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## Ethnic and Marital Differences in Family Structure, Risk Behaviors, and Service Requests Among Young Minority Fathers

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### Abstract

The purpose of this study was to examine ethnic and marital status differences in family structure, risk behaviors and service requests among African American and Hispanic adolescent fathers participating in a community-based fatherhood program. Demographic factors, risk behaviors, and service requests were gathered at program entry. The results indicated that each group demonstrated distinct patterns associated with family structure, sexual risk behaviors, substance use, and criminal behavior. In comparison to African American fathers, Hispanic fathers were younger and were more likely to be married and present at the delivery of their child. African American fathers reported having more children than Hispanic fathers. Disparities in school-related measures were also found, with African American fathers having higher high school graduation rates than Hispanic fathers. The impact of marriage on risk behaviors had mixed results. Services requests were similar for both groups. The finding that different ethnic groups have specific patterns of risk behaviors highlights the importance of considering the ethnic composition of a population when developing future research and interventions.

### Keywords

Adolescent fathers; service needs; marital status; ethnicity; risk behaviors

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## INTRODUCTION: ISSUES OF YOUNG FATHERS

Numerous studies have shown that adolescent fathers have lower education and higher rates of poverty, school dropout, and unemployment in comparison to adolescents who are not fathers (Hernandez, 2002; Jones & Jewel, 1998; Murnane, Willett, & Boudett; 1999; Nock, 1998; Thornberry, Smith & Howard, 1997). Studies also indicate that unwed adolescent fathers engage in risk behaviors such as tobacco, drug, and alcohol use and activities that result in incarceration (Fagot, Pears, Capaldi, Crosby, & Leve, 1998; Hernandez; Robertson, 1997; Unruh, Bullis, & Yovanoff, 2004). As an example, Guagliardo, Huang, and D' Angelo (1999) found that adolescent fathers are more than five times as likely to report a history of sexually transmitted infection (STI), more than three times as likely to test positive for drugs, and almost 2.5 times as likely to be inconsistent or non-users of condoms as compared to males without a pregnancy history. In a group of 506 youths ages 13 to 19 in which 50% were African American and 50% were Caucasian, a dose-response relationship was found between delinquency and age of onset of sexual activity (Wei, Loeber, & Stouthamer-Loeber, 2002). By age 19, almost half (46.7%) of serious delinquents had caused a pregnancy, and a third (31.4%) had fathered children. Repeat serious delinquents were also more likely to father multiple children and display low school achievement. Zayas, Schinke, and Casareno (1987) found that African American adolescent fathers were less likely to attend school, more likely to be unemployed, and less likely to use contraceptives as compared to African American adolescents who were not fathers. A recent longitudinal study by Miller-Johnson, Winn, Coie, Malone, and Lochman (2004) showed that among an urban sample of 335 African American males, those who were aggressive in third to fifth grades were at a particularly high risk for getting a female pregnant. This risk was height-ened if they used illegal substances and were part of a deviant peer group.

Numerous studies have found that low school achievement is a significant predictor of teen fatherhood. Data from the Carolina Longitudinal Study showed that among 460 subjects, 13% of African American males and 7% of European American males became adolescent fathers (Xie, Cairns, & Cairns, 2001). The major factors that predicted fatherhood were low academic competency and older age for grade. In addition, high aggression was found among the adolescent fathers and their peer groups. Using data from the National Child Development Study, Bunting and McAuley (2004) reported that the characteristics of teen fathers were similar in both the United States and the United Kingdom. Low educational attainment was the most powerful single factor associated with young fatherhood, and these academic difficulties predated fatherhood by as much as a decade. Similarly, the longitudinal Oregon Youth Study, which followed 206 at-risk boys from age 9 to age 20, found that boys who became adolescent fathers had more arrests and substance use history than non-fathers (Fagot et al., 1998). Again, the most predictive variable of young fatherhood was boys' poor school performance.

One of the primary areas of research among young fathers is family structure. Florsheim, Moore, Zollinger, MacDonald, and Sumida (1999) studied 35 adolescent expectant couples in Salt Lake City and 35 living in Chicago. Their findings suggested that risk factors associated with adolescent fatherhood were antisocial behaviors and personal hostility. These traits affected their relationships with both their partners and children and produced

parenting stress. A qualitative study of 25 low income urban young fathers in which 52% were African American, 24% Hispanic, and 24% Caucasian, showed that only one young man was married although 48% were currently living with the young mothers (Glikman, 2004). Reflecting on their family of origin, neighborhoods, work, and school, these young fathers described their neighborhoods as painful places to grow-up. Forty-eight percent were raised by their mothers, whom they regarded as warm and positive, but they were not as positive about their own fathers, whom they rarely knew. They voiced concerns about how they could be better fathers when they had not known their own father. Many studies suggest that minority adolescents and particularly African American fathers remain single and do not live with their children (Hernandez, 2002; Hofferth, 2003; Philliber, Brooks, Lehrer, Oakley, & Waggoner, 2003). Results of a series of focus groups among 26 African American male partners of adolescent parenting females indicated that pregnancy was not desired by 61% of the group and most grew up themselves in a father absent household (Davies et al., 2004). Fagot et al. (1998) found that by age 24, 40% of adolescent fathers had no contact with their children and these fathers came from families with parental antisocial behaviors and poor parental discipline. Barth, Claycomb, and Loomis (1988) reported that of the 121 adolescent fathers sampled in their study, only 10% indicated they were married to their child's mother. Bunting and McAuley (2004) point out that in both America and Britain, teen fathers might be initially involved with teen mothers but that few marriages result and, over time, there is relationship breakdown and decreasing parental contact.

Some studies suggest that minority fathers frequently acknowledge that their children were not planned but are highly motivated and feel obligated to participate in the fathering experience. Christmon's (1990) research among 43 African American adolescent fathers suggested that there was a positive relationship between adolescent fathers' willingness to take responsibility for their children and their own self-image and self-awareness. In another qualitative study, Dallas (2004) found that among unmarried African American adolescents, both paternal and maternal grandmothers were instrumental in providing access to their children. Both sets of grandmothers were described as loving and supportive although paternal grandmothers felt that maternal grandmothers acted as gate keepers to their grandchildren. Miller's (1997) review of the literature showed that African American adolescent fathers reported increased involvement in care giving with their children when they were assisted by family members. Using qualitative information gathered from 38 African American adolescent fathers, Saleh, Buzi, Weinman, and Smith (2005) showed that adolescent fathers felt involved with their children but their sense of involvement reflected adolescent emotional development rather than adult fathers' view of involvement.

Though teen fathers have only recently been the topic of research interests, research that focuses on ethnic differences between teen fathers is sparse. Those studies that do consider ethnic differences are mainly from the majority-minority perspective. For example, researchers routinely look at differences between African American and Caucasian or differences between Hispanic and Caucasian (Hernandez, 2002). There have been relatively few if any studies that examined differences or similarities that may exist between two ethnic minority groups of teen fathers. This is a relevant topic considering that in the 2003 U.S. Census, 12% of the total population was African American, whereas Hispanics accounted for 13% of the population (U.S. Census Bureau, 2003). In Texas, 13% of the

population was accounted for by African American teens, and 39% was accounted for by Hispanic teens (National Campaign to Prevent Teen Pregnancy, 2004). Furthermore, although there has been a decline in the rates of teen pregnancy nationally, among Hispanics rates have declined only slightly. This means that in actuality “the gap between birthrates for teenage Hispanics and other women is widening, which makes teen childbearing/pregnancy a continuing concern for Hispanic communities, especially Mexican American communities” (Hernandez, p. 8).

The steady increase in the number of minorities in the general population, the continued high rates of teen pregnancy among certain populations, and concerning trends regarding risk behaviors among adolescent parents make the topic of young minority fathers a significant issue. The purpose of the present study was to examine the impact of ethnic and marital status on family structure, risk behaviors, and service requests among African American and Hispanic adolescents who were enrolled in a fatherhood program. This study attempts to address the interaction of these variables and the extent they affect service and programming needs.

## **METHODS**

### **Participants**

The target population consisted of inner-city young males who resided in a metropolitan city in the southwest part of the United States. The majority of participants were African American. This reflects the ethnic composition of the neighborhood. Over the last few years, there has been an increase in Hispanic male attendance. Therefore, although the sample size of Hispanic males is small, the increasing presence of a more diverse clinic population was one of the impetus for studying both groups. A convenience sample was taken of all young fathers who were interested in enrolling in a community-based male involvement program. Called the Fatherhood Initiative, the male involvement program was funded by the Office of Population Affairs/Office of Family Planning (OPA/OFP/DSHS/TDH; Office of Population Affairs Office of Family Planning, 2000). The main goals of the Fatherhood Initiative were to develop skills and behaviors that reinforce messages of pregnancy prevention, strengthen vulnerable families, promote a healthy lifestyle, prevent school dropout, and encourage self-sufficiency. A variety of services such as employment opportunities, fatherhood development, health awareness and enhancement, information on reproductive health and HIV, and referral information on agencies for future use were provided to male participants. The program recruited participants from the community and was also linked to two schools. Case managers visited the schools weekly and met with fathers in a group format. The case managers were also available to provide case management services as needed.

### **Instruments**

The program included an assessment of participants' current behaviors and their service needs at entry to the program. The questionnaire for this study included three main sections. The first section queried participants about their demographic and background information. This included ethnicity, school and employment status, living arrangements, language preferences, fatherhood and marital status, and paternity establishment. The second section

included questions about various risk behaviors. Risky sexual behaviors were measured by questions about consistent contraceptive and condom use and a history of STIs. Substance use was ascertained by asking questions related to drug and alcohol use and cigarette smoking. Participants were asked to identify the frequency of these behaviors. To identify illegal behaviors, participants were asked to report whether they had contact with the legal system and what the reason for this contact was. The third section included a list of nine services, and participants were asked to indicate the services that they need. They could respond with “no”, “yes”, and “unsure”. The list included services such as educational-vocational services, social services, substance abuse services, and assistance with child support.

## Procedures

The case managers administered questionnaires to young fathers upon enrollment to the program. Each participant signed an informed consent prior to entering the program. The program protocol was approved by the affiliated academic institutions' institutional review boards. After the assessment, all of the young males who enrolled in the program were assigned a case manager who was responsible for coordinating the needed services, providing referrals, and monitoring progress.

## RESULTS

### Demographic Information

The data analysis used Chi-square for categorical data and *t*-test for continuous data. As shown in Table 1, there was a statistically significant difference between the mean age of African American and Hispanic fathers. On average, African American fathers were about 2 years older when they first enrolled in the program. However, both groups were at about 18 years of age when they first became fathers. The majority of African American fathers were living in single-parent homes, whereas the majority of Hispanic fathers were living with family. There were more married Hispanic fathers than African American fathers, a difference that was statistically significant. There was also a statistically significant difference that showed that more Hispanic fathers were present at the delivery of their children than African American fathers. Hispanic fathers also declared paternity at a slightly higher rate than African American fathers, although African American fathers were more likely to report that they provided financial support for their children. African American fathers had more children than Hispanic fathers. School status showed a statistically significant difference between groups. Although more Hispanic than African American fathers were in school, fewer of them graduated.

### Health Risk Behaviors by Ethnicity

As seen in Table 2, a statistically significant relationship was found in regard to consistent condom use. African American fathers had higher rates of always using condoms as compared to Hispanic fathers. Additionally, African American fathers had higher rates of *always* using contraceptives as compared to Hispanic fathers. Despite this, the rate of STIs was almost three times higher among African American fathers as compared to Hispanic fathers. There were higher rates of cigarette use and drug use among African American

fathers as compared to Hispanic fathers. However, alcohol use was higher among Hispanic fathers. Hispanic fathers also had twice as many problems with the law as compared to African American fathers.

### Services Requested

As seen in Table 3, both African American and Hispanic fathers requested similar services, with the exception of GED classes in which more than half of Hispanic fathers expressed interest as compared to about a third of African American fathers. In order of preference, employment was overwhelmingly the most requested service by both groups. This was followed by about 40% requesting educational-vocational services, social services, and preventive health care. Slightly more than a third of each group requested child support services, and slightly fewer than a third requested mental health counseling. About 20% of both groups requested STI screening. The least requested service was substance abuse programs.

### Effect of Marital Status on Risk Behaviors

**Contraceptive use**—As shown in Table 4, married African American fathers were almost twice as likely to *sometimes* use contraceptives as compared to single fathers. Additionally, married African American fathers were almost three times less likely to report they *always* used condoms as compared to single fathers. Married Hispanic fathers reported *never* using condoms at more than twice the rate of single fathers.

**Paternity**—Married Hispanic fathers were three times more likely to declare paternity for their children as compared to single fathers. Single and married African American fathers declared paternity at about the same rate.

**Substance use**—Cigarette use was highest among married African American fathers and lowest among married Hispanic fathers. Drug use was lowest among married African American fathers and highest among married Hispanic fathers. A statistically significant relationship was found between alcohol use and marital status. Almost three times as many married Hispanic fathers used alcohol as compared to single Hispanic fathers.

### School Status

About half of both single and married African American fathers dropped out of school. Single African American fathers had higher rates of school attendance than married African American fathers. Notably, married African American fathers had a slightly higher rate of high school graduation as compared to single fathers. Single Hispanic fathers were more than twice as likely to be in school as compared to married fathers. Married Hispanic fathers had about twice the rate of school dropout as compared to single fathers.

### Problems With the Law

A higher percentage of single African American fathers reported having problems with the law as compared to their married counterparts. Among Hispanic fathers, the rates of reported problems with the law were more comparable between single and married fathers.

## DISCUSSION

This study examined ethnic and marital status differences in family structure, risk behaviors, and service requests among a group African American and Hispanic adolescents who were enrolled in a fatherhood program. Both African American and Hispanic fathers demonstrated problem behavior characteristics (in which alcohol use, cigarette smoking, and drug use were all highly prevalent). However, each group demonstrated distinct patterns associated with sexual risk behaviors, substance use, and criminal behavior histories. In comparison to Hispanic fathers, African American fathers were more likely to graduate from high school and to report high rates of cigarette use, drug use, and STIs. Conversely, Hispanic fathers had lower rates of consistent contraceptive and condoms use, and reported more frequent alcohol use and problems with the law.

In regard to family structure, Hispanic fathers were more likely than African American fathers to display familial influences. They had higher marriage rates and were more likely to live with family, be present at the delivery of their children, and declare paternity for their children. These characteristics of Hispanic fathers might reflect the familial views held within this culture that encourages the involvement of the father in the life of his child and his child's mother (Hernandez, 2000; Hofferth, 2003; Zayas et al., 1987). African American fathers provided more financial support for their children than Hispanic fathers. This is consistent with the literature that shows that though adolescent fathers want to be involved with their children in a variety of ways, their participation and involvement are generally limited (Bunting & McAuley, 2004; Lane & Clay, 2000). There were no ethnic differences in regard to request for services. African American and Hispanic fathers requested services in a very similar fashion.

The effect of marital status on risk behaviors did not reflect a consistent trend. In some instances, it acted as a protective factor and in other as a risk factor. Among Hispanic fathers, marriage was related to lower rates of school attendance and higher rates of school dropout. In contrast, among married African American fathers, marriage was related to higher high school graduation rates. In regard to risk behaviors, among African American fathers marriage was associated with higher cigarette smoking rates. Among Hispanic fathers, marriage was related to higher drug and alcohol use rates. No clear trends have emerged in regard to problems with the law.

Our findings suggest that interventions should target young African American and Hispanic fathers, as both groups participate in risk behaviors and express the need for services. However, the ethnic differences in the likelihood of specific patterns of risk behaviors highlight the importance of considering the ethnic composition of a population when developing future interventions. In addition, we need to acknowledge that there was a disparity in the sample size of the two groups we studied, which limited our ability to generalize our findings. Additionally, the variables studied were self-reported and categorical rather than continuous, which limits our ability to examine the intensity and frequency of risk findings. Our findings, however, are consistent with a growing body of literature that points to the need to carefully evaluate programs. As pointed out by Lane and Clay (2000), services for young fathers need to be carefully planned and evaluated to ensure

services designed address the need of the target population. These services also need to take into account the cultural context and the familial structure and the developmental needs of adolescent fathers. A good example is shown in Mazza's (2002) study of 60 urban African American adolescent fathers who were randomly placed into either receiving biweekly parenting classes alone or with an assigned social worker who assisted the fathers with life needs. The results of the study showed that at the end of 6 months, the parenting group who received social work assistance had gains in employment and vocational planning and felt more positive about their relationships with the children and their future. They concluded that parenting skills programs by themselves were ineffective because they did not reach the personal needs of the teen fathers.

## CONCLUSION

There is a need for additional research in several areas addressed in this study. Future research should not limit itself to investigating only differences between majority and minority populations but extend to look at how minority groups differ and resemble one another. This examination may help in developing programs and services that are culturally appropriate. In her work, Greig (2003) stresses the importance for minority youth to develop their ethnic identity. According to Greig, adolescents' development of an ethnic identity contributes to a higher self-esteem and serves as a protective factor to risk behaviors such as substance abuse. Greig also links an awareness of ethnic identity to positive academic achievements. Therefore, fatherhood programs targeting adolescents may want to incorporate services that assist in developing an ethnic identity. Another area that merits further evaluation is the effect of marital status on risk behaviors. More research with larger samples is needed to gain knowledge on how marital status affects behaviors and the reasons marital status has negative effects on certain risk behaviors. Programs directed toward working with adolescent fathers need to recognize the multiple contributing factors that prevent them from excelling. This study has shed light on two new areas that may contribute to difficulties faced by adolescent fathers: ethnic differences that distinguish patterns of fatherhood and the consequences of marriage for teen fathers.

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TABLE 1

## Demographics by Ethnicity

Variable	African American (%)	Hispanic (%)
Marital status <sup>a</sup>		
Single	121 (76.1)	14 (48.3)
Married	38 (23.9)	15 (51.7)
Living arrangements		
Single parent	73 (46.5)	11 (37.9)
Family	46 (29.3)	14 (48.3)
Others	38 (24.2)	4 (13.8)
Number of children		
One or less	111 (68.5)	25 (83.3)
Two or more	51 (31.5)	5 (16.7)
Employed		
Yes	39 (25.2)	3 (11.1)
No	116 (74.8)	24 (88.9)
Present at delivery of child <sup>b</sup>		
Yes	82 (61.2)	16 (88.9)
No	52 (38.8)	2 (11.1)
Declared paternity		
Yes	56 (46.7)	9 (52.9)
No	64 (53.3)	8 (47.1)
Financially support children		
Yes	105 (81.4)	11 (64.7)
No	24 (18.6)	6 (35.3)
Language spoken at home		
English	156 (99.4)	11 (36.7)
Spanish	1 (0.6)	8 (26.7)
English and Spanish	0 (0)	11 (36.7)
Primary language		
English	156 (99.4)	23 (79.3)
Spanish	1 (0.6)	5 (17.2)
English and Spanish	0 (0)	1 (3.4)
School status <sup>c</sup>		
In school	30 (18.5)	11 (36.7)
Dropped out	83 (51.2)	15 (50.0)
Graduated	49 (30.2)	4 (13.3)
Age of father <sup>d</sup>		
	162 21.35 yr	30 19.23 yr
	SD = 2.983	SD = 3.070
Age first became a father		
	136 18.97 yr	18 18.17 yr

Variable	African American (%)	Hispanic (%)
	SD = 2.593	SD = 2.813

Note. SD = standard deviation.

<sup>a</sup> Significant effect of marital status and ethnicity ( $\chi^2 = 9.390$ ;  $p = .01$ ).

<sup>b</sup> Significant effect of present at the delivery of a child and ethnicity ( $\chi^2 = 5.134$ ;  $p = .05$ ).

<sup>c</sup> Significant effect of school status and ethnicity ( $\chi^2 = 6.535$ ;  $p = .05$ ).

<sup>d</sup> Significant effect between age of father (independent  $t$ -test = 12.579;  $p = .001$ ).

**TABLE 2**

## Risk Behaviors by Ethnicity at Program Entry

Variable	Response	African American (%)	Hispanic (%)
Contraceptive use	Always	40 (25.5)	4 (14.3)
	Sometimes	58 (36.9)	10 (35.7)
	Never	36 (22.9)	11 (39.3)
	Abstinent	23 (14.6)	3 (10.7)
Condom use*	Always	58 (36.5)	5 (16.7)
	Sometimes	51 (32.1)	8 (26.7)
	Never	32 (20.1)	13 (43.3)
	Abstinent	18(11.3)	4 (13.3)
Cigarette use	Yes	83 (51.6)	10 (33.3)
	No	78 (48.4)	20 (66.7)
Drug use	Yes	50(31.1)	7 (23.3)
	No	111 (68.9)	23 (76.7)
Alcohol use	Yes	57 (35.6)	15 (50.0)
	No	103 (64.4)	15 (50.0)
Problems with the law	Yes	18 (11.7)	6 (21.4)
	No	136 (88.3)	22 (78.6)
STI in past 3 months	Yes	19(11.9)	1 (3.4)
	No	141 (88.1)	28 (96.6)

Note. STI = sexually transmitted infection.

\* Significant effect of condom use and ethnicity ( $\chi^2 = 9.005$ ;  $p = .05$ ).

TABLE 3

## Services Requested by Ethnicity

Variable	African American		Hispanic	
	<i>N</i>	(%)	<i>N</i>	(%)
Educational-vocational				
Yes	96	(70.6)	17	(68.0)
No	33	(24.3)	6	(24.0)
Not sure	7	(5.1)	2	(8.0)
STI screening				
Yes	25	(21.7)	5	(20.0)
No	87	(75.7)	20	(80.0)
Not sure	3	(2.6)	0	0
Mental health counseling				
Yes	33	(27.7)	7	(28.0)
No	79	(66.4)	16	(64.0)
Not sure	7	(5.9)	2	(8.0)
Child support services				
Yes	45	(37.2)	9	(36.0)
No	75	(62.0)	15	(60.0)
Not sure	1	(0.8)	1	(4.0)
Substance abuse programs				
Yes	9	(7.8)	2	(8.0)
No	100	(86.2)	22	(88.0)
Not sure	7	(6.0)	1	(4.0)
Preventive health care				
Yes	51	(41.8)	11	(44.0)
No	62	(50.8)	13	(52.0)
Not sure	9	(7.4)	1	(4.0)
Social services				
Yes	61	(48.8)	13	(52.0)
No	57	(45.6)	11	(44.0)
Not sure	7	(5.6)	1	(4.0)
Employment				
Yes	135	(95.7)	22	(84.6)
No	6	(4.3)	4	(15.4)
Not sure	0	0	0	0
GED classes				
Yes	40	(34.5)	13	(54.2)
No	74	(63.8)	11	(45.8)
Not sure	2	(1.7)	0	0

Note. STI = sexually transmitted infection, GED = general equivalency diploma.

TABLE 4

Effect of Marital Status on Health Behaviors When Controlling for Ethnicity

Variable	African American		Hispanic	
	Single	Married	Single	Married
Contraceptive use in past 3 months				
Always	31 (26.5%)	9 (24.3%)	1 (8.3%)	3 (20.0%)
Sometimes	38 (32.5%)	19 (51.4%)	4 (33.3%)	5 (33.3%)
Never	26 (22.2%)	8 (21.6%)	6 (50.0%)	5 (33.3%)
Abstinent	22 (18.8%)	1 (2.7%)	1 (8.3%)	2 (13.3%)
Condom use in past 3 months				
Always	52 (43.7%)	5 (13.2%)	3 (21.4%)	2 (13.3%)
Sometimes	29 (24.4%)	21 (55.3%)	5 (35.7%)	2 (13.3%)
Never	22 (18.5%)	10 (26.3%)	4 (28.6%)	9 (60.0%)
Abstinent	16 (13.4%)	2 (5.3%)	2 (14.3%)	2 (13.3%)
Declared paternity				
Yes	43 (48.3%)	13 (44.8%)	2 (25.0%)	7 (77.8%)
No	46 (76.8%)	16 (55.2%)	6 (75.0%)	2 (22.2%)
Cigarette use in past 3 months				
Yes	60 (50.0%)	23 (60.5%)	5 (35.7%)	5 (33.3%)
No	60 (50.0%)	15 (39.5%)	9 (64.3%)	10 (66.7%)
Drug use in past 3 months				
Yes	41 (34.2%)	9 (23.7%)	2 (14.3%)	5 (33.3%)
No	79 (65.8%)	29 (76.3%)	12 (85.7%)	10 (66.7%)
Alcohol use in past 3 months <sup>a</sup>				
Yes	44 (37.0%)	12 (31.6%)	4 (28.6%)	11 (73.3%)
No	75 (63.0%)	26 (68.4%)	10 (71.4%)	4 (26.7%)
School status				
In school	25 (20.7%)	4 (10.5%)	7 (50.0%)	3 (20.0%)
Dropped out	61 (50.4%)	20 (52.6%)	5 (35.7%)	10 (66.7%)
Graduated	35 (28.9%)	14 (36.8%)	2 (14.3%)	2 (13.3%)
Problems with the law				
Yes	15 (13.2%)	3 (8.1%)	3 (23.1%)	3 (21.4%)
No	99 (86.8%)	34 (91.9%)	10 (76.9%)	11 (78.6%)

<sup>a</sup>Significant effect of alcohol use and marital status among Hispanic fathers ( $\chi^2 = 5.81$ ;  $p = .05$ ).