

Attitudes Toward Sexual Responsibility and Parenting: An Exploratory Study of Young Urban Males

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The self-reported sexual and parenting behaviors and attitudes of 42 urban males aged 16–22 who had fathered a child were compared with those of 49 demographically similar young men who were not fathers when they sought medical care at a public health center. Use of a questionnaire and structured interviews established that both groups had similar levels of self-esteem and similar ages at first intercourse. Fathers were less likely than the other respondents to feel that parenthood would interfere with their future (71% vs. 92%) or to have a concrete five-year plan (57% vs. 90%). They were more likely to believe that family (62% vs. 37%) and peers (68% vs. 40%) looked favorably upon early parenthood, to have a mother who was a teenage parent (74% vs. 47%) and to state that they lacked an adequate father figure while growing up (50% vs. 18%). Fathers also reported more frequent sexual activity and less consistent contraceptive use than did the others. (Family Planning Perspectives, 29:280–283, 1997)

Despite ongoing efforts at prevention, the United States continues to have high rates of teenage pregnancies and births. Although the birthrate for females aged 15–19 has been relatively stable over the past 10 years (approximately 60 births per 1,000 women),¹ it remains the highest among developed nations.² These rates often are particularly high in major cities. In 1994, the rate of live births to all women aged 15–19 in Philadelphia was 84 per 1,000, and for black and Hispanic women aged 15–19, the respective birthrates were 142 and 154 per 1,000. Moreover, these rates have not changed significantly over the past several years.³

Much of the considerable research on this problem has focused on teenage women; adolescent men have not been as well-studied in this regard. The few published studies of the sexual behaviors and attitudes of teenage men have been limited in scope. Most studies of young men have reported on contraceptive knowledge and behavior,⁴ and often have produced inconsistent find-

ings. Few studies have sought information on young men's attitudes about parenting and sexual behavior.⁵

While previous research has shown that young men living in areas with substandard social and economic resources are more likely than those from more advantaged backgrounds to say that they have fathered a child or that their partner has been pregnant,⁶ there are also young men in low-income areas who do not father children during adolescence. Our objective was to investigate whether there are differences in sexual behavior and attitudes toward contraceptive use, pregnancy and parenting between young males who have fathered a child and those who have not, all of whom are from similar, presumably high-risk backgrounds. We also examined potential differences between the two groups' family relationships, the prevalence of teenage pregnancy among their peers and family members, and their perceptions of others' attitudes toward teenage pregnancy and childbearing.

Methods

Study Participants

The study group comprised 91 males aged 16–22 who received services from District Health Center No. 6, one of eight district health centers operated by the Philadelphia Department of Public Health. The health center is located in a densely populated area of North Philadelphia, a community with a high incidence of teenage pregnancy.⁷ The majority of persons who

seek care at this health center are of low socioeconomic status. From March to June 1995, potential participants were recruited consecutively while being seen for walk-in appointments or during routine health maintenance visits, and were identified by sex and birthdates as noted on their charts or registration forms. No further distinction or analysis of chief complaint was made.

Patients who were younger than 18 and who lacked parental consent for their participation were ineligible. We also excluded recent immigrants to the United States (within the past five years), because of the potential for differences in cultural and attitudinal orientation relative to young males who had grown up locally. Of 96 eligible men approached during the study period, five refused to participate.

Procedures

To maximize the uniformity of the questionnaire's administration, a single individual conducted all interviews. Participants were interviewed in a private area to assure confidentiality, and gave written informed consent prior to the interview. (Minors provided written parental consent.) The study protocol was approved by the institutional review boards of both Thomas Jefferson University and the Philadelphia Department of Public Health.

Because we were unable to find a validated instrument for assessing the attitudes and behaviors of young males, we adapted nonvalidated scales initially developed for other target populations. These items assessed respondents' sexual activity and contraceptive behaviors,⁸ parenting attitudes,⁹ attitudes toward sexual activity, contraception and pregnancy,¹⁰ perceived attitudes of peers and family regarding pregnancy and parenting,¹¹ perceived seriousness of pregnancy,¹² self-esteem¹³ and personal background.¹⁴ We developed additional items and refined them through pilot testing and several revisions.

In all, we grouped 80 items by topic into sections covering demographic characteristics; attitudes and behaviors with regard to sexual activity; and pregnancy and parenting issues. For items related to pregnancy and parenting, the questions read

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Table 1. Means (and standard deviations) and percentage distributions of males aged 16–22 visiting a public health clinic, by characteristic, according to fatherhood status, Philadelphia, 1995

Characteristics	Father (N=42)	Not a father (N=49)
MEANS		
Age (in years)		
At interview	19.4 (1.99)	20.1 (1.50)
At first birth	18.1 (1.21)	na
At first intercourse	13.1 (2.82)	14.2 (3.05)
No. of partners	1.2 (0.49)	1.1 (0.77)
PERCENTAGE DISTRIBUTIONS		
Race/ethnicity		
Black	52	45
White	10	14
Hispanic	38	41
Head of household's occupation†		
Unemployed	24	20
Blue-collar	48	49
White-collar	29	31
Head of household's education		
<high school	21	18
High school graduate	43	51
College	17	14
Unknown	19	16
Frequency of sexual activity		
<once a month	7	48***
Once a month	24	23
>once a month	69	30
Frequency of contraceptive use		
Always	14	36*
Sometimes	31	52
Never	55	11
Used contraceptives at last intercourse		
Yes	43	70*
No	57	30
Total	100	100

*Distributions differ significantly at $p < .05$. ***Distributions differ significantly at $p < .001$. †Unemployed means that the respondent reported that the head of the household was predominantly unemployed or on welfare while the respondent was growing up; blue-collar means that the head of the household was predominantly employed in the manual labor force or had basic clerical duties; and white-collar means that the head of the household was employed in a job that required some advanced training or education. (The latter group also included the few persons with a military career and professionals.) Notes: Percentage distributions may not add to 100% due to rounding; na=not applicable.

“would” and “if” for respondents who were not fathers, and “did” and “when” for fathers. The questionnaire was administered as a structured interview and took 15–20 minutes to complete.

Demographic characteristics, including age, ethnicity, household makeup, parents' educational and occupational status and respondent's educational status, were self-reported. The socioeconomic status of the respondent's household during his youth was ascribed according to his report of the occupation and educational level of the head of the household.¹⁵ No attempt was made to verify any of the reported information.

Statistical Analysis

Statistical significance was determined at $p = .05$. Differences in means for continuous variables were assessed by the t-distribution. Relationships among nominal variables were measured by chi-square. No correction for multiple tests was made. The Mantel-Haenszel chi-square was used to control for confounding variables, and except where otherwise noted, all p values given in this article are associated with this test.

To reduce the likelihood that confounding variables were responsible for differences between those who were fathers and those who were not, we checked for differences in age, ethnicity and parental occupation and education. None of the four relationships were statistically significant, although the relationship between fatherhood and age was marginally significant ($p = .07$). Because of this, we controlled the analyses for age. To ensure adequate sample sizes within each category, we divided the sample into age-groups of 16–19, 20 and 21–22.

Results

All 91 participants were asked if they had “ever gotten a girl pregnant”; 42 said they had, and that the pregnancy was carried to term. In addition, two young males reported that their partner had been pregnant, but had sought termination of the pregnancy, and that the decision to terminate was mutual; these respondents were classified as not being fathers. Another two respondents were not sexually experienced. No participant identified himself as homosexual or as ever having had sex with a man. Both groups were of comparable age: The mean age of fathers was 19.4 years, and of those who were not fathers, 20.1 years (Table 1). The two groups were also similar in ethnic background, parental occupation and parental education. The fathers were 18.1 years of age, on average, when their first child was born.

Sexual Activity

The mean age at first intercourse and the mean number of current sexual partners were similar for both groups (Table 1). Fathers reported greater frequency of sexual activity, with more than two-thirds of fathers but only one-third of the others saying they have intercourse more than once a month.

Compared with those who were not fathers, fathers used contraceptives less regularly: Forty-three percent of fathers and 70% of other young males reported that they or their partner had used some method of contraception at last intercourse. (Only contraceptive devices, the pill, in-

Table 2. Percentage distribution of males aged 16–22, by selected attitudes toward pregnancy and parenting, and relationship with own parents, according to fatherhood status

Attitude or relationship	Father	Not a father
How would/did you feel if/when your girlfriend got pregnant?		
Happy	64	36**
Other†	36	64
Would/did pregnancy interfere with your:		
School plans?		
Yes	45	73**
No	55	27
Job plans?		
Yes	38	65*
No	62	35
Future plans?		
Yes	71	92*
No	29	8
What would be/were your family's feelings if/when your girlfriend got pregnant?		
Happy	62	37**
Other†	38	63
What would be/were your friends' feelings if/when your girlfriend got pregnant?		
Happy	68	40*
Other†	32	61
Do you consider pregnancy a problem among your peers?		
Yes	26	29*
No	57	39
Depends	17	33
Amount of child's expenses respondent pays/expects to pay		
All	33	47*
>half	21	35
≤half	45	18
Respondent has five-year plan		
Yes	57	90***
No	43	10
Respondent's mother was a teen parent‡		
Yes	74	47**
No	26	53
Respondent's father was a teen parent‡		
Yes	43	27
No	57	73
Father figure is present in household		
Yes	50	82**
No	50	18
Quality of relationship with mother‡		
Good	86	88
Other	14	12
Total	100	100

*Distributions differ significantly at $p < .05$. **Distributions differ significantly at $p < .01$. ***Distributions differ significantly at $p < .001$. †This category includes such responses as unhappy, mad, worried, concerned, would not care and mixed feelings. ‡This analysis was not controlled for age, as there was no reason to expect that parental relationships were dependent on the age of the respondent. Note: Percentage distributions may not add to 100% due to rounding.

jectables and the implant were considered contraceptive methods.)

Attitudes on Pregnancy and Parenting

When the attitudes of each respondent toward pregnancy and its perceived impact on his future were assessed (Table 2), fathers were significantly more likely to say

they were happy when they found out that their partner was pregnant than the others were to say they would be happy if their partner became pregnant (64% vs. 36%). In contrast, they were significantly less likely to say that pregnancy would interfere with their school plans (45% vs. 73%), their job plans (38% vs. 65%) or their future plans in general (71% vs. 92%).

Although similar proportions in both groups said pregnancy was considered a problem among their peers, fathers were more likely to report it was not a problem, while more respondents who were not fathers said it was problematic, depending on the people involved. Fathers were at least 50% more likely than the others to say that their family and friends would be happy if their girlfriend were pregnant.

All respondents were asked to rank their share of parental responsibilities (actual or expected) on a scale of "all, greater than half, half, less than half or none." In most areas, young fathers and their peers who were not fathers gave similar responses. Both groups had, or expected to have, half or more of the responsibility for disciplining their child, for playing with the child, for taking the child to the doctor's office and for spending time with the child (not shown). Both groups reported having less than half or none of the responsibility for changing diapers and for bathing the child.

In their responsibility toward expenses for the child, fathers reflected less responsibility than did the other respondents, who more frequently expected to pay half or more of the child's expenses (Table 2). Among the fathers, 26 reported that they did not live with their child; 25 of these reported that they made contributions toward the child's expenses, however.

Goals and Role Models

Participants were asked what they saw themselves doing to support themselves and their families in five years' time. Responses were analyzed according to whether or not the participant had a five-year plan. The plan could include learning a specific trade, such as carpentry or plumbing, obtaining a higher education, aiming to become an entrepreneur or aspiring to be in sports or entertainment. Respondents categorized as having no plan saw themselves doing "nothing," stated they did not know what they would be doing in five years or said they did not know what they wanted to do. When participants initially said they did not know what they would be doing, they were given an opportunity to further consider their response. As Table 2 indicates, fathers were more than four times as likely

as those who had not fathered a child to be unable to state a clear five-year plan.

Fathers were significantly more likely than the others to report that their own mother was a teenage parent (74% vs. 47%). A greater proportion of fathers than those who were not fathers said their own father had been a teenage parent, although this was not statistically significant. Both groups reported similar numbers of male and female friends, siblings and other family members who had had children during their teens (not shown).

We also asked respondents a series of questions about their upbringing, including who had raised him, that person's level of involvement and his current relationship with that person, as well as specific questions about the role of the respondent's father or father figure in his upbringing. Both the fathers in our sample and the other respondents reported that their mother had a high level of involvement in their upbringing. Both groups reported having a positive relationship with their mother. However, fathers were significantly more likely than those who were not fathers to feel that their own father or father figure was not around much.

Self-Esteem

We also adapted questions from the Rosenberg Self-Esteem Scale,¹⁶ which was scored from zero to six, with the former value reflecting very high self-esteem and the latter very low self-esteem. Independent sample t-test mean scores were 1.2 (with a standard deviation of 1.2) for fathers and 1.5 (with a standard deviation of 1.4) for those who were not fathers, reflecting high self-esteem among the respondents and no statistically significant differences between the two groups.

Discussion

In this exploratory study, our objective was to compare the characteristics of and attitudes toward sexual behavior and parenting among young fathers and their counterparts who are not fathers. A cross-sectional design has inherent limitations in comparing attitudes. Fathers might have reported different attitudes toward parenthood if these had been assessed prior to the pregnancy that resulted in the birth of their child. Only a longitudinal design could overcome this potential problem. Nevertheless, a number of items are less likely to be affected by this issue, including reported age of first sexual activity, contraceptive use, presence of a father figure and teenage parent role models.

We found no difference between young

fathers and their peers who were not fathers in reported age at first intercourse, a finding consistent with previous research.¹⁷ On the other hand, we did find differences between the two groups in terms of what may be viewed as "sexual responsibility" (i.e., reported sexual behaviors that affect an individual's risk of pregnancy and sexually transmitted diseases). Fathers reported more frequent sexual activity and less consistent contraceptive use. Taken together, these findings suggest that high-risk sexual attitudes and behaviors, rather than simply the early onset of sexual activity, increase an adolescent's chances of early parenthood. If confirmed, these findings have important implications for pregnancy prevention programs.

Although both groups reported positive relationships with their mothers, the fathers reported that their own father or father figure was less present when they were growing up than did their peers. We speculate that the young fathers' own perceived lack of paternal support may have encouraged them to choose early parenthood in an attempt to offer their child the type of parenting they never had. Determining what goals young fathers have for providing for their children and how well they fulfill these goals may provide additional insight into this theory.

Our findings support the work of others who have shown that having a teenage mother is itself a risk-factor for early fatherhood.¹⁸ The effect of teenage parenting among peers is not as clear, however. Although fathers and young males who were not fathers had equal numbers of teenage parents among their peers and other relatives, fathers perceived that their peers were more favorably inclined toward teenage parenting than did the others. Data on the strength of relationships between teenagers and the teenage parents among their peers might have been helpful in explaining this apparent discrepancy.

That fathers reported being less responsible in providing for their child's expenses than their peers who had not fathered a child expected to be may reflect a more realistic view of parenting among the fathers. Alternatively, respondents who were not fathers may expect to provide more completely for their child by achieving at a higher academic and professional level. Fathers more frequently acknowledge contributions to their child's expenses from other sources (such as the mother, grandparents and subsidized programs such as the Women, Infants and Children program and public assistance) than do their peers who are not fathers. Since expenses are quantifiable,

questions on this topic may elicit answers that more accurately reflect the respondent's level of responsibility than do other parenting questions. It would be enlightening if in future research teenage mothers' perceptions of a father's appropriate role and responsibilities could be compared with the fathers' views on this topic.

The clinical significance of some of our findings is unclear, due in part to the cross-sectional design. Contrary to other studies, which found that teenage fathers have lower self-esteem than their peers who are not fathers,¹⁹ our findings suggest that adolescent parenthood is not necessarily related to low self-esteem. It is possible that parenthood increases self-esteem in some adolescents. If this hypothesis is correct, then leaders of pregnancy prevention programs, other health care providers and adolescent advocates may want to focus their efforts on helping adolescents find esteem-building alternatives to early childbearing. Prospective studies are needed to clarify this matter.

The same difficulties apply in assessing the importance of goal orientation: Were the men who fathered children at an early age less goal-oriented before fatherhood, and thus more vulnerable to early parenthood, or did the complications of early fatherhood make them less likely to have a five-year plan? A retrospective study in Great Britain showed that adolescent fathers were more likely to have experienced school difficulties while growing up than their peers who were not fathers.²⁰ Though that study dealt with a very different population, both its findings and ours suggest that lack of goal orientation may precede early fatherhood. A cohort study of preadolescent boys would be a useful way of clarifying some of the uncertainty about goals and self-esteem.

The generalizability of our findings is limited because the study was completed at a single location; however, our findings may be applicable to inner-city youths whose socioeconomic status is similar to that of this study population. Other potential methodological limitations include our exclusive use of self-reported responses and the lack of instrument validation. We attempted to assess the reliability of certain responses, such as those on perceived attitudes of peers towards pregnancy and the respondent's relationship with his father figure, by using a variety of question formats during pretesting and in the study itself. Both topics showed consistent responses across a variety of formats.

Not all communities share beliefs that support preventing early parenthood. Given previous research on the similarity between

an individual's childbearing attitudes and those of the people close to that individual,²¹ it should not be surprising that those adolescents who had children were much more likely to have peers and family members who viewed teenage pregnancy in a positive light. Early parenthood may be a way of life that is known to them and that they may expect for themselves. Exploring with the preadolescent male patient his attitudes and beliefs about pregnancy, as well as what he perceives the beliefs of his peers and family to be, may be an effective way to identify young men at risk for early parenthood. Practical interventions for these patients can begin with discussions of the value of delaying pregnancy and the difficulties that teenage pregnancy creates for both the parents and the child, and continue with an exploration of goals. Such discussions should serve as an adjunct to, rather than a substitute for, the values and beliefs with which the patient has been raised.

Instrument validation, larger sample size and prospective study design are necessary to overcome the limitations and improve generalizability of this study. Nevertheless, some findings, such as those on contraceptive use and the impact of an absent father or a mother who was herself teenage parent, are less likely to have been affected by the study design. This information, if incorporated into pregnancy prevention programs and services for teenage parents, may help to focus interventions in communities that continue to struggle with these issues.

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