

Although teenaged birth rates in the United States fell 30% between 1991 and 2002 ([Martin et al., 2003](#)), adolescent childbearing still remains higher than other developed nations ([Alan Guttmacher Institute, 2001](#)). Recent data suggest that 18% of adolescent women bear children before the age of 20 years ([Child Trends, 2004](#)). In recent years, researchers, policy makers, and practitioners have become increasingly aware of the importance of the adolescent father's involvement with his child and with the mother of the baby ([Arendell, 1996](#)). Interest in teenaged fathers has been fueled by the finding that young fathers can be an important source of support to the adolescent mother and the child ([Fagan, Futris, & Bernd, 2004](#); [Gee & Rhodes, 2003](#)). Concern about adolescent fathers has also been influenced by the finding that many young fathers become progressively less involved with their children over the course of time ([Marsiglio, Amato, Day, & Lamb, 2000](#)). Reduced contact with fathers may be one of the most pronounced effects of bearing children outside of marriage ([Amato & Keith, 1991](#); [Furstenberg, 1995](#); [Stewart, 1999](#)). Never-married adolescent fathers are even less likely than older divorced or separated fathers to spend time with their children (Marsiglio, Amato, Day, & Lamb). Given the high risk of reduced father–child contact over time, research is needed to determine factors that contribute to adolescent fathers' involvement with their children.

The present study focuses on two factors that have been hypothesized to influence adolescent fathers' involvement with their infants—parenting stress and social support ([Greenberg & Brown, 1995](#); [Marsiglio & Cohan, 1997](#)). Although research has examined the influence of social support on young fathers' involvement with their children ([Achatz & MacAllum, 1994](#); [Bunting & McAuley, 2004](#)), to the best of our knowledge only one published study has examined the association between parenting stress and father involvement among low-income adolescent parents (see [Florsheim, Moore, Zollinger, MacDonald, & Sumida, 1999](#)), and this study did not find a significant bivariate or multivariate relationship between these variables. Parenting during the teenaged years may be highly stressful, particularly among low-income teenagers who have few resources to buffer the stresses of parenting ([Leadbeater & Way, 2001](#)). We expect to find a significant negative association between parenting stress and father involvement. We also expect that young fathers' social support will buffer the relationship between stress and paternal involvement. Further, we improve upon earlier studies by controlling for fathers' prenatal involvement.

CONCEPTUAL FRAMEWORK

 

The conceptual framework used in this study is stress theory. According to this theoretical framework, parental functioning is affected by the stresses and supports experienced by parents. Stresses are likely to have an adverse affect while support has a buffering influence on the parent–child system. We build on the work of [Abidin \(1992\)](#) who suggests that the parent–child system can be affected by multiple stresses associated with characteristics of the child, parent, and the family's demographic situation. Stresses associated with parental characteristics, the focus of the present study, frequently include the parent's health, sense of social isolation, depression, role restriction, spousal/partner

difficulties, lack of competence, and parent–child attachment problems. [Abidin \(1992, 1995\)](#) and others (e.g., [Rahe, 1974](#)) suggest that stressors can be additive. That is, the combination of multiple stresses has a more adverse affect on the parent–child system than does a single stress. Further, stress in the parent–child system may be especially detrimental to the child's emotional and behavioral development during the first 3 years of life ([Abidin, 1995](#)).

Several studies have examined the process by which stressors influence parenting. Stressful experiences are frequently filled with emotions. Research has shown that emotions such as negative mood states often persist across settings, such as from the workplace to home ([Williams & Alliger, 1994](#)). It has been suggested that men are more susceptible than women to spillover of negative moods from one setting to another ([Gottman & Levenson, 1986](#)). Further, the negative mood states often associated with stress may result in energy depletion ([McDonald & Almeida, 2004](#)), which might explain why men withdraw from social interaction in the family ([Repetti, 1994](#)). In the case of young fathers, we expect that higher levels of parenting stress will be linked to withdrawal from care-giving involvement.

A small body of evidence suggests that adolescent fathers are at high risk for parenting stress. Many young parents are unprepared for the responsibilities associated with being a parent ([Birkeland, 2004; Dellmann-Jenkins, Sattler, & Richardson, 1993](#)). [Garrison, Blalock, and Zarski \(1997\)](#) found that men who have become fathers later in life experienced less stress associated with parenthood compared with men who became fathers at an earlier age. Teenage fathers are likely to be at higher risk for parenting stress resulting from poor educational attainment ([Glickman, 2004; Xie, Cairns, & Cairns, 2001](#)), lack of employment or underemployment ([Fagan, Barnett, Bernd, & Whiteman, 2003](#)), feelings of inadequacy and lack of competence in the parenting role ([Marsiglio & Cohan, 1997](#)), and relationship difficulties with the child's mother ([Florsheim, Sumida, & McCann, 2003; Gavin et al., 2002; Glickman, 2004](#)). Although each of these factors may have a negative impact on the young father's involvement with his child, the combination of multiple stresses may have an additive influence on the father's parenting (i.e., [Abidin, 1992, 1995](#)). In the present study we use a measure of parenting stress that assesses multiple sources of stress.

There is surprisingly little research available examining the relationship between parenting stress and father involvement with children. Early research on older fathers revealed a significant negative relationship between parenting stress and satisfaction with family task arrangements among new parents ([Cowan & Cowan, 1988](#)). [Fagan \(2000\)](#) found a significant negative relationship between Head Start fathers' daily hassles and amount of father–child play interaction on the same day that the father reported the hassles.

[Florsheim et al. \(1999\)](#) conducted one of the few studies examining the relationship between multiple sources of parenting stress and teenaged fathers' parenting. They found a significant negative bivariate relationship between a composite measure of parenting stress and fathers' nurturant behavior with infants among middle-income adolescent

fathers but not among low-income adolescent fathers ($r=-.26$). However, the small sample size of low-income adolescent fathers ($n=30$) may have accounted for the lack of significance in the analysis. In the present study, we use a larger sample of low-income adolescent fathers to examine the relationship between parenting stress and father involvement.

Stress theorists frequently suggest that the negative influences of stress are offset by social supports. Researchers have suggested that support from the adolescent mother, grandparents, aunts and uncles, peers, and community members may positively influence the young father's involvement with his child ([Marsiglio & Cohan, 1997](#)). There is some evidence suggesting that a sizeable number of young fathers have no support from family members and are instead treated with hostility, particularly by members of the adolescent mother's family ([Bunting & McAuley, 2004](#)). Other research has found that support from the adolescent mother's parents is especially important for ensuring the young father's involvement with his infant ([Rhein et al., 1997](#)). Network support can influence fathers' involvement by buffering men's stress during the transition to parenthood. However, social support may also exert a direct influence on fathers' involvement with the child. For example, network members may actively encourage the young father to stay involved during times when competing interests entice the young man from fulfilling the responsibilities of parenthood. We expect to find that the fathers' social supports will be positively associated with increased father involvement with the infant. We also expect to find that social support will moderate (interact with) the relationship between parenting stress and paternal involvement.

We control for a number of additional factors (father's prenatal involvement, education, residence, age, and employment) that are likely to influence levels of young fathers' involvement with their infants.¹ Previous studies have found a strong relationship between early levels of father involvement and later levels of involvement ([Elster & Lamb, 1982](#); [Redmond, 1985](#); [Rivara, Sweeney, & Henderson, 1986](#)). Conceivably, fathers' parenting stress when the child is young may be associated with earlier (prenatal) levels of involvement with the child. That is, fathers with higher levels of parenting stress following the child's birth may have been less involved with their child during the pregnancy. Further, fathers' prenatal involvement may also influence the availability of social supports during the transition to parenthood. Fathers who become involved in various aspects of the pregnancy may invoke higher levels of support from network members following the child's birth. We therefore conduct a short-term longitudinal study to control for fathers' prenatal involvement.

Research findings on the relationship between paternal education and father involvement have been mixed, with some studies showing a positive relationship between education and involvement ([Ahmeduzzaman & Roopnarine, 1992](#); [Johnson, 2001](#); [Kalmijn, 1999](#)) and others showing no relationship between these variables ([Fox & Bruce, 2001](#); [Rane & McBride, 2000](#)). We control for fathers' education in the present study.

Numerous studies have revealed an association between residence of the father and amount of paternal involvement with children (i.e., [Coley & Morris, 2002](#)). [Stueve and](#)

[Pleck \(2001\)](#) have suggested that the father's co-residence in the child's household may be more critical than many other factors associated with involvement. However, not all studies suggest that residence plays such a critical role. [Cabrera et al. \(2004\)](#) found that the vast majority of Early Head Start fathers, regardless of residence status, are accessible to their children at 24 months, the age at which other studies have reported a drop-off in paternal involvement ([Shannon, Tamis-LeMonda, London, & Cabrera, 2002](#)). Our analysis controls for the adolescent father's residential status in relation to his infant.

Another demographic characteristic of the father that may affect his involvement with the child is age. A small but relevant body of work suggests that the older the father the more likely he is to be involved in childrearing and child care activities ([Landale & Oropesa, 2001](#); [Rhein et al., 1997](#)). Older fathers tend to be more emotionally mature than young fathers, and more committed to fatherhood responsibilities ([Johnson, 2001](#)). As we mentioned earlier, fatherhood and adolescence, especially when co-occurring, can be extremely stressful. Therefore, it would be logical to expect that younger parents would be less involved with their children.

The young father's employment in the labor force also may have a significant impact on his involvement with the child. In the case of young unmarried parents, participation in paid work may increase the likelihood of the father's involvement with his child. Many young fathers have few if any job skills, and they frequently lack work experience ([Arendell, 1996](#)). Young mothers may encourage the involvement of fathers when they perceive the young man to be responsible and to have the potential to be a "better" father as a result of his employment. This hypothesis is consistent with [Wilson's \(1987\)](#) notion that joblessness accounts for the diminished family role of the father in disadvantaged communities. Labor force participation also increases the likelihood that young fathers will be able to provide financial support to their children. Recent findings suggest that fathers who provide financial support to their children also tend to be more involved with them ([Seltzer, McLanahan, & Hanson, 1998](#)). We hypothesize, therefore, that young fathers will be more involved in care giving if they are also employed in the labor market.

To summarize, the present study tests four hypotheses. First, fathers' parenting stress will be negatively associated with amount of fathers' provision of care giving to the infant. Second, the size of the father's social support network will be positively associated with paternal involvement. Third, social support provided by the parents of adolescent mothers and fathers will be positively associated with young fathers' involvement in care giving. Fourth social support will moderate the relationship between fathers' parenting stress and their involvement with the infant.

METHOD

 

Research Design

Data used in this study are part of a two-wave panel study designed by the authors with the intention to examine predictors of adolescent fathers' involvement with their offspring born to teenaged mothers. The present study is based primarily on concurrent data collected during time 2 of the study, although time 1 data on fathers' prenatal involvement are also included. In order to participate in the study, mothers were required to be pregnant and less than 20 years of age. Fathers were required to be the biological parent and under 24 years of age. Respondents were interviewed between the seventh and eighth months of the pregnancy (prenatally) and when the baby is 3 months old.

Teenaged mothers and fathers were recruited in the outpatient OB/GYN clinic of a major teaching hospital located in an urban, northeastern American city. Potential subjects were informed that their participation was strictly voluntary and that there would be no impact on services if they chose not to participate. Participants over age 17 were permitted to sign the informed consent form themselves. Those aged 17 and under were required to have a parent's or guardian's signature. Survey forms were administered separately to mothers and to fathers. Participants were not allowed to sit in on each other's interview. A research assistant read aloud all items on the paper and pencil instrument. Mothers and fathers each received a small stipend after completing the survey questionnaire.

Participants

A total of 97 pregnant teenaged mothers were invited to participate in this study. Eighty-four teenaged mothers (87% of those invited to participate) agreed to participate in the study. The high participation rate was attributed to the assistance of the nursing staff in recruiting adolescents. Of the 84 pregnant teenagers who participated in the study, 57 (68%) adolescent fathers completed the interview in the prenatal phase (time 1), and 50 (60%) of the adolescent fathers completed the interview in the 3-month follow-up (time 2). The present study is based on these 50 teenage father–mother dyads that participated at times 1 and 2.

On average, young fathers were older than the young mothers. As shown in [Table 1](#), fathers' mean age was 19.10 years ($SD=2.82$) and mothers' was 17.02 years ($SD=1.32$). Father's median completed education was 11th grade and mother's was 10th grade. The majority of young fathers and mothers self-identified as African American (56% and 62%, respectively). Of the remaining young parents, 36% of the fathers and 32% of the mothers self-identified as Hispanic, and only 8% of the fathers and 6% of the mothers self-identified as "other" (e.g., of Asian or American Indian descent). The majority of fathers and mothers in the sample were having their first child (66% and 70%, respectively).

Instruments

Father's care-giving involvement.

Father involvement in care giving when the baby was 3 months old was assessed with the Parental Childcare Scale ([Hossain & Roopnarine, 1994](#)). This measure is used to assess the amount of paternal involvement in care-giving activities. We used 13 out of 15 items

of the first portion of this scale. Mothers and fathers were asked to indicate the extent (1=*never* to 5=*always*) to which the father participates in care-giving activities such as holding the baby during play and changing the baby's diaper. The two items that were omitted include feeding the baby and taking the baby to and from day care. Fathers would not have the opportunity to feed the child if the baby is being breastfed. Fathers were also not likely to have the opportunity to bring the child to day care because of the child's young age. Averaged item scores were computed for mother and father reports of paternal care giving, with higher scores reflecting more frequent involvement in care giving, and hence greater paternal involvement. Internal consistency was calculated for the mother form ($\alpha=.95$) and the father form ($\alpha=.92$).

Father's prenatal involvement.

This measure was assessed at time 1 (during the seventh or eighth month of the pregnancy), using an instrument "How Involved Are You During the Pregnancy," developed for this study. This seven-item instrument was developed based on a review of the transition to parenthood literature and on interviews with pregnant parents about the important components of father's prenatal involvement. Mothers and fathers were asked to indicate how often the father of the baby participates in various prenatal activities on a five-point scale that ranges from 1=*never* to 5=*always*. There is one item about fathers' participation in OB/GYN visits, four items on planning for the baby (e.g., "How often do you talk about plans for the baby?"), and two items on interacting with the baby prenatally (e.g., "How often do you speak with the baby while in the mom's belly?"). Cronbach's α is .81 for the fathers and .78 for the mothers. Averaged item scores were calculated for this instrument.

Father's parenting stress.

The parent domain of the Parenting Stress Index (PSI; [Abidin, 1995](#)) was used to assess fathers' perceived stress in the parent-child system when the baby was 3 months old. The parent domain includes seven scales designed to assess stress in relation to multiple personal and situational characteristics of the parent. The scales include: depression, social isolation, role restriction, health problems, spousal/partner conflict, lack of competence in parenting, and difficulties with the parent-child attachment relationship. Each scale can be used separately or as a summative scale (parent domain). The latter approach is used in this analysis. The 54 items in the parent domain are based on a Likert-type scale, with response options ranging from 1=*strongly agree* to 5=*strongly disagree*. Sample items include "Since having my child, my partner has not given me as much help and support as I expected"; "Having a child has caused more problems than I expected in my relationship with my partner"; and "I expected to have closer and warmer feelings for my child than I do and this bothers me." The average item score was computed for the PSI. The Cronbach's α for the items in the parent domain is .83.

Father's social support.

The short form of the Social Support Questionnaire (SSQ; [Sarason, Levine, Basham, & Sarason, 1983](#)) was used to assess total number of social supports of teenage parents.

This six-item questionnaire, which was administered during the time-2 interview, asks subjects who they can really count on for instrumental and emotional support and acceptance. Respondents are asked to identify up to nine individuals in their network who provide support for each item in the questionnaire. The total number of social supports is calculated by adding the number of individuals identified in the nine items of the scale.

Teenaged mothers and young fathers were also asked about their parents' support of the young father's involvement with the child. The adolescent mother was asked about support from her parents, and the young father was asked about support from his parents. The response format of the items (e.g., "How supportive are your parents of the father's involvement with his child?") ranged from 1=*very unsupportive* to 4=*very supportive*. Both items were administered to adolescents during the time-2 interview.

Additional variables.

To measure residential status of the father, teenage fathers were asked if they lived with the mother of their new baby most of the time. Those who reported residing together were coded as 1. Mothers and fathers were asked about their age, education (highest grade completed), and racial/ethnic background and employment in the labor force during the past 6 months. Fathers who have been employed during the past 6 months were coded as 1.

RESULTS

Preliminary Analyses

As noted earlier, 97 pregnant teenaged mothers were screened for the study, of which 84 participated in the time-1 interview. Two screening questions were asked: the age of the teenaged mother and whether the young mother currently sees or talks with the young father. There was no significant difference between time-1 participants and nonparticipants for mother's age. However, there was a significant group difference for involvement with the young father ($t=2.35, p<.05$). Adolescent mothers who agreed to participate in the study were more likely to currently see or talk with the baby's father.

Of the 84 mothers that participated in the study at time 1, 57 (68%) young fathers completed the interview in the prenatal phase. A series of t -tests and χ^2 were carried out to examine potential differences between the teen mothers with partners who participated in the study and teen mothers with partners who did not participate at time 1 (these findings are not reported in a table). We found no significant differences for the adolescent mother demographic variables (education, race, or age). We found, however, significant differences on maternal reports of adolescent father's prenatal involvement ($t=-2.52, p<.05$). Fathers' prenatal involvement was significantly lower if they were not in the study at time 1.

As the findings of the present study are based on the 50 (60%) teenage father–mother dyads that participated at times 1 and 2, another series of *t*-tests and χ^2 were carried out to investigate potential differences in the dyads who participated at both times and those who participated at time 1 only. We found no significant differences for the father's or the mother's age, education, race, or for the father's residential status. There was no significant group difference for mothers' or fathers' reports of fathers' prenatal involvement.

Descriptive Analyses

The means and standard deviations for the major study variables are presented in [Table 2](#). On average, young fathers were moderately involved with their 3-month-old babies. Fathers reported somewhat higher levels of paternal care-giving involvement ($M=3.29$, $SD=.99$) than did mothers ($M=2.98$, $SD=1.16$) on a five-point scale. Fathers and mothers reported very similar levels of paternal involvement during the prenatal phase. Fathers' self-reported mean score on the prenatal involvement scale was 3.79 ($SD=1.13$) and mothers' mean score was 3.72 ($SD=1.14$) also on a five-point scale. Further, 49% of the young fathers reported living together with the mother of their new baby at time 2. On the average, young fathers reported having 17.77 individuals who provided instrumental and emotional support to them. Individuals could be identified as a source of social support more than once if they provided more than one type of support. The mean item score for fathers' parenting stress was 2.47 ($SD=.40$) on a five-point scale. This average score suggests a level of parenting stress equivalent to the 75th percentile of the PSI normative sample ([Abidin, 1995](#)). On the average, young fathers in this study appear to experience a moderately high level of parenting stress.

Bivariate Analyses

The bivariate analyses for the variables included in this study are presented in [Table 3](#). We first examine the correlations between fathers' and mothers' reports of paternal involvement during both the prenatal phase and when the baby was 3 months old because previous research has suggested that fathers are not as reliable reporters as are mothers of their involvement with children ([Wical & Doherty, 2005](#)); that is, fathers tend to overestimate their involvement with children. The descriptive data presented in [Table 2](#) revealed that, in comparison with adolescent mothers, young fathers reported higher levels of involvement. However, there was a moderately strong association between mothers' and fathers' reports of father prenatal involvement ($r=.46$, $p<.001$). There was a strong association between mothers' and fathers' reports of father involvement in caring for the 3-month old ($r=.61$, $p<.001$). Based on these robust correlations, it would appear that fathers produced reliable reports of their involvement using the prenatal measure ("How Involved Are You During the Pregnancy") and the Parental Childcare Scale.

We next examine the relationships between selected independent and dependent variables. Fathers' parenting stress was negatively associated with care-giving involvement as reported by mothers ($r=-.39$, $p<.01$) and as reported by fathers ($r=-.42$, $p<.001$). There was a significant positive relationship between mothers' reports of fathers'

prenatal involvement and their involvement with 3-month olds ($r=.37, p<.01$). There was also a significant positive relationship between fathers' reports of fathers' prenatal involvement and their involvement with 3-month olds ($r=.60, p<.001$). The relationship between fathers' reported levels of total social support and mothers' perceptions of father involvement in care giving with the infant approached significance ($r=.18, p<.10$). The relationship between fathers' reported levels of total social support and fathers' perceptions of father involvement in care giving with the infant was significant ($r=.25, p<.05$). The relationship between support for father involvement provided by the young father's parents and the man's self-reported involvement with his infant approached significance ($r=.18, p<.10$). The relationship between support for father involvement provided by the young father's parents and the teenaged mother's perception of his involvement with the infant was highly significant ($r=.41, p<.001$). There was no significant relationship between support for father involvement provided by the adolescent mother's parents and either father- or mother-perceived paternal involvement.

Multivariate Analyses

We used a hierarchical multiple regression procedure as a means to test the association between parenting stress, social support, and fathers' care giving, statistically controlling for other independent variables. Two sets of analyses were conducted—one set with fathers' reports of their own involvement as the dependent variable and one set with mothers' reports of father involvement as the dependent variable. All of the father-related independent variables hypothesized to predict father involvement (e.g., father's resident status) were entered at the same time into the two models.

[Table 4](#) presents the results of the analyses with fathers' reports of their own involvement as the dependent variable. As shown in [Table 4](#), the resulting model predicted 53% of the variance in fathers' reports of their care-giving involvement ($p<.001$). Results revealed that fathers' parenting stress is a robust correlate of self-perceived care giving at 3-month postpartum ($\beta=-.32, p<.05$). Fathers who experience higher levels of parenting stress are significantly less likely to engage in care-giving activities with the infant. As predicted, fathers' reports of prenatal involvement were significantly related to self-reported care giving at 3 months ($\beta=.36, p<.01$). There was no significant relationship between total social support and self-reported care giving. However, the relationship between parental support for the young man's involvement with the child and his actual care-giving involvement approached significance ($\beta=.22, p<.10$).

The next set of analyses tested whether social support moderated (buffered) the relationship between fathers' parenting stress and fathers' self-reported involvement in care giving. Three interaction terms were calculated: total social support \times parenting stress, father's parents are supportive of the father's involvement \times parenting stress, and mother's parents are supportive of the father's involvement \times parenting stress. Each interaction term was entered separately into the regression equation shown in [Table 4](#) (findings are not shown in a table). There was no significant moderating effect for total social support ($\beta=-.16, ns$), support from the father's family ($\beta=.08, ns$), or support from mother's family ($\beta=1.43, ns$).

[Table 5](#) presents the findings with mothers' reports of father involvement as the dependent variable. The resulting model predicted 36% of the variance in the dependent variable. Fathers' parenting stress was negatively related to mothers' reports of fathers' care giving at 3-month postpartum ($\beta = -.40, p < .01$). Mothers' perceptions of fathers' prenatal involvement were also significant in relation to maternal reports of fathers' care-giving involvement ($\beta = .32, p < .05$). Father's age was positively related to father involvement ($\beta = .35, p < .05$).

We next examined whether social support moderated the association between parenting stress and mothers' perceptions of father involvement (findings are not presented in a table). The moderating influence of fathers' total social support approached significance ($\beta = 1.47, p = .09$). The interaction term for father's family support was significant ($\beta = 2.18, p = .03$) as was mother's family support ($\beta = .31, p = .05$).

DISCUSSION

 

The present study examined the relationship between adolescent fathers' parenting stress, social support, and fathers' care-giving involvement with the 3-month-old infant. Data were also collected several months before the birth of the child, enabling us to control for fathers' prenatal involvement with the child and mother. Both adolescent mothers and young fathers provided ratings of fathers' prenatal and 3-month care-giving involvement.

The multivariate findings revealed that fathers' parenting stress was significantly and negatively related to fathers' and mothers' reports of fathers' care giving, after accounting for prenatal involvement and other control variables. We controlled for fathers' prenatal involvement in the present study because we expected that young men's involvement in the pregnancy might be related to later reports of parenting stress. The findings revealed a significant negative association between fathers' reports of their own prenatal involvement and postbirth parenting stress. Fathers who were more involved in the pregnancy (as reported by fathers) reported significantly lower levels of parenting stress than fathers who were less involved in the pregnancy. Given the robust relationship between fathers' prenatal involvement and care-giving involvement with the infant, we think that the findings of the present study are strengthened by controlling for early levels of fathers' participation with the expecting adolescent mother. The fact that β between parenting stress and father involvement in care giving was moderately strong in the multivariate analysis ($-.39$ for mother reports of father involvement and $-.42$ for father reports of involvement) appears to suggest an important linkage between adolescent parenting stress and care giving.

The relationship between parenting stress and father involvement is also noteworthy because the association is significant and moderately strong when both mothers and fathers report levels of fathers' care-giving involvement. Many researchers have raised questions about the validity of fathers' self-reports of their own involvement with children. That is, studies have shown that fathers tend to overestimate their involvement

with children ([Hofferth, Pleck, Steuve, Bianchi, & Sayer, 2002](#)). Researchers have suggested that it is best to "triangulate" reports by obtaining both mothers' and fathers' responses about father involvement ([Pasley & Braver, 2004](#)). Although the use of both mothers' and fathers' reports of father involvement improves the validity of our findings, we also note that we found higher than usual correlations between mothers' and fathers' assessments of prenatal and 3-month care-giving involvement. Correlations between mothers and fathers tend to range from around .30 to .40 ([Marsiglio et al., 2000](#)). We found correlations of .46 for prenatal data and .60 for 3-month data.

Parenting stress was assessed in the present study using a composite measure that includes multiple sources of stress, including depression, poor parental health, social isolation, partner conflict, difficulties with the parent-child attachment, and lack of competence. Although many studies have found that additive stresses are more detrimental to parenting than any one source of stress, the findings of this study do not allow us to disaggregate the specific sources of stress that contributed to low levels of young fathers' involvement with their infants. Unfortunately, the small sample size used in this study did not allow us to conduct a multivariate analysis with each PSI subscale to determine the significant stress variables that correlate with paternal involvement. Larger sample sizes will be useful to ascertain the relationship between specific sources of stress and father involvement. At present it is not clear which sources of stress place young fathers at greatest risk for noninvolvement.

Building on the growing literature on the relationship between social support and father involvement, we hypothesized that young men's care-giving involvement would be associated with higher levels of total network support and higher levels of support from the young mother's and father's parents. We found weak support for the association between total number of social supports and fathers' involvement in care giving; the associations were significant in the bivariate analysis but not the multivariate analysis. We found somewhat stronger support for the relationship between parental support and the young father's involvement with his child (see also [Miller, 1994](#)). Interestingly the association between parental social support and father involvement was greatest for the young father's parents, at least in the bivariate analysis. There was no significant association between support from the adolescent mother's parents and father involvement in care giving. These findings are not consistent with those of previous research that has suggested a linkage between social support provided by the teenaged mother's parents and father involvement with the child ([Rhein et al., 1997](#)).

Although the association between family social support and father involvement was not particularly strong, we suggest that future research continue to study the differential impact of support from various sources on the young man. Parents and other family members may exert their influence on young fathers through their acceptance of the young father's new role. They may influence the young father by setting standards for his involvement with his child. The adolescent father-child relationship is quite fragile. Support from family members may be an important ingredient in reducing the risk to that relationship.

We also examined whether social support buffers the relationships between fathers' parenting stress and father involvement in care giving. Three sources of social support were examined: total number of network supports, support from the father's parents for the young father's involvement, and support from the mother's parents for the young father's involvement. There was no moderating effect for the three support variables in relation to fathers' reports of their care-giving involvement. However, the moderating effect of total number of social supports on parenting stress approached significance for mothers' reports of young fathers' care-giving involvement. Support from the adolescent mother's parents and support from the young father's parents significantly moderated the relationship between parenting stress and mothers' reports of father care giving. These findings appear to suggest the importance of social support from various sources in minimizing the negative impact of fathers' parenting stress on involvement with the infant, at least in relation to mothers' perceptions of paternal involvement.

The present study included a number of control variables that were expected to correlate with teenaged fathers' care giving. We found no significant relationship between father's residence with the infant and care-giving involvement. Although nonresident fathers were somewhat less likely to participate in the study, we think our findings may add to the growing literature suggesting that in some populations residential status is less influential than other variables to levels of father involvement (e.g., [Cabrera et al., 2004](#)).

We expected that fathers' education level would be related to care-giving involvement. This was not the case in this study. These findings are not consistent with previous research that has shown a linkage between education and paternal involvement among adolescent fathers (e.g., [Fagan et al., 2003](#)) or among older fathers ([Woodworth, Belsky, & Crnic, 1996](#)). The problem with examining education level in a population of adolescent fathers is one of lack of variability. Education level is likely to correlate with father involvement when a broader sample of fathers is studied.

Father's age was significantly related to mothers' reports of paternal involvement in the bivariate and multivariate analyses. These findings are consistent with those of other researchers (e.g., [Landale & Oropesa, 2001](#)). In all likelihood, age is related to father's emotional maturity—more mature fathers are able to assume the responsibilities of parenthood regardless of other circumstances in one's life that may interfere with parenting.

Limitations with the sample of adolescent fathers and mothers who participated in the study should be noted. We reported a participation rate of 60%. The couples that participated at both times did not differ significantly from those who participated at time 1 only. However, fathers that participated at time 1 were more involved during the pregnancy than fathers who did not participate at time 1. Although difficult to predict, we assume that fathers who did not participate in the study may have had both higher levels of parenting stress and lower levels of care-giving involvement. The relationship between the parenting stress and father involvement with the infant may have been even stronger with the inclusion of the entire sample.

Additional limitations with the data should be noted. The nonrepresentative sample used in the present study limits the generalizability of our findings. Although the sample size used in this study is small, we found a robust association between parenting stress and father involvement in care giving that is in line with studies of older fathers (e.g., [Cowan & Cowan, 1988](#)). Caution should be exercised, however, in inferring causation from the present data. Although data were obtained on prenatal involvement, we did not obtain data on fathers' parenting stress during the prenatal period. Assessments of parenting stress were conducted concurrently with assessments of father involvement in care giving with the 3-month old. As these particular data are correlational, one cannot infer causality.

The results of the present study are relevant for social policy and practice with adolescent parents. Our findings have implications for the timing of services to young fathers. Policy and programs serving adolescent parents should target young fathers before the birth of the baby. As our data suggest, the degree to which fathers are involved prenatally is related to the level of father involvement during the first months following the baby's birth. Programs should work with adolescent fathers and mothers to address obstacles that may interfere with the young man's continued involvement before the birth.

The first year following the child's birth is critical for the development of the father–child relationship. Our findings suggest the need to address fathers' parenting stress as a means to increase the amount of father involvement and the quality of the father–child relationship. Our results also suggest the value of helping young couples to increase their social supports from parents as well as from others. Adolescent fathers' support groups and parenting education programs may help fathers to develop strategies to reduce stress associated with the parenting role. Some young fathers may need more personalized attention to address issues that affect their involvement with the child.

The present study adds to the growing knowledge base about adolescent fathers and their relationships to their children. Future research should continue to address questions about the relationship between parenting stress, social support, and adolescent father involvement. Larger and more representative samples are needed to generalize findings. Longitudinal research designs should be employed, with longer periods of follow-up. We also suggest that greater attention should be placed on the impact of the social context, including the teenaged mother's role in relation to fathers' parenting.

Footnotes

¹Father's residence, age, education, employment, and prenatal involvement are potentially important correlates of adolescent father's involvement with children. We treat these variables as controls because of the sample size of the study and our interest in studying the relationship between parenting stress, social support, and father involvement.

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