

PARENTAL CONCERNS

'I am going to be a dad': experiences and expectations of adolescent and young adult expectant fathers

Lesley Wilkes, Judy Mannix and Debra Jackson

Aim. To explore the experiences of prospective adolescent fathers regarding their impending fatherhood.

Background. Several studies indicate adolescent fatherhood is associated with multiple risk factors. Despite this, it is well documented that these young males have a potentially vital role in the lives of their child/ren and partners. Adolescent pregnancy has often been viewed with a particular emphasis on the mother and relatively little is known about the experiences and expectations of young males facing imminent fatherhood.

Design. Narrative methods were used to collect qualitative data.

Method. Narratives were elicited through in-depth interviews with seven adolescent expectant fathers aged 16–22 years.

Results. Impending fatherhood presented these young men with mixed emotions and many challenges. The pregnancies were all unplanned and though participants were all willing to face the responsibilities associated with fatherhood, they also reported feeling ill-prepared for the challenges that lay ahead. Impending fatherhood had caused the young men to reflect on the quality of fathering they had received themselves. The young men were hoping to provide their own infant with a better quality of fathering than they had experienced.

Conclusions. Nurses and midwives are ideally placed to provide support to young men facing impending fatherhood to better prepare them to meet the demands of their forthcoming role.

Relevance to clinical practice. Prenatal classes should include specific sessions for prospective fathers and provide opportunities to assist young men to discuss their thoughts and concerns about impending fatherhood. It could also be useful to encourage young expectant fathers to engage in discussions with their own fathers and grandfathers. For those young men who do not have effective relationships with their own fathers, it could be useful to organise mentoring with experienced mature men who have successfully engaged in the fatherhood role.

Key words: adolescents, family health, fatherhood, midwives, nurses, nursing, parenting, qualitative study

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Introduction

Adolescence and young adulthood are terms used to describe persons aged 10–24 years (WHO 2005). From a developmental point of view, adolescence is a transitional period

during which puberty occurs and many individuals become romantically involved and sexually active (Rissel *et al.* 2003, Agius *et al.* 2006, East *et al.* 2007a, Skinner *et al.* 2008). As health consumers, young people can be naive and unsophisticated (Raftos *et al.* 1998) and so despite the relative

Authors: Lesley Wilkes, PhD, RN, Professor of Nursing, Family and Community Health Research Group (FaCH), School of Nursing and Midwifery, College of Health & Science, University of Western Sydney; Judy Mannix, RN, MN, Senior Lecturer, Family and Community Health Research Group (FaCH), School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Penrith South DC; Debra Jackson, PhD, RN, Professor of Nursing, Faculty of Nursing, Midwifery & Health, University of Technology, Sydney (UTS), Sydney, NSW, Australia

Correspondence: Lesley Wilkes, Professor of Nursing, Family and Community Health Research Group (FaCH), School of Nursing and Midwifery, College of Health & Science, University of Western Sydney, Locked Bag 1797, Penrith South DC, NSW 1797, Australia. Telephone: +61 2 4620 3198.

E-mail: l.wilkes@uws.edu.au

availability of contraception and many public health messages about safe sex as a strategy to avoid both unplanned pregnancy and sexually transmitted infections, young people continue to experience high levels of unplanned pregnancy (Santelli *et al.* 2009, Hewitt *et al.* 2010).

Until recently, adolescent pregnancy was often viewed with a particular emphasis on the mother, at the same time omitting reference to the role of the father (Mazza 2002, Rushton 2005). This omission continued until the early 1980s when service providers, researchers, midwives and obstetricians began to recognise the importance of fathers and the consensus now is that the optimal resolution of adolescent pregnancy is just as dependent on the father as it is on the mother (Mazza 2002, Parikh 2005, Rushton 2005). As East *et al.* (2007b, p. 14) highlight, the absence of a father in a child's world can be linked to 'negative child and adolescent outcomes, including early sexual activity, teenage pregnancy, behavioural difficulties and life adversity'. This paper presents findings of a study that aimed to explore the experiences of prospective adolescent fathers regarding their impending fatherhood.

Literature review

Several studies indicate adolescent fatherhood is associated with multiple risk factors including low self esteem, addiction issues, relationship issues and father absence during childhood and these factors appear to equate with the specific support needs of young fathers (Condon *et al.* 2000, Goodyear *et al.* 2000, Anda *et al.* 2001, Glikman 2004, Weinman *et al.* 2005, Mendle *et al.* 2009). Despite these risk factors, it is well documented that these young males have a vital role in the lives of their child/ren and partners (East *et al.* 2007b). Studies indicate positive effects of fatherly involvement in the lives of adolescent mothers and their children (Earls & Siegal 1980, Elster & Lamb 1986, Gee & Rhodes 2003, Fagan *et al.* 2007, Paranjothy *et al.* 2009). On the other hand, paternal absence is associated with adverse life events (East *et al.* 2007b).

The extant literature suggests young fathers have particular support service needs, including education, psychological support, health care, legal representation, employment readiness, life skills and parenting skills training (Lane & Clay 2000, Weinman *et al.* 2002, 2005). Although adolescent fathers' needs are relatively uniform, their needs vary in intensity from father to father (Lane & Clay 2000), the most pressing of which has been identified as employment services (Jia 2000, Lane & Clay 2000, Mazza 2002, Weinman *et al.* 2002, 2005, Barker *et al.* 2003, Buss *et al.* 2003). Adolescent fathers often find themselves suddenly in need of full time employment before having an established career, while

fathers in other age groups may already have established themselves in career and workforce (Marsiglio 1986, 1987, Pirog-Good 1995, Futris *et al.* 2010). In general, fathers with multiple psychological risk factors may be in need of additional specific support, as research indicates these fathers are less supportive in the parenting role, in part due to their own lack of a supportive adult social network (Hipke 2002).

Although some fathers disappear from the lives of their adolescent partners and children, many others display a keen willingness to remain involved (Boonstra 2002, Buss *et al.* 2003, Quyen 2005). Indeed, the adolescent father's need to maintain involvement with his child/ren and their mother has been identified as an important support need for young fathers (Diel 1997, Forste & Jarvis 2007, Futris *et al.* 2010). The difficulty occurs when adolescent fathers are unaware of how to become involved in the lives of their children with several factors interfering with the father's ability to maintain relations with their newborn child/ren and partner over time. These factors include disapproval of the child's mother's parents (Miller 1997, Herzog *et al.* 2007), the fear of enacting a fatherly role (Allen & Doherty 1996, Herzog *et al.* 2007), unresolved issues of dependence and masculinity (Applegate 1988) and a lack of involvement in the birthing process and aftercare of the children (Anthony & Smith 1994, Carlson *et al.* 2008). Adolescent fathers have expressed profound fears about not having anything of value to offer their children (Mazza 2002). It may be the case that these doubts may preclude a young father's ability to learn and incorporate appropriate parenting skills such as consistency and nurturing (Allen & Doherty 1996, Miller 1997, Carlson *et al.* 2008).

An infant's birth can have adverse effects on the young father's psychological well-being, regardless of whether or not he co-resides or remains involved with the mother or baby (Lane & Clay 2000). Little is known about the experience of adolescent fathers in the Australian context and there is little that captures the experiences and thoughts of young men in the transition to fatherhood. This paper reports the experiences of young prospective fathers, during the prenatal period. It had been anticipated to follow these fathers into the first year of their fathering, but because of their motility and social factors it was not possible to maintain on-going contact with these young men.

Method

Study design

In-depth interviews were used to elicit narratives from prospective adolescent fathers. Narrative inquiry posits that

meaning and understanding from human experience is transferred through narrative (Clandinin & Connelly 2000). There is an assumption that knowledge is held in stories that can be relayed, stored and retrieved (Fry *et al.* 2005). Bruner (1990) places narratives in time, capturing the emotion of the moment described, rendering the narrative active rather than passive and infused with latent meaning. Thus, concepts of memory and time, both as the past and relived in the present, are embedded in narrative inquiry. In this study, interviews focused on participants' experiences as a father-to-be and all that this entailed, permitting meaning and shared knowledge to be elucidated.

Inclusion criteria

The Australian Federal Government describes adolescence as being the years between the ages of 12–25 years (Department of Families, Community Services and Indigenous Affairs [DFCSIA] 2004). The World Health Organisation defines young people using the time span 10–24 years (WHO 2005). For the present study fathers-to-be aged between 15–24 years, fluent in English and willing to participate in the study were sought.

Recruitment

An invitation to participate in the study was advertised through flyers posted at the antenatal clinic of a large maternity centre in a major metropolitan hospital in an Australian city with a high teenage birth rate. The flyer provided contact details of the research team and potential participants were able to contact the team if they were interested in participating in the study. On making contact, potential participants were then provided with the information sheet and consent form and invited to make contact if they had further questions. Subsequently, a convenient time and place for the interview was organised.

While nurses working in the prenatal areas ensured eligible prospective fathers received information about the study, difficulties were experienced in recruitment, meaning that the period of recruitment had to be extended several times and eventually lasted 12 months. Often arrangements for interviews were made but the prospective fathers did not appear, or they had decided they did not want to be interviewed. Reasons for this were given and included relationship disruption with their partner, pressures associated with other family members, or mobile phones being disconnected (making further contact impossible under the terms of our Ethics approval). These difficulties reflected the chaotic nature of lifestyle experienced by many young prospective

fathers who had expressed an interest in being in the study. However, data collection continued until data saturation was achieved.

Data collection and analysis

Participants took part in semi-structured in-depth interviews focusing on their experiences as young fathers-to-be and thoughts on their impending fatherhood. Data were collected at various stages (of pregnancy), but tended towards the latter months of the pregnancy. On recruitment, potential participants were offered the choice of a male or female interviewer. All opted for a female interviewer. In general, it appeared the young men were not used to being asked to express themselves and talk about their feelings and so skill was needed to build a rapport and put them at their ease. Further, they found it challenging to articulate some thoughts and feelings and so prompts and probing questions were used to establish clarity and encourage amplification of responses. Interviews lasted approximately one hour. They were digitally recorded, transcribed verbatim and managed using NVivo software. Participant narratives were analysed for recurrent and common ideas and issues pertaining to their experiences and perspectives of impending fatherhood.

Ethics

This study was guided by ethical principles outlined in the National Statement on Ethical Conduct in Human Research (2007), noting the importance of individual autonomy, research merit, fair treatment in recruiting participants and distribution of the benefits and burdens related to the study. The Institutional Ethics Committees of both the university and the relevant hospital approved the conduct of this study. Informed consent procedures were followed and all participants were provided with information about free confidential counselling services available to them should they wish to seek it. However, no participants became distressed requiring counselling. To ensure confidentiality all identifying material was removed from the raw data (Polit & Beck 2008). No incentives were provided to participate in this study.

Findings

Seven males aged 16–22 years were recruited into the study. At the time of their interview, all participants were in a continuing relationship with their pregnant partner and were anticipating the birth of their first child. Of the seven, one was married to and living with his partner at the time of the interview, three were unmarried and cohabiting with their

partners, two lived with their parents and one with other relatives. Three of the seven fathers were in full-time employment and of these; one was a qualified tradesman. The other two employed participants held no qualifications and were engaged in work such as pizza delivery. Six of the participants were Australian-born, with one migrating to Australia in his early teen years from Europe. All seven participants were from Caucasian backgrounds. The four major themes that emerged during analysis of the data that related to impending fatherhood were: mixed feelings, work and money, being a father figure and future plans. Each of these will be discussed in turn.

Mixed feelings

Impending fatherhood presented many challenges to these young men. The pregnancies were all unplanned and though participants were all willing to face the responsibilities associated with fatherhood, they also reported being ill-prepared for the challenges that lay ahead. They felt that they had not received any education in school that prepared them for becoming a father. The participants felt that having better sex and baby education in school would help prospective young fathers:

People are having kids much younger. So it sort of needs to be done in the beginning of high school really. Sort of with P.E. just so you have that education just so you know what your options are if it ever happens and more support as well for the people that it does happen to like at school. ... Yes, definitely at school you need because I know at high school the women have their education for baby birth and all that but we need the same sort of thing. (George)

The young men displayed a mixture of emotions such as shock, fear and excitement when they found out that they were going to be a dad for the first time:

I was excited at first and then during the pregnancy ... I weren't that excited until we went to the first photos and seen the ultrasounds and I seen it in the stomach and thought 'Oh yes I am going to be a dad'. (Jack)

Work and money

Work and money was an issue for all the fathers. For these young men, fear was associated with awareness of the impending responsibilities of fatherhood and the need to provide financial support for their partner and baby. They described financial stress, both immediate and in the future. Four of the seven participants were unemployed and in some of the conversations these young men disclosed feeling they

could not work because work would reduce the amount of time they would be able to spend with their girlfriends. Financial matters were also a major concern for those young men in employment. Their age and the nature of their work meant that they were on low wages and not in the position to provide sole financial support for two (and soon to be three) people:

I have not long worked at my job so it is not the best paying at the moment and like we are paying board where we are living and that is tough as well. There is only so much coming in and we have to pay the board. (Greg)

John was working two part-time jobs to be able to earn enough for his new family. Although some, like George, pointed out that the stress of having a new baby could possibly make it harder to go to work and keep a job:

It [having a new born baby] makes it harder as well especially for your job where you are trying to do the right thing, so you don't lose your job, so that you have money coming in for the baby and for her. (George)

Some of the young men considered they had few skills around budgeting effectively and so a further financial concern was around effective management of what money they had available. William simply handed the responsibility for managing the money to his partner:

I suppose the wisest thing I have done is give my key card to [my partner] so I don't spend any more money. No I am not exactly good with money but she is good at it so she prefers to do it. (William)

Being a father figure

The young men expressed their belief that babies and children need to have a father figure and were prepared to step up to this role. They revealed insight into the fact that their relationships may have future problems, may falter and even may not last. However, these young men expressed a desire to continue in an active fathering role for their children as they grew up, even if the relationship with the child's mother breaks down:

What I can't stop thinking about is that if we break up what is going to happen to the baby. But we have talked about that too. We talked and said if we break up I will get a house nearby or something so that I can still be around. (Paul)

Impending fatherhood was a catalyst for these young men to reflect on the relationships they had with their own fathers and the ways they had been fathered themselves. They revealed a desire to be better fathers, to avoid some of the

pitfalls their own fathers had fallen into. For example, some participants felt that working long hours would have a negative impact on their relationship with their children, as their own fathers had worked long hours when they were young and they did not want to repeat this:

I always said that I would never do what my dad did...go out and work twenty hours a day just to support the family. I want to be actually able to be with my son. I didn't want to do what my dad did even though I admire him for it. I think I couldn't do it. (William)

Above all, these young men wanted to be 'good' fathers. To them this meant, being present for their child, being available and being a reliable, loving and responsible parent:

A good parent I think is that somebody that will do anything for their child, is always there for their child and as soon as something is wrong or the child needs to talk to somebody. Like for me to be a good father it would be the fact that he would come to me first. So that I could be the one that he could share his problems with, he could talk about anything. (Greg)

The desire to be a good father had been the catalyst for several lifestyle changes. The young men had considered what sort of father they wanted to be and had started to make necessary changes. Paul had reduced the amount of alcohol he was drinking because he did not want his child to grow up seeing his father getting drunk all the time:

I stopped drinking. I was really bad. I wouldn't say I was an alcoholic but I couldn't go a day without having at least one drink and now I am cold turkey. I cut down on smoking. I was use to smoking 40 a day and now I am down to fifteen a day. So that is the impact...the day after we found out and I came home really drunk and [girlfriend] says how is your son going to feel when he sees you like that? I hadn't drunk since. You know I just couldn't do it anymore... I look back on some of the things that I did. I got barred from three of the four pubs because I know how I am when I drink. I went to court twice for malicious wounding when I was younger. I just don't want to be that person anymore. (Paul)

These young men felt they would make good fathers because they intended to be present and actively love, care for and interact with their infants. These feelings gave them some confidence in relation to their new role:

I feel confident I will be able to do it but there is always that little bit in the back of your mind thinking how you are going to slip up or something is going to happen but pretty confident really...it is the negative things going through your head or if you do wrong by the child and things like that but then you think well no you are going to be a great father at it and you are going to be really good so the confident side comes back in. (John)

This confidence was expressed in a new sense of responsibility and focus that was imminent because of their role as a prospective father:

You start to you know take a focus on life a bit more and focus on your priorities... I think it is just the fact that there is just another life in your hands and you are responsible for everything and you know just wanting to be there and support him and my wife. (Greg)

Future plans

While the participants showed a new sense of confidence, their future was uncertain. Some of the fathers had clear plans whilst others took it day by day. The pregnancy had made all the fathers think about the future and how things were going to change, for example, that they marry and move out of home earlier than they might have otherwise. Some were organised and looked to planning for the future:

Everything I planned for the next couple of centuries is on hold. The only thing I really want in the next ten years is find a house and pay it off. I have already started. When I turned eighteen I applied for a home loan for a flat for sixty grand but I had to sell that because I couldn't afford to pay the home loans back. (Paul)

The pregnancy had altered the men's future for job training, social life and even getting new jobs. They all spoke of it being a lot harder in the future to do what they personally wanted:

I wanted to get my auto electrician license and now to do that I have got to drop my pay and now with the baby on the way I can't afford to do that at the moment. So now I have got to wait a couple of more years, where we can financially do it and do it then. So yes it has made it harder for that. I have had to stop my career I wanted to do. Wait a couple of years and then get back into it. No, sacrifices you have to make really. (George)

Looking to the future of being a father made the men think of trying to live a healthier lifestyle. George found he was trying to eat healthier to set a good example for his child:

Your life style all changes because you are getting in the habit of being healthy for when the baby is around so you eat the right way. So if you be healthy and have the right life style then you can teach it (baby) the right life style... like before you would eat whatever junk food you want and now you sort of got to eat healthy and do everything the right way. (George)

Three out of seven of the prospective fathers were smokers with two of them trying to quit before the baby was born. Andrew was a smoker and recreational drug user and was not trying to quit as he found that smoking helped him relieve stress:

I am a constant smoker. I couldn't give it up right now. I am under way too much stress. Like the smokes are basically the only things that are keeping me sane. Before the situation I use to smoke about two packets a week. After the situation I have been smoking about five or six packets a week. (Andrew)

Discussion

This study has highlighted the fact that the young men who are facing impending fatherhood needed to re-evaluate their lives. They were ill-prepared for the event and while they wanted to be a 'good' father this was often inhibited by their previous experiences, lack of education and preparation for the new role. They had difficulty in prioritising work and money needs and looked to the future with the prospect of changing past plans.

The literature presents clear evidence about the importance of paternal presence and the potential contribution of fathers to optimal child outcomes (Fagan *et al.* 2007, Paranjothy *et al.* 2009). While questions have been raised about the ability (or otherwise) of adolescent parents to provide effective parenting (Herzog *et al.* 2007, Carlson *et al.* 2008), findings from this study support the literature suggesting that adolescent men may be keen to accept the responsibilities associated with fatherhood (Boonstra 2002, Buss *et al.* 2003, Quyen 2005). In this current study, all the young men expressed the desire to become a good father and all were taking measures to prepare for their new impending role. However, they also suggested they felt ill-prepared and would have benefited from improved access to education about sexual matters and parenting. The need for educational support for young fathers has been previously highlighted in the literature (Lane & Clay 2000, Mazza 2002, Weinman *et al.* 2002, 2005) and these participants had experienced some difficulty in accessing such education.

In this study, it was revealed that their own impending fatherhood had caused the young men to reflect on the quality of fathering they had received themselves. Similar to previous studies (Boonstra 2002, Quyen 2005), the young men were hoping to provide their own infants with a better quality of fathering than they had experienced and were keen to be involved in their care. Many young fathers may have experienced the absence of their own father during childhood and so may have limited positive father role-models to draw on. If the cycle of absent fathering is to be reduced it may be necessary to provide opportunities to support and facilitate these young men in developing positive and realistic fathering images and goals. This support could include experienced fathers volunteering their time and support to the fathers in the pre-natal period, with the hope of establishing and

continuing a long term relationship after the child is born. A major potential impediment to this could be that this group of adolescent fathers are often transient and as indicated in the limitations of this study, find it difficult to establish commitments to routine. Further research is required into how the absence of fathers during their own childhood impacts on adolescent fathers. Findings from such research could be used to develop more effective support systems for this group.

Conclusion

Despite the public health messages and the ready availability of contraception to prevent pregnancy, numbers of adolescents will continue to become parents. The importance of healthy child-paternal relationships is well accepted in the literature as is the negative potential effects of father absence. Adolescent males facing forthcoming fatherhood require support to prepare themselves for the fathering role. Nurses and midwives are ideally placed to provide support to young men facing impending fatherhood to better prepare them to meet the demands of their forthcoming role.

The challenges in this research

In considering these findings, it is necessary to first reflect on the methodological difficulties that shaped recruitments and collection of data. Indeed, this study presented several methodological issues and challenges. Despite the high levels of teenage pregnancy in the hospital where we recruited, we experienced ongoing difficulty with recruitment and retention. These difficulties had three major effects on the project. These were: (i) the period of recruitment had to be extended several times, (ii) the participant group was smaller than hoped and (iii), we were unable to follow the young fathers up over the first year of their fathering, which we had originally hoped to do.

Given their socio-economic circumstances, the chaotic nature of their lives and the pressure they were under, this group would likely have been more inclined to participate in this study if there was an inducement (Scherer *et al.* 2005). The literature is divided on the issue of inducements for research participants. 'Vulnerability' has been paired with the perceived difference in power between the participant and investigator (Fry *et al.* 2005). The National Health and Medical Research Council (NHMRC) express concern that paying research participants compromises their ability to voluntarily consent (NHMRC Guidelines 2007), altering risk perception, concealing risk factors and prejudicing selection of participants (Grady 2005, Boutis & Willison 2008). On

the other hand, Fry *et al.* (2005) argue it is an essential aspect of recruiting difficult and vulnerable groups in the population. These researchers suggest that it is necessary to offer strong justification for offering inducements as fair recognition for valuable research contributions and argue for the importance of clear guidelines so that standard practice can be followed.

The difficulty this population has in narrating their lives also affected the data collection process. The literature supports this and in particular, there is a notable distinction between male and female rates of disclosure and communication styles in the literature (Balswick & Peek 1971, O'Neill *et al.* 1976, Norrell 1984, Dindia & Allen 1992). Early research explored differences in sex role modelling that rewarded 'inexpressiveness' in boys (Balswick & Peek 1971) and the lesser amount and content of self disclosure undertaken by boys (O'Neill *et al.* 1976). In addition to making it difficult to investigate the adolescent male population, this socialised difference in communication may have a negative impact on adolescent males, particularly when they are going through an emotionally stressful experience such as the impending birth of a child. McKelley and Rochlen (2007) propose males make fewer contacts with health professionals across their life span and seek help less often than women for a range of concerns that would greatly improve with professional interventions.

Despite the challenges in gathering rich narratives from this group, this would still be our preferred choice over other options such as focus groups, due to the possible effects of bravado or shame on this vulnerable group. However, another option may be the use of internet data collection, providing an internet access card that could be used at any

internet cafe. With the exponential rise in popularity of the internet, an opportunity to use computer-mediated communication (CMC) is a valuable resource in data collection (East *et al.* 2008). This form of data collection would be particularly useful in accessing adolescent males who may feel more comfortable disclosing using this anonymous medium. In fact, according to East *et al.* (2008) benefits for participants include flexibility in scheduling interviews, elimination of travel time and transport constraints, autonomy and anonymity. Another valuable aspect is the ability to recruit individuals and populations that are difficult to access by other means, including hidden populations.

Relevance to clinical practice

In supporting young men who are facing imminent fatherhood it is important to provide them with access to relevant supportive educational input. Prenatal classes should include some specific sessions for prospective fathers and provide opportunities to assist young men discuss their thoughts and concerns about impending fatherhood. It could also be useful to encourage young expectant fathers to engage in discussions about fathering and fatherhood with their own fathers and grandfathers. For those young men who do not have effective relationships with their own fathers, it could be useful to organise mentoring with experienced mature older men who have engaged in the fatherhood role.

Contributions

Study design: LW, DJ, JM; data collection and analysis: LW, DJ, JM and manuscript preparation: LW, DJ, JM.

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