



## FRAGILE FAMILIES RESEARCH BRIEF

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# In-Hospital Paternity Establishment and Father Involvement in Fragile Families

## Introduction and Background

Non-marital childbearing has increased dramatically over the past 30 years, rising from 6 percent of all births in 1960 to one-third of all births in 2000. In response, policy makers have become increasingly interested in making sure that all children have a legally-recognized father. Paternity establishment ensures a child's right to a range of public benefits, including survivors' insurance, education, health care, and workers' compensation and is a prerequisite to obtaining a child support order in the event that parents live apart. Some analysts also argue that paternity establishment early in life may strengthen the bonds between unmarried biological fathers and their children.

Programs for establishing paternity voluntarily in the hospital soon after the birth of a child were federally mandated in 1993 and are viewed as an excellent tool for encouraging unmarried fathers to take responsibility for their children. To date, assessments of the effectiveness of these programs have been positive, although previous studies have relied on state rather than national-level data. The alleged, non-pecuniary benefits of paternity establishment, however, have not been examined. This brief reports on the prevalence of paternity establishment (both in-hospital and out-of-hospital paternity establishment), the determinants of paternity establishment, and the relationship between paternity establishment and the probability that non-resident unmarried fathers will (1) pay child support and (2) maintain contact with their child.

## Data and Methods

We use baseline and one-year follow-up data from the Fragile Families and Child Well-being

Study [see box on back] to determine the prevalence and determinants of paternity establishment and to examine the relationship between paternity establishment and father-involvement when the child is 1 year old. Father-involvement is measured as 1) whether a father saw his child in the past 30 days, 2) whether the child has stayed overnight with the father since the child's birth, and 3) whether the father has paid any formal or informal child support.

The analyses control for characteristics of the father, mother, and couple that might indicate a preference for children and that might be related to paternity establishment and/or father involvement. Couple characteristics include parents' relationship status at child's birth, the number of years a couple had known one another prior to the pregnancy, and the couple's similarity with respect to age, education, and race/ethnicity. Father characteristics include age, education, employment status, other children, incarceration history, health conditions, substance abuse, race/ethnicity, whether or not the father suggested an abortion, whether he contributed cash or in-kind support to the mother during the pregnancy, and whether he told the mother that he planned to help support the child in the future. Mother characteristics include employment status, TANF and Food Stamp receipt, and health status at the time of the birth.

**Table 1: Total and In-Hospital Paternity Establishments for Three Samples of Mothers**

	Nationally Representative Unmarried Sample	Entire Unmarried Sample	Nonresident Sample
Sample Size	2,339	3,254	1,683
Paternity Established (%)	70	69	58
In-Hospital Paternity (%)	59	56	42

**Table 2: The Effects of Father and Mother Characteristics on Paternity Establishment**

	In-Hospital <i>Marginal Effect</i>	Out-of-Hospital <i>Marginal Effect</i>
<b>Altruism and Child Preferences</b>		
Dad contributed cash during preg.	0.162***	-0.062**
Dad contributed in-kind during preg.	0.119**	-0.020
Father's supportiveness index	0.088**	-0.002
Mom has kids with other dads	-0.052**	0.026
<b>Father's Ability to Pay Characteristics</b>		
Dad has more than high school	0.116**	0.035
Dad worked prior to birth	0.074**	-0.019
Dad has kids with other mothers	-0.100***	0.018
Dad spent time in jail or prison	-0.085***	0.026*
<b>Mother's Characteristics</b>		
Mom on TANF or FS before birth	-0.052**	0.016

Notes: \*p<.05 \*\*p<.01 \*\*\*p<.001  
 Sample includes unmarried mothers in 20 urban areas.  
 Models include controls for various mother, father, child and city/state characteristics.

Finally, to control for variation in the standard of living that may affect a father's ability to contribute to his child and a mother's need for assistance, we control for the city unemployment rate and the state maximum TANF and Food Stamp benefit.

***Paternity Establishment Rates***

First we look at the prevalence of paternity establishment and where the paternity was established for the following three samples of unmarried mothers: 1) a nationally representative sample of unmarried mothers who gave birth in large cities between 1998 and 2000, 2), a sample of unmarried mothers who gave birth in 20 large cities between 1998 and 2000<sup>1</sup> and 3) a sample of unmarried mothers who gave birth in 20 large cities and were not living with the child's father when the child was born.

As indicated in the first and second columns of Table 1, the paternity establishment rate in large urban areas is quite high-70 percent for the nationally representative sample and 69 percent for the sample from all 20 cities. As we would have expected, less committed fathers -

those who were not residing with the mother at the time their child was born - were less likely to establish paternity than other fathers. Even so, a majority of these men (58%) had established paternity by the time the child was one year old. In-hospital paternity establishment accounts for 84 percent of all paternities established (in the national sample).

***Determinants of Paternity Establishment***

Next we examine the factors associated with establishing paternity in the hospital, establishing paternity in another setting, or not establishing paternity at all. As expected, paternity establishment is more common among fathers who made financial or in-kind contributions during pregnancy and among fathers who were supportive of the mothers (see Table 2).

In-hospital paternity establishment in particular is more likely for fathers who had some college education and who worked prior to the child's birth. In-hospital paternity establishment is less likely for children whose mothers or fathers had children by other partners and whose fathers have been incarcerated. Interestingly, the city unemployment rate and the state welfare benefit levels are not related to the paternity establishment rate (not shown). The pattern for parents who were not cohabiting at the time of the child's birth is very similar to the pattern for all unmarried parents, except that higher city-level unemployment rates are associated with higher levels of in-hospital paternity establishment, a counterintuitive finding.

**Table 3: The Effect of Paternity Establishment on Father Involvement For Non-Resident Fathers**

	Any Support Received <i>Marginal Effect</i>	Any Contact in Past 30 Days <i>Marginal Effect</i>	Any Overnight Visits Since Child's Birth <i>Marginal Effect</i>
In-Hospital Establishment	0.204***	0.150***	0.162***
Out-of-Hospital Establishment	0.113**	0.067	0.095

Notes: \*\*p<.01 \*\*\*p<.001  
 The reference group is no paternity established.  
 Models include controls for various mother, father, child and city/state characteristics.

<sup>1</sup> This sample includes the 16 cities in the nationally representative sample plus four additional non-randomly selected large urban cities.

Surprisingly, although mothers who receive public benefits are more in need of financial assistance than other mothers, they are less likely to establish paternity voluntarily at the hospital. This difference may be due to the fact that mothers who expect to receive welfare do not push for establishing paternity, knowing that any child support dollars they might receive would go to the state rather than to the mother. Or, causation could go the other way -- families in which the father is unwilling to establish paternity are more likely to be in need of public assistance. Unfortunately, the children of these mothers may miss out on other essential public benefits and non-pecuniary benefits that paternity establishment provides.

### *Father-Child Involvement*

Next we examine the association between paternity establishment and three measures of father-involvement. Here we limit our sample to mothers who are not living with the father when their child is 1 year old. Table 3 shows that both types of paternity establishment (in-hospital and out-of-hospital) are associated with significantly better outcomes on all of the father-involvement measures. However, the effect of in-hospital paternity is consistently stronger than the out-of-hospital paternity, which suggests that there may be unobserved differences between the fathers who establish paternity in-hospital and those that establish paternity outside the hospital.

To account for this possibility, we replace our individual measures of paternity establishment with variables that measure the strength of the paternity establishment program at the city- and state-levels (see paper for details). The new measures indicate that father-involvement and

child support are higher in cities with stronger paternity establishment programs. Furthermore, we find that the likelihood of receiving child support is greater for mothers who live in states that introduced voluntary paternity legislation earlier.

## Conclusion and Policy Implications

A strong positive relationship exists between individual parents' paternity establishment decisions and several measures of father involvement, with in-hospital, rather than out-of-hospital, paternity establishment being more predictive of involvement. Moreover, this relationship holds when we use city-level regime measures rather than individual decisions.

Paternity establishment has pecuniary and non-pecuniary benefits for children. Our findings indicate that the mandates to increase paternity establishment rates in the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) were not only effective in increasing the proportion of children receiving support from their nonresident fathers but were also effective in increasing fathers' contact and involvement with their children.

Thus, additional efforts should be made to publish standards for in-hospital paternity establishment and to require hospitals to adhere to uniform state procedures so that parents can receive staff cooperation and support from all hospitals. Likewise, lower fees and waiting times, improved parent outreach, and more information or assistance provided to parents may also increase paternity establishment rates, thus increasing the likelihood of father-child involvement and support.

## Recent Working Papers

The following comprises a list of the most recent Working Papers authored by the Center for Research on Child Wellbeing (CRCW) faculty and research associates. A complete list of Working Papers is also available for viewing and downloading on the CRCW web site: [crcw.princeton.edu/papers.html](http://crcw.princeton.edu/papers.html)

2004-17-FF Cynthia Osborne, Wendy Manning, Pamela Smock Oct 2004 "Instability in Fragile Families: The Role of Race-Ethnicity, Economics, and Relationship Quality"

2004-16-FF Cynthia Osborne, Sara McLanahan Oct 2004 "The Effects of

Partnership Instability on Parenting and Young Children's Health and Behavior"

2004-15-FF Lawrence Berger, Cynthia Osborne Oct 2004 "Parental Substance Abuse and Child Health and Behavior"

2004-14-FF Teresa Ciabattari Sep 2004 "Single Mothers, Social Capital, and Work-Family Conflict"

2004-13-FF Nancy Reichman, Hope Corman, Kelly Noonan Sep 2004 "Effects of Child Health on Sources of Public Support"

2004-12-FF Lenna Nepomnyaschy Jul 2004 "Child Support and Father-Child Contact in Fragile Families"

2004-11-FF Ronald Mincy, Irwin Garfinkel, Lenna Nepomnyaschy Jul 2004 "In-Hospital Paternity Establishment and Father Involvement in Fragile Families"

2004-10 Lonnie Berger Jun 2004 "Children Living Out-of-Home: Effects of Family and Environmental Characteristics"

2004-09-FF Joshua Goldstein, Kristen Harknett Jun 2004 "Parenting Across Racial and Class Lines: Assortative Mating Patterns of New Parents Who Are Married, Cohabiting, Dating, and No Longer Romantically Involved"

2004-08-FF Jean Knab, Sara McLanahan Jun 2004 "Measuring Cohabitation: Does How, When, and Who You Ask Matter?"

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## Inside...

This research brief uses data from the Fragile Families and Child Wellbeing Study to examine the prevalence and determinants of paternity establishment and its relationship to father-child involvement.

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The Fragile Families and Child Wellbeing Study is following a birth cohort of nearly 5,000 children, including 3,712 children born to unmarried parents and 1,186 children born to married parents. The data are nationally representative of births in cities with populations of 200,000 or more. For more information about the study, visit the Web site of The Center for Research on Child Wellbeing, <http://crew.princeton.edu/fragilefamilies> or email the CRCW at [crew@opr.princeton.edu](mailto:crew@opr.princeton.edu)

This research brief was adapted from "In-Hospital Paternity Establishment and Father Involvement in Fragile Families" by Ronald Mincy, Irwin Garfinkel and Lenna Nepomnyaschy. To download a copy of the paper on which this brief was based, visit <http://crew.princeton.edu>, go to the Fragile Families link, click on Publications, then click on Working Papers Series.

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