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## CHAPTER V

### DEMOGRAPHIC CHARACTERISTICS OF PARENTS WHO ACKNOWLEDGE PATERNITY

#### A. Characteristics of Mothers Among Couples Who Acknowledge at Each Facility

Unmarried parents who acknowledged paternity shared certain demographic characteristics that distinguished them from their non-establishing counterparts. Here we compare mothers who, along with their partners, avowed paternity with those who disavowed along several key demographic dimensions. Since the hospitals served different populations, we first analyzed the information separately for each of the four hospital sites. This allowed us to gauge whether certain demographic variables correlated with paternity acknowledgement across the four project facilities or whether the variables held for only certain hospital sites. The variables we focused on were: mother's age, education, employment, number of prior children, race and Hispanic origin.

**Mother's Age:** There were no statistically significant age differences between paternity establishers and non-establishers at the four project sites. At two of the hospital sites (University and Saint Joseph) the youngest unmarried mothers (age 16 or less) had the lowest establishment rates. At the other two facilities, there were no consistent differences in establishment by maternal age. This pattern is consistent with findings observed in Massachusetts where only the youngest unmarried mothers exhibited a rate deficit relative to other age groups (Williams et al, 1995).

**Mother's Education:** In two of the four hospital sites there was a significant difference in establishment rates based on the education level of the mother. More educated mothers were more likely to have signed paternity acknowledgements at University and Saint Joseph Hospitals. At Denver General and Mercy, this was the pattern but the differences were not statistically significant.

**Mother's Employment:** In general, it was more likely for paternity to be acknowledged if the mother had been employed during pregnancy. Like mother's education, the pattern was statistically significant at University and Saint Joseph Hospital. At the other two hospital sites, the pattern was identical but not statistically significant.

**Number of Children:** At all four hospital sites, paternity acknowledgement rates were higher for unmarried mothers with fewer children. For example, the at-birth acknowledgement rate for mothers with no prior children at University Hospital was 42 percent compared with 25 percent for mothers with three more children. These patterns were statistically significant at three of the four hospital sites (University, Denver General, Saint Joseph) and similar, but not statistically significant, at Mercy.

**Mother's Race and Hispanic Origin:** The race and ethnicity of the mother has a significant impact on the tendency to acknowledge paternity. In every hospital facility, acknowledgement rates were significantly higher for White mothers as compared with African-American and Latina women. Acknowledgement rates tended to be lowest for African-American mothers, falling in the 20 to 31 percent range. Acknowledgement rates for Latina women were in the 28 to 49 percent range. Acknowledgement rates for White women ranged from 30 to 63 percent.

**B. Characteristics of Mothers Who Acknowledge Across Facilities**

In order to determine whether certain subgroups of unmarried parents were particularly receptive to the in-hospital outreach effort, we combined information across the four project sites and compared pre- and post-intervention rates for specific segments of the unmarried population. Since differences across hospital sites were fairly modest, this aggregation did not obscure important factors and helped to underscore the impact of the in-hospital paternity program on various demographic sub-groups.

**Mother's Age:** As in the analysis conducted separately for each facility, a cross-facility analysis revealed that age factors made little difference in in-hospital acknowledgement rates. The routine presentation of paternity information in hospital settings produced substantial increases

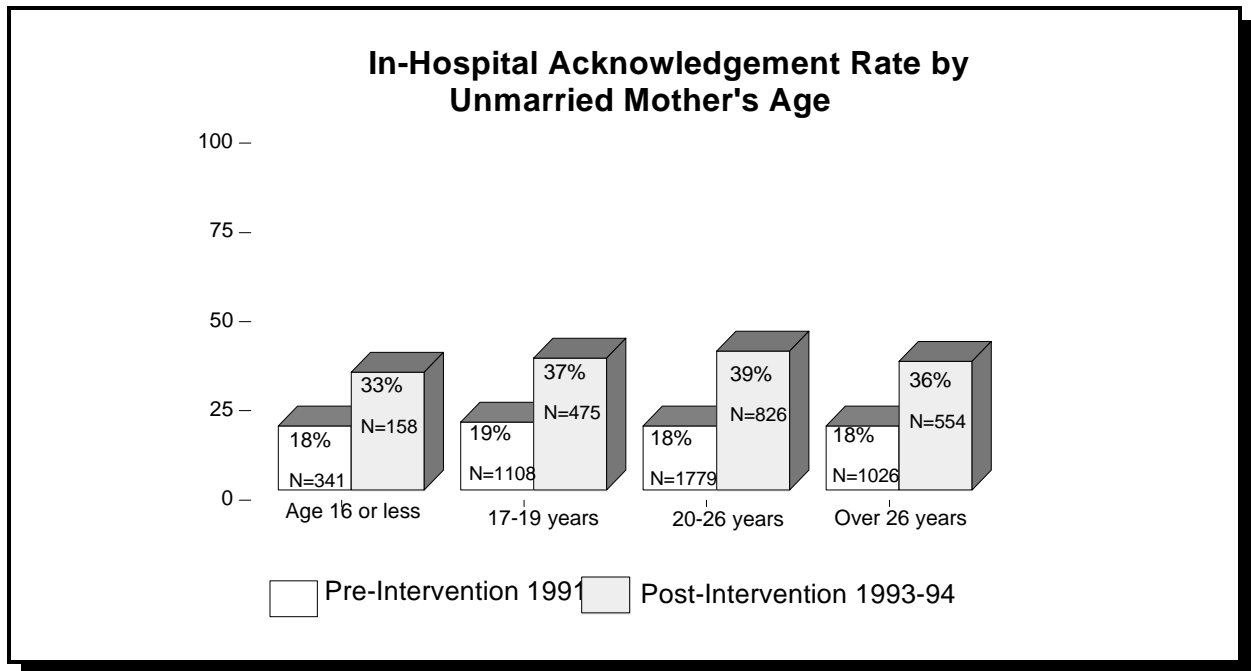


Figure V-1

in voluntary acknowledgement levels among mothers of all ages. Although the increase was most modest for the youngest mothers aged 16 or less, the gains for other age groups was only slightly greater. Thus, the in-hospital paternity outreach effort was roughly effective for mothers of all ages and did not just appeal to mothers of certain ages. Changes in acknowledgement rates for mothers of different ages is presented in Figure V-1.

**Mother's Education:** Both prior to and following the implementation of the in-hospital demonstration project, more educated mothers were more likely to be involved with voluntary paternity acknowledgements. Following the initiation of the in-hospital paternity demonstration project, acknowledgement rates improved for mothers at all different educational levels. Indeed, following the implementation of the project, acknowledgement rates doubled among mothers with less than or equal to a high school education. For mothers with more than a high school education, the voluntary acknowledgement rate did not quite double but increased by 20 percentage points. These patterns are summarized in Figure V-2.

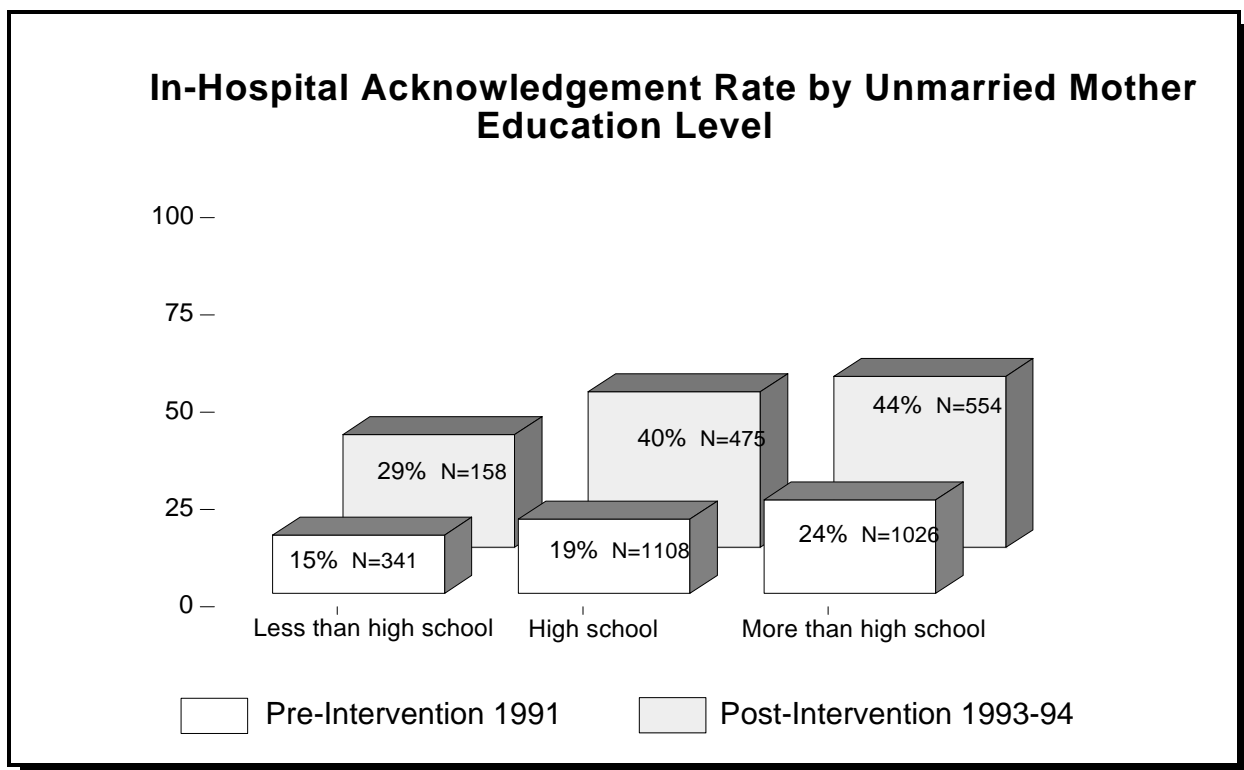


Figure V-2

**Number of Other Children:** Both before and after the start of the demonstration project, in-hospital acknowledgement rates were inversely associated with the number of other children in the mother's family. Acknowledgement rates were highest for unmarried mothers with no other children with the rate steadily declining with each additional prior birth.

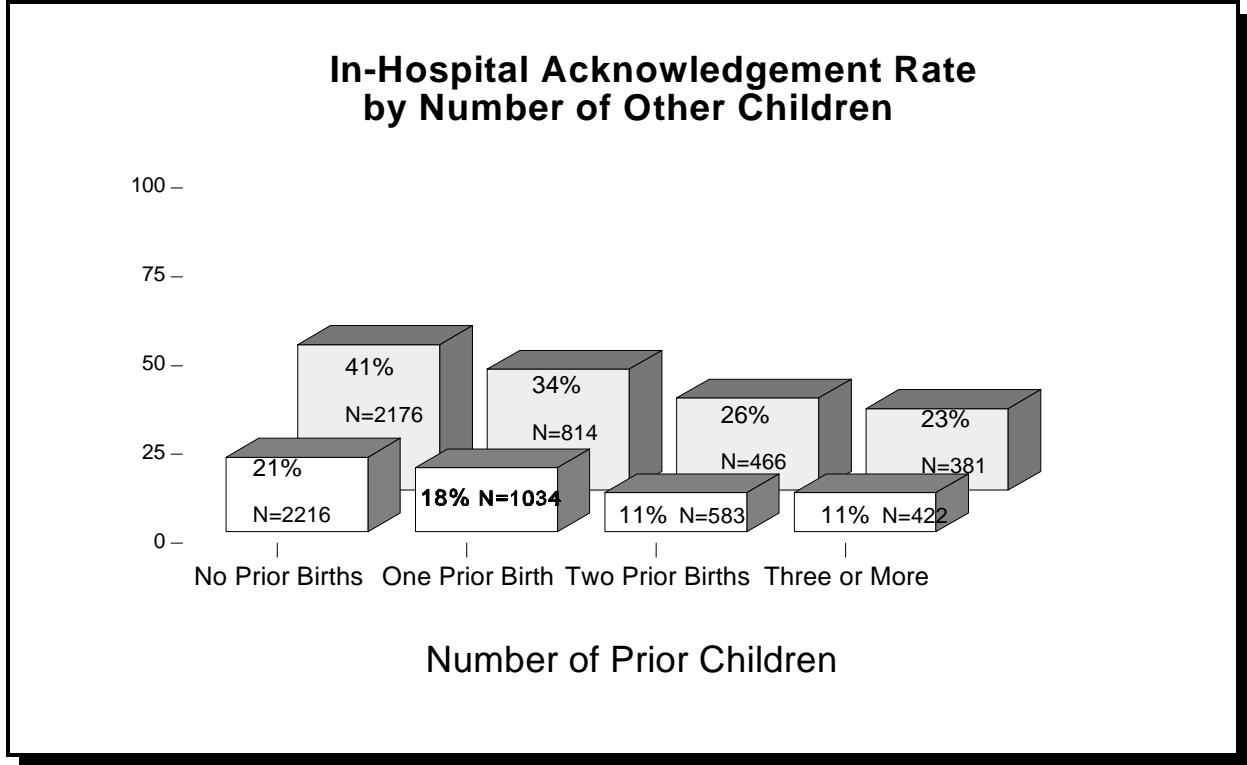


Figure V-3

Although the in-hospital overture led to increases in the voluntary acknowledgement rate for mothers with different numbers of children, the biggest increases occurred among mothers with no prior births or only one other child. Thus, among unmarried mothers with no prior children, the acknowledgement rate rose 20 percentage points to 41 percent following the initiation of the project. For mothers with three or more children, the increase was 12 percentage points to 23 percent with voluntary acknowledgement. These patterns are summarized in Figure V-3.

**Mothers' Race and Hispanic Origin:** Figure V-4 shows that voluntary acknowledgement rates vary significantly by race and ethnicity. These differences were present both before and after the introduction of the paternity demonstration project. At both timepoints, acknowledgement rates were highest for White women and lowest for African-American women. Rates for Latina women fell between the rates for Whites and African-Americans.

The in-hospital demonstration project led to substantial increases in acknowledgement rates for all racial groups although they were most pronounced for Whites where the rate increased from 22 to 44 percent. African-American and Latina women experienced more modest increases of 14 and 13 percent, respectively.

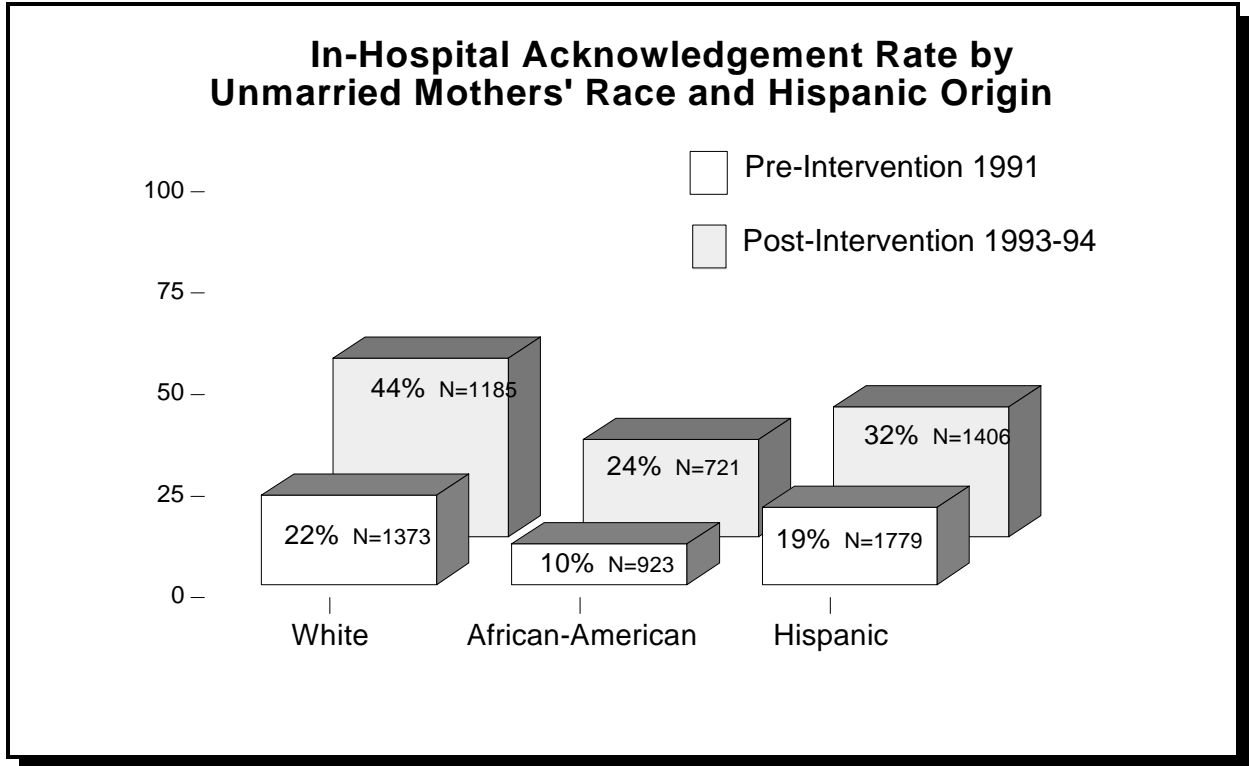


Figure V-4

**Mother's Race and Hispanic Origin and Education:** Figure V-5 shows that differences in voluntary acknowledgement rates for unmarried mothers of different races and ethnic groups continued to be significant even when we controlled for their level of education. A comparison of voluntary paternity acknowledgement rates for unmarried mothers with more than a high school education reveals that Whites continued to have the highest acknowledgement rates both at baseline and following the implementation of the in-hospital paternity intervention. At baseline, the acknowledgement rate for better educated White mothers was 26 percent. During the demonstration project, it rose to 50 percent.

Better educated African-American women also experienced sharp increases in their voluntary acknowledgement rate following the initiation of the demonstration project. Their voluntary acknowledgement rate rose from 13 percent at baseline to 33 percent. The rate for Latina women rose from 23 percent to 44 percent.

While some of the spread in voluntary acknowledgement patterns for women of different racial and ethnic groups was due to their different education levels, this clearly did not explain all the observed variation. Race and Hispanic origin continued to influence the voluntary acknowledgement process when educational factors were held constant.

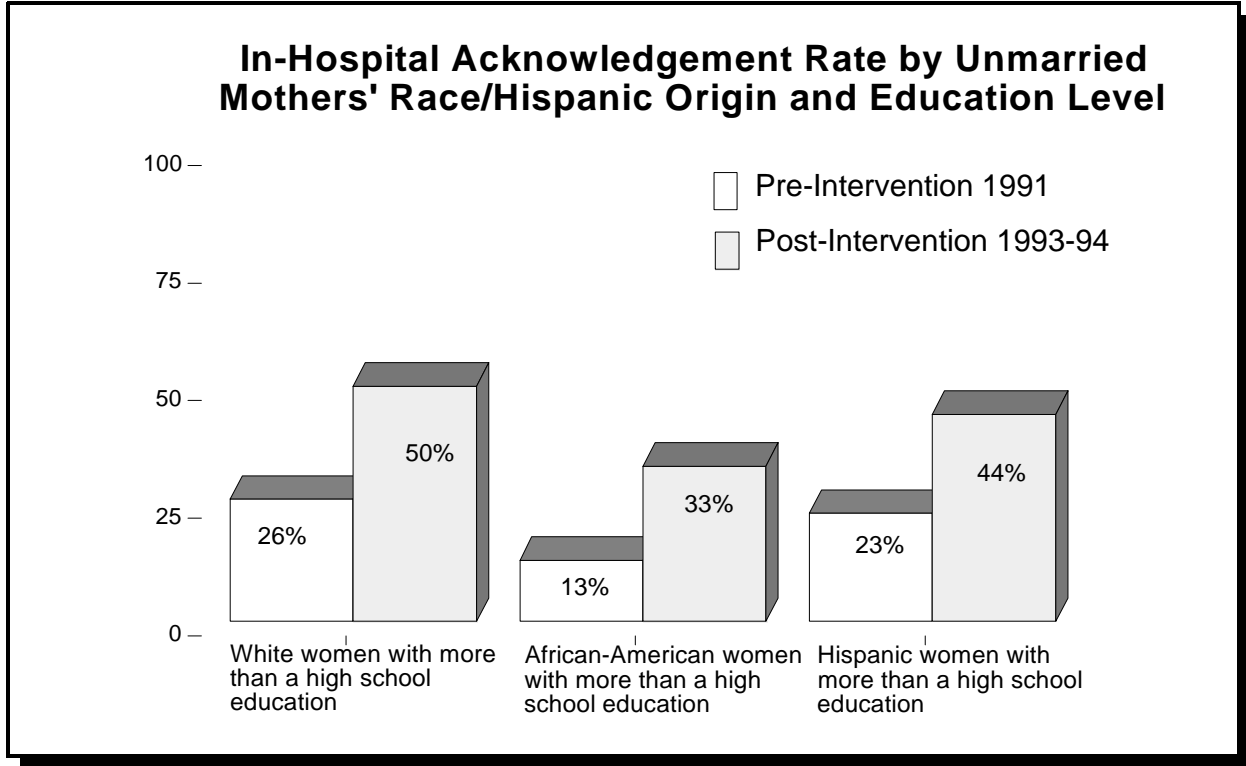


Figure V-5

**Mother's Employment During Pregnancy:** Figure V-6 compares acknowledgement patterns for mothers who reported being employed during pregnancy with those who were not employed. Both prior to and following the implementation of the paternity project, acknowledgement rates were higher for employed mothers than their unemployed counterparts. Both groups experienced substantial increases following the initiation of the demonstration project. Thus, in-hospital paternity efforts can improve acknowledgement patterns among unemployed mothers, although their resulting acknowledgement rate remains fairly low (e.g., 30 percent).

**C. Characteristics of Fathers Who Acknowledge Paternity**

Fathers are obviously instrumental to the process of acknowledging paternity on a voluntary basis since they must sign the affidavit along with the mother attesting to the fact that they are the biological parent. Moreover, most fathers are potentially able to sign the acknowledgement form in as much as they reside within the state and are not incarcerated. Based

upon reports provided by hospital paternity workers for 75 percent of project births, only 8 percent of unmarried fathers lived out-of-state at the time of the birth and 3 percent were incarcerated. Finally, the baby was the subject of an adoption proceeding in only 1 percent of unmarried births. Taken together, this suggests that unmarried fathers had the potential to take advantage of the in-hospital paternity option in about 88 percent of project births. In actual fact, depending upon the hospital facility, only 27 to 52 percent of unmarried parents both signed the paternity acknowledgement form during the 1993-1994 demonstration project.

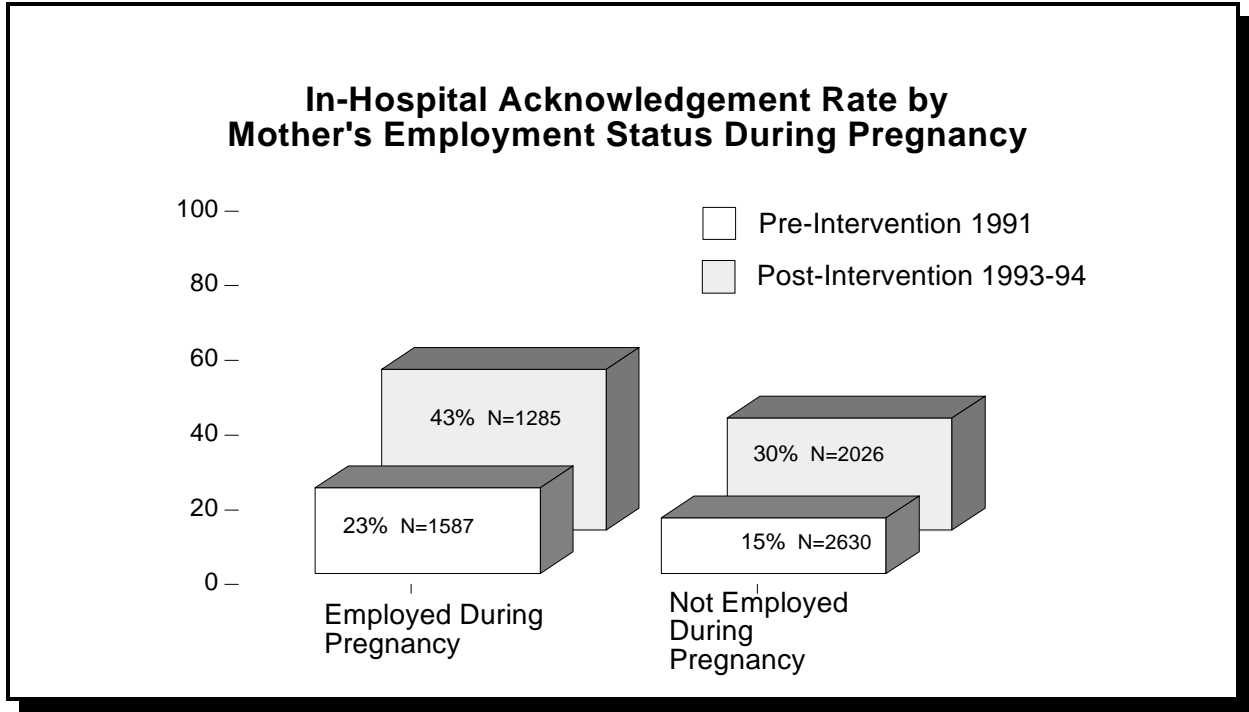


Figure V-6

That so many fathers failed to sign suggests that more basic motivational issues come into play in the acknowledgement decision. Unfortunately, little is known about unmarried fathers. Because limited information about fathers is only available on birth certificates for the fathers who do acknowledge paternity, it is impossible to compare the characteristics of those who acknowledge versus those who disavow. Here, we compare the characteristics of fathers who acknowledge paternity prior to and following the initiation of the in-hospital paternity acknowledgement project. We also compare acknowledging fathers with mothers.

As Table V-1 shows, fathers who acknowledged paternity during the demonstration project resembled mothers who acknowledged in some, but not all, respects. For example, both acknowledging mothers and fathers tended to be White and Latino rather than African-American.

One difference distinguishing unmarried mothers and fathers who acknowledged was age. Unmarried mothers were somewhat younger than fathers. Only 2 percent of unmarried fathers who acknowledged were under the age of 16 compared with 7 to 8 percent of acknowledging mothers. Looked at somewhat differently, only 15 to 20 percent of acknowledging fathers were below the age of 20 at both baseline and post-intervention timepoints as compared with 35 and 31 percent of acknowledging mothers, respectively.

**Table V-1  
Selected Characteristics of Unmarried Mothers  
and Fathers Who Acknowledge Paternity**

<b>Pre-intervention (1991)</b>		<b>Characteristics</b>	<b>Post-intervention (1993-1994)</b>	
<b>Fathers</b>	<b>Mothers</b>		<b>Fathers</b>	<b>Mothers</b>
		<b>Race and Hispanic Origin</b>		
41%	41%	White	35%	45%
14%	13%	African-American	26%	15%
45%	46%	Latina	39%	39%
<b>(414)</b>	<b>(732)</b>	<b>No. of Cases</b>	<b>(1,929)</b>	<b>(1,144)</b>
		<b>Age</b>		
2%	8%	Less than 16 yrs	2%	7%
18%	27%	17-19	13%	24%
42%	41%	20-25	45%	42%
39%	24%	26+ years	40%	27%
<b>(731)</b>	<b>(777)</b>	<b>No. of Cases</b>	<b>(814)</b>	<b>(741)</b>
		<b>Education</b>		
27%	40%	Less than HS	36%	45%
54%	41%	High School	47%	39%
20%	20%	More than HS	17%	16%
<b>(336)</b>	<b>(755)</b>	<b>No. of Cases</b>	<b>(1,798)</b>	<b>(1,169)</b>

Another difference between acknowledging mothers and fathers was education level. Both before and after the implementation of the project, a higher proportion of acknowledging mothers reported their educational attainment to be less than the high school level. Since identical proportions of mothers and fathers had more than 12 years of schooling, these differences were probably due to age patterns for mothers versus fathers. As previously noted, unmarried mothers were somewhat younger than fathers and thus had less opportunity to attend school.



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Finally, a comparison of unmarried fathers who voluntarily acknowledged paternity in 1991 and 1993-1994 indicates that the in-hospital overture made particular inroads with African-American fathers and those with lower levels of education. These demographic sub-groups were more heavily represented among the 1993-1994 population of acknowledgers as compared with their pre-intervention counterparts. This suggests that in-hospital paternity programs are effective with populations that have been neglected historically in the voluntary acknowledgement process.

We lacked information on the employment and income status of never-married parents. The available data from national and local studies in other settings, however, finds that income levels for never-married fathers falls in the \$11,000 to \$14,000 range and is dramatically lower than levels for divorced, separated and remarried fathers of all racial groups (Finkel & Roberts, 1994). Indeed, these patterns raise questions about the ability of many unmarried fathers to pay child support (Mincy, 1995).

#### **D. Paternal Participation**

The variable that correlated most dramatically with voluntary paternity acknowledgement was paternal participation as measured by father's attendance at the birth. More than half of all fathers who attended the birth (54 percent) voluntarily acknowledged paternity. Only 8 percent of non-attending fathers signed the acknowledgement form. These patterns are presented in Figure V-7.

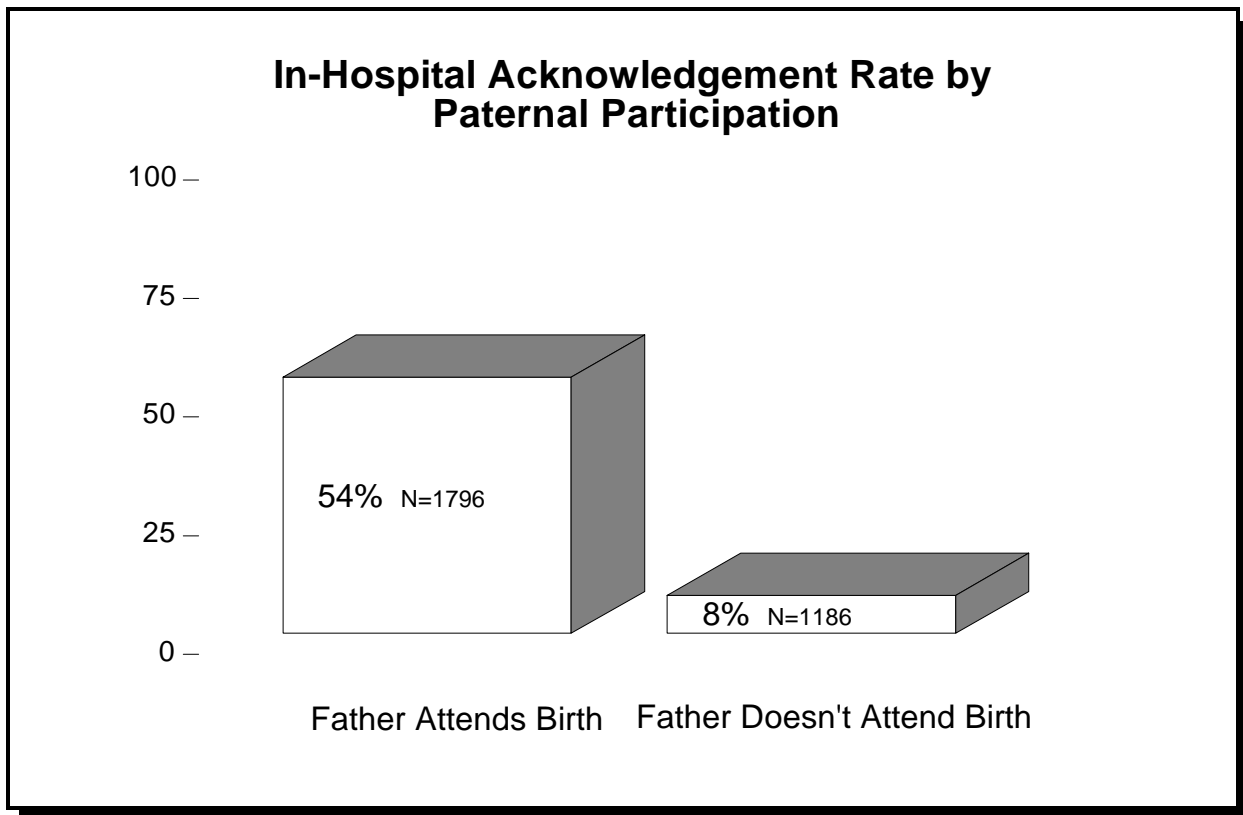


Figure V-7

The natural question that ensues from this dramatic finding is: "What types of fathers attend the birth?" In the absence of information on most unmarried fathers, we compared mothers whose partners attended the birth with those whose partners did not attend. The goal of this comparison was to better understand the correlates of paternal participation within the constraints of the data sources available to us. The analysis revealed that several characteristics of mothers were predictive of fathers' attendance at the birth.

Table V-2 shows that mother's race and Hispanic origin was associated with paternal participation. There were significant differences in the paternal attendance rate at births for mothers of different races with White women experiencing the highest rates of attendance, African-American women experiencing the lowest and Latinas experiencing rates that fell mid-way between the other two groups.

Paternal attendance rates also differed for women with different levels of educational attainment. More educated women were significantly more likely to have their partners attend the birth. For example, 67 percent of women with more than a high school education had a

partner attend the delivery as compared with 56 percent of women with less than a high school education.

**Table V-2**  
**Characteristics of Mothers Whose Partners**  
**Attended the Birth**  
**(% of Fathers)**

<b>Characteristics of Mothers</b>	<b>% Fathers Attending Birth</b>	<b>Number of Births</b>
<b>Race and Hispanic Origin</b>		
White	68%	1,068
African-American	49%	624
Latina	60%	1,134
<b>Education</b>		
Less Than High School	56%	1,496
High School	64%	1,019
More Than High School	67%	379
<b>Prior Births</b>		
None	63%	1,593
One	58%	696
Two	57%	387
Three or More	52%	321
<b>Age</b>		
16 Years or Less	62%	1,593
17-19	61%	696
20-25	59%	387
26+	60%	321

The number of prior births the mother had experienced was also significantly associated with paternal attendance at the birth. The lowest attendance rates were recorded for mothers with the highest number of prior births. Women with no prior births had the highest paternal attendance rate. For example, among women with no prior births, paternal attendance stood at 63 percent. Among women with three or more prior births, paternal attendance was only 52 percent.

As Figure V-8 shows, however, the number of prior births had effects that were independent of the father's attendance at the birth. Among fathers present at the delivery, voluntary paternity acknowledgement rates declined significantly with each additional prior child. Clearly, even fathers who attend the delivery are more reluctant to acknowledge paternity if there are prior children. Lacking information on whether the prior children are his or involve a different father, we can only conjecture on the reasons for this pattern. One possibility is the magnitude of the potential child support obligation when there are multiple children. Fathers who

face large child support obligations may be more reluctant to risk detection by the child support enforcement agency through the voluntary acknowledgement process. Another possibility is that a man's sense of responsibility toward his partner becomes diffused when she has had children with other men. Finally, couples with prior children may be less convinced of the benefits of having the father's name on the child's birth certificate based on their past experiences.

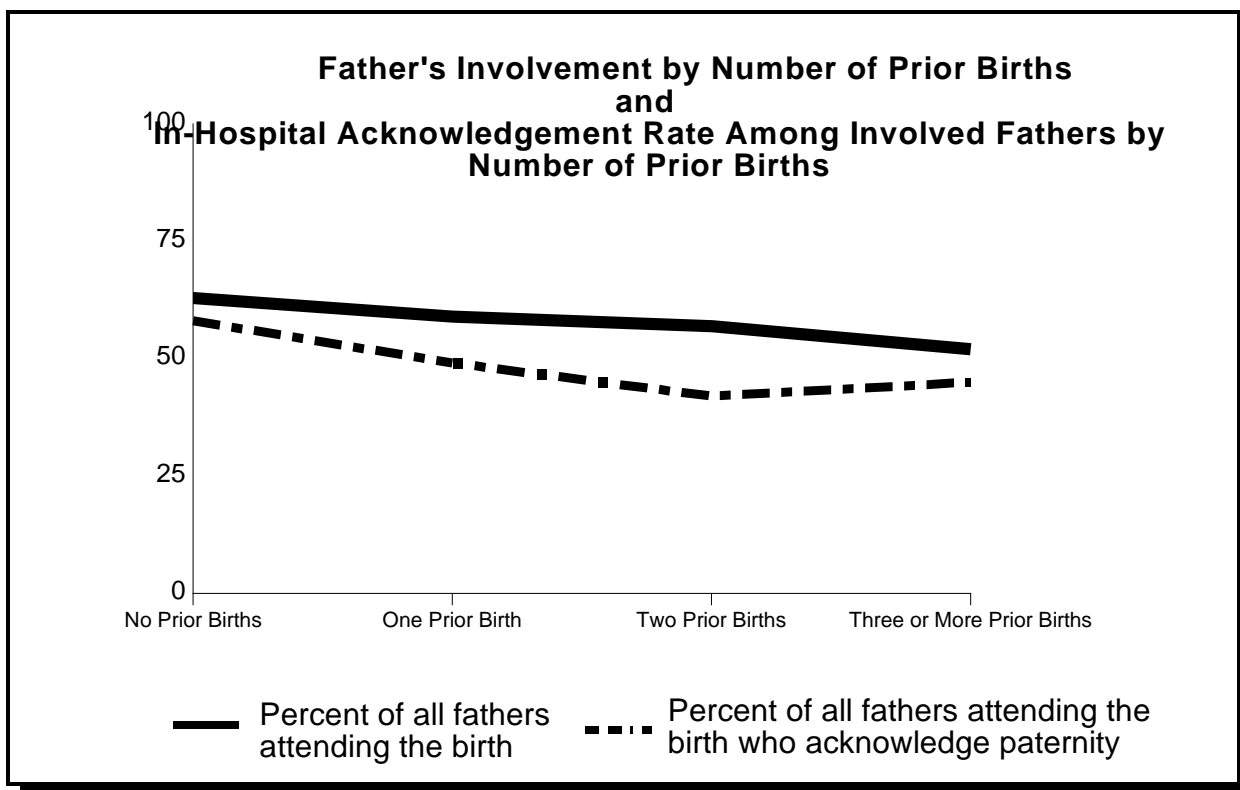


Figure V-8

Maternal age was not correlated with the likelihood of fathers attending the birth. Approximately 60 percent of all fathers were present at the delivery, regardless of maternal age. The only demographic variable for mothers that we tested that did not have any impact on paternal attendance at the birth was maternal age.

### E. Summary

In-hospital paternity efforts were effective with virtually all groups of unmarried parents. Following the initiation of the demonstration project, voluntary paternity acknowledgement rates increased dramatically for parents in every age, education, racial and ethnic, and employment category. Nevertheless, certain subgroups of unmarried mothers continued to be more receptive to the in-hospital paternity offer and registered stronger gains following initiation of the project. Across all four project hospital sites, voluntary paternity acknowledgement rates were highest for more educated mothers, mothers with fewer prior children, White mothers versus mothers of any

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other race or ethnic group, and mothers who were employed during pregnancy. Although acknowledgement rates for African-American and Latina women rose dramatically following the demonstration, racial and ethnic group differences in voluntary acknowledgement persisted. When we compared women of different races with comparable levels of education, the differences in acknowledgement rates narrowed but did not disappear. This suggests that both education and race/ethnicity are relevant correlates of acknowledgement.

The little information available on fathers who acknowledge paternity indicate that they tend to resemble their female partners with the exception that they are somewhat older and more apt to have completed high school. Compared with their acknowledging counterparts in 1991, higher proportions of post-intervention fathers are African-American and poorly educated suggesting that the in-hospital outreach effort makes inroads with a population that has heretofore been ignored in the paternity acknowledgement process. We lacked income information on unmarried fathers but national and local studies conducted in other settings place it in the range of \$11,000-\$14,000.

The strongest predictor of voluntary paternity acknowledgement is paternal attendance at the birth. Fathers who attend the birth are significantly more likely to be affiliated with White mothers who were educated at the high school level or better and have had fewer other children. The number of prior births, however, has effects that are independent of the father's attendance at the birth. Among fathers present at the delivery, the voluntary acknowledgement rate declines with each additional child.