

## **Social Fathers and Child Wellbeing: A Research Note**

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## ABSTRACT

Many young children born to unwed parents currently live with their biological mothers and their mothers' new partners (social fathers). This study uses data from the Fragile Families and Child Wellbeing Study (N = 1,088) to assess whether involvement by resident social fathers is as beneficial for child wellbeing as involvement by resident biological fathers, and whether the presence of the child's nonresident biological father alters the relationship between resident social father engagement and child outcomes. Results indicate that involvement by resident social fathers is as beneficial for child wellbeing as involvement by resident biological fathers, and that frequent contact with the child's nonresident biological father does not diminish the positive association between residential social father involvement and child wellbeing.

Family demography in the United States has changed considerably in recent decades. More than one third of all children are now born to unwed parents (Hamilton, Martin and Ventura 2006). Many of these children will experience their biological parents breaking up and forming new romantic partnerships early on in their lives—new estimates from a recent cohort of children born to unwed parents in large U.S. cities suggest that 21% of unwed mothers are living with their children and a new male romantic partner (referred to here as a social father) five years after their child's birth (Bzostek, Carlson and McLanahan 2007).

Previous research finds that children and adolescents living with one biological parent and one stepparent (usually a stepfather) generally fare less well than children living with both biological parents (Amato 1994; Brown 2004; Coleman, Ganong and Fine 2000; Hetherington and Jodl 1994; Hofferth 2006; Manning and Lamb 2003; Thomson, Hanson and McLanahan 1994). While in theory the presence of a social parent could provide greater access to financial and parental resources, research finds that in fact children living in such families are often no better off than those living with single mothers (Amato, 1994; Coleman et al. 2000). One commonly-cited explanation for lower levels of child wellbeing in stepparent families is that stepparents are less involved with and invest less in their children than do biological parents (Coleman et al. 2000). Much of this research, however, is based on older children and adolescents living in social father families formed through divorce and remarriage. Emerging research about young children born to unwed parents suggests that when mothers repartner after an unwed birth, they often do so with men who play an active role in their partners' children's lives (Berger, Carlson, Bzostek and Osborne 2007).

What remains unclear is whether involvement by a resident social father in these families is as beneficial for child wellbeing as involvement by a resident biological father. In most

situations, the duration of the father-child relationship will be shorter in social father families than in biological father families. To the extent that relationship duration is associated with closeness between the resident father and child (which has been shown to be important for child wellbeing), this may translate into differential outcomes for children in social and biological father families experiencing similar levels of paternal engagement. Previous research (based on adolescents) suggests that the shorter average duration of relationships between social fathers and children may translate into less beneficial paternal involvement in these families (Yuan and Hamilton 2006). On the other hand, the duration of the relationship may matter less for very young children than it does for older children and adolescents, who have been the focus of most research in this area. Social fathers may be able to bond and form important attachments with younger children more quickly than they can with older children. Research finding that young children fare better than older children and adolescents in stepfamily situations (Brown 2004) provides potential support for this hypothesis. There is also evidence that unmarried mothers who form new partnerships tend to choose men who have more human capital and fewer problems than their child's biological father (Bzostek et al. 2007). This suggests that mothers may be more selective in choosing their second (or higher order) partners, and that they may choose men who are particularly good with children.

In addition to having shorter relationships with their resident fathers, many children living with social fathers also continue to have relationships with their non-resident biological fathers. If the involvement of both a resident social father and a non-resident biological father in the child's life leads to or reflects conflict or stress within the family (e.g., between the two fathers, between either father and the child's mother), then involvement by resident social fathers may be less beneficial for children. Alternatively, involvement by both resident social and non-

resident biological fathers could have additive benefits for child wellbeing, particularly if the involvement of the nonresident biological father indicates a lack of conflict between the child's biological parents. Findings from previous empirical research about whether the benefits of social father involvement depend on the presence and involvement of the child's nonresident biological father are mixed (Amato and Sobolewski 2004; King 2006; MacDonald and DeMaris 1996; White and Gilbreth 2001). This body of research, however, has focused mostly on older children and has not specifically examined children born to unwed parents.

This paper uses data from the Fragile Families and Child Wellbeing Study to investigate whether the association between resident father engagement and child wellbeing differs in biological and social father families, and whether the association between social father involvement and child wellbeing differs depending on the involvement of the child's nonresident biological father. The analysis extends previous research by focusing specifically on children born to unmarried parents who experience living with a social father during early childhood, and by considering the role of both the resident social father and the nonresident biological father in influencing child wellbeing outcomes.

## METHOD

### *Data*

Data are taken from the first three waves of the Fragile Families and Child Wellbeing Study, a longitudinal survey of approximately 5,000 newborns and their parents (3,700 born to unmarried parents). Baseline interviews with new parents were conducted between the spring of 1998 and the fall of 2000. Both parents were re-interviewed when the child was one and three years old, and children were assessed at age 3 through an "In-Home" supplemental survey. When weighted, the data are nationally representative of all births occurring in large U.S. cities

between 1998 and 2000. (For more information about the study design, see Reichman, Teitler, Garfinkel and McLanahan 2001.) Information for the present analysis is taken from mothers' reports in the baseline and three-year follow-up surveys. Because few children born to married parents are likely to have social fathers by age 3, the analyses are limited to children born to unmarried parents. Approximately 1,700 children were born to unwed parents and were living with their mothers and a father (either social or biological) at the time of the three-year interview (55% of the original unwed sample). About 79% of these children completed the "In-Home" supplement. Twenty-six cases (1.9% of the sample) were dropped due to missing data for the key independent variable (resident father engagement). An additional 139 cases (10% of the sample) were dropped due to missing data on one or more of the other explanatory/control variables. The resulting sample for analysis includes 1,088 children, 223 of whom were living with their mothers and social fathers at age three.

### *Variables*

Child wellbeing at age three is measured using several behavioral subscales as well as a global health rating. The Fragile Families In-Home supplement administered a series of diagnostic tests and questions aimed at gathering information about the wellbeing of children and families when the children were approximately three years old. One of the series administered to mothers was an abbreviated version of Achenbach's 2000 Child Behavior Checklist. Three subscales derived from this checklist are used to measure child behavioral outcomes: anxious/depressive behavior; withdrawn behavior; and aggressive behavior. Mothers are asked to report if it is *not true (0)*, *somewhat or sometimes true (1)*, or *very true or often true (2)* that the child behaves in certain ways. Scales are constructed by summing individual items from mothers' reports. For the regression analyses, the three subscale measures are then standardized

to have a mean of zero and a standard deviation of one. Resulting coefficients can be interpreted in standard deviation units. The subscales measuring anxious/depressed and withdrawn behavior are both based on 8 items, and the aggressive subscale is based on 19 items. The scale reliability coefficient (Cronbach's alpha) is .88 for the aggressive behaviors subscale, .66 for the withdrawn behaviors subscale, and .62 for the anxious/depressive behaviors subscale. Higher values on each of the scales indicate more problematic behaviors. Respondents missing on more than 1/2 of the items used to create each of the three behavioral scales were dropped from the analysis. For the remaining respondents, missing values were replaced with the child's mean value on the items about which the mother did report. Child health is reported by mothers in the core three-year Fragile Families interview. Mothers are asked: "*In general, would you say that child's health is excellent, very good, good, fair or poor?*" Child's health status as reported by the mother is coded as an ordinal variable with the following four values: 1: *excellent*, 2: *very good*, 3: *good*, 4: *fair/poor*. The response categories *fair* and *poor* were combined because very few mothers reported their children to be in poor health.

The key independent variable for the analysis is engagement by resident social and biological fathers, represented by eight items measuring direct, positive engagement with the child. Mothers are asked during the three-year interview to report how many days in a typical week the resident father: *reads stories to the child; tells stories to the child; sings songs and nursery rhymes with the child; hugs the child; tells the child he loves him or her; tells the child that he appreciates something the child did; plays imaginary games with the child; and plays inside with toys such as blocks or Lego's with the child*. The multiple regression results reported here employ a measure of father engagement that is an average of these eight measures (respondents missing on more than 1/4 of the items were dropped from the sample). The values

range from 0-7, and can be interpreted as the average number of days per week the father engages in such activities with the child. The scale reliability coefficient for these items is .87 for social fathers and .83 for biological fathers. Analyses (not shown here) using two subsets of these variables (to represent warmth/affectionate behavior and cognitive stimulation/play) yielded similar results.

Mothers' reports about their relationship status are used to determine whether a mother is cohabiting with the biological father, married to the biological father, cohabiting with a social father, or married to a social father. Mothers who are not living with their child's biological father are asked to report whether the biological father has seen the child since the last interview; those who say yes are asked how many days the father saw the child in the past month. If the father saw the child in the past month, mothers are asked how many times he spent at least one hour with the child, and how frequently he engaged in a variety of activities with the child during the past month. In this analysis, contact is measured by the number of days in the past month the nonresident biological father spent at least one hour with the child. Because the question was posed to mothers as a series of categories rather than as a continuous measure, the measure is divided into three categories: never, once to a few times in the past month, and a few times per week through everyday. Cases where the mother does not know the identity of the child's biological father, where the biological father is deceased, or where the biological father has not seen his child since the child's first birthday are coded as never having spent an hour or more with the child in the past month. The results presented here are robust to alternative specifications of contact with and involvement of nonresident biological fathers, including the total number of days the father saw the child in the past month and the frequency of engagement

in child-oriented activities among those fathers who had seen the child more than once in the past month.

All models control for a series of variables that are likely to be associated with both father engagement and child wellbeing, but are not part of the potential causal pathway between the two. Mother's age, educational attainment, race/ethnicity, and nativity status are all taken from her reports at the time of the child's birth. The models also control for the duration (in months) of mothers' coresidence with their current partners as well as whether the mother currently (at the three year interview) reports herself as being in fair/poor health. All models include controls for whether the child is male or female, and whether the child was born at a low or very low birthweight. Resident social fathers' age, race/ethnicity and educational attainment are reported by the mother at the three-year interview. Resident biological fathers' age, race/ethnicity, and educational attainment are drawn from mothers' reports at the time of the child's birth. Biological fathers' age is adjusted to account for the gap between the dates of the baseline and three-year interviews. Updated information about biological fathers' educational attainment was unavailable from mothers' reports. Finally, the models control for the total number of adults and children mothers report to be in their households at the time of the three-year interview.

#### *Data analysis*

Table 1 presents descriptive information for all outcome and control variables used in the analyses. Tables 2 and 3 present coefficients from OLS regressions predicting standardized child behavioral outcomes and odds ratios from ordered logistic regressions predicting child health status. The models in Table 2 explore the association between resident father engagement and child wellbeing among children living with either a social or a biological father. An interaction

term is used to assess whether the association between resident father engagement and child wellbeing differs for biological and social fathers. Table 3 presents results from models that test the association between resident social father engagement and child wellbeing in social father families, depending on whether the child's nonresident biological father is also involved in the child's life.

## RESULTS

Table 1 presents descriptive statistics for the total sample as well as separate estimates for children living with both biological parents and children living with their biological mothers and social fathers. At the bivariate level, children living with biological fathers have significantly lower levels of mother-reported aggressive behaviors than do children living with social fathers. There are not significant differences in the other two behavioral outcomes or in the overall health status of the child. Mean levels of resident father engagement are not significantly different for children living with biological versus social fathers; in both cases, resident fathers engage in activities with the child approximately 5 days per week.

Among children who live with their mothers and a social father, nearly two-thirds (62%) have minimal contact with their biological father (saw him one hour or less in the past month). Approximately one-fifth saw their biological father once or a few times in the past month, and just under one-fifth (17%) spent an hour or more with him a few times a week or every day in the past month.

Table 2 presents results from multiple regressions predicting child behavioral and health outcomes based on levels of engagement by resident biological and social fathers. These estimates address the question of whether father engagement is associated with positive child outcomes and whether the association differs for biological and social fathers. For three out of

the four measures of child wellbeing, higher levels of average father engagement are associated with small improvements in child outcomes. Each additional day of average father engagement is associated with a reduction of about eight percent of a standard deviation in aggressive behaviors and about six percent of a standard deviation in withdrawn behaviors. While neither of these coefficients is large, they both translate into large differences when comparing children whose fathers are not very involved with those whose fathers exhibit high levels of engagement. Each additional day of engagement is also associated with a 20% reduction in the odds of having worse health.

The second row in Table 2 presents results for the interaction term. The fact that the interaction is never significant suggests that higher levels of engagement by resident fathers are positively related to child wellbeing, regardless of whether the father is biologically related to the child. The third through fifth rows of Table 2 present results from a series of dummy variables used to indicate the biological and legal relationship between the resident father and child. Children living in cohabiting biological father families are the omitted group. In the first column, we see that living with a married rather than a cohabiting biological father is associated with  $1/5^{\text{th}}$  of a standard deviation increase in aggressive behavior. Net of the effect of father engagement, living with a married or cohabiting social father is associated with a  $2/5^{\text{th}}$  of a standard deviation increase in aggressive behavior (while the coefficient is only marginally significant for the cohabiting SF group and is not significant for the married SF group, this is likely due to the relatively small sample sizes). The type of father is not associated with differences in child wellbeing for any of the other four measures.

The results in Table 3 address the question of whether the benefits of resident social father involvement for child wellbeing differ depending on the level of contact the child has with

a nonresident biological father. The sample for this analysis is limited to children who are all living with their mothers and social fathers and whose mothers reported about the involvement of the nonresident biological father in the past month at the three-year interview. Model 1 presents the results for each of the four outcomes (run as four separate models) when only resident social father involvement and the control variables are included in the models. Model 2 presents the results once contact with the nonresident biological father is included in the model, and Model 3 presents the results when interaction terms between resident social father engagement and dummy variables representing two of the categories of contact with nonresident biological father are added into the model.

Comparing the results in Models 1 and 2, we see that adding a control for contact with the nonresident biological father does not seem to impact the association between resident social father involvement and child wellbeing: net of child's contact with the nonresident biological father, higher levels of social father involvement are still associated with less aggressive behavior and with better overall health status. The results in Model 2 also suggest that frequent contact with the nonresident biological father (spending at least one hour with the father a few times per week or everyday in the past month) is associated with better child outcomes. Relative to those with minimal contact, children with frequent contact are reported to fare at least marginally better in terms of all three behavioral outcomes. While the results for aggressive and withdrawn behavior are only marginally significant, the magnitude of these coefficients suggests that this is likely due to insufficient sample size rather than to a weak association. Additional analyses (not presented here) provide support for this interpretation: alternative measures of contact with nonresident biological fathers yield similar results. While not statistically

significant, the odds ratio associated with child health problems is also considerably lower for children who are in frequent contact with their nonresident biological fathers.

The final set of results in Table 3 (Model 3) asks whether the association between resident social father involvement and child wellbeing depends on the level of contact a child has with the nonresident biological father. The interaction terms between level of social father involvement and the two dummy categories for level of contact with nonresident biological father are statistically insignificant (with small effect sizes) for all four outcomes. Thus, the degree of contact a child has with a nonresident biological father does not appear to alter the protective relationship between resident social father involvement and children's wellbeing.

#### DISCUSSION

Many children born to unwed parents will spend at least some portion of their childhood living with their mothers and their mothers' new romantic partners (social fathers). The results presented here suggest that higher levels of engagement by resident social fathers with their partners' young children are associated with fewer behavioral problems and better overall health for these children. In contrast with theoretical arguments suggesting that involvement by resident social fathers might be less beneficial for children than involvement by resident biological fathers, high levels of engagement by resident social and biological fathers are found to be equally beneficial for child wellbeing; the positive impact of resident father involvement does not appear to be tied to the biological relationship between the father and child.

Previous research about whether the presence and involvement of a nonresident biological father impacts the benefits of involvement by resident social fathers has yielded mixed results. For the young children born to unwed parents considered in this study, frequent contact with the child's nonresident biological father does not diminish the positive association between

involvement by a resident social father and the child's wellbeing. On the contrary, children appear to benefit from having both a highly engaged resident social father and a nonresident biological father with whom the child is in frequent contact. The additive benefits of resident social father engagement and nonresident biological father contact are particularly notable for the three child behavioral outcomes.

Despite the relatively strong and robust protective associations identified between resident social father engagement and child wellbeing (particularly aggressive behavior and child health), this study suffers from a number of limitations. First, it is possible that the associations identified here may be not indicative of a causal relationship between resident father involvement and child wellbeing, but rather due to selection bias in the types of families that are likely to have both involved resident fathers and healthy children with few behavioral problems. Additionally, even if a causal relationship does exist, it is difficult to determine the direction of causality using cross-sectional data. It is possible, for example, that rather than father involvement improving child wellbeing, fathers may simply prefer to be more involved with children who are already well-behaved and healthy. Future research on this topic will benefit from the use of new longitudinal data available from the five-year follow-up of the Fragile Families study. Finally, the analyses presented here are all based on mothers' reports of father involvement. Because social fathers were not interviewed directly in the Fragile Families study, it is not possible to use fathers' reports of their own involvement. To the extent that mothers' reports do not correspond with fathers' own assessments, however, the results presented here may be biased. Research suggesting high levels of concordance between mothers' and fathers' reports of father involvement in other studies makes this limitation less concerning than it might otherwise be (Pleck and Masciadrelli, 2004).

This study provides new information about the wellbeing of young children who are born to unwed parents and soon thereafter coreside with their mothers and their mothers' new romantic partners. While the analyses presented here represent a step forward in our understanding of how children fare in this increasingly common family structure, much work remains to be done. Future research could enhance our understanding of the complex dynamics at work in these family situations by more fully exploring the relationship between involvement by resident social fathers and nonresident biological fathers, by investigating whether the protective association between resident social father engagement and child wellbeing continues as the children get older, and by considering the potential role of maternal involvement in moderating the association between resident social father engagement and child wellbeing.

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**Table 1. Descriptive statistics for child well-being outcomes and control variables, by biological status of resident father: Fragile Families and Child Wellbeing Survey, 1999-2003**

	<b>Total</b> N=1,088	<b>Live w/BF</b> n= 836	<b>Live w/SF</b> n= 252
<b>Child wellbeing outcomes (unstandardized)</b>			
Aggressive behavior, mean (sd)	12.1 (6.8)	11.8 (6.6)	13.2 (7.5)
Anxious/depressive behavior, mean (sd)	3.8 (2.6)	3.7 (2.6)	3.9 (2.7)
Withdrawn behavior, mean (sd)	2.0 (2.1)	2.0 (2.1)	2.0 (2.1)
Child health status, %			
1) Excellent	63.1	63.2	63.1
2) Very good	25.5	25.6	25.0
3) Good	9.4	9.1	10.3
4) Fair/poor	2.0	2.2	1.6
<b>Resident father involvement, mean (sd)</b>	4.8 (1.5)	4.8 (1.4)	4.8 (1.8)
<b># times non-res. BF spent 1+ hrs w/child in past month</b>			
			n = 223
Never	NA	NA	62.3
Once-few times per month	NA	NA	20.2
Few times/week - everyday	NA	NA	17.5
<b>Marital and bio. status of resident father, %</b>			
Married biological father	26.4	34.8	NA
Cohabiting biological father	49.3	65.2	NA
Married social father	4.2	NA	17.1
Cohabiting social father	20.2	NA	82.9
<b>Mean # months coresident (sd)</b>	49.8 (36.3)	60.1 (34.5)	15.6 (14.0)
<b>Mother's characteristics</b>			
Baseline age, mean (sd)	23.7 (5.5)	24.3 (5.6)	22.0 (4.7)
Race/ethnicity, %			
Non-Hispanic white and other	20.4	21.3	17.5
Non-Hispanic black	48.9	43.7	66.3
Hispanic	30.7	35.1	16.3
Baseline educational attainment, %			
<HS/GED	44.5	42.0	52.8
HS diploma	27.3	27.3	27.4
Some college or more	28.2	30.7	19.8
Self-reports fair/poor health, %	7.4	7.8	6.4
Born in U.S., %	86.7	84.0	95.6
<b>Child's characteristics</b>			
Born at low/very low birthweight, %	9.5	9.2	10.3
Male, %	52.2	50.8	56.8
<b>Resident father's characteristics (mother-reported)</b>			
Current age, mean (sd)	29.3 (6.8)	29.8 (6.8)	27.6 (6.8)
Race/ethnicity, %			
Non-Hispanic white and other	17.0	17.8	14.3
Non-Hispanic black	52.1	46.9	69.4
Hispanic	30.9	35.3	16.3
Educational attainment (BL for BF, 3-yr for SF), %			
<HS/GED	35.9	42.8	13.1
HS diploma	37.7	29.6	64.7
Some college or more	26.4	27.6	22.2
<b>Household characteristics</b>			
Total number of adults, mean (sd)	2.2 (.8)	2.3 (.8)	2.1 (.7)
Total number of children, mean (sd)	2.3 (1.3)	2.4 (1.3)	2.3 (1.3)

Note: BL = baseline interview, BF = biological father, SF = social father

**Table 2. Coefficients from OLS and odds ratios from ordered logistic regressions predicting child outcomes in resident biological and social father families, based on involvement and type of resident father (3 yrs): Fragile Families and Child Wellbeing Survey, 1999-2003**

	Child's std aggressive behavior score (OLS)	Child's std anxious/depressive behavior score (OLS)	Child's std withdrawn behavior score (OLS)	Child's health status (ordered logit)
<b>N</b>	1,088	1,088	1,088	1,088
<b>Average father involvement (0-7)</b>	-0.08 **	-0.01	-0.06 *	0.80 **
<b>Avg involvement * SF dummy</b>	-0.04	-0.01	0.03	1.03
<b>Marital and bio. status of resident father (Cohab BF omitted)</b>				
Married BF	0.19 *	0.08	0.00	1.05
Married SF	0.42	0.15	-0.06	0.66
Cohabiting SF	0.43 ^	0.24	-0.18	1.06
<b>Duration (in months) of living together</b>	0.00	0.00	0.00	1.00
<b>Characteristics of mother</b>				
Baseline age	-0.02 *	-0.01	-0.02 *	1.03 ^
Race/ethnicity (non-H black omitted)				
Non-H white and other	0.21	-0.02	-0.01	1.56
Hispanic	0.21 ^	0.19	0.20 ^	1.25
Baseline education (<HS/GED omitted)				
HS diploma	0.10	0.37 **	0.27 **	1.35 ^
Some college or more	0.01	0.18 *	0.14 ^	1.12
Self-reports fair/poor health	0.10	0.23 *	0.15	2.72 **
Mother born in U.S.	0.26 **	-0.07	-0.20 *	0.60 *
<b>Focal child low/very low birthweight</b>	0.17 ^	0.21 *	0.15	1.44 ^
<b>Focal child is male</b>	0.19 **	0.03	0.10 ^	1.31 *
<b>Characteristics of resident father (mother-reported)</b>				
Age	0.01	0.01	0.00	1.01
Race/ethnicity				
White and other, non-Hispanic	-0.12	-0.15	0.01	0.77
Hispanic	-0.17	-0.12	-0.03	0.78
Education (<HS/GED omitted)				
HS diploma	0.11	0.13	-0.04	1.32
Some college or more	-0.02	-0.02	-0.04	0.99

\*\* p<0.01; \* p<0.05; ^ p<0.10 two tailed

Note: All models also control for the total number of children and adults in the household. Higher values on all four outcome variables indicate more problematic behaviors and health. The three behavioral outcomes presented in the first three columns have all been standardized to have a mean of 0 and standard deviation of 1. The coefficients can thus be interpreted in terms of standard deviation units.

**Table 3. Coefficients from OLS and odds ratios from ordered logistic regressions predicting child outcomes in resident social father families, based on involvement by non-resident biological father: Fragile Families and Child Wellbeing Survey, 1999-2003**

	Child's std aggressive behavior score (OLS)	Child's std anxious/depressive behavior score (OLS)	Child's std withdrawn behavior score (OLS)	Child's health status (ordered logit)
	N = 223	N = 223	N = 223	N = 223
<b>Model 1: Res. SF involvement alone</b>				
Resident social father involvement	-0.12 **	-0.02	-0.02	0.85 *
<b>Model 2: Adds contact with non-res BF</b>				
Resident social father involvement	-0.13 **	-0.03	-0.02	0.84 *
Number of times in past month non-res BF spent one or more hours a day with child (never omitted)				
Occasional (once - few times/month)	-0.16	-0.13	-0.17	1.09
Frequent (few times/wk - everyday)	-0.38 ^	-0.42 *	-0.32 ^	0.59
<b>Model 3: Adds interactions between SF involvement &amp; contact with non-res BF</b>				
Resident social father involvement	-0.15 *	-0.02	-0.03	0.94
Number of times in past month non-res BF spent one or more hours a day with child (never omitted)				
Occasional (once - few times/month)	-0.29	0.09	-0.05	2.36
Frequent (few times/wk - everyday)	-0.57	-0.51	-0.49	2.36
SF involvement X BF occasional contact	0.03	-0.05	-0.03	0.85
SF involvement X BF frequent contact	0.04	0.02	0.04	0.71

\*\* p<0.01; \* p<0.05; ^ p<0.10 two tailed

Note: All models also control for resident parents' marital status, duration (in months) of parents living together, mother's age, race/ethnicity, educational attainment, health status, nativity status, whether the focal child is male and was born at low/very low birth weight, the total number of children and adults in the household, and the resident father's age, race/ethnicity, and educational attainment. SF = social father, BF = biological father.