Examining Fertility Desires and Reproductive Planning among Low-Income Black Fathers: A Mixed-Methods Approach

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Abstract : Background: Black men in the U.S. have overall poorer health, are more likely to experience unintended pregnancies, and have pregnancies (with their partner) at younger ages than other racial/ethnic groups. These factors increase the likelihood that pregnancies among Black fathers will occur at suboptimal paternal health. Although several communitybased programs exist to support low-income Black fathers' involvement with their families, little is known about the sexual and reproductive health, and family planning needs of fathers enrolled in these programs. The objective of this study was to quantitatively examine the relationship between Black fathers' fertility desires and pregnancy prevention strategies and qualitatively explore the nuances of this relationship. Methods: A concurrent mixed-methods approach was used to survey 36 and interview 13 Black fathers from low-income backgrounds, who were participating in a community-based fatherhood program in a Midwestern urban area. Fathers in this study were ≥ 18 years old with at least one child. Differences between groups were compared using Fisher's Exact tests and thematic analyses to examine the relationship between participants' fertility desires and reproductive planning practices. Results: Participants had a median age of 33 years, and 72% were nonresidential biological parents. About 40% of men desired pregnancy, and 69% reported they or their partner always used contraception. In bivariate analysis, participants' fertility desires were not associated with pregnancy prevention (p=0.251). Although most interview participants desired pregnancies, several factors contributed to their ability to plan for a pregnancy. Men felt that using contraception to prevent pregnancies was dependent on navigating trust with a partner. Health before pregnancy and financial stability were also important. Overall, participants thought that using an adult mindset, in which they considered the consequences of unprotected sex, was key to family planning. Conclusion: Black fathers may not desire pregnancy and consider a variety of factors, but this does not always result in active pregnancy prevention/contraceptive use. Community-based organizations already working with Black fathers can be leveraged to increase reproductive health awareness and facilitate reproductive planning for fathers.

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