"The Financial Is the Main Issue, It's Not Even the Child": Exploring the Role of Finances in Men's Concepts of Fatherhood and Fertility Intention

American Journal of Men's Health 2018, Vol. 12(4) 1074–1083 © The Author(s) 2018 Reprints and permissions: sagepub.com/journalsPermissions.nav DOI: 10.1177/1557988318775189 journals.sagepub.com/home/jmh

\$SAGE

Megan Hamm, PhD¹, Elizabeth Miller, MD, PhD^{2,3,4}, Lovie Jackson Foster, PhD⁵, Mario Browne, MPH⁶, and Sonya Borrero, MD,MS^{1,4,7}

Abstract

Despite demonstrable need, men's utilization of sexual and reproductive health services remains low. This low utilization may particularly affect low-income men, given the disproportionate prevalence of unintended pregnancy in low-income populations. Bolstering men's utilization of sexual and reproductive health services requires understanding the services that are most relevant to them. Semistructured interviews about fatherhood, fertility intention, and contraceptive use were conducted with 58 low-income Black and White men in Pittsburgh, Pennsylvania. The interviews were analyzed using content analysis to determine common themes that were most relevant to the men interviewed. The primacy of financial stability emerged as a dominant theme in men's perceptions of fatherhood readiness, successful fathering, and fertility intentions. However, men had children despite feeling financially unprepared, and their contraceptive use was not always congruent with their stated fertility intentions. Some men described financial services as a feature of family planning services that they would find useful. Because of the salience of financial stability in preparation for fatherhood, integrating financial counseling and job skills training into the context of sexual and reproductive health services could be a useful structural intervention to increase men's use of family planning services and to provide them with the support they say they need as fathers.

Keywords

fathering, psychosocial and cultural issues, parenting, qualitative research, research

Received October 25, 2017; revised March 30, 2018; accepted April 2, 2018

Family planning services in the United States are currently primarily structured for women (Besera et al., 2016; Sonfield, 2002). While this focus on women is understandable given that they bear children and have more extensive and effective birth control options available to them, public health efforts call for engaging men in reducing unintended pregnancy risk (Marcell et al., 2016; Raj et al., 2015; Sonfield, 2002; Yore et al., 2016), and men themselves have family planning and contraceptive service needs (Hardee, Croce-Galis, & Jay, 2017). Moreover, structuring family planning services and programming for women primarily can perpetuate gender norms that position the work of pregnancy prevention as a woman's responsibility (Kimport, 2017).

Research using the 2006 to 2010 National Survey of Family Growth found that while 60% of U.S. men aged 15

¹Center for Research on Healthcare, University of Pittsburgh, Pittsburgh, PA, USA

²Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA, USA

³Division of Adolescent and Young Adult Medicine, Pediatrics, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

⁴Center for Women's Health Research and Innovation, University of Pittsburgh, Pittsburgh, PA, USA

⁵University of Pittsburgh School of Social Work, Pittsburgh, PA, USA ⁶University of Pittsburgh Schools of the Health Sciences, Pittsburgh, PA, USA

⁷Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, Pittsburgh, PA, USA

Corresponding Author:

Megan Hamm, PhD, Assistant Professor of Medicine, University of Pittsburgh School of Medicine, 200 Meyran Ave, Suite 300, Pittsburgh, PA 15213, USA.

Email: hammme2@upmc.edu

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (http://www.creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (https://us.sagepub.com/en-us/nam/open-access-at-sage).

to 44 years are potentially in need of family planning services, less than 19% actually received family planning services despite generally having access to health care (Marcell et al., 2016). Male attendance at national Title X Family Planning clinics varies widely by region but is low (ranging from <1% in parts of the South to 27.2% in Washington, DC) and is dwarfed by female attendance. Male attendance at such clinics, however, doubled between 2003 and 2014, potentially reflecting increased demand for or acceptability of receiving family planning services among men (Besera et al., 2016). Importantly, research on men's willingness to discuss sexual and reproductive health care has reported that both adolescent and adult men are overwhelmingly willing to engage in conversations about the topic when health-care providers initiate the discussion (Same, Bel, Rosenthal, & Marcell, 2014).

Despite men's demonstrable need and increasing receipt of sexual and reproductive health-care services, including family planning, multiple barriers to seeking and accessing such services exist (Buzi & Smith, 2014; Marcell et al., 2017). These include structural barriers such as cost and availability of services (Marcell et al., 2017) as well as individual barriers such as denial and embarrassment, and gendered social norms that it "is not considered manly to seek help" (Buzi & Smith, 2014) and that pregnancy prevention is "women's work" (Hardee et al., 2017; Kimport, 2017). Young men also perceive that family planning and sexual health programs are not structured or relevant for them (Buzi & Smith, 2014; Marcell et al., 2017). In particular, the medical focus (i.e., contraception and conception) of existing family planning services may not be adequately meeting behavioral or social needs that men might have, including "addressing gender norms that affect men's [contraceptive] attitudes and use" (Hardee et al., 2017), as well as counseling on communication with partners (Sonfield, 2002).

Low male usage of family planning services despite demonstrable need suggests that it is important to identify both extant and potential features of family planning programs that might be salient to men to bolster their attendance in such programs and ensure that such programs meet their needs. Low-income men, in particular, may have an unmet need for family planning services given that unplanned pregnancies disproportionately occur in low-income populations in the United States (Finer & Zolna, 2016). Thus, to determine the reproductive health needs of low-income men, investigators on the present study interviewed a sample of men about their fertilityrelated attitudes and behaviors as well as their preferences for family planning services. These interviews elicited a range of fertility-related experiences and attitudes and helped to clarify what is important to men in this age range when it comes to preparing for fatherhood and how this shapes their future fertility intentions. A major finding was the primacy of financial stability and financial planning in their perceptions of their roles as fathers and the emotional salience of being a "provider" for their children. This manuscript explores the intersections of fatherhood attitudes, fertility intentions, and contraceptive use in this study's sample of low-income men.

Methodology

Recruitment

Data presented in this article come from a qualitative study exploring low-income men's opinions on fatherhood intentions and experiences and contraceptive decision- making among low-income men. Flyers advertising the study were posted in health-care and community centers that serve low-income populations in Western Pennsylvania, and ads were also posted on Craigslist. Men who responded to the advertisements were screened via telephone to determine their eligibility for the study and were considered to be eligible if they were between the ages of 18 and 45 years, self-identified as Black or White, and had had sex with a woman during the past 3 months. Because racial differences in men's fertility attitudes and intentions are understudied, Black and White men were purposefully recruited into the study to elucidate any potential differences in attitudes between those racial groups. The age range of 18 to 45 years was selected because most unintended pregnancies occur in the adult population (Finer & Zolna, 2016; Martinez, Chandra, Abma, Jones, & Mosher, 2006), yet previous research has primarily focused on unintended pregnancies in adolescent populations (Bennett & Assefi, 2005; Hindin, Kalamar, Thompson, & Upadhyay, 2016; Maness & Buhi, 2013) and because while men can father children after the age of 45 years, most do so before that age (Alan Guttmacher Institute, 2003). Men were considered to be ineligible if they were not fluent in English, if they had had a vasectomy, and/or if they had a household income level above 200% of the federal poverty level. Men were additionally asked about whether or not they had children, but were not excluded from the study on that basis. Current paternity status was used to determine that the sample had reasonable representation of men by race, age categories within the eligibility range (i.e., men 18-29 and 30-45 years), and paternity status. Because qualitative sampling is driven by thematic saturation, which is typically reached at 12 to 16 interviews (Crabtree & Miller, 1999; Namey, Guest, McKenna, & Chen, 2016), a sampling matrix was used to determine that at least 12 men were interviewed from each racial, age, and paternity group. Recruitment fell short of that mark for Black men older than 30 years, but themes emerging from the interviews were consistent enough to determine thematic saturation had been reached.

Data Collection

Following recruitment into the study, men engaged in an hour-long, semistructured telephone interview about their views on fatherhood, contraception, sexual relationships, abortion, and preferences for family planning programming for men. Interviews were conducted by a trained interviewer with considerable prior experience in interviewing on sensitive topics (M.H.). Immediately following the interviews, a demographic questionnaire was administered to the participants, also via telephone. The interviews were conducted between November 2014 and February 2016. Financial preparation for fatherhood was not asked about explicitly in the interview, although it was frequently elicited by questions asking about preparation for fatherhood and what makes a good father. All interview sessions were audio-recorded and subsequently transcribed verbatim, with any identifying information redacted from the transcript. Each participant received \$50 as compensation for his time. This study was approved by the University of Pittsburgh institutional review board.

Data Analysis

Interview transcripts were analyzed using content analysis, in which the interview text is broken down into units (i.e., responses to broad questions from the interview guide) and then coded for content, topics, and themes. A minority of codes (108 out of 445) were determined before coding began by the investigators' existing knowledge of the subject matter, but the majority of codes emerged from the content of the interviews, a process known as "editing" (Crabtree & Miller, 1999). A codebook was developed and refined using the editing process, following which two coders independently coded the first 15 (~25%) of the transcripts using qualitative software (Scientific Development, 1999). The coders then met to compare their coding and resolve inconsistencies. After ensuring consistent application of the codes, the primary coder (M.H.) coded the remaining transcripts. Coding was then reviewed using the constant comparison method to identify similarities and differences across participant experience.

Results

Demographics

The men interviewed ranged in age from 18 to 45 years, with 33 (57%) individuals in the age range 18 to 29 years, and the remaining 25 (43%) aged 30 to 45 years. Thirty-one (53%) of the men identified as Black, and 27 (47%) identified as White. Thirty-eight (65%) of the men were fathers at the time of the interview, and 45 (76%) reported they did not desire additional children in the next year. Additional demographic information by race can be found in Table 1.

Major Themes

Financial stability and the ability to "provide" for one's children, one's partner, and one's self was a predominant theme in men's descriptions of their fatherhood attitudes and intentions. Participants overwhelmingly viewed being financially stable as the most important characteristic that prepared a man to have children, and defined the role as a father predominantly (but not exclusively) as being "a provider." At the same time that they identified financial stability as important to their ability to be good fathers, some men acknowledged their own current inability to provide financially or described having been unable to provide financially in the past. When attitudes of men were compared across racial, age, and paternity lines, remarkably similar attitudes were found across all groups, with no discernable differentiation in major themes. Additionally, themes related to the ability to "provide" for children and the importance of financial stability in fatherhood were ubiquitous regardless of a man's fertility intentions or current contraceptive use, occurring in 54 out of 58 interviews. Thus, these themes are reported in aggregate in the following text, although participants' age, race, and paternity status are presented following quotes to provide additional context.

Theme 1: Financial stability is important before starting a family. Nearly all (54 out of 58) participants identified financial stability as a critical benchmark to achieve prior to having children. While interviewees occasionally suggested that one could "never be fully ready" and that finances would likely work themselves out somehow, nearly all thought it was preferable for a man to be financially stable when he had his first child. Financial stability was defined differently by each participant, but typically included having a steady job and perhaps even having moved into a midpoint in one's career; having some savings; maintaining a home of one's own; and being able to pay one's bills on time. It was largely considered unacceptable to still be living at home with one's parents or other family members once one had children. Considerations such as procuring the ability to live in a good, safe neighborhood, in a good school district, were also sometimes cited.

Conversely, not being financially stable was frequently cited as a reason not to have a(dditional) child(ren), even if the man in question knew that he wanted to have a child:

I would say I feel as though most of the time you're not really ready to have a kid until your late thirties. It's more so just that they don't have [...] a good income background, so if you do plan on having your first child, they won't really have to be worried [about the financial aspect], because the financial is the main issue, it's not even the child. (Black, father, 22 years old)

Table I. Demographics.

Characteristic	Black men	$\frac{\text{Caucasian men}}{(n = 27)}$
	(n = 31)	
Age (years)		
18–29	65% (n = 20)	48% (n = 13)
30–45	35% (n = 11)	52% (n = 14)
Education		
Less than high school diploma	13% (n = 4)	7% (n = 2)
High school diploma/GED	55% (n = 17)	44% (n = 12)
Trade/technical school	6% (n = 2)	15% (n = 4)
Some college	10% (n = 3)	19% (n = 5)
College degree	16% (n = 5)	15% (n = 4)
Household Income (US\$)		
0–9,999	39% (n = 12)	37% (n = 10)
10,000–19,999	26% (n = 8)	41% (n = 11
20,000–49,999	35% (n = 11)	18% (n = 5)
50,000–69,999	0% (n = 0)	4% (n = 1)
Marital status		
Single	74% (n = 23)	70% (n = 19)
Engaged	7% (n = 2)	11% (n = 3)
Married	16% (n = 5)	8% (n = 2)
Divorced/separated	3% (n = 1)	11% (n = 3)
Living with female partner		
Yes	52% (n = 16)	52% (n = 14)
No	48% (n = 15)	48% (n = 13)
Number of pregnancies	,	`
0	13% (n = 4)	37% (n = 10)
1	19% (n = 6)	26% (n = 7)
2	6% (n = 2)	15% (n = 4)
3	23% (n = 7)	11% (n = 3)
4	13% (n = 4)	0% (n = 0)
5	10% (n = 3)	4% (n = 1)
6 or more	13% (n = 4)	7% (n = 2)
Don't know/unsure	3% (n = 1)	0% (n = 0)
Insurance	,	,
Yes	61% (n = 19)	52% (n = 14)
No	39% (n = 12)	48% (n = 13
Religion	- · · · (· · · -)	
None	19% (n = 6)	33% (n = 9)
Protestant	7% (n = 2)	4% (n = 1)
Catholic	0% (n = 0)	26% (n = 7)
Other Christian	57% (n = 18)	22% (n = 6)
Muslim	7% (n = 2)	0% (n = 0)
Other	10% (n = 3)	15% (n = 4)
Fatherhood status	10% (11 3)	13/0 (// 1)
Has children	68% (n = 21)	63% (n = 17)
No children	32% (n = 10)	37% (n = 10)
Wants to get someone pregnant in the next year*	32/3 (11 10)	3778 (11 - 10)
Yes	13% (n = 4)	11% (n = 3)
No	84% (n = 26)	70% (n = 19)
Don't know/unsure	3% (n = 1)	19% (n = 1)

Note. *It should be noted that this is different from fertility intention more broadly. There were many men who expressed desire to have (more) children at some point in their life, if not in the next year. GED = general equivalency diploma.

Another participant described his financial concerns at the time that his first child was born, when, he admitted, he did not feel ready to become a father:

Financially was the biggest part. [...] Loving a child, taking care of him—that's all easy work. It's just the financial I was worried about. You know, the lack of sleep and financial was my biggest thing. (White, father, 24 years old)

For these participants, as for others, children were regarded as a source of joy and love. Both men who were fathers and those who were not described having children as an opportunity to express and receive love and affection and to experience the fulfillment of nurturing someone else. Concerns about having children focused largely on the financial responsibilities, rather than on the desirability of children themselves.

In addition to describing their own desire to be financially stable before having children or their desire not to have additional children due to their inability to provide for them financially, interviewees frequently judged men who did have children without being financially prepared or who did not quickly become financially prepared in a strongly negative light. Older men in particular were apt to decry younger men having children before they were ready and, in particular, while they were living in their parents' houses, as in the following example:

You can't live with your mom and have kids. You supposed to be out on your own when you have your kids, be stable, nice little house, what they call a foundation. You got to have your own foundation. You can't have kids and live with your mom, you're out making babies, you know? (Black, father, 42 years old)

Theme 2: "Providing" is an important component of good fathering. When asked to describe what they thought the role of a father should be, participants frequently brought up the notion that a father should be a "provider" for the family. Participants also felt it was important that fathers should be "nurturing," often noting that a father's presence and love were vital to children. However, "providing" was often given primacy over presence and nurturing, as in the following quotes:

A father? First and foremost, financial. Be the person that brings the money in, first off. You know, to take care of the child. (Black, father, 42 years old)

I think the father is the breadwinner. He should give protection. [. . .] That's just how I feel. He has to be loving and nurturing, and teach your kids good life skills. I mean, I think that's the most important role of a dad: keep the lights on, and teach your kids how to be good people. (Black, Not a father, 35 years old)

Providing for one's child and family meant providing material resources: appropriate housing, clothing, and food, and material necessities for children, such as diapers. Beyond providing these necessities, it was important to many of the men interviewed to be able to provide things that children wanted as well, such as toys and experiences, which might make children feel happy and loved. As one participant put it:

When you're financially stable, you have the means to get the stuff for the baby, and do stuff with the baby. (Black, father, 22 years old)

The need to provide "stuff" for children was a common theme across the interviews, with participants who had older children noting that provisioning children escalated with the child's age and perhaps continued even into adulthood:

But it's like, being a regular guy, like, I'm not no hip hop star, NBA player or nothing, so it's kind of hard to provide for kids when you're just a regular dude, and it's just like—And even when you could provide, it's still, like, you still have to sacrifice, you still have to lose out for yourself, so it sucks. So I'm doing alright with the balance right now, but, you know, as they get older, it's going to get worse [. . .] because once they get older there's more demands for stuff. (Black, father, 23 years old)

Participants who were currently fathers were asked if they felt that they were able to fulfill their role as father. Just as they had frequently defined the role of a father as being primarily financial, they often described their ability to fulfill the role of father in financial or employment terms, as in the following example:

Q: Could you describe for me what you feel the role of a father should be like?

A: Someone that they can depend on, that they can make sure that anytime something goes wrong that I'll be there for them. Just make sure the family's OK, fine, just be the number one provider all the way around.

Q: And do you feel that you fulfill those roles for your kids?

A: Yes.

Q: OK. And could you tell me a little bit about why you feel that you fulfill them?

A: Because anytime they need something, I make sure that daddy gets it. (Black, father, 22 years old)

Some men acknowledged that they were unable to fulfill their role as a father and/or romantic partner or had

been unable to at some point in the past, due to their inability to provide financially. In some cases, men indicated that engaging in the interview for the study was a way that they were working to provide for their children, due to the \$50 honorarium offered for participation. On the whole, most men (41 out of 58) felt that they were managing to provide and fulfill their roles, although some acknowledged that it was difficult or had been difficult at some point in the past. As one man described it, "I'm feeling bad about the situation of not having what they need. Not being the father and being there for my kids, you know, like I'm supposed to be." When asked why he was unable to "be there," he said, "I wasn't financially stable. I don't have a home" (White, father, 38 years old).

Men did feel that fatherhood involved more than just "providing" and spoke about the importance of "being there" for children, spending time with them, being a role model, participating in their education, and attending school functions. However, financial provisioning was typically mentioned first and emphasized as most important, as in the example of the following man:

Q: Could you describe what you feel the role of a father should be?

A: To provide financial, uh, emotional, and, um, set an example. To be, like, a role model. And, um, to be loving.

Q: And to be loving? OK. And so let me ask, do you think that you fulfill those roles for your children?

A: Yes, I have.

Q: OK. And could you tell me a little bit about why?

A: Well, I've always been employed. Um, and like I didn't grow up, like, I separated from the mom, but I was still there. I was not a weekend dad. I was there all during the week, you know? My, uh, I would attend sporting events and things at the school, open house and whatnot. I played a role in making sure that they were, you know, doing, getting their education, helping out with homework, and attending school functions and whatnot. Uh, just trying to be a good nurturer. (Black, father, 44 years old)

The emphasis on financial providing in the role of the father is somewhat distinct from how interviewees described the role of the mother. Some men also defined the role of a mother as "provider," but this was less frequent in the interviews. Thirty of the 58 men interviewed described providing as the role of the father, while 12 of the 58 described providing as the role of the mother. While some of the men described the role of the mother and father as essentially identical, it was more common for them to describe the father as a provider, protector,

and role model, and to describe the mother as a nurturer. Some men viewed it as the role of the father to provide and protect so that the mother could turn her attention specifically to nurturing, particularly when children were younger, as in the following example:

I think in the beginning stages of any child's life, they need that nurturing, caring, you know, sensitive aspect, that genuinely comes from a mother as opposed to a father. And you know, once a child reaches a certain age, you know, then the father becomes a little more hands-on with instilling discipline, and making sure that all the roles and guidelines are being met. Just, you know, supporting the mother. And so I feel like, you know, especially in the youthful ages, maybe anywhere, 0 through 5, it's more so the mother than anything. I feel like maybe the father should be focused on providing financially, making sure that the children or child has a roof over their head, food on the table, clothes on their back. (Black, father, 23 years old)

Thus, while there were men in the current sample who felt that it was the role of both the mother and father to provide, protect, and nurture, it was more common for men to associate their role as fathers specifically with being able to provide financially and less common for them to expect this of the mother(s) of their children.

Theme 3: Men's financial stability appears to shape their fertility intentions but not necessarily their behaviors. Although men described the primacy of financial stability in determining readiness for family formation, lack of it did not necessarily stop them from having children. Of the 38 men who had children, 22 said that they felt unprepared at the time that their first child was born, with 10 of those men directly expressing financial instability as being among the reasons they were unprepared. One man described feelings of anxiety regarding his financial situation upon holding his first child for the first time:

When my first son was born, I held him. It was like a flash, like, how stupid and childish you are, and it was time to grow up, you know what I mean? And I just held him for 14 hours, and after that, yeah, then it come into, like, you don't have a good enough job, anxiety kicked in. (White, father, 31 years old)

Another 10 participants cited their young age at the time their first child was born, and while these 10 did not make an explicit link between their age and finances in their statements on preparation for their first child, men throughout the interviews linked young age with greater financial precariousness.

When asked about their current fertility intentions, men reported that their financial status was a primary factor in shaping their thoughts. Most (n = 44) men in the study reported that now was not a good time in their life

Birth control method used*	Good time to have a child $(n = 10)$	Not a good time to have a child $(n = 44)$	Ambivalent $(n = 4)$
Sterilization $(n = 6)$	2	4	0
Partner infertile $(n = 3)$	0	3	0
IUD/implant (n = 5)	0	5	0
Depo-Provera $(n = 3)$	0	3	0
Pill/patch/ring $(n = 6)$	I	4	1
Condoms (n = 16)	2	14	0
Withdrawal $(n = 6)$	I	3	2
Rhythm method $(n = 1)$	0	I	0
None (n = 8)	2	5	1
Partner pregnant $(n = 4)$	2	2	0

Table 2. Self-Assessment of Whether Timing Is Good to Have a Child, and Reported Birth Control Use.

Note. *If men reported using more than one method, only the most effective method is included.

to have (more) children and 36 men attributed this to financial concerns. As one young father described it:

Well, I have two girls, so it would be cool to have a boy. But, honestly it—I mean, if I had another kid, girl or boy, like, honestly, I wouldn't be too excited about it because I'm not rich. If had a million dollars, I would have a million kids. (Black, father, 23 years old)

An additional four men reported that financial concerns made them ambivalent about whether or not they wanted (more), as in the following example:

Q: Do you think this is a good time in your life to have another child?

A: Um, yeah and no. I'm going through school right now. [...] I'm trying to be a foreman. I'm trying to better, you know, get a higher education, so yes and no, because I'm not done with school. But if I'm done with school and I had that really good job, oh yeah, definitely good.

Q: And what would make it a good time then?

A: Because financially, you know, I would be more secure. But like right now, it's just, we're OK, but it's not perfect. I can't get [my current daughter] every little thing I want to get her. (White, father, 31 years old)

While the majority of interviewees felt that it was either not a good time to have a(nother) child or that they were ambivalent about the timing, many of them were relying on contraceptive methods that are more prone to error, such as withdrawal or condoms, and some reported that neither they nor their partners were using any methods at all. Table 2 presents participants' self-assessments of whether or not the present (at the time of the interview) is a good time to have more children and contraceptive methods they report using in their current relationship. As

can be seen in the table, men's fertility intentions and their behaviors were not always congruent.

Theme 4: Desire for financial counseling in family planning services. When asked about what kind of family planning services would be most likely to engage men, participants provided a variety of suggestions, the most common of which were that family planning services should be geared specifically toward men (25 out of 58 participants) and provide contraceptive education (24 out of 58 participants). The third most common suggestion, coming from nearly 20% of participants (11 out of 58), was that providing information about the financial impact of children or assistance related to financial stability would be highly relevant. Men sometimes asked for career or financial counseling, as in the following example:

Honestly, as a father, I wish they did have some kind of, like, stress management class for men, when it comes to having children. Like, something like—or job fairs, so the man can be more [...] set back and relaxed that, OK, I'm going to have a job, I can provide for this family. Like, maybe like a job course. [...] It would be completely, unbelievably awesome. (White, father, 31 years old)

This focus on job fairs or helping men to plan financially in designing family planning programs for men indicates, again, the centrality of finances in the conception of fatherhood espoused by the interviewees.

In addition to suggesting job fairs, some men felt that family planning programs should provide men with accurate and frank information about how having a child would impact their lives financially. Such men suggested that programs provide men with tools that would calculate the financial costs of having children at various ages, both in terms of money that one would spend on a child and in terms of lost opportunities for education and career

advancement that might result from having children too young. As one man described it:

You could have classes for the men to come and [...] you have, like, a chart or a PowerPoint or something set up, but it goes through how life is from the time you turn 18 to the time, I don't know, we'll say just 45, and, and in between that, chart [...] it shows how much money [...] you have, what you could do with it, have certain things in their life leading up to age 45 that they could have accomplished [...]. [On the one] side of it, you could have 18 first baby [...], and from 18 to 23, didn't go to college, [...] how much the pampers is, how much formula is, how much the food is, [...] the diapers, the pacifiers and clothes. [...] Then on the other side, have, like, liquor, dates, movie night, pizza night, you know [...] maybe that would enlighten them enough to come check some stuff out. (Black, not a father, 22 years old)

Helping men calculate the financial differences in a life in which they had children at a young age, compared to a life in which they had children older, was perceived as a potential deterrent for unplanned pregnancies at a younger age and hence a motivation for engaging in family planning. It was also thought to be a wake-up call for men anticipating their first child.

Discussion

In this qualitative study of low-income men in Western Pennsylvania, participants clearly linked their readiness to have children, and their ability to successfully parent children, with their ability to provide for those children financially. The linkage is highly gendered, in that they expected this more of themselves than their female partners and also clearly felt pressure from the primary responsibility to provide financially for their children. Participants felt that ability to provide financially was a key problem to be solved around having children, and that lack of financial stability was a primary reason for men to delay or avoid having children. However, men had children despite their lack of financial preparation and did not always use contraception in ways that were consistent with their desire to avoid having children until they were financially prepared.

The discrepancy between low-income men's contraceptive use and paternity status and their statements about the importance of financial preparation as a precursor to fatherhood is consistent with previous research on pregnancy intention and planning in low-income populations. Other research suggests that low-income women report contraceptive use (or lack thereof) that is inconsistent with stated desires to avoid pregnancy (Borrero et al., 2015). The current findings are additionally consistent with the sociological work of Edin and Nelson (2013), who also found that while low-income men espoused the

importance of being financially prepared to have children before they did so, this did not necessarily translate into pregnancy-avoiding behaviors until that time. Though the participants in the current study did not explicitly acknowledge or explain the discrepancy between their intentions and behaviors, one hypothesis formulated by Edin and Nelson (2013) was that low-income men felt that they might never reach a state of readiness. As Edin and Nelson describe it:

When one's future is so uncertain, it can be hard to muster the self-restraint required to put off having a child. Sure, he may not be in the best situation right now, but given the nature of life at the bottom rung of the ladder, when will that be? And how long would the good times last anyway? (2013:62)

Additionally, men's focus on financial preparation and "providing" as fathers reflects hegemonic contemporary American understandings of masculinity with regard to the role of the father (Schmitz, 2016). Although there is evidence suggesting that low-income fathers are increasingly emphasizing their role as nurturers and caregivers (Edin & Nelson, 2013; Summers, Boller, Schiffman, & Raikes, 2011), this study illuminates that financial stability is key to low-income men's perception of fatherhood. The combination of low-income men's acceptance of the hegemonic notion of the father as "breadwinner," their challenges in fulfilling that role, and discrepancies between paternity intentions and behaviors indicates that family planning services, financial planning and/or assistance, and initiatives that help men rethink their gender roles so as not to rely so heavily on financial provisioning as the hallmark of successful fathering could be combined into services that are meaningful to low-income men.

Financial counseling may be viewed as outside of the domain of such services, and perhaps calling for it to be included might be seen as placing an additional demand upon already scant programmatic resources for men. However, the centrality of financial stability in the interviewees' narratives of fatherhood and romantic relationships was undeniable, and the financial struggles caused by unplanned pregnancies and the need to provide for one's children indicate that financial planning is a vital resource for men in low-income communities considering fatherhood. Moreover, clarifying the financial burden of child-rearing was thought to be a potential motivator for engaging in effective contraceptive use.

Additionally, there are already clear parallels to providing employment and housing counseling to men in the context of treating/managing HIV and HIV risk behaviors, (Raj et al., 2014), indicating that such counseling can successfully be implemented in health services contexts. At the very least, family planning services/clinics can establish partnerships with and referral pathways to

community-based programs that offer financial and/or vocational services.

Such community-based initiatives aimed at increasing the financial stability and involvement of nonresident ("Baltimore Responsible currently exist Fatherhood Project", n.d.; Frey, Farrell, Cotton, Lathen, & Marks, 2014; Martinson & Nightingale, 2008), as does programming that aims to challenge hegemonic masculinities (Yore et al., 2016; Raj et al., 2015). With the exception of Wisconsin's Lifecourse Initiative (Frey et al., 2014), which focuses on increasing the intervals between children in order to reduce preterm births, it is not always clear whether or not such community-based fatherhood initiatives assist men with family planning or contraceptive knowledge and access, but a combination of such initiatives and family planning services could prove empowering for the men involved with such programming. However, it should be noted that these communitybased initiatives are largely limited in their ability to address long-standing structural issues, such as a limited ability to affect dramatic wage increases for low-income fathers and child support systems that set unrealistic payment levels given the father's income (Martinson & Nightingale, 2008) as well as social inequalities in opportunities for economic advancement and upward social mobility. Broader efforts to address the sociopolitical forces that contribute to such inequities are also needed to support healthy family formation and growth.

Limitations

The current study and its results have limitations. First, participants were self-selecting. Although participants were screened for inclusion criteria, they themselves contacted us based on having seen a study advertisement. It is possible that the men who contacted the study have different opinions in some way from their counterparts who decided not to contact us. Second, the study population is a low-income population and may not reflect the concerns of men more generally. Third, while Latinos were not excluded from the study, they were also not purposefully recruited. It is possible that Latino men have different needs or opinions. Fourth, it is possible that participants' perspectives were influenced by social desirability bias, in that men emphasized financial concerns because they felt they "should," or that they described children positively due to cultural norms that revere children and parenthood.

Conclusion

In conclusion, this research indicates that low-income men clearly identify financial security and providing for their children as definitional to their roles as fathers; financial insecurity and inability to provide, conversely, prevented them from fulfilling their roles as fathers. Lowincome men may benefit from enhanced access to sexual and reproductive health care aimed at their needs, which potentially include financial counseling, as well as gender equity counseling that helps them to broaden their definition of successful fatherhood such that financial providing is not necessarily so central. Although it may seem to be outside of the scope of traditional family planning services, this topic's salience among low-income men could prove vital for engaging them in services and in assisting them in their roles as fathers.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was funded by Dr. Borrero's grant (5 R21 HD076327-02), a component of the National Institutes of Health (NIH). The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) or NIH.

References

Alan Guttmacher Institute. (2003). In their own right: Addressing the sexual and reproductive health needs of men worldwide. New York, NY: AGI.

ATLAS/ti. (1999). Scientific software development (Version 8) [Computer software]. Pittsburgh, PA: University of Pittsburgh.

Baltimore Responsible Fatherhood Project. (n.d.). Retrieved from http://www.cfuf.org/Baltimore-Responsible-Fatherhood-Project/

Bennett, S. E., & Assefi, N. P. (2005). School-based teenage pregnancy prevention programs: A systematic review of controlled trials. *Journal of Adolescent Health*, 36(1), 72–81.

Besera, G., Moskosky, S., Pazol, K., Fowler, C., Warner, L., Johnson, D. M., & Barfield, W. D. (2016, June 17). Male attendance at title X family planning clinics – United States, 2003–2014. Morbidity and Mortality Weekly Report, 65(23), 602–605.

Borrero, S., Nikolajski, C., Steinberg, J. R., Freedman, L., Akers, A. Y., Ibrahim, S., & Schwartz, E. B. (2015). "It just happens": A qualitative study exploring low-income women's perspectives on pregnancy planning. *Contraception*, 91(2), 150–156.

Buzi, R. S., & Smith, P. B. (2014). Access to sexual and reproductive health care services: Young men's perspectives. *Journal of Sex & Marital Therapy*, 40(2), 149–157.

Crabtree, B. F., & Miller, W. L. (1999). *Doing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Edin, K., & Nelson, T. J. (2013). Doing the best I can: Fatherhood in the inner city. Berkeley, CA: University of California Press.

Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. New England Journal of Medicine, 374, 843–852.

- Frey, C. A., Farrell, P. M., Cotton, Q. D., Lathen, L. S., & Marks, K. (2014). Wisconsin's Lifecourse Initiative for Healthy Families: Application of the maternal and child health life course perspective through a regional funding initiative. *Journal of Maternal Child Health*, 18, 413–422.
- Hardee, K., Croce-Galis, M., & Gay, J. (2017). Are men well served by family planning programs? *Reproductive Health*, 14(1), 14.
- Hindin, M. J., Kalamar, A. M., Thompson, T. A., & Upadhyay, U. D. (2016). Interventions to prevent unintended and repeat pregnancy among young people in middle-income countries: A systematic review of the published and gray literature. *Journal of Adolescent Health*, 59(3 Suppl), S8–S15.
- Kimport, K. (2017). More than a physical burden: Women's mental and emotional work in preventing pregnancy. *The Journal of Sex Research*, *18*, 1–10.
- Maness, S. B., & Buhi, E. R. (2013). A systematic review of pregnancy prevention programs for minority youth in the U.S.: A critical analysis and recommendations for improvement. *Journal of Health Disparities Research and Practice*, 6(2), 91–106.
- Marcell, A. V., Gibbs, S. E., Choiriyyah, I., Sonenstein, F. L., Astone, N. M., Pleck, J. H., & Dariotis, J. K. (2016, April). National needs of family planning among US men aged 15 to 44 years. *American Journal of Public Health*, 106(4), 733–739.
- Marcell, A. V., Pilgrim, N., Jennings, J. M., Sanders, R., Page, K. R., Loosier, P. S., & Dittus, P. J. (2017). Young men's overall perceived quality of care: Role of sexual and reproductive health and patient-centered care. *Journal of Adolescent Health*, 60(2), S37.
- Martinez, G., Chandra, A., Abma, J., Jones, J., & Mosher, W. (2006). Fertility, contraception, and fatherhood: Data on men and women from cycle 6 (2002) of the National

- Survey of Family Growth. *National Center for Health Statistics: Vital Health Statistics*, 23(26), 1–142.
- Martinson, K., & Nightingale, D. (2008). *Ten key findings from responsible fatherhood initiatives*. Washington, DC: Urban Institute.
- Namey, E., Guest, G., McKenna, K., & Chen, M. (2016, April). Evaluating bang for the buck: A cost-effectiveness comparison between individual interviews and focus groups based on thematic saturation levels. *American Journal of Evaluation*, 37, 425–440.
- Raj, A., Dasgupta, A., Goldson, I., Lafontant, D., Freedman, E., & Silverman, J. G. (2014). Pilot evaluation of the Making Employment Needs [MEN] count intervention: Addressing behavioral and structural HIV risks in heterosexual Black men. AIDS Care, 26(2), 152–159.
- Raj, A., Ghule, M., Ritter, J., Battala, M., Gajanan, V., Nair, S., ... Saggurti, N. (2015). Cluster randomized controlled trial evaluation of a gender equity and family planning intervention for married men and couples in rural India. *PLOS* ONE, 11(5), e0153190.
- Same, R. V., Bel, D. L., Rosenthal, S. L., & Marcell, A. V. (2014). Sexual and reproductive health care: Adolescent and adult men's willingness to talk and preferred approach. *American Journal of Preventative Medicine*, 47(2), 175–180.
- Schmitz, R. M. (2016). Constructing men as fathers: A content analysis of formulations in fatherhood in parenting magazines. *The Journal of Men's Studies*, 24(1), 3–23.
- Sonfield, A. (2002). Looking at men's reproductive and sexual health needs. *Guttmacher Policy Review*, 5(2), 7–10.
- Summers, J. A., Boller, K., Schiffman, R. F., & Raikes, H. H. (2011).
 The meaning of 'good fatherhood': Low-income fathers' social constructions of their roles. *Parenting*, 6, 145–165.
- Yore, J., Dasgupta, A., Ghule, M., Battala, M., Nair, S., Silverman, J., ... Raj, A. (2016). CHARM, a gender equity and family planning intervention for men and couples in rural India: Protocol for the cluster randomization controlled trial evaluation. Reproductive Health, 13, Article 14.