



# Fatherhood with a Disability: Health and Unmet Needs

Mel Ptacek and Finn Gardiner · September 2021

## Introduction

People with disabilities are deciding to be parents at increasing rates, and researchers are starting to pay attention.

In 2012, the National Council on Disability released the groundbreaking *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children* report, which drew attention to the systemic discrimination that parents with disabilities face—and ways policymakers, advocates, and attorneys can work to combat it. Since then, researchers have turned their attention to studying the difficulties that disabled parents encounter in their efforts to have and raise children successfully.

Most of these studies, however, focus on mothers with disabilities, or they combine both mothers and fathers under the single category of “parents.” As a result, these studies often overlook disabled fathers’ specific needs, struggles, and experiences. But researchers at the Lurie Institute for Disability Policy have worked to remedy this disparity: they’ve begun to learn about what kinds of help fathers with disabilities may need to raise their children—and how these fathers’ needs are different from those of nondisabled parents and mothers with disabilities.

## Health Disparities

In 2019, three Lurie Institute researchers—Eun Ha Namkung, Monika Mitra, and Joanne Nicholson—found that, compared with disabled men without children, disabled fathers were more likely to say that they were in poor or fair health,



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frequent physical distress, or frequent mental distress. They were also more likely to report high weight.<sup>1</sup>

Although disabled women experience discrimination during pregnancy and motherhood, Namkung, Mitra, and Nicholson did not find significant differences in health outcomes between disabled women with or without children. Because women are expected to take the lead in raising children, disabled fathers may not receive as much support as disabled mothers do. This lack of support may in turn worsen their health outcomes.

Namkung, Mitra, and Nicholson also compared disabled fathers with nondisabled fathers. In this study, outcomes for disabled fathers were similar to disabled mothers' outcomes. For instance, fathers with disabilities were significantly more likely than fathers without disabilities to report poor or fair health, frequent physical or mental distress, and a lack of adequate sleep. They were also more likely to say that they currently smoked.

“Given the gendered disparities in the health-related quality of life,” Namkung, Mitra, and Nicholson say, “it is important to understand the needs of fathers with disabilities and provide appropriate services specifically tailored to them.”

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<sup>1</sup> We include statistics about weight only because of the association between high weight and health risks. At the same time, we acknowledge that stigma against higher-weight people can play a role in those risks. Medical practitioners unfamiliar with social determinants of health may treat high weight as an outcome of behavioral and lifestyle choices, rather than a complex phenomenon with multiple contributors. This stigma may stop people from receiving healthcare that addresses their needs. Furthermore, weight stigma intersects with racism, classism, and other forms of marginalization. For an overview, see [Byrne \(2021\)](#). On weight stigma and its health effects, see [Puhl and Heuer \(2010\)](#); on the use of words such as “obese” and “obesity,” see [Lozano-Sufrategui, Sparkes, and McKenna \(2016\)](#). On the intersection of fatphobia and racism, see [Strings, \*Fearing the Black Body: The Racial Origins of Fat Phobia\* \(2019\)](#).

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**“It is important to understand the needs of fathers with disabilities and provide appropriate services specifically tailored to them.”**

—Eun Ha Namkung, Monika Mitra, and Joanne Nicholson

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## Unplanned Births

Poorer health outcomes aren’t the only inequities that fathers with disabilities experience. Namkung and Mitra (2021) studied whether disabled fathers in the United States were more likely to have children unintentionally than fathers without disabilities. Using a large, nationally representative sample, our researchers found that disabled fathers were almost twice as likely as nondisabled fathers to say that the birth of their most recent child was unintentional. Most surprisingly, marriage did not appear to have the same protective effect for disabled fathers as it did for nondisabled fathers. Although married nondisabled fathers were more likely to say that they planned to have their children than unmarried nondisabled fathers, that was not the case for married disabled fathers.

Fathers with disabilities also differed from mothers with disabilities in their intentions to have children—or the lack thereof. Namkung and Mitra found that fathers with physical, hearing, and vision disabilities were more likely than nondisabled fathers to report unintended births. Moreover, both mothers and fathers with hearing and independent living disabilities were more likely to report unintended births than their nondisabled counterparts. On the other hand, mothers with cognitive disabilities were more likely to report unintended births than mothers without disabilities; this was not true for fathers with cognitive disabilities.

## Policy Implications

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**Researchers must learn more about disabled men and their reproductive health, including the information they receive about sex, contraception, and family planning.**

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Fathers with disabilities have needs and experiences distinct from those of mothers with disabilities or nondisabled fathers, but the lack of research about disabled fathers prevents researchers, service providers, and medical professionals from giving them the support they need to raise their children successfully. To address this gap, researchers must learn more about disabled men and their reproductive health, including the information they receive about sex, contraception, and family planning (Namkung & Mitra, 2021). Policymakers and service providers can then use this research to support fathers with disabilities—as well as prospective fathers—through education, peer support groups, and advocacy programs (Namkung, Mitra, & Nicholson, 2019).

## References

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## Credit

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### How to Cite This Brief

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