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THE LIVED EXPERIENCE OF ADOLESCENT FATHERHOOD

Jill Marie Cousins

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THE LIVE EXPERIENCE OF ADOLESCENT FATHERHOOD

(Spine title: The Lived Experience of Adolescent Fatherhood)

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by

Jill M. Cousins

Graduate Program in Nursing

A thesis submitted in partial fulfillment
Of the requirements for the degree of
Master of Science in Nursing

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

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THE UNIVERSITY OF WESTERN ONTARIO
SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

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entitled:

The Lived Experience of Adolescent Fatherhood

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requirements for the degree of
Master Science in Nursing

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Chair of the Thesis Examination Board

Abstract

Research concerning adolescent pregnancy has focused primarily on the adolescent mother. The purpose of this research study was to explore the lived experience of adolescent fatherhood using a hermeneutic phenomenological approach. An overarching theme of *Sense of Duty* was identified with constituent themes of *Support and Encouragement*, *Relationship with Child's Mother* and *View of Self as Father*. This study concludes that engagement in the paternal role is important for these adolescent fathers. Support from others, an amicable relationship with the child's mother and viewing oneself as a capable father fostered a sense of paternal identity and a desire to fulfill their perceived obligation. Findings from this study serve to inform programs and services that support the adolescent father's relationship with his child, as well as nursing practice that is inclusive and supportive of the adolescent father.

Keywords: adolescent fatherhood, teen fathers, phenomenology, hermeneutics, thematic analysis

Co-Authorship

Jill Cousins completed this work under the supervision of Dr. Marilyn Evans and Dr. Patricia Tucker. Dr. Evans and Dr. Tucker will be co-authors of any publications resulting from this research.

Acknowledgements

As I complete my graduate thesis, *The Lived Experience of Adolescent Fatherhood*, I am grateful for all the support and guidance that I have received.

I would like to thank Chatham-Kent Health Alliance, London-Middlesex Health Unit and Smart Start for Babies (London) for their interest in this research project and their assistance with sample recruitment.

I would like to thank Dr. Patricia Tucker as a member of my thesis committee. I value her knowledge of adolescence and the research process and appreciate her suggestions and feedback.

I would like to express my gratitude to Dr. Marilyn Evans for her patience, support and guidance. I sincerely appreciated her suggestions when sample recruitment proved to be challenging and her encouragement when I didn't think it was possible to ever finish this manuscript. Thank you!

I owe a big thank you to the six fathers who volunteered to share their experiences of fatherhood with me. Your stories inspired me and you have forever changed my nursing practice.

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Chapter I

Introduction

In 2005, a total of 30, 948 adolescent pregnancies were reported in Canada (24.6 per 1000 young women) with 14, 013 of these pregnancies resulting in a live birth (Statistics Canada, 2008). Although Canada does not collect demographic data on fathers, the evidence suggests that the fathers of these babies will typically be 2-3 years older than the adolescent mothers (Bunting & McAuley, 2004; Elsters, Lamb, & Kimmerly, 1989); thus, it can be assumed that there is a young father involved with many of these live births.

Research concerning adolescent pregnancy and parenthood has primarily focused on the adolescent mother's needs and experience, resulting in a paucity of knowledge concerning the adolescent father. The experience and needs of adolescent fathers are not well understood and as a result their needs are often not considered in the development and implementation of health promotion programs and services.

Background and Significance

Evidence indicates fathers play an important role in maternal and child development. Paternal involvement has been positively associated with children's cognitive, social and emotional development (Levy-Shiff, 1982; Shinn, 1978; Wanless, Rosenkoetter, & McClelland, 2008), and has been shown to be an important factor in the mother's successful attainment of her maternal role (Coley & Schindler, 2008; Mercer, 2004). Although most adolescent fathers have an interest in assuming their paternal role (Rhein et al., 1997), it is reported that many will substantially decrease their paternal

involvement over time (Bunting & McAuley, 2004; Elsters, Lamb, & Kimmerly, 1989; Fagan, Bernd, & Whiteman, 2007; Marsiglio, Amato, Day, & Lamb, 2000).

Lyra (2004) suggests that the subject of adolescent pregnancy primarily focuses on adolescent motherhood. Society views the child as belonging to the mother, and considers promiscuity, irresponsibility and impulsivity as innate characteristics of an adolescent male thus perpetuating the assumption that the young father is disinterested in his fatherhood role (Cannon, 2001, as cited in Lyra, 2004) and perhaps even excusing him from it. Minimal opportunities for paternal support and education (Bunting & McAuley, 2004; Elster & Panzarine, 1980), and inadequate role support from the adolescent mother, grandparents and peers (Bunting & McAuley, 2004; Dallas & Chen, 1999; Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan, Bernd, & Whiteman, 2007; Reeves, 2006; Rhein et al., 1997) have been cited as reasons for an adolescent father's loss of engagement in his role of father.

Canadian laws make it possible for adolescent fathers to be excluded from the experiences of pregnancy, childbirth and childrearing. The unborn child is not recognized by Canadian legislation as a "human being" (Department of Justice Canada, 1985) and as such, cannot be recognized as a separate entity to its mother. This makes it very difficult for the expectant father to participate in the experiences of pregnancy or any decisions related to the pregnancy or his unborn child without the permission of the pregnant woman. An expectant father does not have any legal rights to a fetus that in the eyes of the law does not yet exist as a person until born and furthermore, there is no legislation compelling a woman to inform the biological father about her pregnancy. After delivery, the Vital Statistics Act, 1990 (Government of Ontario, 2009) requires at

least one of the biological parents register the newborn's birth. The Act does not require a single mother to acknowledge the newborn's biological father in order to process the birth registration, potentially denying the father's paternal rights to his child. Although adolescent mothers will often identify their baby's biological father on obstetrical records, many will decline to name the father on the birth registration (Phipps, Rosengard, Weitzen & Boardman, 2005). The young mother and the maternal grandmother often assume the role of "gatekeeper", determining the amount of involvement the young father will have with his child (Bunting & McAuley, 2004; Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan, Bernd & Whiteman, 2007; Rhein et al., 1997).

Most adolescent fathers would like the opportunity to play an active role in their child's life (Rhein et al., 1997) and many would benefit from support and guidance to successfully assume their paternal role (Elsters, Lamb, & Kimmerly, 1989; Weinman, Buzi, & Smith, 2005). Adolescent fathers are offered few opportunities by the health care and social system to assist them in attaining their new paternal role (Bunting & McAuley, 2004); in fact, Brown, Callahan, Strega, Walmsley and Dominelli (2009) suggest "ghost fathers" are contrived through the policies and practices of the child welfare system. They explain the concept of child welfare is built around the belief that mothers need to be educated and supported to fulfill their maternal role effectively. Furthermore, they suggest child protection policies do not hold fathers accountable for their absence and the process of the social worker locating these fathers and establishing a helping relationship with them is considered to be inefficient social work practice (Brown et al., 2009).

During a presentation at the United Nations' Commission on the Status of Women, Lyra (2004) called attention to the major limitation of research on adolescent pregnancy: lack of information about the adolescent father. He declared most of what is known about adolescent fathers has been acquired indirectly; that is, by asking those around the young father, rather than the father himself. Lyra further suggested when adolescent fathers do participate in research it generally does not address the issue of fatherhood, but rather the experiences of being an adolescent or single.

Nurses within hospital and community settings are well positioned to promote the health of adolescent fathers by providing them with support, resources and health education throughout pregnancy and postpartum. Traditionally, nursing practice has focused exclusively on the mother-infant dyad. Changing practice to be more inclusive of adolescent fathers and meeting their needs requires an in-depth understanding of their experience of fatherhood, their strengths, and their health needs. It is believed that such knowledge will help inform nursing practice, health promotion programming, health policy and social services regarding adolescent parents.

Literature Review

A literature search was conducted for this study using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and the combined keywords of "adolescent father" and "teen father". Literature that addresses the experiences of adolescent fatherhood is presented.

A grounded theory study conducted by Whitehead (2008) explored the relationships between adolescent women and their male partners after childbirth. The young mothers reported a sense of disappointment related to their partner's inability to

financially support his family. The researcher concluded the fathers' inability to provide for his family prompted the young women to view their male partners as dependents or children, and was a significant factor in the breakdown of the relationship between the young parents.

Fagan, Bernd and Whiteman (2007) examined the relationship between parenting stress, social support and the adolescent fathers' participation in care giving of their three month old infants. The researchers found the fathers' level of parenting stress was significantly and negatively related to both the fathers' and the mothers' perceptions of the young fathers' participation in infant care giving activities. Additionally, fathers who were involved in the pregnancy reported significantly lower parenting stress. The findings also demonstrated fathers' parenting stress and mothers' perception of the fathers' participation in care giving can be significantly moderated by the support received from the adolescent mothers' and fathers' parents.

Results from an ethnographic study conducted to explore the parenting experiences of ethnic minority adolescent parents in England identified five themes: positive and negative dimensions, the role of family in supporting young parents, the experience of young fathers, young parents' perception of social exclusion and the aspirations of young parents (Higginbottom, Owen, Mathers, Marsh, & Kirkhan, 2006). The researchers concluded that the needs and perspectives of adolescent parenthood among minority groups could not be generalized and that policy needs to consider the varying experiences of young parents. They also reported that the needs of young fathers are often overlooked, as services tend to focus on the needs of the adolescent mother.

Results of a naturalistic inquiry to describe adolescent fatherhood from the perspectives of the young men's mothers revealed seven themes: barriers to fatherhood, value of fatherhood, transition to fatherhood, competencies of fatherhood, role-set relationships, social norms of fatherhood, and father-child contact (Dallas & Chen, 1999). The paternal grandmothers expressed the most significant barriers to their sons fulfilling their fatherhood role were the age of their sons and the need for continued parenting. They viewed fatherhood as a transitional process whereby men are required to complete accomplishments such as education, employment, marriage and securing their own housing before they can successfully take on their father role – something they believe their sons have not yet fulfilled. The women regarded fathering as a non-essential role, secondary to the role of the mother explaining the mother can fulfill both roles if required to. They did not expect their sons' relationship with the baby's mother to last; however, the paternal grandmothers expected the adolescent mothers would provide their sons with support and cooperation to maintain the father-child relationship. These women also expressed concern that any negative experiences the maternal grandmother may have had with her own biological father could be transferred to a distrust of their sons' ability to fulfill their father role, negatively influencing the contact between the father and child. The paternal grandmothers presumed their sons would maintain a bond with the child if the father-child relationship was supported.

The literature reviewed reveals a knowledge gap concerning the parenting experiences of adolescent fathers, from the fathers' perspective. Research to date suggests that given an opportunity with adequate guidance and support, adolescent fathers will very likely strive to engage in their role as father; however, research also

appears to highlight societal values and the socioeconomic situations of certain adolescent fathers, potentially perpetuating the stereotype that these young men are disinterested in or incapable of fatherhood. There is a paucity of knowledge and understanding about the experiences and meanings of adolescent fatherhood from the perspective of the young father.

Study Purpose

The purpose of this phenomenological study was to gain an in-depth understanding of the lived experience of adolescent fatherhood from the perspective of young fathers.

Research Question

The phenomenological research question that guided this study was what is it like for an adolescent male to experience becoming a father? Intrinsic to this broad question were the following questions:

1. What meanings do adolescent fathers give to their experience of pregnancy, childbirth and being a father?
2. How do these experiences shape the adolescent father's perception of fatherhood?

For the purpose of this study, the term adolescent is defined as an individual between the ages of ten and nineteen years (World Health Organization, 2008) and who has experienced the onset of normal puberty, but has not yet assumed their adult identity or behaviour (Adolescent Health Committee, Canadian Paediatric Society, 2011). Additionally, the term fatherhood is recognized as a status that results from having a

biological child and further includes roles, duties and responsibilities that a father is expected to perform (Tanfer & Mott, 1997).

Declaration of Self

I bring to this research my knowledge and beliefs about adolescent fatherhood from the perspectives of having been a child of young parents, being a parent of adolescent boys and practicing as a perinatal nurse.

As a child, I was unaware my mother was an adolescent when she gave birth to me and that I was born just before my father graduated from high school; in fact, I can honestly say I do not ever recall a time when this would have been important for me to understand. I was a child to my parents because they conceived and gave birth to me, not because they had attained some arbitrary age that deemed them “old enough” to accept the responsibility of a child or because I was a “mistake” they had to make right. I was unaware that I did not have everything my parents had wished for me – I only remember having everything I needed. Our family grew in size as siblings were added several years after my birth and our socio-economic status improved significantly as my parents established their occupations and pursued their professional goals. I do not believe my childhood or any opportunities I have been provided with in life were any less because I had young parents and as such, do not believe adolescent pregnancies are “hopeless” or that their children will have a compromised life.

Although I experienced a wonderful childhood being reared by young parents, it is a circumstance I want my own adolescent sons to avoid. As I watch my sons I see that the responsibility of having a child at this young age would require maturity beyond their years. In spite of their increased independence, my husband and I are still parenting

them, preparing them for their adult lives when we hope they will demonstrate integrity, work hard, respect others and honestly just make decisions that will keep them alive and well. How could they be expected to make mature decisions for a baby if they cannot consistently make them for themselves? My sons are dependent on the family's resources for food, shelter and many of their basic needs; they simply do not have the resources to adequately provide for a child of their own and without a secondary school education, it is unlikely they ever will. My adolescent sons are uncomfortable providing infant care as evidenced by their awkward interactions with their infant cousins – yes, they love them but they have no idea how to be *with* them. I believe that adolescent fatherhood presents an enormous responsibility for the grandparents, as they would likely be required to extend their parenting role to include their grandchild.

When I began working in perinatal nursing as a registered nurse, I was surprised with the number of births to adolescent parents. I began to wonder whether these adolescent pregnancies were actually planned, as it appeared many in the adolescent parents' peer groups were also young parents. With birth control so readily available, how is it there are so many adolescent pregnancies? How is adolescent pregnancy viewed within this particular population?

It has been my observation and it is my belief that the maternal grandmother assumes the role of primary support person to the adolescent mother. She cares for, supports and encourages her daughter during childbirth and remains at her daughter's bed-side to assist her in caring for her new baby during her hospital stay.

The presence of the adolescent father is by invitation from the young mother; however, it is my belief that the maternal grandmother is a significant influence for the

father being present. When adolescent fathers are present postpartum it has been my observation that they often assume an observer role, deferring support and baby care to the maternal grandmother. I have seen the pride and love a new adolescent father demonstrates towards his newborn child; however, this passive behaviour may lead to the assumption that the young father is disinterested in his fathering role, when in fact he may be feeling uncomfortable, uncertain or unsupported.

A standard of practice in perinatal nursing care is to include the family as active participants in nursing care (Association of Women's Health, Obstetric and Neonatal Nursing, 2002; Health Canada, 2000) however, it is the new mother who defines her family and identifies its members (Health Canada, 2000). This practice makes it possible for adolescent fathers to be excluded from participating in his child's care, as many are not in a marital or common-law relationship with the mother to help preserve their membership in her family. In practice settings I have noticed that postpartum nurses tend to focus their health teaching regarding newborn care towards the adolescent mother and the maternal grandmother. I believe this practice is based on an assumption that it will be the maternal grandmother who provides consistent support to her daughter and grandchild once discharged home. I am uncertain why we tend to *excuse* the adolescent father from newborn health teaching sessions, but do find it interesting given nurses are reluctant to discharge a new mother home without feeling confident she has the knowledge and support she requires to meet her newborn's needs. What are the needs of adolescent fathers? How do they experience fatherhood during the perinatal period? How are the health care providers' actions perceived by adolescent fathers?

I acknowledge and recognize my past personal and professional experiences concerning adolescent parenthood, specifically adolescent fatherhood, have the potential to influence my interpretation of the interview data from this research study. Throughout this research study, I have engaged in the process of reflexive practice to critically reflect on any impact that my pre-conceptions may have had on this study's findings.

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Chapter II

Introduction

In 2005, a total of 30, 948 teen pregnancies were reported in Canada (24.6 per 1000 young women) with 14, 013 of these pregnancies resulting in a live birth (Statistics Canada, 2008). Although Canada does not collect demographic data on fathers, evidence suggests that the fathers of these babies will typically be 2-3 years older than the adolescent mothers (Bunting & McAuley, 2004; Elsters, Lamb, & Kimmerly, 1989); thus, it can be assumed that there is a young father involved with many of these births.

Research concerning adolescent pregnancy and parenthood has primarily focused on the adolescent mother's needs and experience, resulting in a paucity of knowledge concerning the adolescent father. The experience and needs of adolescent fathers are not well understood and as a result often not considered in the development and implementation of health promotion programs and services available for these young parents.

Background and Significance

Evidence indicates fathers play an important role in maternal and child development. Paternal involvement is positively associated with children's cognitive, social and emotional development (Levy-Shiff, 1982; Shinn, 1978; Wanless, Rosenkoetter, & McClelland, 2008), and has been shown to be an important factor in the mother's successful attainment of her maternal role (Coley & Schindler, 2008; Mercer, 2004). Although most adolescent fathers have indicated an interest in assuming their paternal role (Rhein et al., 1997), it is reported that most adolescent fathers will substantially decrease their paternal involvement over time (Bunting & McAuley, 2004;

Elsters, Lamb, & Kimmerly, 1989; Fagan, Bernd, & Whiteman, 2007; Marsiglio, Amato, Day, & Lamb, 2000).

Lyra (2004) suggests the subject of adolescent pregnancy primarily focuses on adolescent motherhood. Society views the child as belonging to the mother, and considers promiscuity, irresponsibility and impulsivity as expected characteristics of an adolescent male thus perpetuating the assumption that the young father is disinterested in his fatherhood role (Cannon, 2001, as cited by Lyra, 2004) and perhaps even excusing him from the responsibilities of fatherhood. Minimal opportunities for paternal support and education (Bunting & McAuley, 2004; Elster & Panzarine, 1980), and inadequate role support from the adolescent mother, grandparents and peers (Bunting & McAuley, 2004; Dallas & Chen, 1999; Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan, Bernd, & Whiteman, 2007; Reeves, 2006; Rhein et al., 1997) have been cited as reasons for an adolescent father's loss of interest in fatherhood and assuming the father role.

Legislation, specifically the Criminal Code of Canada, 1985, and the Vital Statistics Act, 1990, make it possible for adolescent fathers to be excluded from the experiences of pregnancy, childbirth and childrearing. The unborn child is not recognized by Canadian law as a "human being" (Department of Justice Canada, 1985) and as such, cannot be recognized as a separate entity to its mother. This makes it very difficult for expectant fathers to participate in experiences of pregnancy or any decision related to the pregnancy or his unborn child without the permission of the pregnant woman. An expectant father does not have any legal rights to a fetus that in the eyes of the law does not yet exist as a person and furthermore, there is no legislation compelling a woman to inform the biological father about her pregnancy. Once the child is born, the

Vital Statistics Act, 1990 (Government of Ontario, 2009) requires that at least one of the biological parents register the newborn's birth. The Act does not require an unmarried mother to acknowledge the newborn's biological father in order to process the birth registration, potentially denying the father's paternal rights to his child. Although adolescent mothers will often acknowledge their baby's father on obstetrical records, many will decline to identify the father on the birth registration (Phipps, Rosengard, Weitzen, & Boardman, 2005). The young mother and the maternal grandmother often assume the role of "gatekeeper", determining the amount of involvement the young father will have with his child (Bunting & McAuley, 2004; Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan, Bernd, & Whiteman, 2007; Rhein et al., 1997).

Most adolescent fathers would like the opportunity to play an active role in their child's life (Rhein et al., 1997) and many would benefit from support and guidance to successfully assume their paternal role (Elsters, Lamb, & Kimmerly, 1989; Weinman, Buzi, & Smith, 2005). Adolescent fathers are offered few opportunities by the health care and social system for assistance in attaining their new paternal role (Bunting & McAuley, 2004); in fact, Brown, Callahan, Strega, Walmsley and Dominelli (2009) suggest "ghost fathers" are contrived through the policies and practices of the child welfare system. They explain that the concept of child welfare is built around the belief that *mothers* need to be educated and supported to fulfill their maternal role effectively. Furthermore, they suggest child protection policies do not hold fathers accountable for their absence and the process of social workers locating these fathers and developing a helping relationship with them is often considered to be inefficient social work practice (Brown et al., 2009).

Significance to Nursing

Rogers (1998) states that the purpose of nursing is to promote health and well-being. The literature reviewed indicates the presence of an involved father is important to the health and well being of his child and the child's mother; therefore, it would seem that encouraging and supporting successful attainment of the paternal role is an interest to nursing.

Nurses are well positioned to accept the task of supporting the adolescent male to fulfill his new role as father. Their presence within high schools, health units, sexual health clinics and primary care offices enhance their accessibility to this population. Health promotion practices, such as family planning sessions, prenatal classes and well baby care, all provide an opportunity for nursing to include and support the adolescent father. Traditional nursing practice has focused on the mother-baby dyad. Changing practice to be more inclusive of adolescent fathers requires an in-depth understanding of adolescent males' experience of fatherhood, their strengths and their health needs. It is believed that such knowledge is important to inform nursing practice, health promotion programming, health policy and social services regarding adolescent parents.

Literature Review

A comprehensive literature search was conducted for this study using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and the combined keywords of "adolescent father" and "teen father". The literature search was limited to English only and within publication dates from 2005 until present to review current research on adolescent fatherhood. Additional research papers were found through the use of ancestry and descendent search strategies. Literature will be presented within the

contexts of (1) the transition to paternal role, (2) adolescent fathers, and (3) challenges to adolescence.

Transition to Paternal Role

The transition to fatherhood presents complex life changing experiences. Jordan (1990) conducted a grounded theory study to describe the typical life events associated with expectant and new fatherhood. The research sample consisted of expectant and recently new fathers (n=56) whose ages ranged from 20 to 41 years, and who reported to be living with their child's mother. The results revealed that the main task of expectant fathers is "laboring for relevance", whereby the father works to understand his new paternal role in relation to his sense of self and the roles he must fulfill, endeavors to integrate this role into his personal identity, and strives to be regarded as an involved father. This process occurs within the context of the man's environment and is influenced by his interpersonal interactions within this environment that serve to either advance or thwart his progress. Jordan states fathers are not always recognized by society as a parent by their own virtue, but rather as the provider or support person for their family. She describes the mother having powerful influence over the father's struggle for recognition as a parent since she can choose to encourage and accept his involvement in child rearing, or make the father role secondary to her own.

Draper (2003b) utilized data from a longitudinal ethnographic study on men's experiences of pregnancy, birth and early childhood and explored it through the lens of ritual transition theory. The sample (n=18) was inclusive of both new and experienced expectant fathers and all reported to be in stable relationships with their partners. These men identified the announcement of the pregnancy as the beginning of their transition to

fatherhood and the mother and baby being discharged home from the hospital as the end. Pregnancy was described as isolating, redundant and frustrating, as they were not able to experience the pregnancy in the same manner as the pregnant woman; they had to experience it through her. Draper suggests the birth of the child physically defines the point in time at which a man becomes a father, but the role of father is not completely integrated into the man's identity at this time. The new father experiences a temporary displacement between his previous, ordinary world and the world that includes his child. He no longer fits in his former life, yet cannot move forward with his new life as a father until the mother and his child are discharged home.

Draper (2003b) and Jordan (1990) have both emphasized the significance of the child's mother in the transition to fatherhood within the adult male population. The following research will focus on the adolescent male's experiences with the transition to fatherhood.

Reeves (2006) used narrative interview technique to collect the stories of ten young fathers' transitioning to fatherhood. These young men described their pre-pregnancy behaviour as irresponsible, disruptive, and careless. Those who were awaiting the birth of their child at the time of the study reported making an effort to become more responsible in preparation for their paternal role, while those who were already young fathers reported an even greater commitment to changing their behaviour and how they view their own life. The young men identified their child and the child's mother as catalysts to becoming a responsible father, crediting them with "rescuing" them from a previously destructive lifestyle. The young men reported that their child and the child's mother provided incentive for the young fathers to reconcile relationships with their own

fathers, as well as re-invest in a relationship with the young mother's family. Reeves states that the findings support the idea that identities, including that of father, are created via experiences, relationships and language.

Dallas (2009) performed a secondary analysis of data from a longitudinal case study examining paternal involvement of unmarried, low income Black adolescent fathers to explore the interactions between adolescent fathers and health care professionals from the perspectives of the young father's families. Interview data were collected from 25 unmarried, black adolescent fathers, 25 unmarried adolescent mothers, 50 maternal and paternal grandmothers and 11 maternal and paternal grandfathers. The interactions between fathers and health care providers were described as supportive, neutralizing or distancing. Most health care providers were reported to be supportive towards the adolescent fathers, praising and supporting their efforts to fulfill their new fatherhood role. Dallas suggests supportive interactions by caregivers may assist an adolescent's transition into the fatherhood role and the interactions can provide lasting encouragement for both adolescent parents and their children. Neutralizing interactions between the adolescent father and health care providers was the second most common reported type of interaction, and was characterized by the tendency to direct interactions towards the young mother, failing to recognize the role of the adolescent father. Distancing interactions between the young father and health care providers were reported to be the least common type of interaction and blatantly deny the adolescent fathers' new role, potentially hampering the youth's transition to fatherhood as well as his relationship with the mother of their child. Dallas asserts adolescent fathers require as much support

from health care providers as the adolescent mothers to enhance their transition to parenthood.

A constructionist enquiry by Frewin, Tuffin and Rouch (2007) was used to glean understanding of adolescent fathers' transition into fatherhood. Interviews were conducted with 12 adolescent fathers who shared their reconciliation of the conflicting identities of adolescent and father. The adolescent fathers reported fatherhood that has prompted a sense of responsibility and a need to fulfill the father role for their child. Although some of the adolescent fathers reported they occasionally engaged in behaviours more typical of adolescent boys, each of them were clear on their new father role and each struggled to transition to fatherhood and establish their identity as a 'father'. Frewin et al (2007) concluded that the adolescent fathers' intentional and active commitment to reconciling their dual identities of adolescent and father fosters a sense of mastery over this new role.

The literature concerning the adolescent father's transition to fatherhood highlights the significance of the father's environment to his successful transition to father: his environment and the people within it have the ability to support his new role, or to discourage it. The child's mother is a powerful influence on the father's transition in both groups as she affects the role of the child's father in his ability to equally parent, or to assume a role secondary to hers.

Adolescent Fathers

Fagan, Bernd and Whiteman (2007) examined the predictors of adolescent fathers' participation in care giving activities with their children born to adolescent mothers. Interviews were conducted with 50 adolescent father-mother dyads during the

last trimester of pregnancy and again when their child was three months old. The results indicated that adolescent fathers experience a moderately high level of parenting stress and that the higher the level of parenting stress, the less likely the adolescent father will participate in care giving activities with his child. Fathers who were involved throughout the pregnancy reported significantly lower parenting stress and were found more likely to be engaged in care taking activities with their three month old child than those who were not involved prenatally. The level of the adolescent fathers' parenting stress and the adolescent mothers' perception of the adolescent fathers' involvement in their child's care were shown to be moderated by the support from the adolescent mothers' and fathers' families.

Higginbottom, Owen, Mathers, Marsh, and Kirkhan (2006) conducted an ethnographic study to explore the teenage parenting experiences of ethnic minority young parents in England. Surveys, focus groups and individual interviews were conducted with 136 young mothers, young fathers, grandmothers and service providers. The small number of adolescent fathers (n=6) was attributed to few of the young mothers having lasting relationships with their baby's father. Five themes were identified: positive and negative dimensions, the role of family in supporting young parents, the experience of young fathers, young parents' perception of social exclusion, and the aspirations of young parents. The researchers concluded that needs and perspectives of adolescent parenthood among minority groups could not be generalized and that policy needs to consider the varying experiences of young parents. It was also identified that the needs of young fathers are often overlooked, as services primarily focused on the needs of the adolescent mother.

Whitehead (2008) conducted a grounded theory study to explore how pregnant adolescent women viewed their relationship with their baby's biological father. Interviews were conducted prenatally with 47 adolescent women. Three major themes emerged to describe the women's relationship with their babies' fathers: (1) the baby's father's age, (2) the father's education and employment status, and (3) the ability of the baby's father to provide financial support. Fathers who were unable to financially provide for their family were viewed as immature and the mothers did not perceive any value in sustaining the relationship. Whitehead suggests a young father's lack of ability to provide for his partner and child is a contributing factor to the phenomenon of the absent father.

Tan and Quinlivan (2006) used a prospective cross-sectional analysis to explore the influence of demographic and early interpersonal family relationships on fatherhood where the mother is a teenager, compared to where the mother is over 20 years of age. It is important to note that the sample in this study was not exclusively adolescent fathers, however it was inclusive of this population. Poor educational achievement and low socioeconomic status were determined in this study to be predictors of fatherhood in teen pregnancy. Fathers of teen pregnancy reported poor relationships with their parents, describing it as either negative or absent, and many were exposed to family violence, separation and divorce at an early age. Tan and Quinlivan (2006) express concern that these young fathers may be lacking a positive paternal role model.

Taylor (2009) performed a secondary analysis of data from the Wisconsin Longitudinal Study to examine the midlife outcomes of adolescent parents at prospective follow up at 18 and 35 years following birth of their child. The adolescent child bearers

were found to have a lower level of education and less prestigious jobs than the delayed child bearers at the 18 year follow up however, the adolescent parents were just as likely to be working, to experience job satisfaction and to have comparable household incomes as the delayed child bearing group. Similar results were reported at the 35 year follow up, with the significant difference between the early child bearers and the delayed child bearers being that the early child bearers were less likely to be married to their first spouse, and they tended to have a poor perception of their midlife health. It is important to consider that the original teen sample was identified as an advantaged group: prior to the birth of their child, all sample subjects had graduated from high school, 96% of the teen parents were married, and 60% of the teen parents were living above the poverty line.

Quinlivan and Condon (2005) used a cross-sectional cohort study to compare psychological signs and symptoms between adolescent and non-adolescent expectant fathers during pregnancy. The 50 fathers who participated in the study were not adolescent fathers exclusively, but were inclusive of this population. Data were collected through interviews conducted at 22 weeks gestation and from the completed Hospital Anxiety and Depression Scale (HADS) and the 28 question General Health Questionnaire (GHQ-28). Of the fathers involved in an adolescent pregnancy, 36% reported being homeless or having unstable living conditions and experienced increased symptoms of anxiety, and depression was reported on their HADS and GHQ-28 scores. Multivariate analysis demonstrated a significant relationship between high HADS scores and younger age of fatherhood ($p=0.026$) and exposure to domestic violence under the age of 5 years ($p=0.050$). The presence of a paternal grandfather was demonstrated to have a protective

quality for the fathers and was associated with a lower HADS score ($p=0.030$). Fathers within the setting of adolescent pregnancy predicted their own lifespan to be on average 15 years shorter than those fathers in an adult pregnancy. Quinlivan and Condon conclude fathers of adolescent pregnancy experience signs and symptoms of psychological concerns and require services along with the adolescent mother.

Thus research concerning adolescent fatherhood emphasizes the risks early fatherhood presents to the adolescent's engagement in his father role as well as his psychological well being. The need for services and support for the adolescent father is well supported in the literature.

Challenges to Adolescence

Herrman (2008) conducted an ethnographic study to investigate adolescents' perceptions of teenage pregnancies. Both adolescent parents and non-parents considered at-risk for adolescent pregnancy ($n=120$) participated in focus groups where they were asked about the costs and rewards of teen childbirth. Three categories emerged: (1) Impact on relationships, (2) Impact on vocation, and (3) Impact on self. The participants expressed that a pregnancy would impact their relationships in both a positive and negative manner. The non-parents believed that many friendships would be lost, but the adolescent parents reported that new ones would be gained. There was a perception among the non-parent participants that adolescent pregnancy causes the male partner to leave his relationship with the mother, while the adolescent parents felt a pregnancy supported a closer relationship between the young parents as the child presents a common bond between them. The adolescent parents reported that balancing the demands of work, school and childrearing was difficult, but felt adolescent parenting could have a

positive impact on their lives as children provided an incentive to achieve in school and to work harder to provide for the child. Most of the adolescents in this study described living in poverty and did not believe that the benefits of early parenthood would balance out the financial stresses. Herrman concludes that although the adolescents identified some benefits to adolescent parenting, most believed that early parenthood would be difficult. Additionally, Herrman states that the adolescents' responses regarding responsibilities and relationships associated with adolescent parenthood were naïve, which fits with their developmental level.

Erikson's (1962) theory of psychosocial development offers a prominent perspective on adolescent identity development. He theorizes that although one's identity is developing throughout childhood, it becomes a developmental crisis during adolescence. Erikson explains identity formation as both a psychological and social process. This process of identity formation requires that the adolescent test the extremes of fidelity and diversity, and alternate between conformity and rebellion, before settling on those beliefs and values that characterize their personal identity. This created identity is experienced by the adolescent as consistent over time and makes them identifiable as a member of their group(s). Successful resolution of this crisis provides the adolescent with the virtue of fidelity. Erikson describes fidelity as loyalty, devotion, sincerity and conviction (Erikson, 1961) and states that it is important that the virtue of fidelity be established during adolescence in order for the individual to assume their adult identity within society (Erikson, 1962). Fidelity and identity must be established during youth as, "the human youth is unable to love in that binding manner which only two identities can

offer each other, or to care consistently enough to sustain parenthood” (Erikson, 1962, p.12).

Marcia (1980) viewed identity as a flexible dynamic structure that begins to develop in early infancy and continues through to old age. He identified adolescence as a significant time in identity development as developmentally the adolescent has the skills to integrate identities from childhood in order to build a core identity structure to move into adulthood. Marcia recognized four identity statuses that characterize how adolescents progress in finding their identity structure. Identity achievement describes the status of the adolescent who has experienced a developmental crisis and is pursuing their self-chosen goals and occupations. Foreclosure describes those adolescents who are obligingly following goals and occupations chosen for them; adolescents who experience foreclosure have been shown to be the least autonomous of the identity statuses and have the highest need for social approval (Orlofsky, Marcia, & Lesser, 1973). Identity diffusion characterizes those adolescents who may or may not have experienced a developmental crisis and who have not identified any career or personal goals. Lastly, moratorium represents those adolescents who are struggling with their identity issues – they are experiencing an identity crisis.

Adolescent fatherhood presents many challenges to the male youth. The environment and the people in it significantly influence an adolescent’s transition to the paternal role. Developmentally the young man may not have achieved a sense of his own identity or acquired the quality of fidelity and this raises uncertainty regarding the young man’s ability to sustain committed relationships.

The current literature on adolescent fathers shows there is a dearth in the knowledge concerning this population, particularly as it pertains to understanding the experience of fatherhood from the perspective of the adolescent father. Although most literature presented in this review is inclusive of adolescent fathers, it is not exclusive to their perspectives. Data collected in these studies were generated from a variety of sources – grandparents, mothers, service providers – not specifically or exclusively from the adolescent father. What this study adds to the current body of knowledge concerning adolescent fathers is an understanding of the meaning of the experience of adolescent fatherhood exclusively from the perspective of the adolescent father.

Study Purpose

The purpose of this phenomenological study was to gain an in-depth understanding of the lived experience of adolescent fatherhood from the perspective of young fathers.

Statement of Research Questions

The phenomenological research question that guided this study was what is it like for an adolescent male to experience becoming a father? Intrinsic to this broad question were the following questions:

1. What meanings do adolescent fathers give their experience of pregnancy, childbirth and being a father?
2. How do these experiences shape the adolescent father's perception of fatherhood?

Methods

Methodological Design

This study used a hermeneutic phenomenological design, guided by van Manen's framework to researching lived experience (vanManen, 1997). Phenomenology is the study of phenomena (van Manen, 1997) and provides a method for exploring the realities embedded within lived experiences of humans (Polit & Beck, 2008). Based on the phenomenology of Heidegger (1962), hermeneutic phenomenology studies the person within the context of their lives; it aims at gaining an in depth understanding of the meaning of our everyday experiences in the world in which we live (van Manen, 1997). Using a phenomenological lens allowed the research to explore in depth the lived experience of fatherhood from the perspective of adolescent males and to uncover the meaning in the essence of this experience.

van Manen's (1997) framework for hermeneutic phenomenology is interested in our *lifeworld* as we experience it through the existentials of the lived body, lived space, lived time and lived relation to the phenomenon of interest. Lived body refers to the fact that we each have a bodily presence in our world. Our bodily presence reveals and conceals something about our *selves* to the world, and others in it. Lived space refers to our own unique world or landscape where we fundamentally exist and create a sense of 'home': our space affects how we feel and it is suggested that we become our space. Lived time represents our subjective time of past, present and future: our memories, our hopes and our expectations. Lived relation acknowledges that each one of us shares our space in this world with others; interacting with others allows us to transcend our *selves*. Although these existentials can be discriminated from one another, they cannot be

separated from one another, as it is through their unity that they form our lifeworld (van Manen, 1997).

Phenomenology research makes use of other's experiences in order to generate a deeper meaning or understanding of a given phenomenon within the context of the total human experience: by collecting the "data" of other's experiences, the researchers become more experienced themselves (van Manen, 1997). van Manen (1997) suggests that the phenomenological interview serves to provide the vehicle for communicating an in-depth understanding of the human experience and allows a conversational relationship to develop with the interviewee about the meaning of that experience. He further states that the hermeneutic interview encourages collaboration between the interviewer and interviewee as they work together as co-investigators interpreting the significance of early descriptive themes.

Sample Recruitment

It is the nature of phenomenological inquiry to seek out a small number of information rich cases that will yield an in-depth understanding of the phenomenon of interest (Patton, 2002). Key contacts (i.e. nurses, physicians, social workers) from medical offices, health units, community agencies and organizations that service adolescents within Southwestern Ontario were contacted by the researcher and informed of this study. These individuals were asked to assist with sample recruitment by posting advertisements about the study within their agencies and distributing recruitment posters to young men who met the following eligibility criteria: (1) at least 16 years of age at the time of recruitment; (2) became a first time father between the ages of 14 and 19 years;

(3) whose children are two years of age and younger; (4) have contact with their child (e.g. visit, caretaking or live with); and, (5) were able to read and speak English.

The eligibility criteria were determined with specific purpose. Study participants were required to be at least 16 years of age to consent for their own participation in this study. Including participants less than 16 years of age would have required parental consent. It was believed that requesting parental consent may present a barrier to study participation. Literature reviewed in preparation for conducting this study states that many adolescent fathers decrease their interest in their paternal role over time; therefore, it was decided that recruiting for this study would focus on relatively new adolescent fathers (within the past two years). Data collection was completed by in-depth interview, therefore it was necessary that the young men were able to understand English as well as have experience participating in their children's lives.

Potential study participants voluntarily contacted the researcher by telephone. Information concerning the study and participation was provided and participant eligibility confirmed. A mutually agreed meeting time and location were determined with eligible participants choosing to participate in this study. At the beginning of the face-to-face meeting, the letter of information was reviewed with the participant and written informed consent was obtained. Each participant was given \$20.00 as a token of appreciation for taking part in the study.

Sample

A purposeful sample of six young fathers from the London and Chatham Kent area was recruited for this study. All the participants were Caucasian and between 17 and 19 years of age (one-17 years old; one-18 years old; four -19 years old). Their children

ranged between the ages of 1 day to 2 years. The father of the one-day-old newborn had been very involved in the pregnancy, was present for his child's birth, and was rooming in with his girlfriend and child at the time of the interview. Five of the adolescent fathers were present for the birth of their child and one father was not present for the birth of his child as his girlfriend went into labor unexpectedly and his baby was born prematurely.

All fathers reported regular visits with their children with three of the fathers identifying themselves as residential fathers, one of whom had sole custody of his child. Two fathers were in common law relationships with their child's mother, three reported fragile relationships with their baby's mother, and one young father reported no contact with the mother of his child. With the exception of the adolescent fathers who were in common law relationships with their child's mother, all other fathers were residing with family or friends. One of the fathers reported insecure housing and homelessness during his partner's pregnancy.

Three young men had completed their high school education, while the remainder continued to pursue their grade 12 education. Three men reported having regular employment, with all young fathers completing "odd jobs" for income. Many of the young fathers identified receiving financial support from family members.

Ethical Considerations

Ethical approval was received from the Office of Research Ethics, University of Western Ontario to conduct the study. In addition, formal approval was received from the London Middlesex Health Unit and the Chatham Kent Health Alliance in order to recruit potential study participants from affiliated programs.

Participation in this study was voluntary. Prior to interviewing, the researcher reviewed the Letter of Information (see Appendix A) with each study participant and signed informed consent was obtained.

Each interview transcript was coded with a fictitious name to protect the anonymity and confidentiality of the study participants. Research data was stored under a password protected computer file, only accessible by the researcher. Personal information on each study participant and research data were stored separately, and securely. Once data analysis was complete, all personal identifiers and research data were destroyed.

Data Collection

Data were collected through individual, in-depth, face-to-face, unstructured interviews. The interviews were approximately 45 minutes to 1 hour and 15 minutes in duration and occurred in a safe, private meeting area and at a time convenient to the young father. The researcher utilized an interview guide (see Appendix B) to encourage data provision to ensure the discussion remained close to the phenomenon of fatherhood. The participants were invited to share their experience by starting with the grand tour question, "What is your experience of fatherhood?" The researcher employed active listening techniques such as open posture, paraphrasing, reflecting and use of silence to encourage conversation and deeper reflection from the participants. All interviews were audio recorded and transcribed verbatim by the researcher for the purposes of data analysis. A reflexive journal was used to record the researcher's insights and reflections during the data collection process; to reflect on emotions evoked during data collection and explore the researcher's beliefs about adolescent fatherhood (Polit & Beck, 2008). Field notes were also maintained to record the researcher's observations, experiences and

thoughts during data collection (Polit & Beck, 2008). Such notes were inclusive of the participants' non-verbal behaviours or emotional response, in addition to providing a medium to work through early insights into the research.

Data Analysis

According to van Manen (1997), the purpose of phenomenological reflection is to understand the essential meaning of a phenomenon: in this case, the experience of adolescent fatherhood. He proposes that such insight can only be attained through a process of clarifying the structures that give meaning to the lived experience. The process which he refers to as Thematic Analysis, served as the means to extract the themes that were embedded within the developing meaning of adolescent fatherhood, as described by the study participants.

Data collection and data analysis occurred concurrently. The researcher transcribed verbatim each audiotape into electronic files. Each transcribed interview was compared to the audio-recorded interview to ensure accuracy of the text prior to beginning the analysis of the text data set. During the process of thematic analysis, each transcript was carefully read in its entirety to gain an overall understanding of the young men's' storied experience of fatherhood. Next the transcripts were re-read several times and statements or phrases that appeared to be revealing of the experience of adolescent fatherhood highlighted. Interpretive summaries were made of the selected statements and coding of concepts was conducted until common meanings in what was being expressed and shared among the participants were noted.

Van Manen (1997) emphasizes that it is important to differentiate between incidental themes and essential themes that have emerged from the data. Essential

themes are truly descriptive of the phenomenon of adolescent fatherhood; incidental themes are secondary and not essential to the meaning of the described phenomenon. van Manen's (1997) process of free imaginative variation was used whereby this researcher verified the essentiality of the theme to the experience of adolescent fatherhood by determining if the phenomenon would be the same if the given theme was changed or eliminated. This identification of the phenomenon's essential themes is the goal of thematic analysis (van Manen, 1997).

Rigor

The evaluative criteria used to establish rigor was Lincoln and Guba's framework (1985) of credibility, transferability, dependability and confirmability.

Credibility is achieved when the research findings are considered believable by those who read it (Lincoln and Guba, 1985). Van Manen (1997) states that good phenomenological description will allow the reader to identify with the experiences of the research sample, recognizing the findings as something they themselves have experienced, or could potentially experience eliciting what he refers to the "phenomenological nod" (p. 27). A judgment of credibility requires a rich description of the research: "A full, embodied, multifaceted, multilayered, thoughtful, sensitive, impassioned description of the human experience" (Munhall, 1994, p. 193). The many aspects of the experience of adolescent fatherhood are described in detail and include verbatim quotes from the participants' interviews to allow the reader to experience the sentiment of the adolescent fathers. Techniques of prolonged engagement with the participants, debriefing with thesis supervisor and member checking further assisted with the establishment of credibility. All six study participants consented to participate in the

member checking process; however, only three of the participants were successfully contacted. Preliminary themes were reviewed with the three adolescent fathers during a telephone interview, each confirming the accuracy of this early data analysis.

The criterion of transferability represents the extent that a study's findings can be transferred to contexts beyond the limits of that study (Lincoln & Guba, 1985). The written description of the interpretation of the lived experience evokes feelings of similarity in the reader's own circumstance (Munhall, 1994). The description of the research context, the sample subjects and the research findings within this text provides sufficient information for the reader to determine the fittingness of this research's findings to other contexts.

Dependability and confirmability reflect the quality of the research process and consequently the degree that the study's findings are supported by the collected data (Lincoln and Guba, 1985). Evaluation of the study's research process was conducted through establishment of a research audit trail. Researcher biases and presuppositions were made explicit through reflexive journaling and additional notes were recorded in a field journal. All audio-recorded interviews were carefully transcribed verbatim and the process of thematic analysis was sufficiently documented.

Findings

The adolescent fathers' experience of fatherhood was illustrated through the overarching theme *Sense of Duty* with constituent themes of *Support and Encouragement*, *Relationship with Child's Mother*, and *View of Self as Father*. The themes are further described in the following text with supportive direct quotes. Pseudonyms have been assigned to protect the identity of the study participants.

Sense of Duty

Most of the adolescent fathers stated that the pregnancies were unplanned and the decision to have and raise the child was ultimately the sole choice of the young mother. Colin states, *"I had no say in the matter, right"*. However, they all emphasized a sense of duty in fulfilling the father role for their children. They simply had to "deal with it" and "get on board with everything". Joe explains, *"If you have any morals or anything you should take care of your baby"*. Some fathers expressed it was their "responsibility" and the "right" thing to do.

"You know, it's not the right time, but when he does come, I know I'm gonna take care of him and that's just, that's just what people should do and not, you know, toss him aside for another person to take care of him." Derek

"I could never ever quit. Like I told her from day one-if you're going to have this baby you know that I just can't walk away. She's like the whole time, 'You know if you want you can leave. You can just take off and I won't ask you any questions. I won't make you pay child support'... I cannot do that, it's just not in me. I can't do it so..." Colin

Support and encouragement. All of the adolescent fathers underscored the importance of receiving support and encouragement in fulfilling their father role. The participants described support and encouragement as coming from family, friends and community.

Family. The young men emphasized the support of their families, indicating that they would be "screwed" without it. Colin states, *"None of us are, are able, are ready to provide yet."*

The most significant source of family support was reported to have come from both maternal and paternal grandparents in the form of money, supplies, food, housing,

encouragement and role support. Joe explains, *"The biggest thing was support from everybody has helped out a lot....I would still do it without the support but the support definitely, it makes it so much better because you're not afraid of letting people down."*

In many instances the child was being raised in the maternal grandparents' home and the grandparents were described as having an active role in child rearing. A couple of adolescent fathers identified this support as "overbearing" which made it "harder" for them to be a father to their child. Some of the fathers felt they were simply sitting on the "sidelines" when describing their father role. Others described receiving discouraging comments from family members about their efforts at parenting their child. As Justin stated:

"They don't think we can do it. Like everyday it's like, 'Did you pack a sweater?', 'Did you pack extra diapers?', 'Do you have bottles?' and it's like, we've been doing this for over a year now – we know what we're doing."

Justin shared that he was conflicted with his new paternal role, resulting in a temporary absence from his daughter's early life. He stated that he wished his own family was supportive and indicated that the absence of his family's support contributed to his absence from his daughter's life: *"I was afraid and not comfortable talking to her family about it. I wanted my own family there that I could lean back on and like, 'Am I doing this right?'"*

Friends. Many fathers identified a small number of their friends as additional sources of support and encouragement; in fact, they reported that their social circles became smaller as those friends who could not accept or support their paternal role left the friendship by either their own choice, or the adolescent fathers'. As Scott stated regarding his reaction to the attitude of one of his friends: *"I don't need your negative*

attitude around me or my child: I'm trying to be the father I can be. I don't need it. I don't need you making me feel low of something that I'm doing that's good."

Many fathers reported that establishing friendships with other adolescent parents was often meaningful and helpful. Nick shares, *"It's kinda good when they have babies too so we can all relate in a way."*

Community. Many of the adolescent fathers reported mixed feelings about the support and encouragement they received from members of their larger community. The adolescent fathers expressed that the health care providers often focused on the adolescent mother's needs, making them feel "left out" and that they "don't matter" or will "screw up" as a father.

Community prenatal programs for adolescent parents were reported to focus their content primarily on the needs of the adolescent mother.

"They didn't answer any of my questions – what about us? Because no one ever thinks, because most times when it's a teenage father, 'well ok in a few months he'll be gone' but what about the guy who actually wants to stick around and they want to know and they want to get help?" Colin

Nurses and physicians were described as directing care to the adolescent mother and the baby, excluding the adolescent father. In describing the care received in the hospital setting Derek stated: *"When the nurses come in it's like 'ok mom, let's feed him' or 'ok mom, let's give him a bath'. Why not 'ok mom and dad, let's give him a bath'."* Similarly, Nick speaks of his experience with his newborn child's physician: *"The docs come in and they tell the mom everything but they won't even look at the dad. Like they don't even matter, it's just the mom."*

Although one participant accepted these actions by health providers, stating it was “*all about the mom*”, the other young men described feeling left out of services and health teaching that they needed because they were considered just “teen dads” and having limited knowledge. Colin explains: “*They’re just like, you know, well he’s a teenage father; he doesn’t need to know anything.*”

Scott reported that his positive experiences with his local Children’s Aid Society assisted him in taking initial steps in successfully assuming his role as a single father by facilitating contact with other community agencies that could help meet his needs. Although he indicated that there are community support services available for adolescent fathers, he stated that it is important to find someone who can help young fathers find them: “*If you find the right contact, you got all the help you need.*”

Relationship with child’s mother. All of the young men reflected on their relationship with their child’s mother and described it as “good”, “strained” or “absent”. This mother-father relationship was identified by the adolescent fathers as significant to successfully fulfilling their paternal duties. Many participants stated that it was important for them to take care of the mother and “keep her happy” in order to ensure that their child was well taken care of. Derek states, “*You’ve got to be there for her, right, because you know if you don’t take care of her, your baby’s not getting taken care of.*”

The fathers reported the children’s mothers’ could deny them access to his child or make requests, such as financial support, that the adolescent father could not afford.

“[She] herself is a small, small reason I stick around. I just don’t want her to change her mind and go back to, ‘ok well I want you to pay child support even though you come and see him 5 days a week’.” Colin

Many young men discussed the non-permanent nature of the relationship with the child's mother stating that it was very important for their child to be able to identify them as their "real" or "true" dad in the presence of other father figures. Scott explains: *"A kid can have as many fathers as they want but still know their true dad."*

View of self as father. Many of the young fathers shared that learning they had fathered a child was "rough", "hard", and "devastating". Participants stated having regrets about becoming a father at such a young age, but were not disappointed or unhappy about their child's presence in their lives. Scott shares his experience: *"Regrets, yes - the fact that I never fully got to stay in high school and get my grade 12 - but regrets of him being with me, no."*

Many of the young fathers stated that they first began to identify themselves as a father before the birth of their child. One young man suggested that he began to make a "shift" in his identity as soon as he learned of the pregnancy. Others identified that the pregnancy and their fatherhood role became real once they heard their unborn child's heartbeat or saw the image of the fetus on ultrasound. The fathers talked about the importance of being involved throughout the pregnancy as it helped them to "prepare" for fatherhood, to "bond" with their baby and to keep thoughts of their child and fatherhood from slipping into the "back of [their] head". Derek speaks to the importance of his participation in prenatal activities: *"I betcha if I didn't go through all this stuff with her I probably, I probably wouldn't be here today."*

The young men spoke of wanting to provide a quality of life, a "better" life for their child. However, many acknowledged limitations in their ability to do this but expressed hope to provide more for their child in the future. Many participants talked

about furthering their education to provide for their family and serve as a role model for their child.

One young father explained that if both the child's mother and he had a college education, then their child would likely do the same.

"I've already opened a bank account and started putting money in there for the baby's education. I think that's pretty important. If I have my education and [the mother] has her education there should be no reason for the baby not to." Joe

Two young fathers shared that the birth of their child inspired them to change life directions from one that was plagued with substance abuse and trouble with the law, to one that their child could be proud of, model themselves after. Justin credits his child and his child's mother with saving his life: *"I'm pretty sure if it wasn't for her, by this time I'd be dead because of the lifestyle I was living."*

All of the young men spoke about the term "teen" fathers. They reported that "teen dad" was an "offensive" label that implied that they were going to "screw up"; they simply "can't do it", not "fit enough" and will "bugger off". One young man explained that such comments make young fathers' feel like they have just "wrecked" their life. The young men stated that they are "dad", and the fact that they are teenagers does not waive them from their obligations to their child or their desire to take care of their family. As Derek states: *"It's not like he's going to grow up and say, 'Hey teen dad'. He's not – it's just 'Dad'."*

Many of the adolescent fathers reported challenges of balancing roles and responsibilities of being a male youth as well as a father; for example, school, work and family. Justin states:

"It's a handful – trying to balance everything 'cause [I'm] trying to find a job to support her. I'm on welfare right now as well so I don't get too much money to help out, so it's kinda like [I'm] trying to find a job with limited job experience, no diploma while trying to get a diploma raising this kid."

Another father identified that the biggest challenge to fatherhood was actually "stepping up" and putting the child's needs before his own.

"You can tell when it's happening 'cause you'll stop hanging out with your friends more, you'll start concentrating on your son or daughter, or like, when you'll – instead of taking the money and blowing it on booze or something for you, you spend it on the kid. You get his needs first ..." Scott

Most of the adolescent fathers viewed "father" as an important and positive aspect of their identity. They got "respect" for their paternal identity and people were "proud" of them for assuming their paternal duties. Nick boasts, *"I'm someone, not just a punk kid."*

Discussion

The findings of this study revealed the overarching theme of *Sense of Duty* to describe the meaning of adolescent fatherhood from the perspective of young fathers. The Merriam-Webster on-line dictionary (2011) defines 'duty' as "obligatory tasks, conduct, service or functions that arise from one's position"; a "moral or legal obligation". Previous research has suggested that adolescent fathers have a desire to be a part of their child's life (Parra-Cardona, Sharp & Wampler, 2008; Frewin, Tuffin, & Rouch, 2007). However, participants in this study suggested that fulfilling the father role for their child was more than a desire: it was the "right" thing to do in spite of the "regret" that they reported for becoming fathers at this point in their lives. The suggestion that fulfilling the fathering role was the "right" thing to do reflects an

obligation that is inherent to their beliefs about what it means to accept their paternal role and its responsibilities.

Jordan (1990) states that society expects fathers to fulfill the role of provider and support person for their families. Although providing for and supporting their families was identified as important traits of a father by the participants in this study, their need for family support and assistance to meet these responsibilities were emphasized. A father's ability to financially provide for his family contributes to the sustainability of the relationship with his child's mother (Whitehead, 2008). The father-mother relationship has significant influence on the adolescent father's ability to fulfill his paternal role (Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan Bernd, & Whiteman, 2007; Jordan, 1990; Rhein et al., 1997) and participants from this study indicated a need to "keep mother happy" in order to ensure the well being of their child and their relationship with their child.

In Reeves' (2006) study of young fathers transitioning to fatherhood, it was suggested that both child and mother promoted the development of responsible fatherhood and 'rescuing' the young men from a destructive lifestyle. Findings in the present study support this statement as some of the adolescent fathers described living a lifestyle inclusive of substance abuse, irresponsibility and trouble with the law prior to the birth of their children. All of the adolescent fathers stated it was the support and the encouragement of their child's mother, as well as their own commitment to being the best father they can be for their child, that facilitated more responsible behavior and functional lifestyle.

Most of the participants in this study made reference to the non-permanent nature of their relationship with the child's mother – they *expected* that their child would have other father figures in their lives. Mothers of adolescent fathers have shared this assumption, stating that they did not feel that their sons' relationship with their children's mother would endure (Dallas & Chen, 1999). A longitudinal study examining the midlife outcomes of adolescent parents confirms that adolescent parents were significantly more likely to have taken new partners at a 35 year follow in comparison to those couples who delayed child bearing (Taylor, 2009).

The interactions between health care providers and the adolescent father influence his transition into his paternal role (Dallas, 2009). The participants in this study stated that they were often excluded from health care services as the focus of all interactions tended to be directed towards the adolescent mother. Dallas (2009) reports that this type of interaction fails to recognize the role of the adolescent father. This study's participants assumed that interactions with health care providers were directed towards the mother because they were 'teen dads' and 'didn't matter'. The literature reveals that the needs of adolescent fathers are often overlooked (Higginbottom et al., 2006) and it is recommended that adolescent fathers receive support services *with* the adolescent mother (Quinlivan & Condon, 2005).

Draper (2003b) identified the announcement of the pregnancy as the beginning of a man's transition into his father role. The adolescent fathers in this study echoed this finding, stating that once they learned of the pregnancy they began making a "shift" towards their father role. Pregnancy can be an isolating and frustrating experience for fathers since they need to experience it through the mother (Draper, 2003b). The young

fathers in this study identified participation in the pregnancy as important to the development of their father identity. They explained that hearing the heartbeat during pregnancy or seeing images of the fetus on ultrasound helped to make the pregnancy “real” for them - it kept them mindful of their imminent father role. Evidence supports this claim suggesting that ultrasonography provides a way for expectant fathers to know their baby and that this visual knowledge reinforces the reality of their imminent fatherhood (Draper, 2003a). Integration of the father role into a man’s identity continues beyond the birth of the child (Draper, 2003b). New fathers report experiencing a temporary state of limbo during the post partum period while child and mother remain in-patients (Draper, 2003b). The results suggest that when these men leave the hospital as ‘fathers’, their self image may no longer be congruent with their former sense of being and they may be unable to move forward into a new life until mother and baby return home from the hospital. However the assumption in Draper’s study was that all new fathers reside with their child and the mother of their child. Many of the adolescent fathers in the current study were not living with their child, which begs the question as to whether or not they can completely integrate fatherhood into their identity.

From a psychosocial perspective, Erikson (1962) purports that adolescence is an important time in identity development, which reaches a ‘crisis’ during the adolescent years. He describes the process of identity formation as an oscillation between behaviours of conformity and rebellion as the adolescent tests the extremes of fidelity and diversity. Some of the study participants reflected on their past rebellious behavior and suggested that fatherhood has prompted a sense of responsibility and the need to conduct themselves as “role models” for their children. However, it is uncertain whether this

study's participants resolved their developmental crisis and established their core identity prior to fatherhood.

Many of the adolescent fathers in this study viewed 'father' as an important part of their identity. They acknowledged, however, the decision to carry the pregnancy and raise their child was ultimately that of the child's mother, therefore, it could be argued that an important piece of their identity, that of 'father', was *chosen for* them and not a result of resolving their developmental crisis – rather an “identity foreclosure” (Marcia, 1980). Evidence has demonstrated that those individuals in an identity foreclosure are the least autonomous of all the identity statuses and require the most social approval (Marcia, 1980; Orlofsky, Marcia & Lesser, 1973).

Findings from this study serve to inform programs and services that support the adolescent father's relationship with his child, as well as nursing practice that is inclusive of the adolescent father and that promotes a sense of confidence in his paternal role. Perinatal nurses must be cognizant of the adolescent father's desire to engage in fatherhood, and the influence that nurse-adolescent father interactions have on the young father's perception of their ability to fulfill their paternal role. Additionally, health care professionals must be aware that the language used to describe the adolescent father (i.e. 'teen dad') may be perceived by this population to be stigmatizing and derogatory. Further research is needed to explore the support needs of adolescent fathers as well as the use of labels used for adolescent fathers and their impact on the fathers' experiences of fulfilling their paternal role.

Limitations

This study has limitations. Recruitment of study participants was limited to those adolescent fathers whose children were two years of age or less thus the findings of this study may not reflect the experience of adolescent fatherhood beyond the first two years. Additionally, the sample was recruited within a small geographical area, through primary care offices (i.e. physician, midwife offices) and community agencies (i.e. Public Health Unit, Children's Aid Society) servicing the adolescent population. It is uncertain if or how the participant's involvement in health care or community services influences their experience of adolescent fatherhood.

Conclusions

This study's findings suggest that engagement in the paternal role is important for these adolescent fathers. Support from others, an amicable relationship with the child's mother, and viewing oneself as a capable father fostered a sense of paternal identity and a desire to fulfill their perceived obligation. Regardless of age, educational attainment or employment status, these young men considered themselves as fathers to their child. Health care providers need to be cognizant of the language used to describe the young fathers to avoid offending or demeaning their efforts in being a parent. Excluding them from perinatal health care services will not void them of their paternal role but rather leave them without the information necessary to fulfill their duties. Perinatal health care services must acknowledge young fathers and include them in care planning to promote paternal identity and their and their new family's well being.

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Chapter 3

Discussion, Implications and Conclusions

Discussion

The purpose of this study was to explore the lived experience of adolescent fatherhood through the lens of hermeneutic phenomenology. Evidence indicates that fathers have a significant role in maternal and child development (Coley & Schindler, 2008; Levy-Shiff, 1982; Shinn, 1978; Mercer, 2004; Wanless, Rosenkoetter, & CcClelland, 2008). Most adolescent fathers have an interest in assuming their paternal role (Rhein et al., 1997), but many will decrease their involvement over time (Bunting & McCauley, 2004; Elsters, Lamb, & Kimmerly, 1989; Fagan, Bernd, & Whitemen, 2007; Marsiglio, Amato, Day, & Lamb, 2000). Minimal opportunities for paternal support and education (Bunting & McAuley, 2004; Elster & Panzarine, 1980), and inadequate role support from the adolescent mother, grandparents and peers (Bunting & McAuley, 2004; Dallas & Chen, 1999; Fagan, Barnett, Bernd, & Whiteman, 2003; Fagan, Bernd, & Whiteman, 2007; Reeves, 2006; Rhein et al., 1997) have been cited as reasons for an adolescent father's loss of interest in fatherhood.

Individual, face-to-face, unstructured interviews were conducted with six adolescent fathers with children ranging in age from 1 day to 2 years. Interviews were transcribed and data underwent thematic analysis where the overarching theme of Sense of Duty was explicated, with constituent themes of Support and Encouragement, Relationship with Child's Mother, and View of Self as Father.

Most of the adolescent fathers reported that their pregnancy was unplanned and that they were not prepared to assume a paternal role; however, when their partners made

the decision to give birth and raise the child, they all felt strongly that fulfilling a paternal role was their duty – the “right” thing to do. Support and encouragement, relationship with child’s mother, and vision of self as father were important to the adolescent father actualizing his sense of duty. This chapter outlines implications of this study’s findings for nursing practice and further research.

Implications for Nursing Practice

The description of the experience of adolescent fatherhood as a ‘Sense of Duty’ challenges the assumption that adolescent fathers are disinterested in fatherhood and provides an opportunity for nursing to support the young man’s expectant or new fatherhood role. It is important that health care providers consider the adolescent father’s presence during prenatal appointments, labor and delivery, and postpartum as an expected norm as opposed to an exception; ensure that he is a welcomed active participant in perinatal health care as opposed to an observer.

Young fathers’ desire to fulfill the duties of fatherhood and be a positive role model for their children provides incentive for positive lifestyle changes: a desire to manage addictions, anger, and social and economic issues. This provides an opportunity for perinatal nursing and other health professionals to help these young men make healthy decisions for themselves, and consequently their children. Strategies may include referrals to addiction treatment centres, advocacy for or establishment of community support groups for those recovering from addictions, and counseling sessions to assist the young man learn alternative coping strategies.

It has been determined that the adolescent father requires support to successfully fulfill his duties associated with fatherhood. Participants in this study revealed that they

want to receive information and support services that will help them fulfill their paternal role. Nurses are well positioned within the health care system to provide such support through prenatal consultations, in-patient perinatal care, and community well baby follow up. Informational support can be provided through encouraging the adolescent father's participation in prenatal visits and well newborn care. Providing the adolescent father with opportunities to be successful in caring for his child will assist him in gaining confidence in his new paternal role, and provides emotional support through praise, encouragement and reassurance of his parenting efforts. Prenatal programs and newborn care programs that are inclusive of the adolescent father's needs serve to provide essential emotional and informational support that the new father requires to fulfill his paternal duties. The development and implementation of prenatal and new father programs exclusively for the adolescent father population needs consideration. For example an adolescent father only group can provide the opportunity to focus exclusively on the unique needs of the young father and may help to create an environment that promotes greater participation of the fathers in child care. Such groups would also offer a place for young fathers to acquire peer support.

Adolescent fathers have expressed the importance of providing for their family and their need for practical support to successfully do so. Facilitating contact between the adolescent father and community services can assist him in accessing services that he may not have otherwise, such as employment services, alternative educational programs and child/family services. Nursing needs to advocate for policy changes that could help enable adolescent fathers to provide for their children while completing their education so that they can adequately provide for their families in the future. For example, alternative

and non-traditional delivery of educational courses may provide the adolescent father the flexibility to continue his studies and take care of his family. The creation of school to work programs may provide the adolescent father with an option to both provide for his family while completing his education.

Nurses and other health professionals must become aware of their stereotypes of this population and be sensitive to the effect their assumptions might have on their interactions with the adolescent father and how his perception of this interaction may influence his view of himself as father. Health providers need to critically examine the words they used to describe young fathers. The practice of labeling this population "teen dads" may be perceived as offensive and therefore may influence the quality of the nurse-patient therapeutic relationship and their participation in parenting programs. Identifying this group as "fathers" may be more effective in acknowledging the young man's role as a father, and support the young man in developing a positive view of himself as a father.

Implications for Nursing Research

Findings from this study have inspired recommendations for additional research concerning adolescent fatherhood. Further research would serve to broaden the depth and breadth of knowledge on the topic.

In this study, emotional, practical and informational support was identified as significant to the experience of adolescent fatherhood. Deeper exploration into the concept of 'support' as it pertains to the adolescent father may help to illuminate specific support needs of young fathers. What does support mean to the adolescent father? Further understanding of the adolescent father's emotional, practical and informational needs may help to inform the development of nursing care plans, policy and community

support services. Specific knowledge of these identified needs is a prerequisite to meeting those needs.

“Teen dad” is a label often given to young men who become fathers during their adolescent years; however, the adolescent fathers in this study identified labels such as ‘teen dad’ as offensive to them. The suggestion that this practice is discriminatory necessitates the need to further our understanding of the use of such labels with these young men and to realize the impact that such labels have on their experience of fatherhood.

Findings for this research study were based on a sample of adolescent fathers whose children were two years of age or less. Further research to determine the experience of adolescent fatherhood for those men who have been parents for a longer period of time may serve to confirm generalizability of this research’s data and gain an understanding of the fatherhood experience from those who have persevered in their paternal role.

Erikson’s psychosocial theory of development identifies adolescence as an important time in identity formation. He purports that identity can only be established through the resolution of this developmental crisis. The adolescent fathers in this study had suggested that it was the adolescent mothers who determined that they will be fathers and most of them stated that ‘father’ was an important part of their identity. It is uncertain whether the participants established their identity structure prior to fatherhood and integrated the role of father into it, or whether they assumed an identity of father that was chosen for them. Research concerning the effect of adolescent fatherhood on identity development would provide an understanding of the specific challenges that

early fatherhood presents and propose strategies to support continued psychosocial growth of the father.

This study explored the experience of adolescent fatherhood and although the fathers participating in this study spoke of their children, there was no intent to collect a rich description of their relationship with their child. Exploration of the adolescent father-child relationship and the factors that influence it may serve to assist nursing to support and strengthen this relationship.

Conclusions

Engagement in the paternal role is considered important for these adolescent fathers. Support from others, an amicable relationship with the child's mother, and viewing oneself as a capable father fostered a sense of paternal identity and a desire to fulfill their perceived obligation. Findings from this study serve to inform programs and services that support the adolescent's fulfillment of his fatherhood duties, as well as nursing practice that is inclusive of the adolescent father and promotes a sense of confidence in his paternal role. Further research is required to glean an understanding of the support needs of adolescent fathers as well as the use of labels for adolescent fathers and their impact on the fathers' experiences of fulfilling their paternal role.

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Appendix A

The Lived Experience of Adolescent Fatherhood

Letter of Information

Principal Investigator:

Dr. Marilyn Evans, RN, PhD, The University of Western Ontario

Student Researcher:

Jill Cousins, RN, MScN (c), The University of Western Ontario

Introduction:

We are inviting you to take part in our research study looking at experiences of teen fatherhood. This form will give you the information that you need to decide if you would like to take part. The choice to participate is yours. By signing this form, you give your permission to take part in this study. You can choose not to take part in this study, or you can decide to quit the study anytime you want.

What is this study about?

We know that most young fathers have an interest in their child and want to be a good father to them. But, many young dads are saying that they are not getting the support or teaching to help them with this important role, like learning how to take care of a new baby or having someone to talk to about being a new dad. The purpose of this study is to understand what it is like to be a teen dad.

How will this study work?

We will be inviting young fathers from Southwestern Ontario to take part in individual, face-to-face interviews. To participate in this study, you must:

- Be at least 16 years of age
- Have become first time fathers between the ages of 14 and 19 years of age,
- Have contact with their child (e.g. visit, caretaking or living with)
- Have a child is no older than 2 years of age
- Be able to tell their story in English

We will be interviewing 5-10 young fathers for this study. The researcher will be responsible for setting up an interview time and safe location with each young man.

What will I be asked to do?

We are asking that you take part in an individual, face-to-face interview with our researcher. Yourself and the researcher will decide the location of the interview.

During the interview, you will be asked to talk about your experience as an adolescent father. Each interview will be approximately 45 to 60 minutes long and will be audiotaped to make sure that the researchers collect all the data that you are providing them. It is possible that you might be invited back for a second interview to clarify the information that you gave the researcher during your first interview.

All data will be coded so as not to use your name. Data will be stored securely in a password protected computer file and will only be seen by members of the research team.

Will there be any harm or risks?

There are no expected problems, harms or possible harms for taking part in this study. There is a chance that you may feel uncomfortable talking about personal information about being an adolescent father. You will not have to answer any questions that you feel uncomfortable answering.

Will there be any benefits?

You are not promised any personal benefits by taking part in this study. This study may help us to understand what it is like to be an adolescent father. This information is important so we know how to best help new, young fathers.

Do I have to participate?

No, you do not have to participate in this study: it is your choice. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time.

Are there any costs? Will I get reimbursed?

You may have travel and parking costs from participating in this study. To pay you back for some of these costs and your time spent in the interview, you will be given \$20.00 at each interview.

What will happen with the study results?

Study results may be shared at conferences, or they may be published in a professional journal. Study results will not include any information that would allow someone to recognize you.

If you would like to know about the study results, tell your researcher.

What about my Confidentiality and Privacy?

We will work very hard to protect your confidentiality and privacy. Your personal information will not be a part of our research data. No one will be able to recognize you.

All interviews will be audio recorded and then copied into text. Once all audio recordings have been changed into text, the audio recordings will be destroyed. These paper copies of your interview will not include any information that would allow others to recognize you.

A member of The University of Western Ontario Health Sciences Research Ethics Board may contact you or need to see your study-related records to check on how this research is being performed.

What If I have Questions or Concerns?

If you have any further questions about this study, please feel free to contact Jill Cousins at the contact information below. We would appreciate your participation in this research project.

You do not give up any legal rights by signing the consent form. You will be given a copy of this letter of information and consent form once it has been signed. If you have any questions about your rights as a research participant or how this study is being performed, you may contact The Office of Research Ethics (519) 661-3036 or email ethics@uwo.ca.

Sincerely,

Dr. Marilyn Evans, RN, PhD
Assistant Professor, Principal Investigator
School of Nursing
University of Western Ontario

Jill Cousins, RN, MScN (c)
Student Researcher
School of Nursing
University of Western Ontario

The Lived Experience of Adolescent Fatherhood

Consent for Participation

Principal Investigator:

Dr. Marilyn Evans, RN, PhD, The University of Western Ontario

Student Researcher:

Jill Cousins, RN, MScN (c), The University of Western Ontario

Participant Consent:

I have read the Letter of Information. I have had the study explained to me and agree to participate. All my questions have been answered to my satisfaction.

Name of Participant: (Print) _____

Participant Signature: _____

Date: _____

Person Obtaining Consent: (Print) _____

Person Obtaining Consent Signature: _____

Date: _____

Appendix B

Unstructured Interview Guide

Grand Tour Request:

Tell me about your experience of fatherhood.

Secondary Probing Questions (as necessary):

Can you give me an example of?

Can you tell me more about that?

Talk about your experience of pregnancy.

Tell me about your experience with childbirth?

Tell me about your experience in childrearing?

What was your experience as family learned of the pregnancy?

What was your experience as friends learned of the pregnancy?

What was your experience as acquaintances learned of the pregnancy?

Appendix C



Office of Research Ethics

The University of Western Ontario
 Room 4180 Support Services Building, London, ON, Canada N6A 5C1
 Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
 Website: www.uwo.ca/research/ethics

Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. M. Evans

Review Number: 17079E

Review Level: Expedited

Review Date: May 05, 2010

Approved Local # of Participants: 10

Protocol Title: The Lived Experience of Adolescent Fatherhood

Department and Institution: Nursing, University of Western Ontario

Sponsor:

Ethics Approval Date: May 19, 2010

Expiry Date: December 31, 2010

Documents Reviewed and Approved: UWO Protocol, Letter of Information and Consent, Poster.

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information consent documentation.

Investigators must promptly also report to the HSREB:

- changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- all adverse and unexpected experiences or events that are both serious and unexpected;
- new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Chair of HSREB: Dr. Joseph Gilbert
 FDA Ref # IRB 0000940

Ethics Officer to Contact for Further Information

 Janice Sutherland
 (jsutherl@uwo.ca)

 Elizabeth Wambolt
 (ewambolt@uwo.ca)

 Grace Kelly
 (grace.kelly@uwo.ca)

 Denise Grafton
 (dgrafton@uwo.ca)

This is an official document. Please retain the original in your files.

cc: ORE File