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PUERTO RICAN YOUNG FATHERS' INVOLVEMENT WITH THEIR CHILDREN

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Executive Summary

R40MC 00161-03

PUERTO RICAN YOUNG FATHERS' INVOLVEMENT WITH THEIR CHILDREN

Statement of the Problem & Research Objectives

The specific research question is, "What factors predispose Puerto Rican young men to become the kind of fathers that they are?" We have addressed this question by testing a number of hypotheses suggested by our theoretical model on a representative sample of Puerto Rican young men living in two Northeastern states. Briefly stated, the model being tested posits relationships between social stratification derivatives (family of origin, social and economic context, and the young father's demographic characteristics) and father involvement outcomes moderated by individual risk and protective factors and mediated by normative definitions of fatherhood and life priorities. Additionally, father involvement is influenced by the proximal factors of perceived social support for fathering, perceived competence as a father, the quality of the relationship with the mother, and child's characteristics.

The research primarily addresses Maternal Child Health Bureau's Research Agenda #7.3.1, which is the study of social context as a source of variation in the ways in which fathers view their roles in the family, in their behaviors, and in the nature of the contributions they make to their families. It secondarily addresses Agenda items #7.3.2 and #1.5.5 which are, respectively, investigations of the community context within which fathering roles are defined, transmitted, and either supported or undermined, and the studies of the influence of the timing of fatherhood in men's lives and in the context of their other roles, particularly with respect to how timing affects fathers' interest and ability to be highly engaged with their children.

Study Design and Methods

We interviewed 275 Puerto Rican young fathers between ages 18 and 26 who had experienced the birth of a child in the past year, their children's mother, and augmented these data with social and economic context information obtained at the census tract level of their communities of residence.

Findings

The results show that in this representative group of married and unmarried young Puerto Rican fathers, all fathers are involved with their children, the extent to which they are involved and the types of their involvement varies with financial resources (income and living in a neighborhood that is *not* characterized by very high poverty), human capital (high school education or its equivalent, current employment, being married), social capital (social and practical support from the baby's mother, both his and the mother's family, and agencies and professionals, and having a harmonious relationship with the baby's mother), and a personal attitude of finding caring for the baby to be easy. The fathers who have these conditions in their

lives report both affection and nurturing for the baby to be a crucial aspect of being a good father and higher levels of care for their baby's day-to-day needs.

Fathers in the study report high levels of efficacy in promoting their baby's healthy development and dealing with any illness that may arise. The fathers were also well informed about conditions or events that can be harmful for the baby. All babies had health insurance. The babies had all been immunized and all except one father reported knowing about the baby's immunization.

Recommendations

That even the least attached fathers are involved with their babies and knowledgeable about how to promote the baby's health and safety is a promising societal resource. It is a resource that can be cultivated by providing educational opportunities, job training, job creation, and social and practical support to promote greater involvement. Additionally, orientation workshops to parenting may be useful in acclimating young fathers to what is entailed in caring for a baby on a day to day basis so that they would not find it difficult. We base these recommendations on the finding that fathers who are at least high school graduates, currently employed, earning over \$30,000, are married to or cohabiting with the baby's mother, have social and practical support and do not find it hard to take care of a baby to provide the most daily care giving involvement to their babies, regardless of the bay's own individual characteristics.

List of abbreviations:

CHILD = Social Context of Puerto Rican Child Health and Growth Study

DPH = Department of Public Health

MA = Massachusetts

NICHD = National Institute of Child and Human Development

NLSY = National Longitudinal Study of Youth

PICCI = Paternal Child Care Index for Infants and Toddlers

PRAS = Puerto Rican Adolescent Study

RI = Rhode Island

SES = socioeconomic status

I. Introduction

A. Nature of the Research Problem

The research reported here was designed to examine what factors predispose Puerto Rican young men to become the kind of fathers that they are. We addressed this question by testing a number of hypotheses suggested by the theoretical model proposed by Erkut, Szalacha, and Garcia Coll (in press). The model was tested using data from a population-based, representative sample of Puerto Rican young fathers living in two Northeastern states (Massachusetts and Rhode Island). Briefly stated, the model posited relationships between social stratification derivatives (family of origin, social and economic context, and the young father's demographic characteristics) and father involvement outcomes moderated by individual risk and protective factors and mediated by normative definitions of fatherhood. Additionally, father involvement was studied as influenced by the proximal factors of perceived social support for fathering, perceived competence as a father, the quality of the relationship with the mother, and child characteristics.

B. Purpose, Scope and Methods of the Investigation

An extensive body of research has documented that positive or constructive father involvement is associated with positive child outcomes. Fathers' financial involvement has been shown to be critical to family well being (Furstenberg, 1989; Weitzman, 1985) especially in low-income, female-headed households (Garfinkel & McLanahan, 1986). Moreover, children of highly involved fathers have been found to show increased cognitive competence, increased empathy, less sex-stereotyped beliefs, and a more internal locus of control (Pleck, 1997; Pruett, 1983; Radin, 1982, 1994). Involved fathers also have a positive indirect effect on the family system by sharing the parenting burden of mothers (see Lewis & Weinraub, 1976).

While males bear half of the biological responsibility for conception, until the 1980s men had been largely ignored in the discourse on pregnancy and childcare. In the last two decades, studies of fatherhood have experienced an explosive growth. Lamb, in his introductory chapter to the third edition of *The Father Role in Child Development* (1997), explains that, unlike the first two editions (1976, 1981), he has not provided an inclusive review of the primary and secondary literatures on fatherhood because the reference list for such an endeavor would take as much printed space as any of the chapters in the latest edition. Lamb summarizes his reading of the last two decades of the fatherhood literature in terms of three themes which merit special attention: "recognition that fathers play complex, multidimensional roles, that many patterns of influence are indirect, and that social constructions of fatherhood vary across historical epochs and subcultural contexts" (p. 1).

The last theme emphasizes the importance of the social ecology of fatherhood. Lamb notes that researchers have finally recognized that fathers have different roles in different cultural or subcultural contexts and that many communities hold different views of what constitutes normative fatherhood (see also Hochschild, 1995). These subcultural variations in the social construction of fatherhood have been less frequently and less comprehensively studied than other topics (see Lamb, 1987; Sullivan, 1993). Consequently, current discussions of fatherhood continue to be dominated by what is known about White North American middle-class society. The Federal Interagency Forum on Child and Family Statistics (1998) recommendations has highlighted the lack of research on social context and cultural variations:

More attention should be given to the specific context and family related processes that either facilitate or impede specific expressions of fathering. There is a serious need for greater understanding of how fatherhood is negotiated, directly or indirectly by various parties. Researchers should strive to develop a more systematic and richer portrait of

how men and women. (from different class and race) backgrounds view aspects of fatherhood. This would clarify the cultural norms associated with fatherhood (p. 159).

Moreover, since the adolescent parenting rates for minority teens are higher than for White teens (see Marsiglio & Cohan, 1997), the typical teen father is assumed to be a minority adolescent. Prospective longitudinal studies which have studied the transition to fatherhood on nationally representative samples have presented the typical profile of the adolescent father as a young man with a truncated education, limited earning capacity, depressed, and more likely to have come from a family which received public assistance. While this profile holds true for Caucasian adolescent fathers, it does not hold for African Americans nor for adolescents categorized as “other” with respect to race and ethnicity (see Lerman, 1993; Pirog-Good, 1995).

The proposed study was guided by a theoretical model of father involvement (see Erkut, Szalacha, & García Coll, in press) that combines several developmental/contextual perspectives: (1) the integrative model of minority child and adolescent development proposed by a member of the research team, García Coll and her colleagues (see García Coll, Lamberty, Jenkins, McAdoo, Crnic, Wasik, & Vázquez García, 1996), (2) life-span developmental perspectives (Baltes & Schaie, 1973; Elder, 1998; Neugarten & Danan, 1973), and (3) Lamb, Pleck, Charnov, & Levine’s (1985) four-factor model of father involvement, as revised by Pleck (1997) to emphasize positive involvement. In addition, it incorporates our reading of the fatherhood literature as it applies to minority young men (Erkut, Szalacha, & García Coll, in press). Thus, our theoretical model encompasses both general and culture-specific ways of conceptualizing Puerto Rican fathers’ involvement with their children.

Theoretical model of Father Involvement

Our theoretical model joined these two contextual-developmental perspectives with Lamb and his colleagues’ (1985) four-factor model of father involvement, as revised by Pleck (1997) to emphasize positive involvement. The proximal factors that potentially influence father involvement are (1) perception of his competence as a father, (2) the nature of his relationship with the mother of the child, (3) child characteristics, and (4) the support he receives for fathering from the extended family, the mother (and current partner if different from the mother), peer group, neighborhood community, and institutions. In addition, all parts of the model reflect our reading of the literature of minority father involvement and Puerto Rican culture (see Erkut, Szalacha, & García Coll, in press).

Figure 1 illustrates our overall theoretical model of Puerto Rican young fathers’ involvement with their young children. The model posits relationships between social stratification derivatives (family of origin, social and economic context, and the young father’s demographic characteristics) and father involvement outcomes moderated by individual risk and protective factors and mediated by normative definitions of fatherhood. Additionally, father involvement is influenced by proximal factors, which are perceived social support, perceived competence as a father, the quality of the relationship with the mother, and child characteristics.

In the model, social stratification derivatives operate as independent variables. They encompass the characteristics of the young fathers’ **family of origin** (e.g., poverty, family stability, young father’s relationship with his own father), **social and economic context of the residential community** (e.g., poverty in the neighborhood, unemployment rate, ethnic composition of the neighborhood, and percentage of households headed by women), and **the young father’s demographic characteristics** (e.g., his age, marital status, co-residence with the mother of the index child, his education, employment, income, and circular migration to Puerto Rico and back). To varying degrees, each one of the social stratification variables (except for the young fathers’ age) reflects the influence of Puerto Rican’s stigmatized social position in mainland society. For example, stability in the family of origin and the young fathers’

educational and occupational attainment are all potentially adversely affected by membership in a linguistic and ethnic minority culture.

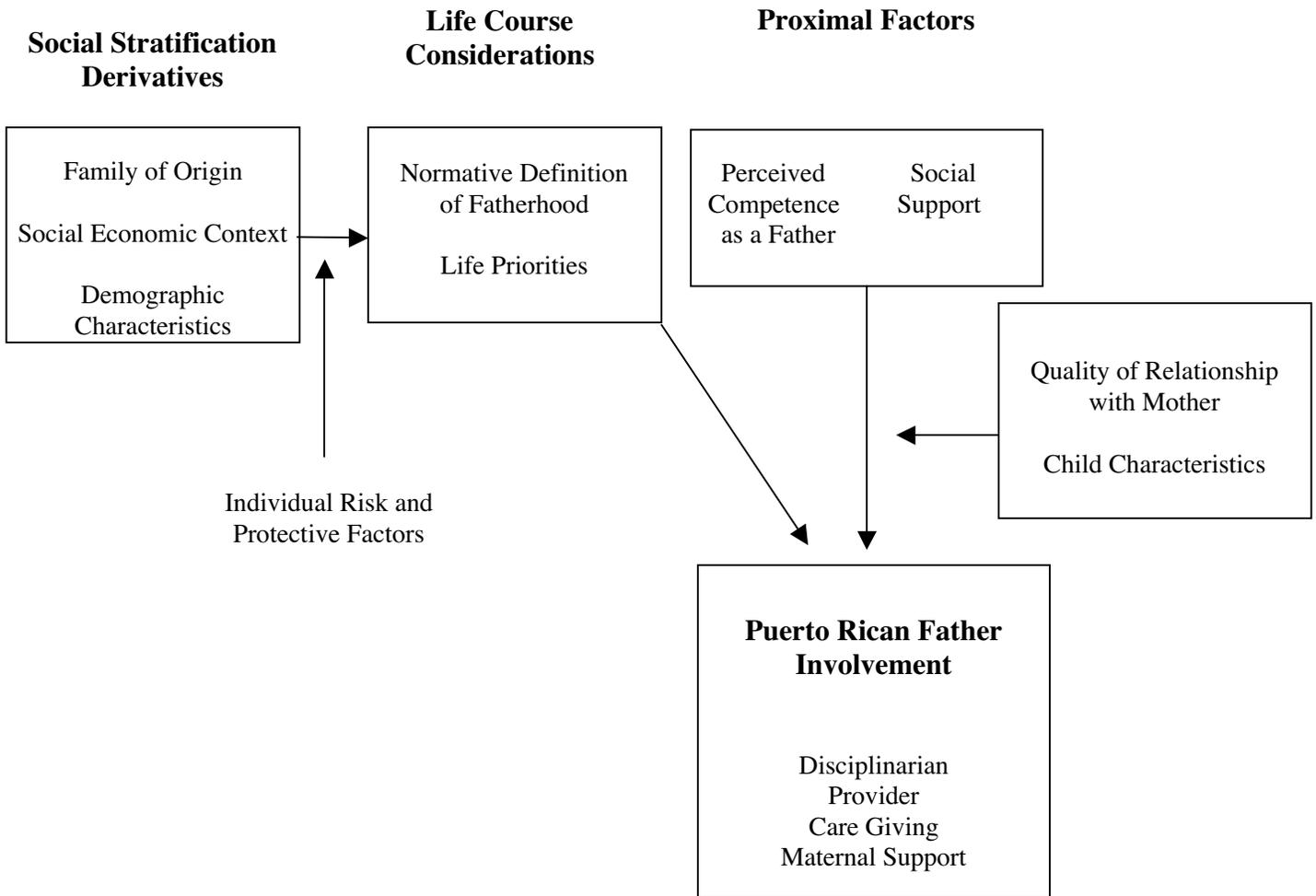


Figure 1: Theoretical Model of the Context and Predictors of Young Puerto Rican Fatherhood

The model posits that the social stratification derivatives affect father involvement through their influence on the young fathers' **normative definitions of fatherhood** and its **timing**. In other words, the impact of social stratification derivatives on father involvement is mediated by his normative definition of fatherhood. For example, a young man who lives in a neighborhood with a high percentage of female headed households may view being a non-residential father as normative; hence he will feel fine about not being involved with his children as a live-in parent. Conversely, the model further posits that normative definitions of fatherhood's timing and sequence will predict father involvement outcomes such that strong levels of belief in the importance of father involvement in raising children and high priority attached to being a father are each positively associated with father involvement. Here, following the logic of the integrative model of minority youth development, we examine culturally based cognitive beliefs regarding what is fatherhood, and when is it best to become a father. It is through these cognitive beliefs that the social stratification derivatives, as moderated by the young man's individual risk and/or protective profile, influence fathering outcomes.

The model holds that a set of individual characteristics that operate either as **risk or protective factors** (perception of racism, alienation, machismo, engaging in risky behaviors, and acculturation) can moderate the relationship between social stratification derivatives and normative definitions of fatherhood. In other words, potentially protective factors may buffer the negative impact of adverse socioeconomic context, family of origin, and demographic factors on fathering outcomes as suggested by the integrative model of minority youth development (García Coll et al., 1996). The particular individual characteristics the model identifies are those which reflect exposure to Puerto Rican and majority culture influences. Indeed, to varying degrees, perception of racism, alienation, machismo, engaging in risky behaviors and circular migration are all conditioned by membership in a stigmatized minority culture.

The model further posits that more proximal factors also affect father involvement. These are **perceived support for fathering** from extended family, peers, and social institutions, a positive **relationship with the child's mother**, **child characteristics**, and **perceived competence** as a father. That is, men who receive social support for fathering from their extended family, peers and, social institutions with which they are involved such as the work-place, and see themselves as a competent father are likely to be involved with their children if they have a positive relationship with the child's mother and have a first-born, easy, male child. The model holds that among the proximal factors, quality of the relationship with the mother and the child's characteristics will moderate the impact of perceived social support and competence on father involvement.

C. Nature of the Findings

Briefly, the results show that in this representative group of married and unmarried young Puerto Rican fathers, all fathers are involved with their children, the extent to which they are involved and the types of their involvement varies with financial resources (income and living in a neighborhood that is characterized by very high poverty), human capital (high school education and its equivalent, current employment, being married), social capital (social and practical support from the baby's mother, both his and the mother's family, and agencies and professionals), and a personal attitude of not finding caring for the baby to be difficult. The fathers who have these conditions in their lives both report being affectionate/nurturing with the baby as a crucial aspect of being a good father and report higher levels of caring for their baby's day-to-day needs.

II. Review of the Literature

The study is grounded in the integrative model of minority youth development (García Coll, et al., 1996), which is anchored in social stratification theory (Tumin, 1967). Tumin posits that individuals are placed in a social hierarchy based on such social position variables as gender, race, ethnicity, and social class. According to the integrative model, developmental outcomes are significantly affected by the minority youth's position in the social hierarchy. The impact of social position is mediated by alienation resulting from racism and prejudice in the immediate social environment. Adaptation to these inhibiting environmental exigencies is moderated by resources available to the young person, his/her level of acculturation, and current contextual demands/opportunities such as local employment opportunities. In addition, an adaptive cultural context within which the youth and his/her family are embedded provides definitions of age-appropriate and expected behaviors, role models and alternatives to dominant definitions of success and competencies as a young father. Thus, father involvement will be a product of many influences inclusive of the individual, relationship with partner, extended family, peer group, neighborhood/community and institutional forces, all of which are imbedded in varying degree in the local Puerto Rican cultural community and the larger majority culture.

To accommodate development in late adolescence and young adulthood, the integrative model has been augmented by life span perspectives, which also emphasize the role of contextual factors. In his articulation of the life course perspective for studying child and adolescent development, Elder (1998) has highlighted cohort-specific events that can alter developmental trajectories. In the case of young fathers, the “end of welfare as we know it” in 1994-95 has strengthened states' efforts to establish paternity in out-of-wedlock births. This event has the potential to dramatically alter the landscape of father involvement for the current cohort of fathers. Indeed, the significantly higher percentage of unmarried mothers providing information on the father of their baby since the middle 1990s has made it possible for us to use birth records as the sampling frame of the study.

The timing and sequence paradigm associated with life-span perspectives (see Elder, 1979; Neugarten & Danan, 1973) brings an additional lens for viewing fatherhood. The life course is normatively patterned such that there is a widely shared timing and sequential order for important life events such as marriage and becoming a parent and a set of formal and informal supports for these events. Deviations from this normative pattern can have negative consequences because the necessary supports such as peer and family approval may not be there. Montemayor (1986) has suggested that teenage fatherhood is both early and out of sequence—before completion of high school, getting a full-time job and before marriage. Consequently, the adolescent father can become isolated from his peer group in addition to being hampered in earning capacity by dropping out of school.

On the other hand, García Coll (1989; García Coll & Vázquez García, 1996) has persuasively argued that, just as it has been the case in many societies historically, adolescent pregnancy, childbearing, and parenting is normative for many families in contemporary Puerto Rico. Her research with adolescent and older mothers from low SES, urban environments in Puerto Rico and Caucasian adolescent and older mothers in low SES urban environments in Rhode Island, points out that the negative outcomes associated with early parenthood for both the mother and the infant do not hold true for Puerto Rican young mothers. She found no differences in the obstetric and perinatal outcomes of adolescent and older mothers in Puerto Rico. One-year follow-up assessments of mental and motor development and temperament ratings by both the mothers and trained observers also revealed no significant differences between infants born to adolescents and those born to older mothers in Puerto Rico.

As the integrative model postulates, minority community definitions of what constitutes normative events will have a bearing on social supports available to promote normative events.

García Coll's findings raise the possibility that adolescent parenting is similarly normative among Puerto Ricans on the mainland which would then lead us to hypothesize that early fatherhood is not necessarily associated with negative outcomes, other than those associated with the oppressive conditions derived from the social stratification system in place. On the other hand, the integrative model also postulates that factors such as circular migration, inter-generational differences in acculturation, poverty and derivatives from racism can disrupt the support systems available to young families on the mainland. For example, as Zavala-Martinez (1994) has described in her discussion of "entremundos," the process of migrating from Puerto Rico to the mainland can provoke disruptions not only in the family unit but also in other support systems leading to generational conflicts, role confusion, and feelings of not belonging to one place or another. García Coll and Vázquez García (1996) caution that in spite of the possibility that adolescent parenting may be viewed as normative among Puerto Ricans on the mainland, external stresses created by migration and becoming a minority in the majority Anglo society may render young parents—both men and women—susceptible to negative consequences of early parenthood. Even if the young father desires, and believes in, father involvement, the expression of his fathering behaviors will be a function of these many other influences that can either facilitate or impede his involvement with his children.

In addition to the timing and sequence of life events, life-span perspectives bring into focus psychosocial developmental milestones, or developmental tasks, in the study of fatherhood. Late adolescence is the time of life when majority culture youth formulate and begin to implement plans for becoming an adult. The major developmental tasks facing adolescents have been described as establishing a commitment to values, ideology, occupation, and life styles (Adams & Looft, 1977; Erikson, 1968), completing education, leaving home (Bloom, 1980), entering the work-force, selecting a mate, and becoming emotionally and financially independent of one's family (Havighurst, 1951) on the road to becoming independent "...adults who can carry on the business of [their] society" (Havighurst & Dryer, 1975, p. 125). In the majority culture adulthood is associated with shouldering responsibilities for one's own and others' care. Education or training to get a job, looking for work, and working become focal activities essential for sustaining independence and family formation (Holmes, 1995; Muuss, 1962). For example, a young man preoccupied with such developmental tasks as gaining independence from parents, pursuing education to prepare for the world of work, or selecting a mate, may not place a high priority either on becoming a father or on being involved with the children he may have fathered.

The extent to which majority culture definitions and tasks of transition to adulthood, in general, and parenthood, in particular, are relevant to the lives of Puerto Rican adolescents growing up on the mainland remains unknown. Viewed through the lens of the social, political, and economic context of their lives, Puerto Rican adolescents are preparing for adulthood in the majority White culture where their ethnic group has a very low social standing—next to the last in a "social standing" rating of 37 racial/ethnic groups (Lewin, 1992). They are discriminated against in employment and wages (Torres, 1992; Rodriguez, 1989), have little political power or representation (Rodriguez, 1989), and, with 31 percent living in poverty (and 44% of children under 18 in 1998) (U.S. Bureau of the Census, 2000), they constitute one of the most impoverished racial/ethnic groups in the U.S. mainland.

III. Study Design and Methods

A. Study Design

This study was designed to respond to Maternal and Child Health Bureau's priority of investigating social context as a source of variation in the ways in which fathers view their roles in the family, in their behaviors, and in the nature of the contributions they make to their

families. Secondly, we addressed MCHB's agenda items that support investigations of the community context within which fathering roles are defined, transmitted, and either supported or undermined, and studies of the influence of the timing of fatherhood in men's lives and in the context of their other roles, particularly with respect to how timing affects fathers' interest and ability to be highly engaged with their children. In addition, this study was a response to MCHB's priority on studies of health promotion behaviors.

The research was a theory-driven, multi-method, cross-sectional study of 275 Puerto Rican young fathers' involvement with their children. Our goal was to gather data from Puerto Rican young men, aged 18–26, living in the greater Boston area and in Rhode Island. Selection criteria were the following: The index man had to have experienced the live birth of a child in the past nine months and he needed to self-identify or be identified as Puerto Rican on the birth certificate of the index child filed with the State. While all of Rhode Island was the screening site, Suffolk, Norfolk, Middlesex, Plymouth, Essex, Worcester and Bristol counties comprised the greater Boston area (delineated by Route 495 around Boston). Once the fathers were contacted, a further screening criterion was that participants were able to hear and understand interview questions in either Spanish or English, and able to see and read answer cards.

Drawing a sample from birth certificates, instead of going to area hospitals, gave us the opportunity to select a representative sample in the chosen geography. While the young men were the unit of analysis, their self-reports of father involvement, child characteristics, and relationship with the mother were augmented by independent interviews with the mother of their child; quantitative and qualitative information was collected from both father and mother through face-to-face interviews in the language of their choice (English or Spanish). Interviews started in July 2001 and ended in October 2002. Mothers and fathers were interviewed separately by trained bilingual, bicultural interviewers at a location mutually agreed upon. Each participant received a fee of \$25.

The interviews took approximately one hour (somewhat longer for the fathers). Our initial plan to audiotape part of the interview was dropped when we found during pilot testing that some subjects refused to have their answers recorded. All questions were answered orally, and notes were taken by the interviewer. Interviewers were recruited from the same communities as the population being studied because our previous work with Puerto Rican samples had shown the importance of removing the social class barrier that can be there when the interviewers are college students or professionals (Erkut, Garcia Coll, Alarcón, 1999). The interviewers were trained and supervised. The field manager edited each completed interview and when there was missing or contradictory information, the interviewer went back to the participant to obtain the necessary data.

B. Population studied

The population consisted of Puerto Rican young fathers aged 18–26 living in the greater Boston and Rhode Island areas who had experienced the live birth of a child in the past nine months. In Massachusetts the population was restricted to *married* fathers who were listed as being Puerto Rican on the child's birth certificate. In Rhode Island it was the total population of 18–26-year-old Puerto Rican fathers.

C. Sample selection

The sample was selected using birth records provided by the states' Vital Records Offices. Our rationale for using birth records was that they provided a more accurate sampling frame of births than other methods. Moreover, this afforded us the unique strength of being able to draw a representative random sample from *all* of the identified Puerto Rican fathers of children born in this period in Rhode Island and eastern Massachusetts. At regular intervals Vital

Records offices in both states sent us lists of mothers' names and addresses of babies born 9 months earlier, where the mother indicated on the birth record that the child's father was of Puerto Rican descent. The list was further restricted to only married couples in Massachusetts (limit imposed by the State), and to ages 18 to 26 in both states. Care was taken to not contact families that had experienced death of the baby. The Massachusetts Registry deleted those families from the provided lists; the Rhode Island Registry indicated the loss on the list with a code. Because of welfare reform, which "Requires states to reduce cash welfare payments by at least 25 percent for families that include a parent who fails to cooperate in establishing paternity" (University of Maryland, School of Public Affairs Welfare Reform Academy, no date), we were confident that our sample was more representative of births among Puerto Rican fathers in the two states than would have been the case before the welfare reform act.

Because of restrictions imposed by the Massachusetts Registrar of Vital Records,¹ we were limited to receiving addresses only for married couples with Puerto Rican fathers in the greater Boston area. In Rhode Island, the State gave us access to both married and unmarried couples. We aimed at interviewing 300 couples, 150 in Massachusetts (changed from our original proposal of 200, because of the married-status limitation), and 150 in Rhode Island. When we finished the interview phase, we had collected data from 153 mothers and 145 fathers in Rhode Island, and 142 mothers and 140 fathers in Massachusetts. In Rhode Island we interviewed 8 mothers where the father of the baby was either unavailable (6) or unwilling (2) to be interviewed. In Massachusetts 2 mothers were interviewed for whom the father of their child was not available because they were separated. These mothers-only interviews were conducted over the telephone. Those interviews were not included here, as the father was our unit of analysis. All other participants were interviewed in face-to-face sessions at a location convenient for all parties involved.

During the period from September 2000 and November 2001 when this project was recruiting fathers in Massachusetts, 1,628, births to Puerto Rican fathers aged 18–26 were recorded (Charlene Zion, personal communication, November 27, 2003). Among them were 327 births (24%) where the parents were married. These 327 families constituted our potential universe in Massachusetts because we were restricted to information only about births to married couples. In Rhode Island where we had access to all recorded births to Puerto Rican fathers aged 18-26, 388 records made available to us constituted the universe. It is interesting to note that the marriage rate among fathers having a baby in MA and RI were close (20% and 25%, respectively).

Recruitment: In Massachusetts the Registrar provided a list of births in monthly installments. The first mailing inviting married parents to participate in the study was sent out in July 2001 starting with a list of 18 families with babies born in September 2000. All families on the list received an initial contact mailing introducing the study, a follow-up flyer with abbreviated information, and a third mailing of the first letter with more urgent language to invite participation. In total, addresses for 327 families were provided by the Massachusetts Registry, 101 of those (31%) had either moved from their original address (which we found out through returned mail), could not be contacted due to incomplete address, or had moved according to their neighbors. Twenty-five were disqualified because the baby had grown too old to fit our selection criteria (13 cases), because the baby was part of a twin (1 case), or because the father turned out not to be Puerto Rican (9 cases) or he was too old (2 cases) by the time we would have been able to do the interview. While some of these problems were caused by the time lag between receiving the address and locating the family, some others were due to errors in the vital records. Thirty-eight refused to participate; 4 were lost to scheduling conflicts, in 2 cases we interviewed only the mother, and eventually 138 fathers and mothers were interviewed. We lost touch with 19 families after initial contact due to disconnected phone numbers.

In Rhode Island the first mailing was sent out in July 2001. The contact protocol was identical to the one used in Massachusetts. Rhode Island gave us contact information for 388 families, 118 (30%) of whom we could not find at the address provided. An additional 48 we were not able to screen, mostly due to letters being returned, incomplete or wrong addresses provided, or neighbors informing us of the family's moving. Of the 222 screened families, 23 disqualified mostly because the baby was too old (12), or because the baby was part of a set of twins (6), in which case we randomly picked one of the two babies. Other reasons for disqualification were that the father turned out not to be Puerto Rican (1 case), the baby had died (1 case), the father had died (1 case), or the index baby was the second child of a father and mother already in the study (2 cases). Thirty families refused to participate, and 137 fathers and mothers were interviewed eventually. Twenty cases were lost due to disconnected phones, and four due to scheduling problems.

Table 1:
Recruitment Results

	MA Parent Pairs	RI Parent Pairs
Birth records received from State	327	388
Unable to get any correct contact information	52 (16%)	118 (30%)
Unscreened (letters returned, neighbors said they moved, incomplete or wrong address)	49	48
Screened sample	226	222
Disqualified	25	23
due to:		
- Baby too old	13	12
- Father too old	2	-
- Twins	1	6
- Father not PR.	9	1
- Baby died	-	1
- Father died	-	1
- Same father for another baby (we focused on the baby whose mother we contacted first)	-	2
Eligible sample	201	199
Refused	38 (19%)	30 (15%)
Lost after being screened in due to disconnected phone numbers, moving	19 (9%)	20 (10%)
Not able to interview due to scheduling problems	4 (2%)	4 (2%)
Interviewed both father and mother	138 (69%)	137 (69%)
Telephone interview with mother only	2	8

The families on the lists were initially contacted by mail with an invitation to participate in the study because the birth records only list the mothers' address at the time of birth. Fathers and mothers were promised a \$25 fee each. Response to the mailings was extremely low (less than 10%), mainly because by the time we sent the letter to the given address, the family had moved (30% of the Rhode Island mail and 16% of the Massachusetts mail for addresses received

from the States was returned without a forwarding address, and did not lead to contact; upon visiting more addresses in person, we found that an even higher number of families had moved). We initiated different modes of obtaining updated addresses: through telephone directory searches, internet searches, and through going to the given address and asking neighbors, all with limited results. Many couples did not have telephones, or only used cellular phones, the numbers for which are not public. In the end, in Rhode Island 43% of listings and in Massachusetts 31% never led to contact after extensively searching for the family.

As a response to the limited reaction to the mailings and to the minimal success in the other search methods, we decided to expand our recruitment efforts. We identified neighborhoods with a high concentration of young Puerto Rican males, based on the addresses we had already received, and sent interviewers from door to door to invite fathers who qualified to participate in the study. Since the data provided by the Rhode Island Department of Public Health included both married and unmarried couples, we verified that prospective interviewees were on this listing; if they were not, we asked the interviewees if they had recently moved into the area, and where the baby had been born. Only fathers of babies born in Rhode Island and eligible according to our criteria of age and ethnicity were included in the sample. Four interviewers were hired to aid in the door-to-door recruitment. Once prospective families were contacted and screened in, refusal rates were low (15% in RI and 19% in MA). No families withdrew from the sample after agreeing to participate.

In Massachusetts, going from door to door in neighborhoods with high concentrations of Puerto Ricans resulted in a limited number of extra interviews. The area covered was rather large. When a family was found, we verified their presence on our mailing lists if the couple was married. Unmarried couples (8) were screened in according to the study's selection criteria.

In addition to going from door to door, we sent flyers to health care centers in the identified neighborhoods, inviting families to participate. Some centers sent out copies of our flyers to their mailing lists, and this resulted in a few more participants, but again, overall this recruitment effort had limited results. We did not repeat it. Often when asked about the letters we had sent them, participants informed us they had been too busy to contact us even though they were interested in the study. We therefore continued to send the mailings, and considered them more an introductory vehicle, rather than a recruitment vehicle. Table 1 represents the recruitment efforts.

D. Instruments Used

Where existing instruments could be utilized, they were modified to be used with a Puerto Rican population and field-tested. A Spanish version of instruments did not always exist, therefore the dual-focus technique for developing bilingual/bicultural measures was used to ensure the concept and language equivalence in both English and Spanish (see Erkut, Alarcón, García Coll, Tropp, & Vázquez García, 1999). In this approach, a bilingual/bicultural research team, whose members include researchers indigenous to the cultures being studied, jointly decide on the conceptual bases and operational definitions of the constructs to be measured and generate items simultaneously in both languages which are equivalent in level of difficulty, affect, and clarity. The questions are then evaluated in successive groups of bilingual and monolingual informants (from the specific linguistic/cultural group from which the sample will be drawn) who provide feedback for revisions. The final version is achieved when the last group of informants and the researchers are satisfied that the two language versions are conceptually and linguistically equivalent.

Pilot

Survey Instruments: We field tested all instruments in order to establish their

psychometric properties with this population. To establish each instrument's reliability, we conducted item-by-item analyses of all scaled measures, and estimated an internal consistency coefficient (Cronbach's alpha) for each scale. We examined each instrument's validity by estimating inter-correlations among the constructs to ascertain whether they were mutually distinct and correlated in appropriate directions.

Pilot Sample: The Rhode Island DPH provided the first list of names, which were intended for pilot testing (the measure was not piloted in Massachusetts due to the delay in the State's IRB process). Contact information provided by the DPH was updated. Since we were confronted with a high percentage of mobility, other means of contact were sought. We developed a contact protocol, and got it approved by Rhode Island and Massachusetts DPHs. We announced the study on radio, through mailings, posters, and flyers. Initial contacts were made through telephone conversations. Candidates were screened for eligibility by the Project Coordinator.

Of the 181 addresses we had available for pilot testing, 40 ended up being interviewed when their baby was between 6 and 17 months ($m = 10.06$). Thirteen percent of the contact mailing ($n = 20$) was returned as undeliverable. Forty-eight others had moved since the birth of their baby (total mobility rate, 38%). About one out of eight families responded to the invitation (13%); we found others through going door-to-door (23%), still others were referred to us by a contact (19%); the rest we found in the phonebook or through directory assistance (4%).

Lessons Learned from the Pilot: A majority of questionnaires in the pilot study (66.6%) were answered in Spanish. From the pilot sample, it became clear that for many fathers the baby was not the first child. That led to the construction of questions regarding family composition, and fatherhood definitions (e.g. "When did you first feel like a father?" needed to include the option "When I had my first child" which we had not included in the pilot interview). Also based on pilot results, we found we had to give very specific closed-ended options when asking questions about race and ethnicity. These concepts were not completely separate and clear for the respondents. The interviews were revised with that information in mind, and finalized for testing.

Because we were asking respondents about illegal activities such as drug use, we applied for and received a Federal Certificate of Confidentiality in October, 2000. This information was incorporated into the wording of the Informed Consent Form each participant signed.

Description of Constructs Measured

1. Father's Family of Origin

As part of the Social Stratification derivatives of our theoretical model, the young man's family of origin was explored in terms of place of birth and migration patterns, stability, and poverty status. In addition, we asked open-ended questions about the relationship between the young man's mother and his father.

Nativity and Migration: We inquired about the place of birth of the fathers' parents and grandparents, and their time of migration to the U.S. mainland.

Stability: Our stability measure focused both on geographic location changes and on years spent in an intact family by the father when he was growing up. Research has shown that more adolescent fathers report family instability (Pirog-Good, 1995).

Poverty/dependence on public assistance: Poverty (as measured by government assistance) during childhood is related to low education attainment (McLoyd, 1989), and low employment outcomes in future generations (through discrimination and segregation, and through lack of modeling of worker roles) (Coley & Chase-Lansdale, 1998); this may influence father involvement (financially), and may predict health outcomes in their children. We also asked if the father's family of origin received help from community organizations or churches.

2. Social and Economic Context of Index Family

Level of poverty: We gathered income information from both mothers and fathers, whether they received financial support from kin, and whether they received any public assistance, and if so, which type.

Unemployment rate: Unemployment reports were recorded and were compared with Census 2000 data for the tracts our population inhabited.

Neighborhood ethnic composition: This information was gathered from Census 2000 on-line data for each tract our sample covered. Relationships with neighbors, and especially neighbors with the same ethnic background, can have an influence on the family's support system.

Female-headed households in neighborhood: This information was gathered from Census 2000 on-line data for each tract our sample covered. Census numbers show that female headed households more often suffer from economic deprivation. Additionally, fathers living in neighborhoods with a large population of female householders may consider non-residential fathering as normative. We compared Census data with our population, and focused especially on the influence of the neighborhood on poverty status and on father involvement.

3. Young Father's Demographic Characteristics

Age: Calculated from birth date provided by interviewees.

Marital status and co-residence: As a result of the restrictions imposed by the Massachusetts Department of Public Health the sample in that state consisted predominantly of married couples (we enlisted some couples who were not married when going door-to-door; see Recruitment). We were required to adjust the wording of the questionnaire to reflect this request, and replaced "partner" with "spouse" wherever necessary in the Massachusetts questionnaire.

We inquired about co-residence with the mother, with the baby, and with other possible people. If the parents did not live together, we asked about the amount of time the father spent with the mother, and if he had plans to marry her and why. Secondly, we inquired about the amount of hours a day (during the week and during the weekend) the father spent with the baby, even if he did not live with the child, to determine the extent of contact with the child, and whether or not this was interrupted. In a separate question we asked the father about his other children (their age, gender, mother, co-residence and how many times per month he visited this child). The mother was asked the same question about her other children, and we asked her to identify the man who played the father role for these children.

To establish the presence of extended families, we asked the father to identify from a list who lived with him. We opted for a closed-ended question, because the pilot had shown that only few fathers lived in extended families.

Education: We used a question from the NLSY to get information on basic years of education completed, to establish high school dropout rates and chances for further employment. Young fathers who come from disadvantaged families tend to complete fewer years of education than their childless peers (Lerman, 1986, 1993).

In addition to the question from NLSY, we asked about continued education, specialized training, and about goals and plans for the future, in terms of education and employment. Having goals and plans for one's future have been shown to have a protective effect on adolescents' risk taking behaviors (Alarcón, 1977). We were interested in examining the protective effects of simply having a goal of attaining additional education and having a plan to reach this goal. Having received or being in the process of obtaining specialized training was used as an indicator of responsible behavior. We asked the father to provide the length of training (in months), whether or not it helped him get a better job, and whether or not it helped increase his income. We also asked the fathers whether or not they had served in the armed forces.

Employment: Since employment status influences a father's self-perception as a competent provider, we asked about current employment, and about possible unemployment

benefits (using questions from the NLSY). If a parent was both unemployed and did not collect unemployment benefits, we asked how they supported themselves. Research has demonstrated that Puerto Ricans are greatly influenced by macro level economic fluctuations (see Melendez, 1992; Tienda & Wilson, 1992). As the local demand for low-skilled labor has declined, so has Puerto Rican labor force participation. Residential segregation, language barriers, as well as racial/ethnic discrimination play a role in the greater impact of unemployment on Puerto Ricans than other Latino groups. (Tienda & Wilson, 1992).

Income from all sources (self, partner, family): We included a worksheet from the NLSY that allowed the calculation of a dollar amount of monthly expenses. In addition we asked how much of this expense the father paid for himself, where this money came from, and who paid for the rest. Having financial instability may have an impact on the father's self-confidence as a provider.

Adequacy of resources: We measured the interviewee's subjective assessment of their financial well-being and economic strain using three questions from Pearlin's scale (3 items, Cronbach's alpha English = .74, Spanish = .67): questions about having enough money for food, clothing and medical care. This assessment can indicate whether or not any financial shortcomings could be responsible for stress.

Nativity and circular migration: Puerto Ricans' legal status as United States citizens facilitates migration to and from the island. We recorded the fathers' place of birth and their migration patterns in order to establish stability in terms of geography.

4. Risk and Protective Factors

Perceived discrimination: We used the Discrimination Anxiety Scale developed for the PRAS and CHILD studies. This is a 9-item index probing for discrimination worry in 9 different situations. Additionally we included questions about actual discrimination against Puerto Ricans in general and the father himself in particular. We also asked if actual experiences of racism or discrimination had influenced the father's parenting style. We asked the mother only the questions about discrimination against Puerto Ricans in general, the influence of discrimination on the father, and her worry for the child.

Alienation: We included a shortened version (8 items) of Dean's (1961) Alienation Scale because alienation may lead to less motivation to overcome the burdens of discrimination, segregation and poverty. A strong attachment to social institutions (low alienation) is likely to moderate the impact of the stratification derivatives on educational attainment and employment as well as holding up one's paternal responsibilities. Because of the age of the measure, the language had to be adjusted. We also reversed some negatively phrased items to be positive to give the measure more balance, and added 2 more items that were positively worded.

Machismo: To measure sex-role ideology, we utilized 17 items from De La Cancela's (1981) Machismo Scale (5-point scale from "strongly agree" to "strongly disagree;" Cronbach's alpha in English and Spanish = .73). Again we needed to modernize the language. We added 3 items from Bumpass and Sweet (1987-88) which are more oriented toward family finances than to relationships (for example: "A man should earn a larger salary than his female partner") (alpha for provider role responsibility = .77 for overall sample, and .62-.81 among the individual ethnic by gender groups). And finally we added the child-oriented item "It is alright for a man to take care of children and to do things such as diapering, feeding, and bathing."

Risky behaviors: We adapted questions from the 3rd wave of the Add Health Survey (Bearman, Jones, & Udry, 1997), and added a question about smoking in the baby's presence. We probed for violent behavior, drug use, seatbelt use, alcohol abuse, and incarceration as a juvenile or as an adult. These are closed-ended questions (yes-no answers), except for the one asking to describe the incident that lead to incarceration.

Ethnic identity: The pilot data indicated that the issue of ethnic identity was one of great confusion. Race, ethnic identity and nationality indicators were often confused. Therefore we opted for closed-ended questions, much like those used in the Census. We also asked the parents how important it was to raise their child as Puerto Rican, and included a question about agreement between parents on how important cultural identity was in their child rearing.

Acculturation: We included the Psychological Acculturation Scale (Tropp et al., 1999; alpha = .83, Spanish, to .90, English) from PRAS because acculturation may play an important role in the definition of fatherhood to the extent that there are differences with respect to timing, sequence and paternal responsibilities between mainland and Island cultures. This 5-point scale (from 1 only Hispanic to 5 only Anglo/American) lets the interviewee indicate which culture he/she feels most comfortable with and identifies with. Also, two items from the short acculturation scale (Marin et al., 1987) allowed the parents to indicate their command of written and spoken English and Spanish as a measure of behavioral acculturation.

Religion: We included a question about religion and faith to see if it had any importance in the parents' lives, and if they agreed on which religion to raise their child in [5-point scale, (1) completely agree to (5) don't know, never discussed].

5. Normative Definition of Fatherhood

Here, following the logic of the integrative model of minority youth development, we examine culturally-based cognitive beliefs regarding what is fatherhood, and when is it best to become a father. It is through these cognitive beliefs that the stratification variables, as moderated by the young man's individual characteristics, influence fathering outcomes. In the pilot test, we had asked the fathers whether Puerto Rican men's fatherhood definitions differed from those of Caucasians. Since all answered negatively, we deleted this from the final version of the questionnaire.

Young father's relationship with own father: Quality of attachment to one's own father can serve as a father's modeling base for the relationship with his child, and additionally as a protective factor in mental health outcomes in case of strong attachment (Coley, 2001; Shears, Robinson, & Emde, 2002). These open-ended questions were embedded within the Fatherhood section that probed for the father's idea of his own fathering, allowing the respondent to compare his own style of fathering with that of his father.

Because we anticipated that not all young fathers would have been raised by their biological father, we asked the closed-ended question "Who was the man who brought you up?" with possible answers "my biological father," "my stepfather/mother's boyfriend," "none," or "other," modeled on a question from De La Cancela (1981, question C17). Consequently we asked the young fathers open-ended questions about this relationship.

This question, and the information on the stability of the father's family of origin, served together to verify whether residential status of the father reflect a traditionally defined picture of involvement, or whether within minority groups different patterns of involvement may be considered normative.

Definition of a "Good" Father: We asked De La Cancela's (1981) open-ended question "What makes a man a 'good' father?" to examine the fathers' identification of one or more attributes, and additionally how close they themselves came to that stated ideal (closed-ended). The open-ended answers were analyzed by independent coders, and grouped by categories that emerged from the data (caretaker, teacher, provider, accessible, disciplinarian, affectionate/nurturing, role model, good partner to baby's mother, and religious). We achieved 90% inter-rater reliability.

In order to complete the fathers' picture of the ideal father, we asked them who had been their role model and why.

Timing and sequence: Following the integrative model of youth development, cognitive beliefs regarding fatherhood definitions, timing and sequence, and priorities were examined to investigate whether culturally based notions influenced fathering behavior. Fathers were asked open-ended questions about the ideal age to have children and why. This question was then coded (inter-rater reliability = 93%).

6. Social Supports

We employed Dunst, Jenkins, & Trivette's (1984) Family Support Scale (internal consistency range = .75-.85; short-term test-retest reliability = .91), from which we included family, peers, institutional support, and support from the mother of the child and/or a current partner. The father was asked to rate the help from these sources in terms of practical support and social or emotional support on a scale of 1-4 [not at all helpful (1) to very helpful (3), or not available/not applicable (4)].

7. Perceived Competence as a Father

Self-assessment by fathers of his level of skills and confidence augment measurement of his involvement. Using Abidin's Parenting Stress Index (1983) we measured the fathers' self-perceived competence as a father vis à vis the baby's temperament and characteristics. This measure is a continuous scale (1-5; alpha = .75). We also asked how confident the father felt when taking care of the baby and if there were any care taking tasks he did not perform. Since the mother was also asked the question about which activities the father did not perform, the measure can also suggest a level of social desirability on the father's part.

We also used Abidin's (1983) 10 item measure of the father's perception of how difficult he finds the tasks and expectations of being a father. This measure is a continuous scale (1-5; alpha = .84).

8. Relationship with Mother

One of the most consistent findings of the father involvement literature is that the father's perception of the quality of his relationship with the mother is strongly associated with his involvement with the children (DeLuccie, 1995; Lamb & Elster, 1985; McBride & Mills, 1993; Volling & Belsky, 1991). Closely related to marital status and co-residence, this section used 15 items from Spanier's Dyadic Adjustment Scale (1975; overall alpha = .96), revised by Busby, Crane, Larson and Christen in 1995 to construct father involvement as an operational result of the dyadic relationship with the mother. Mothers are gatekeepers of fathers' involvement with their children. We added a probe for regret about having a baby together, and simplified the language throughout.

Additionally, we asked the father to compare his dyadic relationship with the relationship between his father and mother.

Finally, we employed Radin's Paternal Child Care Index for Infants and Toddlers (PICCI, 1993, Cronbach's alpha = .67-.75) to measure agreement level between the parents regarding discipline and care giving.

9. Child Characteristics

Birth order: From the pilot we learned that this population was likely to already have more children than the index child. Therefore we asked the birth order of this child, and how old the father had been when his first child was born. The birth order of the child let us create a fuller picture of the father's experience, self-assessment, and level of parenting involvement.

Gender: In Rhode Island, this data was recorded on the State's birth records, and was verified with the parents. Massachusetts did not provide this information, so the parents did at the time of screening. We wanted to examine whether there was a relationship between the child's gender and the father's involvement level.

Temperament: We employed 6 items from Abidin's Difficult Child Subscale (from the Parent Stress Index, 1990) also used by the NICHD Study of Early Child Care to let the parent

evaluate the child's temperament. This measure is a 6-point Likert-type scale designed to record the frequency of certain stressful behaviors (e.g. frequent crying, sleep patterns). The child's temperament and his ability to regulate his behavior can elicit restrictive behavior from a father. This interaction with the baby influences the father's perception of his own ability (see 7. Perceived Competence as a Father).

10. Father Involvement

We adapted Radin's Paternal Child Care Index for Infants and Toddlers (1993, PICCI) to measure four dimensions of father involvement: Care giving, Discipline, Socialization, as well as an overall measure, "Global Involvement."

Care giving: Care giving behaviors such as feeding, bathing, clothing, changing diapers, etc. were elements in the nurturing part of Radin's PICCI (7 items, Cronbach's alpha English = .88, Spanish = .82).

Socialization: Included items regarding helping the baby to learn new things, reading, teaching the baby games. We added a cultural dimension by asking which language the father used when reading, singing and telling a story to the child to support the acculturation construct. [5 items, Cronbach's alpha English = .76, Spanish = .68.]

Discipline: Only two items from Radin's Paternal Child Care Index ask for the father's involvement in decisions about discipline: punishment and saying "no" to the baby [2 items, Cronbach's alpha English = .70, Spanish = .69].

In addition to the PICCI, we asked questions on father involvement in financial support, which allowed us to capture a wider and more integrated picture of the support the family received, and indirectly, the baby.

Financial: The fathers reported and mothers confirmed the extent of the financial involvement of the father. In addition to this information, we also coded responses in the normative definition question for financial support.

11. Health Promotion and Safety

Child safety: Guided by a listing of health supervision tips in Green (1994), we compiled a list of situations that may or may not be considered "dangerous" for a young child. In the pilot study we had devised a Likert-type scale of 4 items: "not at all dangerous," "somewhat dangerous," "very dangerous," and "I don't know." This scale proved to be very confusing and opened up the questions to too many "it depends" answers, so we revised it into a dangerous or not dangerous answer pattern with a third option of "I don't know." We kept the amount of questions to what we considered reasonable, and covered the most typical and least debatable situations only. We ended up with 25 items, and to which we added a question about cigarette smoke and the presence of guns in the house.

In addition, we asked about immunization status of the child (and whether or not the father had been involved in taking the child to the doctor to be immunized).

Parent health beliefs: Pachter, Sheehan and Cloutier (2000) developed a Parent Health Belief Scale (Cronbach's alpha = .72) aimed to establish a parent's health locus of control in mainland Puerto Ricans (e.g., "There's nothing that I can do to keep my child from getting sick"). We selected 7 items from their list, rearranged them to avoid repetition, and deleted items that had a possible religious undertone in the Spanish translation.

Prenatal care and involvement: We asked about prenatal care and involvement in order to get at the involvement with the mother before the baby was born; results were expected to be related to the status of relationship between parents, overall father involvement level, and health promotion scores.

Father participation in prenatal classes was recorded but needed to be viewed in the context of birth order of this baby. If the mother did not attend classes because she was having a second or third child, he did not go either. We asked if the father was present at the birth.

Health care coverage: We included two questions from the CHILD study, probing the health care coverage status of both the parent and the child, and asked for the source of this coverage. Having health insurance for the baby supports health promotion behavior.

12. Social Desirability

In order to establish the interviewee's level of social desirability, we employed 6 items from Strahan and Gerbasi's (1972) Form X2 ($\alpha = .76$) (see Fisher and Tick, 1993).

IV. Findings

State of Residence as Socioeconomic Context

While the demographic contexts of young Puerto Rican fathers in Massachusetts and Rhode Island are similarly characterized by minority status — they constitute less than 10% of the population in each state — there are marked differences between the states. Table 2 presents the demographic context of the lives of this population of young Puerto Rican fathers in Massachusetts and Rhode Island.

Massachusetts is a high-income state; its per capita income ranks third in the nation while Rhode Island is not as prosperous, ranking 17, which is also reflected in the median household income in reported in Table 2. While the percentage of families living in poverty is not so different in Massachusetts and Rhode Island (7% and 9%, respectively), there are more families in Rhode Island with children under 5 who live in poverty (19%) compared to Massachusetts (12%). The demographics of births are also different; Rhode Island has a higher percentage of births to unmarried mothers and more births to Latino mothers. In Massachusetts, the State has reported that the highest percentages of teen mothers are among Puerto Ricans with Cambodians coming in second (Massachusetts Department of Public Health, 2002). (Rhode Island numbers for teenage births among Puerto Ricans were not available.) Both states showed high birth rates among unmarried Latino mothers. Finally, Massachusetts had a higher ranking in violent crimes reported and Rhode Island had a higher ranking in property crimes reported. However, with respect to nationwide rankings in crime by state, both states came in relatively low in the high total crime index rankings—Massachusetts appeared to be safer with a ranking of 42 compared to Rhode Island's ranking of 33.

Descriptive Findings

The differences between the states, reported in Table 2, and many of which remain unmeasured in this study, speak to the differences in the socioeconomic contexts of the lives of young Puerto Rican fathers. In this section we present the descriptive results separately for Massachusetts and Rhode Island. It is important to remember that the MA sample is almost exclusively composed of married couples (94.2%) who cohabit while the RI sample is more varied. It includes married (24.6%) and unmarried fathers who were in an exclusive relationship with the mother of the infant of the target baby (57.2%), some of whom live with the mother and some who do not, in addition to fathers who have other types of relationships with the mother. Therefore, cohabitation and marital status undoubtedly play a role in the observed differences between Massachusetts and Rhode Island fathers. We report on these effects later in the report. Here the focus is on descriptive results presented by state.

We interviewed 138 father and mother pairs in Massachusetts, and 137 pairs in Rhode Island. About two-thirds of the interviews were conducted in Spanish (71% fathers in Massachusetts, 67.4% in Rhode Island; and 65% of mothers in both Massachusetts and Rhode Island). As shown in Table 3, Massachusetts fathers were significantly older than the Rhode Island fathers, had significantly higher levels of education and significantly more specialized training. It is important to note that only 3% of the Rhode Island fathers had some college education compared to 20% of the Massachusetts fathers. In both states, very few fathers served

in the military (7 in RI, 10 in MA). When we compared the married fathers in MA and RI, however, the differences in educational attainment disappeared, suggesting that the MA and RI difference in education is associated with marital status, not state of residence.

Table 2:

Demographic Context of the Latino Populations of Massachusetts and Rhode Island

	Massachusetts	Rhode Island
Population		
Total Population in state ^a	6 million	1 million
Percent Latino	7%	9%
Percent Puerto Rican among Latinos	47%	32%
Total Latino households ^a	91,481	23,466
Female householder with children	62%	65%
Total births (2000) in state ^b	81,650	12,493
Unmarried mothers ^b	27%	36%
Teen mothers ^c (15–19) (2000)	7%	10%
Births to Latino mothers (2000) ^b	11%	17%
Unmarried mothers (2000) ^b	62%	60%
Teen mothers ^c	Unknown	unknown
Births to Puerto Rican mothers (2001)	4,532 (6% of total births)	643 (5% of total births)
Unmarried mothers ^b	unknown (nationwide = 58%)	
Teen mothers ^d	27%	Unknown
Crime (2000)^e		
State rank in property crimes	44	32
State rank in violent crimes	21	35
State rank in crime index	42	33
Unemployment and Poverty		
State unemployment rate ^a		
2000	4.6%	4.7%
2002	5%	5.2%
State's rank in per capita income ^a	3	17
State median household income ^a	\$50,502	\$42,090
State percent of families in poverty (1999)	7%	9%
With children under age 5	12%	19%
With female householder	22%	29%

^a Census 2000

^b Martin et al. (2002).

^c Maryland Department of Planning (2002).

^d Massachusetts Department of Public Health (2002).

^e Disaster Center (1999).

Table 3:

Young Puerto Rican Father and Child Characteristics by State

	Massachusetts (<i>N</i> = 138)		Rhode Island (<i>N</i> = 137)		Test Statistic
	<i>N</i>	%	<i>N</i>	%	
Father Characteristics					
Education					
Some elementary school	2	1.4	3	2.2	
Graduated elementary school	1	.7	4	2.9	
Some secondary school	40	29.0	71	52.2	
Graduated secondary school	57	41.3	48	35.3	
Earned GED	7	5.1	6	4.4	
Some college	27	19.6	4	2.9	
Graduated college	4	2.9	0		$\chi^2_{(df=6)} = 32.6, p < .001$
Specialized training	81	58.7	57	41.9	$\chi^2_{(df=1)} = 7.71, p < .01$
Plans for more education	82	59.4	96	70.6	$\chi^2_{(df=1)} = 3.75, p = .05$
Relational status					
Married	130	94.2	34	24.6	
Not married, exclusive relationship	7	5.1	79	57.2	
“Other” relationship					
Not married nor exclusive	0		3	2.2	
Just friends	0		11	8.0	
No relationship	1	0.7	8	5.8	
Co-residence with baby’s mother	131	95.6	102	74.5	$\chi^2_{(df=1)} = 24.1, p < .001$
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Father’s age	23.8	2.2	22.3	2.5	$t = 5.36, p < .001$
Age at birth of first child	19.5	2.2	18.8	2.18	ns
Child Characteristics					
	<i>n</i>	%	<i>n</i>	%	
Male	67	48.6	67	48.9	
Female	71	51.4	70	51.1	ns
First child	58	42.0	70	50.7	ns
Second child	55	39.9	47	34.1	
Third child	18	13.0	18	13.0	
Fourth child or more	7	5.0	3	2.9	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Father’s rating of temperament (0 = Easy Baby – 6) = Difficult Baby)	4.68	.81	4.68	.66	ns
Mother’s rating of temperament	4.74	.83	4.77	.67	ns

There was almost an exact match in the physical sex of the infants in both states, with 48% male and 51% female for each. The average age of the infants at the time of the interviews was 12 months ($SD = 1.6$) in Massachusetts and 10 months ($SD = 2.2$) in Rhode Island. For 42% of the Massachusetts fathers and 50.7% of the Rhode Island fathers, the focal infant was the first born child; for 42% of the Massachusetts fathers and 34% of the Rhode Island fathers, this was their second child. Significantly more Massachusetts fathers lived with the infant and that infant's mother (95.6%) than did Rhode Island fathers (74.5%, $\chi^2_{(df=1)} = 24.1, p < .001$), which is to be expected as 94 % of the MA fathers were married. Both the fathers and the mothers rated their child's temperament on Abidin's Difficult Child Subscale on a scale of 1 to 6, where (1) = Difficult – (6) = Easy). Fathers in both states rated their infants as usually-to-frequently easy going ($M = 4.68$). Mother's in both states gave ratings very similar to the fathers' assessments ($M = 4.7$). While the Massachusetts parents' ratings were moderately correlated ($r = .40, p < .001$), the correlation between the Rhode Island parents' ratings were lower. Notably, there was no significant difference between the ratings of fathers who lived with their infants ($n = 230, M = 4.68, SD = .74$) and with those who did not live with them ($n = 40, M = 4.67, SD = .74$).

A. Nativity of the Fathers and Their Families of Origin

Table 4 presents the nativity of the fathers and their families of origin. The majority of the father's fathers (MA 88% and RI 85%) and the father's mothers (MA 89% and RI 82%) were born in Puerto Rico. Massachusetts fathers' ancestors who migrated stateside did so at an older age. Both the father's paternal and maternal grandparents were almost all born in Puerto Rico (information on 10% of the RI grandfathers was not available).

Table 4:
Nativity of the Fathers and their Family of Origin by State

	Massachusetts ($n = 138$)		Rhode Island ($n = 137$)	
	<i>n</i>	%	<i>n</i>	%
Fathers born in Puerto Rico	91	67	77	56
Age at arrival stateside	$M = 12$ ($SD = 7$)		$M = 11$ ($SD = 7$)	
Birthplace of father's father				
Puerto Rico	121	88	117	85
Father's father moved stateside	59	43	62	45
Age at arrival stateside	$M = 34$ ($SD = 17$)		$M = 25$ ($SD = 15$)	
Birthplace of father's mother				
Puerto Rico	123	89	113	82
Father's mother moved stateside	92	67	84	61
Age at arrival stateside	$M = 29$ ($SD = 15$)		$M = 26$ ($SD = 13$)	
Birthplace of father's paternal grandparents				
Puerto Rico	128	93	117	85
Birthplace of father's maternal grandparents				

Place of Birth of the Fathers: Two-thirds of the MA fathers reported they were born in Puerto Rico (67%), whereas only 56% of the RI fathers were born on the Island (see Table 4). However, when examining only married fathers, the percentage of the married RI fathers born in Puerto Rico increased to 64%. For those born in Puerto Rico, both samples have a similar mean age of moving stateside: 12 years old ($SD = 7.2$) for MA fathers and 11.1 ($SD = 6.6$) for RI fathers.

Stability: In terms of years spent in an intact family until age 18, the Massachusetts sample showed that 43.5% of the fathers lived with both mother and father. Twenty-three young fathers (16.%) reported having lived with a parent and step-parent for at least one year of the first 18 years of their lives; 51 (37%) lived with only their mother, and 7 (5%) with only their father for a number of years during that time. In addition, 35 fathers (25.4%) reported having lived with someone other than either of their parents for some time during their upbringing.

In Rhode Island, the percentage of young fathers who reported having grown up with both parents present in their homes until they were 18 years old was 16.7%. Thirty-six (26%) reported having lived with a parent and step-parent, 78 (56.5%) with only their mother, 11 (8%) with only their father, and 44 (31.9%) with someone other than either parent, for a while during the first 18 years of their growing up.

An additional measure of stability was the number of times a young father had changed residences during his first 18 years. In Massachusetts, 18 fathers reported they had never moved (13%), but a large percentage report having moved more than once (77%). The Rhode Island sample showed that only 6 young fathers reportedly never moved, and 76% moved more than once. Inter-state moving was very common with 70% of the Massachusetts fathers had moved out of state at least once and 78% of the Rhode Island fathers had as well.

When contrasting only the married fathers of the two states there was no significant difference in the number of times they had moved as a youth.

B. Socioeconomic Characteristics of the Families

As can be seen in Table 5, over two-thirds of each state's fathers reported receiving *public* support during their upbringing. While growing up, 52.9% of MA fathers reported having received *church* or *community* support in contrast to only 20.6% of the RI fathers ($\chi^2_{(df=1)} = 4.77, p < .03$). This difference remains significant in a comparison of only the married fathers in RI and MA.

The fathers in Massachusetts were more likely to be employed, and were able to use the earnings from their jobs to contribute to their family's expenses more than the Rhode Island fathers. Consequently, they reported having enough money for food and clothes to a higher degree than the RI fathers. In Rhode Island, however, a larger portion of the family's expenses depended upon the father's income. This difference was reduced to insignificance in a comparison of married RI and MA fathers. Both samples reported having enough money for medical care to the same degree.

Fathers in both states reported that health insurance was available for their infant MA (96%, RI 99%), with the state being the source of this benefit in most of the RI cases (84% vs. 62% in MA), while a larger portion of the MA fathers reported receiving health coverage for their infant through their work (30% vs. 9%). MA fathers reported having insurance for themselves at a significantly higher rate than RI fathers. However, in a comparison of RI and MA married fathers, married RI fathers were more likely to report having health insurance for themselves (RI 94%, MA 75%, $\chi^2_{(df=1)} = 5.49, p = .02$).

Table 5:
Socioeconomic Characteristics of Puerto Rican Fathers by State

	Massachusetts (<i>n</i> = 138)		Rhode Island (<i>n</i> = 137)		Test Statistic
	<i>n</i>	%	<i>n</i>	%	
Employment					
Currently employed	112	83	90	66	
Currently unemployed	25	18	46	34	$\chi^2_{(df=1)} = 8.60, p < .01$
Collecting unemployment benefits	4	15	4	9	ns
Source of father's contribution					
Job	122	95	102	84	
Other	6	5	20	16	$\chi^2_{(df=1)} = 9.18, p < .01$
Support of non-cohabiting mother	4	67	17	50	ns
Father's family of origin received					
- Public support	86	66	91	69	ns
- Church/community support	73	53	28	21	$\chi^2_{(df=2)} = 30.9, p < .001$
Father has health insurance	103	75	80	59	$\chi^2_{(df=1)} = 7.30, p < .01$
Source					
Father's work	55	54	27	34	
Mother's work	6	6	4	5	
State	40	39	47	59	
Other	2	2	2	3	$\chi^2_{(df=3)} = 7.76, p = .05$
Infant has health insurance	133	96	133	99	
Source					
Father's work	39	30	12	9	
Mother's work	9	7	9	7	
State	82	62	111	84	
Other	1	1	1	1	$\chi^2_{(df=4)} = 19.64, p < .01$

Analyzed by state, Massachusetts fathers were more likely to be employed. When the sample was stratified by residence patterns, cohabiting fathers (*n* = 233) were significantly more likely to be employed than non-cohabiting fathers (*n* = 40) ($\chi^2_{(df=1)} = 4.77, p < .03$). When we compared married fathers only, there was no difference in MA and in RI married fathers' in current employment. It appears that marital status, which covaries with cohabitation, is the variable that is relevant to fathers' employment.

Census Profiles of Massachusetts and Rhode Island Census Tracts Inhabited by Our Samples. Information available on the Census 2000 website allowed us to provide a wider picture of the neighborhoods our samples lived in. We compiled data on the interviewees' neighborhood tracts' median household income and median age, percentages of families living

below poverty, of Puerto Ricans in the neighborhood, female householders, Latino householder, rental units, and vacancy rate in rental units. To acquire the data we searched www.factfinder.census.gov for each address. Tracts, as a Census defined area, have an average population of up to 4,000 residents. Researchers disagree on which Census-defined area is best to use when defining neighborhoods. Coulton, Korbin, Chan, & Su (2001) argued that residents' perceptions of neighborhood boundaries show a larger similarity to census tracts than to census block groups; while Krieger, Williams, and Moss (1997) reported that block-groups (which are smaller) tend to be "more homogeneous than tracts and can reveal otherwise hidden pockets of poverty and affluence." As we were more interested in the neighborhood effect, we opted for the data on tract level.

Table 6:
*Social and Economic Context of Index Family
 Profiles of Massachusetts and Rhode Island Fathers' Census Tracts (2000)^a*

	Massachusetts (<i>n</i> = 138) <i>M</i>	Rhode Island (<i>n</i> = 137) <i>M</i>
Median age	32 yrs	31.5 yrs
Median household income (1999)	\$35,726	\$26,445
	%	%
Puerto Rican	12	8
Hispanic/Latino householder	18	23
Female householders	20	23
Families with children under 5 below poverty	27	39
Female householder with children under 5 below poverty	53	65
Unemployment for civilian population ≥ 16 yrs	4.32	5.16
Vacancy in rental units	4	5
Rental occupied housing units	59	67

^a All data from Census 2000.

In Massachusetts, where most couples lived in the same house (only 6 couples lived apart), the average of median household incomes for the census tracts our population inhabited was \$35,726 (1999 figures). Compared to the median household income of the whole state in 2000 (see Table 2), the median household income in these tracts is 29% lower than the state as a whole. Similarly, whereas 12% of Massachusetts households is comprised of female householders with children under 5 living in poverty (see Table 2), in the tracts that the MA Puerto Rican fathers live, the percentage of female householders with children under 5 living in poverty is 51%, a difference of 39%. However, with respect to unemployment, the unemployment rate in these tracts is 4.32, which is .28 % *lower* than the state average in 2000 of 4.6% (see Table 2).

In Rhode Island, contrary to Massachusetts, a larger percentage of the parents interviewed did not share a residence (24% of total). However, the differences between the mothers' and fathers' tracts were not large. As the fathers were our focal point, we report on data for their tracts. The 1999 median household income was \$26,445 in the RI fathers' tracts, which is 37% lower than the RI state median household income. In the tracts where the RI fathers lived 65% of families in poverty had children under the age of 5, whereas the corresponding percentage for the whole state is 19%, making for a difference of 46% between the fathers' tracts

and the state as a whole. Unemployment was 5.2%, compared to 4.7% in the state as a whole, which is .46% higher than the state as a whole.

The comparisons between the tracts where the Puerto Rican young fathers lived and the whole state showed that in both states the young fathers lived in environments that were considerably poorer than their state as a whole. Moreover, the difference in poverty levels between the state and the fathers' tracts was wider in Rhode Island than in Massachusetts. All in all, Rhode Island fathers' environment was both absolutely and relatively more impoverished than that of Massachusetts fathers.

When the sample is divided along residence lines (Table 7a), the differences between cohabiting and non-cohabiting fathers' tracts are most pronounced in median household income, percentage of Latino householder, families with children under age 5 living in poverty, and the unemployment rate for civilian population over 16.

Table 7a:

Census Profile of Cohabiting and Non-cohabiting Fathers' Census Tracts (2000)^a

	Cohabiting (<i>n</i> = 234) <i>M</i>	Non-cohabiting (<i>n</i> = 41) <i>M</i>
Median age	32 yrs	30 yrs
Median household income (1999)	\$35,726	\$27,133
	%	%
Puerto Rican	10	9
Hispanic/Latino householder	19	26
Female householders	21	24
Families with children under 5 below poverty	32	40
Female householder with children under 5 below poverty	58	64
Unemployment for civilian population \geq 16 yrs	4.7	5.3
Vacancy in rental units	4	5
Rental occupied housing units	62	67

^a All data from Census 2000.

It is clear from a comparison of Tables 7a and 6 that the characteristics of the census tracts of fathers in the Massachusetts sample and the cohabiting sample are very similar in large part because these two groups overlap considerably. And, as can be seen in Table 7b, the married couple's environments are similar to those of Massachusetts couples, and cohabiting couples.

An examination of differences as a function of relational status (married, exclusive couples, and couples in "other" relationships—neither married nor exclusive) is presented in Table 7b. The census tracts married fathers lived in reflect more financial capital than the tracts where the fathers in an exclusive relationship or other relationship types live. On some indicators, (i.e., percentage of Latinos in the tract, rental units and vacancy in rental units) the socioeconomic environments of couples who were in an exclusive relationship were in between the environments of married couples and couples in "other" relationships. On other indicators such as neighborhood median household income, unemployment, female households with children under 5 living in poverty, the environments of exclusive couples were more like the environments of the couples in "other" relationships.

Table 7b:

Census Profile of Married, Exclusive and "Other" Fathers' Census Tracts (2000)^a

	Married (n = 163) <i>M</i>	Exclusive (n = 86) <i>M</i>	Other (n = 26) <i>M</i>
Median age	32 yrs	31	31 yrs
Median household income (1999)	\$33,983	\$26,768	\$26,781
	%	%	%
Puerto Rican	11	9	9
Hispanic/Latino householder	18	23	27
Female householders	20	24	24
Families with children under 5 below poverty	29	40	39
Female householder with children under 5 below poverty	55	65	66
Unemployment for civilian population \geq 16 yrs	4.4	5.2	5.2
Vacancy in rental units	4	5	6
Rental occupied housing units	61	67	70

^a All data from Census 2000.**C. Risk and Protective Factors**

Table 8:

Risk and Protective Factors by State

	Massachusetts (n = 138)		Rhode Island (n = 137)		<i>t</i> -Test Statistic
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Alienation (1 = low; 5 = high)	2.64	.65	2.96	.84	3.52, $p < .001$
Machismo (5 = strongly agree; 0 = strongly disagree)	1.76	.33	1.83	.44	ns
Psychological Acculturation (1 = All Latino; 3 = equally Latino and Anglo; 5 = all Anglo)	2.13	.84	2.44	.59	3.49, $p < .001$
Discrimination Anxiety (9-item index)	3.04	3.25	3.84	3.49	1.94, $p = .053$

Risk and protective factors. In both states, scores on alienation were in the middle range, but fathers on RI were significantly more alienated than those in MA ($M = 2.96$, $SD = .84$; $M = 2.64$, $SD = .65$ respectively; $t = 3.52$, $p < .001$). The tendency to endorse traditional attitudes associated with machismo were very low and there was no difference among fathers in the two states. When behavioral and also psychological acculturation were measured on a scale where 1 = Latino, 3 = bicultural (or equally Latino and Anglo), and 5 = Anglo orientation, most fathers

placed themselves in the Latino end of the spectrum. With respect to behavioral acculturation, a third of the Rhode Island fathers reported being able to read English only or better in English than in Spanish, while just 14.6% of the Massachusetts fathers reported that English was their dominant reading language ($\chi^2_{(df=4)} = 21.6, p < .001$). Similarly, 26% of the Massachusetts fathers spoke either Spanish only or better Spanish than English ($\chi^2_{(df=4)} = 9.5, p < .05$). Massachusetts fathers were slightly more Latino in their psychological acculturation ($M = 2.13, SD = .59$), than the Rhode Island fathers ($M = 2.44, SD = .84, t = 3.49, p < .001$). The difference in MA and RI fathers in psychological acculturation was retained when only married fathers in MA and RI were compared. Fathers in this study, on average, reported moderately low levels of discrimination anxiety. In comparisons by state, the tendency to report worrying about discrimination was significantly higher among RI fathers; however, this difference disappeared when RI married fathers were compared to MA married fathers.

Table 9:
Risky Behaviors of Puerto Rican Fathers by State

	Massachusetts (<i>n</i> = 138)		Rhode Island (<i>n</i> = 137)		Test Statistic
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Drug use	.02	.20	.22	.57	$t = 3.65, p < .001$
Criminal behaviors	.02	.24	.55	1.23	$t = 4.88, p < .001$
Alcohol- & drug- related problems	.14	.39	.45	.98	$t = 3.45, p < .001$
	%		%		
Uses seat belt regularly	37.0		64.0		$\chi^2_{(df=1)} = 19.9, p < .001$
Smokes cigarettes	19.6		46.3		$\chi^2_{(df=1)} = 22.2, p < .001$
Smokes in proximity of infant	0.0		22.0		$\chi^2_{(df=1)} = 7.10, p < .001$
Held in juvenile facility	11.6 (<i>n</i> = 14)		16.2 (<i>n</i> = 20)		ns
Predominant crime					
Theft	21		25		ns
Drug-related	14		21		ns
Violence-related	35		35		ns
Incarcerated as adult	8 (<i>n</i> = 11)		35 (<i>n</i> = 47)		$\chi^2_{(df=1)} = 29, p < .001$
Predominant crime					
Automotive	18		21		ns
Drug-related	18		21		ns
Violence-related	9		23		ns

Risky behaviors. As can be seen in Table 9, self-reports of engaging in drug use, alcohol- and drug-related problems, and criminal behavior were quite low. We created an index of criminal behaviors by summing up 9 items such as damaging property, stealing from a store, getting in physical fights, using a weapon or threatening to, selling drugs, and 6 items were summed for an index of alcohol- and drug-related problems. The reported levels of criminal activity and alcohol and drug-related problems were extremely small. Nevertheless, Rhode Island fathers reported significantly more criminal behaviors than did Massachusetts fathers ($M =$

.55, $SD = 1.23$ and $M = .02$, $SD = .24$, respectively, $t = 4.88$, $p < .001$) and significantly more difficulties related to alcohol and drug use ($M = .45$, $SD = .98$ and $M = .14$, $SD = .39$, respectively, $t = 3.45$, $p < .001$). A significantly larger percentage of RI fathers reported using a seat belt when driving but they were also more likely to smoke cigarettes and to smoke in the house where the baby lived. A small percentage of the Massachusetts fathers (11.6%) and the Rhode Island fathers (16.2%) were held in a juvenile facility but this difference disappeared when we compared married MA fathers with married RI fathers. The three most frequently cited offences were theft, drug-related crimes and crimes of violence. A significantly smaller proportion of the Massachusetts fathers had been incarcerated as adults (8%) in contrast to 34.6% of the Rhode Island fathers ($\chi^2_{(df=1)} = 29$, $p < .001$). The three most frequently cited offences for adult incarceration continued to be drug-related crimes and crimes of violence, with the addition of automotive-related incidents, but not theft. The difference in adult incarcerations where RI fathers outnumbered MA fathers persisted in comparisons between married fathers only.

Table 10:
Ethnic Identity

Race/Ethnicity	Massachusetts ($n = 138$)		Rhode Island ($n = 137$)		Test Statistic
	<i>n</i>	%	<i>n</i>	%	
Father					
White	2	1	3	2	
Indian			3	2	
Puerto Rican/Hispanic/Latino	134	97	123	90	
Mixed Race/Biracial	2	1	7	5	
Missing			1	1	
Mother					
White	7	5	21	16	
Black	1	1	1	1	
Indian			2	1	
Puerto Rican/Hispanic/Latino	124	90	103	76	
Mixed Race/Biracial	5	1	7	3	
Missing	1		2		
Infant					
White	1	1	7	5	
Black			1	1	
Puerto Rican/Hispanic/Latino	132	96	112	83	
Mixed Race	5	4	14	10	
Missing			3	2	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Importance of child's Puerto Rican identity to father	4.50	.88	4.26	1.13	$t = 1.99, p < .05$
	<i>n</i>	%	<i>n</i>	%	
Mother's Agree with baby's religious upbringing	129	94	115	85	ns
Speak Spanish to baby	129	94	114	84	

Ethnic identity: In the pilot study, we had split up racial and ethnic identity into two questions, one asking about race [“What is your race/s? 1=White; 2=Black or African American; 3=Indian/Indigenous; 4=Asian; 5=Some other race (define)”], the other about ethnicity (“What is your cultural background/ethnicity?”). Even so, respondents gave ethnicity markers as “Puerto Rican,” “Latino/a,” and “Hispanic” for the race question under “Other,” almost totally bypassing the “racial” categorization. We therefore combined the answers to the race and ethnic identity questions into a single ethnic identity variable.

As being Puerto Rican was a key the screening criterion, the vast majority of the fathers identified themselves as Puerto Rican, Hispanic, or Latino, slightly more so in MA than in RI. More MA fathers identified the mother of their baby and also their baby as Puerto Rican, Hispanic, or Latino.

The Massachusetts fathers placed significantly more importance on their children’s awareness of their Puerto Rican heritage than did the Rhode Island fathers ($M = 4.50, SD = .88$ and $M = 5.26, SD = 1.13, SD = .88$, respectively, $t = 1.99, p < .05$). This difference disappeared when comparing married RI and MA fathers. Rhode Island fathers reported speaking Spanish to their baby at a slightly lower percentage (84.1), than the Massachusetts fathers (93.5) but this difference was not statistically significant and totally disappeared in a comparison of married fathers in the two states.

Religion: We asked about religion and faith to assess their importance in the parents’ lives and whether parents agreed on the religion in which to rear their child [on a 5-point scale from (1) = completely agrees to (5) = don’t know, never discussed it]. Significantly more of the Massachusetts fathers (59%) indicated that they practiced a faith, in contrast with 40.5% of the Rhode Island fathers ($\chi^2_{(df=1)} = 9.12, p = .003$). The religions practiced by the fathers in both states included Catholic (48%) and Pentecostal (32%), with the remaining practicing another Christian denomination. The Massachusetts fathers indicated that their faith was significantly more important in their own lives ($M = 3.85, SD = .42$) than did the Rhode Island fathers ($M = 3.69, SD = .68, t = 2.30, p = .02$). While fathers in both states reported in similar numbers that there was agreement between the parents in the baby’s religious upbringing, only 3 of the Massachusetts’ fathers (2.2%) had *not* discussed the question of religion with the mother of the infant, in contrast with 39 of the Rhode Island fathers (28.7%) ($\chi^2_{(df=4)} = 9.12, p < .001$). In a comparison among married fathers only, there were no significant differences between married RI and MA fathers on the importance of faith in their own lives and the agreement with the mother on raising the baby in a religion.

D. Normative Definition of Fatherhood

Our approach to eliciting normative definitions of fatherhood involved asking about the fathers’ opinions in general, but also about the relationship with their father figure.

Relationship with Own Father: We asked the fathers to identify the man who had been their father figure. An equal number in both samples (21%) indicated they had had no father figure when they were growing up. Significantly more MA fathers had been raised by their biological father, while more RI fathers indicated they had been brought up by a stepfather, or their mother’s boyfriend, or by another person. A large majority (91.8%) of those who indicated they had had a father figure, considered this person to have been a good father to them. In fact, 64.8% responded that this person had been their role model in learning how to be a father, with an additional 14.8% responding that this person had been somewhat of a role model. We asked fathers in our study to indicate in what ways their father figures were good fathers. Seven themes emerged from RI and MA fathers’ responses to this question: their father figure had been a role model, teacher, provider, accessible, affectionate/nurturing, a good partner to their mother,

and a disciplinarian. The most salient themes for study respondents in both states were for their father figure to be a teacher, a provider, to be accessible, and to be affectionate/nurturing.

Table 11.
 “Who was the man who brought you up?”

	Massachusetts (n = 138)		Rhode Island (n = 137)		Test Statistic
	n	%	n	%	
No one	29	21.2	29	21.8	$\chi^2_{(df=4)} = 13.64, p < .009$
Biological father	84	61.3	57	42.9	
Stepfather/Mother’s boyfriend	15	10.9	24	18.0	
Other	9	6.6	22	16.5	

When contrasting only the married fathers of the two states, there was no significant difference in by whom they had been reared.

We asked the fathers to indicate whether and how their relationship with their baby was similar or dissimilar to their relationship with their own father (or father figure). In spite of the praise most fathers had for their father figure, the majority of the fathers reported that their relationship with their infant was different from that between themselves and their own father while they were growing up. Only about one-third of the MA (33.9%) and RI (32.1%) fathers reported that their relationship with their baby was similar to their relationship with their fathers. Being accessible and affectionate/nurturing were the most frequent qualities fathers reported as characterizing their relationships with their babies as well as their relationships with their own fathers. Interestingly, when fathers reported that their relationship with their baby was different than their relationship with their own father, the most frequent reasons stated for why this was so were that they felt that they were more accessible and nurturing to their babies than their father had been with them.

Following up on the theme of inter-generational influences, we asked fathers whether and how their relationship with the baby’s mother was similar/dissimilar to their father’s relationship with their mother. Only roughly a quarter of fathers in both states (28.6% in MA and 24.2% in RI) reported that their relationship with their baby’s mother was similar to the relationship between their parents. For fathers who reported a similarity, a loving relationship was the most frequently reported characteristic both of their relationship with their partners and their parents’ relationship. Other reasons stated for the similarity included commitment, togetherness, having arguments, and being religious. When fathers reported that their relationship with the baby’s mother was different from their parents’ relationships, the most common reasons given were that they had better communication with, were closer to, were not violent with, and were more committed to their partners than their parents had been. A few fathers stated that their relationship with their baby’s mother was different than their parents’ relationship but were unable to articulate why this was so.

Qualities of a “Good” Father: To get at fathers’ visions of fatherhood and responsibilities that ought to be associated with this role, we asked them De La Cancela’s (1981) question “What makes a man a ‘good’ father?” The qualitative analysis yielded ten themes that characterized a “good” father as caretaker, teacher, provider, role model, disciplinarian, good partner, affectionate/nurturing, accessible, religious, and having a positive orientation. In Table 12 we

present the results pertaining to three most common themes in both states: accessibility, being a provider, and being affectionate/nurturing. Examples of accessibility are, “Being there for my son,” “Spending time with my kids doing things together,” and “Physical presence”; examples of being a provider are “Provide food for the family, wake up and go to work, keep a job”; and examples of being affectionate/nurturing are “Being there emotionally” and “Treat kids with much love.” These themes were consistent with the qualities that fathers had reported as making their own father figures “good” fathers (see above). While a few men gave only one response to the question of “good” fatherhood, most men responded with two or more qualities that they felt made a man a good father, which emphasized that their view of fatherhood is more complex than a single dimension. An examination of Table 12 shows that fathers were more likely to consider being affectionate/nurturing, either by itself or in combination with other qualities, to be an essential quality of good fathering, somewhat more so in Massachusetts than in Rhode Island.

Table 12:
Predominant Responses to “What makes a man a ‘good’ father?”

	Massachusetts (<i>n</i> = 138)		Rhode Island (<i>n</i> = 137)	
	<i>n</i>	%	<i>n</i>	%
Singular Themes				
Accessible	1	.8	12	9.1
Provider	3	2.3	10	7.6
Affectionate/Nurturing	7	5.1	4	2.9
Two Themes				
Accessible & Provider	5	4.3	14	9.5
Accessible & Affectionate/Nurturing	11	8.0	14	10.1
Provider & Affectionate/Nurturing	24	17.5	10	7.2
Accessible, Provider & Affectionate/Nurturing	15	10.8	11	8.0
Accessible in combination with any other theme/s	55	39.9	66	48.2
Provider in combination with any other theme/s	65	47.1	78	56.9
Affectionate/Nurturing in combination with any other theme/s	83	60.1	75	54.7

There were no differences in the acculturation level of fathers who reported provider and affectionate/nurturing qualities to be important for being a “good” father. However, the acculturation level of fathers who included accessible in their description of a good father were slightly but significantly more likely to come close to biculturalism ($M = 2.38$, $SD = .70$, where a score of 3 out of 5 indicates feeling equally Latino and Anglo), than those who reported a more Latino orientation ($M = 2.20$, $SD = .77$; $t = 1.98$, $p = .05$). The same fathers who included accessible in their definition of a good father were also likely to be younger when their first child was born ($M = 19.9$, $SD = 2.6$) than those who did not mention accessibility ($M = 21.0$, $SD = 2.7$, $t = 3.31$, $p < .001$). The same fathers’ responses showed a greater discrepancy between the ideal age to become a father and when they became fathers, as they were younger ($M = 4.2$ years, $SD = 4.3$ versus $M = 2.8$ years, $SD = 3.9$, $t = 2.41$, $p > .05$); they reported significantly lower incomes ($M = \$13,775$, $SD = \$12,300$ versus $M = \$17,490$, $SD = \$12,800$, $t = 2.36$, $p < .05$) and significantly more practical help to the baby’s mother ($M = 1.93$, $SD = .42$ versus $M = 1.82$, $SD = .40$, $t = 2.22$, $p < .05$). The pattern of responses associated with viewing accessibility to be a key dimension of good fathering suggests that it is the best that younger and less well-off fathers can

do for their baby and that they compensate for not being a good provider by an emphasis on giving practical help to the baby's mother.

We explored if mothers' construction of a "good" father was similar to the fathers' by asking the mother of the target baby the same question, "What makes a man a 'good' father?" The answers were coded and thirteen themes emerged (nurturing, provider, disciplinarian, accessible, caretaker, role model, assume responsibility, communicative, good partner, teacher, not an addict, be married, and be religious). Similar to fathers, most mothers in the study (86.1% of the mothers in RI and 79.6% in MA) reported that a "good" father had more than one positive attribute and the most frequently mentioned qualities were nurturing, being a provider and being accessible.

Timing and sequence

When asked what the best age was for a man to become a father, the fathers of both Massachusetts and Rhode Island, on average, reported 24 years of age ($SD = 6.2$) to be the ideal time. In the explanations why this age was best there were no differences between the fathers by state. The most common response was the need for maturity (42%), followed by stability (15.7%). But there were also 40 fathers (15%) who responded that age was irrelevant. It should be noted that age 24 is approximately 1 to 2 years older than they were when we interviewed them, showing that the average man in the sample he became a father before the age they considered to be the ideal.

To understand what event(s) marked the beginning of feelings of fatherhood for men, we asked fathers to indicate when the first time they felt like a father was. Although a majority of men (roughly 75% of men in RI and MA) reported that the birth of their first baby marked the beginning of their feelings of fatherhood, some fathers reported that other events led them to feel like fathers for the first time. Some reported that they felt like fathers for the first time when they took care of their younger siblings, relatives, or stepchildren, when their baby reached a developmental milestone (speaking, walking, etc.), or when they had a life changing event (e.g., getting out of prison). A few reported feeling like fathers when finding out that their partner was pregnant.

The news of becoming a father elicited a variety of feelings in the men we interviewed. For the most part, excitement was the emotion that 3 out of 4 men in both MA and RI reported feeling about being a father for the first time. Alongside this positive emotion, some fathers also reported feeling nervous/worried, fearful, and shocked. Over 80% of fathers identified only one feeling at the news of becoming a father; the rest identified two or more feelings. Interestingly, only a handful of fathers in both states reported they were in denial or responded that they felt unprepared for being a father. The overwhelming positive feelings that these men felt and relative absence of negative feelings suggests that these men, despite their young age and inexperience, saw the birth as an event that they could handle and felt good about.

Men in our sample included those that were fathers for the first time (42% and 51% in MA and RI, respectively) and those that had previous children. Of the ones with previous children, we asked the open ended question "What did you learn about fathering through your child(ren) before this baby?" Several themes emerged including discipline, commitment, accessibility, nurturance, caretaking, patience, responsibility, non-violence, and being a good partner to baby's mother. The three themes that came up most frequently were affection/nurturance, caretaking, and patience.

E. Social Supports

There were both similarities and differences in the types and sources of support the fathers in the two states reported receiving. Fathers in Massachusetts reported more practical

help from the baby's mother, the church, the day care center, and the father's friends than fathers in Rhode Island, and social-emotional support, again, from the baby's mother, the church and the father's friends. Rhode Island fathers tended to report more practical and social-emotional support from professionals such as doctors and professional agencies, rather than from family and friends.

When receiving support was examined in terms of living arrangements, fathers who cohabited with the mothers of their babies reported receiving more practical and social support from this partner ($t = 5.35, p = .000$, and $t = 5.17, p = .000$, respectively), while those who did not cohabit with her reported higher support from their current partner, not the baby's mother ($t = 3.17, p = .006$ for practical support, $t = 4.69, p = .000$ for social support). Cohabiting fathers also reported receiving support from their in-laws (social; $t = 2.91, p = .004$), their friends (social; $t = 3.12, p = .002$) and the baby's mother's friends (social, $t = 2.39, p = .018$, and practical, $t = 2.74, p = .006$), as well as from their church (again, social, $t = 2.76, p = .006$, and practical, $t = 2.11, p = .035$). Overall, both higher levels of social ($t = 2.92, p = .004$) and practical ($t = 2.30, p = .022$) support was reported by cohabiting than by non-cohabiting fathers.

Table 13:
Practical and Social Supports by State

	Massachusetts		Rhode Island		t-test statistic
	<i>(n = 138)</i>		<i>(n = 137)</i>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Practical					
Baby's mother	2.96	.20	2.82	.40	$t = 3.46, p = .001$
Church	1.47	.72	1.20	.49	$t = 2.99, p = .003$
Day care center	1.97	.86	1.45	.62	$t = 2.72, p = .008$
Doctor	1.46	.66	1.49	.66	ns
Father's friends	1.74	.80	1.44	.61	$t = 3.42, p = .001$
Father's neighbors	1.23	.52	1.25	.53	ns
Father's parents	2.12	.84	2.40	.68	$t = 2.72, p = .007$
Father's partner (not mother)	1.00	.00	1.29	.99	ns
In-laws	2.12	.87	2.23	.71	ns
Mother's friends	1.43	.68	1.68	.58	ns
Mother's relatives	2.00	.79	2.00	.73	ns
Professional helpers	1.32	.55	1.35	.48	ns
Professional agencies	1.24	.54	1.90	.54	$t = 5.12, p < .001$
Relatives	1.85	.82	1.93	.72	ns
Social					
Baby's Mother	2.86	.37	2.74	.47	$t = 2.32, p = .021$
Church	1.94	.88	1.31	.56	$t = 6.04, p < .001$
Day care center	1.34	.67	1.41	.62	ns
Doctor	1.44	.71	1.82	.64	$t = 4.29, p = .001$
Father's friends	1.99	.87	1.71	.65	$t = 2.96, p = .003$
Father's neighbors	1.18	.51	1.27	.51	ns
Father's parents	2.54	.70	2.49	.65	ns
Father's partner (not mother)	1.67	1.15	1.36	1.08	ns
In-laws	2.24	.84	2.24	.76	ns

Mother's friends	1.49	.73	1.47	.66	ns
Mother's relatives	1.93	.86	1.98	.72	ns
Professional helpers	1.41	.64	1.50	.56	ns
Professional agencies	1.19	.51	1.85	.57	$t = 4.84, p < .001$
Relatives	2.03	.83	2.08	.71	ns
Overall Practical Support	1.90	.47	1.83	.35	
Overall Social Support	2.01	.49	1.92	.36	

Finally, we compared the married fathers with the fathers in exclusive relationships and with “others” (not exclusive with their partner, and not married to them). Fathers in “other” relationships (neither married nor in an exclusive relationship) received less practical and social support from the baby’s mother ($F_{(df=2, 271)} = 22.00, p = .000$; $F_{(df=2, 271)} = 20.65, p = .000$, respectively). Those in exclusive relationships received significantly more practical support from their parents than the married fathers ($F_{(df=2, 228)} = 5.17, p = .006$). Fathers’ in-laws provided significantly less practical support when the fathers were not married nor in an exclusive relationship. This was both evident in practical support when compared to exclusive couples ($F_{(df=2, 239)} = 3.16, p = .044$), and in social support compared to both married and exclusive couples ($F_{(df=2, 244)} = 7.31, p = .001$). The support unmarried fathers received from a partner who was not the index baby’s mother was higher for the “other” category, than for the fathers in exclusive relationships ($F_{(df=2, 14)} = 4.77, p = .026$ for practical support; $F_{(df=2, 14)} = 5.30, p = .019$ for social support). Fathers received more social support from their friends if they were married or in an exclusive relationship than if they were not ($F_{(df=2, 246)} = 4.28, p = .015$). Church played a more supportive role in the lives of married fathers, both practically and socially ($F_{(df=2, 187)} = 8.37, p = .000$; and $F_{(df=2, 188)} = 12.58, p = .000$, respectively). The social support received from doctors was also deemed more important by fathers in an exclusive relationship than those who were married or the “others” ($F_{(df=2, 226)} = 4.79, p = .009$). Finally, professional agencies provided significantly more practical and social support to fathers in exclusive relationships, than to those who were married or “others” ($F_{(df=2, 110)} = 7.03, p = .001$; and $F_{(df=2, 103)} = 6.28, p = .003$). On the whole, fathers in the “others” category received significantly less social support than the married fathers or those in exclusive relationships ($F_{(df=2, 271)} = 7.17, p = .001$).

F. Perceived Competence as a Father

This construct was operationalized as meeting one’s standards as a father, and feeling confident about taking care of the baby by oneself.

Meeting one’s own standards of a good father. Following up on their definition of a “good” father, we asked the fathers to indicate how close they came to their standard of a good father, on a scale of 1 to 4 where (1) = not at all and 4 = completely. Fathers tended to rate their performance against their standard very highly, suggesting the presence of a ceiling effect. When we divided the sample into three groups by marital status, married fathers scored themselves the highest ($M = 3.67, SD = .51$), those in an exclusive relationship were the next ($M = 3.45, SD = .59$), and those in other relationships (non exclusive, or just friends, or no longer have a relationship) rated themselves the lowest ($M = 3.29, SD = .55$) ($F = 8.37, p < .001$). It should be noted that while the differences among the marital status groups were statistically significant, the magnitude of the differences were so small as to be practically unimportant.

Confidence: Fathers were asked if they felt confident about their ability to care for the baby by themselves on a 1 to 5 scale, where 1 = very confident and 5 = not at all confident. Almost all fathers gave answers suggesting high levels of confidence. The scores ranged between 1.16 ($SD = .66$), which is the average among married fathers to 1.36 ($SD = 1.11$), the average among fathers who are in other relationships. However, these differences were not statistically significant.

Hard to be a father: Fathers were asked to respond to a 10-item scale measuring how difficult they found being a father in terms of executing tasks and the meeting one's own and others' expectations on a 5-point Likert-type scale, where 1 = very hard, 5 = very easy. Scores averaged between 4.09 and 4.17 suggesting that the average father found being a father quite easy. There were no significant differences between state residency, relationship with the mother or cohabitation with the child.

G. Relationship with the Baby's Mother

Mothers have been noted to be gatekeepers in fathers' relationship with the children, making getting along with the mother a key input in father involvement. Perceived disagreement on a number of baby- and family-related issues and perceived compatibility with the mother were our operational definitions of the father's relationship with the mother. As Table 14 shows we found significant differences between MA and RI fathers regarding both disagreement on issues and perceived compatibility. Fathers in MA reported lower disagreement scores ($M = .68$, $SD = .67$) than fathers in RI ($M = 1.02$, $SD = .57$, $t = 4.26$, $p < .001$) and higher compatibility scores (MA, $M = 3.99$, $SD = .60$; RI, $M = 3.20$, $SD = 1.14$, $t = 6.98$, $p < .001$). When the sample was divided into two groups, married versus unmarried but in an exclusive relationship, we found that on both measures the married fathers reported significantly lower disagreement and significantly higher compatibility scores. Thus, it appears that the more positive relationships between fathers and mothers found in Massachusetts is due to the fact that the MA sample is almost exclusively composed of married couples who have a better relationship than unmarried couples, even if these were in an exclusive relationship.

Table 14:
Relationship with Mother

Dyadic Adjustment	Massachusetts ($N = 138$)		Rhode Island ($N = 115$)		<i>t</i> -Test Statistic
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Disagreement on issues (0= Always Agree – (5)=Always Disagree	.68	.67	1.02	.57	$t = 4.26, p < .001$
Compatibility (0)=Not at all – (5)=Very Compatible	3.99	.60	3.20	1.14	$t = 6.98, p < .001$
	Married ($n = 163$)		Exclusive ($n = 86$)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Disagreement on issues	.72	.66	1.01	.57	$t = 4.74, p < .001$

Compatibility 3.91 .67 3.51 .60 $t = 3.45, p < .001$

Correlations between Mothers’ and Fathers’ scores:

Married couples: Disagreement $r = .49, p < .001$, Compatibility $r = .52, p < .001$

Exclusive couples: Disagreement $r = .32, p < .01$, Compatibility $r = .34, p < .01$

The questions about compatibility and disagreements were also asked of the mothers, since they are 50% of the relationship that is being characterized. As would be expected, the correlation in disagreement and compatibility scores between the married fathers and mothers were higher than the correlations between fathers and mother in unmarried but exclusive relationships.

H. Father Involvement

Father involvement was conceptualized as a multi-dimensional construct that included care giving, socialization, discipline, global involvement, and providing financial support (see Table 15).

Care giving. In general, fathers’ responses to questions regarding the frequency of taking care of the baby corresponded to “sometimes.” Massachusetts fathers were more likely to be involved in caring for the baby ($M = 2.15, SD = .62$) than Rhode Island fathers ($M = 1.92, SD = .65, t = 3.01, p = .003$). When we examined father’s care-giving involvement among married fathers only, the difference between MA and RI fathers disappeared. Moreover, a comparison of fathers who live with the baby and those who do not showed that cohabiting fathers reported they were more likely to be involved in caring for the baby ($M = 2.12, SD = .60$) than non-cohabiting fathers ($M = 1.57, SD = .67, t = 5.28, p < .001$). In a comparison of all relationship groups, fathers in “other” relationships reported least involvement with the baby’s daily care ($M = 1.52, SD = .74$) while the most involved were the married fathers ($M = 2.14, SD = .62, F = 11.22, p < .001$).

Socialization. Fathers living in Rhode Island were slightly more likely to report that they were involved in the baby’s socialization than Massachusetts fathers but this difference was not statistically significant, nor were married RI and MA fathers different from each other in socializing the baby. A comparison of fathers who live with the baby and those who do not also did not show any significant differences in father’s involvement in socialization, nor were there differences among fathers who were in different types of relationships with the baby’s mother.

Discipline. As would be expected from the target baby’s age (one-year old or younger), fathers’ involvement in disciplining the child was generally *very* low. Even then, Massachusetts fathers were more likely to be involved in disciplining the baby ($M = 1.18, SD = .62$) than Rhode Island fathers ($M = .98, SD = .61, t = 2.64, p = .009$). When we examined fathers’ involvement with discipline among married fathers only, the difference between RI and MA fathers disappeared. In a comparison of fathers who live with the baby and those who do not, we found cohabiting fathers to report that they were more likely to be involved in discipline ($M = 1.12, SD = .62$) than non-cohabiting fathers ($M = .83, SD = .52, t = 2.82, p = .005$). Finally, in a comparison of all relationship groups, fathers in “other” relationships reported least involvement with the baby’s discipline ($M = .71, SD = .40$) while the most involved were the married fathers ($M = 1.17, SD = .64, F = 7.09, p = .001$).

Table 15:
Dimensions of Father Involvement by State

	Massachusetts (<i>n</i> = 138)		Rhode Island (<i>n</i> = 137)		Test Statistic
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Care giving	2.15	.62	1.92	.65	t = 3.00, p < .01
Socialization	1.69	.69	1.82	.61	ns
Discipline	1.18	.62	.98	.61	t = 2.64, p < .01
Global Involvement (all 0) Never – 3) Frequently	1.85	.53	1.75	.48	ns
Financial Responsibility 1) All – 3) Half – 5) None	2.22	1.23	2.88	1.12	t = 4.69, p < .001
Confidence 1) Not at all – 5) Very	4.88	.53	4.68	.98	t = 2.08, p < .05
Close to own Standard 1) Not at all – 4) Completely	3.69	.49	3.44	.58	t = 3.86, p < .001

Global Involvement. Overall both the MA fathers and RI fathers reported being involved at the mid-point, “sometimes.”

Financial responsibility. In terms of providing financial support Massachusetts fathers reported a better ability to provide for the baby than Rhode Island fathers, also in terms of being able to afford adequate clothing, food and medical care. Rhode Island fathers reported paying for less of the expenses ($M = 3.77, SD = 1.23$) than the Massachusetts fathers ($M = 3.12, SD = 1.12, t = 4.62, p < .001$). When we examined the portion of the expenses paid by the father among married fathers only, the difference in father’s portion of expenses paid disappeared. However, in a comparison of fathers who live with the baby and those who do not, we found cohabiting fathers to reported they paid more of the baby’s expenses ($M = 3.61, SD = .52$) than non-cohabiting fathers ($M = 3.33, SD = .66, t = 4.66, p < .001$). Finally, in a comparison of all relationship groups, fathers in “other” relationships reported paying the least portion of expenses ($M = 3.50, SD = 1.24$) while the highest paying group were fathers who were part of a married couple ($M = 2.21, SD = 1.2, F = 19.958, p < .001$).

When asked about the fathers’ involvement on each of these dimensions, mothers, corroborated the fathers’ self-reports to varying degrees. The mothers’ and fathers’ assessments on all dimensions were significantly correlated between .48 and .78 for all parents. The largest agreement were among married couples (correlations between .58 and .89).

I. Health Promotion

Our conceptualization of the fathers’ health promotion behaviors included involvement in pre- and post-natal care, doctor visits, knowledge of child safety issues, and fathers’ beliefs about their efficacy to promote and protect child’s health (see Table 16).

Table 16:

Father’s Pre- and Postnatal Care and Involvement with Mother and Baby

	Massachusetts (<i>n</i> = 138)	Rhode Island (<i>n</i> = 137)
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	<i>n</i>	%	<i>n</i>	%	Test Statistic
Knows when mother first went for prenatal visit					
First trimester	131	95.6	113	83.1	
Second trimester	5	3.6	13	9.6	
Don't know	1	.7	10	7.4	$\chi^2_{(df=2)} = 12.2, p = .002$
Accompanied mother					
Every time	81	59.1	51	37.5	
6 – 10 times	17	12.4	30	22.1	
3 – 6 times	14	10.2	30	22.1	
1 – 3 times	20	14.6	18	13.2	
Never	5	3.6	7	5.1	$\chi^2_{(df=4)} = 16.7, p = .002$
Attended prenatal classes	20	14.6	25	18.4	ns
At hospital for birth	137	99.2	124	91.2	$\chi^2_{(df=1)} = 12.6, p < .001$
Knows baby has been immunized	137	99.2	137	100	
Who takes baby to doctor					
Father	7	5.1	4	2.9	
Mother	53	39.0	60	44.1	
Both parents	76	55.9	72	52.9	ns

Pre- and post-natal care and involvement: The fathers reported that mothers in the Massachusetts sample started prenatal care visits earlier than those in the RI sample. Very few fathers did not know when mother started receiving prenatal care. Fathers in Massachusetts accompanied the baby's mother to prenatal visits more often than RI fathers; more of the MA fathers were present at the birth. All fathers reported they knew that their baby had received immunizations. Few fathers reported taking the baby to doctors visits by themselves. In a little over half the families' fathers reported that both parents took the baby together; in the rest of the families, it is the mother who did this job.

Child safety and health promotion: These young fathers were quite knowledgeable about a baby's safety. Conditions or events that are deemed by pediatricians to be dangerous were also viewed by a majority of the fathers to be dangerous. Even pretty safe events or conditions (e.g., baby spitting up, crying when taking a bath) were viewed by many to be unsafe. It appears that these fathers were not only knowledgeable about infant safety but also fairly cautious. Out of a possible high score of 21, Rhode Island fathers scored 17.7 and Massachusetts fathers scored 16.9. This small difference was statistically significant but lacked practical importance as less than one correct item separates the RI and MA fathers' scores. The fact that this knowledge was present in the overwhelming majority of the sample suggests that most of these fathers were involved with either this target child or with other children or there was a high level of awareness about baby safety in the two stages we carried out the study.

Table 17:

Child Safety Knowledge and Health Promotion (Combined Sample, N = 275) (Safe events.)*

	Dangerous		Not Dangerous		No Answer	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
High fever	269	97.8	3	1.1	4	1.4
Hiccups > 20 min.*	73	26.5	133	48.4	69	25.1
Crying continuously	247	89.8	14	5.1	14	5.1
Crying during bathing*	183	66.5	51	18.5	41	14.9

Refusing to eat >12 hrs	251	90.9	11	4.0	13	4.7
Spitting up*	95	34.5	162	58.9	18	6.5
Diarrhea	250	90.9	11	4.0	14	5.1
Sleeping on back*	88	32.0	152	55.3	35	12.7
Car seat in front	271	98.2	1	0.4	3	1.1
Uncapped electric sockets	273	98.9	0		2	0.7
Baby left on changing table	272	98.6	1	0.4	2	0.7
Baby left on parents' bed	262	95.3	11	4.0	2	0.7
Baby held on lap in car	272	98.9	1	0.4	2	0.7
Baby left in tub	272	98.9	1	0.4	2	0.7
Giving balloons	232	84.4	24	8.7	19	6.9
Presence of gun	269	97.8	4	1.5	2	0.7
Solid foods at 2 mo	261	94.6	5	1.8	9	3.3
Peeling paint in house	271	98.5	1	0.4	3	1.1
Child < 8 baby sits	268	97.5	2	0.7	5	1.8
Baby gets honey	77	28.0	77	28.0	121	44.0
Smoking in proximity	267	97.1	2	0.7	6	2.2
	Massachusetts		Rhode Island		Test statistic	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Total Health knowledge score	16.9	1.3	17.7	1.6	$t = 4.0, p < .001$	

Fathers' beliefs about their efficacy to promote and protect child's health: Responses to the Parent Health Belief Scale (1-5, with 1 = being in control) indicated that fathers in both samples believed they could assume responsibility when it came to their children's health: Both RI and MA fathers felt that they could do a lot to keep their children healthy, and believed they could take initiative when their child was sick (RI: $M = 1.76$; $SD = .55$; MA: $M = 1.78$; $SD = .42$; ns).

J. Social Desirability

The parents in both state samples exhibited fairly high levels of social desirability. On a 6-point Likert type scale of (0) = no social desirability to (6) = high social desirability, Rhode Island Fathers' scored a mean of 3.69 ($SD = 1.53$) and the Massachusetts' fathers scored a mean of 3.98 ($SD = 1.40$). Similarly, the Rhode Island mothers' scored a mean of 4.03 ($SD = 1.51$) and the Massachusetts' mothers scored a mean of 3.81 ($SD = 1.47$). Thus, social desirability was controlled for in all the multi-variate analyses.

H. Hypotheses

Hypothesis 1: Social stratification derivatives that are associated with the family of origin and the young father's demographic characteristics will predict normative definitions of fatherhood timing.

Of the social stratification derivatives (fathers' fathers and mothers' birthplaces, the residential instability of moving repeatedly, the father's family of origin having received governmental financial assistance and Church or community assistance) were significantly related to fatherhood timing. Those who grew up in families that received public assistance responded that the best time to become a father was a little more than a year younger ($\beta = -1.17$, $t = 2.03$, $p < .05$) than those whose families did not receive public assistance. Of the fathers' demographic characteristics (age, nativity, educational attainment, marital status, income and state residency), those who were married specified the best time to become a father to be

approximately 1 and a half years older ($\beta = 1.73, t = 2.56, p < .05$) than those not married; fathers from Massachusetts responded about a year and a half younger ($\beta = -1.49, t = 2.03, p < .05$). For every thousand dollars difference in income the estimated best age was one month older. This model explained 15% of the variance in fatherhood timing when controlling for social desirability – that is, fathers' higher income was the factor most closely associated with later normative timing of fatherhood.

Hypothesis 2: A set of variables that can operate as risk or protective factors (perception of racism, alienation, machismo, risky behaviors, and acculturation) will moderate the relationship between social stratification derivatives and normative definitions of fatherhood.

The fathers specified three predominant themes related to the normative definition of what makes a man a good father: accessibility, being a provider and being affectionate/nurturing. Neither the provider theme nor the affectionate/nurturer theme was related in any way to social stratification derivatives. The only social stratification derivative related to accessibility was income. Fathers who specified accessibility as a primary role for fathers made significantly less money, \$3,600 less on average, than did those who did not specify accessibility ($\beta = -.021$ Wald 3.95, $p < .05$, odds ratio .979), when controlling for social desirability and state of residence in a logistic regression.

This finding suggests that fathers with lower incomes emphasize “being there” for their babies, because they cannot do much else.

As there wasn't a relationship between the social stratification derivatives and the normative definitions of fatherhood, we did not test the risk or protective factors as moderators, but did examine the relationship between the risk or protective factors and the normative definitions of fatherhood. Neither the provider theme nor the accessibility theme was related in any way to the risk or protective factors. The only factor related to the affectionate/nurturing theme was machismo such that, those who specified care giving as a primary role for fathers scored slightly (but significantly) lower on the machismo scale, .15 points on average, than did those who did not specify nurturing ($\beta = -.791$ Wald 5.70, $p < .05$, odds ratio .453) when controlling for social desirability and state of residence in a logistic regression.

It appears that fathers who have more traditional masculinity attitudes do not view daily care giving such as bathing or feeding the baby to be part of a good father's role, making machismo a small risk factor for not providing direct care involvement.

Hypothesis 3: Normative definitions of fatherhood timing will predict father involvement outcomes. Here, following the logic of the integrative model of minority youth development, we examine culturally based cognitive beliefs regarding what is fatherhood, and when is it best to become a father.

In bivariate correlations, the best time to become a father was not related to any dimension of father involvement; care giving, socialization, discipline, financial support or global involvement. There were, however, significant relationships between the predominant “good father” theme of affectionate/nurturing and involvement in terms of care giving, socialization and the global involvement dimensions of father involvement.

After controlling for social desirability, father's education, income, age, marital status and state residency, the affectionate/nurturing theme was significantly related to socialization, such that, those who defined fatherhood primarily as an emotional nurturance were approximately 10% more involved in socialization tasks than those who did not ($\beta = .24, t = 3.08, p < .01, R^2 = .12$); significantly related to the care giving dimensions, such that, those who defined “good father” as an affectionate/nurturing were 8% more involved in care giving tasks than those who

did not ($\beta = .17, t = 2.22, p < .01, R^2 = .21$); and 22% more likely to have higher overall father involvement ($\beta = .22, t = 3.67, p < .001, R^2 = .12$). Neither the accessibility nor the provider definitions of fatherhood were related to father involvement.

These results suggest that fathers who define good fathering primarily in terms of nurturing and affection are more likely to be involved with their babies in a variety of ways than fathers who define good fathering primarily in terms of being a provider or being accessible.

Hypothesis 4: Men who received social support for fathering from their extended family, peers and, social institutions with which they are involved (such as the work-place) and who see themselves as competent fathers are likely to be involved with their children if they have a positive relationship with the child’s mother and have a first-born, easy, male child.

Examining the correlations among the variables in Table 18, we note that, among the child’s characteristics, being a male child is mildly *negatively* associated with socialization ($r = -.24, p < .001$) and global involvement ($r = -.14, p < .001$) and perceiving the baby as having an easy temperament is mildly positively correlated with global involvement, nurturing and socialization. Both measures of the parents’ own relationship are correlated in the assumed directions with father involvement; negatively for the relationship between parental disagreement and global involvement, care giving, and socialization and positively with global involvement and care giving. The fathers’ own measure of how hard it is to be a father is negatively correlated with global involvement, care giving and socialization but their own confidence in how well their child is taken care of when left with him alone is not. Finally, both practical and social supports are positively related to the fathers’ involvement (global involvement, nurturing and socialization).

Global Involvement

When a regression model is fit to the data, however, predicting global involvement, (after controlling for social desirability, the fathers’ age, income, education, marital status and state residency) the child’s characteristics were no longer significantly related to global involvement. The significant predictors of global involvement, in a model which predicted 20% of the variation, were the compatibility of the parents ($\beta = .13, t = 3.75, p < .001$); and how easy the fathers rated the tasks and expectations of fatherhood ($\beta = .17, t = 2.96, p < .01$).

Table 18:
Significant Correlations among predictors of the dimensions of Father Involvement

	Global Involvement	Care Giving	Socialization	Discipline	Financial Support
Child Characteristics					
Male infant	-.139*		-.237***		
First child					
Easy baby	.178**	.161**	.175**		
Parent Relationship					
Disagreement	-.244***	-.278***	-.153*		
Compatibility	.305***	.368***		.139*	.201***
Father Characteristics					
Confidence					
Hard to be a father	-.240***	-.248***	-.197***		
Close to own standard	.127*	.179**			.179**
Practical Support					

From infant's mother	.170**	.178**		
From mother's friends	.236***	.224***	.170**	
Professional agency		.280*		
Practical overall	.197**	.216***		
Social Support				
From infant's mother	.249***	.236***	.172**	-.163
From in-laws	.178**	.182**	.127*	
From mother's friends	.206**	.181**	.197**	
Social overall	.209***	.214***	.130*	

*p<.05 **p<.01 ***p<.001

Care Giving

When a regression model is fit to the data predicting the care giving dimension of father involvement, (after controlling for social desirability, the fathers' age, income, education, marital status and state residency) again, the child's characteristics were not significant predictors. The significant predictors of the care giving dimension, in a model which predicted 24% of the variation, were, once again, the compatibility of the parents ($\beta = .18, t = 4.35, p < .001$); and how easy the fathers rated the tasks and expectations of fatherhood ($\beta = .20, t = 2.78, p < .01$). In addition, it was the practical supports that a father receives that were associated with stronger reports of care giving behavior ($\beta = .32, t = 2.13, p < .05$).

Socialization

In predicting the socialization aspects of father involvement, (after controlling for social desirability, the fathers' age, income, education, marital status and state residency) both the sex and the birth order of the index child were significant. The child having been the first born was significantly associated with greater socialization behavior ($\beta = .17, t = 2.00, p < .05$), as was the fathers' perception of fathering not to be difficult ($\beta = .20, t = 2.75, p < .01$). However, in direct contrast to our hypothesis, the fathers reported significantly less socialization of their male infants than of female infants ($\beta = -.25, t = 3.24, p < .001$) and the parents' compatibility was no longer a significant predictor. The variables in the model accounted for 16% of the variability in socialization involvement ($R^2 = .16$).

Financial Support

The only significant predictor of a father's financial support (after controlling for social desirability, the fathers' age, education, marital status and state residency) was the fathers' income ($\beta = -.05, t = 9.48, p < .001$) in a model which accounted for 36% of the variance.

Thus, hypothesis 4 was supported with regard to the positive impact of social support for fathering, the perception of oneself as a competent father and the necessary positive relationship with the mother of the infant. The hypothesis was supported in a small part when birth order was associated with socialization tasks (in which first born children received greater involvement), not supported with regard to the infants physical sex (as the positive association was with female children) and not supported at all with regard to the child's temperament.

Hypothesis 5: The nature of the normative definition of fatherhood will covary with acculturation.

This hypothesis was supported in that the accessibility definition of fatherhood was positively associated with acculturation. Those who defined fatherhood to include accessibility tended to be slightly but significantly closer to being bicultural ($M = 2.38, SD = .70$), (where the bicultural option, equally Latino and Anglo is scored as a 3.00), than fathers whose definition of a good father did not include accessibility ($M = 2.2, SD = .70, t = 1.98, p = .05$). Thus, young

men, whose cultural orientation was closer to biculturalism, were more likely to emphasize the “being there” as a key part of fathering. However, acculturation was not associated with definitions of fatherhood as a provider or affectionate/nurturing. Nor did controlling for state of residence, marital status, or cohabitation make a difference in the relationship between acculturation and definitions of fatherhood.

With respect to components of fathering other than the normative definition, when controlling for social desirability there were no significant differences in any dimension of father involvement (care giving, socialization, discipline, decision-making, global involvement or financial support) as a function of the fathers’ level of acculturation. Nor was there any significant difference in the timing of “the best age” to become a father based on level of acculturation. Thus, the hypothesis is supported for the accessibility definition of good father, but not for any other.

As we suggested earlier placing an emphasis on accessibility was more prevalent among younger fathers who were relatively less well off. It appears that these relatively acculturated fathers are more typical of the negative stereotypes the public tends to hold of young Puerto Rican fathers: they are relatively less involved in the direct care, nurturance, financial support, and socialization of the baby. The best they can do is be there. Our results show that this type of hands-off fathering is *not* the predominant mode among the fathers in the study.

V. Discussion of the Findings

The overarching research question that has guided this study is an identification of factors associated with Puerto Rican young fathers’ level and type of involvement with their newborn.

The answer to that question is that it depends on the father’s marital status, cohabitation with the baby, and the nature of the non-marital status – whether it is an exclusive, committed relationship or a different arrangement. Finally state of residence also plays a role. The profiles of fathers who fit these statuses are described below.

Married, Cohabiting Fathers Who Live in Either Massachusetts or Rhode Island

What distinguishes married fathers from fathers in other statuses is that they have attained more education, the modal category for whom is having finished high school or its equivalent. They are more likely to be employed, to earn more money, and to live in neighborhoods that are less marked by poverty. They are older and had their first child at an older age. They report receiving more practical and social/emotional support from others, including their spouse. Their relationship with the baby’s mother is more harmonious than relationships in any other status group. The mother of their baby corroborates the married fathers’ responses more closely than mothers in other status groups. They are the least likely to be involved with drug and alcohol problems or to engage in crime. They report that they do not find being a father to be difficult. Participating in the daily care of the baby, either by itself or in conjunction with other attributes, is a quality most frequently mentioned in their definition of a “good” father. Married fathers report the highest level of meeting their own standard of a good father. Indeed, in self-reports of the ways in which they are involved with the baby, married fathers stressed the care giving aspect of father involvement. Many of these characteristics are shared by fathers who cohabit with the baby, whether or not they are married to the baby’s mother.

Fathers who do not Live with their Baby

Non-cohabiting fathers tend to be younger, more likely to be employed than cohabiting fathers. They live in neighborhoods characterized by extensive poverty. They report receiving less support from the baby’s mother, from the mother’s parents and friends and also their own friends. While they emphasize being accessible to be an important quality of being a good father, they are less involved with the baby’s socialization, direct care, and discipline than cohabiting

fathers. It appears that view of being accessible refers to being present but not necessarily to participate in the daily tasks of caring for the baby.

Fathers not Married to Baby's Mother but in an Exclusive Relationship with Her

In many ways, fathers who were in exclusive relationships with the mother of their baby had characteristic that fell in between married fathers and fathers who were not in exclusive but "other" relationships with the mother. They lived in neighborhoods whose indicators of poverty such as female householder, vacancy in rental units, and rental occupied rental units fell in between the values for married fathers and fathers in other relationships. On such indicators of neighborhood poverty as female householder with children under 5 in poverty and unemployment in the neighborhood, they were more like fathers in "other" relationships. These fathers occupy a middle position between married fathers and fathers in "other" relationships in terms of harmony with baby's mother. They report practical support from their own parents but they are less likely to receive support from the baby's mother's parents. Their level of involvement was less than that of married fathers but closer to married fathers than to fathers in "other" relationships.

Fathers in "Other" Types of Relationships with the Baby's Mother

This group of fathers included those who were just friends with the mother, had no relationship with her, or were in a non-exclusive relationship. This group earned the least income and lived in poorer neighborhoods relative to the rest of the fathers. They tended to emphasize the importance of accessibility in the definition of a good father. They reported that they paid for a smaller share of the family's expenses than any other group. Their claims of father involvement were the least likely to be corroborated by the mothers in other relationship status groups. They reported the least social and practical support of all groups, except from their current partner (who is not the baby's mother). Fathers in the "other" group had the least involvement with their baby. Even so, their reports of being involved in the *socialization* of the baby such as teaching the baby words, reading stories were identical to the levels reported by married fathers and fathers in exclusive relationships.

Fathers in Living in Rhode Island versus those Living in Massachusetts

In comparisons by state, Massachusetts fathers appeared to have higher social and financial capital and to be more involved with their baby. However, the fact that Massachusetts fathers more closely resembled married fathers' is an artifact of our recruitment, which was limited to married couples in Massachusetts. To overcome this sampling bias, we compared married couples in both states. Indeed, many characteristics and behaviors that separated Massachusetts and Rhode Island fathers disappeared when examining married couples only. The differences that did remain are the greater Latino orientation of the Massachusetts fathers' acculturation level while Rhode Island fathers tended more toward the bicultural end and more Massachusetts fathers reported receiving support from the church and other social agencies. While there was no difference in incarceration as a juvenile in the two state's married fathers, those living in Rhode Island were more likely to have been incarcerated as adults.

Overall, the profiles presented strongly suggest that there is an association between father involvement and human, social and financial capital: Married fathers report higher educational attainment, higher income, and less neighborhood poverty. They have harmonious relationships with the mother of the baby and find fathering not to be difficult. They are also the group most likely to receive social and practical support from a variety of sources that help them in raising their child. The social support is indicative of the approval they must receive for their choices which fit their communities' definitions of being a responsible father.

Fathers in the study reported high levels of efficacy in promoting their baby's healthy development and dealing with any illness that may arise. All but 5 babies in Massachusetts and 4 in Rhode Island had health insurance. The babies had all been immunized and all except one

father reported knowing about the baby's immunization status. The fathers were also well informed about conditions or events that can be harmful for the baby.

As a group, young Puerto Rican fathers in both Massachusetts and Rhode Island were considerably poorer than their state's average income. The results showed that within this stratum of relative poverty, human, financial, and social capital were associated with greater father involvement, not only overall but especially in the day-to-day care of the baby. It also helped to see fathering not to be a difficult task.

A. Conclusions to be Drawn from Findings

Young Puerto Rican fathers have an understanding of and investment in being good fathers. This is evidenced by the fact that fathers who profess their fathering to be close to their idea of a good father describe their own fathering as incorporating the elements of day-to-day involvement in the care of their baby, which is largely corroborated by the mothers of their baby. In Massachusetts we interviewed only married fathers and most of them fit this description.

In Rhode Island we interviewed all fathers we could locate, who were recorded on the birth certificate of a newborn as being a Puerto Rican man between the ages 18 and 26. Of this group 25% were married, 57% were in exclusive committed relationships with the mother of the baby. Even those who were not in a married or exclusive relationship with the mother were involved to some extent with their baby. Granted that fathers we could not locate might be different from those we were able to find and interview, the results of the study in Rhode Island belie the myth of the absent and uninvolved minority father living in poverty.

Being in a marital relationship is closely associated with nurturing involvement. Fathers who were in marital relationships tended to be older, more educated, to earn more money and were more likely to be employed. In other words, they matched the broader cultural definition of a father whose life sequence fits the general paradigm. This type of father also received much more support from a variety of sources. This finding supports the notion that lives that follow normative timing and sequence receive more social supports. Self efficacy and perceived self confidence as revealed in believing that it is not very difficult to take care of a baby was also associated with father involvement.

In summary, the results show that in this representative group of married and unmarried young Puerto Rican fathers, all fathers were involved with their children to some extent and all felt they were capable of keeping their children healthy. They showed this both by indicating they can take responsibility for their child's health and by showing an awareness of safety and health issues. The extent to which they were involved and the types of their involvement varied with financial resources (income and living in a neighborhood that is characterized by very high poverty), human capital (high school education and its equivalent, current employment, being married), social capital (social and practical support from the baby's mother, both his and the mother's family, and agencies and professionals), and a personal attitude of not finding caring for the baby to be difficult. The fathers who had these conditions in their lives both defined being affectionate and nurturing to the baby to be a crucial aspect of being a good father and reported higher levels of caring for their baby's day-to-day needs.

B. Explanation of limitations or Possible Distortion of Findings

The major limitations of the study were the restriction of the sample in Massachusetts to married fathers only, the cross-sectional nature of the design that did not permit causal analyses, and not knowing how representative this sample was of the targeted population. All of these limitations need to be kept in mind while interpreting the results.

Because we were not able to have access to all 1,628 MA fathers who were recorded as being Puerto Rican between the ages 18 and 26, we cannot know if state of residence makes a difference in the fathering of men who are *not* married to the mother of their baby.

We have been careful not to use causal language; rather we have described our findings in terms of associations and relationships. The cross-sectional design does not allow for credible causal inferences. For example, we do not know if married men earned more money because they were motivated by shouldering family responsibilities or if only the men who could afford it got married, or a combination of the two factors operated.

Finally, we ventured that even the least attached fathers, those in “other” relationships, had some involvement with their babies. It may be that those who did not have *any* involvement did not respond to our call for study participants. A firmer grasp of population trends requires knowledge of the representativeness of the sample which we lack. An alternative method of recruiting families from hospitals may yield more fathers, however, to capture relatively rare occurrences, such as the 327 births to Puerto Rican fathers in RI, would have required having a recruiter in a major hospital for nearly 365 of the year. Even the 1,628 births to Puerto Rican fathers in MA would have required having a recruiter every day in the five major hospitals in which Puerto Rican fathers’ babies are likely to be born.

C. Comparison with Findings of other Studies

This study addresses a lacuna in research on father involvement insofar as most existing studies are on White men or Black men, and research on out-of-wedlock unions are about women. National studies that include Latinos in their samples usually treat them as a homogeneous group to be compared with other racial/ethnic groups. Our study is the first to focus specifically on young Puerto Rican men and examine variations in father involvement *within* this population.

The qualitative research program in which Robin Jarrett and her colleagues have been engaged on poor urban African American fathers (Jarrett, Roy, & Burton, 2002) comes closest to our work. Both their studies and ours underscore the critical role played by financial and social capital in the involvement of young fathers with their children.

D. Possible Application of Findings to MCH Health Care Delivery Situations (including recommendations when appropriate)

That even the least attached fathers are to some extent involved with their babies is a resource that can be cultivated by providing educational opportunities, job training, job creation, and social and practical support. Additionally, orientations workshops to parenting may be useful in acclimating young fathers to what is entailed in caring for a baby on a day-to-day basis so that they would not find it to be difficult and feel more confidence in their fathering ability. We base these recommendations on the finding that fathers who are at least high school graduates, currently employed, earning over \$30,000, have social and practical support and do not find it hard to take care of a baby and provide the most direct care involvement with their babies.

E. Policy Implications

The policy implications are the creation jobs with adequate pay to support a family, especially in impoverished neighborhoods; to teach parenting skills to both boys and girls early in high school before the dropout rates increase; and to encourage social service agencies to target the provision of social and practical supports for taking care of their baby to the least advantaged fathers. These are men who tend to be young and earn little income, do not live with the baby, and may not have a good relationship with the mother.

F. Suggestions for Further Research

Future research should study young minority fathers in longitudinal studies that incorporate both qualitative and quantitative methodologies. Including father-child observations and data from the child would help validate fathers and mothers' self reports. Finally it is important to get data from representative samples. Alternative methods to tracking families from mother's address in birth records need to be tried to reduce the number of fathers who cannot be located.

VI. List of Products

So far this project has resulted in one article that has been accepted for publication. Many others are in different stages of preparation.

Erkut, S., Szalacha, L. A., & Garcia Coll, C. (in press). A framework for studying minority youth's transitions to fatherhood: The case of Puerto Rican young men. *Adolescence*.

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Endnote

¹ The Massachusetts Department of Public Health's procedure for approval of this project took over a year. Our initial contact with them dated from January 14, 2000. Approval was granted in an official letter dated January 17, 2001, which was sent to us by fax February 23, 2001, and later by mail. The first list of contacts was mailed in July 2001. Therefore, the start of the study was greatly delayed, and pilot testing took place only in Rhode Island. Other parts of the study, conducting of interviews, testing of hypotheses and writing of reports, were consequently also delayed.