

The Other Parent: A Historical Policy Analysis of Teen Fathers

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Abstract

Policymakers, administrators and clinicians' knowledge about adolescent fathers is limited, and in many cases questionable, because of the sparse and inconsistent research that has been done on this population. The lack of information about adolescent fathers and the lack of services for them are not surprising given that until recently the majority of research and clinical programs concerned with teen pregnancy and parenting focused on adolescent mothers. Clinical and research programs have not adequately explored the roles of adolescent males in pregnancy and parenting, leaving the "fatherhood" component of adolescent parenthood and child-rearing neither understood nor supported. This paper addresses the need for information about teenage fathers by presenting a historical analysis of policies targeting this group, a summary of the current body of knowledge about this population, and suggested directions for social workers in working with this specific population.

Introduction

As a field, social work has historically evolved and changed in keeping with social trends, in order to expand upon and update its understanding of important topics. In the last thirty years, social work knowledge in the arena of teenage pregnancy and parenting has flourished. The field has witnessed a significant increase in numbers of research and clinical programs, and a great deal of resources have been focused on serving the populations of adolescent females who give birth and become mothers each year. However, these significant gains have not been matched by a growth in knowledge and practice theories concerning adolescent fathers. This scarcity of knowledge indicates that the role of teenage fathers has not traditionally been recognized as significant. In order to understand the issue of adolescent parenting and pregnancy, it is crucial that we thoroughly understand both parents. Given what the field already knows about teenage mothers, it is important that we turn our attention toward the needs and characteristics of teenage fathers—a population that has historically been ignored.

Understanding the Population

Statistics vary, but the majority of national surveys indicate that two to seven percent of male adolescents are teenage fathers, with higher rates reported by inner city youth living in impoverished neighborhoods. Adolescent fathers come from all racial backgrounds and varying age groups, averaging between 15 and 19 years old. Some statistics indicate that 14% of sexually experienced males (age 15-19) have made a partner pregnant, but only 6% have fathered a child (*Fact Sheet*, 1999; *HHS*, 1999). However, some authors believe that these statistics undercount the actual number of teenage fathers (Flanigan, 2003). Often, paternity information is missing from birth certificates, making it difficult to assess the prevalence of teen fatherhood. In addition, there is some evidence to suggest that the large majority of teenage pregnancies result from adolescent girls being impregnated by males older than high school age. Males (1994) suggests that men over age 25 are responsible for twice as many teen births as men below the age of 18.

Generally, the rates for males impregnating a partner are higher for African-American (22%) and Hispanic male youth (19%) than for Caucasian youth (10%) (*Fact Sheet*, 1999; *HHS*, 1999; Flanigan, 2003; London, 2004; Thornberry, Wei, Stouthamer-Loeber, & Van Dyke, 2000). Despite these trends, it is important to note that ethnicity is not the sole factor in teenage fatherhood. Being an adolescent father is more strongly associated with being raised in an impoverished neighborhood, being delinquent, or engaging in other problem behaviors than with an individual's ethnicity (Johnson, 2001). Reporting results from a study on male youth in Rochester, New York, Thornberry and colleagues (2000) found, "The study's analysis of the risk factors for teen fatherhood provides striking evidence that early involvement in delinquency and drug use is highly correlated with subsequently becoming a teen father" (p. 2). Citing correlations as high as 70%, the study reported significant relationships between teen fatherhood and other factors, such as early sexual activity, race, parent's level of education, and the youth's standardized reading score (London, 2004; Sonenstein, 1997).

The lack of information about teen fathers has contributed to the development of negative stereotypes, which researchers now indicate may not be true. One stereotype maintains that teenage fathers do not typically desire or pursue relationships with their children or their children's mothers, leaving teenage mothers to fare much worse than teen fathers later in their lives. London (2004) provides evidence to the contrary, stating, "Adolescent fathers do maintain contact, but cultural support systems do not exist to assist the young man in a healthy adjustment to his role as a young father. Unfortunately, his attempts to function as a father may negatively influence (directly or indirectly) his own development as well as the young mother's and the child's" (p. 24). Mazza (2002) cites evidence indicating that most adolescent unwed couples had been involved in committed relationships prior to the pregnancy. Other studies also suggest that teen fathers experience many of the same adverse consequences and risks as teen mothers, including low incomes and inadequate education. A reported 80% of teen parents, both fathers and mothers, will live the majority of their lives in poverty (Mittelstadt, 1997; Out & Lafreniere, 2001).

Another common stereotype holds that teenage fathers shirk their responsibilities because they do not care about the welfare of their families. Mazza (2002) cites some of the challenges that teen fathers face that contribute to their noninvolvement with their families. These challenges include providing financially for their children, sustaining relationships with the mothers of their children and their own families, a restricted level of freedom due to the demands of parenthood, social intimidation, fear of criticism by society, and emotional role confusion. The total of these challenges cause these teen fathers a great deal of anxiety, guilt, depression, and low self-esteem, which create additional internal barriers to staying involved with their children. Though society often labels men who abandon their families as *irresponsible*, abandonment may actually offer them a way to alleviate these overwhelming feelings and unload their mental and emotional burdens (Lowenthal & Lowenthal, 1997; Mazza, 2002; Out & Lafreniere, 2001).

Policy Changes Affecting Teen Fathers

The history of policies targeting teenage fathers is relatively recent, beginning in the 1970s. Prior to this, unwed parenthood was considered a euphemism for unwed motherhood, and policies and services either served males *through* their female

counterparts, or they ignored teen fathers altogether. Sonenstein, Stewart, Lindberg, Pernas, and Williams (1997), state, "Fertility and family are traditionally ascribed to the world of females—a perspective that has kept us from acknowledging what should have been obvious—that males must be involved in any policy solution to unintended pregnancies among teenagers" (p. 6). Society's separation of gender roles and responsibilities contributed to widespread discrimination that ultimately assigned teen mothers both the responsibility for parenting and the negative social stigma attached to it. At the time, this concept of teenage parenthood served to single out and ostracize teen mothers in society. Teen fathers did not receive the same negative attention as females, but their roles and responsibilities in parenthood were also not acknowledged. As a group, teen fathers remained anonymous and largely invisible. During the 1960s, sociopolitical upheavals in American society brought many domestic issues, including poverty, discrimination, and the need for education, to the forefront of American public and political consciousness. Out of this increased social consciousness, teenage pregnancy and parenthood took on a new importance. Federal policymakers took notice of the rising rates of out-of-wedlock births among teens, and officially diagnosed it as a "social problem" in the 1970s (HHS, 1999; Mittelstadt, 1997; Sawhill, 2000).

Historically, there have been three general phases in which policymakers developed policies affecting teen fathers. The first phase took place during the 1960s and 70s, with the passage of three policies that drastically reshaped the social and economic context of marriage, relationships, and families – the Divorce Act of 1968, Title X of the Public Health Services Act of 1970, and the Adolescent Health, Services, and Pregnancy Act of 1978. With the passage of these three acts, policymakers essentially neglected mental health services for adolescent fathers. The Divorce Act of 1968 represented a culmination of the social realities of this decade. Changes in economic welfare, women's rights, and the social stigma surrounding out-of-wedlock births and sexual encounters created a reality in which the maintenance of traditional relationship structures was no longer necessary for families to succeed. Increasingly, society began to relax its judgment of single parenthood and female-headed households (Sawhill, 2000). Legislators designed this law to grant individuals, particularly women, more legal autonomy in the area of marriage, as well as making the termination of marriage more accessible and feasible. Legislators intended to

liberalize divorce and greatly reduce its social stigma (Mittelstadt, 1997). However, these positive gains for women affected men adversely, as men became less involved in families and relationships. The passage of the Divorce Act of 1968 legitimized the legal separation of men from their families, and it further severed relationships between teenage fathers, their partners, and their children. Some authors argue that the liberalization of divorce actually served to favor women at the expense of men, particularly in matters such as child custody disputes resulting from divorces (Mittelstadt, 1997).

Two other policies enacted during this time period that had a significant impact on adolescent fathers were Title X of the Public Health Services Act of 1970, and the Adolescent Health, Services, and Pregnancy Act of 1978. These policies grew out of the same social changes of the 1960s that had affected the passage of the Divorce act. They were also products of legislators focusing on a national awareness and recognition of changing family structures, including the increase of out-of-wedlock births to teenagers. Adults' and teens' relaxed attitudes concerning sexual norms and sexual promiscuity began to have serious consequences, such as an increase in unplanned pregnancies, contraction of sexually transmitted diseases, and lack of adequate reproductive health care. Males (1994) observes that this kind of sexual behavior is often labeled "deviant" in teenagers, whereas it is more accepted in adults. Further, researchers produced data indicating that adults model many of the healthy and unhealthy sexual behaviors demonstrated by teenagers, and that teenagers and adults exhibit identical value systems associated with their sexual behavior (Mittelstadt, 1997).

In order to address teenage and adult sexual behavior during this decade, the federal government implemented Title X of the Public Health Services Act, which was referred to as the "Family Planning Program." This program consisted of contraceptive and reproductive health services designed to help adult Americans plan their families, and soon widened its scope to allow teenagers to access its services. Though legislators' original goal was to help families, this policy primarily catered to the needs of mothers and their children, evolving into the modern day programs known as WIC (Women with Infants and Children) and Kidcare (national health insurance for children and pregnant women). By defining *families* as women and their children, Title X did not give fathers the same rights to health and contraceptive services. In 1978, the

Adolescent Health, Services and Pregnancy Act bolstered this new definition of *maternal* families by increasing the numbers of adolescent maternity and mother and child programs throughout the country. Few of these programs concerned themselves with the needs of teen fathers, who were primarily offered one service—prevention information. Though the scope of these policies did not include them, teen fathers were nevertheless greatly impacted. They began to drift further from their children and their partners, they were ignored by health care services, and their legal and economic responsibilities in providing for their children were greatly diminished. Through the creation of policies that increased support to mothers, legislators gradually made traditional male roles in the family unnecessary (Males, 1994; Mazza, 2002; Mittelstadt, 1997).

The second phase of policies affecting adolescent fathers took shape during the latter half of the 1970s, continuing into the 1980s. The policies of this time period represented a primarily punitive approach to dealing with this population. Previous legislators created policies that fostered a mother-child focused environment in which social spending for families dramatically increased. Since teen fathers remained beyond the scope of these policies and services, there was increased public perception that they were "abandoning" their families and their responsibilities. Policymakers began making a connection between fathers, who were perceived to be abandoning their children, and the growth in AFDC (Aid to Families with Dependent Children) spending. This led to implementation of the original federal child support and paternity legislation in January 1975, called Title IV, Part D of the Social Security Act. This was federal legislators' attempt to recoup from fathers some of the public funds that children on welfare were receiving, as well as an attempt to establish economic and legal paternal responsibility. First, child support enforcement services were required for families receiving assistance under AFDC and Medicaid programs. Second, this act also emphasized the establishment of paternity as a way to identify fathers and force them to assume their legal responsibility as early as possible (Gay, 2004).

In the 1980s, the emphasis of policy shifted with the passage of the Child Support Enforcement Amendments of 1984. With these amendments, legislators removed paternity establishments, substituting a new requirement that each state should establish statewide child support guidelines to be used as advisory tools, aided by technical input from the U.S. Department of Health and Human Services.

The child support program had evolved from serving the welfare population, as originally intended, to serving all children with non-custodial parents. Gay (2004) discusses the widespread public perception in the 1980s that poverty in the United States had been created by the high divorce rate. Attitudes and judgments regarding what many believed to be the “feminization of poverty” were particularly negative for fathers, who were believed to be largely responsible for this phenomenon because of their perceived failure to attend to their paternal responsibilities. Unfortunately, teen fathers’ growing negative reputation became pervasive. In fact, policymakers and sponsors of the 1984 Amendments were confident that both traditionalists and feminists would support the bill, based on their agreement that parents should take responsibility for their children seriously (Johnson, 2001; Sonenstein et al., 1997).

Finally, the Family Support Act of 1988 was established, supported by the NOW Legal Defense Fund, the National Women’s Law Center, the American Public Welfare Association, the National Council of State Child Support Enforcement Administrators, and the National Governor’s Association. In this case, legislators aimed to renew the commitment to establishing paternity and extended the application of presumptive child support guidelines to all child support decisions. President Reagan said that this piece of legislation represented, “the culmination of more than two years of effort, and responds to the call in my 1986 State of the Union Message for real welfare reform—reform that will lead to lasting emancipation from welfare dependency” (Gay, 2004, p. 4).

It appears that these child support policies did make some strides toward more financial support of children. However, some authors have observed that these policies did not adequately address the emotional support needed within the father-child relationships. Johnson (2001) recognizes that during this time period, the most salient notion about fatherhood shared by both teen fathers and society was “that fathers should provide financial support for their children and families” (p. 218). These policies greatly limited adolescent fathers’ roles to strictly economic and legal responsibilities, which ignored other significant components of fatherhood (Gay, 2004; Sonenstein et al., 1997). Overall, research suggests that child support policies have generally been unsuccessful in accomplishing their stated legal and economic goals. According to Sonenstein and colleagues (1997), “Less than one-third of non-marital births are estimated to have paternity established,

approximately half of custodial parents have child support orders, and only half of these orders are fully paid” (p. 5). Despite these negative outcomes, the child support acts did succeed in leaving a lasting legacy for teen fathers; they encouraged the connection between welfare, legal and economic liability, and teen fatherhood (Johnson, 2001). These policies have created a social system in which parenting support services are tied to child custody, marriage, and motherhood. Establishing paternity is the typical path to gaining legal custodial rights; unmarried, nonresident fathers who fail to do so are at a high risk of continuing to remain under-served (Sonenstein et al., 1997).

Against the backdrop of punitive policy measures that targeted teenage fathers during this decade, some positive changes were made. The National Survey of Adolescent Males (NSAM) of 1988, conducted by the Urban Institute, marked a milestone in attention to social services and research concerning adolescent fathers. This was the first nationwide effort to collect information about trends in teenage males’ attitudes and behaviors to help understand them as a distinct population, with specific needs. Prior to this survey, the majority of national data on teenage sexual behavior and teenage pregnancy was only collected only about females, leaving program planners and practitioners who wished to target adolescent fathers with very few sources of reliable information (Sonenstein et al., 1997). Evidence from the NSAM filled a huge gap and, for the first time, yielded broad-based data that provided justification for integrating males into pregnancy prevention initiatives. Its data showed that between 1979 and 1988, condom use doubled, a statistic that challenged prevailing beliefs about the irresponsibility of adolescent male sexual behavior. This survey represented an important step in the direction of including teen fathers in reproductive politics, as well as recognizing and valuing teen fathers in family structures (Sonenstein, Pleck, & Ku, 1989).

The 1990s ushered in an era of policy changes for adolescent fathers, which were in part based on the strides made in understanding this population during previous years. This third phase of policy development was primarily inclusive because it acknowledged adolescent fathers as being important in families as well as in reproductive politics. Policymakers increasingly recognized that fathers could no longer be left out of issues related to teen pregnancy and parenting, nor the prevention programs that addressed these issues. In 1996, President Clinton signed the Welfare Reform Law,

which provided fifty million dollars a year, for five years, in new funding for state abstinence education programs. In addition, policymakers included tougher child support enforcement measures, designed to send the strongest possible message to both male and female adolescents that it was in their best interest to delay pregnancy until they were *both* able to afford children (HHS, 1999).

President Clinton also initiated a new directive, in conjunction with the welfare law, to more comprehensively prevent teen pregnancy. To this end, he created two federal projects: The National Campaign to Prevent Teen Pregnancy (1996) and The National Strategy to Prevent Teen Pregnancy (1997). These federal projects were designed to coordinate pregnancy prevention efforts on a national scale and to reduce the rate of teen pregnancy by one-third over a ten-year period of time, starting in 1996 and ending in 2005 (*A National Strategy*, 1998; *Legislation*, 2003). An additional component of these initiatives was to ensure that at least 25% of the country's communities had pregnancy prevention programs in place. These projects also included a strong abstinence component, built upon the Welfare Reform Law.

In addition to broader policies that addressed teen pregnancy, child support, and prevention programs, the 1990s also witnessed the implementation of several policies that for the first time specifically targeted adolescent fathers by addressing fatherhood in general. Building on the increased political and social recognition of the importance of adolescent fathers, President Clinton launched a government-wide initiative to strengthen the role of fathers in families called the Fatherhood Initiative. Set forth in 1995, the Fatherhood Initiative directed the Department of Health and Human Services to examine and assess its programs and to collect data to expand and improve upon activities promoting fatherhood. This initiative maintained a specific focus on how males became fathers, starting as early as childhood, as well as an increased exploration of their roles after they had become fathers (*Legislation*, 2003; Sonenstein et al., 1997).

With adolescent pregnancy and parenting programs under increased scrutiny, some policymakers and practitioners began to notice that there was a discrepancy in the numbers of family planning services available to teenage males versus females and the utilization of services. Only a reported two percent of clients in the federally funded Title X family planning program (1991) and the Medicaid funded family planning program (1990) were males. In

response to these low numbers of male participants, policymakers developed a more comprehensive policy that acknowledged the critical role men play in parenting and, more importantly, that would motivate them to access services. The Office of Population Affairs in the U.S. Department of Health and Human Services announced a limited initiative called the Young Men/Family Planning Clinic Partnership Program. In this program, male high school students worked in Title X family planning clinics, in order to increase service utilization by teen males and to broaden the students' training and employment goals for the future. In addition, federal lawmakers and family planning clinics viewed this as an opportunity to increase STD treatment of young males, which had become a serious public health issue (*Fact Sheet*, 1999; Sonenstein et al., 1997).

Taken together, the policy changes impacting adolescent fathers during the 1990s made great strides in serving the needs of this population, as well as increasing national awareness of their importance in families. Clinton's 1996 Welfare Reform law facilitated recognition of teenage fathers in the national arena. Researchers and policymakers began to take more interest in this group, realizing that they were important in understanding families and addressing financial responsibility and integral to preventing teen pregnancy. Although the Welfare Reform law contained harsher child support measures, which had previously been considered punitive, it contained supportive measures for teen fathers as well. On one hand, this law continued to link teen fatherhood with economic responsibility; on the other hand, it required that women also identify males as fathers in order to receive benefits. This measure contributed to males and females sharing some parenting responsibilities. It also contained measures to teach abstinence to both males and females, suggesting that the sole responsibility for preventing pregnancy no longer rested with females — adolescent males' roles in decisions and behavior concerning reproduction were also recognized (HHS, 1999; *Fact Sheet*, 1999).

The policies and initiatives begun during the 1990s included the National Campaign and National Strategy to Prevent Teen Pregnancy, The Fatherhood Initiative, and the Young Men-Family Planning Clinic Partnership Program. These policies built on the increasing political recognition of the importance of teen fathers, as well as the knowledge that preventing teenage pregnancy would be successful only if young males were involved in

taking responsibility for the consequences of sexual activity. In addition, these policies increased efforts to help teen fathers utilize health services and STD screenings at health clinics and access public aid. These policies also began to more *comprehensively* address the issues of teenage pregnancy and parenting by striving to understand adolescent fathers and adolescent males better. The stated goal of these initiatives was to reduce the teen pregnancy rate by one-third before 2005, and some studies indicate that that goal is attainable. Some of the most recent statistics quote a 25% reduction in teen pregnancy rates by 2003, demonstrating that comprehensive measures targeting teenage fathers have achieved some level of success (*A National Strategy*, 1998; *Fact Sheet*, 1999; *Legislation Related to Teen Pregnancy Prevention*, 2003). Currently, the political climate for teenage fathers continues to be supportive of their inclusion in parenting issues. Policies since the late 1990s have essentially followed the trends set by the earlier policies of the Clinton administration. For example, policies today largely continue to support abstinence teaching as a primary component of pregnancy prevention programs. Depending on the state, teen fatherhood groups and parenting programs that involve teen fathers are also prevalent. However, most programs that include young men generally focus on pregnancy prevention, with some inclusion of career preparation beyond high school. Between 1999 and 2001, the number of states that incorporated youth development, education, and employment programs into their services for teen pregnancy increased from 26 to 32 states.

Part of the success of adolescent fatherhood initiatives may also result from the connection researchers have found between adolescent delinquency and fatherhood. Juvenile courts in large cities have begun to respond to this connection, incorporating adolescent fatherhood groups into many court-mandated probation programs. Though certain states are more progressive in addressing adolescent fathers' needs than others, the lack of a unified federal policy for this population means that many states still fail to include teen fathers in their parenting and pregnancy programs. However, most states do share some common services, including contraception education, sexual education, pregnancy prevention, abstinence teaching, family planning, and media campaigns to discourage teen pregnancy. Given the fact that teen birth rates increased significantly between 1986 and 1991, but decreased significantly (by approximately 27%)

between 1991 and 2001, it appears that current policies and programs are improving. This decrease has been dramatic and widespread, across all states, age groups, and racial/ethnic groups (Johnson, 2001; Legislation, 2003; Wertheimer & Papillo, 2004).

Though more research needs to be done to determine which programs are most successful in working with teen pregnancy, some studies show evidence that abstinence-only programs are not successful alone. These programs are shown to work best when used in combination with other services, such as individual/group counseling, work preparation, employment assistance, and a focus on direct paternal caregiving. Though efforts are being made to include teenage fathers in such programs, program effectiveness has not been well-documented. More research needs to be done to evaluate the effectiveness of existing programs, as well as to research factors to be included in new programs that would work with adolescent fathers (Hawkins et al., 2002; Johnson, 2001).

Future Directions and Recommendations for Best Practice with Teen Fathers

From policies and programs to date, one recommendation this author makes to support adolescent fathers is that policymakers must further recognize the parental roles of teen fathers. To help policymakers, social workers can contribute at different levels of service. Examples of macro level changes include lobbying for policies that offer subsidized jobs to families in which male parents are involved, providing federal aid to young males who are parenting, and changing economic measures that are firmly tied to motherhood so that fatherhood may be given equal emphasis. In order to promote increased participation of fathers in raising their children and encourage those who already do play a significant role in their children's lives, teen fathers should be able to access necessary welfare services. Adolescent fathers should be served in clinical programs that serve teen mothers. Social workers in teen pregnancy programs should foster outreach to teen fathers by encouraging their female clients to acknowledge and involve them in their children's lives, for the best interest of the children. Teen fathers should also be recognized and assisted in demonstrating paternal commitment to their children and families. For example, the state funded Teen Parent Services (TPS) program provides teen mothers who are currently enrolled in school or employed full-time assistance with transportation

and child care (Teen Parent Services Program, 2003). Teen fathers who demonstrate a similar commitment to their futures should share similar benefits, which would assist them in pursuing employment and education (Mittelstadt, 1997).

Another recommendation is for social work clinicians and researchers to expand their concept of paternal involvement beyond the amount of time a father spends with his child. The literature identified multiple aspects of paternal involvement that could increase our understanding of adolescent fathers, as well as enhance services provided to them. For example, factors such as being employed, having a primary father figure, and being romantically involved and cohabiting with the mothers of their children have been found to correlate with adolescent fathers sustaining adolescent paternal involvement in their families (Johnson, 2001). Other studies suggest that, particularly for urban, inner-city adolescents, there are many obstacles to achieving the paternal social development necessary to feel comfortable in their roles as fathers. Some of these may include: the lack of paternal figures in their families of origin; the experience of economic hardship and difficulty accessing resources; the need to balance the conflicting tasks of adolescent development and parental responsibilities; and the criticism and blame they receive from their girlfriends, their girlfriends' families, and their own families (Lowenthal & Lowenthal, 1997; Rasheed & Johnson, 1995). Given these varied factors, it is imperative that the field of social work creates a uniform construct for "father involvement," that recognizes this concept is not one-dimensional.

Hawkins and colleagues' (2002) pilot study described their new measure of father involvement in the following way: "Father involvement is a multi-dimensional construct that includes affective, cognitive, and ethical components, as well as observable behavioral components, and that includes indirect forms of involvement" (p.184). Other studies have also identified that some adolescent male parenting programs are beginning to incorporate employment options and vocational training, and encourage changes in measurable behaviors, such as reduction in teen pregnancies, increasing school attendance, and improving healthy social behavior (Lowenthal & Lowenthal, 1997; Mazza, 2002). In conducting their study on successful pregnancy prevention programs that incorporated adolescent male involvement, Sonenstein et al. (1997) found that, "A crucial ingredient for programs that 'involve males' is that they focus on the male role in reproduction. It is not

enough that a program have participants who are males; the program content must discuss explicitly the male perspective on reproductive behaviors (sex, contraception, childbearing, and parenting)" (p. 30).

In addition to existing literature, social work researchers should seek to establish a wider, more accurate knowledge base in order to better understand teen fathers. The first step may be to try and build on efforts made by the Urban Institute and other researchers who have recognized teen fathers as integral to developing knowledge of adolescent reproduction and family structure. Federal policy should prescribe that each state regularly collect statistical data about particular needs in the area of adolescent male parenting before allocating resources to teenage pregnancy/parenting programs. Schools must also adopt a psycho-educational format for teen fathers. Rather than relying on juvenile courts and welfare systems for primary contact with this population, social workers in schools and community agencies can offer parenting classes for fathers, teen fathers' support groups, or family groups in which both teen parents can be involved with their children together. Further, social work researchers could use program and practice evaluations to build on research findings that have identified the strong desire many adolescent fathers possess to be involved with their children, while at the same time providing them with the emotional component of fatherhood that is often lacking from services.

Another improvement would be to increase the acknowledgement and appreciation of fathers by the field of social work in general. Gender discrimination still exists, which for many fathers takes the form of a lack of appreciation of the paternal role. Compared to adult males, many authors suggest that teen fathers are even more at risk because they are typically disadvantaged under the law due to their ages, they are physically and psychosocially immature, and they tend to be economically disadvantaged (Rasheed & Johnson, 1995; Sonenstein et al., 1997). In order to address the inequality of teen parents under welfare policy, child support policies should be changed to emphasize the dual parent responsibility of both fathers and mothers, providing equally punitive measures for non-compliant mothers as provided for fathers. Demands for child support and provision of information about the other parent should be required when either parent attempts to access public aid services. These changes would convey the message that both parents are legally responsible for a child, and both can be legally recognized and appreciated in their parental roles.

In addition, policies need to have a pre-emptive or preventative component, so that they do not wait until fathers are absent to take effect. Sawhill (2000) states, "Past research suggests that [out-of-wedlock] ties are not very durable, but some believe that were we to intervene at the time of the child's birth in ways that encouraged more involvement of the father, it could make a difference" (p. 2). Programs or initiatives designed to include teen fathers in the lives of their children should be implemented as early as possible to reduce the risk that fathers will feel disconnected or unappreciated and increase the likelihood that they will remain involved. Examples may include outreach toward fathers from prenatal care centers that involve fathers in clinic-based groups, or pregnancy counseling services catering to teen mothers assessing and evaluating these mothers' relationships with their male partners in order to offer these young men the opportunity to be involved with their children. To further this aim, the law should require that biological fathers' names be supplied on all birth certificates and supported by DNA testing if necessary to identify a father from the moment that a child is born; currently, this decision depends on the woman's willingness to offer this information. Early intervention in combination with other measures, including health care for fathers, will encourage these adolescents to care not only for their children but also for themselves (Mazza, 2002).

Conclusion

One of the main criticisms of social work research in the area of adolescent fatherhood is that policies have been either punitive or neglectful. Today, negative public perceptions of fathers are reflected in existing policies and in the lack of policies and services that specifically address this population. However, the recent increase in research and political interest in teen fathers suggests a positive outlook for this group. Mutual collaboration between policymakers, administrators and clinicians and multidimensional treatment approaches are slowly being adopted by service providers, which build on the policy gains made during the Clinton administration. Hopefully, the growing interest in the male component of teen sexuality and reproduction will benefit adolescent fathers and will improve our society's general appreciation of fathers. In recognizing and caring for teen fathers, we ultimately contribute to better family development and to protecting our children's best interests.

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