greater empathy, higher self-esteem, increased curiosity, higher verbal skills, and higher scores of cognitive competence.<sup>13,14</sup> In 2000, the U.S. Department of Education published a report that revealed when fathers are involved in their children's schools, their children learn more, perform better in school, and exhibit healthier behavior.<sup>15</sup> These benefits transcend social class or family structure: "Research has shown that fathers, no matter what their income or cultural background, can play a critical role in their children's education.... Even when fathers do not share a home with their children, their active involvement can have a lasting and positive impact."<sup>15</sup>



## Barriers to Unmarried Father Involvement with Children

Several barriers to father involvement have been described in the literature on unmarried fathers, such as the role of mothers as gatekeepers, multiple-partner fertility (when one or both parents have children with another person), the father's unemployment, his current or prior incarceration, his violence towards the mother, his substance abuse and/or mental health issues, and mother's involvement with child protection.<sup>16</sup>

Mothers may function as gatekeepers, deciding the degree of father's involvement with their child when the parents aren't living together.<sup>15,17</sup> The quality of the co-parent relationship ap-

pears to be linked to fathers' involvement with his children. In the Fragile Families Study, mothers who were no longer romantically involved with the father at five-years following the birth of their child, but remained friends with the father were four times more likely to report that the father had seen the child in the previous month (74%) compared to mothers who reported they had no relationship with the father (17%).<sup>12</sup>

## Improving Father Involvement

Policymakers and funders have responded to the new information about unmarried parents and father absence in low-income families by creating specific fatherhood programs. Many of these new programs focus on helping fathers find jobs, manage their child support orders, and learn parenting skills. The FATHER Project is an example of one of these programs (see article in this issue). However, most programs lack funding and services to address the co-parent relationship or to help the father with the legal barriers to his involvement, such as assistance with custody or parenting time issues.

### What is the role of public health professionals?

The following are strategies public health professionals could consider to support low-income, unmarried parents:

- *Encourage father involvement in prenatal care and in well child visits.*
- *Visiting nurse programs are opportune times to inquire about and support father involvement.*
- *Support the unique needs of fathers, such as birthing classes just for fathers.*
- *Encourage parents to think proactively about the paternity process before the child is born. Many child support offices now hold monthly or quarterly public information sessions in which paternity and child support establishment are explained.*
- *Know about programs that work with fathers and have handouts available. A directory of services for fathers in Minnesota is available at [www.mnfathers.org](http://www.mnfathers.org).*

By sharing the message that involved fathers positively affect child well-being and providing access to resources that help fathers, we can begin to build a necessary bridge between public health and social services, especially fathering programs. This can help unmarried parents weather the storm from the "magic moment" onward, with a focus on the child's well-being.

*References are on page 11*

**Melissa Froehle is the Policy and Program Director at the Minnesota Fathers & Families Network**

**The Minnesota Fathers & Families Network enhances healthy father-child relationships by promoting initiatives that inform public policy and further develop the field of fatherhood practitioners statewide. If you'd like to get involved, please contact us by email at [info@mnfathers.org](mailto:info@mnfathers.org) or by phone at (651) 222-7432. Copies of "Fathers to the Forefront" are available for free at [www.mnfathers.org](http://www.mnfathers.org).**



# Dad-Daughter Disconnect: Do Fathers Matter to Girls?

Joe Kelly

In 2004, the national nonprofit Dads & Daughters (DADs) commissioned a Roper Poll sampling of 424 fathers and stepfathers of daughters under 18 years old. Remarkably, this was the first-ever attempt to assess the state of father-daughter relationships across the U.S.

The results were not encouraging for DADs, an organization working to maximize the power and potential of that relationship. Roper's results showed two areas of substantial disconnect between fathers' self-perceptions on the one hand, and the reality of girls' lives and father-daughter relationships on the other hand.

For example, 74% of respondents said that they had a good or excellent relationship with their daughters. Sixty-six percent said they feel very or fairly comfortable talking to their daughters about sex and sexuality; for fathers with daughters ages 13–17, it was 73%. These supermajorities appear suspiciously high, self-congratulatory, and perhaps, self-delusional. In the same month, DADs conducted an online survey of girls. While those results are markedly less reliable than the Roper Poll, more than 75% of daughters said they had an unsatisfactory or poor relationship with their fathers. Herein lies the first major disconnect: three-quarters of fathers are convinced that their relationships with their daughters are in fine shape and two-thirds say they can tackle difficult topics of conversation—perceptions unlikely to be shared by an equal number of daughters.

The second disconnect is even more disturbing. The Roper survey asked fathers: "Do you think your active involvement is vital to her health and well-being?" Only a meager 33% of respondents answered "Yes." When broken out by the age of the daughter, fathers of girls under 13 years had the highest percentage, 45% (still less than half).

In effect, three-quarters of U.S. fathers think they have, at worst, a good relationship with their daughters—but two-thirds think that they don't matter very much to those same daughters.

It's not that men are ignorant of important issues in the lives of daughters. A 2007 poll conducted by Peter D. Hart Research Associates for the Family Violence Prevention Fund found that 56% of men think that it is very or fairly likely that, at some point in their lives, a woman or girl they know will be a victim of domestic violence or sexual assault; only 15% think it is not at all likely. Eighty-eight percent of men think that our society should do more to respect women and girls. Fifty-seven percent of men believe that they personally can make at least

some difference in preventing domestic violence and sexual assault; 68% of fathers have talked with their sons and 63% with their daughters about the importance of healthy, violence-free relationships.

So what can we do about this level of discordance?

For 12 years, I have conversed and corresponded with thousands of men who have daughters and stepdaughters. I have also talked with nearly the same number of adult women, who reflect on their relationships with their own dads. Those experiences make clear a glaringly obvious truth: fathers are key to a daughter's well-being, healthy development, and resilient self-image.

The voices of these dads and daughters illustrate the immense power of the daughter-father relationship, how influential this relationship is from the very beginning of a girl's life, and the influence a father-daughter team can have on daughter, dad, and everyone around them.

Every father and stepfather can make a huge difference in his daughter's life. A father is the first man his daughter knows. With that unique position comes the ability to set the norm of manliness for her—a norm that ultimately can be stronger than what anyone else tells her. When we truly listen to our daughters, we help reduce the odds that our girls will

be caught in a cultural straight-jacket that limits her options and behavior because of her gender. We can fight the effects of the gender straight-jacket by never requiring or expecting our daughters to wear it when they are with us—and thus helping her feel a freedom she may not have elsewhere.

Most adult women can tell stories that demonstrate how profoundly fathers influence the ways that daughters see themselves. With a father's positive words and support, a daughter can be safe and healthy and can thrive no matter where life takes her.

Despite this, we don't hear much talk or read much research about the influence of fathers on daughters. It is much more common to hear about how girls are influenced by their mothers. But all it takes is a moment's reflection to start realizing the huge impact we fathers have on every one of our daughters. To find the roots of a father's influence, think of your own daughter. It is normal and natural that she wants to know what is interesting to, or gets the attention of, members of the opposite sex. That is important knowledge for her to have even if she never dates a boy or marries a man, because she lives in a world half full of boys and men.



Where will she turn first for this information? Most often, she will turn to the first member of the opposite sex she gets to know: Dad. Even a stepfather, while not necessarily the first male a girl knows, has huge influence because he spends so much time with her. So the way we act toward our daughters and the other females in her life is what she will expect from boys and men. The same is true for our attitudes, words and beliefs. In all of these, we represent to her the richness, honor and value of being a man. When we are true to her and true to the best in our masculine heritage, she will learn to respect men and treat them as equals. She will learn to gravitate toward men who respect her and treat her as an equal, while turning away from men who threaten, violate and abuse. That's good for both a daughter and her father.

We men have great influence on our daughters and many choices about how to use it. We can send our daughters down their life roads with clear and healthy expectations for men, or leave our daughters lost in tangled underbrush, confused about what to expect from men. They will probably be drawn toward men who choose paths similar to the ones we tread as men and fathers. At a minimum, this means being an integral part of our daughters' lives, not abandoning them to wander into the world of boys and men without our example of strong, supportive and nurturing masculinity. Our example is the road map our daughters use to discover relationships (romantic or not) with boys and men we would be proud to have as sons and brothers.

Fathering a daughter with love and respect ensures she will choose people and situations that nourish her long after she has left our house. There is no greater legacy for us to leave our daughters.

**Joe Kelly [www.joekelly.info] is President of Dads & Daughters and co-founder of New Moon Magazine.**

Photo courtesy of Joe Kelly

## Father Force: How Organizations Can Accomplish More by Mobilizing Dads

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Trainers: Joe Kelly and Clarence Jones

Father Force is an interactive, hands-on training that helps professionals and their organizations recognize ways to use the father resource, making dads into allies in accomplishing your mission. You will:

- Develop a more complete understanding of barriers that inhibit ethnically and culturally diverse fathers/stepfathers from greater involvement in family life and related programs.
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- Learn ways to effectively utilize fathers/stepfathers once they are engaged in family-focused programs.

Further information and registration form is available online at: [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch)

Sponsored by the Center for Leadership Education in Maternal and Child Public Health, School of Public Health, University of Minnesota

(continued from page 9)

## References

1. Minnesota State Demographic Center. Minnesota births and fertility rates rise in 2006. 2007. Available at: [www.demography.state.mn.us/documents/MNBirthsFertilityRatesRisein2006.pdf](http://www.demography.state.mn.us/documents/MNBirthsFertilityRatesRisein2006.pdf)
2. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2006. National Vital Statistics Report 2007; 56(7). Available at: [www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07.pdf).
3. Child Trends . Percentage of births to unmarried women. 2005. Available at: [www.childtrendsdatabank.org/indicators/75UnmarriedBirths.cfm](http://www.childtrendsdatabank.org/indicators/75UnmarriedBirths.cfm).
4. Sorenson E, Mincy R, Halpern A. Redirecting welfare policy toward building strong families. Washington DC: The Urban Institute, March 2000. Available at [www.urban.org/UploadedPDF/310263\\_sf\\_3.pdf](http://www.urban.org/UploadedPDF/310263_sf_3.pdf).
5. Mincy RB, Pouncy H. Delivering dads: Paternalism, child support enforcement, and fragile families. In LM Mead (ed), The New Paternalism. Washington, D.C.: Brookings Institution Press; 1997.
6. Avenilla F, Rosenthal E, Tice P. Fathers of U.S. children born in 2001: Findings from the early childhood longitudinal study, birth cohort (NCES 2006-002). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office; 2006.
7. Mincy RB, Oliver, H. Age, race, and children's living arrangements: Implications for TANF reauthorization. Washington DC: The Urban Institute; April 2003. Available at: [www.urban.org/UploadedPDF/310263\\_sf\\_3.pdf](http://www.urban.org/UploadedPDF/310263_sf_3.pdf).
8. Wherry L, Finegold K. Marriage promotion and the living arrangements of black, Hispanic, and white children. Washington DC: The Urban Institute, September 2004. Available at: [www.urban.org/UploadedPDF/311064\\_B-61.pdf](http://www.urban.org/UploadedPDF/311064_B-61.pdf).
9. The Fragile Families and Child Wellbeing Study. Available at [www.fragilefamilies.princeton.edu/about.asp](http://www.fragilefamilies.princeton.edu/about.asp).
10. McLanahan S, Garfinkel I, Reichman N, et al. The Fragile Families and Child Wellbeing Study, National Baseline Report; 2003 Available at: [www.fragilefamilies.princeton.edu/documents/national-report.pdf](http://www.fragilefamilies.princeton.edu/documents/national-report.pdf).
11. Fragile Families Research Brief, No. 1. Dispelling Myths about Unmarried Fathers, May 2000. Available at: [www.fragilefamilies.princeton.edu/briefs/researchbrief1.pdf](http://www.fragilefamilies.princeton.edu/briefs/researchbrief1.pdf).
12. Fragile Families Research Brief, No. 39. Parents' relationship status five years after a nonmarital birth, June 2007. Available at: [www.fragilefamilies.princeton.edu/ffbriefs.asp](http://www.fragilefamilies.princeton.edu/ffbriefs.asp).
13. Horn W, Sylvester T. Father Facts, 5th edition. Gaithersburg MD: National Fatherhood Initiative, 2007.
14. Pruett KD. Fatherneed: Why father care is as essential as mother care for your child. New York: Broadway Books; 2000; p. 40-54.
15. National Center for Fathering. A call to commitment: Fathers' involvement in children's learning. Washington DC: U.S. Department of Education; 2000. Available at: [www.ed.gov/pubs/parents/calltocommit/fathers.pdf](http://www.ed.gov/pubs/parents/calltocommit/fathers.pdf).
16. Family Strengthening Policy Center. Barriers for father-involvement in raising children. Policy Brief No. 14, 2005. Accessed at: [www.nassembly.org/fspc/practice/documents/fathersbrief.pdf](http://www.nassembly.org/fspc/practice/documents/fathersbrief.pdf).
17. Laakso J. Key determinants of mothers' decisions to allow visits with non-custodial fathers. *Fathering* 2004;2(2); p. 131-145.



# The Case of Biology: Hormones and Fathering

Terra Carey

It is understood that mothers experience a variety of biological and hormonal changes in response to pregnancy including changes in the levels of cortisol, prolactin, and estradiol, a form of estrogen. Until recently, it has been assumed that men do not experience similar hormonal changes; however, research has found that men do experience significant hormonal changes in response to pregnancy including changes in levels of cortisol, prolactin, and testosterone.<sup>1</sup>

A Canadian study of 34 couples found that men experienced hormonal changes that are similar in pattern to those experienced by women before, during and after pregnancy.<sup>2</sup> The study found that levels of prolactin and cortisol were higher during the late prenatal period and lower during the postnatal period in both men and women. Testosterone levels were approximately a third lower in the early postnatal period than in the late prenatal period. The researchers suggest that changes in hormone levels may help mothers and fathers to focus on and become attached to their newborns.<sup>2</sup>

A 2002 study of 67 father and non-father males found correlations between parity, exposure to cry stimulus, and hormonal responses (even after controlling for paternal age). Researchers observed that testosterone levels increased in fathers when exposed to a cry stimulus in comparison to the testosterone levels of fathers who were not exposed to a cry stimulus. These findings did not change based on paternal experience or parity. In comparison, parity and paternal experience were found to affect prolactin and cortisol levels when exposed to the cry stimulus, which is different from maternal levels that show very little hormonal response to a cry stimulus. When exposed to the cry stimulus, prolactin levels in first-time fathers decreased but increased for more experienced fathers. The opposite occurred with cortisol levels which increased for first-

time fathers and decreased in experienced fathers. These data suggest that in the absence of prior experience, fathers experience increased arousal by a cry stimulus, which may contribute to a heightened “engagement” with the infant.<sup>3</sup>

With increased attention given to the social, demographic, and economic determinants of fathering,<sup>1</sup> the role of biology cannot be overlooked. Men experience changes in hormones during pregnancy and the postnatal period—with patterns similar to those observed in women. Hormone changes are not only linked to baby cries, but to the hormone levels of their partners.<sup>2</sup> Contact with a pregnant partner may play a role in paternal responsiveness, just as the quality of the partner relationship is linked with father involvement after birth.<sup>1</sup> This suggests that social variables need to be considered in understanding the role of biology.<sup>1</sup>

Public health professionals are uniquely positioned to keep these findings in mind when developing and adapting father friendly programs and materials.

## References

1. Parke RD. Fathers, Families, and the Future: A Plethora of Plausible Predictions. *Merrill-Palmer Quarterly* 2004;50(4), 456-470.
2. Storey AE, Walsh CJ, Quinton RL, Wynne-Edwards KE. Hormonal correlates of paternal responsiveness in new and expectant fathers. *Evolution and Human Behavior* 2000;21, 79-95.
3. Fleming, AS, Corter C, Stallings J, Steiner M. Testosterone and prolactin are associated with emotional responses to infant cries in new fathers. *Hormones and Behavior* 2002;42, 399-413.

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## Definitions: Hormones and Pregnancy

Hormones play an important role in conception, pregnancy maintenance, birth, post-natal feeding and parent-child bonding.

**Prolactin** is produced by both men and women and is primarily associated with milk production in mothers. Typically, prolactin levels are highest in the days leading up to birth and levels fluctuate with breastfeeding.\*

**Cortisol** is a stress hormone present in both men and women. commonly known in both men and women. It is naturally produced by the body in response to a variety of forms of stress.\* Maternal cortisol levels commonly rise in the days preceding labor, potentially assisting with the birthing process, and decrease in the days following birth.

**Estradiol** and **testosterone** are commonly known as sex steroids and are present in both men and women. Men have higher levels of testosterone which contributes to the development of their male characteristics, and females have higher levels of estradiol which contributes to the development of female characteristics.\*

\*Carroll RG. Elsevier's Integrated Physiology. Philadelphia: Mosby Elsevier; 2007.

### For more information:

[http://pennhealth.com/health\\_info/animationplayer/endocrine\\_glands.html](http://pennhealth.com/health_info/animationplayer/endocrine_glands.html)  
[http://pennhealth.com/health\\_info/animationplayer/pituitary\\_gland.html](http://pennhealth.com/health_info/animationplayer/pituitary_gland.html)  
<http://www.nlm.nih.gov/medlineplus/hormones.html>  
[http://training.seer.cancer.gov/module\\_anatomy/unit6\\_3\\_endo\\_glands.html](http://training.seer.cancer.gov/module_anatomy/unit6_3_endo_glands.html)



## The FATHER Project

Andrew Freeberg

The FATHER Project, a program offered through Goodwill/Easter Seals in Minneapolis, Minnesota, offers services for low-income dads to help them support their children financially, emotionally and physically. The FATHER Project is built on the belief that the positive involvement of both parents is important to the healthy development of children and increases their chances of leading a safe, happy childhood and growing into mature adults. The word “FATHER” in the FATHER Project name stands for: Fostering Actions To Help Earnings and Responsibility.

The program serves dads between the ages of 16 and 35 who are looking to increase their effectiveness as parents. The project serves a population of dads that often face many challenges related to employment, educational attainment, mental health, basic needs, and criminal issues. Many of the fathers served also need to establish paternity or address other child support issues.

The FATHER Project is a holistic program that provides services in a number of father-related areas. Each participant has the services of an advocate who can assist the dad in dealing with issues of child support, legal challenges, mental health, employment services, parenting classes, and GED/education services. During the past year a child development center has been added to offer interactive learning experiences for fathers and their children. This was implemented via our partnerships with Way To Grow, Minneapolis Early Childhood Family Education (ECFE), and Parents as Teachers National Center/Meld.

The FATHER Project model is built on collaboration with key partners that bring various kinds of expertise. Partners include Hennepin County on child support issues, Central Minnesota Legal Services (CMLS) on legal issues, African American Family Services on mental health issues, as well as Comunidades Latinas Unidas En Servicio (CLUES) and The Division of Indian Work in responding to the needs of ethnically diverse families. We offer the full range of services under one roof at our 1600 E. Lake Street site. The FATHER Project model is a creative, collaborative effort that allows staff to refer fathers “down the hall” rather than “across town.”

For more information: [www.goodwilleasterseals.org](http://www.goodwilleasterseals.org).

**Andrew Freeberg is the Director of Education and Youth Services for Goodwill/Easter Seals Minnesota**

## Boyz II Dadz

Kristi Gordon

Boyz II Dadz, a program of the Women’s Health Center in Duluth, Minnesota, is a culturally sensitive fathering program designed to promote the healthy development of young fathers (up to age 25) and to assist young fathers and their families by providing education and support. The primary goal of Boyz II Dadz is to educate, support and promote responsible fatherhood for young and expecting fathers referred to the program. The program encourages positive involvement in their children’s lives and helps participants identify strategies to delay repeat pregnancies. Boyz II Dadz is the only program advocating responsible fatherhood in northern Minnesota that works directly with young men and their families. Boyz II Dadz conducts weekly small groups to provide young dads with information about child development, safe and appropriate parenting practices, stress management, interpersonal communication, non-violent conflict resolution, pregnancy prevention, and the importance of fathering. These and other topics are presented by Boyz II Dadz staff or by contracted community professionals.

According to a 2002 report from the Alan Guttmacher Institute, children born to young dads are at a higher risk of abuse and neglect than any other group.<sup>1</sup> A large proportion of teen fathers have not completed high school, are unemployed and lack educational, job seeking and vocational skills. The social isolation and frustration that result lead young dads to engage in other unhealthy behaviors, such as substance abuse, heightening their child’s risks of abuse. Once young men become fathers, they are more likely to use alcohol routinely, quit school, get into trouble with the law and remain unemployed.<sup>1</sup> Boyz II Dadz is designed to address these issues and to minimize the negative social and health outcomes young fathers experience.

Over the past 13 years, Boyz II Dadz has developed the capacity to offer the support and assistance a young father needs to maintain his role as a responsible parent, set future goals, and strive for success. In an area where services for fathers, specifically young fathers, have been limited, the Boyz II Dadz program remains a life-line to young families in the Duluth area.

### Reference

1. Alan Guttmacher Institute. In their own right: Addressing the sexual and reproductive health needs of American men worldwide. 2003. Accessed at: [www.guttmacher.org/pubs/us\\_men/pdf](http://www.guttmacher.org/pubs/us_men/pdf).

**Kristi Gordon is the Program Coordinator for the Boyz II Dadz program in Duluth, Minnesota**



# Empowering Boys to Become Men of Integrity

Jessie Kemmick Pintor

“If you do not initiate the boys, they will burn the village down.”

- Ancient African Proverb

A Minnesota-produced documentary about rites of passage and mentoring is challenging the way we think about male culture in America. *Journeyman*, from filmmakers Kevin Obsatz, Charlie Borden, and Dr. Mike Obsatz, follows Mike and Joe, two young men struggling with depression and violence, as they face challenging rites of passage, build emotional intelligence, engage with a community of supportive men, and come to a new understanding of healthy manhood through their participation in the Boys to Men Mentoring Program. Like so many of the participants in Boys to Men, a national network connecting young men ages 12–17 with nurturing, supportive males, Mike and Joe both grew up without fathers. Through the mentoring program they have the opportunity to form lasting, meaningful relationships with male role models.

In addition to following the lives and experiences of Mike and Joe, *Journeyman* features international experts in the fields of parenting, media, and the men’s movement to help interpret the bigger picture of men and boys and their roles in our society. Renowned parenting experts Dr. Barbara Coloroso, Dr. David Walsh of the Center for Media and the Family, and Michael Gurian, a New York Times bestselling author and co-founder of the Gurian Institute, speak to the idea of parenting with compassion and respect. In a context where there is systematic socialization of boys into destructive roles, it is important to nurture boys through their journey to adulthood.

According to Charlie Borden, the film’s producer, “men’s fear of boys can lead to emotional abandonment by elders, which results in a vicious circle of self-destructive and violent behavior.” Through connecting young men with adult mentors, Boys to Men hopes to break this cycle and help them develop a more mature awareness of their own needs and feelings. Dennis and Marty, Mike and Joe’s mentors respectively, are representatives of a new movement in male culture that seeks to restore a community of men where wisdom and integrity is readily shared between the generations. Through the development of a relationship with their mentees, Dennis and Marty begin their own emotional journey, learning through the mentoring process to uncover and face their own unresolved issues from childhood.

According to the film’s website, “besides touching hearts, the documentary’s obvious agenda is to inspire viewers to mentor or support mentoring.” Many adults may feel hesitant to become mentors because they are not sure if they have what it takes. When Marty Koessel was first approached to serve as a mentor, he, too, was hesitant: “I remember thinking, how can I do this? Am I capable? Do I have knowledge to share?” Koessel believes these concerns come from a misconception about the mentoring process, “some people think that [mentoring] is taking over a parent’s role of advising, guiding, or directing the



Boys to Men

kid towards wherever we think he ought to be in his life...but that’s not what we do...it’s really a question of recognizing their gifts and what they have to offer the world...our mantra as mentors is “listen, accept, and admire.”

For more information or to schedule a screening in your community, please contact Charlie Borden @ 651.399.0214 or go to the film’s website: [www.mirrormanfilms.org/index.html](http://www.mirrormanfilms.org/index.html).

Jessie Kemmick Pintor is an MPH student in the Maternal and Child Health program at the University of Minnesota

## Resources

Minnesota’s Boys to Men Mentoring Program:  
[www.boystomenmn.org/index.html](http://www.boystomenmn.org/index.html)

National Boys to Men Mentoring Network:  
[www.boystomen.org/](http://www.boystomen.org/)

The Gurian Institute:  
[www.michaelgurian.com/](http://www.michaelgurian.com/)

Kids are Worth It!, Inc.:  
[kidsareworthit.com/](http://kidsareworthit.com/)

Center for Media and the Family:  
[www.mediafamily.org/index.shtml](http://www.mediafamily.org/index.shtml)

Anger Resources:  
[www.angerresources.com/index.html](http://www.angerresources.com/index.html)

# Interested in making a difference?

## Consider a Master's in Public Health (MPH) Degree in Maternal and Child Health (MCH)



Mark Bergeron, M.D. is a second-year Masters of Public Health (MPH) student in the Maternal and Child Health Program and is enrolled in the online distance education program. In addition to pursuing an MPH, Mark is in his third year of a Neonatal-Perinatal Medicine Fellowship at the University of Minnesota. Mark chose the University of Minnesota's School of Public Health because the

program "fit perfectly with his research interests and complemented his training as a physician."

Mark believes that the skills he has obtained and training that he has received while pursuing his MPH have been invaluable in his practice and hospital work. "As public health students, we are taught how to analyze environments, communities, and programs, and use these findings to improve and develop programs and policies that address poor health outcomes and patient safety. These skills will equip us to be leaders within the health field."

Mark has been impressed by the support and guidance of the faculty of the School of Public Health, especially those within the Maternal and Child Health Program. In addition to the knowledgeable faculty, Mark has "enjoyed the academic exchanges among fellow classmates and has not experienced

any difficulties in engaging in the program as an online student."

Mark is the father of three young girls. Mark's family and role as a father are an important part of his life. "My work, academic pursuits, and family would not be possible without the constant support of my wife."

**What is the Maternal and Child Health Program?** An MPH training program that offers a state-of-the-art curriculum to address the public health needs of vulnerable populations in domestic and international settings. It is part of the Division of Epidemiology and Community Health, School of Public Health at the University of Minnesota.

**Who are the faculty?** The MCH faculty is multidisciplinary with expertise in medicine, nursing, psychology, sociology, and nutrition. Their research and training opportunities focus on children with chronic health conditions; reproductive health and family planning; pregnancy outcomes; social inequities in health; women's health; infectious disease; substance use; community health promotion; and community-centered interventions.

**Who should apply?** People who care about vulnerable populations and want careers in public health advocacy, program planning and development, evaluation, surveillance, assessment, teaching, or research. The program offers three options: a standard curriculum in MCH, a curriculum with an epidemiology emphasis, and an online curriculum.

**For further information about the MCH Program** call 612-626-8802 or 1-800-774-8636; e-mail [gradstudies@epi.umn.edu](mailto:gradstudies@epi.umn.edu); or visit [www.sph.umn.edu/education/mch/home.html](http://www.sph.umn.edu/education/mch/home.html).

## Online MPH in Maternal and Child Health at the University of Minnesota

**The program:** The Maternal and Child Health (MCH) Program in the School of Public Health at the University of Minnesota has an accredited online MPH program for professionals who want to attain leadership roles in MCH or related fields. The program focuses on social justice and ensuring the health of vulnerable populations. Students will gain expertise in developing evidence-based advocacy, rigorous public health assessment, accessible and appropriate health education, and effective and innovative programs and policies that promote the health and well being of women, children, adolescents, and families.

**The coursework:** The online curriculum was developed for professionals who are comfortable with self-learning. Web-based courses were designed to facilitate adult learners in enhancing, or developing, their expertise in MCH content and public health practice. Students also participate in a minimum of 1-2 short (1-week) courses on cutting edge issues that are held every spring on the Twin Cities campus (note that the student is required to make one trip to the Twin Cities during the program). The on-campus courses provide an intensive training experience and an opportunity to network with other students, faculty, and public health professionals. Every student will be assigned to a faculty advisor who will guide the student's academic choices, field experience, and final written MPH project.

**Tuition:** Minnesota in-state tuition, regardless of state or country of residence.

**Eligibility:** Individuals with an advanced degree (e.g., MD, MSW, MSN, MS, PhD) OR individuals without an advanced degree who have 3 or more years of work experience in MCH or a related field.

**For more information:** Please contact Kathryn Schwartz at [schwa139@umn.edu](mailto:schwa139@umn.edu) or 612/626-8802 or visit <http://www.sph.umn.edu/education/mch/curriculum/online>. For general information about the University of Minnesota's MCH program, visit [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch).

Save these dates for upcoming regional conferences ...

Upcoming Events

**May 27, 2008: Father Force: How Organizations Can Accomplish More by Mobilizing and Utilizing Dads**, Open Book (1011 Washington Ave. So, Minneapolis), [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch).

**May 27 through June 13, 2008: School of Public Health Summer Institute**, University of Minnesota, Minneapolis, [www.cpheo.sph.umn.edu/institute/](http://www.cpheo.sph.umn.edu/institute/).

**June 12, 2008: Maternal and Child Health 2008 Summer Institute**. University of Minnesota St. Paul Campus. [www.epi.umn.edu/mch](http://www.epi.umn.edu/mch).

**July 23-24, 2008: Wisconsin Public Health Conference**, Madison, WI. [www.wpha.org/2008Conference.htm](http://www.wpha.org/2008Conference.htm)

**July 28-30, 2008: 2008 Summer Institute in Adolescent Health**, Minnesota Department of Education Conference Center, Roseville, MN

**Sept. 21-24, 2008: Quality Health Care for Diverse Populations**, Minneapolis, MN. <http://www.diversityrxconference.org/>

*Healthy Generations* is published three times each year by the Center for Leadership Education in Maternal and Child Public Health. The editor is Julia Johnsen, Director of Community Outreach for the Center. For subscription changes, requests for bulk copies, or for more information, contact Jan Pearson at [pears014@tc.umn.edu](mailto:pears014@tc.umn.edu).

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Supported in part by the  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
US Department of Health and Human Services

