

Men's Pregnancy Intentions and Prenatal Behaviors: What They Mean for Fathers' Involvement With Their Children

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Overview. A growing body of research suggests that men's pregnancy intentions (i.e., how men feel about a pregnancy) and prenatal behaviors (i.e., how men act during the pregnancy) may have implications for fathers' later involvement with their children.¹ For example, men who exhibit positive feelings about the pregnancies of their partners and who become involved—such as attending childbirth classes and being present at the child's birth—are more likely to show positive postbirth fathering behaviors.^{5,13} These findings are consistent with prior research demonstrating that having an unintended pregnancy and being uninvolved prior to a child's birth may signal lower quality and quantity of father involvement in the child's later life.¹³ An understanding of this issue for fathers of infants is important because the transition to fatherhood represents an ideal opportunity to draw men more actively into parenting.²

This Research Brief draws on data from the 9-month Resident Father Survey of the nationally representative 2001 Early Childhood Longitudinal Study – Birth Cohort (ECLS-B) to present information on what men report about their pregnancy intentions and their prenatal involvement. We also examine the effects of these intentions and behaviors on men's involvement with very young children following birth.

Results from Child Trends' analyses both corroborate prior research and present new findings. We found that although most resident fathers report that they wanted the pregnancy at the time or sooner, one in four reported that he did not want the pregnancy at all. We also found that both fathers' pregnancy intentions and their prenatal involvement differ by age and race/ethnicity. For example, teen fathers were the least likely to report that the pregnancy occurred at the right time and were the most likely to report that they had not wanted the pregnancy. Non-Hispanic black fathers and fathers of other ethnicities were more likely to report not wanting the pregnancy than were Hispanic or non-Hispanic white fathers. In addition, teen fathers and Hispanic fathers were less likely to demonstrate specific prenatal behaviors, compared with other fathers. We also found that an unwanted pregnancy was associated with less warmth towards the infant but that a pregnancy that occurred later than the father wanted it to occur was associated with more nurturing behaviors. Another important finding was that fathers who were more involved during pregnancy were also more likely to be involved in helping to rear the child in the first year of life. These fathers engaged in a higher level of cognitively stimulating activities with their very young children, showed more warmth and nurturing in their interactions with them, and provided more hands-on physical care (e.g., changing diapers and giving baths).

DEFINING MEN'S PREGNANCY INTENTIONS

■ Pregnancy intentions refer to men's feelings about the pregnancies of their partners or spouses. Pregnancies can be classified as *intended* (planned at the time of conception), *mistimed* (not wanted at the time of conception, but wanted eventually), or *unwanted* (not wanted either at the time of conception or ever in the future).

- Pregnancy intentions are important to examine because the desire of a father to provide positive parenting may be affected by whether the pregnancy was intended at the time of conception.³
- In addition, children who are classified as unwanted by their parents may be more likely to experience reduced parental support, poorer parent-child relationships, parental rejection, less time with their parents, and fewer emotional resources.⁴⁻¹⁰

ABOUT THE DATA SOURCE FOR THIS BRIEF

All data on fathers' pregnancy intentions, prenatal behaviors, and postbirth involvement are drawn from the 2001 Early Childhood Longitudinal Study, Birth Cohort (ECLS-B), 9-month Resident Father Survey. The ECLS-B tracks a nationally representative sample of children from infancy to first grade. The full sample consists of more than 10,000 children born in 2001, and the primary methods of data collection are interviews and direct child assessments that occur during home visits at nine, 24, and 48 months after birth. The sample for these analyses includes 6,816 biological resident fathers who completed a 10-minute self-administered survey in the nine-month wave of the study.

The advantage to using the ECLS-B is that it enables researchers to report fathers' self-reported intentions and behaviors rather than relying on mothers' reports of their pregnancy intentions. Additionally, the sample makes it possible to analyze data about a large, diverse group of fathers' so that findings can be more easily generalized to all resident fathers. Note, though, that the ECLS-B overrepresents married fathers and fathers with strong attachments to children. All differences presented in this brief are statistically significant ($p < .05$) unless otherwise noted.

DEFINING MEN'S PRENATAL BEHAVIORS

- Men's prenatal behaviors refer to men's activities with their partners during pregnancy and activities during and around the time of the birth of a child.
- Prenatal activities for fathers may include visiting the doctor with their partners for prenatal care, attending childbirth classes, being present at the child's birth, and visiting the baby in the hospital.
- Men's prenatal behaviors may indicate men's beliefs and perceptions of the father role. Moreover, positive prenatal involvement may signify that fathers view themselves as important to their children's development and that they have an interest in their children.¹¹⁻¹²

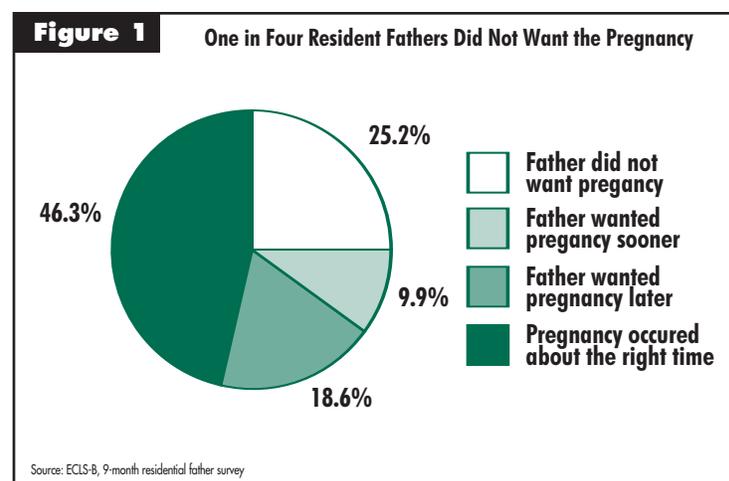
PREGNANCY INTENTIONS AMONG RESIDENT FATHERS

Although studies have examined pregnancy intentions among both men and women, limited research exists that has used nationally representative data to examine the relationship between men's pregnancy intentions and prenatal behaviors and their involvement with their infant. This section highlights Child Trends' findings on resident fathers' variations in their pregnancy intentions by age and race/ethnicity.

One out of four resident fathers did not want the pregnancy.

- At the time of the 9-month survey (2001-2002), one out of four fathers (25 percent) reported not having wanted the pregnancy (see Figure 1).
- Nearly one in ten fathers (10 percent) reported having wanted the pregnancy to occur sooner than it did.

- Almost one-half of fathers (46 percent) reported that their partner's pregnancy occurred at or about the right time.
- Nearly two in ten fathers (19 percent) reported having wanted the pregnancy later than it occurred.

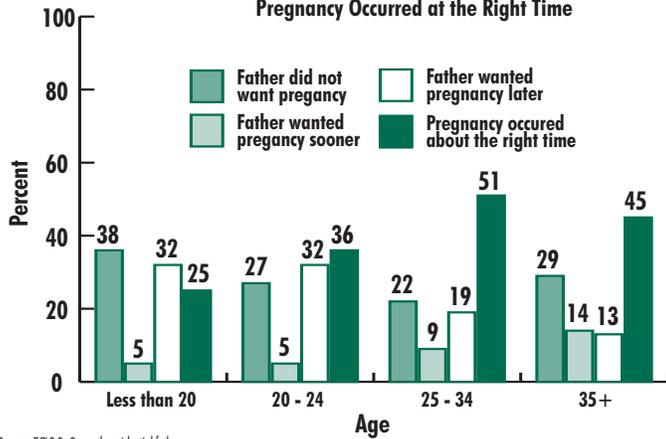


Teen fathers were most likely to report not wanting the pregnancy and least likely to report that the pregnancy occurred at the right time. Figure 2 shows the pregnancy intentions of resident fathers of different ages.

- Teenage fathers were the most likely age group to report that they did not want the pregnancy (38 percent).
- Teenage fathers were less likely than were other fathers to report that the pregnancy occurred at or about the right time (25 percent).
- Younger fathers (< 24 years) were more likely to report having wanted the pregnancy later (32 percent) than were fathers aged 25-34 and 35 and older (19 percent and 13 percent, respectively).

Figure 2

Resident Teen Fathers Were Most Likely to Report Not Wanting the Pregnancy and Least Likely to Report that the Pregnancy Occurred at the Right Time



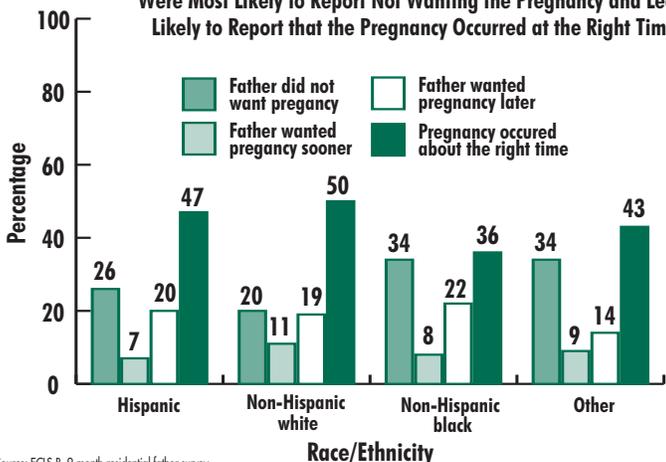
Source: ECLS-B, 9-month residential father survey

Non-Hispanic black fathers and fathers of other ethnicities were most likely to report not wanting the pregnancy and least likely to report that the pregnancy occurred at the right time. Figure 3 shows the intentions of resident fathers by race/ethnicity.

- Non-Hispanic black fathers and fathers of other ethnicities were more likely (34 percent for both) to report not wanting the pregnancy.
- Non-Hispanic black fathers and fathers of other ethnicities were less likely to report that the pregnancy occurred at the right time (36 percent and 43 percent, respectively).
- Non-Hispanic black fathers were the most likely across racial and ethnic subgroups to report wanting the pregnancy to occur later (22 percent).

Figure 3

Non-Hispanic Black Fathers and Fathers of Other Ethnicities Were Most Likely to Report Not Wanting the Pregnancy and Least Likely to Report that the Pregnancy Occurred at the Right Time



Source: ECLS-B, 9-month residential father survey

PRENATAL INVOLVEMENT AMONG RESIDENT FATHERS

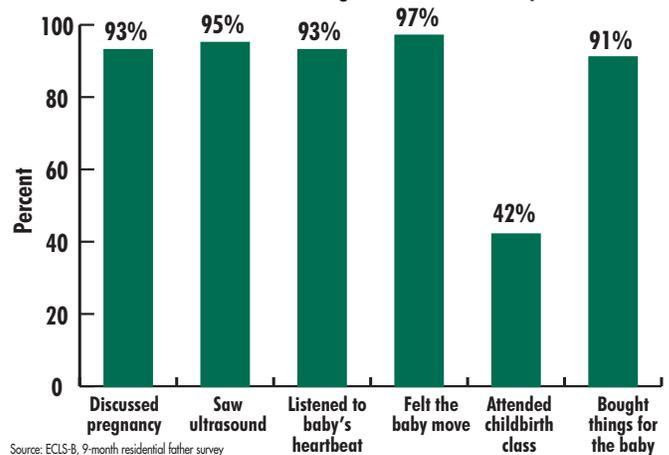
Child Trends' analyses show that the involvement of resident fathers in their partners' pregnancies generally is high, but that this involvement reflects variations by age and race/ethnicity, as shown by the results reported in this section.

Resident fathers overall were highly involved with their partners' pregnancies in a number of ways, except for attending a childbirth class. Figure 4 sheds light on the extent of this involvement.

- More than nine in 10 fathers felt the baby move (97 percent), saw an ultrasound of the baby (95 percent), listened to the baby's heartbeat (93 percent), discussed the pregnancy with the mother (93 percent), or bought things for the baby (91 percent).
- Less than one-half of all fathers attended a childbirth class with the baby's mother (42 percent).
- More than nine in 10 fathers (93 percent) were in the delivery room when their child was born, and 99 percent of fathers visited their child and/or the mother of their child in the hospital after the birth (analyses not shown).

Figure 4

Most Resident Fathers Were Involved With Partners' Pregnancies in Varied Ways

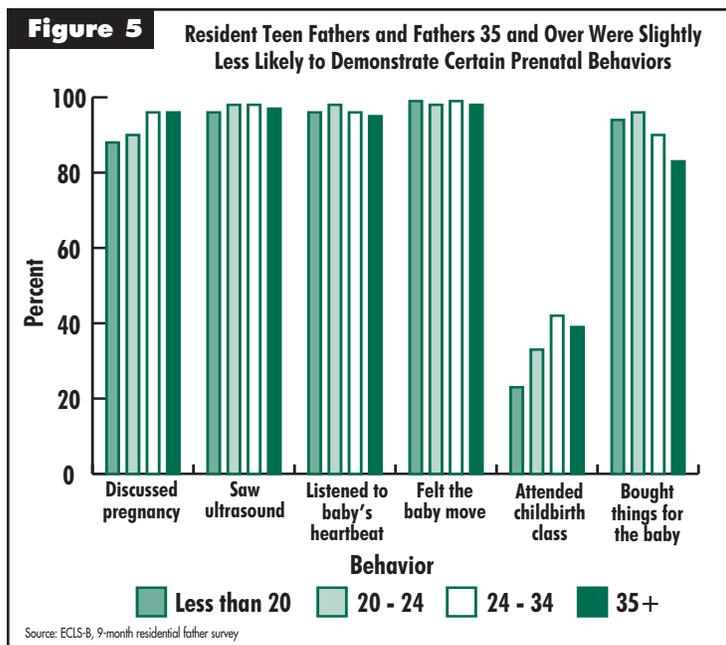


Source: ECLS-B, 9-month residential father survey

Among resident fathers, teen fathers and fathers aged 35 and older were slightly less likely to be involved in prenatal activities than were fathers in other age groups. Figure 5 illustrates this pattern.

- Teen fathers were less likely to discuss the pregnancy with their child's mother (88 percent), see an ultrasound (93 percent), and attend a childbirth class (28 percent) than were older fathers.

- Older fathers were slightly less likely to report that they listened to the baby's heartbeat (91 percent), felt the baby move (96 percent), and bought things for the baby (85 percent) than were fathers in their twenties and early thirties.



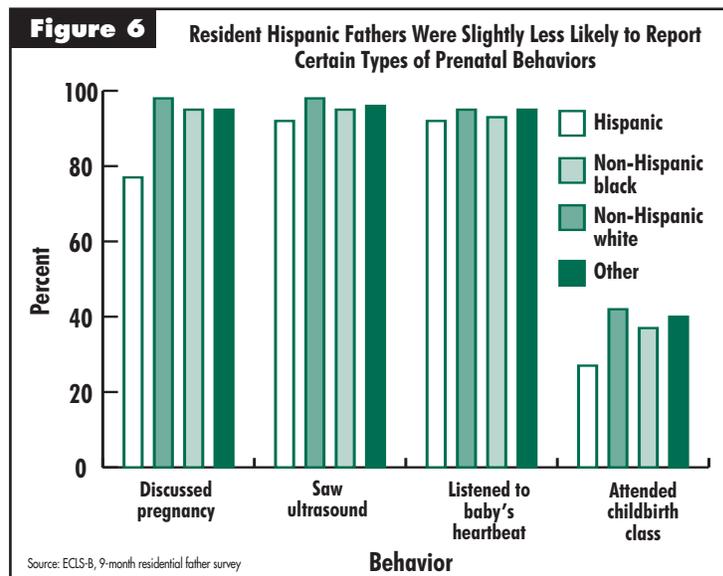
Among resident fathers, teen fathers were less likely to be present at the birth of their child than were older fathers.

- Compared with older fathers, only 86 percent of teen fathers were present at the birth of their child. Ninety-two percent of fathers aged 20-24, 94 percent of fathers aged 25-34, and 92 percent of fathers aged 35 and older were present at the birth of their child (analyses not shown here).
- Teen fathers, however, were still highly likely to be present at their child's birth.

Among resident fathers, Hispanic fathers were slightly less likely to report certain types of prenatal involvement than were fathers of other races/ethnicities. Figure 6 illustrates those differences.

- Hispanic fathers were the least likely among fathers to report that they discussed the pregnancy with the mother (76 percent), saw an ultrasound (90 percent), listened to the baby's heartbeat (89 percent), and attended a childbirth class with the mother (32 percent).

Among resident fathers, non-Hispanic black fathers were less likely to be in the delivery room during birth than were fathers of other races and ethnicities.



- Eighty-seven percent of non-Hispanic black fathers were present at the time of their child's birth, compared with 91 percent of Hispanic fathers, 95 percent of other fathers, and 95 percent of non-Hispanic white fathers (analyses not shown here).
- Black fathers, however, were still highly likely to be present at the time of their child's birth.

EFFECTS ON RESIDENT FATHERS' INVOLVEMENT WITH CHILDREN

We examined whether fathers' pregnancy intentions and prenatal behaviors influenced their post-birth involvement.

Among resident fathers, pregnancy intentions are related to men's involvement with their infants after birth.

- Resident fathers who reported not having wanted the pregnancy were significantly less likely to exhibit warm behaviors, such as holding and cuddling their child after birth, than were fathers who reported that the pregnancy occurred at the right time.
- Compared with men who reported that the pregnancy happened at the right time, men who reported wanting the pregnancy sooner than when it occurred were more likely to engage in nurturing activities, such as waking up with the baby at night, soothing the baby, and staying home with the baby when he or she was sick.

Among resident fathers, men's prenatal behaviors affect their involvement with the child after the child is born. Child Trends' analyses reveal positive associations between fathers' prenatal and postbirth involvement.

- Prenatal involvement is positively associated with postbirth involvement with infants, as measured by six specific behaviors: discussing the pregnancy with the mother; seeing a sonogram/ultrasound; listening to the baby's heartbeat; feeling the baby move; attending childbirth/Lamaze™ classes; and buying things for the child.
- Men who participated in more of these prenatal activities were more likely to exhibit positive engagement in cognitively stimulating activities (e.g., reading to the child), warmth (e.g., hugging the child), nurturing activities (e.g., soothing an upset child), physical care (e.g., changing diapers), and caregiving activities (e.g., bathing the child).

SUMMARY

This *Research Brief* has used nationally representative data to provide information on pregnancy intentions and prenatal behaviors among resident fathers with infants in the United States and the effect of these intentions and behaviors on fathers' involvement with their infants after birth. This section summarizes our key findings.

- **Most resident fathers want the pregnancy of the focal child; but a quarter report that they did not want the pregnancy at all. Pregnancy intentions, however, differ by age and race/ethnicity.** Specifically, teen fathers are least likely to report that the pregnancy occurred at or about the right time, and non-Hispanic black fathers and fathers of other ethnicities are more likely to report not wanting the pregnancy than Hispanic or non-Hispanic white fathers.
- **Overall, resident fathers are highly involved with partners' pregnancies.** However, teen fathers and Hispanic fathers are somewhat less likely to demonstrate specific prenatal behaviors.
- **Pregnancy intentions are related to resident fathers' postbirth involvement with their children.** Specifically, men who report not having wanted the pregnancy are less likely to exhibit warm behaviors than are fathers who report that the birth occurred at or about the right time. In comparison, men who report they would have preferred that the birth happen earlier are more likely to engage in nurturing activities.
- **Prenatal behaviors are important predictors of postbirth involvement.** Men who participate in more prenatal behaviors are more likely to be positively engaged with their children.

IMPLICATIONS FOR POLICY AND PRACTICE

Findings from the current study have a number of implications for policy and practice that would serve to enhance fathers' participation in prenatal activities and increase their involvement with their children after birth.

- **Policies and programs should encourage couples to plan fertility according to both partners' desires.** Because of the association between fathers' pregnancy intentions and their postbirth warmth and nurturing behaviors, fathers' opinions about the timing of pregnancies can matter for children.
- **Pregnancy programs and health care providers should involve fathers from the start.** Our analyses suggest that encouraging and enabling resident fathers to participate actively in the pregnancy as early as possible may increase later father involvement in child-rearing. Thus, involving fathers early in the pregnancy may be important for promoting greater engagement in the child's life after birth.
- **Programs should cater to the needs and interests of men, as well as of women.** Examples of such programs for fathers might include activities that help fathers understand the phases of pregnancy, that emphasize the importance of participating in doctor visits and childbirth classes, and that develop fathers' emotional attachment to the unborn child.
- **The importance of positive father involvement for child well-being should be stressed at all levels.** Parenting classes targeted at fathers as early as the teen years and available both before and after the birth may serve as effective vehicles for teaching men about how to interact with their babies and how important it is for fathers to be involved in their children's lives—not just during infancy but in the ensuing years as well.
- **Pregnancy programs should be sensitive to cultural differences in the ways fathers perceive the pregnancy and support the mother.** There appear to be differences in

pregnancy intentions and prenatal behaviors across racial and ethnic groups, as noted. Therefore, programs should consider these differences when planning curricula and training staff.

CONCLUSION

How a man responds to the news that he will be a father can have implications for a child's long-term well-being. When a man welcomes this news and actively supports his partner during the pregnancy and at and after the child's birth, that child starts down the road of life with some precious assets in hand. Surely that is a compelling reason for learning more about fathers' pregnancy intentions and prenatal behaviors and their significance for father's involvement with their young children.

This *Research Brief* is based on a forthcoming article in the *Journal of Marriage and the Family* titled "Resident Fathers' Prenatal Behaviors, Pregnancy Intendedness and Links to Involvement with Infants." The article was written by Jacinta Bronte-Tinkew, Ph.D., Suzanne Ryan, Ph.D., Jennifer Carrano, B.S., and Kristin A. Moore, Ph.D. Research for this project was made possible by the generous support of the National Institute of Child Health and Human Development (NICHD) through Grant #R03-HD042108-01A1.

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