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CFRP POLICY BRIEF

To Be There, or Not to Be There: How Fathers' Presence at the Birth Shapes the Paternity Establishment Decision

Since the enactment of Title IV-D of the Social Security Act in 1975, a wave of federal legislation has swept through state child support agencies in an effort to simplify the paternity establishment process for nonmarital births. These legislative efforts have been driven by a broad set of benefits to children, families, and states when paternity is established for children born outside of marriage, and especially when it is done voluntarily shortly after the birth. Taken together, these policies have proven a marked success in boosting the rate of paternity establishment for nonmarital births. From 1996 to 2012, the number of unmarried parents establishing paternity annually rose from roughly 1 million to over 1.6 million.[1] Today, more than 7 in 10 unmarried parents establish paternity, and the vast majority does so in the hospital voluntarily.[2]

Alongside this surge in the rate of paternity establishment, a new band of research has turned toward understanding who establishes paternity in the hospital, who doesn't, and why. These studies have consistently noted the salience of the parental relationship in determining parents' paternity establishment decisions, with cohabiting or dating parents far more likely to establish paternity in-hospital than those with no relationship.[3] In addition, these studies have helped form a portrait of the father characteristics most associated with the failure to establish paternity in-hospital; among others, these include low education, unemployment, children from previous relationships, and a lack of financial and emotional support during the pregnancy.[4]

The failure to establish paternity in-hospital consists of two distinct circumstances— fathers who are absent from the birth, and fathers who are present but choose not to establish paternity.

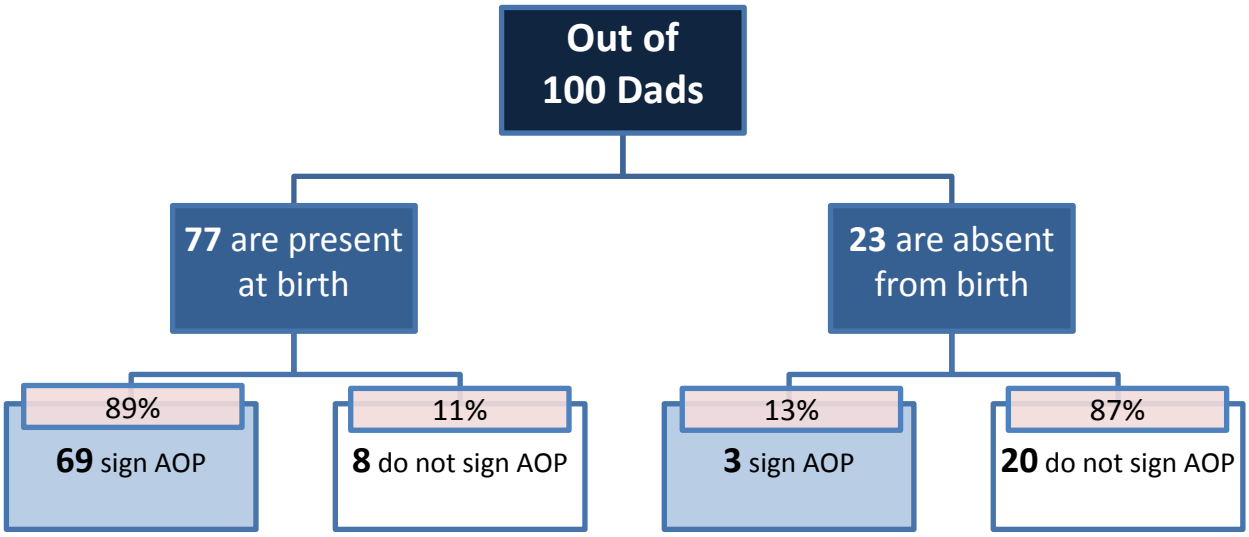
Though these studies have proven foundational to our understanding of the paternity establishment decision, they have largely ignored a crucial distinction among the group of fathers who fail to establish paternity in-hospital. In practice, the failure to establish paternity in-hospital consists of two distinct circumstances— fathers who are absent from the birth, and fathers who are present but choose not to establish paternity. This brief proposes that a better understanding of in-hospital paternity establishment requires examining each of these groups separately.

Drawing on survey data collected from over 800 unmarried Texas mothers, we investigate parents' in-hospital paternity establishment decision conditioning on fathers' presence at the birth. Results suggest that fathers who are absent from the birth differ in fundamental ways from fathers who attend the birth, but actively decline to establish paternity. Most notably, fathers who fail to attend the birth not only have a poor relationship with the mother, but often show a long history of minimal engagement and commitment during the prenatal period. Fathers who attend the birth but decline to establish paternity often harbor doubts about the child's true paternity. Not only do the characteristics of these two groups diverge considerably, but each one introduces fundamentally different policy challenges.

Nearly All Fathers Who Are Present at the Birth Establish Paternity

In Texas, approximately 71 percent of unmarried parents establish paternity in the hospital by signing the Acknowledgement of Paternity (AOP) form. The paternity establishment rate, however, is highly contingent on the father's presence at the birth. More than three-quarters of fathers are present at the birth, and of these, 89 percent sign the AOP [Figure 1]. Roughly 23 percent of fathers, however, are not present at the hospital when the opportunity to establish paternity is offered. These fathers will overwhelmingly fail to establish paternity voluntarily; in fact, just 13 percent will take the steps to sign an AOP in the days following the birth.

Figure 1: Fathers' Presence at the Birth Drives the Paternity Establishment Decision



These figures make clear that the primary driver of non-signing is the father's absence from the birth. In fact, of the 28 percent of fathers who do not sign the AOP, more than two-thirds are not present at the hospital when the opportunity to establish paternity is offered. These fathers fail to establish paternity not through active choice, but through passive inevitability—an indirect consequence of their absence. Though in some cases a father's absence from the birth is due to conflicting work schedules or other logistical barriers, data suggest these issues constitute a minority of cases. More often, a father's

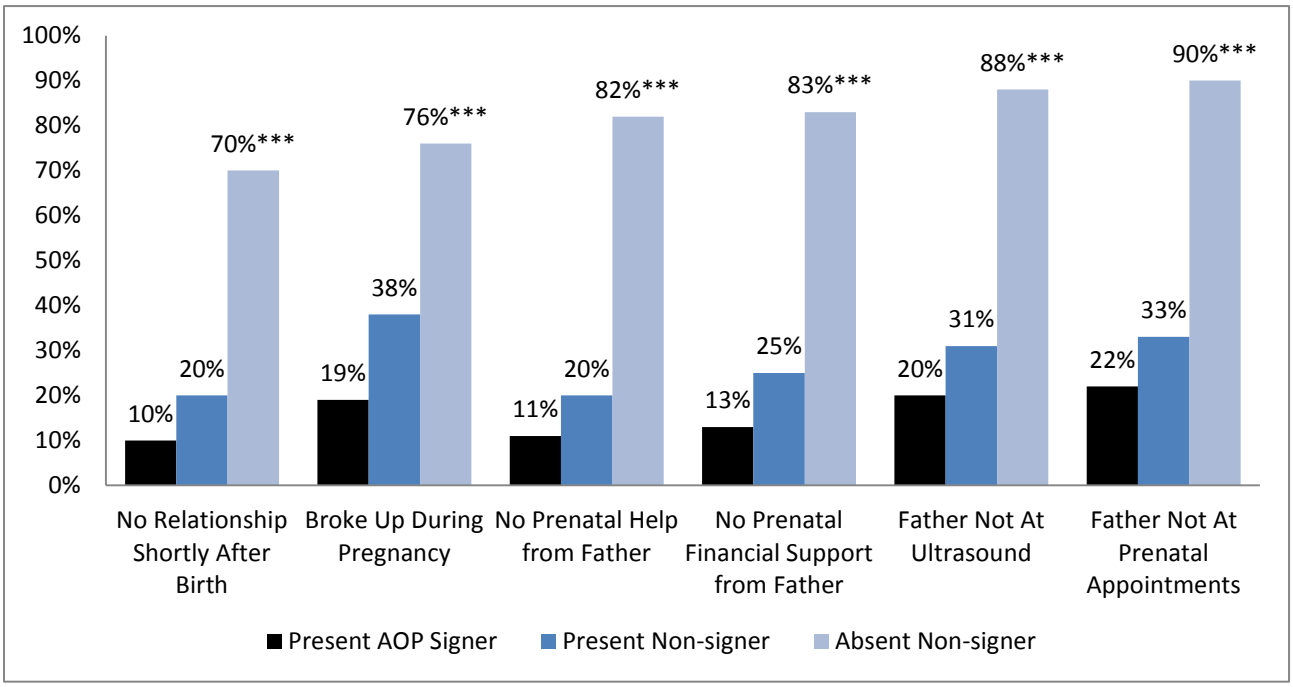
absence from the birth is indicative of a sore and tattered history that can be traced to long before the mothers' arrival at the hospital.

Fathers Who Do Not Attend the Birth Were Disengaged During Pregnancy

The signs that an unmarried father will not attend the birth of his child are typically evident months before the birth. Far from being an unforeseeable development, a fathers' absence from the birth is more often the latest installment in a long chronicle of troubled relations and deepening withdrawal. By the time the mother enters the hospital for delivery, most fathers have, in effect, already made up their minds about whether or not to attend. As shown in the data below, it is this decision which emerges as the most meaningful distinction between fathers; on nearly every measure of relationship quality and prenatal involvement, fathers who attend the birth are far more similar to each other—regardless of whether or not they sign the AOP—than either group is to fathers who never show up.

Figure 2 on the following page plots the profound differences in relationship characteristics and prenatal involvement between three groups of fathers: present signers, present non-signers, and absent non-signers. Not surprisingly, fathers who do not attend the birth of their child have a severely strained connection with the mother. The vast majority of these fathers are not in a relationship with the mother shortly after the birth, and more than three-quarters experienced a break up during pregnancy.

Figure 2: Absent Non-signers Have Troubled Relationships and Disengage Early



Source: PES Mothers at 3 months, weighted
*Note: ***p < 0.01; Indicates Absent Non-signers are statistically different from Present AOP Signers AND Present Non-signers.*

Not only do absent fathers have a fractured relationship history with the mother, but many provided her with very little emotional or financial support during the pregnancy. In fact, more than 8 in 10 absent non-signers failed to help the mother with transportation, chores, or financial support while she was pregnant. More staggering still, roughly 9 in 10 absent fathers failed to attend the 20-week ultrasound or other prenatal appointments. By contrast, roughly 20 to 30 percent of present non-signers exhibit a similar lack of support and involvement during the prenatal period. This sizable gap in parents' prenatal experience reiterates the need to separate non-signing fathers into two groups based on fathers' presence at the birth.

Present and Absent Non-signers Need Different Policy Interventions

Present Non-signers Need Access to Free, Nonconditional Paternity Testing

Not only do present and absent non-signers share little in common on most measures of relationship quality and prenatal involvement, they also call for fundamentally different policy interventions. Among fathers who attend the birth, nearly 9 in 10 establish paternity in the hospital. For the 1 in 10 who do not, doubts about being the child's true father are pervasive. In fact, controlling for a broad set of socioeconomic and relationship factors, only father doubting the child's paternity significantly predicts the failure to establish paternity among those at the hospital. Offering free paternity testing to these fathers would likely facilitate more accurate paternity establishment—a much needed policy adjustment given that year after year, national data show roughly 3 in 10 lab-accredited paternity tests reject the target father.[5] Not only should paternity testing be made free and readily accessible in cases of disputed paternity, but it should also be decoupled from any requirement to file for child support in advance of receiving free testing.[6]

Mothers Unaccompanied at the 20-week Ultrasound Need Information on Paternity Establishment, Child Support, and Visitation Orders

In contrast to those in attendance at the hospital, fathers who are absent from the birth have typically been absent from the mothers' life throughout the pregnancy. For these fathers, not establishing paternity is less an active choice than it is a continuation of the general failure to commit to the mother and child. What's more, absence from the birth is typically only the beginning of their absenteeism as a father; over time, these men are likely to widen their orbits, drifting further away from the lives of their children. One strategy to help foster the development and wellbeing of children in these families is to ensure that absent fathers have a formal connection to their children through child support or visitation orders. From a policy perspective, providing mothers with early information on how to cement these legal connections is ideal.

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To better understand which fathers are most likely to be absent from the birth, CFRP analyzed a battery of predictive factors—from preconception commitment to prenatal involvement to relationship quality during the pregnancy. Controlling for socioeconomic and relationship characteristics, we find that a fathers' absence from the 20-week ultrasound emerges as the strongest predictor of his absence from the birth. This finding suggests the standard mid-pregnancy checkup may be an optimal time to provide

unaccompanied mothers with information on paternity establishment, child support, and visitation orders.

Conclusion

Paternity establishment is one of the first opportunities for an unmarried father to affirm his commitment to his child. Fathers who fail to establish paternity in the hospital have traditionally been thought of as a homogenous group, actively declining to sign the legal paternity paperwork presented to them in the hospital. In reality, most fathers who fail to establish paternity in the hospital never show up to begin with. From a policy perspective, it is useful to note that nearly all mothers who are unaccompanied by the father at the hospital were also unaccompanied by the father at the 20-week ultrasound, suggesting this routine medical checkup may offer a chance to provide unmarried mothers with helpful information. For the small group of fathers who are present at the hospital but actively decline to establish paternity, free paternity testing should be made available without the precondition to file for child support.

As one of the five federal performance measures for state child support agencies, the rate of paternity establishment for nonmarital births has been a subject of perennial interest for state policymakers. Efforts to increase this rate have been fueled not only by the incentive to meet federal performance measures, but also because paternity establishment is a necessary prerequisite for child support. In practice, this means that achieving a higher rate of in-hospital paternity establishment expedites the establishment of subsequent child support orders. Results from this brief, however, suggest that in-hospital paternity establishment rates may be at an optimally high level; moving forward, policymakers should turn their focus toward more nuanced measures of success. In particular, efforts should be made to ensure that paternity is established accurately and effectively for each family passing through the system. Unique circumstances often call for varied policy responses, from targeted informational campaigns at the 20-week ultrasound to expanded DNA testing services. On the question of *quantity*, many states have largely succeeded with regard to paternity establishment; it's fine-tuning the *quality* that comes next.

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The Child and Family Research Partnership (CFRP) is an independent, nonpartisan research group at the LBJ School of Public Affairs at The University of Texas at Austin, specializing in issues related to young children, teens, and their parents. We engage in rigorous research and evaluation work aimed at strengthening families and enhancing public policy.

[1] Office of Child Support Enforcement. (2013). Child Support Enforcement, FY2012 Preliminary Report. Administration for Children and Families, Department of Health and Human Services.
[2] Guzzo, K. B. (2009). Paternity establishment for men's nonmarital births. Population Research and Policy Review, 28(6), 853-872.
[3] Mincy, R., Garfinkel, I. & Nepomnyaschy, L. (2005). In-hospital paternity establishment and father involvement in fragile families. *Journal of Marriage and Family, 67*(3), 611-626.; Guzzo, K. B. (2009). Paternity establishment for men's nonmarital births. Population Research and Policy Review, 28(6), 853-872.
[4] Mincy, R., Garfinkel, I. & Nepomnyaschy, L., 2005.
[5] Henry, R. K. (2006). Innocent Third Party: Victims of Paternity Fraud, The. Fam. LQ, 40, 51.
[6] In Texas, the Office of the Attorney General (OAG) provides lab-accredited paternity testing to unmarried parents for free; in order to access this service, however, parents must first open a child support case.