

# CFRP POLICY BRIEF

## Mapping the Paternity Establishment Decision: *Regional variation in unmarried fathers' birth attendance and paternity establishment*

One performance goal of the Texas Child Support Division (OAG-CSD) is to achieve high rates of paternity establishment for nonmarital births. In Texas, more than 7 in 10 unmarried parents voluntarily establish paternity in the hospital at the time of the birth, and the OAG-CSD relies on hospitals to help successfully administer this process with parents. In most cases, however, hospitals can only complete an Acknowledgement of Paternity (AOP) if the father is present at the birth. In Texas, the vast majority of fathers who fail to establish paternity voluntarily are not in the hospital when the opportunity to sign is offered.

Using original survey data from a sample of 775 Texas mothers, this brief takes a closer look at rates of in-hospital paternity establishment by decomposing the overall measure into two more policy-relevant indicators: the percentage of fathers who attend the birth, and the percentage in attendance who establish paternity. We examine each of these measures by Texas child support region, uncovering substantial variation across the state on both counts. Notably, some areas have low rates of birth attendance while others have low rates of paternity establishment among birth-present fathers; only the latter scenario may be within the capacity of the OAG-CSD to address.

In addition, we assess the reasons for fathers' birth absence by region, noting some areas with a large number of fathers who are absent by choice, and other areas where a considerable portion are physically unable to attend the birth of their child. Finally, we present results underlining the salience of operational barriers to establishing paternity in cases where the father attends the birth. Together, findings from this brief suggest that some regions may be missing opportunities to establish paternity at the child's birth, the most common and convenient time for parents to establish.

## Introduction

One performance goal of the Texas Child Support Division (OAG-CSD) is to attain high rates of paternity establishment for nonmarital births. Relative to other states, Texas is especially successful on this score, with a statewide paternity establishment percentage (PEP) of 100 percent in 2012 (compared to 96.8% nationwide).<sup>1</sup> In addition, Texas features a high rate of voluntary paternity establishment at the time of the birth, with 74 percent of unmarried parents establishing paternity in the hospital in 2012.<sup>2</sup> Despite these high rates of paternity establishment, each year approximately 40,000 Texas children begin their lives without the symbolic or material benefits of legal fatherhood.<sup>3</sup> A regional analysis of variation in-hospital paternity establishment patterns provides valuable information on potential points of intervention and improvement for OAG-CSD.

As previous CFRP research has shown, fathers who attend the birth of their child are much more likely to sign an Acknowledgment of Paternity (AOP) form than those who do not attend.<sup>4</sup> In fact, of the one-quarter of fathers who fail to establish paternity, more than two-thirds are not present in the hospital when the opportunity to sign is offered. Given the strong correlation between fathers' birth attendance and paternity establishment, this brief uses original survey data gathered through the PES study<sup>5</sup> to examine regional variation in two pivotal indicators not captured by state vital statistics records: rates of birth attendance, and rates of paternity establishment among those who attend. Importantly, overall rates of in-hospital paternity establishment in the PES study largely align with rates recorded in the vital statistics records;<sup>6</sup> this brief uses data from the PES study, however, due to its ability to consider the role of fathers'

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<sup>1</sup> U.S. Department of Health and Human Services. Administration for Children and Families. Office of Child Support Enforcement. FY2012 Preliminary Report – State Box Scores. Retrieved from: <http://www.acf.hhs.gov/programs/css/resource/fy2012-preliminary-report-state-box-scores#TN-TX>; <http://www.acf.hhs.gov/programs/css/resource/fy2012-preliminary-report>

<sup>2</sup> The Texas Office of the Attorney General. (2012). FFY 2012 AOP Quarterly Report. Unpublished raw data.

<sup>3</sup> In 2013, there were 163,635 children were born to unmarried parents in Texas. Of these, approximately 26%--or 42,545--did not have paternity established in the hospital. (United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2013, on CDC WONDER Online Database, January 2015. Accessed at <http://wonder.cdc.gov/natality-current.html>)

<sup>4</sup> Osborne, C., and Dillon, D. (2014). When Father Doesn't Bother: Conditioning the failure to establish paternity in-hospital on fathers' presence at the birth. (Working Paper No. 14002) Child and Family Research Partnership. Retrieved from <http://childandfamilyresearch.org/publications/w14002/>

<sup>5</sup> The Paternity Establishment Study (PES) is a longitudinal birth cohort study of 805 Texas mothers who gave birth outside of marriage in January 2013.

<sup>6</sup> A regional comparison of in-hospital paternity establishment rates between PES and vital statistics records can be found in the Appendix. Minor variation in regional rates of establishment is likely due to geographic variation in survey response rates.

birth attendance. Further, this brief capitalizes on a number of qualitative survey questions to assess why fathers fail to attend the birth, and when they do attend, why they fail to establish paternity.

Drawing on an analytic sample of 775 Texas mothers who gave birth outside of marriage in 2013, this brief presents two maps illustrating wide variation across Texas’ nine Child Support Regions—both in rates of birth attendance and rates of paternity establishment among fathers who attend. Notably, some regions have high rates of birth attendance yet low rates of AOP signing among those present. In subsequent analysis, we unpack the reasons for fathers’ birth absence by region, noting some areas with a large number who are absent by choice, and other areas where a substantial contingent of fathers are physically unable to attend due to work, incarceration, or other constraints. Finally, we present results underlining the salience of operational barriers to establishing paternity in cases where the father attends the birth; these barriers include lack of proper identification and scheduling mismatch between the father and birth registrar. Together, findings from this brief suggest that some regions may be missing opportunities to establish paternity at the child’s birth, the most common and convenient time for parents to establish.

## Findings

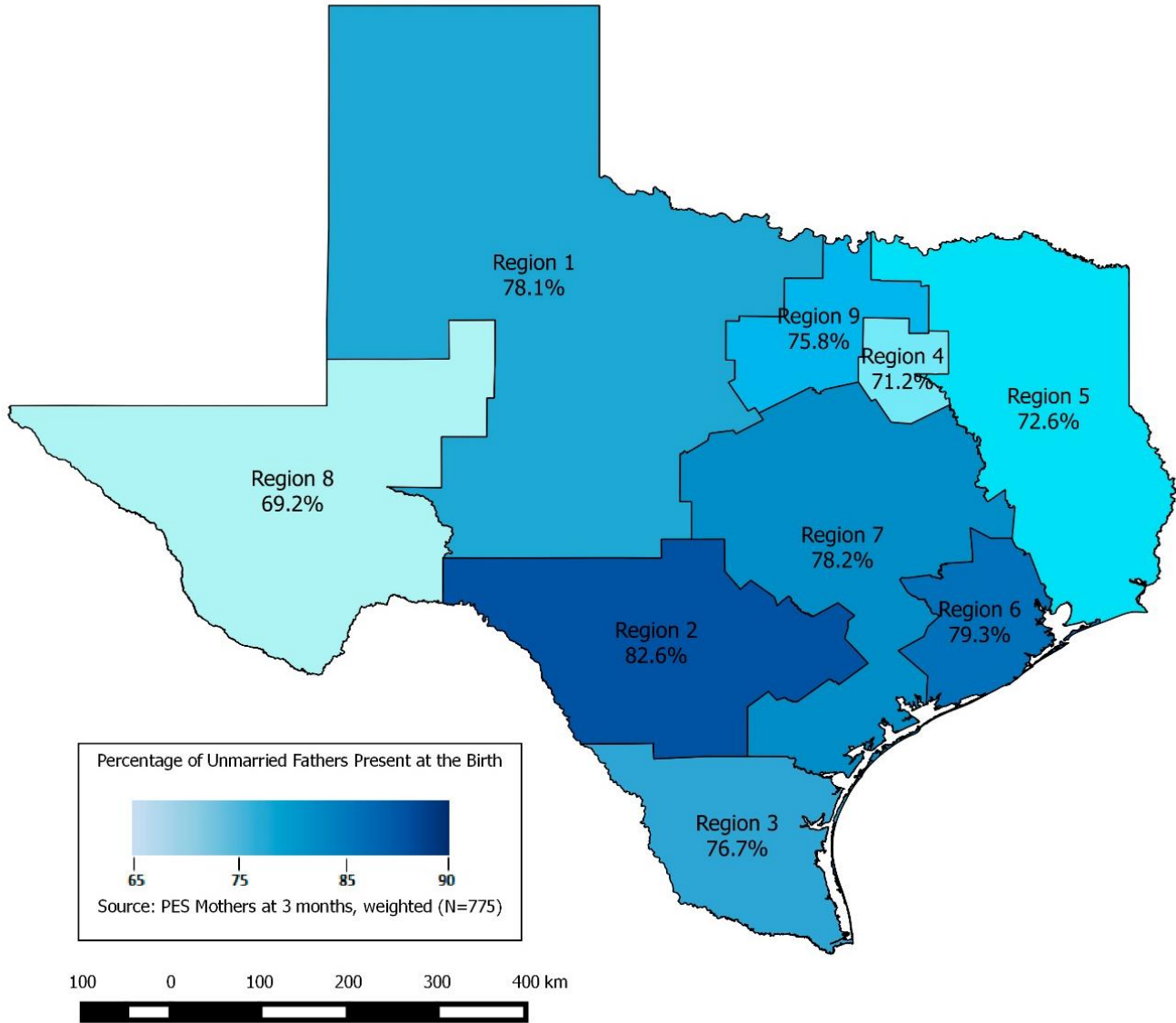
On average, rates of both birth attendance and birth-present paternity establishment are high across the state. More than three-quarters of unmarried fathers attend their child’s birth, and of those, nearly 9 in 10 establish paternity [Table 1]. Still, these rates are not uniform across the state. In Figures 1 and 2 on the following pages, we present maps illustrating the variation across child support regions, which can also be seen in Table 1 below.

**Table 1: Unmarried Fathers’ Attendance and Paternity Establishment at Birth of Child**

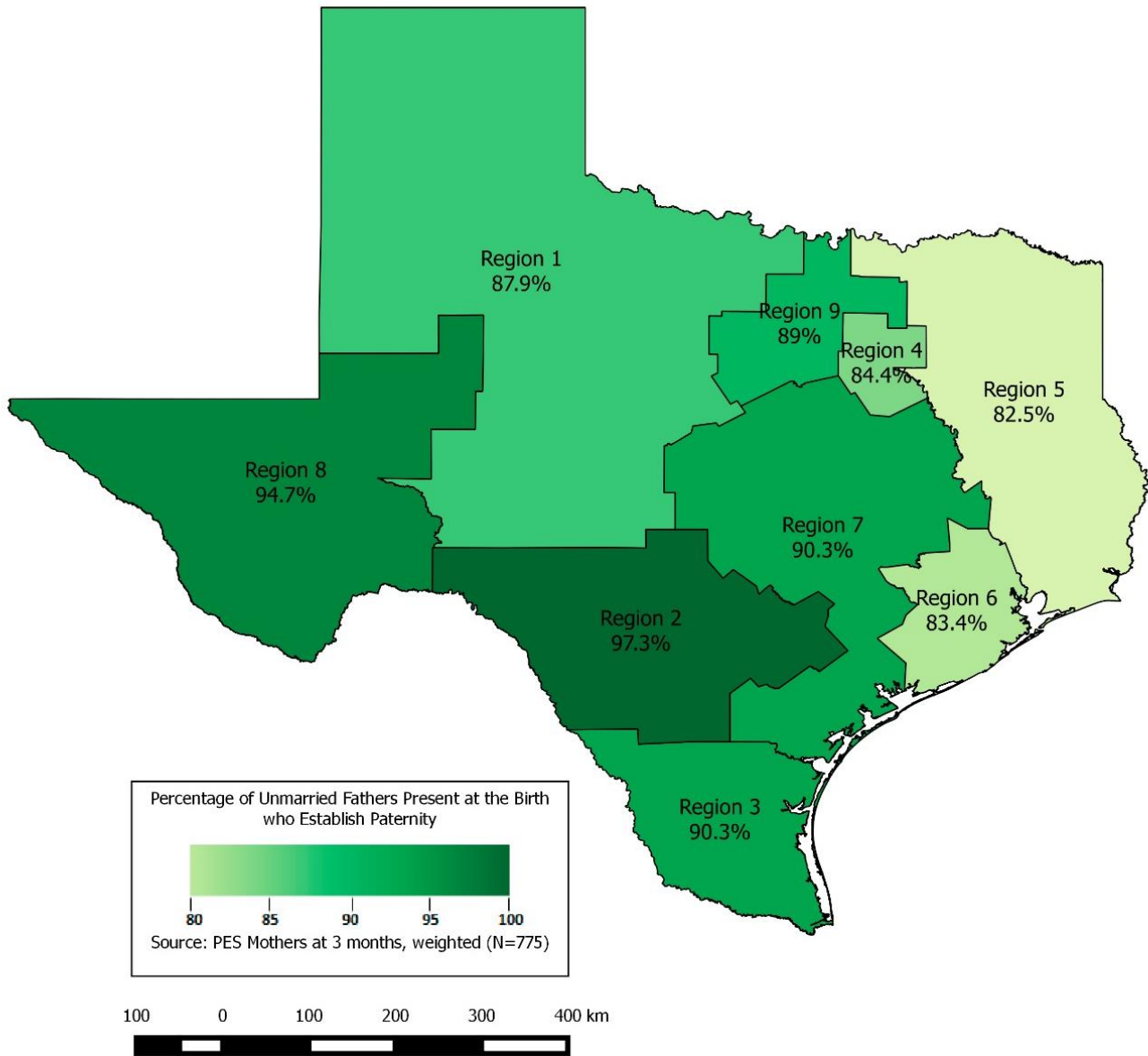
Region	Present at Birth (%)	Present and Signed AOP (%)	Overall In-hospital AOP-Signing Rate (%)
1	78.1	87.9	75.5
2	82.6	97.3	81.4
3	76.7	90.3	72.8
4	71.2	84.4	69.5
5	72.6	82.5	63.3
6	79.3	83.4	73.9
7	78.2	90.3	73.7
8	69.2	94.7	74.1
9	75.8	89.0	72.8
<b>Overall</b>	<b>76.5</b>	<b>88.6</b>	<b>73.3</b>

Source: PES Mothers at 3 months, weighted (N=775)

**Figure 1: Percentage of Unmarried Fathers Present at the Birth, by Texas Child Support Region**



**Figure 2: Percentage of Unmarried Fathers at the Birth who Establish Paternity, by Texas Child Support Region**



*Note: Percentages calculated as the number of fathers at the birth who establish paternity divided by the number of fathers at the birth.*

Region 2, which includes San Antonio, shows the state's strongest performance across all measures, with 82.6 percent of fathers attending the birth and 97.3 percent of those who attend signing an AOP. Together, these numbers translate into the highest overall rate of in-hospital paternity establishment in the state (81.4%). Meanwhile, Region 5 (East Texas) has the third lowest rate of attendance (72.6%), and the lowest rate of paternity establishment among birth-present fathers (82.5%). Altogether, Region 5 has the lowest overall rate of in-hospital paternity establishment at 63.3 percent.

Notably, Region 8 (West Texas) stands out because it has the lowest rate of birth attendance (69.2%) overall, yet almost all of the fathers who attend the birth sign an AOP. Region 8 in fact has the state's second highest rate of paternity establishment (94.7%) among birth-present fathers, suggesting there may be little room for improvement in the region's overall rate of AOP

*In Region 2, which includes San Antonio, 83% of fathers attend the birth, and nearly all of those who attend sign an AOP.*

signing. The inverse is true of Region 6 (Houston, Conroe, Texas City, and Missouri City). This region has the state's second lowest rate of paternity establishment among birth-present fathers (83.4%) despite a high rate of attendance overall (79.3%, second only to Region 2). This paradox suggests Region 6 may be able to increase its overall rate of paternity establishment by focusing efforts on fathers at the birth.

Collectively, the results highlight two separate challenges. Regions with low birth attendance such as Regions 4, 5, and 8 present obstacles that lie largely beyond the ability of the OAG-CSD to address. Regions with low rates of AOP-signing among birth-present fathers (e.g. Regions 4, 5, and 6) however, involve issues that may be within the OAG-CSD's control. In hopes of detecting areas for improvement, the following sections review the reasons why fathers miss the birth, and if they attend, why they fail to sign.

## Reasons for Fathers' Birth Absence, by Region

Much like the regional variation in rates of birth attendance, substantial variation exists in the reasons given by mothers for why father was absent from the birth. Due to the small sample size of birth-absent fathers at the regional level, the percentages reported here should be interpreted not as precise estimates, but as qualitative cues about the differential trends at play in each region.

The dominant reason given by mothers for fathers' absence is that the father did not want to be there, or was with another partner or family. In most regions, fathers' lack of interest in attending the birth dwarfs all other reasons by a considerable margin. Two regions, however, buck this trend. In Regions 1 and 7, the dominant reason for fathers' absence is that the mother did not want him there, followed by father being incarcerated. In these regions, a remarkable 1 in 5 mothers report that the father could not attend the birth because he was behind bars. Region 8 in West Texas is notable for the number of fathers who could not attend the birth because they were out of town. Roughly 3 in 10 mothers report that the father lives out of town or was out of town at the time of birth for "personal reasons"; 3 in 10 mothers in Region 8 also report that the father was out of town for reasons beyond his control such as work, deployment, or deportation.

*In three regions, more than 20% of fathers could not attend the birth due to incarceration.*

**Table 2: Reasons for Fathers' Birth Absence, by Region**

	N	Mother didn't want Father to be there	Father didn't want to be there/was with other partner	Out of Town: Non-resident or Personal Reasons	Incarcerated	Out of Town, Unavoidable : Work, Deployed, Deported	In Town: Working, Caring for Mother's/ Own Children	Mother doesn't know why/other
Region 1	9	44.8%	11.2%	11.2%	22.4%	10.4%	0%	11.2%
Region 2	15	33.3%	40.0%	20.0%	20.0%	13.3%	0%	6.7%
Region 3	19	31.6%	53.2%	5.3%	10.6%	5.3%	9.9%	10.6%
Region 4	26	23.5%	38.9%	11.5%	4.1%	19.3%	14.9%	11.5%
Region 5	15	26.8%	39.7%	6.7%	13.4%	0%	20.1%	20.1%
Region 6	28	21.7%	43.1%	14.5%	14.5%	14.2%	3.4%	21.2%
Region 7	20	35.2%	19.8%	20.1%	21.2%	15.1%	0%	9.7%
Region 8	17	11.6%	30.0%	29.6%	11.6%	29.2%	5.6%	0%
Region 9	26	23.3%	38.6%	11.4%	11.7%	15.3%	11.4%	7.8%
Total	175	26.5%	36.8%	14.3%	13.4%	14.2%	7.8%	11.4%

Source: PES Mothers at 3 months, weighted. (N=175)

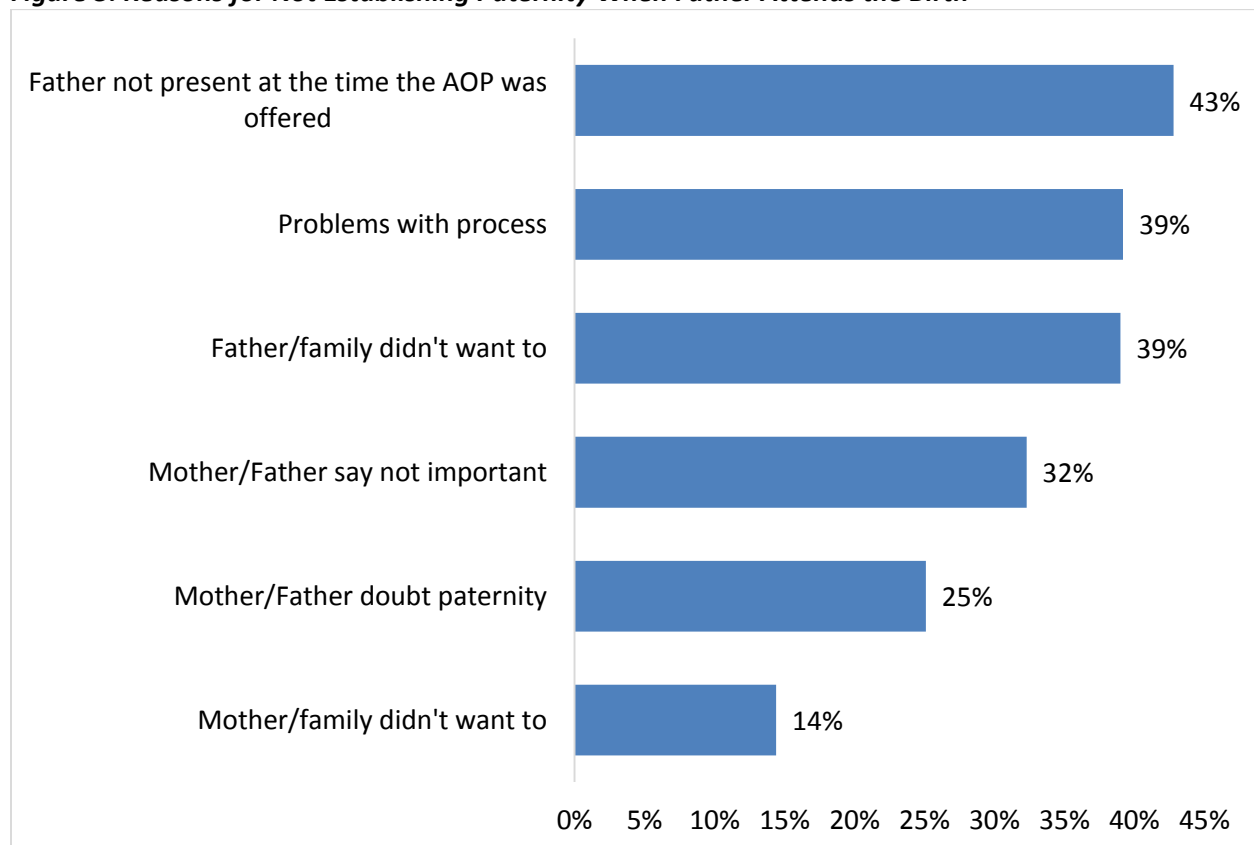
Note: Row percentages add to over 100% due to the ability to select multiple reasons.

## Reasons for Not Establishing Paternity When Father Attends the Birth

Similar to the range of reasons why fathers miss the birth, mothers who fail to sign an AOP in the hospital give a variety of explanations for not establishing paternity. Figure 3 shows the most common reasons for not establishing paternity in the hospital when father attends the birth. Due to the small sample size, we present these reasons in aggregate rather than by region.

Even among mothers who indicate that the father attended the birth, the most common reason for not establishing paternity is that the father was not present at the particular moment the AOP was offered. A substantial percentage of mothers also note that they did not sign the AOP due to problems with the process, including not having the necessary identification, not being given the opportunity to establish, and not knowing how to establish. Beyond these operational barriers, mothers generally point to a lack of desire or will to sign on the part of the father or themselves. Four in ten mothers who are accompanied by the father report that the father or his family simply did not want to establish paternity. Doubts about the child’s paternity also emerge as a notable reason, with one-quarter of mothers mentioning that either they or the father were reluctant to sign because of uncertainty regarding the child’s biological father.

**Figure 3: Reasons for Not Establishing Paternity When Father Attends the Birth**



Source: PES Mothers at 3 months, weighted. (N=28)

Note: Percentages add to over 100% due to the ability to select multiple reasons.



### Conclusion

Fathers who fail to establish paternity in the hospital fall into two distinct groups: those who attend the birth and those who do not. Each group presents a unique challenge, though fathers in the hospital may be the most accessible and responsive to efforts aimed at increasing the rate of paternity establishment. Fathers who never show up at the hospital are largely absent by choice, however in some regions, fathers are more likely to be absent because the mother did not want them there. Mothers also noted that fathers were often physically unable to attend the birth—either because they were out of town, working, or incarcerated. Ultimately, the OAG-CSD may have little influence over fathers' attendance at the birth.

By contrast, the OAG-CSD may have an ability to address regional gaps in paternity establishment by targeting their efforts towards child support regions with low rates of AOP-signing among fathers who are at the hospital. Indeed, even when fathers attend the birth, the most common reasons for not establishing paternity are operational—from missing the moment the AOP was offered, to not having proper identification, to not being given (or not remembering) the chance to sign. Nevertheless, a considerable portion of birth-present fathers who fail to establish paternity do so simply because they do not want to sign. Ultimately, it is unclear why fathers who are present at the birth establish paternity at different rates throughout the state. Due to limitations in sample size, regional analysis was not feasible to determine the differential reasons for not establishing by child support region. Further inquiry into the causes of regional variation, especially among fathers who attend the birth but decline to sign the AOP, may provide additional insight into improving the accuracy and rates of paternity establishment in Texas.

## Appendix

**Table 3: Comparison of In-hospital Paternity Establishment Rates between PES & Texas Vital Statistics**

Child Support Region	In-hospital Paternity Establishment Rate (TX: 2013)	In-hospital Paternity Establishment Rate (PES: 2013)	PES Over/Under
N	N≈92,000	N=775	N/A
Unknown	62%	N/A	N/A
1	68%	75.5%	7.5%
2	73%	81.4%	8.4%
3	70%	72.8%	2.8%
4	70%	69.5%	-0.5%
5	66%	63.3%	-2.7%
6	72%	73.9%	1.9%
7	70%	73.7%	3.7%
8	69%	74.1%	5.1%
9	71%	72.8%	1.8%
Average	70%	73.3%	3.3%

Source: Texas Office of the Attorney General, Hospital Based Paternity Screen Portal (HBPP) data file; PES Mothers at 3 months, weighted.

**Table 4: Regional Rankings**

Regional Rank by Fathers' Attendance		Regional Rank by AOP Signing at Birth	
Region	Present at Birth (%)	Region	Present and Signed AOP (%)
2	82.6	2	97.3
6	79.3	8	94.7
7	78.2	3	90.3
1	78.1	7	90.3
3	76.7	9	89.0
9	75.8	1	87.9
5	72.6	4	84.4
4	71.2	6	83.4
8	69.2	5	82.5

Source: PES Mothers at 3 months, weighted (N=775)

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