

# The Complicated Worlds of Adolescent Fathers: Implications for Clinical Practice, Public Policy, and Research

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A growing body of research has demonstrated that boys exposed to a number of risk factors have an increased probability of fathering a child during their teenage years, and that the lives of adolescent fathers are complicated and filled with a multitude of harsh realities. The purpose of this article is to provide a comprehensive review of the research on who becomes a teenage father, the many problems adolescent fathers experience before and after they father a child, how they respond to their duties as fathers, their multifaceted service needs, societal treatment of adolescent fathers, and the difficult challenges associated with recruiting young fathers and retaining them in service programs. Evaluation studies of service programs for adolescent fathers are summarized and critiqued, as are public policies, which have done little to ameliorate the plight of young fathers, and in some cases, have made their already troubled lives more difficult to bear. Future directions for father-friendly clinical practice, public policy, and research pertaining to adolescent fathers are recommended.

*Keywords:* adolescent fathers, teenage fathers

In spite of recent declines in the rates of sexual activity and pregnancy rates among U.S. teenagers (Martin et al., 2012; Melhado, 2008; Ventura, Curtin, Abma, & Henshaw, 2012), the United States continues to have one of the highest teen birth rates among Western industrialized nations, and adolescent childbearing and parenthood in the United States is associated with a host of problems that have serious economic ramifications. The teen birth-rate in the United States is more than 3 times the rate in Canada and nearly 7 times the rate in Sweden (McKay & Barrett, 2010). Each year in the United States, over 750,000 girls become pregnant (Ventura et al., 2012) and 370,000 give birth to a baby (Martin et al., 2012), and approximately 180,000 adolescent boys father a child.<sup>1</sup> The vast majority (88%) of births to teenage mothers aged 15 to 19 years occur out of wedlock (Martin et al., 2012). Pregnant teenagers and boys and girls who are adolescent parents and their children are at risk for numerous social, economic, and health problems (Green, 2000; Massat, 1995; Mayer & Thursby, 2012; Mollborn & Lovegrove, 2011; Phipps, Blume, & DeMonner, 2002; Pinzon et al., 2012), and the public cost of teen childbearing in 2004 was a staggering \$9.1 billion (Hoffman, 2006). Most of these costs were associated with negative consequences for the children of teenage mothers, including increased costs for public system health care and state prison systems, as well as lost revenue due to lower taxes paid by the children of teen

mothers over the course of their adult lifetimes (Hoffman, 2006). Thus, nearly two decades after the federal government initiated a national campaign to combat teenage childbearing, adolescent pregnancy and parenthood remains a serious concern in the United States.

Societal awareness about the needs of young mothers and their babies prompted an explosion of public policy initiatives, research, and service programs pertaining to adolescent mothers during the 1980s and 1990s (A. M. Kiselica & Kiselica, in press). Meanwhile, adolescent fathers were largely ignored by society and were the targets of simplistic, harmful stereotypes that depicted them as cavalier young males who sexually exploited their female partners, got them pregnant, and then callously abandoned them (Robinson, 1988). These stereotypes contributed to biased treatment of teenage fathers by practitioners, public policymakers, and researchers during this era (M. S. Kiselica, 2008). However, thanks to the work of a growing number of open-minded researchers and service providers, a much more complex picture of adolescent fathers has emerged, demonstrating that the lives of teenage fathers are complicated and filled with a multitude of hardships, some of which place them on the path to becoming fathers prematurely, and others of which are consequences of early paternity (M. S. Kiselica & Kiselica, 2011). The purpose of this article is to convey this nuanced understanding about the complex worlds of adolescent fathers, share what is known about effective ways to help them,

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<sup>1</sup> We estimated the number of adolescent fathers by using the birth-rate data reported by Martin et al. (2012) and estimates of population data for teenage males reported by the U.S. Census Bureau (2010) from its most recent census.

and suggest new directions in clinical practice, research, and public policy pertaining to these young men.<sup>2</sup>

To gather relevant research on teenage fathers, including important descriptive, clinical, and policy work, several social science, health sciences, and general search engines were employed. PsycINFO, Social Sciences Full Text, Applied Social Sciences Index and Abstracts, ERIC, Google Scholar, Academic Search Premier, CINAHL (EBSCO), and PubMed were utilized. The search covered all literature identified by using the following key terms: “adolescent father\*,” “teen father\*,” “teenage father\*,” and “young father\*” (wildcard asterisks were used to ensure that all relevant terms, such as fathers, fatherhood, and fathering, were included in the literature search). Articles and books from the search were selected for the manuscript if they presented research detailing characteristics of adolescent fathers and their life circumstances, describing their service needs, or analyzing effectiveness of intervention efforts for young fathers. Studies used for this review were required to have reported on samples of fathers that included young men under age 20, even if some of the young men studied were older than 20. Thus, we avoided repeating mistakes of the some of the early reports on adolescent fathers, which were criticized by Robinson (1988) for drawing conclusions about teen fathers that had been based on studies that involved only adult men who father children with adolescent mothers. Recognizing the important impact of public policy on family life, we also included pertinent policy briefs in our review. Manuscripts focusing on adolescent mothers were excluded from this review unless they substantially contributed to understanding teen fathers. Because the inclusion criteria were broad, given the scale of our search, literature reviews, qualitative, correlational, and observational research, as well as treatment outcome studies, were all considered acceptable for this article.

### Who Becomes a Teenage Father?

Boys who become adolescent fathers tend to vary from their peers in distinctive ways, and a multitude of risk factors can place a boy on a trajectory toward adolescent parenthood. Demographic data indicate that approximately 48% of adolescent fathers are White, 29% are African American, 19% are Latino, and 4% come from other ethnic-racial groups (Scott, Steward-Streng, Manlove, & Moore, 2012). Approximately 66% father their first child at age 18 or 19, 17% at age 17, 9% at age 16, and 7% at ages 13 to 15 (Scott et al., 2012). Teenage boys who are poor; experience academic difficulties; drop out of school; engage in delinquent behavior, gang activity, or substance abuse; have been the victims of physical or sexual abuse; or suffer from psychiatric illnesses are significantly more likely to become fathers prior to age 20 than are boys who do not have these characteristics (Fagot, Pears, Capaldi, Crosby, & Leve, 1998; Florsheim, Moore, Zollinger, MacDonald, & Sumida, 1999; Herrenkohl, Herrenkohl, Egolf, & Russo, 1998; Kessler et al., 1997; Khurana & Gavazzi, 2011; Margiglio, 1987; McLaughlin, Reiner, Reams, & Joost, 1999; Moore & Florsheim, 2001; Pierre, Shrier, Emans, & DuRant, 1998; Pirog-Good, 1985, 1995, 1996; Saewyc, Magee, & Pettingell, 2004; Shrier, Pierce, Emans, & DuRant, 1998; Sonenstein, Stewart, Lindberg, Pernas, & Williams, 1997; Stouthamer-Loeber & Wei, 1998; Xie, Cairns, & Cairns, 2001).

A boy also has increased odds of impregnating someone or becoming a father during his teenage years if he feels unconnected to his family, is raised by a single parent, his mother had her first birth at an early age, one of his parents is depressed, his family lacks social support, his parents do a poor job of monitoring his whereabouts, or his family has gone through numerous transitions, such as movement in or out of the home by a mother, father, or his or her romantic partner (Pears, Pierce, Kim, Capaldi, & Owen, 2005; Thornberry, Smith, & Howard, 1997; Thornberry, Wei, Stouthamer-Loeber, & Van Dyke, 2000).

A troubled father-son relationship is another common reality for boys who become parents during their teen years. In several subgroups of adolescent fathers, 44% to 86% of these young men had histories of no father, father abandonment, or abusive or neglectful fathers (Hernandez, 2002; Rhein et al., 1997; Sullivan, 1985). Inner-city fathers from Hernandez's (2002) and Sullivan's (1985) interview-based studies lamented the absence of a positive, adult male role model in their lives, and reported that they tended to take to the streets in search of male guidance, often being led astray by men eager to exploit vulnerable male youth and learning dysfunctional notions of masculinity in the process. Similar themes were reported in the qualitative findings from large-scale demonstration projects, such as the Teen Father Collaboration (Klinman, Sander, Rosen, Longo, & Martinez, 1985) and the Young Unwed Fathers Pilot Project (Achatz & MacAllum, 1994), which involved hundreds of young fathers from throughout the United States.

According to a special report issued by the U.S. Department of Justice, the probability that a boy will become a teen father gets higher as his exposure to risk factors accumulate (Thornberry et al., 2000). Pears et al. (2005) hypothesized that certain family dynamics interact with other factors to set into motion a series of events that can propel a boy toward early fatherhood. Specifically, boys born to young parents may grow up with the perception that early parenthood is an acceptable life experience. Boys from poor, working-class families, who are also likely to cope with more family transitions and to be raised in single-parent homes, “may perceive themselves as having fewer educational and income opportunities. . . . thus, they may not take the steps to prevent parenthood that a youth with greater opportunities might take,” and “becoming a father may be viewed as an adult behavior that can be successfully accomplished” (Pears et al., 2005, p. 443), particularly if the boy has experienced school failure. When boys who view the world in this way have parents who do not provide effective monitoring, or lack the presence of a supportive father or father figure, there is a heightened risk that these youth will engage in unsafe behaviors, such as substance abuse, antisocial activities, and risky sexual relationships, especially if they live in neighborhoods in which there are high levels of substance abuse, delinquency, and sexual intercourse by teens (Pears et al., 2005). There is also evidence to suggest that early age of pregnancy is a heritable outcome (A. M. Kiselica et al., 2013; Mustanski, Viken, Kaprio, Winter, & Rose, 2007), implying that genetic predisposition may interact with these environmental conditions to influence

<sup>2</sup> In this article, we define teenage fathers as those who range in age from 13 to 19 years, and young adult fathers as those aged 20 to 25, and we use the terms “teenage fathers” and “adolescent fathers” interchangeably.

teen pregnancy. Thus, a multitude of factors set the stage for a young man to become involved in a pregnancy during his teenage years (M. S. Kiselica, 2008). If that pregnancy results in a birth, his life is likely to be complicated by the many difficulties associated with becoming a father at an early age, even if he is eager to be a parent.

### The Joys and Hardships of Adolescent Fathers

Teenage fatherhood presents many opportunities for growth, joy, and fulfillment, such as bonding with one's baby and learning new life skills, and young fathers have increased odds of mastering the dual developmental challenges of adolescence and parenthood successfully when they form an attachment with their child, form a strong coparenting relationship with the mothers of their children, receive support from their kinship networks, and find gainful employment (M. S. Kiselica, 2008). However, extensive research shows that the experience of early paternity tends to bring on many hardships, especially for males raised in multiproblem families and communities. These difficulties can have a detrimental impact on a young man's adjustment to fatherhood.

During this period of transition in their lives, it is common for young fathers to experience a wide range of ambivalent emotions, such as happiness and acceptance about being a father, as well as anger, sadness, nervousness, tension, and helplessness (Achatz & MacAllum, 1994; Allen & Doherty, 1996; Weinman, Buzi, & Smith, 2005). Because adolescent fathers tend to be poorly educated, they have difficulty finding and keeping jobs, and the jobs they do find tend to be low paying (Achatz & MacAllum, 1994; Brown, 1990; Covington, Peters, Sabia, & Price, 2011; Devault, Deslauriers, Groulx, & Sévigny, 2010; Fletcher & Wolfe, 2012; Mollborn, 2010; Pirog-Good, 1996). Some turn to the underground economy as a way to earn money, selling drugs or engaging in other illegal activities, but these endeavors rarely provide them with a stable, adequate source of income (Achatz & MacAllum, 1994; Hernandez, 2002). The limited financial resources of most adolescent fathers make it difficult for them to make formal child support payments, which, in turn, can strain their relationships with their partners and place them at risk to be in trouble with child support enforcement officials (Achatz & MacAllum, 1994; Furstenberg, 1976; Furstenberg, Brooks-Gunn, & Morgan, 1987; Hardy & Zabin, 1991). These economic factors also make teen fathers poor candidates for marriage in the eyes of their partners (Whitehead, 2008). When adolescent fathers choose to marry their partner, those marriages face high odds of ending in a divorce (Associated Press, 2001). If tensions mount between a young father and his partner, she and her family may deny him access to his baby, and he will likely find little support from the legal system to address this matter, adding to his stress and frustration (Dallas & Chen, 1998; Davies et al., 2004; Lehr & MacMillan, 2001). Young fathers who fulfill their paternal duties conscientiously can feel left out of social events and friendships and often experience painful judgments by their peers (Elster & Hendricks, 1986; Fry & Trifiletti, 1983).

In short, the joys of adolescent fatherhood tend to be tempered by "hard truths and tragic consequences" (Robinson, 1988, p. 39), and the adverse consequences of early fatherhood increase over the life course (Dariotis, Pleck, Astone, & Sonenstein, 2011). In the face of these difficulties, being a supportive partner and a caring, engaged father is a daunting challenge.

### Adolescent Fathers as Supportive Partners and Engaged Parents

Nearly three quarters of adolescent couples were in a committed relationship prior to the pregnancy, and the average length of the relationship prior to the birth of the baby is typically a year or longer (Manlove, Terry, Gitelson, Papillo, & Russell, 2000; Pears et al., 2005). Unlike misogynistic young fathers who demonstrate little or no interest in their partner's well-being either before or after the pregnancy, the fathers in these committed relationships see themselves as providers, nurturers, and autonomous parents (Paschal, Lewis-Moss, & Hsiao, 2011). They also tend to demonstrate various forms of support prior to the pregnancy and throughout at least the first year of the baby's life. This support includes giving gifts to their partners; providing their partners with transportation; joining them for visits to the doctor's office during the pregnancy; being present for the birth of the child; providing direct financial support or contributing diapers, food, clothing or housing for their partners and babies; assisting with child care; and emotionally comforting their partners (Achatz & MacAllum, 1994; Allen & Doherty, 1996; Gee & Rhodes, 2003; Hernandez, 2002; Rivara, Sweeney, & Henderson, 1986; Vaz, Smolen, & Miller, 1983).

Although the majority of adolescent fathers attempt to fulfill their paternal duties, few are adequately prepared to raise children. Young fathers report that they are not ready to parent a child and that they want guidance on child development (Dallas & Chen, 1998; Hendricks, 1988). The limited research on the parenting behaviors of adolescent fathers suggests that they lack information about child development, tend to have unrealistic expectations about how often infants cry, and use physical discipline with their children (Davies et al., 2004; de Lissoyovoy, 1973; Fagot et al., 1998). On the other hand, teen fathers also provide relatively high levels of positive, instructive guidance when helping their child to read or teaching their child about how things work (Fagot et al., 1998). The quality of caregiving declines, however, when fathers live with partners with whom they have high-conflict relationships (Florsheim et al., 1999).

Relationships between many adolescent parents are unstable and they tend to deteriorate over time, even among couples whose pregnancy occurred within the confines of a committed relationship (Hardy & Zabin, 1991). In addition, adolescent fathers tend to reduce contact with their children over time, either because they are pushed away by their partners, overwhelmed by their many problems, or develop a relationship with a new partner and start a second family whose demands on their time and resources can deter them from devoting attention to their first family (M. S. Kiselica, 2008). The severing of the father-child relationship may be the most unfortunate consequence of early paternity because of the clear importance of the father to the health and well-being of the child (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Weakening of the father-child connection is one of the many reasons adolescent fathers warrant professional help.

### The Service Needs of Adolescent Fathers

Considering the many problems and the challenges associated with becoming a parent while still a teenager, adolescent fathers have numerous service needs, including the following: school-

based, educational support services for those still in school and general equivalency diploma (GED) classes for those who have dropped out; job referrals; vocational education; job readiness training; parenting education; medical and reproductive health services; education about STDs, sex, and family life; mental health and substance abuse counseling; crisis intervention services; couples and family counseling; peer support groups; adult mentors; childcare assistance; and legal advice regarding paternity establishment, child support orders, and custody matters (Hendricks, 1988; Klinman et al., 1985; Rhein et al., 1997; Smith, Buzi, & Weinman, 2002; Weinman et al., 2005). Young fathers report that they are likely to participate in a service program if it addresses their practical concerns, such as finding a job or helping them to resolve conflicts with their partners or troubles with the legal system (Achatz & MacAllum, 1994; Hendricks, 1988; Romo, Bellamy, & Coleman, 2004). Therefore, they consider employment services and “one-stop shopping” that allows them to address several of their needs simultaneously to be essential features of a desirable service program, and they are unlikely to avail themselves of programs that lack these features (Romo et al., 2004; Weinman et al., 2005). Forming a relationship with a caring professional is another crucial determinant of their participation in programs; teen fathers will work only with professionals who refrain from judging them for their role in an unplanned pregnancy, understand their complicated circumstances, and serve as an advocate on their behalf (Barth, Claycomb, & Loomis, 1988; M. S. Kiselica, 2008; Sander & Rosen, 1987).

### Why Adolescent Fathers Do Not Get the Help They Need

Although adolescent fathers desperately need assistance with the transition to parenthood, numerous barriers prevent them from receiving competent, professional services. For decades, most school-based and agency-based programs for teen parents either offered more services to teen mothers than to teen fathers, or they offered no services whatsoever to adolescent fathers (Children’s Defense Fund, 1986; Coren, Barlow, & Stewart-Brown, 2003; M. S. Kiselica, 1992, 1998; M. S. Kiselica & Sturmer, 1993, 1995; Sample, 1997; Smollar & Ooms, 1987; U.S. Congress, 1986). In some organizations serving youth, even when services were made “available” to teen fathers, they were ill conceived or delivered in an uninformed or punitive manner. For example, the investigators who headed the Teen Father Collaboration, which was the first national demonstration service project for adolescent fathers implemented during the 1980s, discovered that many well-intentioned, earlier programs for teen fathers had been modeled on programs for teen mothers, and therefore had not addressed the salient needs of young fathers. Consequently, few teen fathers participated in those programs (Klinman et al., 1985). Historically, young fathers have felt that many programs were designed to punish them rather than help them due to the programs’ heavy emphasis on child support matters and the fathers’ alleged misdoings, rather than on their most important needs (Achatz & MacAllum, 1994).

Another shortcoming of these earlier programs was that they were staffed by professionals who adhered to traditional practices of case management, such as having rigid time schedules for

appointments and holding all meetings with fathers in formal office settings. These practices were insensitive to the unpredictable schedules of young fathers in a crisis and their preference to meet in less formal places where they are more comfortable (Brindis, Barth, & Loomis, 1987).

Since the 1980s, practitioners have continued to lack an understanding of the perspectives of teen fathers, viewed the needs of teen fathers in gender-biased ways, and demonstrated little respect for young men’s rights and roles as fathers (Allen & Doherty, 1996; Dallas, 2009; Deslauriers, Devault, Groulx, & Sévigny, 2012; M. S. Kiselica, Gorczynski, & Capps, 1998; Lehr & MacMillan, 2001; Russell, Lee, & The Latina/o Teen Pregnancy Prevention Workgroup, 2004). Effective service provision has been hampered by professionals’ pejorative, knee-jerk assumptions about males who father children with adolescent mothers (Robinson, 1988), and their ethnocentric stereotypes about the needs of teen fathers from different racial and ethnic groups (Softas-Nall, Baldo, & Williams, 1997).

Transient support for teen-father programs is another common barrier to service access. Too many programs are underfunded and understaffed, making it difficult for the program employees, in spite of their best efforts, to provide the type of comprehensive services that adolescent fathers require (Crawford, 2000; Kalmuss, Davidson, Cohall, Laraque, & Cassell, 2003; Kost, 1997). Unstable funding is another problem, causing programs to be available one day and gone the next (M. S. Kiselica, 2008).

Fear of prosecution and loss of welfare benefits are additional deterrents to program participation. Some males aged 18 or 19 who have had a relationship with an adolescent girl under the legal age for consensual sex fear that using official services will result in them being reported to authorities for statutory rape, even if the relationship between them and the partner is characterized by mutual trust, support, and respect (M. S. Kiselica, 2008; Russell et al., 2004). This fear is especially common in Latino communities, in which it is culturally acceptable for adolescent females to have relationships with older men (Russell et al., 2004). An additional common fear for Latino adolescent fathers who are illegal aliens is that service utilization could result in deportation (Russell et al., 2004). Prosecution concerns are also linked to the way many poor couples conspire to maximize their financial well-being by hiding the father’s identity so that the mother can receive welfare benefits, while he provides child support directly to her, rather than through official child support channels. If the identity of the father becomes known to officials, he could be prosecuted for breaking the law and forced to make official child support payments, resulting in a reduction of welfare benefits to his partner (M. S. Kiselica, 2008).

Last, the attitudes and life circumstances of teen fathers may prevent them from receiving help. Misogynist young fathers and those with sociopathic and narcissistic tendencies have little regard for the needs of others, and are unlikely to seek assistance that could enhance their skills as partners and fathers (M. S. Kiselica, 2008). Additionally, some teen fathers ascribe to very traditional notions of masculinity and eschew seeking help, due to their beliefs that seeking and accepting help is a sign of weakness and inconsistent with the expectation that a “real man” keeps his cool, stays in control, and can figure things out for himself (M. S. Kiselica, 2008; Marcell, Raine, & Eyre, 2003). Additionally, though fathers from multiproblem backgrounds

may hunger for assistance, their limited resources and the many crises in their lives can overwhelm them and prevent them from enrolling and continuing in service programs (M. S. Kiselica, 1995; Kost, 1997). In order to overcome this particular barrier and others that deter young fathers from receiving the help they need, a variety of male-friendly outreach, rapport-building, and case-management strategies are required.

### Male-Friendly Outreach, Rapport-Building, and Case Management Strategies With Teenage Fathers

Outreach workers and case managers must find a way to overcome the leanness young fathers have toward professions and earn their trust. This undertaking can be accomplished by adopting male-friendly attitudes and practices with teen fathers, starting with varied outreach and rapport-building tactics that have been shown through numerous research studies to enhance efforts to recruit adolescent fathers. These practices include working with and through others who already have a strong relationship with this population (e.g., other teen fathers, adolescent mothers, nonfather peers, physicians, school personnel, clergy, police officers, and staff at vocational training centers and recreational centers; Barth et al., 1988; Brown, 1990; Dallas & Chen, 1998; Huey, 1987; M. S. Kiselica & Pfaller, 1993; Sander & Rosen, 1987); holding initial meetings on the father's turf, such as his residence, ball courts, and community centers (Hernandez, 2002; Klinman et al., 1985; Lehr & MacMillan, 2001; Sander & Rosen, 1987; Weinman et al., 2005); getting to know the young man by talking with him about his interests, family, and concerns (Hendricks, 1988; M. S. Kiselica, 2008); taking turns shooting baskets, tossing a football back and forth, walking side by side down the street, sharing a snack at a fast-food restaurant, telling jokes, and talking about sports and music to help put the young man at ease and get him to open up (M. S. Kiselica, 1999, 2001, 2003, 2006); avoiding potentially touchy subjects—such as the young man's mistakes or failures—until later meetings, and then only after a strong rapport has been achieved (Allen-Meares, 1984; Weinman et al., 2005); focusing on his most pressing need (Hendricks, 1988; M. S. Kiselica, 2008); informing him about any incentives that the program might have to offer, such as free legal counsel, confidential STD testing, transportation to and from the program, or meals during program activities (Allen & Doherty, 1996; Barth et al., 1988; Brindis et al., 1987; Hendricks, 1988); and expressing a nonjudgmental, friendly, transparent, and caring manner (M. S. Kiselica, 2008).

Ongoing case management must be provided during follow-up meetings in order to help the father learn about what the program has to offer, and to help him navigate the educational, employment, legal, medical, and social service systems that he will likely encounter (Brindis et al., 1987). To be effective, the case manager must become a service broker who advocates on behalf of the father and helps him to obtain particular services as his needs change over the course of time (Brindis et al., 1987). With the support of the case manager, a teen father is likely to commit to a program and attempt to get the most of what the program has to offer.

### Evaluations of Service Programs for Teenage and Young Adult Fathers

Once teenage fathers commit to a service program, does it help them? In an attempt to answer this question, evaluations of a few

service programs for adolescent and young adult fathers have been completed and reported in the literature. Several of these evaluations were published during the 1980s and 1990s, and became models for subsequent service programs for young fathers, including the following:

- the Teen Father Collaboration, a nationwide demonstration project that served 395 fathers at eight different settings (Klinman et al., 1985);
- the Maximizing a Life Experience Group, administered to eight students enrolled in a suburban high school (Huey, 1987);
- the Teenage Pregnancy and Parenting Project (TAPP), which was one of the program sites for The Teen Father Collaboration that involved 30 teenage fathers (Barth et al., 1988);
- the Maine Young Fathers Project, a statewide service program that assisted 53 clients in Maine (Brown, 1990);
- Public/Private Venture's Young Unwed Fathers Pilot Project, conducted with 155 fathers at six sites located throughout the United States (Achatz & MacAllum, 1994); and
- the Fathers Forever Program, serving young men in Buffalo, New York (Kost, 1997).

Typically, a range of services was offered through these programs, such as parenting and job skills training, educational planning, supportive counseling, life skills training, and legal advice regarding such matters as child support and establishing paternity. The ages of the young fathers served varied from program to program. In three of these projects (Achatz & MacAllum, 1994; Brown, 1990; Kost, 1997) teenage fathers and adult fathers were served, whereas the other programs were focused on adolescents only.

A variety of encouraging outcomes were reported in these studies. In all of the programs, the majority of the participants expressed favorable attitudes toward the treatment. Other outcomes included positive gains among program participants in terms of school and GED enrollment rates (Achatz & MacAllum, 1994; Barth et al., 1988; Huey, 1987; Klinman et al., 1985; Kost, 1997); internship placements (Kost, 1997); employment rates (Achatz & MacAllum, 1994; Barth et al., 1988; Brown, 1990; Huey, 1987; Klinman et al., 1985; Kost, 1997); wages and benefits earned (Achatz & MacAllum, 1994); and knowledge regarding child support laws, legal rights, and responsibilities (Achatz & MacAllum, 1994; Huey, 1987), and birth control and pregnancy resolution options (Huey, 1987). Barth and colleagues (1988) reported that fathers participating in the TAPP program demonstrated greater involvement in the prenatal care of their infants than did a control group of adolescent fathers. In addition, the infants of the TAPP fathers had higher birth weights than the infants of the control fathers. Brown (1990) reported a variety of other positive results from her ambitious project with adolescent fathers in Maine, including the following obtained via self-reports by the fathers: increased utilization of resources for food, clothing, and transportation; more frequent use of wellness and sick-care services for both the father and his child; heightened participation in parenting skills training; more responsible use of birth control; increased frequency of interactions between the father and his child; more fathers establishing paternity; greater use of a support system; improved interpersonal relationships; increased utilization of public aid; greater implementation of plans to manage financial affairs; and increased paternal financial support of the child. Additional favorable findings were reported by Achatz and

MacAllum (1994) in their summary regarding the large-scale Public/Private Venture's Young Unwed Fathers Pilot Project: utilization of job-readiness training and a fatherhood preparation curriculum, increased declaration of paternity and child support payments, and positive changes in attitudes toward the child support system.

Since 2000, several other evaluation studies have been published:

- the Mazza Project,<sup>3</sup> which served 60 African American fathers aged 16 to 18 from an urban area (Mazza, 2002);
- the Texas Fragile Families Initiative (TFFI), which was a state-wide project serving over 1,100 never-married young men—about one third of whom were 18 years or younger (Romo et al., 2004);
- the Fatherhood Program, which included 198 fathers who ranged in age from 14 to 28 years old (Weinman, Buzi, Smith, & Nevarez, 2007);
- the Caring Equation Program for 149 fathers aged 16 to 30 years old from low-income families (Robbers, 2008, 2009, 2011);
- the Minnesota Early Learning Design program (MELD) for 46 adolescent and young adult fathers (Fagan, 2008); and
- the Young Parenthood Program for 14- to 24-year-old fathers (Florsheim et al., 2012).

The Texas Fragile Families Initiative, the Mazza project, the Fatherhood Program, and Caring Equation were multifaceted programs that offered a range of educational, social, and employment services, whereas MELD and the Young Parenthood Program were primarily focused on teaching coparenting skills. The TFFI also placed a large emphasis on helping fathers to deal with child support matters and establishing paternity.

These more recent studies also yielded positive outcomes. TFFI services fostered increases in father-child interactions, decreases in conflict with a father's partner, and increases in employment, child support orders, and paternity establishment among program participants (Romo et al., 2004). The Fatherhood Program produced significant increases in condom and contraceptive use and decreases in cigarette use (Weinman et al., 2007), and the Caring Equation Program generated significant improvements in parenting attitudes and behaviors, and father involvement with the baby (Robbers, 2008, 2009, 2011). Mazza's (2002) results suggested support for a comprehensive service program: Relative to fathers who participated in a parenting-skills group, the boys in the comprehensive program made significantly greater gains in employment rates, short-term and long-term career planning, feeling positive about their current and future relationships with their children, condom use during sex, seeing themselves as being a responsible man, having close friends, and being willing to consult with a social worker about a personal problem. Fagan (2008) reported that MELD fathers demonstrated significantly higher pretest to posttest improvements in self-reported coparenting relative to fathers in childbirth and childcare education, and in non-treatment control conditions. Florsheim et al. (2012) found that, compared with fathers in a standard treatment consisting of traditional prenatal and social services, fathers in the Young Parenthood Program were significantly more likely to remain engaged in child rearing and to report a more positive relationship with their coparenting partners at 18 months postnatal.

Although the results of the studies from these two eras are promising, two methodological shortcomings were noted. First, in

several of the studies (Fagan, 2008; Florsheim et al., 2012; Robbers, 2008, 2009, 2011; Weinman et al., 2007), the investigators relied entirely on self-report measures. Because no objective measures of the behaviors targeted in these studies were used, it is impossible to know whether the self-reported improvements actually occurred. Second, in most of the studies (Achatz & MacAllum, 1994; Brown, 1990; Huey, 1987; Klinman et al., 1985; Kost, 1997; Robbers, 2008, 2009, 2011; Romo et al., 2004; Weinman et al., 2007), the investigators failed to employ control-group-comparison designs. In addition, the control condition used in the MELD study was weak. Although participants were randomly assigned to the two treatment conditions, random assignment was not used with the control condition. Instead, participants who failed to attend any of the two treatment conditions became the no-treatment control condition (Fagan, 2008). This limitation raises questions about a potential selection bias in the study.

In addition to our critique of the evaluation studies described, two other reviews of teen-father programs have been reported in the literature. Philliber, Brooks, Lehrer, Oakley, and Waggoner (2003) presented information on dozens of programs that had served parenting and pregnant teens throughout New Mexico between 1997 and 2002. The authors found that 42 of 53 existing teen-parent programs targeted adolescent fathers. A total of 276 young fathers had been served during the time period, representing approximately 9% of the 3,194 teenagers served. Teen fathers who had received some type of service had consistently improved their educational levels and employment rates. Unfortunately, Philliber and colleagues did not describe or critique the design or methods of these programs, so the quality of pertinent findings is unknown. In another, separate review, Buston, Parkes, Thomson, Wight, and Fenton (2012) critiqued 12 evaluation studies of parenting interventions for male young offenders, 10 of which involved incarcerated young men in the United Kingdom and two involving young male parolees in the United States. Design and delivery of the programs varied greatly: they ranged from four to 16 sessions, typically featured minimal written work, and included group discussions, videos, role plays, and quizzes. Most interventions were education-based and covered a variety of topics (such as child development, sexual health, and accessing support), and a few included parenting skills training. Interventions were generally well liked by participants, and they tended to increase subjects' knowledge and bolster good attitudes about parenting. However, Buston et al. (2012) concluded that all of the studies covered in their review lacked methodological rigor; there were no randomized controlled trials, and only one used a pre-post design.

In addition to these methodological limitations, disappointing outcomes were reported in two studies in which improvements in targeted behaviors were achieved but the levels of those behaviors were still a cause for concern. For example, Weinman et al. (2007) found that although the percentage of the school-attending fathers using condoms during sex increased from 20.5% at intake to 38.5% at 6 months, the rate of condom use among sexually active American teenagers at the time was 63%, indicating that the program fathers continued to be a higher risk for acquiring STDs

<sup>3</sup> Because the location of the study was not indicated and there was no name given for the program, it is referred to here as the Mazza Project, after Mazza, the author of the article about this project.

and impregnating their sexual partners than most other teens. Other troublesome findings were reported by Robbers (2011) in her analysis of the Caring Equation Program. In that study, although the level of assistance provided by fathers to their partners, in the form of cleaning up a mess made by the baby or calling a doctor when the baby was sick, increased over time, the level of assistance at the 2-year follow-up was still very low. Robbers (2011) reported that the mean score for assistance was 20 at 2 years, while the highest possible score on the assistance scale was 42. Thus, even after receiving a multifaceted intervention, adolescent and young adult fathers did not appear to assist much with the routine duties of childcare. Whether these findings are related to traditional attitudes about men's and fathers' roles, or to the fathers spending more time employed outside of the home, or to some combination of the two remains unclear.

More alarmingly, in two other studies, investigators noted that there were troubling declines in desirable behaviors and increases in undesirable outcomes among fathers receiving interventions. Achatz and MacAllum (1994) reported diminished contact between the fathers and their children over time, increased discord between the fathers and their partners, and limited utilization and completion of classroom vocational and on-the-job training. Brown (1990) also noted some disconcerting results, including an overall decline from pretest to posttest in efforts to achieve educational goals, and disturbing pretest-to-posttest rises in the frequency of repeated unplanned pregnancies, family violence, and failure on the part of a young father to acknowledge a substance abuse problem. It should be noted, however, that these latter findings might have been a function of imprecise reporting by the young fathers at the time of the baseline assessment (Brown, 1990). The baseline data had been collected shortly after the participants had entered the program, and the case managers may not have had adequate time to earn the trust of their clients and develop background knowledge of their cases. Thus, some fathers may have presented a rosier picture at pretest than what had actually existed. Over time, however, the fathers may have felt more comfortable in disclosing information regarding such sensitive issues as violence in the home, thereby providing a more accurate report of their situation at posttest. If this were true, then the pretest-to-posttest changes would appear worse than they actually were (Brown, 1990).

In summary, the findings from evaluation studies of service programs for young fathers indicate that interventions with adolescent and young adult fathers have had a positive, real-world impact on the attitudes and behaviors of the fathers and their relationships with their partners and children, but some of those gains, though statistically significant, have been disconcertingly low. The research also shows that declines in desirable behavior and rises in undesirable outcomes have occurred, even when well-conceived interventions were delivered to adolescent fathers, which underscores the monumental difficulties associated with trying to help young men whose lives are filled with risks and hardships. Our confidence in these findings is limited by a lack of well-controlled, long-term studies. Outcome research with adolescent fathers would be enhanced by longitudinal investigations that employ multiple methods of assessing desired outcomes and by the use of randomized pretest-posttest, control-group-comparison designs. Other suggestions for future research are provided at the end of this article.

## Implications for Clinical Practice

The hardships experienced by adolescent fathers demand compassionate attention and sustained, multifaceted interventions by professionals from many disciplines. Although it is beyond the scope of this article to review every implication of our findings for clinical practice, we have focused our discussion on several major directions that the field should consider.

### School- and Hospital-Based Comprehensive Service Programs

It is unlikely that any single organization can provide all of the services that teen fathers require. Indeed, successful young-father programs have consisted of service coalitions through which an array of coordinated services can be provided. Usually these coalitions designate a lead agency to conduct needs assessments and program evaluations, and to function as the hub for the service coalition. Ideally, the lead agency should be a setting in which a multitude of services can be offered, such as a school or hospital, so that teen fathers can have most of their needs addressed in one location (M. S. Kiselica, 2008).<sup>4</sup>

### Father-Friendly Attitudes, Knowledge, and Practices

We have documented that longstanding prejudices regarding adolescent fathers are one of several barriers that keep these troubled young men from receiving the assistance they need during their difficult transition to parenthood. In order to address this problem, administrators of school- and agency-based programs for youth must communicate a top-down commitment to serving young fathers (Klinman et al., 1985). Furthermore, they should lead supervisees in frank discussions about their notions regarding fathers, their prior experiences with men, and their fears, frustrations, and successes with teenage fathers (Romo et al., 2004). Because many workers may consider helping women and children to be their top priority, supervisors might want to point out that helping fathers can also help mothers and their children through the economic and social benefits that are associated with healthy father-family relations. In addition, supervisors must help their supervisees understand that most teen fathers try to be supportive fathers and partners, and want help with the transition to fatherhood. In short, practitioners must divest themselves of harmful biases, think complexly about adolescent fathers, and commit themselves to helping this population for their sake and that of their partners and children (M. S. Kiselica, 2008; Robinson, 1988).

Consciousness-raising must be linked to an allocation of the right resources and personnel to programs for young fathers that include father-friendly knowledge and practices. Services cannot be mere add-ons to existing programs for mothers, or they will fail; they must be comprehensive in nature and tailored toward the needs of adolescent fathers (Klinman et al., 1985; Kost, 1997; Smith et al., 2002; Weinman et al., 2005). Personnel must be knowledgeable about the difficult life circumstances of adolescent fathers and utilize male-sensitive outreach, rapport-building, and

<sup>4</sup> For a discussion of the many logistical issues associated with developing school- and hospital-based programs, we refer the reader to Kiselica (1995), Kiselica & Pfaller (1993), and Romo et al. (2004).

ongoing case management strategies with this population; therefore, in-service training on these topics is recommended (Romo et al., 2004). Flexible hours of operation, including drop-in times and evening and weekend office hours, are also recommended (Brown, 1990; Hendricks, 1988). In order to achieve this flexibility and a smooth coordination of services, full-time rather than part-time father case managers may be required (Romo et al., 2004). Male professionals may also be preferable, as young fathers report that they tend to feel more comfortable talking about their concerns with men than women (Romo et al., 2004). Finally, education about the particular cultural backgrounds of fathers from target communities must be provided in order to foster greater awareness and sensitivity about the unique cultural perspectives of these young men (M. S. Kiselica, 1995).

### Practice Prevention

Primary prevention of adolescent pregnancy and parenthood should be a priority. Research has shown that comprehensive sex education reduces teen pregnancies and STDs (Masters, Beadnell, Morrison, Hoppe, & Gillmore, 2008) and that even brief, high quality, sexual education interventions can increase safer-sex behaviors among adolescent and young adult males (Kalmuss, Armstrong, Franks, Hecker, & Gonzalez, 2008; Marcell, Allan, Clay, Watson, & Sonenstein, 2013; Trivedi, Brooks, Bunn, & Graham, 2009). Therefore, practitioners can help to reduce the number and percentage of boys who become fathers prematurely by teaching young men sexually healthy and responsible behaviors *before* they become sexually active (Jones & Kooistra, 2011), starting before the sixth grade and continuing through middle school (De Rosa et al., 2010), junior high, and high school (Constantine, Jerman, & Huang, 2007). This objective can be achieved through the provision of comprehensive sex education that includes three key elements: comprehensive sexual risk-reduction strategies (including contraception and abstinence), personal and interpersonal skills training, and sexual health messages from parents and teachers as partners (Constantine et al., 2007).

Pertaining to the skills component of comprehensive sex education, relationship education should be provided to help teenagers understand how the relationship context may influence decisions about having sex and using contraception, and to teach teenagers how to negotiate contraceptive use (Manlove et al., 2011). With boys, this education should include discussions about masculinity in which dysfunctional notions of what it means to be a man—such as being sexually dominant and cavalier—are challenged (M. S. Kiselica, 1996; M. S. Kiselica, Rotzien, & Doms, 1994), and the traditions of positive masculinity—such as male ways of caring and duty to others—are taught and encouraged (M. S. Kiselica, 2008; M. S. Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

### Implications for Public Policy

Until recently, public policy in the United States has placed little emphasis on the role of fathers in families. Instead, policies related to families were largely devoted to helping women and children (Lamb, 1983), and most policies pertaining to fathers were focused on the father's role as an economic provider (National Academy of Sciences, 1994). However, public policy began to reflect an expanded view of the father role during the Clinton administration

with the advent of the Federal Fatherhood Initiative in 1995, which was a government-wide effort to strengthen the role of fathers in families (U.S. Department of Health & Human Services, 1996). The G. W. Bush and Obama administrations continued this initiative, which has included federal support for services and research pertaining to numerous father-related matters, including healthy marriages, effective and responsible parenting, economic stability, paternity establishment, child support enforcement, visitation and child custody, and incarcerated fathers and their families (U.S. Department of Health & Human Services, 2013; U. S. Government, 2001).

The increased emphasis on the father's role has included a growing focus on adolescent fathers in publications by the federal government and support for programs to promote the well-being of young fathers, which is a refreshing change in policy regarding this population (M. S. Kiselica, 2008). Nevertheless, adolescent fathers, especially those who are impoverished, often believe that the system is out to get them because some public policies do little to ameliorate their plight, and others actually make their already complicated lives more difficult to bear (Glikman, 2004; Romo et al., 2004; Smeeding, Garfinkel, & Mincy, 2011). A critique of these policies follows.

### Child Support Enforcement Policies

Because approximately 92% of adolescent fathers are not married (Scott et al., 2012), they have a legal duty to pay child support. Unfortunately, analyses of the financial status of adolescent fathers and their families of origin reveal that the majority of young fathers are poor, with very limited prospects of being able to make even modest child support payments (Pirog-Good & Good, 1994; Romo et al., 2004). When these fathers are forced to make child support payments to their partners, the effect can be to shift poverty, along with its social burdens, from one household to another (Pirog-Good & Good, 1994). States have the option of making the paternal grandparents responsible for child support payments when the father is a minor, living with them, and unable to provide child support. Policies such as these may lead parents and grandparents to push young fathers out of the home (Krishnakumar & Black, 2003) or to discourage adolescent fathers from establishing paternity and maintaining contact with their child (Achatz & MacAllum, 1994; Miller & Knox, 2001). As a result, child support regulations and practices are a toxic issue for teen fathers and evidence, in their minds, that the system is hostile toward them.

Efforts to ensure that fathers meet their paternal financial obligations must be balanced by the recognition that many teenage fathers have very limited incomes and earning opportunities, and that fathers make important contributions to the lives of their partners and children through support, childcare, and socialization (Krishnakumar & Black, 2003). Thus, child enforcement policies should support innovative initiatives, such as the Parents Fair Share (PFS) program (Miller & Knox, 2001), Project Bootstrap (Romo et al., 2004), and TAPP (Pirog-Good & Good, 1994), which are flexible, provide participants with employment and life and parenting skills training, and allow for reductions in financial support requirements for impoverished fathers who demonstrate other committed forms of support to their children and partners. Evaluations of these projects show that participants are more likely

than fathers held to traditional child support enforcement policies to experience increased employment and income, more active parenting, and more frequent and substantial child support payments (Miller & Knox, 2001; Romo et al., 2004).

### Policies Regarding Child Custody and Visitation

Policies regarding child custody have been guided by the tender-years doctrine, which argued that children should be assigned to the tender care of their mothers (Jaffe, 1983; Lamb, 1983). As an expression of this doctrine, fathers of all ages are unlikely to be awarded child custody. Although most teen parents agree that the mother should have custody of their baby, about one in five couples experience custody disputes (Romo et al., 2004), which can become very bitter and result in the partner's family denying the father access to his child. Young fathers involved in child custody and visitation disputes seeking the support of the courts complain that the legal system routinely awards custody to the mother of their child and does little to help fathers with their visitation problems (Dallas & Chen, 1998; Davies et al., 2004; Lehr & MacMillan, 2001). In cases in which the mother and her family can best meet the needs of the child, awarding custody to the mother is reasonable, but such decisions should include strictly enforced rules regarding visitation for the father so that the father-child bond can be developed and maintained. Moreover, awarding custody to a mother should not be axiomatic (M. S. Kiselica, 2008). Instead, custody decisions should be awarded on the basis of which household can best care for the baby, and when both households can provide adequately for a child's needs, then joint custody should be considered (Thompson, 1983).

### Welfare Policies

In 1996, a major welfare reform bill, known as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), became law.<sup>5</sup> Since the passage and reauthorization of PRWORA, historic reductions of individuals on the welfare rolls have occurred, but with little clear benefits to adolescent fathers with impoverished backgrounds. Proponents of the legislation have hailed PRWORA as a successful policy that promotes self-sufficiency among people who would otherwise become dependent on the government for handouts (e.g., Sheffield, 2011). However, critics of PRWORA have charged that the law does not provide an adequate safety net for our nation's poorest citizens, moves them off the welfare caseloads, and forces them to become the working poor (e.g., Boushey, 2007). Moreover, research on adolescent fathers indicates that subpopulations of young fathers, who are among the poorest of the poor, see these reforms as yet another inadequate response of our government to their desperate situations (Gee & Rhodes, 2003; Public Policy Institute of California, 1999). Furthermore, the PRWORA requirement that all unmarried minor parents receiving Temporary Assistance for Needy Families (TANF) live with a responsible adult creates additional economic and emotional strain on poor, three-generational households consisting of grandparents, teenage parents, and their children (Coley & Chase-Lansdale, 1998). Therefore, several changes in welfare policy have been recommended:

- Policymakers must develop mechanisms to assist young parents who have difficulty becoming financially self-sufficient

within the 5-year time limit for TANF assistance (Ben-Shalom, Moffitt, & Scholz, 2011; Boushey, 2007).

- "Pass-through" policies, which permit "formal child support by low-income fathers to 'pass through' to their families instead of being collected by the state to recoup the costs of public assistance paid to the custodial mother," should be enacted (Romo et al., 2004, pp. 21–22). The implementation of pass-through policies will likely increase the number of teen fathers declaring paternity and participating in the child support system, while fostering a standard of living that will allow low-income families headed by teen parents to meet their basic needs (Romo et al., 2004).

- PRWORA marriage-promotion policies applied to young parents must be limited to couples who can either demonstrate or develop the requisite skills for sustaining a supportive marriage, whereas highly dysfunctional couples are probably better off living apart (Coley & Chase-Lansdale, 1998).

- The requirement that unmarried parents reside with a responsible adult makes sense for young adolescent parents, but the application of this policy with older teen parents who are capable of independent living should be reexamined (Coley & Chase-Lansdale, 1998).

### Policies Pertaining to Statutory Rape

Adolescent and young adult fathers who have had a sexual relationship with an adolescent girl under the legal age for consensual sex could be charged with statutory rape. Although statutory rape laws are warranted to protect minors from sexual exploitation and assault by older individuals (Koon-Magnin, Kreager, & Ruback, 2010), a rigid application of statutory rape laws is highly questionable because it punishes young men who have done no harm, and deters other, caring young men who fear prosecution for statutory rape from declaring paternity and participating in support programs that can enhance their skills as fathers (Russell et al., 2004). Therefore, pertinent laws should be modified to make a distinction between predatory rape and nonexploitive sexual relationships (U.S. Department of Education, 1999). In the former cases, offenders should be reported and prosecuted to the fullest extent that the law allows, whereas in the latter cases, there should be no burden to report a young man to officials. Instead, the focus of any response should be on fostering a mutually supportive relationship between the young man and his partner (M. S. Kiselica, 2008).

### Policies to Promote Positive Youth Development

We have documented that boys exposed to multiple risk factors can find themselves on a fast track to becoming parents during their teenage years. To reduce these detrimental forces, we need policies that promote the positive development of male youth and foster connections with schools and communities. Specifically, public policies should support initiatives whose aim is to reduce the concentration of poverty in disadvantaged communities, provide positive adult role models, foster the communication and child-monitoring skills of parents, inspire young people's commit-

<sup>5</sup> In this section, we neither discuss nor critique the portions of the law pertaining to abstinence education because the topic of abstinence education is addressed later in this article.

ment to school, involve youth in fulfilling community service projects, and offer adult-supervised recreational programs (Cubbin, Santelli, Brindis, & Braverman, 2005; Thornberry et al., 1997; Whitaker, Miller, & Clark, 2000). Innovative partnerships that offer an array of these activities and services should be supported and modeled after existing successful programs, such as the Kansas School/Community Sexual Risk Reduction Replication Initiative (Paine-Andrews et al., 1999) and the Children's Aid Society-Carrera Program of the Harlem section of New York City (Philliber, Kaye, Herrling, & West, 2002). Both programs have shown promising results in reducing high-risk sexual behavior and expanding the life options of disadvantaged youth.

### **Policies Regarding Sexual Education and STD and Pregnancy Prevention**

Our nation has a dismal record of teaching children and adolescents about safe sex. Compared with other nations that have embraced policies that generally support easy youth access to contraceptives and systematic instruction about contraceptive use, the United States has vacillated on its commitment to providing comprehensive sexual education that includes information on contraceptive use and safe-sex practices, often funding abstinence-only sexual education programs (Hock-Long, Herceg-Baron, Cassidy, & Whittaker, 2003; Howell & Keefe, 2007; Roditti, 1997). The emphasis on abstinence-only education is troubling because "from an empirical perspective, comprehensive sex education has demonstrated its effectiveness in reducing negative sexual outcomes such as teenage pregnancy and STDs, whereas abstinence-only programs have not" (Masters et al., 2008, p. 87). Consequently, Advocates for Youth criticized Congress for spending federal dollars on unproven and ineffective abstinence-only programs (Howell & Keefe, 2007). Additionally, in a position paper by the Society for Adolescent Medicine that was also endorsed by the American College Health Association, Santelli, Ott, Lyon, Rogers, and Summers (2006) stated that the continuation of abstinence-only programs is ethically problematic, called for a cessation of funding for abstinence-only education, and recommended that abstinence be one of several options addressed in comprehensive sex education.

In response to these concerns, the Obama administration supported a shift in funding "to support evidence-based, medically accurate and age-appropriate 'programs that work'" (Boonstra, 2010, p. 27). The Patient Protection and Affordable Care Act, signed into law by President Obama in March 2010, includes provisions to expand access to family planning services and comprehensive sex education. (U. S. Department of Health and Human Services, 2014). Considering that these provisions will likely reduce unintended adolescent pregnancies and produce substantial public savings (Sonfield, Kost, Gold, & Finer, 2011), and that over 80% of parents favor approaches to sex education that combine abstinence education with education about safe sex (Constantine et al., 2007), recent congressional proposals to defund the Patient Protection and Affordable Care Act are misguided. Instead, policymakers should focus their efforts on supporting measures that can enhance comprehensive sex education (for an in-depth discussion of pertinent recommendations, see Kalmuss et al., 2003).

### **Policies Regarding Confidentiality and Parental Notification Regarding Reproductive Health Services**

The extent to which parents should be involved in their children's access to education and services regarding STDs, contra-

ceptives, and abortion is a highly complicated and controversial issue that has been the focus of political and public policy debate in the United States (M. S. Kiselica, 2008). Advocates for parental-notification laws, such as the United States Conference of Catholic Bishops, Concerned Women of America, and the National Right to Life Committee, "contend that government policies giving minors the right to consent to sexual health services without their parents' knowledge undermine parental authority and family values and are tantamount to condoning early sexual activity" (Jones & Boonstra, 2004, p. 182). Proponents also believe that parental notification laws are beneficial deterrents of unwanted pregnancies and abortions (Althaus, 2006).

Opponents of parental-notification laws, such as the American Medical Association, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine, "have issued statements asserting that confidential reproductive health service should be available to minors" (Jones & Boonstra, 2004, p. 182). Opponents also argue that notification laws place some teenagers at risk for punitive reactions from some parents (Althaus, 2006) and deter adolescents from seeking contraceptive, STD, and abortion services, which could result in their experiencing increased health risks associated with engaging in unprotected sex, carrying unwanted pregnancies to term, or delaying abortions until the second or third trimester (Althaus, 2006; Colman & Joyce, 2009).

There are merits to the arguments raised by both sides of this debate. Every effort should be made to help caring parents play a constructive role in their children's decisions regarding sex, contraceptives, and abortion (M. S. Kiselica, 2008). However, mandated involvement of parents does not appear to deter sexual activity among minors (Althaus, 2006; Colman & Joyce, 2009). Furthermore, parental notification laws could produce reduced trust of physicians; increased rates of unprotected sex; less use of reliable contraception; reduced STD awareness and testing; increases in STDs, pregnancies, and births among teenagers; and a significant economic burden on the public (Akinbami, Gandhi, & Cheng, 2003; Franzini et al., 2004; Jones & Boonstra, 2004). Based on these considerations, "it appears that the best policy direction would be for protection-of-confidentiality practices that are linked with concerted efforts to promote parent-child discussions about sexual matters" (M. S. Kiselica, 2008, p. 192).

### **Implications for Future Research**

There were numerous problems with the early research on adolescent fathers. Scholars who critiqued this literature noted that there was a paucity of studies on adolescent fathers relative to research on adolescent mothers; the research was matricentric, in that mothers' behaviors were considered the standard against which fathers' behaviors were measured; methodological problems were common; and data about young fathers were often based on reports by young mothers, rather than on the fathers' reports or actual observations of their behavior (M. S. Kiselica, 1995; Ooms, 1981; Parke & Neville, 1987; Robinson, 1988). Since these critiques were published, the quality and quantity of studies on adolescent fathers have improved. As a result, we have acquired a fairly good understanding of who is likely to become a teen father, the hardships associated with early paternity, how young fathers fare with meeting their paternal responsibilities, the service needs

of adolescent fathers, and the effectiveness of intervention programs for young fathers and prevention programs targeting at-risk male youth. Nevertheless, there are still several gaps in our knowledge that can only be filled through new research on adolescent fathers.

In their recent comprehensive critique of pertinent research literature, Lohan, Cruise, O'Halloran, Alderdice, and Hyde (2010) suggested several directions for research on adolescent fathers. First, "there is a need for adolescent men's views on pregnancy and pregnancy resolution to be more explicitly incorporated into national studies of sexual knowledge, attitudes, and behaviors" (p. 343). Findings from such research would enhance our understanding of the role of adolescent fathers in reproduction and parenting, and would inform campaigns to curb adolescent pregnancies. Second, there is a need for more in-depth research regarding the perceptions and decision making of young fathers pertaining to planned and unplanned pregnancies, particularly regarding young men who are in less committed relationships with their partners, as prior research on the topic has relied heavily on more committed males and those who are willing to avail themselves of reproductive health services. To expand the pool of potential participants for future studies, the authors recommended using nontraditional forms of recruitment, such as snowballing through adolescent websites and social networks. Third, there is a need for international comparative research studies that could inform how the availability of abortion services, access to counseling services, and sociocultural norms around reproduction in society affect how adolescents view adolescent pregnancy and make pregnancy outcome decisions.

In addition to these suggestions, our review of the literature indicates that we need to learn more about the motivations and coping skills of at-risk populations of teenagers. For example, we need to better understand teens who deliberately engage in procreation. Although most teen pregnancies are unintended, some do occur out of a desire to conceive, especially in low-income, urban communities (see Dash, 1989; Deslauriers, 2011; Williams, 1991), in which as many as 24% of adolescent teenagers want to get pregnant (Sipsma, Ickovics, Lewis, Ethier, & Kershaw, 2011). Understanding the motivations for why teenagers would want to conceive a child would inform our efforts to prevent adolescent pregnancies in high-risk populations (Sipsma et al., 2012). We also need to learn more about how some high-risk males avoid becoming a partner to an unwanted pregnancy, which may inform efforts to reduce teen fatherhood rates (Thornberry et al., 2000).

There is a growing body of evidence that the level of engagement a young father has with his child is linked to the alliance he has with his partner (Futris & Schoppe-Sullivan, 2007), and that positive coparenting contributes to the social-emotional development of the child (Lewin, Mitchell, Beers, Feinberg, & Minkovitz, 2012). There is also evidence that interventions for young fathers, particularly those focused on strengthening the coparenting relationship, can enhance their adjustment to parenthood and have positive effects on their relationships with their partners and children (Fagan, 2008). Furthermore, "integrating coparenting support into prenatal care for pregnant adolescents could help young fathers provide a more stable and secure environment for their children" (Florsheim et al., 2012, p. 1891). Thus, more investigations regarding the efficacy of interventions focused on improving the coparenting relationship are warranted.

## Conclusion

For far too long, our society has failed to understand the complicated worlds of adolescent fathers and to provide them with the compassionate support that is necessary to help them become competent, engaged fathers, partners, and providers. We hope the recommendations provided here will promote enhanced clinical practices, public policies, and research projects that will expand our understanding of teenage fathers and improve efforts to assist these young men with their adjustment to parenthood.

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