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Annual Review of Public Health

The Health Implications of Fatherhood: A Comprehensive Literature Review

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Annu. Rev. Public Health 2026. 47:249–66

First published as a Review in Advance on January 7, 2026

The *Annual Review of Public Health* is online at publhealth.annualreviews.org

https://doi.org/10.1146/annurev-publhealth-091624-014926

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Keywords

paternal health outcomes, fatherhood, men's health, father involvement, family policy, parental leave

Abstract

There is growing recognition that paternal involvement matters for child development and family well-being, even while we know comparatively little about how fatherhood affects men's own physical and mental health. This review brings together our current understanding of how becoming and being a father shapes men's health and the current efforts at improving the fatherhood experiences for men, thus indirectly influencing their children and families. We explore emerging work on father support systems, from mobile health interventions to successful community-based programs. The review also considers how policy—both historic and current—has shaped fathers' health and their capacity to be involved parents. Our analysis reveals substantial gaps, particularly around understanding the nuances of paternal support. We conclude by identifying where research efforts should focus next and what practitioners and policymakers need to consider, as attention to the impact of fatherhood on men's health continues to grow.

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INTRODUCTION

Expectations of fathers and the roles that fathers play in the lives of their children and families have substantially evolved and expanded over the past 50 years (58, 93, 113, 124, 125). During this time, research has accumulated to demonstrate the critical contributions of fathers to their children's healthy development (132). And yet, little research has examined the relationship between fatherhood and men's own health (39, 68), which has been noted as a missing link in family health care (9). Better understanding of the implications of fatherhood for men's health is integral to understanding and improving men's health and wellness and is also essential to efforts to identify and meet whole families' needs through a multigenerational approach that recognizes the well-being of parents and their children as being interconnected (16, 47, 110).

It is becoming increasingly clear, despite the limited research, that fatherhood impacts men's health across the life course, beginning even before a baby is born (77, 107). The influence of fatherhood on health is expansive, eliciting changes in men's health behaviors, health risks and protections, and health outcomes (6, 14, 39, 42, 71, 106). Fatherhood may benefit health, such as when men are motivated by pregnancy and the birth of a baby to take steps, such as reducing alcohol consumption, to improve their health (102, 106, 116). Conversely, fatherhood may have negative effects on health, such as sleep disruptions, weight gain, and increased stress (90, 106, 107, 116). While men's health prior to entering parenthood influences their transition to fatherhood, the experience of fatherhood shapes ensuing health trajectories.

When Lu and colleagues (75) posed the question "Where is the F in MCH?" 15 years ago, implicit in their question was a stark acknowledgment that the health of fathers, the impact of fatherhood on men's health, and fathers' contributions to family health were not considered to be within the scope of clinical, academic, and policy initiatives aimed at promoting healthy pregnancy, healthy births, and the health and well-being of nascent families. Fifteen years later, this question remains timely and relevant as the interdependence of fathers' physical and mental health and the health of mothers and children during the perinatal period and beyond remains widely overlooked (123).

In this review, we aim to address a gap in the public health literature (49) by synthesizing and critically evaluating the existing evidence on how fatherhood affects men's physical and mental health. We recognize that full consideration of the implications of fatherhood for men's health requires attention to the full diversity of fatherhood; cultural and contextual influences on fathering; family relationships and compositions; and the ways that systems of oppression such as sexism, racism, classism, homophobia, and more, individually and in combination, may constrain fathers' opportunities for full participation in the lives of their children and families. In this review, we focus largely on fatherhood and health in the United States while acknowledging the breadth and variation that exist across the globe as well as different fathering contexts and social positionalities. We highlight the illustrative experience of Black fathers in the United States, who navigate fatherhood in complex sociohistorical contexts that shape both opportunities and constraints. Contrary to persistent and damaging stereotypes, empirical evidence demonstrates that Black fathers are more involved in their children's lives than are fathers of other racial and ethnic groups (59), often maintaining active involvement in caregiving even when they do not reside full time in the same household as their children (32).

In the sections that follow, we examine the implications of fatherhood for men's physical and mental health, emerging trends and spaces for interventions to promote paternal health, successful programs, and policy interventions. We explore the complex interrelationships among fatherhood, health, and contextual factors, and we reassert the centrality of fatherhood as a component of men's lives and specifically men's health (39). We close with a discussion of future directions for research, policy, and practice to promote positive fathering and health outcomes.

IMPLICATIONS OF FATHERHOOD FOR PHYSICAL HEALTH

Men's life expectancy is shorter than that of women, and the gap is widening (132), particularly for US-born Black and Hispanic men who have higher rates of chronic conditions, have more limited access to economic opportunities, and experience health consequences of discrimination (10, 100, 128). Behaviors such as smoking, alcohol and substance misuse, and high-risk sexual behavior are more common among men (50), while men are less likely than women to have a primary care physician and more likely to seek health care only on an as-needed basis, often when symptoms have progressed (4, 108, 126). Health risk behaviors vary by race and ethnicity and socioeconomic status (21), yet knowledge of men's health is uneven (e.g., Asian American men's health is understudied) (53).

Little is known about the health of fathers specifically; however, entry to fatherhood often occurs during the early adult years when health risk behaviors are at their peak, and some research suggests that fatherhood can lead to reductions in risky behaviors (63, 118, 119). As male health issues can limit fertility, fathers may be healthier than nonfathers, at least initially (38, 68). Fathers also live longer than men without children (82), possibly because they are healthier to begin with or because parenthood benefits men's health, perhaps by fostering greater emotional connection and reducing isolation across the life course (68).

In addition, some fathers experience symptoms similar to those of expectant mothers during pregnancy. Known as couvade syndrome, these symptoms can include nausea, weight gain, and increased stress (62, 68). Across the life course, fathers gain more weight than nonfathers, and residential fathers gain more weight than nonresidential fathers (40, 68, 120). Less sleep, less exercise, and more stress are among the explanations for this differential (106). Hormones and brain structure are both changed by fatherhood; men experience a drop in testosterone levels and changes in the volume of gray matter in the period surrounding birth (45, 66, 68). These changes are understood as biologic adaptation to the caregiving role. Altogether, fatherhood significantly affects men's physical health, and further research is needed to better understand potential positive and negative effects, how fatherhood affects physical health across the life course, and how cultural and contextual influences shape the ways fatherhood affects men's health.

IMPLICATIONS OF FATHERHOOD FOR MENTAL HEALTH AND WELL-BEING

Becoming a parent profoundly impacts mental health and well-being, regardless of gender, marital and residential status, and whether one is a biological or nonbiological parent (36, 57, 84, 121, 122). Birthing and nonbirthing parents experience higher rates of mood and anxiety disorders in the perinatal period, with postpartum depression most studied and most prevalent among new fathers (36). Approximately 10% of fathers experience depression in the perinatal period, peaking between three and six months after birth (94, 99).

Fathers are underrepresented in research on parent mental health, and even less is known about those with minoritized identities, including racial, ethnic, sexual, and gender minority identities (35, 36). A longitudinal study of paternal health during men's transition to fatherhood as young adults found that depression symptoms were highest among Black and Hispanic fathers at each of the four time points when data were collected from years 0 to 5 of their child's life (41). The prevalence rates of depression among Asian American adults greatly vary, and data are scarce regarding mental health among fathers specifically (65).

While relatively little is known about depression among fathers across the life course, research suggests that paternal depression symptoms increase over the first five years of fatherhood (41). Evidence based on adolescent fathers' interactions with prenatal health care providers suggests

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that distancing and neutralizing interactions can negatively affect young fathers' outcomes and early paternal involvement (23). Maternal depression, relationship conflict, and misalignment between a father's expectations of parenthood and actual experiences as a parent are risk factors for paternal depression (17, 36), which can negatively affect parenting; relationships among fathers, their partners, and their children; and child development (24, 25, 37). Fathers are also at heightened risk of other mental health disorders and may experience significant parenting stress and disruptions to sleep in the perinatal period (19), with implications for their health (36, 95). Fathers' active involvement in parenting and parenting self-efficacy are protective factors, which have been associated with better paternal mental health and with buffering father–child relationships in the context of adverse mental health (18, 68).

While fatherhood is widely understood to be a source of happiness and fulfillment, as well as stress, little research has explored the benefits of fatherhood for paternal mental health and well-being. Baldwin & Bick (2) identify growth in the fatherhood role and parenting effectively as a team with one's partner as factors that boost fathers' satisfaction, while Edin & Nelson (30) recognize fatherhood as a source of meaning and connection for even the most marginalized fathers. The transition to parenthood is a moment when men may consider and implement changes in many areas of life in order to be the fathers they aspire to be and meet the needs of their children (1, 42). Scholars have conceptualized fathering as generative work that affords opportunities for men to learn and grow (27, 52, 68, 109), and further research is needed to empirically investigate the implications of generative fathering for men's health across the trajectory of fatherhood. As with physical health, little is known about the impact of fatherhood on men's mental health and well-being beyond the perinatal period and across ages and stages of development. Understanding the dynamic benefits and stressors associated with fathering across the lifespan and fathering in the context of diverse family structures, communities, and cultural influences is an important direction for future research (39).

EMERGING TRENDS AND SPACES FOR INTERVENTION TO PROMOTE PATERNAL HEALTH

As more attention is given to the health outcomes of fathers, approaches to health promotion are becoming more diverse. Emerging trends and spaces include the development of mobile apps, reimagined engagement of communal third spaces such as barbershops, and the use of podcasting and father-focused social media platforms. Although each of these approaches has empirical support for their impacts on health promotion in general, there is limited empirical investigation of their effects on paternal health outcomes specifically (46, 75, 85).

Mobile Apps

As technology has advanced, health and mental health providers have implemented mobile apps in support of relevant parenting interventions. However, in relation to fathers, many of these advancements have focused solely on parenting behaviors and not on fathers' health practices or outcomes. A systematic review of mobile parenting applications for low-income fathers found that most apps available in the public sphere did not focus on fathers' personal outcomes and often lacked a rigorous evidence base (117).

Scholars and app developers recently focused on enhancing fathers' mental health have prioritized engaging men in the codevelopment, testing, and implementation of father-focused mobile apps (74). For example, the app fatherli was codesigned as an intervention to target paternal efficacy and mental health help-seeking. The app includes spaces for discussion forums, special interest groups, geocoded dad network finders, and a portal for scheduling one-on-one coaching sessions with a fatherhood coach (74).

Other scholars have piloted a nutrition-based app and sought fathers' feedback on its development. Although the app aimed to engage fathers in activities to decrease childhood obesity, fathers have noted the applicability of the platform's features for their own health outcomes (81). These findings speak to the potential of focusing on fathers' health in tandem with the health of other members of the family system.

Barbershops

Scholars also note the importance of considering the physical locations that serve as sites for the delivery and implementation of father-focused health promotion activities. Barbershops have long been places that are frequented by men from various backgrounds and are seen as a place to unwind, bond, and share information. Barbershop-based health interventions have focused on sexual health education, chronic disease management, and violence prevention (73, 98).

Some of this work began with a focus on men in general. However, as this intervention approach has been refined, there has been a rise in the number of programs that focus on community priorities such as father involvement and father–son health socialization (129). Scholars have found that recruitment and uptake have been particularly effective in Black barbershop settings, where barbers and fathers have an opportunity to talk openly about their concerns/best practices and model this behavior for their sons and other young men (44). Inspired by US models, emerging research in Japan and Thailand suggests that barbers use similar health and mental health promotion techniques with male customers (76).

Social Media Platforms and Podcasting

After many years of fathering experiences being documented by data collected primarily from mothers, fathers have begun using technological advances to voice their own health experiences and needs. This trend can be seen in the rise of podcasts and social media platforms that are produced and presented by fathers from various backgrounds (22, 115). For example, Dear Fathers is a media platform "dedicated to telling stories of Black fathers from all angles" (**https://dearfathers.com/**). The site includes vlogs, podcast episodes, resources aimed at supporting fathers' well-being and engagement, and information about upcoming events across the country. These resources are also available to fathers via Dear Fathers' social media pages on platforms such as Instagram, thus allowing fathers across the globe to interact with one another. One of Dear Fathers' most prominent health-related programs is Dads to Doulas, "specifically designated to assist, encourage, support, de-stress, maintain, and educate black men and fathers in Maternal and Paternal care" (**https://dearfathers.com/dads-to-doulas/**).

Additional father-focused communities have a hybrid presence, online and in person. Examples include the Daddy Stroller Social Club, which aims to "bring awareness to postpartum depression in dads through community building and monthly walks" (**https://www.daddystrollersocialclub.com/**) and has national and international reach via its online platforms. The *Black Fathers' Pulse* podcast has taken a more research-driven path, combining the voices and the translation of empirical literature with the stories of regular fathers and community voices. This unique combined approach addresses the experiences of Black fathers and creates space for conversation and exploration of the challenges, triumphs, and heterogeneous stories of fatherhood (114).

As podcasts and social media platforms have grown in popularity, there has been an increase in the diversity of experiences shared in these spaces. For example, the *Just Two Dads Podcast* was developed by two fathers of children with special needs (**https://justtwodadspodcast.com/**). While not directly addressing fathers' health needs and outcomes, the podcast focuses on providing a supportive resource to examine contributors to negative paternal health outcomes. Episodes feature

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topics such as financial planning to alleviate medical debt, navigating educational systems for children with special needs, and estate planning. Many of these issues are important for fathers in general; however, the issue of estate and future care planning is salient for older single fathers and custodial grandfathers, two groups with poorer health outcomes than men in the general population (127). Reddit, an online messaging board, also serves as a space for fathers to share questions and experiences with one another. Most recently, scholars have examined how fathers and men who are choosing not to father are discussing their knowledge of vasectomies and sharing their subsequent health concerns and outcomes (105). Reddit is thereby providing a diverse space for men to engage in health-related help-seeking.

Community-Based Interventions for Fathers

The first fatherhood programs of the 1980s focused on teenage fathers and ways to increase their involvement with the mother and child (5, 34, 67, 70, 104). These included the National Urban League's Adolescent Male Responsibility Project, Bank Street's Teen Father Collaboration, clinic-based teen-father services described by Barth and colleagues, Illinois's IMAN network at the Ounce of Prevention, and Planned Parenthood affiliates' male-involvement programs that recruited teen fathers into prenatal and coparenting supports (29, 80). Major programs followed in 1988 for adult fathers, but initial programs were community based and engaged both fathers and mothers. For example, the Family Support Act of 1988 authorized the Parents' Fair Share pilot program, which aimed to increase noncustodial fathers' financial and relational engagement by combining employment and job training services, enhanced child support enforcement, mediation, and peer support to facilitate greater involvement among these fathers and their children (55, 87).

By design, community-based interventions for fathers are structured programs implemented within community settings—such as fatherhood groups, parenting workshops, barbershops, or home visiting programs—to engage men in parenting education, support, and skill-building. These initiatives typically address father–child relationships, coparenting strategies, health behaviors, and stress management (89, 97). Such interventions are critical because fathers, especially fathers of color and those in underserved communities, often lack adequate parenting support and resources, which can negatively affect family well-being (72, 103). Community-based programs offer a safe space that encourages openness and trust, significantly enhancing fathers' involvement in family life and promoting positive developmental outcomes for children (79, 89). Participation in these interventions positively impacts fathers' health by reducing stress, improving mental well-being, and promoting healthier lifestyle choices (83). In addition, supportive coparenting fostered through these programs mitigates relational conflicts, indirectly contributing to improved mental and emotional health among fathers (92).

Community-based interventions that centered fathers of color used trusted partners, culturally grounded curricula, and father-led design to reduce access barriers and make content resonate. For example, among Black fathers, Building Bridges to Fatherhood was developed with a fathers advisory council and tested as a neighborhood-delivered program for nonresident fathers, which showed how peer facilitators, culturally specific examples, and flexible scheduling supported recruitment and retention (60). For Indigenous fathers, Fatherhood Is Sacred and newer efforts such as Colorado's Honoring Fatherhood Program are sessions rooted in Tribal teachings about identity, roles, and connectedness and are delivered through Tribal organizations with Native facilitators, which increase engagement and strengthen father–child relationships (54, 101). For Latino fathers, home visiting adaptations such as Fathers and Babies and community programs such as Padres Preparados, Jóvenes Saludables, and Promotor de Salud approaches used bilingual

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materials, father-specific mental health content, and evening or weekend sessions to fit around work schedules, which improved participation and targeted health and parenting outcomes (3, 48, 112).

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SUCCESSFUL PROGRAMS

Notable and successful interventions across four domains (e.g., home visiting, parenting and coparenting skills, behavioral parent training, health and lifestyle) are detailed below. For example, Dads Matter–Home Visiting (DM-HV) enhances home visiting programs by engaging specifically with fathers. Through targeted support and guidance, DM-HV helps fathers develop meaningful relationships with home visitors, enhancing their role in child-rearing and family life. A randomized controlled trial of DM-HV, from a predominantly Hispanic and Black sample, demonstrated improved father–worker relationships, increased partner support, and reduced partner conflict, thereby significantly lowering the risk of child maltreatment (7, 50, 79). In addition, this program successfully strengthens coparenting dynamics, a critical component of familial stability and father well-being (92).

Parenting skills and coparenting programs, such as the Fathers and Sons Program, focus primarily on nonresident fathers and their sons, aiming to prevent risky youth behaviors by enhancing paternal engagement and coparenting. The program incorporates culturally specific content that addresses the unique experiences of Black families, emphasizing skills in effective parenting, open communication, and father–son bonding activities (12). This intervention effectively reduces fathers' parenting stress and positively influences their mental and emotional health by strengthening their confidence and skills as fathers and role models (88, 103).

Behavioral parent training programs, such as Triple P (Positive Parenting Program), are designed to enhance fathers' parenting skills through structured educational sessions and supportive interventions. Triple P aims to reduce behavioral problems in children by equipping fathers with practical parenting strategies, thereby improving family interactions and reducing paternal stress (37). This program has demonstrated efficacy in promoting consistent and nurturing parenting, improving fathers' mental well-being, and positively influencing their perceptions of their parental roles.

Health and lifestyle intervention programs, such as Healthy Dads, Healthy Kids (HDHK), encourage fathers to engage in healthy lifestyle behaviors alongside their children. By promoting physical activities, nutritional education, and positive role modeling, HDHK aims to reduce obesity and enhance overall health outcomes for fathers and their families. Results indicate significant improvements in fathers' health metrics, including weight loss, decreased waist circumference, and increased physical activity levels, thereby promoting long-term health behaviors and mental health improvements (83).

Community-based interventions such as DM-HV, the Fathers and Sons Program, Triple P, and HDHK have shown success across multiple contexts. Key to that success is the genuine engagement of fathers in the research and intervention processes. Scholars have long noted the importance of engaging fathers in the planning, development, implementation, and evaluation of father-focused interventions (11, 28, 61). These diverse programs significantly enhance fathers' engagement, parenting skills, health behaviors, and coparenting practices, thus contributing to positive fatherhood experiences. Despite limited research on interventions to improve fathers' health outcomes, recent systematic reviews have identified promising approaches, including workplace interventions that target fathers' sleep and mental health (111). In addition, family literacy interventions have shown effectiveness in improving communication and health planning among fathers with substance use disorders (130).

Some of the major contributions of many of these successful fathering interventions are their facilitation of more positive and supportive social networks, better emotional well-being, reduced stress, and heightened resilience (91, 92). These improvements help fathers develop healthy coping strategies and emotional skills to better manage the demands and pressures of parenting, thereby reducing overall parenting stress and enhancing mental health (56).

Interventions such as the Fathers and Sons Program foster meaningful social interactions among fathers, providing avenues to share experiences, learn from one another, and build social connections. These supportive social networks buffer fathers from feelings of isolation and significantly contribute to their emotional stability and resilience (103). Likewise, interventions emphasizing health and lifestyle improvements, notably HDHK, contribute to fathers' physical health, subsequently benefiting psychological well-being. Programs such as HDHK also demonstrate notable positive outcomes in fathers' physical health markers, including reduced body weight and increased activity levels, which are closely linked to improvements in mood, reduced anxiety, and overall satisfaction with life (83).

Behavioral and parenting skills interventions such as Triple P also positively influence fathers' emotional health by enhancing their confidence and sense of competence as parents. Fathers participating in structured programs such as Triple P and the Fathers and Sons Program report reduced feelings of parenting inadequacy, greater satisfaction with their parental roles, and overall improvements in emotional regulation, reducing the likelihood of stress-related mental health challenges (13, 37). Through structured community engagement, skill-building opportunities, culturally relevant support, and facilitated social connections, these named community-based interventions offer critical pathways for improving fathers' psychological health, reducing stress, and promoting sustained emotional resilience as fathers navigate the complexities of parenting.

POLICY INTERVENTIONS

Federal and state policies have begun to be crafted to allow men to parent their children and serve as caregivers. Policies that support fathers are crucial for the public health of families because involved fathers can positively impact children's health and well-being; however, current domestic family policies remain accessible in varied ways. Ideally, such policies would support fathers by focusing on work–life balance, mental health care, expanded paternal roles, and pre- and postnatal support. In general, federal and state social welfare and family policies are available to men based on their income status, work history, noncustodial status, and employment status.

This narrow approach to access was codified during the period of industrialization, when the father's primary responsibility was defined as the "breadwinner" or primary wage earner—a role that remains the most important and defining characteristic of fatherhood and the criterion by which "good fathers" were defined (96). In contrast, the role of the mother has been seen primarily as that of caretaker. The primary focus of policy planning and practice has reinforced and reinscribed this dichotomy.

Although not intended as a father-focused policy, the first federal government policy implemented in 1965—providing all eligible parents access to health care services (physical and mental health)—became possible with the signing of the Social Security Amendments, which established Medicare and Medicaid for both men and women. Medicare (Title XVIII) was available to American citizens aged 65 and older who had a qualifying work history, while Medicaid (Title XIX) was an entitlement program for low-income children, their caretaker relatives, the elderly, the blind, and other individuals with disabilities. Medicaid was established to assume some measure of responsibility for providing health care to low-income parents and their dependent children (26). While the program was gender neutral regarding the caretaker of a

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child, it benefited primarily biological mothers rather than biological fathers, as mothers often had custody of their children and were thus eligible for Medicaid services.

Before 2010, very few single adults (men or women) or noncustodial parents were eligible for Medicaid. In 2010, the Affordable Care Act, also known as Obamacare, expanded Medicaid eligibility in participating states to extend public insurance to these individuals. This expansion increased adult treatment for chronic health issues and reduced mortality, while also improving parents' coverage, access to care, and mental health as well as their family's financial well-being. As of 2025, 40 states and the District of Columbia have adopted Medicaid expansion. Eliminating Medicaid expansion would cause many noncustodial parents (generally fathers) to lose coverage, resulting in indirect harm to children and families (51).

In the last 30 years, federal and state policy research has focused on low-income fathers. This interest sparked a number of major demonstration projects providing parenting education, employment and training services, and assistance with child support compliance, with significant funding from the Department of Labor, the Department of Agriculture, the Department of Health and Human Services, and private philanthropic foundations such as the Ford Foundation, the Annie E. Casey Foundation, and the Charles Stewart Mott Foundation. These projects have included the Young Unwed Fathers Project in 1991, the Parents' Fair Share project in 1994, the Welfare-to-Work grants program in 1997, the Responsible Fatherhood program implemented from 1998 to 2000, and the Partners for Fragile Families program from 2000 to 2003.

In this relatively short history of including services for low-income fathers in social welfare policy, early policy proposals focused on low-income fathers who owed child support and had children who received or had previously received welfare cash benefits. The focus then shifted to low-income fathers more broadly, followed by the "promotion of two-parent families"; by the time of the scheduled reauthorization of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA; Pub. L. 104-193) in 2003, the focus had shifted to "marriage promotion" (8). Proposals eventually aimed to provide funding for programs that worked with fathers, at least 50% of which were directed at low-income fathers, and that promoted marriage. The proposals included examples of marriage promotion initiatives, such as parenting education, household management, and anger management skills. In addition, advocates for responsible fatherhood pushed to include men in social welfare policy and programs. The government's primary rationale for including men in the receipt of social welfare services was that men needed social services and employment assistance to ensure they could pay their child support.

Social welfare policy, specifically Title IV-A (formerly Aid to Families with Dependent Children) under PRWORA, was expanded after 1996 to allow states the option to provide services to noncustodial parents, including employment-related services and services to assist noncustodial parents with access and visitation issues. In addition, as part of the overhauled federal policy on Child Support Enforcement (CSE) programs in 1996, state CSE programs were encouraged to establish procedures mandating that fathers who were not paying child support participate in work activities. The requirement of work activities for a civil contempt of court (or in this instance the nonpayment of court-mandated child support fees) was always within the purview of the courts but strongly encouraged with the revamped legislation.

In the fiscal year 2006, the US Congress passed the federal budget bill known as the Deficit Reduction Act of 2005, which authorized $50 million per year over five years for responsible fatherhood programs. This Act was the first and only policy to authorize funding specifically for fatherhood programming. Competitive grants were awarded for projects with three purposes: promotion or sustainment of marriage, responsible parenting, and activities to foster economic stability. In 2022, 58 organizations were funded to provide responsible fatherhood services. A recent

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meta-analysis of these programs documented "small and statistically significant positive impacts on outcomes related to parenting, healthy relationships with coparents, father well-being, and economic stability" (78, p. 2). Nevertheless, this policy continues to be authorized under 42 U.S.C. § 603(a)(2) to authorize funding of fatherhood programs.

Broader shifts in labor force participation and caregiving roles have also shaped the context in which fatherhood policies operate. The dramatic rise in women's workforce participation since 1960 has fundamentally altered family dynamics, yet traditional gendered divisions of childcare responsibilities persist. Despite women's labor force participation rate reaching 78.2% in 2024 compared to 89.0% for men (20), only 32% of working fathers regularly engage in childcare activities (131). This disparity creates significant challenges for dual-earner families, who must navigate complex decisions regarding the safety, accessibility, and affordability of childcare arrangements. Consequently, recent policy discourse has evolved beyond traditional models that positioned fathers primarily as financial providers to recognize the importance of paternal caregiving engagement and support for shared parenting responsibilities. These changing expectations and realities underscore the need for comprehensive policy frameworks that address both parents' caregiving needs.

Federal and state leave policies are available to both mothers and fathers; however, access to these benefits often depends on employment type and income. In recent years, working parents have become entitled to a range of family leave types, the most common being maternity leave, paternity leave, and family leave. These entitlements, including the right to childcare leave, are regulated primarily by federal law and state laws. Federal law includes the Family and Medical Leave Act, enacted on February 5, 1993, which guarantees workers up to 12 weeks of unpaid leave to address family needs or serious health issues without fear of job loss (131). Although this legislation provides both parents the opportunity to care for a newborn, a sick child, or an elderly parent, the benefit is available only if one's income or savings can absorb the loss of earnings during leave. Twelve states now offer paid family leave, which has encouraged more men to take family leave after the birth of a child. Fathers' access to paid and individual entitlements is strongly associated with increased leave take-up. Unfortunately, research on the impacts of family, paternity, and maternity leave remains greatly underdeveloped.

In closing, current social welfare policies affecting fatherhood focus primarily on issues such as absenteeism, promiscuity, irresponsibility, criminality, and unemployment. These policies largely fail to recognize fathers as essential and capable caregivers and neglect to address structural racism and other structural inequities that shape the lives, behaviors, parenting intentions, and health of low-income Black fathers.

CONCLUSION

Fatherhood represents a critical yet understudied determinant of men's health across the lifespan. The evidence synthesized in this review shows that men's transition to, and experience of, fatherhood triggers complex biological, psychological, and social adaptations that significantly influence their physical and mental health outcomes. While fatherhood can serve as a catalyst for positive health behavior changes and increased engagement with health care systems, it also introduces new stressors and challenges that may compromise paternal well-being.

Fatherhood Research and Practice: Areas of Opportunity

The literature on fatherhood and health is limited altogether and is especially limited when it comes to understanding the health of fathers across the lifespan (i.e., beyond the transition to fatherhood) and health in association with the full diversity of fathers and fathering experiences.

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Research needs to reflect the heterogeneity of fathering experiences, with residential status, socioeconomic position, and racial identity serving as critical moderators of health outcomes. The challenges faced by nonresidential fathers may uniquely compound existing health disparities, and Black fathers navigate additional structural barriers that complicate both their ability to engage in caregiving and their access to health-promoting resources. The persistent and pernicious characterization of Black fathers through deficit-based policy frameworks ignores the complex interplay among structural racism, economic marginalization, and fathering practices, perpetuating health inequities over decades.

Advances in technology have changed the fatherhood landscape across the generations, creating new opportunities for father engagement and health promotion and prompting new media approaches to deliver accessible, reliable, and father-friendly information to support parenting and health. Nevertheless, current digital interventions remain focused largely on parenting behaviors, often ignoring fathers' personal health outcomes. The emergence of father-driven digital platforms represents a promising development, suggesting an increasing recognition of fathers' agency in defining their own health needs and experiences. However, the evidence base for technology-mediated health interventions targeting fathers remains limited and warrants systematic review and development.

The story is also encouraging but mixed when it comes to community-based interventions. A growing number of interventions demonstrate considerable promise in improving fathers' mental health and emotional well-being through enhanced social support networks and skill-building opportunities. Programs such as DM-HV and Triple P, as well as culturally responsive interventions such as barber-led initiatives, show consistent benefits in reducing parenting stress and improving psychological resilience. These findings highlight the importance of creating accessible, community-embedded support systems that recognize fathers as active participants in family health promotion. Nevertheless, these programs are generally underfunded, are few in number and limited in reach, and would benefit from systematic review, enhancement, and scaling to reach fathers in communities nationwide.

Future Directions

Efforts to move our understanding of the health implications of fatherhood forward must be multifaceted. This work includes prioritizing rigorous father-focused research, while also considering practice and policy innovations that are family centered.

Research priorities. In keeping with the above synthesis of the literature, future research must address critical knowledge gaps through longitudinal studies that examine how fatherhood affects men's health across the lifespan. Particular emphasis must be placed on the differential outcomes by residential status, socioeconomic position, and race/ethnicity. In addition, attention should be given to the outcomes of fathers who are traditionally underrepresented in health research, such as those who are single, LGBTQ, and older (15, 127). The literature and the field would benefit from a clear understanding of the mechanisms, especially the biological, social, and historical mechanisms, through which fathering experiences influence health outcomes and how these findings could inform targeted intervention development. In light of evidence that first-time fathers and experienced fathers have different health care needs, research on fatherhood and health should consider that fathering experiences and interventions may need to be tailored to the specific needs of first-time and experienced fathers (31).

As demonstrated by a systematic review of first-time parents' needs for preparation and support, health care systems do not engage fathers well, yet new fathers experience heightened levels of distress and are receptive to engagement (33). To better understand fathers' support needs and

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to effectively address fatherhood as a component of men's health, public health data collection related to health behavior and health outcomes in the perinatal period must include fathers (123). The Centers for Disease Control and Prevention currently partner with state health departments to collect annual data about maternal health surrounding pregnancy through the Pregnancy Risk Assessment Monitoring System (PRAMS). A parallel survey, PRAMS for Dads, was piloted in Georgia during 2018–2019 and is now gathering paternal health data in five states, offering an important but still limited effort to fill this data gap (43, 92).

Comparable data collection is also needed on a national scale to examine the physical and mental health of fathers during and after the perinatal period to inform policy responses. Data collection should assess changes in men's physical and mental health, health behaviors, access to health insurance and health care, and engagement by health systems surrounding the transition to fatherhood. These specific data needs are important particularly for fathers who are parenting after a maternal death and may experience worse health outcomes than other father groups (132). This review also renews calls on the field to move beyond deficit-based frameworks to examine strengths-based approaches that build on fathers' existing capacities and community assets, especially for Black, low-income, and other marginalized fathers.

Practice implications. Health care and social service providers must similarly recognize fathers as integral members of the family health ecosystem, prioritizing intentional and systematic integration of paternal health assessment and support into routine care delivery for all members of the family system. This effort would include developing father-inclusive prenatal and pediatric care models, implementing screening protocols for paternal mental health, and creating referral pathways to primary care and father-supportive services. Father-inclusive practice is consistent with and integral to family-centered care, a partnership approach that is increasingly considered best practice in pediatric health care yet remains insufficiently implemented (69). Attention to fathers' experiences and outcomes also benefits the health outcomes of mothers and children, as paternal health and lifestyle factors during the prenatal and perinatal periods affect the entire family system (64, 86). In addition, practice innovations should leverage technology to reach fathers across diverse contexts while maintaining attention to digital equity concerns.

Policy recommendations. Policy interventions must address structural determinants that constrain fathers' ability to engage in health-promoting behaviors while supporting their children as well as policies that ostensibly and inadvertently separate fathers from their children and families. Policy changes should include expanding Medicaid coverage for noncustodial parents, implementing paid family leave policies that recognize diverse family structures, and developing workforce policies that support work–life integration for fathers. Policy frameworks must move beyond punitive approaches, especially toward Black and low-income fathers, to embrace asset-based strategies that address structural racism and promote family stability.

The sum of the evidence reviewed here calls for a fundamental reorientation—a paradigm shift—in how we conceptualize and support fathers' health. By recognizing fatherhood as both a health-influencing social role and a potential vehicle for health promotion, we can develop more effective interventions that benefit fathers and their children, families, and communities. Future efforts must center equity, recognize the diversity of fathering experiences, and address the structural factors that shape fathers' health trajectories across the lifespan.

DISCLOSURE STATEMENT

The authors are not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.

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ARTIFICIAL INTELLIGENCE DISCLOSURE STATEMENT

Artificial intelligence (AI) tools were used during the development of this article. Specifically, AI assisted in drafting the initial structure of the introduction and in generating early brainstorming ideas for certain introductory sections. The introduction has since been fully restructured and rewritten by the authors, and no text from the original AI-generated content remains. AI was also used for grammar support and editorial refinement. All substantive ideas, analyses, interpretations, and final wording reflect the authors' own work.

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