



Future Research on Father Involvement and Perinatal Outcomes

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The Future of (formerly Fragile) Families and Child Wellbeing Study (FFCWS)

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The Future of (formerly) Fragile Families and Child Wellbeing Study (FFCWS)

- ▶ FFCWS is a birth cohort study following a stratified, multistage, probability sample of children born in large US cities between 1998 and 2000.
- ▶ It is the first, longitudinal birth cohort survey, based upon a probability sample, that includes data on children, mothers, and **fathers**.
- ▶ It includes extensive data that have been collected on children since birth, including interviews with mothers and fathers at birth; interviews with fathers when the young adult was ages 1, 3, 5, and 9; interviews with the mothers when the young adult was ages 1, 3, 5, 9, 15, and 22.
- ▶ In addition, saliva samples were collected from mothers when the young adults were age 9 and from the young adults at ages 9, 15, and 22.
- ▶ The surveys at age 22 occurred in the context of the COVID-19 pandemic and included detailed questions about education, employment, income, health, housing, and family resource-sharing during the pandemic.
- ▶ As such, it is the longest-running birth cohort study in the US based on a national probability sample. The study oversampled births to unmarried parents and is very diverse (46% Black, 24% Hispanic, 5% multiracial, 25% white or other), making the data a valuable resource for studying racial and economic disparities in health and wellbeing.
- ▶ More than 8,700 researchers have used these data to publish more than 1,100 articles and 44 books and book chapters, 1115 dissertations, and 150 working papers on families and children.
- ▶ To learn more about the study go to: <https://ffcws.princeton.edu/about>

Father involvement, child health and maternal health behavior.

Children and Youth Services Review Teitler, J.(2001)

- ▶ This paper uses data from the baseline Fragile Families and Child Well-being Study (FFCWS) to examine the level and effects of father-involvement on outcomes of interest to Healthy Start
 1. birth weight and mother's health behavior during pregnancy (prenatal care, drinking, drug use and smoking).
 2. the findings indicate that most fathers, including unwed fathers, are involved with their children at birth and have intentions to remain involved.
 3. The sample consists of fathers and mothers of randomly sampled children born out of wedlock in 20 cities in the United States between 1998-2000
 4. In addition to the sample of children born out of wedlock, a smaller comparison sample of married parents is also included in the study.
 5. Sample for this study (N=2325 births) are from seven cities in the United States.
 6. Variation by race/ethnicity, relationship status, educational attainment

Future of Families and Child Well-being Survey at 27 years

Principal investigators: Katheryn Edin, Princeton University and Jane
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The Future of (formerly) Fragile Families and Child Wellbeing Study (FFCWS)

- ▶ Princeton and Columbia University are seeking funding to survey approximately 3,630 focal FFCWS youth at age 27, resulting in a comprehensive life course study from birth through young adulthood.
- ▶ We expect the data from the age 27 surveys to bring about new insights and innovative research on health and wellbeing across the lifespan, gene-environment interactions, and the intergenerational persistence of poverty and other forms of disadvantage.
- ▶ A particular strength of the study is that the presence of comparable data on the original parents and the young adults in their late twenties, which will enable researchers to study factors associated with mobility out of poverty and disadvantage

Specific aims:

- ▶ Collect data on the health and wellbeing of FFCWS young adults at age 27, including data on:
 - ▶ socioeconomic status (education, employment, and income),
 - ▶ family formation (intimate relationships, childbearing),
 - ▶ health (self-reported physical and mental health),
 - ▶ program participation (including health insurance, social services, cash and near-cash assistance, housing assistance) and
 - ▶ systems involvement (experiences with the police and criminal justice system).
- ▶ Collect innovative data on the social, economic, and physical environments of FFCWS young adults at age 27, including:
 - ▶ family relationships and intergenerational support/obligations, and
 - ▶ local area contexts such as policy regimes, neighborhood environments, and labor market conditions.
- ▶ Obtain permission to access FFCWS young adults' education, employment, health, and other administrative records (if not obtained at age 22).

Research Facilitated by 27-year FFCWS

- ▶ The data on young adults' health and wellbeing (Aim 1) as well as information from administrative data (Aim 3), when used in conjunction with the existing data, will allow researchers to examine associations between childhood and adolescent experiences and young adult outcomes and behaviors, and intergenerational mobility and persistence in education, labor market, family formation, health, program participation, and systems involvement.
- ▶ The data on young adults' social, economic, and physical environments (Aim 2), when used in tandem with existing data, will provide researchers with a description of young adults' exposure to different contexts from birth to young adulthood, permitting them to test hypotheses about how the interplay between these environmental and contextual factors influences outcomes and behaviors in young adulthood.
- ▶ The new data will also shed light on the extent to which young adult trajectories were affected by the COVID-19 pandemic after disruptions they may have experienced in education, employment, income, health, housing, and other domains.

FFCWS 27 Year

- ▶ The data collected in the age 27 wave will facilitate a wide range of significant research.
- ▶ this wave will maintain FFCWS as the longest running birth cohort study in the US based on a national probability sample.
- ▶ The young adults in FFCWS were born around the turn of the 21st century, which will allow researchers to study the contours of growing inequality among the most recent generation of young Americans transitioning into adult roles.
- ▶ because FFCWS includes a large oversample of births to unmarried mothers, who are disproportionately disadvantaged, the new wave of data will provide researchers sufficient statistical power to study young adults from less advantaged families, including large samples of Black and Hispanic respondents.
- ▶ FFCWS includes multiple measures of biomarkers, brain development, heart health, and sleep, including longitudinal DNA measures and sleep and brain data.

Studies Facilitated by FFCWS 27

- ▶ The age 27 wave will serve as a platform for further studies including transforming the FFCWS into a three-generation study. A study of young adult fertility and family formation is already underway.
- ▶ Plans for future satellite studies include following the children of the FFCWS youth adults as babies and into childhood,
- ▶ a fatherhood study that will re-engage both the original FFCWS fathers as well as the young adults who become fathers, and an older adult study following the young adults' parents as they age.

Studies using these data will help to fill gaps in knowledge about:

- ▶ Family. The new data from age 27 will allow researchers to answer a wide range of longitudinal and intergenerational questions related to family formation. What are the relationship patterns in a contemporary cohort of individuals in their 20s?
 - ▶ Do patterns of increased cohabitation, later marriage, and delayed childbearing persist in this contemporary cohort?
 - ▶ What are the patterns of contraceptive use in this cohort?
 - ▶ To what extent is there intergenerational persistence in relationship formation and childbearing?
 - ▶ How do these patterns and associations vary by race/ethnicity and gender?

Family formation

- ▶ Collect data on romantic/sexual relationships (including coresidential and same and opposite sex relationships), relationship quality and stability, sexual activity, contraception, household structure/living arrangements and co-parenting, pregnancy intentions, pregnancies and pregnancy outcomes,
- ▶ expectations about parenthood, and attitudes about single motherhood.
- ▶ birth control attitudes and contraceptive history
- ▶ young adults' reports of sexual orientation and gender identity.

Health

- ▶ With the age 27 data, the study will allow researchers to answer a wide range of longitudinal and intergenerational questions related to physical and mental health in young adulthood.
- ▶ To what extent do exposures earlier in the life course shape health in the late-20s?
- ▶ Are biomarkers such as telomere length in childhood, adolescence, and early adulthood associated with health at age 27?
- ▶ What are the relationships between environmental predictors at various ages and later health? Is there intergenerational persistence in health? How do these associations vary by race/ethnicity and gender?

Fragile Families: The Third Generation (FFG3)

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The FFG3 study

- ▶ Collecting data on 3rd generation (G3) of FF Study
 - ▶ Perinatal survey
 - ▶ Soft launch in Feb. 2023 (~1 hour survey)
 - ▶ Enroll ALL G3s born to or adopted by FF G2s thru 2027
 - ▶ Includes sibs, half sibs, kids born to same-sex parents
 - ▶ Saliva samples from G3s and their non-FF parents
 - ▶ Stool microbiome samples from G3s
 - ▶ Will facilitate novel and important analyses on intergenerational transmission of health & socioeconomic status

Biological samples

- ▶ Saliva collection from new babies and non-FF parents for DNA samples
 - ▶ Multigenerational trios of genetic data
- ▶ Stool samples to characterize gut microbiome of G3s
 - ▶ From G3 children very early in life course
- ▶ Will facilitate:
 - ▶ Studying how gene*environment interactions shape child development
 - ▶ Studying how parents' genes determine how they nurture their children
 - ▶ Investigating determinants, consequences, and interactive effects of microbiota

FFG3 perinatal survey

- ▶ Pregnancy/fertility history
- ▶ Prenatal and obstetric history
- ▶ Infant health
- ▶ **Non-FF parent**
- ▶ Social circumstances during pregnancy and postpartum
- ▶ Economic circumstances during pregnancy and postpartum
- ▶ Parenting
- ▶ Maternal postpartum health

Sneak peek (28 cases)

Did you feel that you were discriminated against by your doctors and nurses during your prenatal care, labor, or delivery on the basis of any of the following personal characteristics listed below?

	YES
A. My race or ethnicity	0
B. My culture	0
C. The language I speak	1
D. My insurance or Medicaid status	1
E. My marital status	0
F. My age	3
G. My weight	2
H. My sexual orientation	0
I. My gender identity	0

Sneak peek

Do you want to be mostly like your mother was to you, somewhat like your mother was to you, or very different than your mother was to you as a parent?

1. Mostly like my mother was to me
2. Somewhat like my mother was to me
3. Very different than my mother was to me

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PERSP5	Freq.	Percent	Cum.
1	5	17.86	17.86
2	9	32.14	50.00
3	14	50.00	100.00
Total	28	100.00	

Sneak peek

▶ Have you had a COVID vaccine?

▶ ~50% yes, 50% no

▶ During the past month, how would you rate your sleep quality overall?

1. Excellent 2
2. Very good 1
3. Good 8
4. Fair 10
5. Poor 8

Prenatal and obstetric history

- ▶ Prenatal care, insurance, regular place of care
- ▶ Vitamins, medications, weight, weight gain
- ▶ Health conditions before and during pregnancy
- ▶ Detailed substance use before/during/after pregnancy
- ▶ Infections/illnesses/hospitalizations during pregnancy
- ▶ **Use of doula; place of delivery**
- ▶ Labor/delivery complications
- ▶ Postpartum complications (e.g., blood transfusion)
- ▶ **Delivery method: intentions, type, detailed reasons**
- ▶ **Reproductive justice**
- ▶ **Health care professional's characteristics**

Reproductive justice

PRENAT8. Thinking about your doctors and nurses when you were pregnant with and gave birth to {CHILD}, to what extent do you agree or disagree with the following statements?

	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
A. They took the right amount of time to listen to my concerns and answer my questions.	1	2	3	4	5
B. They treated me fairly and with respect.	1	2	3	4	5
C. I trusted them and believed they had my best interests in mind.	1	2	3	4	5
D. They included me in decisions about my medical care and did not push me to make decisions I was not comfortable with.	1	2	3	4	5

PRENAT9. Did you feel that you were discriminated against by your doctors or nurses during your prenatal care, labor, or delivery on the basis of any of the following personal characteristics listed below?

- My race or ethnicity
- My culture
- The language I speak
- My insurance or Medicaid status
- My marital status
- My age
- My weight
- My sexual orientation
- My gender identity
- Other (Please tell us):

Infant health

- ▶ Gestational age, birth weight
- ▶ Length of hospital stay, NICU
- ▶ Neonatal health conditions
- ▶ Illnesses/accidents/hospitalizations
- ▶ Immunizations
- ▶ Health insurance

Non-FF parent

- ▶ Demographics
- ▶ Currently employed, in school, in prison
- ▶ Ever in prison/jail
- ▶ How long in relationship when child was born
- ▶ Marital/relationship status at time of birth
- ▶ Work-limiting health conditions
- ▶ Other children (age, sex; # of different partners)
- ▶ Name on child's birth certificate
- ▶ Provided money, bought things for baby, provided transportation to prenatal care, helped with chores during pregnancy

Social circumstances

- ▶ Current household roster
- ▶ **Size and structure of kinship network**
 - ▶ How many family members and friends they have; are close to
 - ▶ Who visited in first 2 weeks after child was born
- ▶ Material or financial support from friends, family members (housing, childcare, money, help, etc.)
- ▶ Social hardships
 - ▶ Friends/family member died
 - ▶ Caregiving burden
 - ▶ Family member/close friend w/ addiction problem
 - ▶ Family member or close friend arrested/incarcerated

Economic circumstances

- ▶ Education
- ▶ Employment
- ▶ Worked outside the home during pregnancy?
- ▶ Maternity/paternity leave
- ▶ When working or at school, who takes care of child?
- ▶ Income
- ▶ Public assistance (before/during/after pregnancy)
- ▶ Material hardships (housing, food insecurity, etc.)

Parenting

- ▶ Was it a good time to have this child?
- ▶ **Ways they want to be like their parents**
- ▶ How much time child lived w/ respondent; where else child lived
- ▶ Breastfeeding, sleep position, bed sharing
- ▶ Reading/telling stories/singing to child
- ▶ **Screen time**

Maternal health

- ▶ Work limiting health problems
- ▶ Health insurance
- ▶ Illnesses/conditions
- ▶ Depression/anxiety
- ▶ Accidents
- ▶ Drinking/drug use interfering with ability to work
- ▶ Drinking/drug use interfering with personal relationships
- ▶ Vaccinated for COVID?
- ▶ Regular dental checkup in past year?
- ▶ Sleep quantity/quality
- ▶ **Agency/empowerment**

Agency/empowerment/ optimism/resilience/trust

I could get out of a jam

I am energetically pursuing my goals

There are many ways around problems I face

I see myself as successful

I can think of many ways to reach my current goals

I am meeting my current goals

I am confident that my child will have a better life than I have had.

I do not sweat the small problems in life.

I do not dwell on things that I cannot change.

I believe that most people can be trusted.

I am more likely to laugh than get angry when young children make a mess or spill things

What about fathers and their involvement

- ▶ By linking FFG3 data to retrospective data about father involvement at 22 years and the 27 year data, if the proposal is funded, researchers will be able to test hypotheses about the effects of father involvement on detailed maternal and child outcomes of keen interest to Healthy Start, including hypotheses involving:
 - ▶ How race/ethnicity, employment status, educational attainment, criminal justice involvement, child support compliance status are associated with father involvement
 - ▶ If the foregoing factors moderate associations between father involvement and maternal and child outcomes.
 - ▶ Gene-environment interactions that may play a role in associations between father involvement and maternal and child outcomes.
 - ▶ The intergenerational transmission of father involvement and child wellbeing,