DPH

Bureau of Family Health & Nutrition

Experiences and Health of Recent Fathers in Massachusetts 2023-2024

Released: JULY 2026

Experiences and Health of Recent Fathers in Massachusetts: 2023–2024

Executive Summary

Fatherhood is a transformative experience that brings both profound joy and significant responsibility. Findings from the 2023–2024 Massachusetts Parenthood and Fatherhood Experiences Survey reveal that most fathers report excitement and confidence in their new role, and many also experience stress, uncertainty, and gaps in access to support resources. Fathers' voices throughout this report illuminate the realities of early parenting and highlight opportunities for public health action and system improvement. Supporting fathers is both a public health opportunity and responsibility.

Key Findings

Below are the most important findings from the Massachusetts Fatherhood Survey. These insights highlight both strengths and challenges faced by new fathers.

Fathers' Involvement is High

- 85% attended prenatal care visits
- 95% were present at the birth of their new baby
- Most fathers report being consistently and meaningfully involved in caregiving and family life

Fathers Are Excited — but Experience Stress

- 98% felt excited to become a father
- 80% said being a father is stressful, one in three reported high levels of stress
- 41**%** reported the pregnancy was unintended or mistimed

Fathers' Mental Health Needs Are Real

- 41% sometimes felt anxious after birth
- 16% frequently felt anxious
- 6% frequently felt depressed

Access to Supports Remain Limited

- 13% took no parental leave at all
- Fathers of color were less likely to have access to paid leave
- One in four fathers had no trusted source for parenting information

Equity Gaps Persist

Equity issues were present across nearly every aspect of fathers' experiences. Race, language, income, and immigration status influenced fathers' access to care, feelings of inclusion, workplace treatment, and ability to take leave. Specifically:

- Black and Latino fathers were more likely to experience discrimination in healthcare, employment, and the community.
- Black fathers were four times more likely to report racial discrimination than White fathers.
- Non-English speakers felt less included during prenatal visits and reported challenges communicating with providers.
- Lower-wage and hourly workers were less likely to receive paid parental leave and more likely to experience workplace pressure to return early.
- Fathers with private insurance were more likely to attend any healthcare appointment compared to fathers with Medicaid or other insurance.

Fathers Want More Information

- 86% want information about child development
- 79% want information about labor and delivery
- 61% want information about maternal mental health

Fathers' Voices

As one father reflected, "[Being a new father] was one of the best times of my life." Another noted, "Parenting is challenging for even well-supported families like ours. I can only imagine how difficult it is for single parents and the less privileged." These reflections echo the broader survey findings — fatherhood brings immense joy but also reveals inequities that shape how families experience support.

Overall, the results convey a clear message: fathers want to be involved and connected, yet existing systems are not fully designed to support their role in family health. Building systems that recognize and support fathers will strengthen families, communities, and future generations. By embedding cultural responsiveness, respect, and equity in every aspect of public health, Massachusetts can continue to lead in advancing family well-being and fatherhood engagement.

Background

Becoming a father is a significant transition — one that brings pride, responsibility, and emotional complexity. While fathers play an essential role in nurturing infants and supporting maternal health, their own experiences during pregnancy, childbirth, and the early months of parenting are often overlooked in research, policy, and practice. As one Massachusetts father reflected, “Fatherhood is a great privilege. Both parents should be there for their baby.”

To better understand the experiences, needs, and well-being of fathers in the perinatal period, the Massachusetts Department of Public Health conducted the Massachusetts Parenthood and Fatherhood Experiences Survey between September 2023 and July 2024. The survey, distributed by mail and online with phone follow-up, reached a sample of fathers of infants born in Massachusetts. The survey intentionally oversampled Black, Hispanic, and Asian fathers to ensure their voices and perspectives were fully represented.

Findings revealed that most fathers were excited and confident in their role, and many also experienced stress, mental health challenges, barriers to family leave, and uncertainly in how to access existing resources. As one participant shared, “The first month is very hard for a new dad… it gets better.” These insights offer an opportunity to strengthen systems that support fathers.

Who Took Part in the Survey

A total of 463 fathers across Massachusetts participated in the 2023–2024 survey. Their backgrounds reflect the diversity of families in the state—including differences by race, education, and immigration history.

Fathers represented many racial and ethnic groups: 45% identified as White, non-Hispanic, 16% as Black, non-Hispanic, 16% as Hispanic, 20% as Asian, non-Hispanic, and 2% as Alaskan Native/American Indian. Half of respondents were born outside the United States, underscoring the importance for culturally responsive programs that support all fathers.

Most participants were in their thirties (66%), and more than half held a college degree or higher (55%) (see appendix A). The majority of fathers (79%) were married to their new baby's mother, with another 15% identifying their baby’s mother as their partner. Five percent reported living in a rural area, and 8% reported having a disability.

One father shared, “My wife and I consider ourselves very lucky to be living in MA for pregnancy and delivery and raising our kids.” Another father reported: “Parenting is challenging for even well-supported families like ours, I can only imagine how difficult it is for single parents and less privileged.

State should look to provide more help for such people like the European countries", recognizing the need for more equitable access to support.

How Fathers Feel About Becoming a Parent

Being a new father is a complex experience that can bring about a wide range of emotions: from anticipation and pride, to, at times, anxiety. Most Massachusetts fathers surveyed in 2023–2024 described their early experiences of fatherhood with overwhelming excitement and optimism.

Nearly all fathers (90%) strongly agreed that they were excited about becoming a dad, while 8% somewhat agreed. Confidence levels were also high: 73% said they felt strongly confident in their ability to be a good father, and 25% felt somewhat confident. These positive sentiments were consistent across all racial and ethnic groups.

Figure 1: Prevalence of excitement to be a father after birth of child by race and ethnicity, 2023-2024.

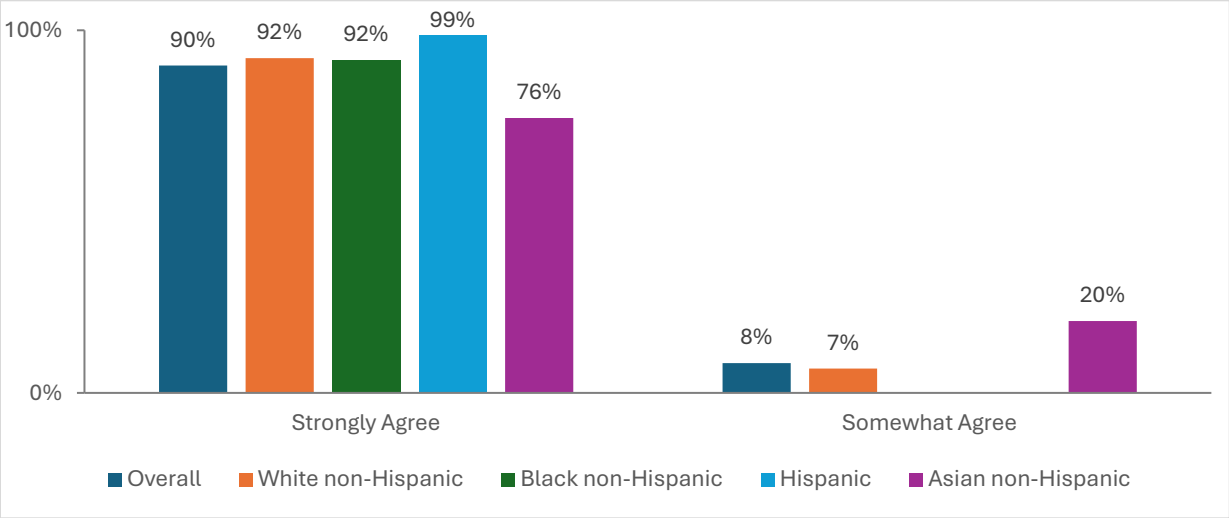
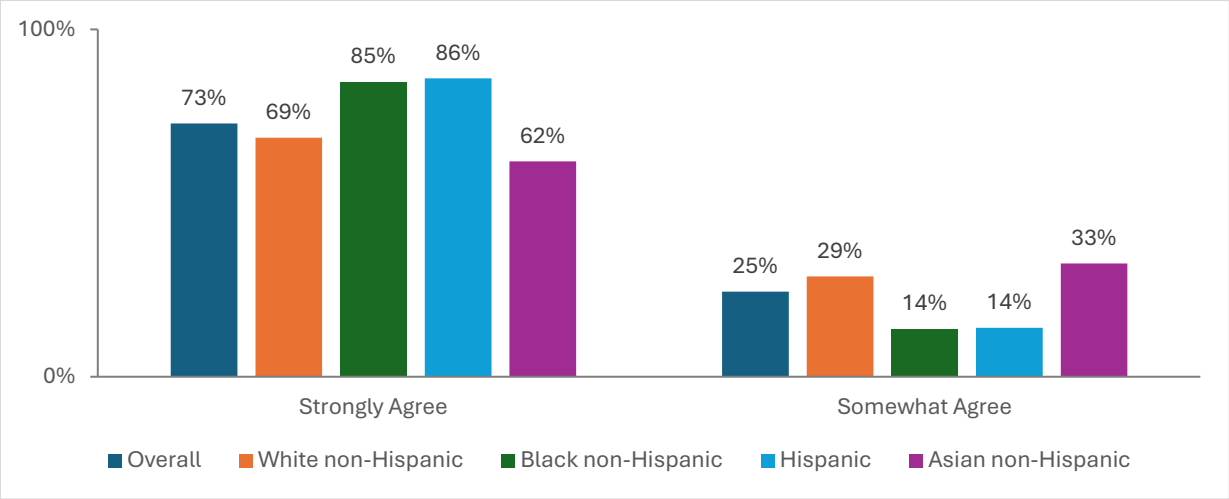


Figure 2: Prevalence of confidence to be a father after birth of child by race and ethnicity, 2023-2024.



However, joy and confidence often coexist with stress. About 35% of fathers strongly agreed that being a father is stressful, and another 44% somewhat agreed.

One father shared he was “Excited, a bit scared. Tired. Emotional. Happy. I have a son.” Another reflected, “It’s great being a dad—it’s tough with a newborn and a two-year-old.” These reflections highlight the dual nature of early fatherhood: while fathers take great pride in their role, they also carry the emotional and logistical weight of caring for a growing family.

Nearly all fathers (>98%) expressed excitement about being a dad. 8 in 10 also described fatherhood as stressful. Asian non-Hispanic fathers were more than twice as likely to report high stress compared to Black non-Hispanic and Hispanic fathers.

Data Spotlight Fathers with other children were just as excited about their new baby as those who are first-time fathers.

Fathers’ excitement did not differ among new fathers and experienced fathers. Fathers with other kids were just as excited about the birth of their new baby as first-time fathers. About 92% of experienced fathers strongly agreed with the statement that they are excited to be a father, compared to 89% of new fathers. About 7% of experienced fathers somewhat agreed with the statement that they are excited to be a father compared to 10% of new fathers.

Relationships and Family Life

Strong family relationships are foundational to fathers’ well-being and children’s healthy development. The vast majority of fathers surveyed (79%) reported being married to their baby’s mother, while another 15% described their relationship as a partnership, and 5% identified their

partner as a girlfriend. Just 1% reported other relationship statuses, such as being separated or engaged. More than half (59%) of fathers said they wanted the pregnancy at the time it occurred.

Most fathers (87%) said their baby lives with both parents. A small percentage reported their baby lives with extended family or alternates between homes due to changes in relationship status or housing challenges. Among fathers with multiple children, 82% said all their children live with them.

For many fathers, parenting is collaborative and emotional. One shared, “Thankfully we had help from both my side of the family as well as my wife’s side, but it really does take a village.” Other fathers reflected on their experiences with the differences in parenting roles. One said “Men do not have agency on important aspects like breastfeeding…the mom controls whether or not formula is used, and the dad has absolutely no input even though the child is his too.” Another responded, “The first month is very hard for a new dad. [The] main responsibilities include diaper changing and bottle washing. It gets better after this though.”

These insights highlight that while most fathers experience supportive partnerships and shared caregiving, they also navigate evolving parenting expectations, financial pressures, and gaps in recognition within healthcare and family systems.

Figure 3: Prevalence of father’s relationship status with their new baby’s mother, 2023-2024.

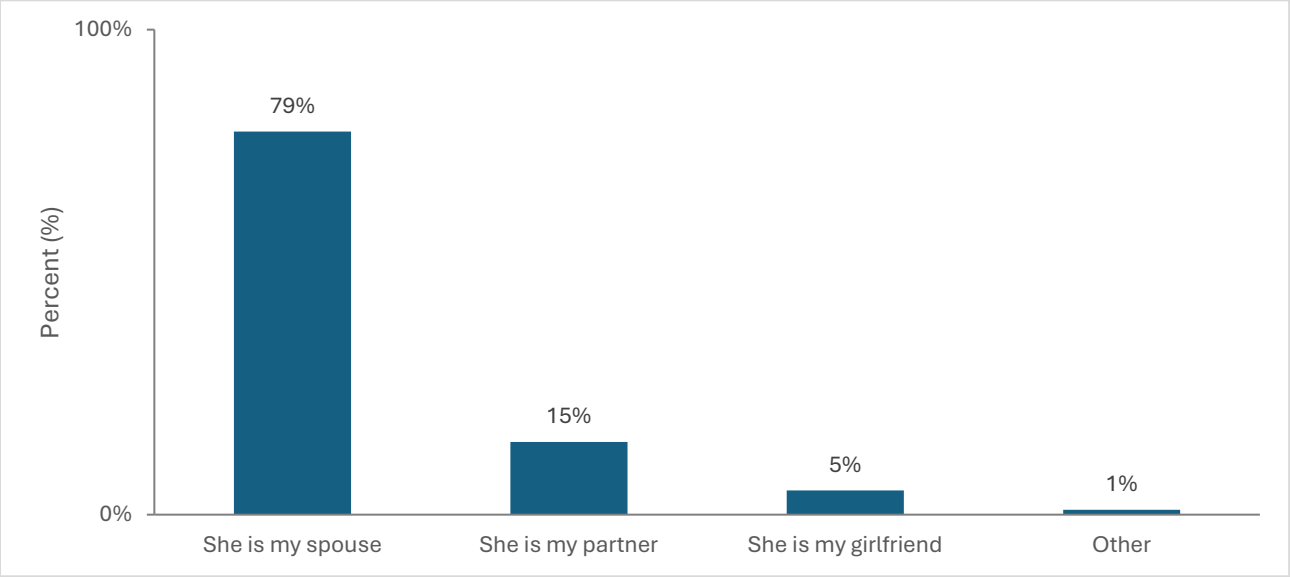
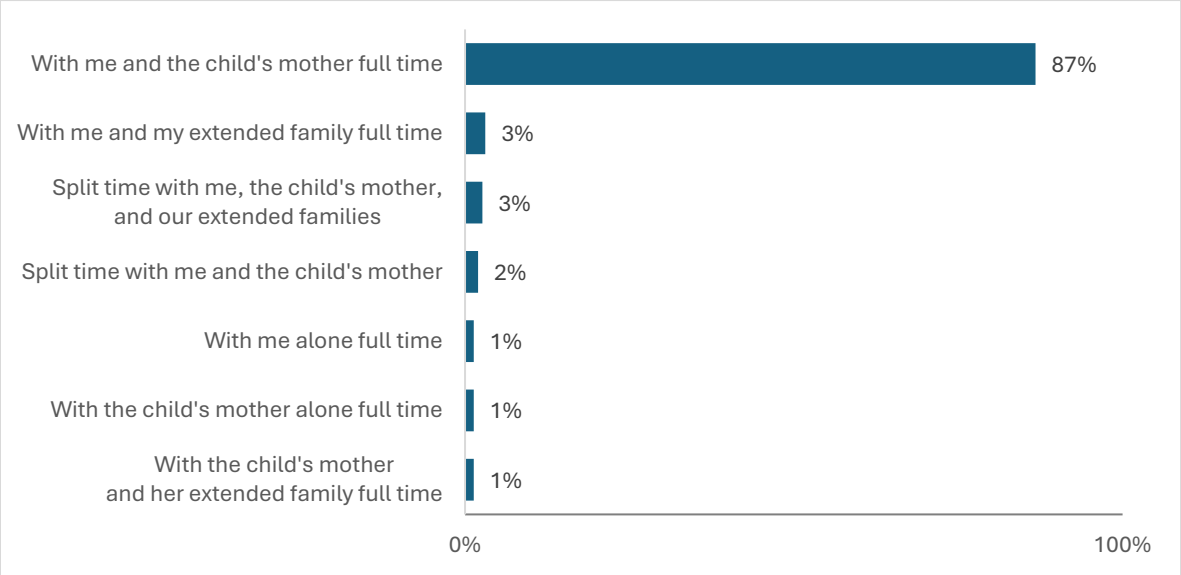


Figure 4: Prevalence of where baby lives, 2023-2024.



Data Spotlight Nearly 80% of fathers were married to their baby's mother, and most (87%) lived with both their baby and partner. Four in five fathers with more than one child said all their children live with them.

Figure 5: Prevalence of fathers who live with their new baby and baby's mother by race and ethnicity, 2023-2024.

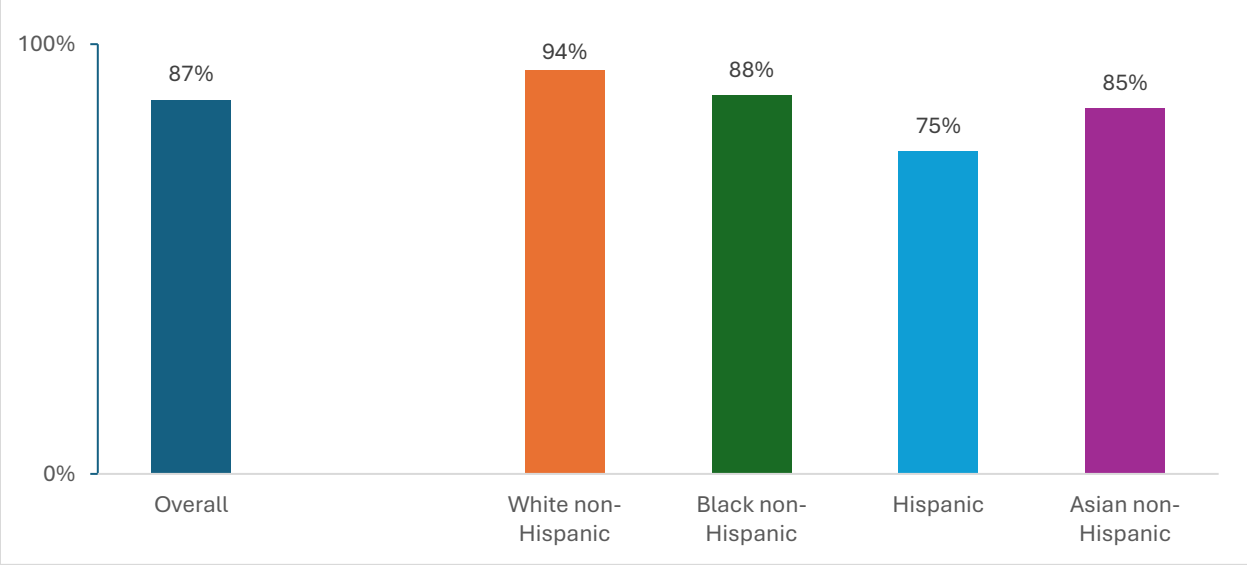
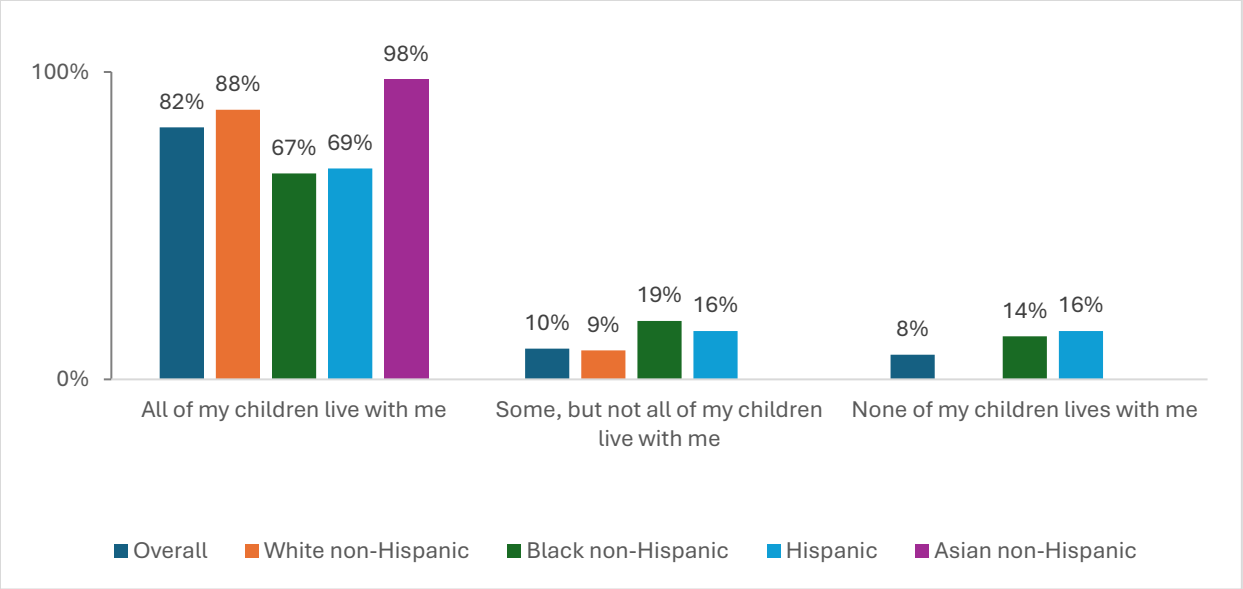


Figure 6: Prevalence of living arrangements of father's other children by race and ethnicity, 2023-2024.



Fathers' Physical and Mental Health

Fathers' health and well-being play a critical role in shaping family health outcomes. Following the birth of their child, most fathers rated their overall health positively: 18% described it as excellent, 33% as very good, and almost 40% as good. For many, emotional challenges accompanied these positive health assessments.

While most fathers (74%) rarely or never felt depressed, about one in five (19%) sometimes felt depressed, and 6% reported usually or always feeling depressed. Feelings of anxiety were even more common: 17% of fathers said they always or usually felt anxious, and another 41% sometimes experienced anxiety. White non-Hispanic and Asian non-Hispanic fathers were nearly twice as likely to report frequent anxiety compared to Black or Hispanic fathers.

Figure 7: Prevalence of anxiety of being a father after birth of child by race and ethnicity, 2023-2024.

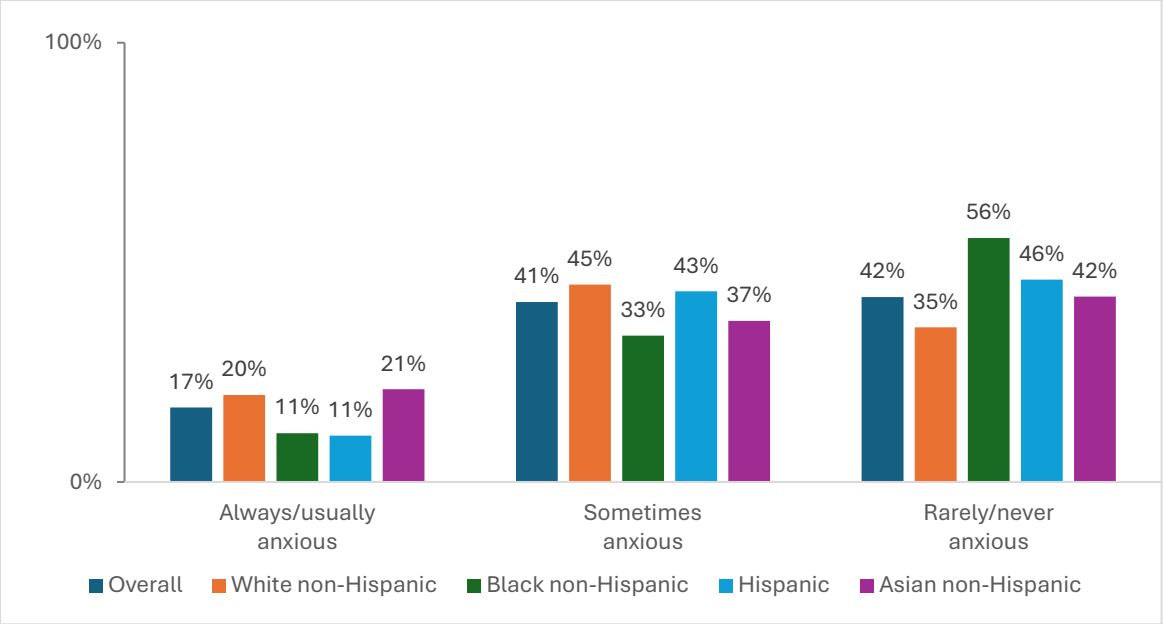
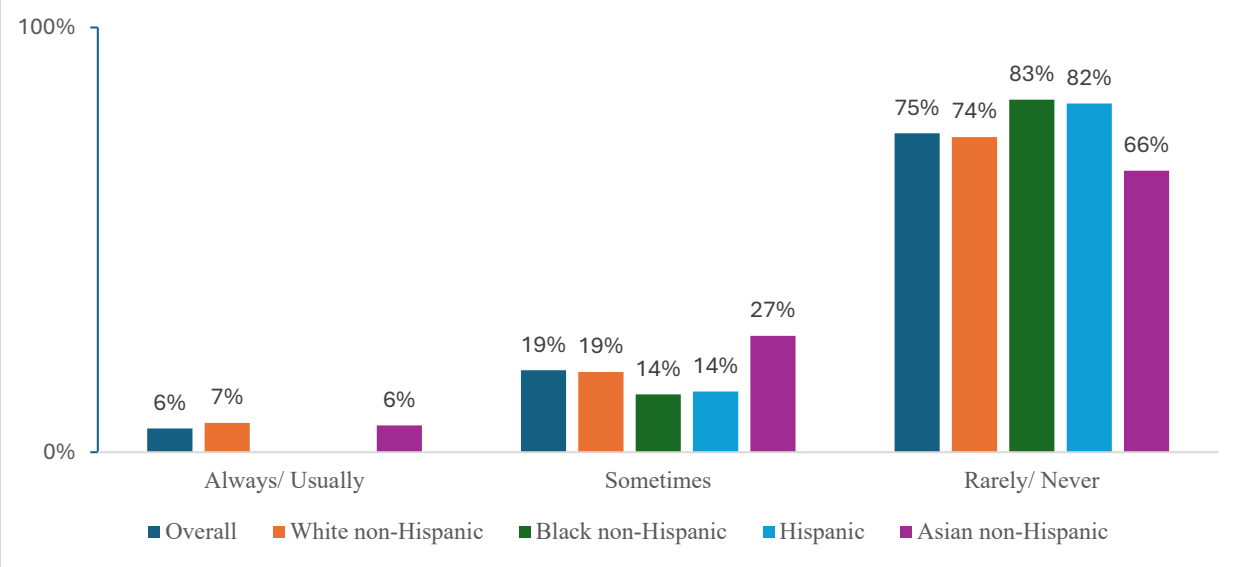


Figure 8: Prevalence of depression among fathers after birth of child by race and ethnicity, 2023-2024.



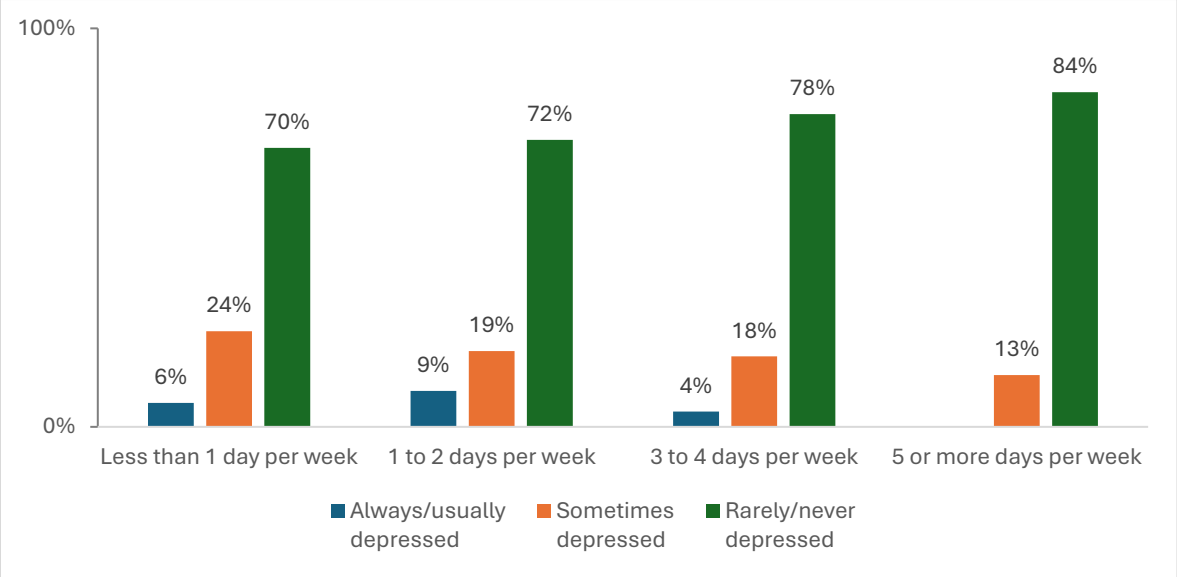
Feelings of anxiety among fathers did not differ from those who have other children and first-time fathers. Comparable levels of anxiety amongst fathers indicate, regardless of experience, that the feeling of anxiety is present with the birth of a new baby. Similarly, fathers with other children reported the same levels of depression as those who are first time fathers.

Several fathers described this emotional turbulence in their own words. “I was nervous,” wrote one new dad. Others shared the intensity of their experiences, especially when complications arose: “The

birth of my child was incredibly traumatic… our baby was in the NICU for almost two weeks, leading to intense stress and pressure for all three of us."

Data Spotlight 92% of fathers rated their health as good, very good, or excellent. 17% reported frequent anxiety and 6% reported depression.

Figure 9: Prevalence of depression among fathers after birth of child by participation in physical activities, 2023-2024.



Physical activity appeared to buffer some of these emotional stresses. Fathers who exercised at least three to four days per week were less likely to report symptoms of depression or anxiety than those who were less active. Still, the findings highlight the importance of engagement and support for fathers' mental health during the pregnancy and postpartum period.

Health was also related to body mass index (BMI). Among fathers with a healthy BMI, 60% described their health as excellent or very good, compared to 49% of overweight fathers and 32% of those with obesity. Fathers with higher BMIs were also more likely to report ongoing depressive symptoms; fathers with obesity were 3.3 times more likely to report always or usually feeling depressed compared to healthy weight fathers.

Tobacco, Alcohol, and Other Substances During Pregnancy

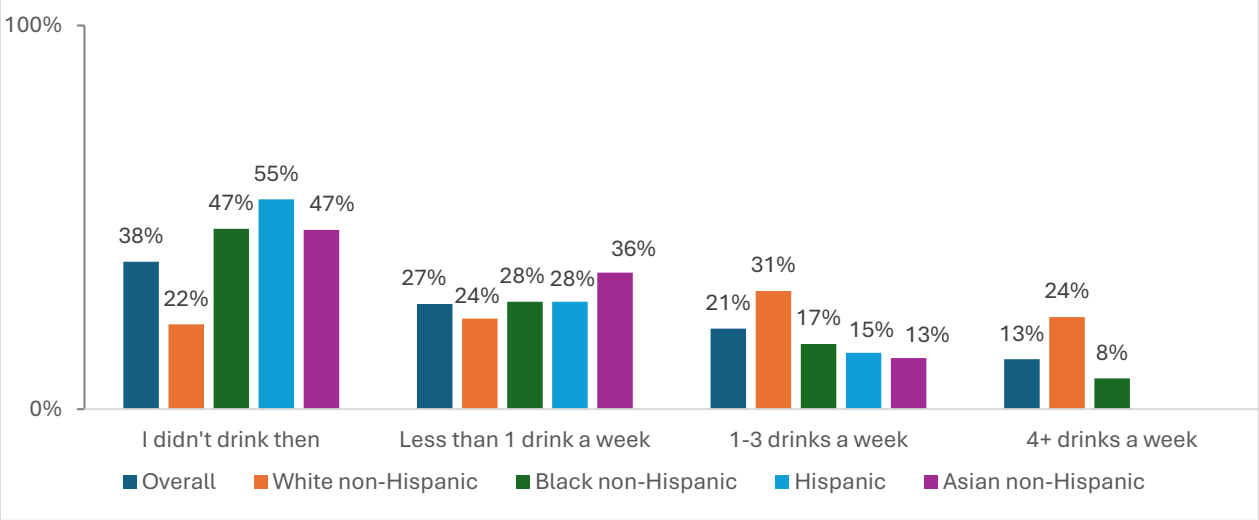
When fathers learned their child's mother was pregnant, most reported avoiding tobacco and other substances. 73% of fathers said they never smoked, and 20% said they did not smoke during the pregnancy.

Patterns of alcohol use varied more widely. Since learning about the pregnancy:

- 38% of fathers said they did not drink alcohol
- 27% drank less than one drink per week
- 21% had one to three drinks per week,
- 8% had four to six drinks per week,
- 3% had seven to thirteen drinks per week, and
- 2% drank fourteen or more drinks per week.

Across racial and ethnic groups, the prevalence of fathers who abstained from alcohol ranged from 22% to 55%. White non-Hispanic fathers were 2.3 times more likely than Asian non-Hispanic fathers, and 2.1 times more likely than Hispanic fathers, to report drinking one to three drinks per week. They were also the only group to report higher levels of drinking — 14% had four to six drinks per week, 6% had seven to thirteen drinks per week, and 3% had fourteen or more drinks per week.

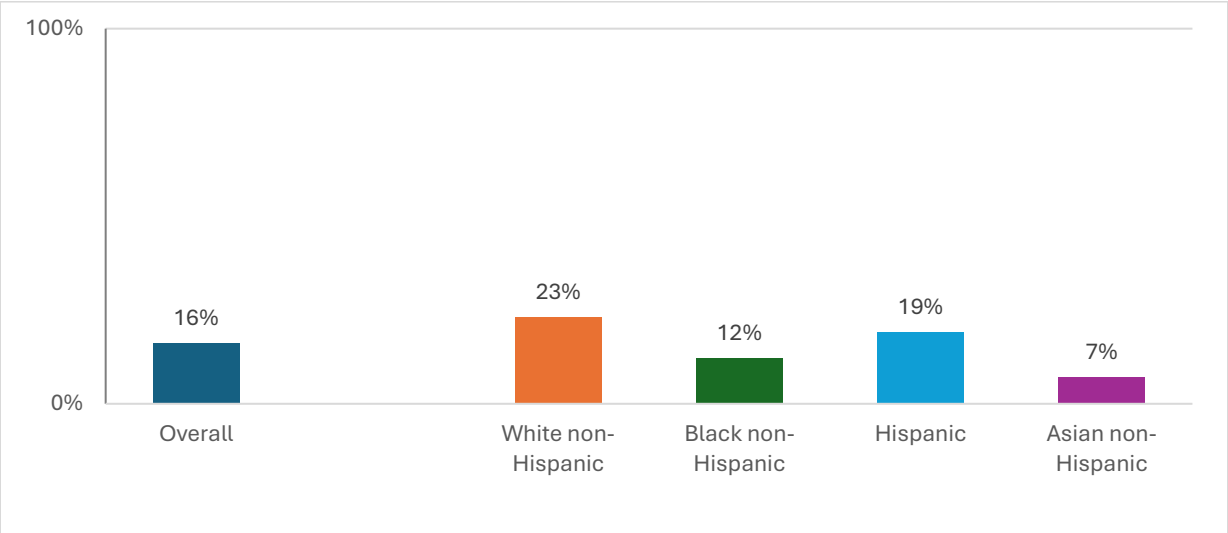
Figure 10: Prevalence of consuming alcoholic beverages among fathers during child's mother's pregnancy by race and ethnicity, 2023-2024.



Fathers also reported using other substances such as medications and recreational drugs. 59% said they used over-the-counter pain relievers, 16% used marijuana, 4% used medications for depression, 1% used prescription pain relievers, and 3% used other drugs.

White non-Hispanic fathers were 3.3 times more likely than Asian non-Hispanic fathers, and 1.9 times more likely than Black non-Hispanic fathers, to report marijuana use.

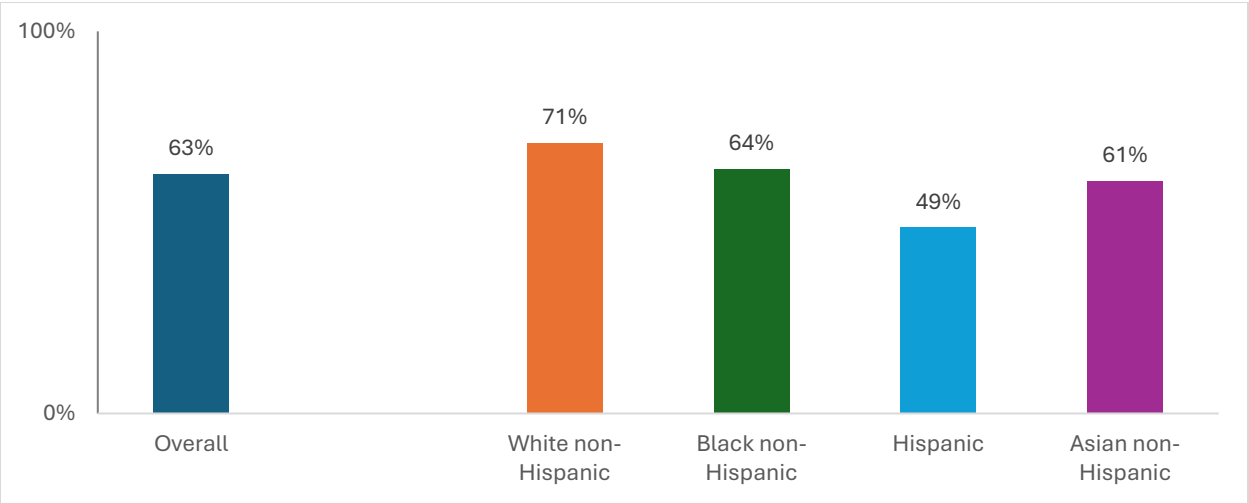
Figure 11: Prevalence of fathers using marijuana by race and ethnicity, 2023-2024.



Fathers' Healthcare Utilization

Over the past 12 months, 63% of fathers reported having at least one healthcare visit while their child's mother was pregnant — reflecting moderate engagement with healthcare systems among new and expecting fathers. Fathers who live in urban areas were 1.2 times more likely to have at least one healthcare visit compared to fathers who live in rural areas (64% vs. 55%, respectively).

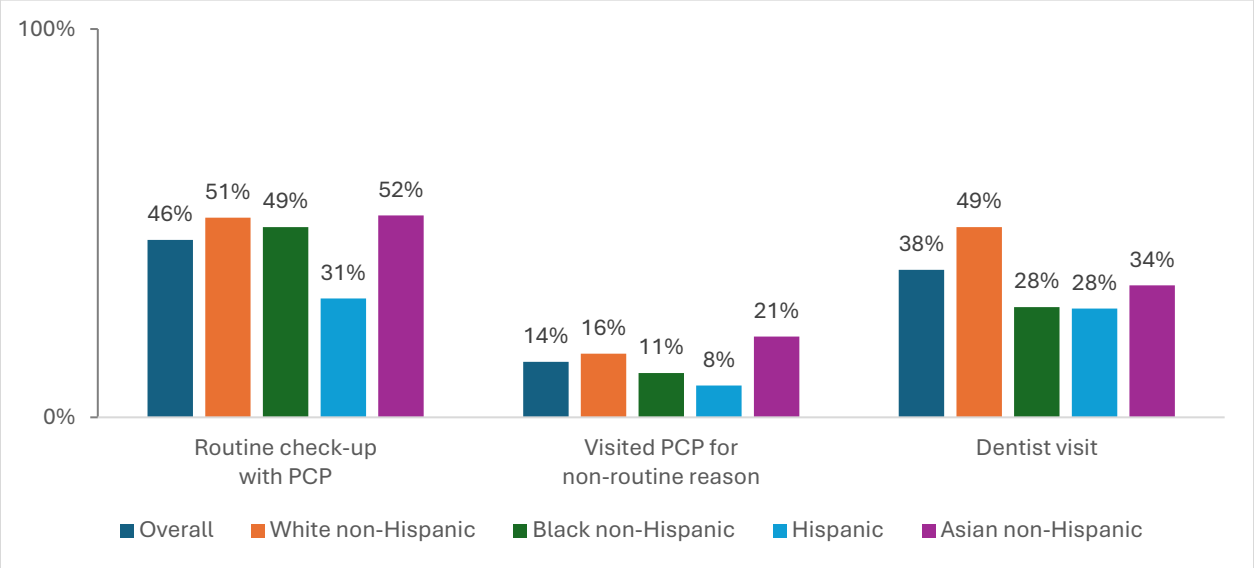
Figure 12: Prevalence of fathers' attendance at any healthcare visits by race and ethnicity, 2023–2024.



Types of Healthcare Visits

The types of healthcare visits fathers had varied over the past year. Nearly half (46%) attended a routine check-up with their primary care provider. Other visits included specialists for illness (8%), mental health care providers (6%), emergency departments (5%), and urgent care centers (7%).

Figure 13: Prevalence of visiting a primary care provider for a routine check-up, for a non-routine reason, and dentist visits by race and ethnicity, 2023–2024.



Patterns by Race and Ethnicity

Patterns of healthcare utilization varied by race and ethnicity.

- White non-Hispanic fathers were 1.6 times more likely to have a routine check-up with their primary care provider compared to Hispanic fathers.
- Asian non-Hispanic fathers were 2.6 times more likely than Hispanic fathers, and 1.9 times more likely than Black non-Hispanic fathers to visit their primary care provider for a non-routine check-up.
- Similarly, White non-Hispanic fathers were 2.0 times more likely to visit their primary care provider for a reason other than a routine check-up compared to Hispanic fathers, and 1.4 times more likely compared to Black non-Hispanic fathers.

Mental health service utilization remained relatively low. Overall, 6% of fathers visited a mental health care provider in the past 12 months, with White non-Hispanic fathers modestly more likely to have visited a mental health care provider (9%).

Dental care was a more common point of contact. Thirty-eight percent of fathers reported visiting a dentist in the past 12 months. White non-Hispanic fathers were 1.8 times more likely to visit a dentist compared to Hispanic fathers and Black non-Hispanic fathers, and 1.4 times more likely compared to Asian non-Hispanic fathers.

Fathers' Inclusion During Prenatal Care and Delivery

Most fathers were actively engaged during pregnancy and delivery, reflecting strong paternal involvement in family health. Eighty-five percent of fathers reported attending at least one prenatal care visit, while 15% did not. Engagement varied:

- 32% attended one to three visits
- 17% attended four to six
- 29% attended seven to nine
- 22% attended ten or more

The most frequent reason fathers went to prenatal care visits was to support their child's mother (74%), followed by feelings of personal responsibility (64%) and interest in prenatal test results (63%).

Among fathers who joined prenatal visits, most described feeling welcomed and included. Four in five (80%) said they always or usually felt included, 14% said they sometimes felt included, and 6% said they rarely or never felt included.

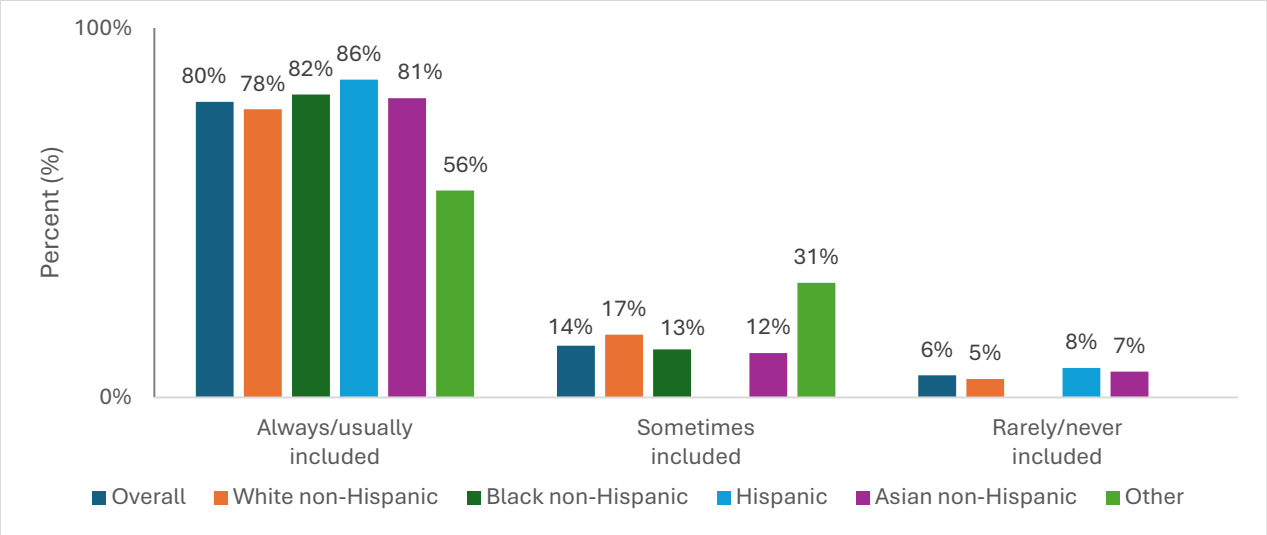
While overall the majority of fathers felt always or usually included during prenatal care visits, more Hispanic fathers felt included (86%) compared to Black non-Hispanic (82%), Asian non-Hispanic (81%) or White non-Hispanic (78%) fathers. One Asian father wrote "at prenatal visits I sometimes felt like I was not seen or part of the equation, even when my partner tried to encourage providers to see me."

Language also played an important role in fathers' experiences of inclusion. Among fathers who spoke languages other than English:

- 61% said they always felt included during prenatal care visits
- 23% usually felt included
- 11% sometimes felt included
- 4% rarely felt included

These differences underscore the importance of linguistically and culturally responsive communication in clinical settings.

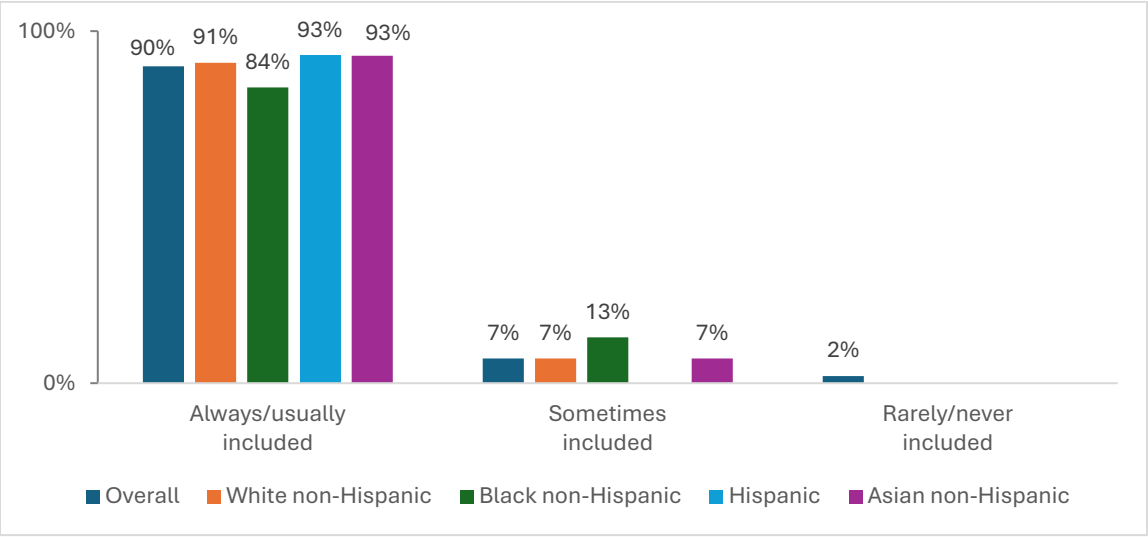
Figure 14: Prevalence of fathers' inclusion in prenatal care visits, 2023–2024.



Nine out of ten fathers (90%) were present and actively involved at the time of birth, and 98% said their questions were answered by healthcare providers during the delivery. Most fathers described the delivery experience as inclusive: 90% said they always or usually felt included, 7% said they sometimes felt included, and 2% said they rarely or never felt included. These positive experiences were largely consistent across racial and ethnic groups

Fathers expressed room for improvement in integrating them into postpartum care. One father who felt included during prenatal care said of his post-delivery hospital experience "having the partner [at the hospital] also seemed to be an afterthought: The sofa bed was unstable and tiny, hospital personnel seemed surprised to walk in on shirtless father (doing skin-to-skin with the baby), etc."

Figure 15: Prevalence of fathers' sense of inclusion during the delivery of their baby, 2023–2024.



Language appeared to influence fathers' sense of inclusion during delivery as well. Among fathers who spoke languages other than English, 78% said they always felt included, 15% usually felt included, and 5% sometimes felt included.

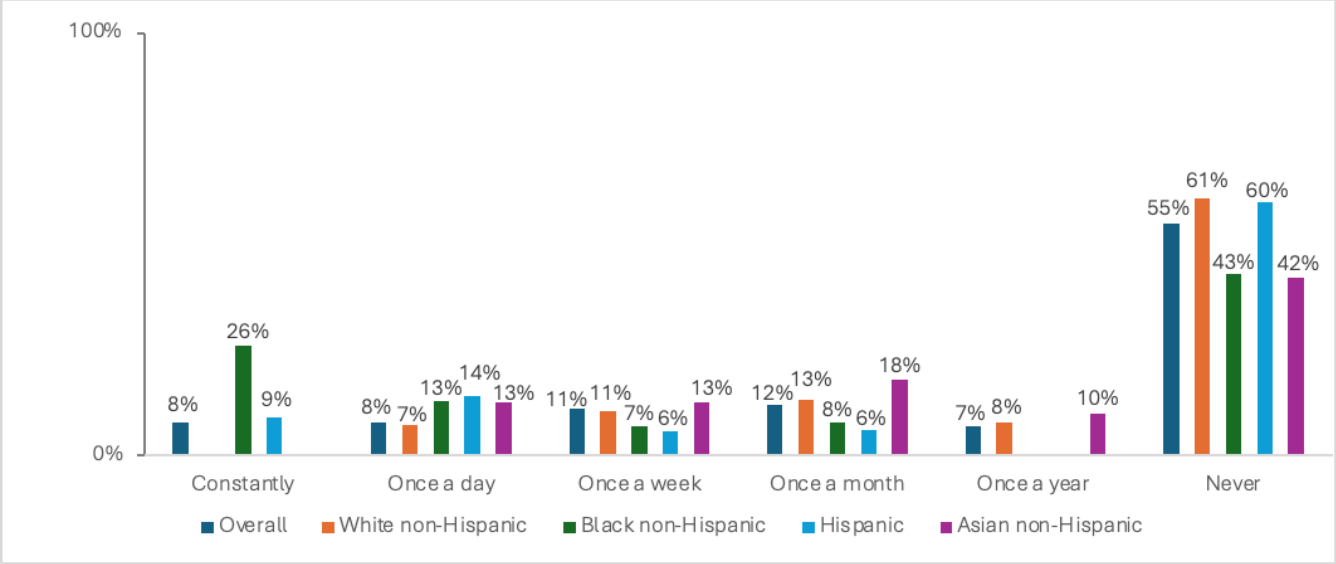
Fathers' Experiences of Race and Racism

Fathers' awareness of race, ethnicity, and skin color varies widely across Massachusetts. More than half (55%) said they do not think about their race, ethnicity, or skin color, while others described varying levels of racial awareness in their daily lives. 8% said they constantly think about their race or ethnicity, another 8% said they think about it once a day, 11% once a week, 12% once a month, and 62% once a year or less.

Rates differed across racial and ethnic groups.

- Black non-Hispanic fathers were 2.8 times more likely than Hispanic fathers to report constantly thinking about their race or ethnicity.
- Hispanic fathers were 2 times more likely than White non-Hispanic fathers to think about their race or ethnicity once a day.
- Asian non-Hispanic fathers were 2.2 times more likely than Hispanic fathers to think about their race or ethnicity once a week, and 1.9 times more likely than Black non-Hispanic fathers to think about their race or ethnicity once a week.
- Asian non-Hispanic fathers were 3 times more likely than Hispanic fathers to think about their race or ethnicity once a month and 2.3 times more likely compared to Black non-Hispanic fathers to think about it once a month.
- Conversely, Hispanic fathers were 1.4 times more likely than both Asian non-Hispanic and Black non-Hispanic fathers to say they never think about their race or ethnicity.

Figure 16: Prevalence of fathers' thinking about race, ethnicity, and skin color, 2023–2024.



Experiences of Discrimination

Most fathers reported little or no direct experience of racial or ethnic discrimination. Nearly three-quarters (74%) said they had never or rarely been discriminated against because of their race, ethnicity, or skin color. 18% reported sometimes experiencing discrimination, while 8% said they were always or usually discriminated against.

Disparities across racial and ethnic groups:

- Black non-Hispanic fathers were 5.3 times more likely than White non-Hispanic fathers and 2.3 times more likely than Asian non-Hispanic fathers to report being always or usually discriminated against.
- Black non-Hispanic fathers were 6.8 times more likely than White non-Hispanic fathers, and 1.5 times more likely than Hispanic fathers, to report sometimes being discriminated against.
- Asian non-Hispanic fathers were 7 times more likely than White non-Hispanic fathers, and 1.6 times more likely than Hispanic fathers, to report sometimes being discriminated against.
- White non-Hispanic fathers were significantly more likely to report rarely or never being discriminated against; 1.8 times more likely than Black non-Hispanic fathers, 1.6 times more likely than Asian non-Hispanic fathers, and 1.3 times more likely than Hispanic fathers.

Figure 17: Prevalence of fathers' experience of discrimination due to race and ethnicity, 2023-2024

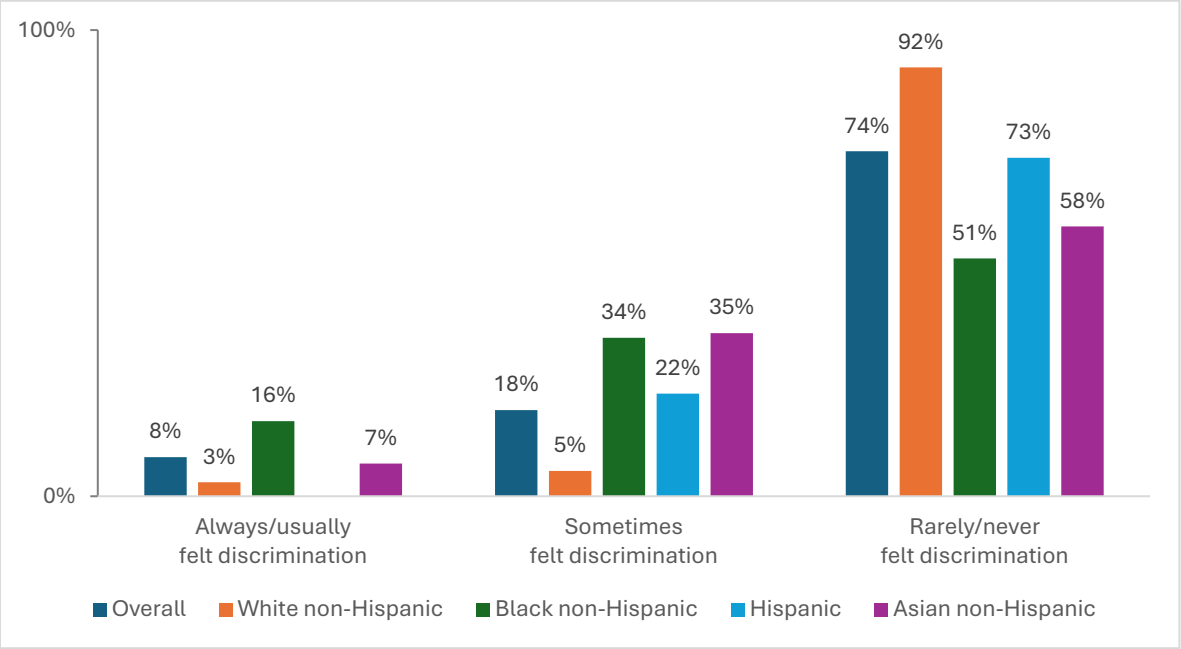


Figure 18: Prevalence of discrimination due to fathers' immigration status and language skills or accent by race and ethnicity, 2023-2024.

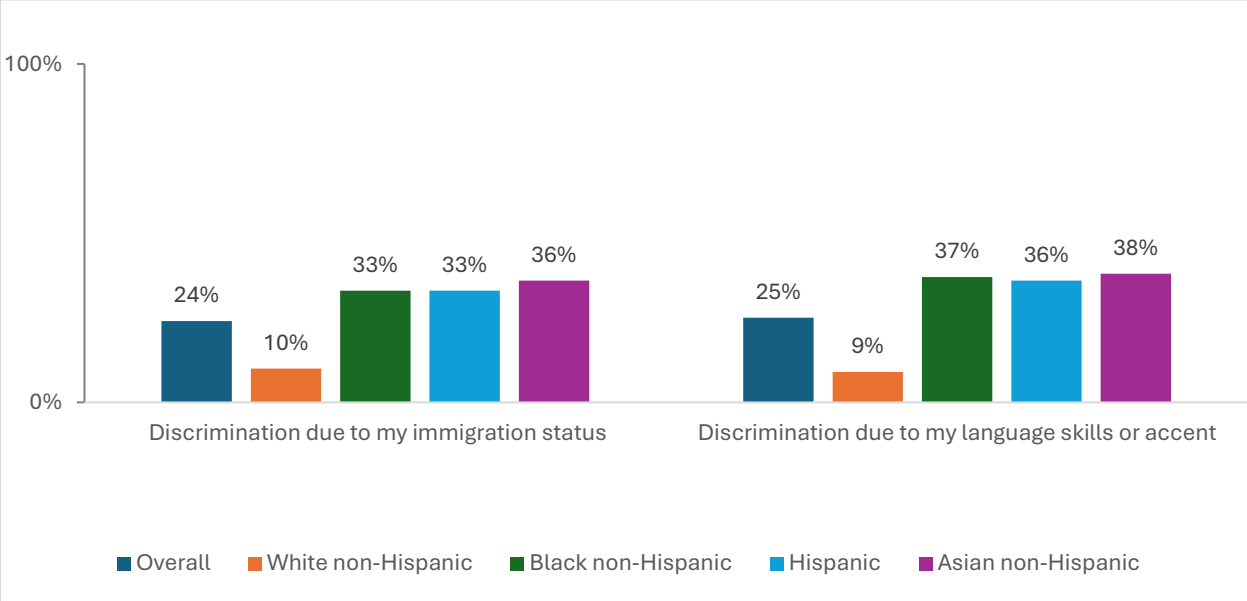
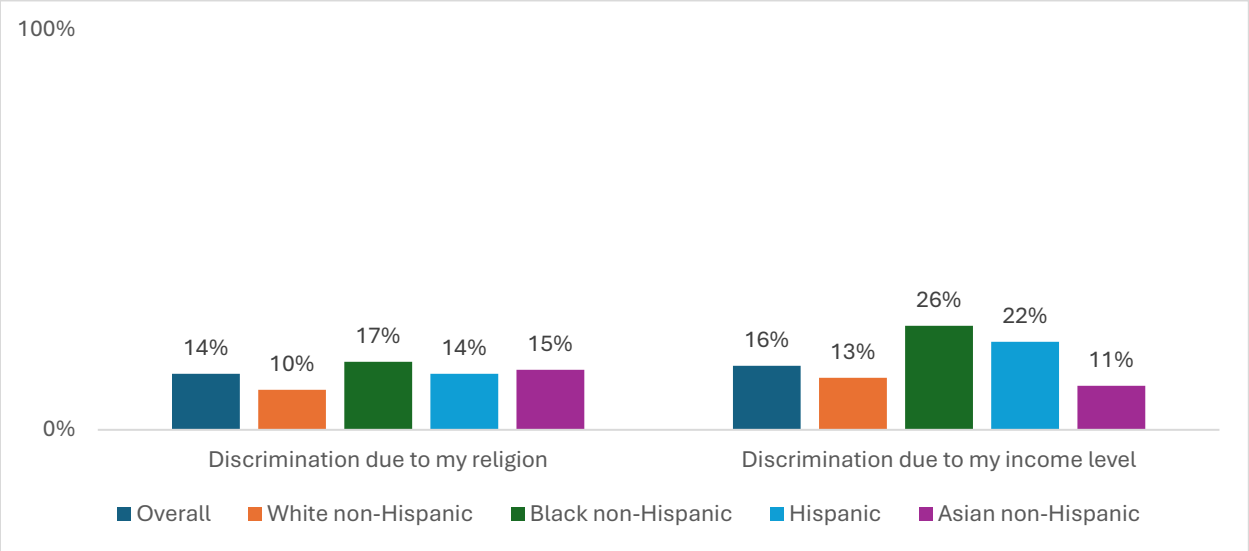


Figure 19: Prevalence of discrimination due to fathers' religion and income level by race and ethnicity, 2023-2024.



Discrimination in Health Care Settings

While most fathers reported positive healthcare experiences, a small percentage noted discrimination during medical visits:

- 3% during regular check-ups
- 2% during appointments for chronic illness
- 2% during family planning or birth control visits
- 1% during visits for depression or anxiety

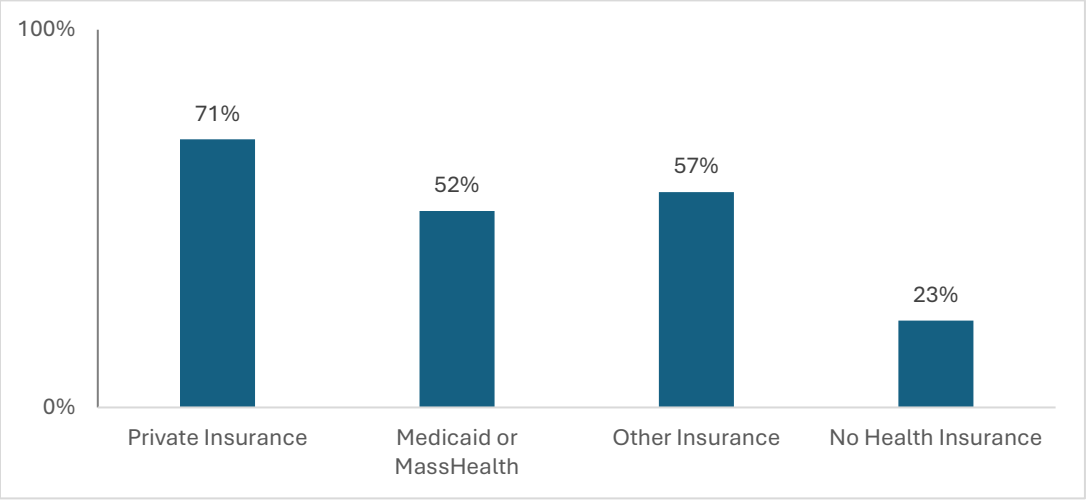
Although these percentages are small, more fathers with MassHealth reported experiences of discrimination during their regular check-ups compared to those with private insurance (7% vs. 2%). These findings underscore the need for culturally responsive and father-inclusive care practices across all health systems.

Health Insurance Coverage

Most fathers surveyed reported having health insurance coverage.

- 63% had private insurance through their own job or their partner's employer
- 21% were covered by MassHealth or Medicaid
- 2% had ConnectorCare
- 1% had TRICARE or other military insurance
- 2% purchased private plans through the Health Insurance Marketplace (Healthcare.gov)
- 2% had other types of insurance
- 5% were uninsured

Figure 20: Prevalence of fathers attending any healthcare visit by insurance type, 2023-2024.



Fathers' Knowledge and Care for Infants

Fathers across Massachusetts demonstrated strong knowledge and confidence in caring for their babies. The vast majority reported knowing how to:

- buckle their child safely into a car seat (95%)
- store dangerous items securely (93%)
- feed their baby safely (95%)
- change a diaper correctly (95%)

Most also said they knew where to go for regular pediatric care and where to seek help in a medical emergency. These trends were consistent across all racial and ethnic groups.

"Being a dad means learning every day — from feeding to diaper changes, I just wanted to make sure my baby was safe and healthy."

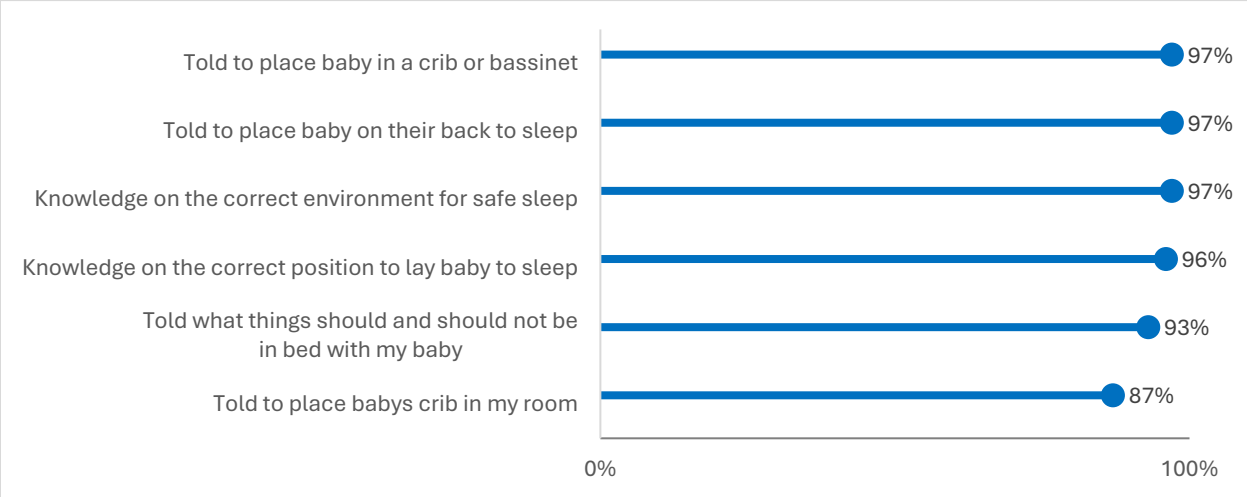
Safe Sleep Practices

Fathers showed strong awareness of safe sleep practices. Most knew the correct sleep position and environment for their baby's safety. Many reported being advised by healthcare providers to:

- place the baby on their back to sleep (97%)
- use a crib or bassinet (97%)
- keep the baby's crib in their room (87%)
- avoid placing items in the crib (93%)

These knowledge patterns were consistent across all racial and ethnic groups, suggesting widespread understanding of safe infant sleep recommendations.

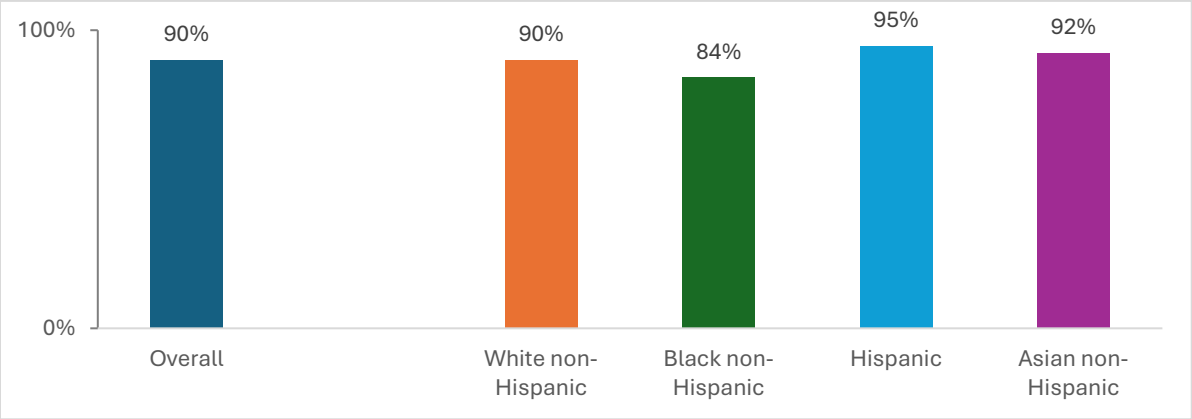
Figure 21: Prevalence of fathers' knowledge of safe sleep practices, 2023–2024.



Feeding and Breastfeeding Support

Most fathers said their baby's mother breastfed. 90% reported that the mother breastfed at least initially. Hispanic fathers were most likely to report that the mother breastfed the baby (95%).

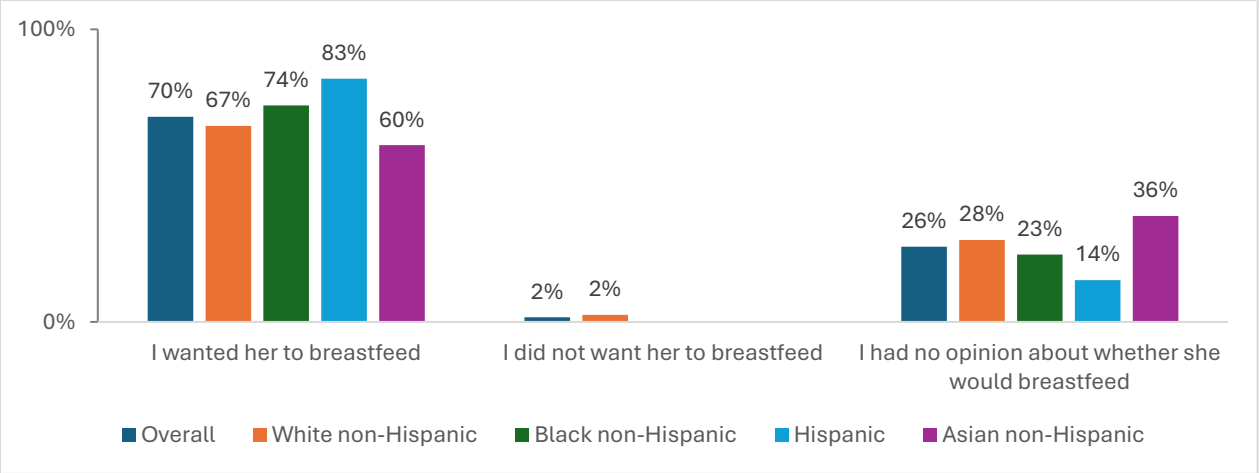
Figure 22: Prevalence of mothers' breastfeeding by race and ethnicity, 2023–2024.



When asked about their own views, most fathers supported breastfeeding: 70% said they wanted the mother to breastfeed, 2% said they did not want her to, and 26% said they had no opinion. One father sought "lactation support for mom and dad. I want to be able to know what I can do for her, what I can feed her, how I can help her or support her."

Across racial and ethnic groups, the majority of fathers wanted mothers to breastfeed. Several fathers noted a desire for information on how to support their baby's mother to breastfeed. Hispanic fathers were 1.4 times more likely than Asian non-Hispanic fathers, and 1.1 times more likely than Black non-Hispanic and White non-Hispanic fathers, to say they wanted the mother to breastfeed. Conversely, Asian non-Hispanic fathers were 2.6 times more likely than Hispanic fathers to say they had no opinion.

Figure 23: Prevalence of fathers' thoughts on breastfeeding by fathers' race and ethnicity, 2023-2024.



Paid Family and Medical Leave Experiences

Parental leave is one of the most significant factors influencing fathers' ability to bond with their newborns and support their partners. Massachusetts' Paid Family and Medical Leave (PFML) program provides critical benefits, yet fathers' experiences reveal both successes and persistent gaps in awareness and access.

Nearly half (47%) of surveyed fathers took paid leave through their employer, while 25% used Massachusetts PFML. 9% relied on unpaid leave from their employer, and 13% did not take any leave — often due to financial constraints or workplace pressure. White non-Hispanic fathers were more than twice as likely to use paid leave compared to Hispanic and Black non-Hispanic fathers, highlighting inequities in access and workplace support.

"Adequate paternity leave is so important. I feel equally connected and competent in caring for our baby as my wife. This time together is something I won't have a second chance to experience," said one father.

Another father noted, "Being able to be present in my kid's first three months of life is amazing for them and my wife." For others, challenges navigating leave policies caused stress:

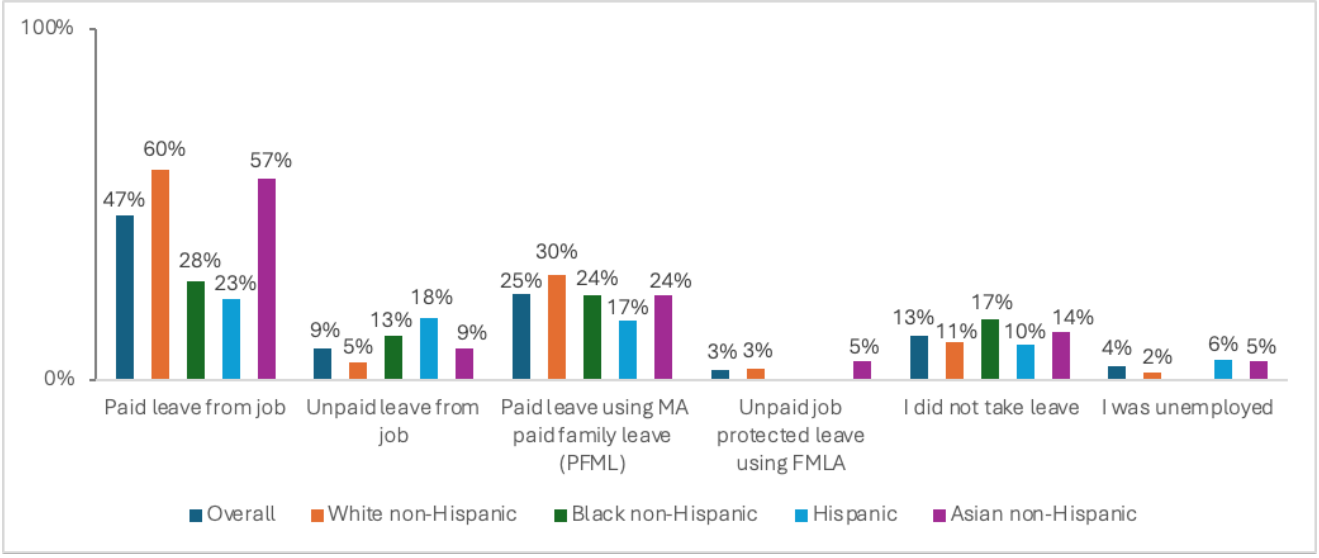
"In my experience, companies are purposefully vague on how much time employees can take and how much pay they will get. It's confusing, and it discourages people from taking full advantage," reported one father.

"PFML is a wonderful program, …(but) I did not receive my full amount of pay from the state which means my insurance and other benefits that I pay through work which is a substantial amount was not paid for 8 weeks. When I go back to work, I will be paying double the amounts on my benefits. This

is going to be a significant financial burden," said another.

These reflections highlight the need for clearer communication from employers, more equitable access to leave, and stronger financial protections for all fathers. Expanding and normalizing paternal leave remains a key strategy for improving family well-being and gender equity in caregiving.

Figure 24: Prevalence of Paid Family Medical Leave experiences for fathers by race and ethnicity, 2023-2024.



Data Spotlight 47% of fathers took paid leave from their employer and 25% used PFML. 13% took no leave—most citing financial pressures or lack of employer support.

Information and Resource Needs

Access to accurate, timely, and father-specific information can shape how confidently fathers navigate pregnancy, childbirth, and the early months of parenting.

The survey found that while many Massachusetts fathers know where to turn for advice, significant gaps remain in the availability and accessibility of resources tailored to their experiences.

Overall, 75% of fathers said they had places to go for information about fatherhood. Their most common sources were family (64%) and friends (55%), followed by their baby's healthcare providers (43%), online resources (24%), and their own healthcare providers (25%).

White non-Hispanic fathers were slightly more likely than fathers of color to report having access to these information sources. Fathers who live in rural areas were 1.3 times more likely to go to their families for information about fatherhood compared to fathers who live in urban areas (79% vs. 63%, respectively). Fathers who lived in urban areas were more than twice as likely to want information about their own mental health (37% urban vs. 17% rural).

Figure 25: Prevalence of fathers' having places to go for information specific to fatherhood by race and ethnicity, 2023-2024.

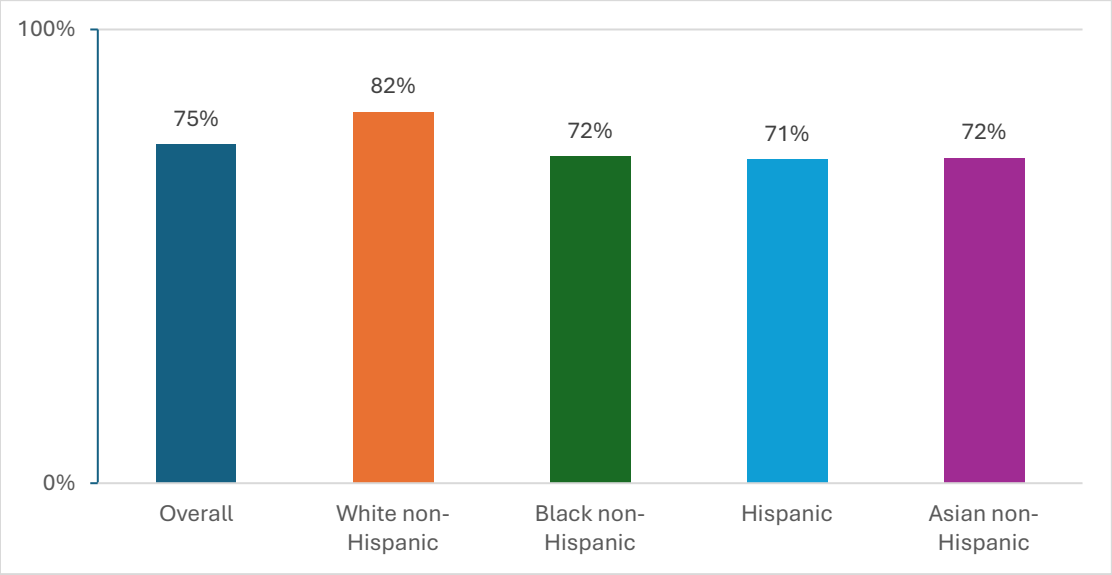
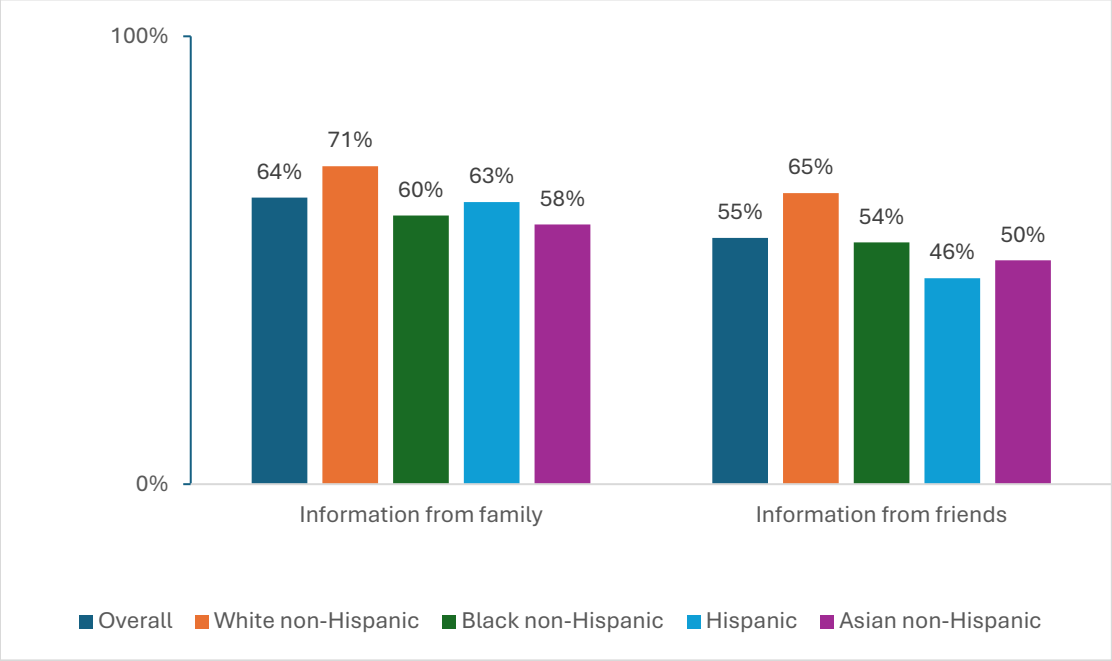


Figure 26: Prevalence of fathers' receiving information from family and friends by race and ethnicity, 2023-2024.



When asked what topics they most wanted to learn about, fathers identified child development (86%), delivery expectations (79%), pregnancy (76%), and family planning (49%) as top priorities. Many also expressed a desire for better guidance on mothers' mental and emotional health—with over half requesting information in those areas. Interest in topics did not differ substantially between fathers who have other children and first-time fathers. Fathers who live in urban areas are more likely to want further guidance on mothers' mental health (63% urban vs. 48% rural) and help with insurance compared to fathers who live in rural areas (55% urban vs. 41% rural). More than one in five fathers (22%) wanted help finding or understanding legal aid such as child support, custody, or for personal legal concerns.

Figure 27: Prevalence of fathers' wanting to receive information on what to expect during pregnancy and delivery by race and ethnicity, 2023-2024.

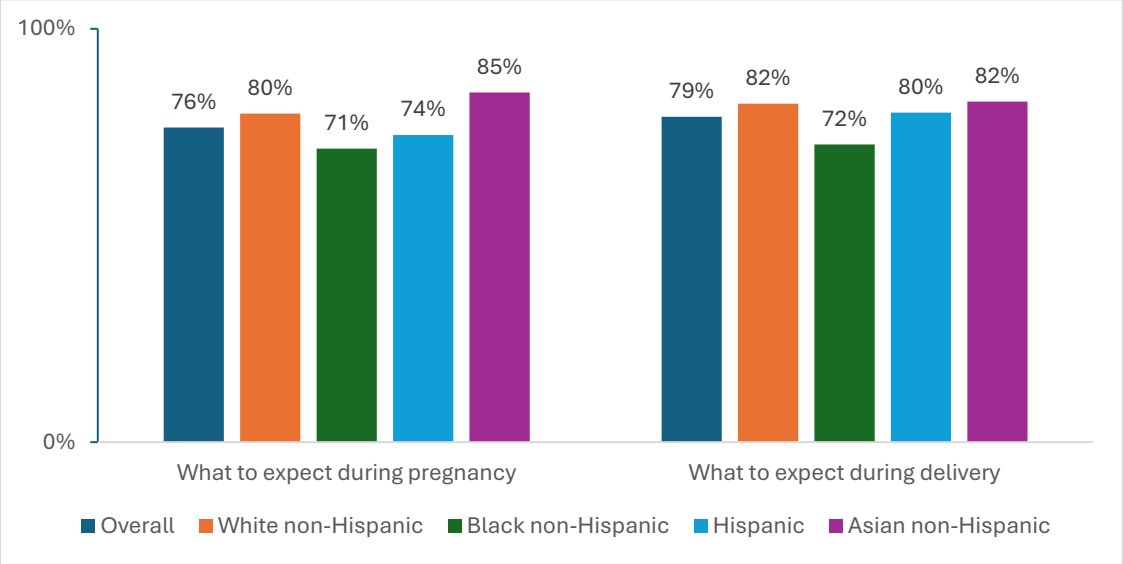


Figure 28: Prevalence of fathers' wanting to receive information on help with time off work and insurance by race and ethnicity, 2023-2024.

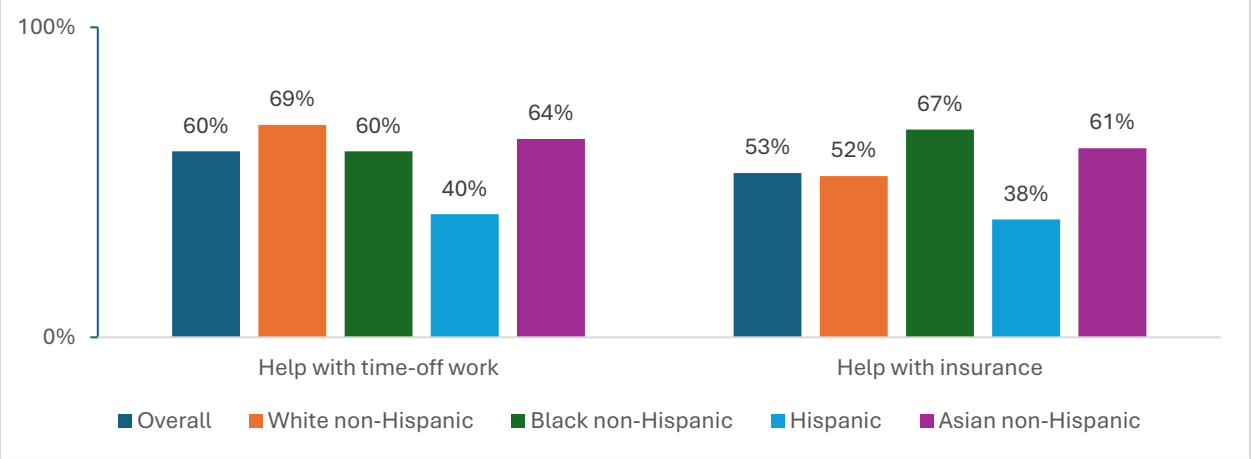


Figure 29: Prevalence of fathers' wanting to receive information on family planning and child development, by race and ethnicity, 2023-2024.

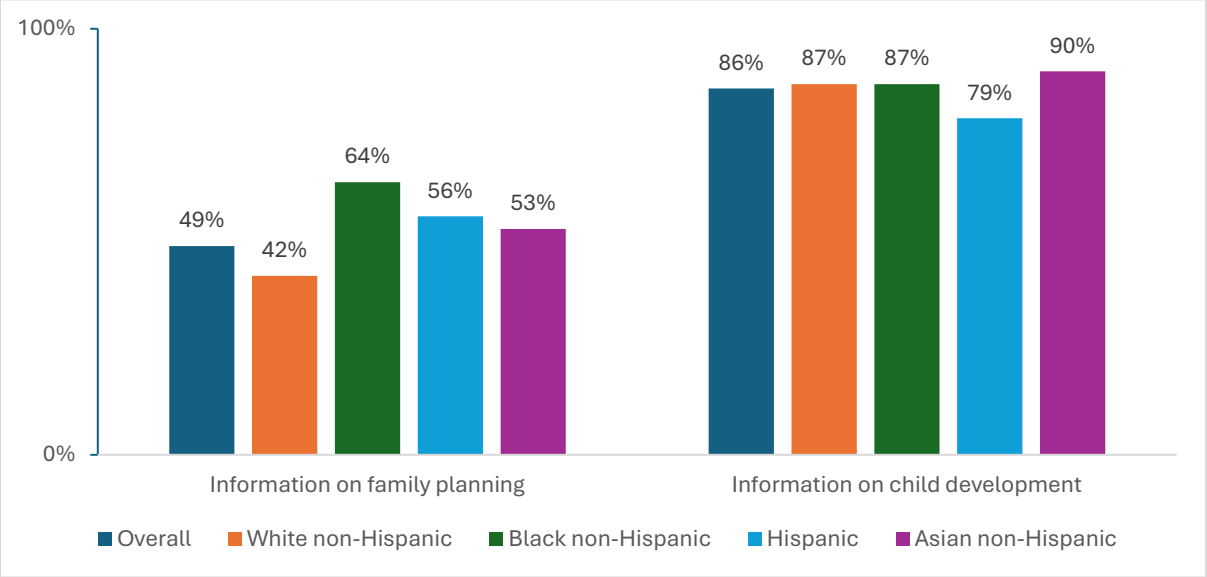
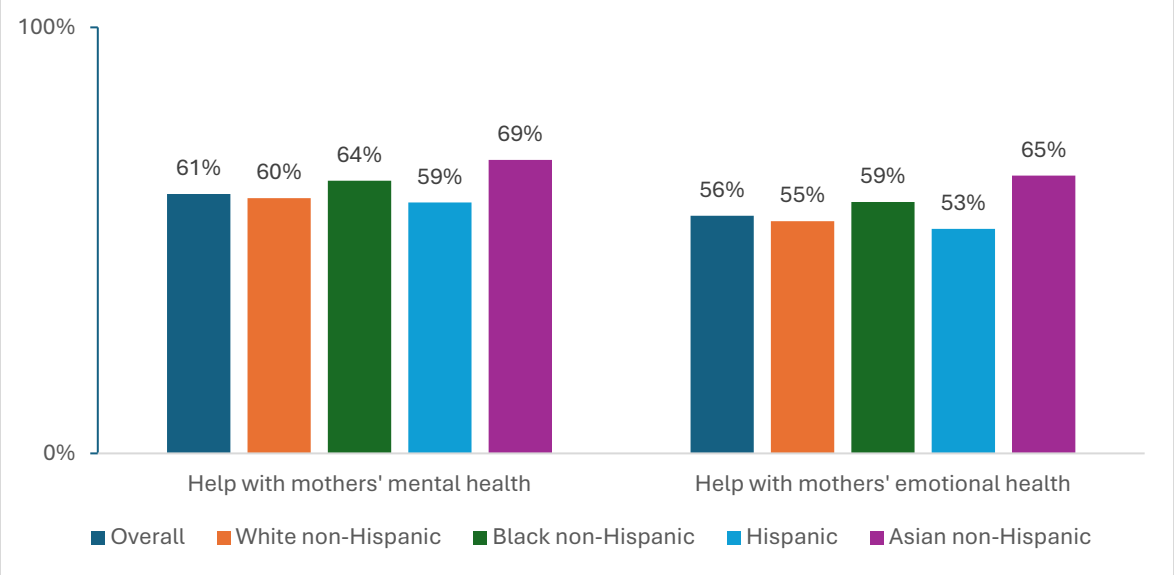


Figure 30: Prevalence of fathers' wanting to receive information on mothers' mental and emotional health by race and ethnicity, 2023-2024.



Several fathers voiced frustration at the lack of practical, accessible guidance. "I wish I had more info on how to apply for time off as well as set up a bank account with benefits for my child," one wrote. Another said "Information on how to support my wife with hyperemesis gravidarum would have been extremely helpful. It dominated our family's life for nine months." Others called for more inclusive

communication from healthcare systems: “Doctors and healthcare providers need to involve dads more in prenatal visits.”

Data Spotlight 75% of fathers had sources for parenting information—most often citing family and friends. Top learning interests included child development (86%) and what to expect during pregnancy (76%) and delivery (79%).

The findings make clear that fathers are eager to learn and engage, yet existing systems have not always recognized or met that need. Integrating father-focused information into prenatal and pediatric care—and ensuring it’s available in multiple languages—can strengthen family health and equity across communities.

Implications for Public Health Practice

The findings from Massachusetts Parenthood and Fatherhood Experiences Survey highlight key opportunities for public health systems to better engage and support fathers. Fathers play a vital role in maternal and child health, yet they often encounter barriers to participation—from limited inclusion in prenatal care to uneven access to paid leave. Recognizing and addressing these gaps is essential to advancing family health equity.

First, programs and providers can strengthen efforts to include fathers throughout the perinatal period. Prenatal visits, birthing classes, and early parenting programs should explicitly invite and engage fathers as partners in care. Culturally responsive and language-accessible materials are critical, especially for immigrant fathers who may not be familiar with U.S. healthcare or social systems.

Second, integrating father-focused screening and support into family health services can promote emotional well-being. Fathers’ mental health — particularly symptoms of anxiety and stress — directly influences parenting relationships and infant development. Routine screening and warm referrals for fathers experiencing distress can normalize help-seeking and reduce stigma.

Third, equitable access to paid leave remains a cornerstone for family health. Public health leaders can partner with employers, community organizations, and policymakers to expand awareness of Paid Family and Medical Leave (PFML) benefits and promote equitable participation across racial and income groups.

Finally, sustained investment in data collection and father-focused research will help ensure that future programs reflect the realities and needs of all Massachusetts families. Fathers' perspectives are indispensable in shaping effective, inclusive systems of care.

As one father expressed, "it is high time for fatherhood to be studied seriously, and resources made available to make good role models." Empowering fathers to thrive benefits not only them, but also their children, partners, and entire communities.

Appendix

Demographics	Fatherhood Survey Sampled Respondents (N=463)*, September 2023 to July 2024 **n (%)**	Fathers of infants born in-state to MA residents from September 2023 to July 2024 **n (%)**
Race/Ethnicity	N=463	N=43,224
White non-Hispanic	196 (42%)	21,591 (50%)
Black non-Hispanic	70 (15%)	5,140 (12%)
Hispanic	78 (17%)	9,068 (21%)
Asian non-Hispanic	97 (21%)	3,375 (8%)
Other non-Hispanic	5 (1%)	240 (1%)
missing	17 (4%)	3,810 (9%)
Age (years)	N=463	N=43,224
<20	4 (1%)	320 (1%)
20-29	72 (15%)	8,335 (19%)
30-39	309 (67%)	25,555 (59%)
40+	70 (15%)	6,678 (16%)
missing	8 (2%)	2,336 (5%)
Education	N=463	N=43,224
Less than High School	39 (8%)	4,299 (10%)
High School/GED	74 (16%)	8,890 (21%)
Some college	68 (15%)	7,223 (17%)
College degree and higher	263 (57%)	18,500 (43%)
missing	19 (4%)	4,312 (10%)
Language of Survey	N=463	N=43,224
English	424 (92%)	n/a
Spanish	38 (8%)	n/a
Geography	N=463	N=43,224
Rural	21(5%)	3262 (8%)
Urban	440 (95%)	37,060 (86%)
Out of State	2 (<1%)	487 (1%)
Missing address	0	2,415 (6%)
Paternal nativity	N=463	N=43,224
non-US-born	223 (48%)	16,679 (37%)
US-born	237 (51%)	25,801 (60%)
missing	3 (1%)	744 (2%)

*1,731 fathers were sampled from the birth file