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Young Fathers' Experiences: The Process of Becoming

by

Janet Beverly Hettler

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Abstract

In this qualitative study seven young men (age 16-25) who were fathers of infants born to teen women were interviewed to explore the nature and meaning of their experience. They reported living with several simultaneous transitions: adolescence to adulthood; school to employment; and “not being” to “becoming” and “being” fathers. During this transition a natural chronological order occurred: learning about the pregnancy; pregnancy itself; labor and delivery; and adjusting to life with an infant. At the same time, the young men found meaning in their new roles through their developing sense of responsibility and identity formation as father. A variety of factors (e.g., societal support, values and beliefs, environment) were found to affect their development as fathers. Of these, family was found to be the most influential source of social support. The findings have implications for health professionals who serve teen parents. Further research is required to examine this transition.

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Dedication

I dedicate this thesis to the seven young fathers who participated in the study so willingly and gave of themselves so others could learn. As well I dedicate this work to my two sons, Jon and Daniel, who will soon embark on the challenges of adolescence.

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Chapter One: Coming to Know

Perhaps only when childbearing is perceived by the entire society as sufficiently important to occur only in the presence of an unequivocal desire for parenthood can we expect that ideal to be adopted by the youngest couples among us.
(Zabin, 1999, p. 251)

The greatest mysteries of pregnancy are confronting these soon-to-be youngest mothers – but another mystery keeps plaguing them: what to make of the desire so many men have to create babies, along with the fear they have of being fathers to those babies! (Coles, 1997, p. 99-100)

In our society the issue of pregnancy is viewed largely as the responsibility and concern of the female. Until recently we have not considered important the well-being of the male partner in pregnancy, birth and parenting. The reason for the exclusion may be due to our general lack of concern or our traditional view for the male role in pregnancy and child rearing (Parke & Neville, 1987). A review of the literature suggests a variety of factors have contributed to this situation: for example, the theoretical models of infant development that have been primarily focused on the mother-child relationship (Johnson, 1997); unfounded notions of “biological-preparedness” of mothers in contrast to fathers; and adherence to traditional models of paternal involvement in parenting and sex role identity (Shapiro, 1987). These notions may be compounded when the father is an adolescent. Adolescent fathers are often unmarried at the time of conception and pregnancy and are generally excluded from the birth and early stages of infant care. This is frequently the result of powerful social prejudice that surrounds pregnancy and childbirth among unmarried adolescents (Parke & Neville, 1987). A disservice may have been done by society by not providing a non-judgmental atmosphere that allows the

involvement of both adolescent partners in care of their infants. Jordan (1997) states that social programs should be planned to involve the whole family unit: mother, father and their families for intervention to be complete. Evidence is growing that shows the involvement of both father and mother in childrearing is beneficial for their child's future health and well-being (Johnson, 1997). This does not imply marriage, merely active involvement in raising the child.

Elster, Lamb & Kimmerly (1989) suggest three reasons for the importance of the fatherhood role: greater paternal involvement and emotional support can lead to greater maternal role satisfaction; fathers affect their children's development both through direct paternal activities and through their influence on maternal behaviour; and greater paternal investment in the paternal role can lead to greater personal satisfaction.

The necessity for additional research is evident - to increase understanding of the nature of paternal involvement in childrearing and its relationship to infant health outcomes. The male role in the partnership is important to investigate in order to provide guidance for prevention and intervention programming in adolescent pregnancy.

In this first chapter I discuss the purpose of the research, how the question evolved and what the literature states about young fathers as well as other pertinent research. Included is a discussion of how this research is significant in health care. The chapter provides beginning thoughts that frame the research.

The Purpose

The purpose of this study is to explore young men's experiences of becoming fathers of infants born to adolescent mothers. The study explores their meanings of

fatherhood and the processes and emotions associated with their transitions into fatherhood. Included in the investigation is an exploration of fathers' relationships with family, friends, and their children's mothers. I take into account the context of school, employment and cultural/ethnic realities. The goal for the study is to develop an understanding of the process of becoming a young father.

For the purposes of the research the term "young father" will be used to identify the involved male parent of an infant born to an adolescent mother. "Young father" refers to an adolescent male, 15 - 19 years old or to a young male 20 - 25 years old, who has fathered a child with an adolescent female. I have defined the young father according to these age groupings because, according to the literature, these young men are either in the adolescent stage of life or have entered early adulthood. They are frequently 3-5 years older than the mother (Hardy, Duggan, Masnyk, & Pearson, 1989; Lindberg, Sonenstein, Ku & Martinez, 1997; Miller & Wadhera, 1997).

The Question

I used a journal to explore my thoughts during the development of the question. The journal expands on how the question for the research evolved. An excerpt follows:

When reflecting on a question in my journal writings and readings I had so many thoughts going through my head. Sometimes when I have a thought and believe it to be a good question it was quantitative which reflects back to an ingrained way of thinking. I have tended to want to compare why some young men become fathers and others do not. What is different about their behaviour? Then I think no, this isn't what I need to know now but I should consider for future research. I want to know what is the experience of being a young father? Through classes and reading I realize this is not the question as there is bias through the use of the word young. I may have difficulty in soliciting information from my target population if they feel they are being labeled. What is my question? Through discussion with Dr. McIntyre my question becomes a statement: Tell me about

being a father. By removing the word young I remove the bias. (Journal entry, February, 1997).

I have further explored the question with the words "being" and "becoming".

The author views fatherhood as a transition in life and while reviewing the transition literature the word "becoming" becomes part of the language (Bergum; 1989; Butler, 1988; Callister, 1995; Duncan & Markman, 1988; Parse, 1992, 1993; Wainrib, 1992; Worth, 1997). van Manen (1992) views the lived experience of "being" but also discussed Bergum's work on the lived experience of "becoming". The question then became: What has your experience been on becoming a father? (Journal entry, March, 1997).

The question was tested through a course project and in my clinical practicum. None of the six young fathers I interviewed for those courses had difficulty understanding the question. They all freely responded to it without prompting. I have slightly revised the question for this research for increased clarity and grammatical accuracy. The underpinning question for this study is "What does becoming a father mean to you?" I asked the fathers to tell me their stories of the process they experienced as they moved into their worlds of fatherhood.

The question guides the interviews with the young fathers, allowing them to reveal their unique stories. The question evolved into a conversation with most of the participants. Two of the participants required probing, therefore I could not consider our discussion a conversation. However, when analyzing data, I could see these individuals did contribute a great deal to the richness of the text.

Within our conversations I asked subsequent questions for clarification.

Subsequent questions included the following:

1. What were your thoughts when you first heard about the pregnancy?; as the pregnancy progressed how did you feel?; first feeling of fetal movement?; ultrasounds, were you present?; family reactions?; the birth?; and coming home, what was it like? These questions are relevant to the research on older fathers' transitions (Jordan, 1990; Shapiro, 1987) and also became pertinent for this research.
2. What support did you have from family, friends and professionals? This theme is also supported in the research on older fathers (Jordan, 1990; Shapiro, 1987) but there is also some evidence for young fathers (Jordan, 1997), such as family support and completion of education.
3. How has your lifestyle changed with school, career plans, social life and goals you have set for yourself? Support for this question is encountered in life transitions literature on adolescent development (Hiebert, 1998; Muuss, 1988; Violato & Travis, 1995).

Who is the Young Father?

The majority of the studies conducted in the past have been large American surveys of adolescent mothers, adolescent males or young fathers (Alan Guttmacher Institute, 1994; Elster, Lamb, Peters, Kahn & Travers, 1987; Hardy, Duggan, Masnyk, & Pearson, 1989; Lindberg, Sonenstein, Ku & Martinez, 1997; Marsiglio, 1987, 1988, 1993; Parke & Neville, 1987). These studies have focused on various aspects of young fatherhood. All authors agree on age of the father at the time of birth; it has been generally found that the father is three to five years older than the adolescent mother. The father then may not be an adolescent but in his early twenties while his partner is an

adolescent (Hardy, et al., 1989; Lindberg, et al., 1997; Miller & Wadhera, 1997). It is therefore important that research be inclusive of all the men who are partners of pregnant and parenting adolescent women and not just adolescent fathers themselves.

The phenomenon of young fatherhood, based on my literature review, has not been qualitatively researched from the perspective of the lived experience of becoming or being. van Manen (1992) and Mitchell (1993) suggest valuable insight can be found in literature related to the lived experience. The research on the experience of becoming an older father provided relevant information to the experience of becoming a younger father. It is only in the last two decades that fatherhood has been researched (Jordan, 1997; Shapiro, 1987). In the past, literature on mothers provided information for understanding fathers. The research literature on older fathers was interpreted with caution to preserve the differences between young fathers and older fathers because their experiences are different. The degree, kind and extent of the differences are not yet fully understood from this research, but a survey of this body of knowledge provides a starting point for this investigation. An awareness about the literature on older fathers assisted in explaining some aspects of the experiences of the young father.

What is Known about Fathers' Involvement with their Children?

The literature on young fathers is very limited in terms of understanding their involvement with their children. Marsiglio (1993), using a sample of 1880 adolescent males through the National Survey of Adolescent Males (NSAM), conducted a questionnaire survey to determine if young males would stay involved if their partners became pregnant. He used a measure termed Procreative Responsibility (PR) to suggest

the strength of this trait. A limitation with the findings was that these young men surveyed were not in a pregnancy situation; how they respond on a survey and what they may do when faced with the situation may be different.

The literature on older fathers suggests there is a transition into fatherhood. Shapiro (1987) states during the first trimester the announcement of pregnancy can inflict feelings of disbelief, but the feeling of fetal movement can be a powerful experience for the father. Jordan (1990) states that a persuasive catalyst to the developing reality of fatherhood is seeing the fetus on ultrasound. The view of the fetus within the womb confirms the reality of a developing child; seeing a miniature person dispels ideas that the woman is merely ill or gaining weight. The most significant transition for the father, however, is at the moment of birth. Jordan (1990) suggests seeing the infant emerge from his partner's body is a powerful experience for a father. These various stages contribute to the incorporation of the paternal role and to self-identity as a father (Jordan 1990; May, 1982; Shapiro, 1987).

A close relationship exists between what researchers believe to be attachment and what also signifies transition. Quickening or feeling movement, the ultrasound, naming the fetus, picking out names for the baby and elation after the birth can be interpreted as factors influencing attachment (Ferketich & Mercer, 1995; Stainton, 1990). However, the transition literature also views these milestones in pregnancy and birthing as an evolution in the mothers' and fathers' lives as a part of becoming parents. What Mitchell (1993) suggests to be a "same-thing-yet-different-phenomenon" can be interpreted by attachment and transition; both may be components of the transformation into parenthood.

Transition to Parenthood: As a Couple

Another aspect of transition is a couple's support system that exists through family, friends and even co-workers. Circles of friends may change as a result of this transition to parenthood. Those friends who do not fit the picture of the man's future life will fall away, and those with children or who like children may become closer (May, 1982). Comments and actions by family, co-workers and friends could provide powerful reinforcement of the reality of the pregnancy and child, or the man as a father (Jordan, 1990).

The couple's relationship may also strengthen or suffer in the transition. Shapiro (1987) suggests that many couples sense their growing mutuality in practical, emotional and spiritual ways, but it is rarely without complications such as differences in beliefs about parenting, and interference by well-meaning family and friends. The adolescent partnership is more likely to suffer adversity because having a good relationship within adolescent parenting is difficult in the midst of all the stress that is faced (Lindsay, 1993). There may be more interference by family and gate keeping issues in adolescent pregnancy simply because of the young couple being in close proximity to the family of origin (Jordan, 1997). Family support is crucial for a young parenting couple but it needs to be recognized that it can have both negative and positive aspects.

Health professionals need to gain understanding of fathers' fears and concerns in order to support couples in the transition to parenthood (Shapiro, 1987). Shapiro (1987) views this lack of understanding of fathers as a cultural double-bind: on one hand the man

is encouraged to participate in the pregnancy and childbirth but on the other he is forced to remain an outsider. This ambivalence does not provide a supportive environment for transition into fatherhood.

Transition to Parenthood: As a Father

To understand the young father it is also necessary to know the transition he is facing as he moves into parenthood. What these young fathers experience is called life transition (Hiebert, 1998). Everyone encounters transitions throughout life; how they are managed is dependent on individual skill levels. Young fathers could possibly undergo several transitions simultaneously, such as adolescence to adulthood, non-parenthood to parenthood, dreams of career/school goals to non-fulfillment of career goals or education, and high school student to premature entry into the work force. All of these transitions are difficult to encounter; young men may not have the skills to navigate these transitions successfully. It can be beneficial to young fathers if professionals become involved by providing them with information on how to take control of their transitions (Minnesota Fathering Alliance, 1994).

Donaldson (1998) proposes a model of seven transitional patterns of behaviour when an individual moves from the educational institution into the workforce: easy passage; re-entry; early withdrawal; floundering behaviour; ongoing personal and social problems; bottlenecked; and linkage program. I believe this same model could be adapted to illustrate young fathers' transitions to parenthood. Based on my practice and clinical practicum within my course of studies, I am able to postulate the following examples to illustrate Donaldson's (1998) stages. Some will have an *easy passage* which

I suspect might be those young fathers who are in their early twenties and have entered into post secondary education at the time of pregnancy. These fathers have acquired some life skills and are aware of their resources. A very supportive family is also critical for ease of passage for young fathers (Jordan, 1997). Young fathers in *re-entry* behaviour might be those that leave during early pregnancy to gain some perspective and then return, or those who leave after the baby is born only to return to dissolve their relationship with the mother but attempt to be involved with their child. *Early withdrawal* might be the young fathers who disappear early in pregnancy and have no contact with the mother or child. *Floundering* behaviour might occur with all young fathers as they gather their emotions and grapple with the pregnancy. Some would move out of this behaviour sooner than others, depending on their support systems. Others may stay in this stage and may never move on.

Ongoing *personal and social problems* are for example those young fathers who are involved with the justice system, or have alcohol and drug addictions. Their relationships with the mothers are tenuous and chaotic since they often place their own needs ahead of their child and partner. Those who are *bottlenecked* might be young fathers who remain in a relationship with the mother in order to be part of their children's lives, however, they do not have a sense of personal fulfillment. This is different from *re-entry* because the young father does not leave. Young fathers may also experience bottleneck when health care institutions or social services do not allow them to be involved in pregnancy and child care or when they do not have the same opportunities as young mothers to finish their education. They may also be excluded for legal reasons

such as the adoption process. *Linkage programs* are fathers' groups that provide facilitation of peer support and resources for young fathers to navigate their transitions. These examples illustrate the utility of an existing transition model to inquire about young fathers' transitions. In Chapter 4, I will expand upon this model in more depth and detail how it relates to this study.

Significance of the Study

I sensed a "mystery" about this population (van Manen, 1992): I have a need to understand the young man's experience of becoming a father. I believe this is where the lens of practice is blurred: we as health care professionals, do not understand these young men. Programs are implemented which exert a great deal of energy and expend significant public funds with low attendance. The young fathers that do attend are appreciative of these programs but the small numbers are not considered cost effective (KARA - Great Beginnings Program: Catholic School program for pregnant adolescents, 1997). Perhaps if health care professionals better understood the experience we could better determine their needs and programming could be more appropriately planned and implemented in ways that are socially acceptable, accessible to individuals and their families in the community through their participation, and at a cost the community can afford (World Health Organization, 1978).

Thus, an understanding of young fatherhood will be particularly relevant to programs that provide support for adolescent pregnancy and parenting. The information gained from this study, although it cannot be generalized, will provide experiential insights for readers to apply in their own areas of practice. Understanding the

experiences of young fathers may advance community services targeted at pregnant and parenting adolescents.

This study is particularly relevant to public health nurses, perinatal childbirth educators, maternal/child nurses, physicians and other health professionals who come in contact with a pregnant adolescent's support system. As well, members of other disciplines whose role functions serve pregnant adolescents (e.g., teachers, social workers and counsellors) will also benefit from an enhanced understanding of the experiences of young men who become fathers. It also is significant for the participants who wanted their stories told; this research offered an opportunity for their voices to be heard.

Young fathers often feel marginalized by society. There are a number of myths about young fathers that perpetuate this feeling of being ostracized (Robinson, 1988), offering a possible explanation for young fathers being absent in the context of adolescent pregnancy. I think as questions are answered, more questions will be generated about the phenomenon of young fatherhood. The questions that are answered as well as those that are supplementary will shape future research, discussions and interventions.

Summary and Organization of the Thesis

In this chapter I have introduced the purpose of the study and question(s) used for the research. The literature review demonstrates how question(s) were derived for this particular study. There is a dearth of research on young fathers, thereby leaving out an important perspective on adolescent pregnancy. Literature reviewed focused on the experiences of others in the pregnancy and childbearing process to understand the young father and substantiates the significance of the research. The study is not only significant

to gain knowledge of the population but it also will inform the practice of nurses and other health care practitioners, such as social workers, lawyers and educators. It also gives voice to young fathers that have not been heard.

In subsequent chapters the following will be detailed: a) the qualitative approach utilized to guide the study; b) the arising themes and categories told through the voices of the participants; c) a discussion and conceptual framework to assist in formulating my interpretations; and d) the conclusions, self reflections and implications for other fathers, nurses and other health and social service professionals.

Chapter Two: Research Approach

Rather than seeing the situation of young fatherhood as a problem in need of solving, it could be viewed as a mystery in need of evocative comprehension. This mystery then can become knowable through qualitative research (van Manen, 1992). Health care professionals have seen adolescent pregnancy and parenting as a problem to solve (Braverman & Strasburger, 1993; Litt & Glader, 1987; vonWindeguth & Urbano, 1989); but do we really understand the issue? Can we 'solve' something we do not fully comprehend?

Boyd (1993) suggests qualitative research provides a holistic approach to questions - a recognition that human realities are complex. Further, Boyd states the qualitative paradigm focuses on human experiences. Corresponding research strategies emphasize the context of human behaviour, often being conducted in places where people normally spend their time. Typically there is high involvement on the part of the researcher through participant observation and unstructured interviews. Data produced are descriptive in nature; a "story" of how people live through or with their situations. In order to focus on young fathers and their reports of their partnerships with others (e.g., adolescent mother, infant and extended family), qualitative methods are appropriate to uncover the complexities and realities in these experiences. The focus of this study is on the experiences of young fathers with the hope of developing an understanding of young men through their descriptions of their personal experiences of becoming fathers.

The terms “being” and “becoming” are words used in descriptive phenomenology (Bergum, 1989 & 1997; Bunting, 1993; van Manen, 1992). “Being”, as van Manen (1992) explains it, means to have a simple presence in the life world, in this instance - to be fatherly. Bergum (1989 & 1997) uses the notion of “becoming” in her studies of motherhood. Parse (1992 & 1993), a nursing theorist, views health as a process of becoming as experienced and described by the person. “Becoming” is also viewed as a process of growth (Barritt & Black, 1995). Similarly, I view fatherhood as a process of “becoming”: of growing into the role of father through experience in the situation.

Qualitative approaches were used to carry out this research on young fathers. A growing number of nurses are using qualitative methods to conduct research. Barbour (1998) speaks about the qualitative research “tool box”. This approach is the one I have taken through the use of such “tools” as informal interviews, purposive sampling, constant comparison, bracketing, triangulation and trustworthiness. Ultimately my goal in using this approach is to create an environment for truth, rigor and credibility of the data (Lincoln & Guba, 1985). I borrow from phenomenology to understand the lived experience of the young father and to raise consciousness of being in the world, at the same time putting my thoughts aside (Bergum, 1997; Freire, 1993; Parse, 1992, 1993; van Manen, 1992). As a result the purpose of this research is to bring a voice to young fathers’ stories. Encouraging young fathers to tell their stories produced a powerful positive sense of self; pride in their accomplishment was evident in these young men.

In 1997 Calgary Catholic Family Services produced a videotape entitled “Forbidden Forest”. It discusses the journey of five young fathers through use of story.

The videotape produced a sense of pride and satisfaction for fathers who participated, according to the facilitator of the fathers' group. The development of this video was not the subject of research but the impact it has had on the lives of young fathers is described anecdotally by those involved (Hettler, unpublished manuscript, 1998).

In this chapter I provide information about myself as researcher, how the research was conducted, the trustworthiness of the research, and ethical considerations.

Human as Instrument - Understanding the Researcher

In qualitative research the human instrument is the means by which data are collected and analyzed (van Manen, 1992). As the research instrument for this study I facilitated conversations with the participants. I did not take on an expert role as I believe young fathers are experts of their own experiences and meanings. As a researcher I sought to enter their worlds to understand these meanings. I attempted to let go of what I saw as solutions to solve adolescent pregnancy in order to understand young fathers' worlds. As researcher I have multiple roles and it can become a challenge to juggle these roles. I am a clinician but I am also a guest in participants' homes and they become hosts. We are also strangers. The challenge is for these roles to co-exist and not hamper the research (Cartwright & Limandri, 1997).

My Roles

Prior to initiating this research I had a number of different roles that require acknowledgment in order to understand my own interest about the phenomenon of young fatherhood. My specialty is public health nursing, specifically sexual and reproductive health, which deepens my interest in adolescent pregnancy. My goal is the prevention of

adolescent pregnancy but if it occurs it is important to assist the adolescent mother and young father with self care. Adolescent pregnancy can only be prevented if understood. However, I have come to realize that there are multiple facets to adolescent pregnancy to consider in order to understand why it occurs. One very obvious component is that of the young father who has been virtually ignored.

I am also a mother of two boys who are 14 and 10 years old. I need to acknowledge this role as a mother. Most mothers and fathers are concerned about adolescent pregnancy and other high risk behaviour when their children reach adolescence. I am not different than most parents; I too have these concerns. I am more of an expert than most parents because of my profession but that does not necessarily mean my children will not experiment. I have provided them with the information, our values and beliefs and now I have to trust they will behave appropriately. I do acknowledge I do not want to be a grandmother as a result of teenage parenting. If this happens I will be very disappointed; I will struggle with the inherent risks and support of those involved; and I will search for acceptance of the situation.

Another role is that I am a female, so I will never experience fatherhood. However, I believe I can come to understand and increase my knowledge of what it is like to become a young father by asking probing and insightful questions and by engaging in meaningful dialogue. I used my experience of becoming a mother and observed and questioned my partner about becoming a father to generate questions and verify my understanding of the data. In addition, my professional practice and previous practicum with this aggregate served to inform the participatory dialogue process. My experience

has enabled the development of the question and exploration of a variety of research methods.

Influential Theories

Through process of inquiry I have embraced a number of different theories which have become a part of my practice as a nurse and have influenced this research: Parse's Human Becoming Theory (Parse, 1992, 1993); Freire's Educational Empowerment (Freire, 1993); and Donaldson's Three Stage Transition Process and Seven Emergent Patterns of Behaviour (Donaldson, 1998). Parse's Theory (1992, 1993) has influenced me because of the nursing focus and the approach she uses in giving care is in agreement with my own philosophy of nursing. Freire (1993), who is an educator/community developer/health promoter, brings to the research critical consciousness and a public health viewpoint. Donaldson's Transition Theory (1998) permits me to explore a different viewpoint on how to examine transition and young fatherhood.

Parse's Theory (1992, 1993) is based on three principles: 1) Structuring involves constructing personal meaning through choosing options from the environment. It involves assimilating values and beliefs to recreate the individual's reality. 2) The process also involves the co-creating of patterns that relate to one another. One pattern could be revealed and another concealed - one pattern was and one will be - these patterns are created from the past to the future. These patterns are enabled or limited though the individual's choices. There is also the process of moving together providing the connectedness and moving apart - separateness. 3) Human beings move beyond (transform) to create new ways of viewing the familiar. With this move, there is a

pushing-resisting movement in which conflict arises. This conflict allows the individual to clarify perspectives and move on to new ways of functioning. Transforming involves the shift in viewing of the familiar to different ways of knowing. The “what was” is woven with the new and can be recognized from the past (Parse, 1992).

Parse (1992) suggests that the nurse intervenes in the transformation by respecting each individual's and family's own perspective and does not attempt to change their views to be consistent with his/her own. Rather the nurse becomes a co-author of the individual's health. The process in which the nurse works with the patient/client is called *illuminating meaning* (Parse, 1992). The nurse with the person or family asks the individual to describe the meaning of the situation; to share their thoughts and feelings with the nurse and other family members who are present. The nurse then lets *rhythms* stay with the client and family while discussing the struggles and the joys of the individual's day to day living. This allows for the individual and family to contemplate their health situation. The next step is *mobilizing transcendence* which encompasses “being with” the individual/family as they move beyond the moment into what is yet to be. This is a movement towards transformation (Parse, 1992).

Freire (1993) suggests consciousness-raising has three components. As individuals become aware of their ability to change through *enlightenment* they are *empowered* to take action. This transformation is called *emancipation* or becoming liberated. There is often an overlapping of insight and action; each exists in relation to one another. Empowerment Education can contribute to the change for individuals as well as a transformation for a group or community. The individual develops self efficacy

which means the individual internalizes behavior change. As a group the individuals evolve into a collective efficacy. Freire's suggestion of emancipation is an internalizing of health belief within a group or community. Self efficacy also occurs in Parse's theory of health, as individuals transcend into a new way of knowing.

The use of Freire's (1993) theory renders the critical standpoint to enable consciousness-raising within the group. Freire's empowerment education is very similar to Parse's human-becoming. Both utilize the co-creation of meaning in their theories. The nurse/facilitator co-creates knowledge together with the participants. Both transcend into a new meaning due to the interaction they experience. Change occurs in health attitudes as a result of interactions. The difference I discovered was that educational empowerment is more enabling for the group or community and human becoming focuses solely on individual. Through educational empowerment the action plan can go further than attitudinal health change. The possibility of social action to change health policy is made available to the group or community. Within this research, enlightenment of the young father and myself is the furthest we progressed, however, future research on young fatherhood to exercise Freirian thought will be proposed through the use of participatory action research.

Both these theories involve transition. Through my process of study I have investigated transition theories. One of my graduate courses allowed me to explore further my beliefs about young fathers transition into their roles. I adapted a transition theory which was formulated from the education system and transition into the work

world. I will expand on how this particular transition theory relates to young fathers in Chapter 4.

In the qualitative research process the researcher's own beliefs, values and experiences need to be understood and brought into awareness in order to bracket any biases. I accomplished this goal through journalling, using field notes and debriefing with faculty and/or peer advisors. The use of a journal assisted with my reflections about the research (Rodgers & Cowles, 1993). Writing allowed for understanding and opened the mind to learning; journalling allowed for the awareness of thoughts, feelings and beliefs to come to consciousness. I used field notes to document what I observed and heard (or did not see or hear) in interviews (Rodgers & Cowles, 1993). The journal, field notes and discussions provided media to minimize my thoughts and beliefs from influencing those of the participants. As well, these mediums also enhanced analysis of the data, becoming data themselves (Lincoln & Guba, 1985). For instance, as the research progressed it became apparent data could be analyzed from a gender perspective because I was attempting to describe a social role - becoming a father (Goodheart, 1992). I decided not to do a gender analysis at this time but to leave that for future scholarly work.

Rodgers and Cowles (1993) suggest investigators formalize their own methods of managing and processing the data and there is no one system that is best. I used field notes to relay my thoughts and observations during the interviews. Journalling was used to capture my thoughts during the data management process, bracket my biases, and provide an auditable trail for decisions during the research. I also used discussion with

peers and my thesis committee to formulate ideas and thoughts about the research. The reader will note excerpts from my audit trail throughout this document.

Participants

Another human instrument in the research is the participant. The population of involved young fathers is difficult to access. Part of the reason is the low percentage of young fathers who remain involved in their children's lives. According to educational professionals employed at KARA (the pregnant and parenting adolescent program for the Catholic School Board, 1997) only 9% of young fathers are involved with their children.

Selection

Since the literature suggests that young fathers are 3 - 5 years older than their partners, the chosen age span for this study (15-25 years old) generously accommodated the range (Hardy, et al., 1989; Lindberg, et al., 1997; Miller & Wadhera, 1997). The main criterion was that participants be involved in their children's lives, including both those who were no longer in a relationship with the mother and those who had close relationships with the mothers.

Within the large urban setting where this study took place, two agencies that currently work with young men who are fathers, or who are becoming fathers, were approached to obtain participants. The Regional Health Authority (RHA) has an adolescent and young adult pregnancy program, which serves at-risk adolescent and young adult mothers. Within this service young mothers are seen by a nurse and nutritionist throughout their pregnancy and for one year after birth. In some situations the nurse also works with fathers who remain involved with the mother and/or infant. I

discussed the proposal for research with the Senior Operating Officer of the community health program and she gave me permission to approach the Administrative Leader for Maternal/Child services once ethical approval was obtained. After speaking with the Administrative Leader, I received permission to approach the Program Coordinator and District Office Managers. I subsequently met with the Program Nurses to discuss the research and criteria for participation in the study. The nurses approached young fathers, provided them with information about the research study and solicited their permission for me to contact them. I then phoned each of the fathers who volunteered, in the order they were referred, and arranged to meet. At the initial meetings written consent was obtained and with subsequent meetings, either by phone or in person, verbal consent was obtained. Six of the fathers were referred through this community health program.

An adolescent pregnant and parenting outreach program which operates in conjunction with a large urban city school board was also approached for participants. It also provides a program for adolescent fathers. I received approval for the research to be conducted at this family services agency from the executive director. My contact at the site arranged a meeting with the social workers. The same process as used with the nurses was negotiated with the social workers. One participant resulted from this program.

The participants were purposively selected using theoretical sampling which provides the widest variety of respondents (Hutchinson, 1993). Polit and Hungler (1995) define this method of sampling as selection of participants based on the emerging findings as the study progresses to ensure adequate representation of themes. The best

participants are selected to meet the information needs of the study allowing for saturation of the data (point of closure when no new themes or patterns emerge from the data) (Polit & Hungler, 1995). Theoretical sampling fostered a breadth of stories about young fatherhood by the inclusion of young men from different backgrounds and cultures, socio-economic levels, religions, education levels and ages, and allowed for saturation of the themes during analysis. Polit and Hungler (1995) state such sampling is well suited for in-depth qualitative research which is generally more concerned with describing the full nature of a phenomenon than with developing a precise estimate of what percentage of people behaved or felt a certain way. I interviewed until saturation of the data occurred (Polit & Hungler, 1995). Seven participants were included in my study. In addition to saturation with the interviewees, I also exhausted all the avenues for professionals to provide referrals to the study.

Characteristics of participants

I interviewed young fathers who are adolescents or young adults. I was not interested in fathers who were over 25 years of age since, according to Jordan (1997), their circumstances can be very different than those of younger fathers. A notion of being a father figure in an adolescent mother's life has been suggested when there is a relationship with a much older man (Jordan, 1997).

Young fathers who were involved with their 2 - 24 month old children were interviewed. The length of contact between father and child possibly assists in transforming the young man's becoming process and thereby enriches the data; the more experiences the participants have lived through during pregnancy and into parenthood

meant more data would be available. The young father may or may not have been involved during pregnancy or birth process. Inclusion of different experiences allows for maximum variation of the sample. That is, one young father may have experienced the birth but not the pregnancy; another may have been involved initially during pregnancy, left the relationship, but returned after the birth.

As initially conceived in the research proposal and included in the study, the young father would not have previous or subsequent children; I wanted to capture his first experience of becoming a father. I believed this initial experience would allow exploration of only one occurrence of becoming a father and prevent confusion among experiences. However, because qualitative research embraces an emergent design, I included one participant even though he had a previous child. I was not made aware of this child until we were well into the first interview. His contact with that child was extremely limited and therefore I do not believe it unduly influenced the data because he viewed himself as a first time father. I refused one referral of a father who was parenting his second child because he was involved fully with his first infant.

The participants spoke English and were willing to discuss their experiences of becoming fathers. The young fathers were all known to either the public health nurses or outreach workers and resided in the Regional Health Authority boundaries. They lived in all quadrants of the city; one was from a rural community. As established in the research proposal young fathers were to be available to discuss their stories between February to April, 1999, the intended time period for data collection. The data collection was

extended to August, 1999 due to difficulties in recruitment and to obtain saturation of the data. Through my journal I explain the recruitment process.

It was quite a struggle to find 7 young fathers to participate in my study. I felt I was constantly hounding the professionals to assist me in this task. I only could tell myself there is no other way to get participants and this is the life of a researcher. You set your own deadlines and when they come and go it becomes frustrating but you continue to plug away at the task at hand. (Hettler, Journal, August, 1999)

Risks and benefits to participants

Qualitative research is considered noninvasive, however, while the qualitative researcher does not physically alter the participants through intervention there is intrusion of individuals' space and psyche (Munhall, 1993). Through the consent process this was explained fully to participants and they were also informed of the availability of counselling. This service was made available to them if our conversations revealed a situation that required skills of a counsellor, or if the participant requested counselling. None of the participants required or requested counselling as a result of the research conversations. I referred two participants to a counsellor after the member check not as a result of the study but because of issues they had with ex-partners and maternal grandparents.

Another possible risk is disclosure of child abuse or sexual abuse. The participants were informed that, by law, if they disclosed that a minor had been abused, I was obligated to report the issue to the authorities. I verbally discussed at the onset of the consent process with the participants and parents of those who were less than 18 years of age that during data collection if they disclosed any form of abuse against themselves I

was obligated to report the incident(s) to the authorities. I would have emphatically encouraged them to seek counselling and would have facilitated appropriate referrals by providing the participant with a list of counselling agencies who specialize in counselling abused individuals, to which I have access through my nursing practice. They were also free to reject this offer of counselling. If they were over 18 years of age I would have advocated counselling and self report of the abuse to the authorities. Participants were also informed if they disclosed that they or another individual had abused his child in any way I would be obliged to report the incident to the authorities. I received no such disclosures from the participants.

Munhall (1993) states that talking is often therapeutic for participants and is an opportunity to ventilate feelings. It can be a very positive experience for an individual, providing a validation of his/her situation. Jordan (1990) states that the research interview was often the first time fathers in his study had an opportunity to speak about their experiences. A young father whom I interviewed for a class project stated his appreciation for the chance to discuss his perspective. An outreach worker, who facilitates the Father's Group had expressed the same observation (Hettler, unpublished manuscript, 1998). This possible benefit was communicated to participants during the consent process. A number of the fathers expressed their appreciation after the interviews for having their stories told. During the second interview they spoke about never thinking about what becoming a father means to them before. Through our conversations I ultimately was able to raise the issue of becoming a father to their conscious level

(Freire, 1993). They indicated an interest in knowing the results of the research. I intend to provide them with a copy of Chapter 3 of this thesis.

Data Management

Labonte and Feather (1996) suggest one medium to bring information to the forefront is through story. Through story all participants (researcher and participants) are enlightened. I have advocated this use of story because of how the authors connect Freire's empowerment education into their writings and because they have a Canadian perspective of public health, health promotion, and community development modeled from the Ottawa Charter (WHO, 1986).

van Manen (1992) views data as serving two specific purposes: (1) exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of human phenomena; and (2) developing a conversational relationship with a partner (interviewee) about the meaning of an experience. For this study I collected data through individual informal interviews (conversations), utilizing the main research question to initiate the conversation. Other questions were asked to clarify the discussion. Together, participants and I shaped the conversations to allow data to emerge. Although this is the ideal, as I previously mentioned, in a couple of my conversations I had to do much of the talking through the use of probing techniques. I concluded this is a reality of working with an adolescent population and the nature of research when a number of participants are involved.

Conversations with young fathers were conducted in settings of their choice, where they were comfortable. Most preferred having the interview in their own homes,

while one requested it be held at the university. Two fathers had the second interview via the phone due to our conflicting schedules. At first I was concerned about doing the second interview over the phone and I journalled about it.

I had a great deal of anxiety because I thought Bill did not want a second interview. I questioned how much further should I go to pursue this second interview. Yet every time I spoke with him on the phone after a meeting was missed he seemed to want to continue with our conversation. Later I found out he had cultural commitments that came up after we had planned our next meeting but failed to tell me. These commitments are a priority for him. We agreed to do it over the phone. I deliberated about the phone too but I came to the conclusion it was his second interview and I had met him previously. I discussed it with my peers who had done interviews over the phone and this apparently was acceptable. (Hettler, Journal, April, 1999)

Bob was another participant who missed his appointments. The second phone interview was easier.

After canceling one appointment with me and missing the second even after confirming it the day before I again questioned does he want to continue. When talking with him he seemed to want to continue so we decided to have the interview over the phone. Even though they say "yes" I still wonder if they mean it. I was reassured once I heard the tone in his voice, his tone was that of being interested. Am I qualified to make this conclusion? I think I am. (Hettler, Journal, May, 1999)

Glesne and Peshkin (1992) suggest working with participants at their convenience so the research does not appear bothersome. It was important to be accommodating for the participants to ensure their willingness to participate in the research both for the initial interview and for subsequent interviews.

Conducting research in participants' homes made information available outside of the conversation. I learned about the participants' lifestyles through their living conditions. Through public health nursing, I have been trained to observe clients'

surroundings. I questioned whether or not to include what I saw, but since living conditions are data it warrants discussion.

The (young father's name) was so gracious to invite me into his home that it was for only an instant that I allowed myself to be concerned with the filth in the home. However, I could not help myself from noticing his girlfriend's mother cleaning the walls. I questioned was she embarrassed by the dirt or did she want to hear our conversation. Is this why he spoke so softly? I question too is confidentiality being breached. I find it very difficult I'm in their home how do I ask them to leave. The cleaning only lasted a short period of time until the phone rang. (Hettler, Field notes, April, 1999)

(Young father's name) openly excused the dirt. By this time I just brushed it off to this is their lifestyle. However, I can not help my thoughts on how healthy is this environment for an infant. In fact this young father was quite proud of the mess he lived in. To some extent his untidy lifestyle had changed somewhat as he revealed his home was cleaner than it had ever been prior to the baby. I guess this is a good thing. (Hettler, Field notes, July, 1999)

I also had to be careful that the immaculate homes did not cloud my thinking. My perception of (young father's name) has more of chance in life. I don't think I believe this because of how he lives although that does have a part to play. He has great family support both emotionally and financially, he seems more determined with setting his career goals. His thinking in my mind is more middle class. Am I capable of making this judgment. I think I am, or is this because this is my life? Then I wonder am I more comfortable with this young father because his lifestyle is more consistent with my own. I have to put this aside in my analysis. (Hettler, Field notes, August, 1999)

Through the journaling I came to the conclusion the home has a great deal of influence and that I had to bracket for the analysis. The home revealed information to me through the use of all my senses which I bracketed in order to hear their stories. Each young father's story allowed for their uniquenesses to be enlightened and their surroundings were a part of that distinctive person. At the same time I could sense their similarities no matter how they lived.

Data collection

It was my intention that interviews be informal, with the main question and subsequent questions prompting or maintaining the conversation. I sought consent from participants to audiotape the conversation (van Manen, 1992) between researcher and participant. Since the young father is “expert” about his experience, I learned from him and together we co-created an understanding of what becoming a young father means (Parse, 1992 & 1993). Confidentiality and anonymity were preserved for young fathers as explained through the consent process. All fathers but one chose a code name for themselves, their partners and children. I hoped that a sense of trust would develop between each participant and myself to allow the stories to emerge. I conducted two interviews with each participant to clarify and verify data and subsequently requested a second member check which I did via the phone. I mailed six participants a 10 page summary of the results and requested their input by phone. I was unable to contact one participant due to his job schedule. I spoke with his wife (newly married) and learned that his job change took him away from home. I also learned that their relationship had progressed to marriage.

Listening.

Through the spoken word the researcher becomes sensitive to subtle undertones of language (van Manen, 1992). This means as researcher I had to be a true listener, to hear the language and listen also to the way things were said by young fathers who participated in the study (van Manen, 1992). I became attentive to non-verbal cues, such as body language, hesitancy in expression and pauses. I recorded this as much as

possible in transcripts and my field notes. I also recorded in my field notes how I had listened for what had not been said. You will note in the discussion in chapter 3 that this is how the theme “inner sense” evolved.

I first listened to the taped interviews to reflect on and attempt to understand the data. These tapes were then transcribed; I read and reread them to immerse myself within the data. I used NUD*IST software to assist with theme development and pattern finding. Field notes and journalling, peer and supervisory committee discussions were also utilized in the process of analysis. These collections of themes and patterns were continuously modified as data were collected and analyzed. Each interview was analyzed before interviewing the next participant in keeping with the constant comparative analytic method. I journalled to maintain openness for subsequent interviews and attempted to eliminate or acknowledge potential researcher bias. Every effort was made to maintain accuracy in transcriptions from the audiotapes and in field notes so detail was not neglected. I transcribed the majority of audiotapes myself and hired two professional transcriptionists to complete the remainder. Both individuals signed a confidentiality agreement.

Data analysis

Polit and Hungler (1995) suggest that qualitative researchers are concerned about the quality of their data collection and that it reflects the truth. Lincoln and Guba (1985) suggest criteria to affirm the trustworthiness of qualitative data. Trustworthiness criteria establishes credibility, dependability, confirmability, and transferability.

Credibility refers to the confidence of truth in data. Credibility is established through two means: 1) conducting the investigation in such a way the believability of the findings is enhanced; and 2) demonstrating the steps to establish credibility. Lincoln and Guba (1985) suggest the use of triangulation as a means to establish the credibility of the research.

Triangulation is defined as a technique using multiple referents to draw conclusions about what constitutes truth. There are four types of triangulation: data; investigator; theory; and method. I used data triangulation (Glaser 1992) which involves maximizing variation of the variables through theoretical sampling and enabling saturation of data by involving diversity in the sample through culture, religion, age, socio-economic status. I was also informed by my studies prior to embarking on the research by such means as the small projects I conducted during Nursing 683 Qualitative Methods, and Nursing 613 practicum. Another project during my course of study (EDER 619.23 Transitions) provided insight into another discipline's perspective on a young man's process of becoming a father. These projects have not only assisted me in learning how to conduct research but they have also given me insight about the young father. My studies were not only corroborated by my findings in this current research, but I have been persuaded to delve deeper into what I was (and was not) hearing or seeing in the data. Allowing more penetration of the data to occur. If I were to go back to the small project data now that this study is complete, I think I would find the same themes. Part of the triangulation came from my husband as well; during the research I would check my insights and ideas with him. Was his experience of becoming a father the first time

similar or dissimilar to the participants' experiences? Were my interpretations appropriate; could there be other perspectives?

I did peer debriefing and member checking to establish credibility (Polit and Hungler, 1995). I debriefed with my supervisory committee (providing an external check) and with participants (to confirm my interpretation of the data) through a second interview and a mail out summary with a follow up telephone conversation.

I had three of my colleagues in the Qualitative Interest Group (QUIG) at the university review a transcript each. A confidentiality agreement was signed by each of these individuals. While they generated very similar codes to what I had found; I also gained new viewpoints. For instance, I felt there was more to the young fathers' sense of responsibility than I was able to discern, and with the assistance of a colleague these words in the transcripts became more visible to me. Her guidance propelled me to explore the data further and bring to the surface the richness of young fathers' worlds. What also surfaced with the supervisory committee is the impact societal institutions have on the young father. While a multi system perspective was implicit in my practice, the committee advised that I provided clarity to the role societal institutions (e.g., schools, hospitals, public health, justice) play in the context of young fathers' lives.

I was able to contact six of the participants to do member checks. All confirmed that I had interpreted their experiences consistent with how they saw their lives. One participant requested a slight change which is discussed further in the next chapter. The member check allowed me to gain knowledge on their growth as fathers since the interviews. I was generally pleased to find out that their lives were basically going well

although two fathers were having difficulty with maintaining contact with their children indicating how vulnerable relationships are. One was due to gate keeping issues with the maternal grandparents; the other was gate keeping issues with the mother who had limited his contact. With one young father the gate keeping issues were evident during the interview but he was able at that time to have contact with his baby and it appeared that contact would continue into the future. At present the maternal grandparents have custody of the child and have disallowed him contact. I was surprised about the other young father who had difficulties with the mother because, during our conversations, he lead me to believe their break up would not affect involvement with his child.

Dependability and confirmability can be addressed together. Dependability in qualitative data refers to the stability of data over time and conditions (Polit & Hungler, 1995). Confirmability refers to how objective or neutral the data are; two or more independent people agree on the data's relevance or meaning. I provided an audit trail through transcripts, field notes and a journal for the dependability and confirmability of the data (Polit and Hungler, 1995; Rodgers & Cowles, 1993). In order to ensure dependability and confirmability, I requested three of my peers to review the transcripts to verify completeness and accuracy of transcription and interpretation of findings. My faculty supervisor also reviewed two audio tapes and transcripts for completeness.

Transferability refers to generalizability of data, which means the extent to which findings can be transferred to other settings or groups. Lincoln and Guba (1985) suggest transferability is essential to establish trustworthiness. Transferability allows research to be transferred by the reader to other groups and settings. I have provided sufficient

descriptive data in subsequent chapters for readers to determine to what extent findings are applicable to their own practice or research situations. I think what I have found is very applicable to this large urban setting context; however, I would not claim its applicability to another Canadian or American city, or to the rural areas of the province.

Ethical Issues

There are several ethical issues that became apparent in conducting this particular study. The first is the issue of consent (Appendix D). Every effort was employed on the part of the researcher so a complete understanding of the research was clear to participants prior to consent. The participants were given ample time to read the consent form before signing and I asked questions to ensure understanding. I informed each participant of the option to withdraw from the study at any point without prejudice. The participants understood that the interviews would be taped and captured by the researcher through field notes. I audiotaped ongoing consent at the follow-up interview. For the member check I informed the participants of the purpose, and received verbal consent.

With this study there was a possibility of including an adolescent participant who would require parental consent. One young father was a minor and living with his family. Since the adolescent was under the care of his mother consent from the mother was obtained as well as assent from the adolescent as advised by Broome and Stieglitz (1992). This removed anonymity of the young father's involvement with the research since his mother had knowledge of his involvement. However, confidentiality was retained: I specified with his mother during the consent process that her son's conversation with me would be in confidence and I would not disclose any part of it to

her or anyone else unless there was evidence of abuse which I would be required to report by law. She was in agreement with this process.

A discussion with participants prior to the interview occurred to determine how they wanted to be referred to in writing of the research offering them the choice of a code name that would not identify them. Respecting their wishes and concerns would help to preserve the participants' anonymity but achieve a sense of involvement and identity.

The audiotaped interviews were typed for analysis. Access to the transcripts has been limited to the researcher, her advisor, committee, peer reviewers and transcriptionists. It was explained to participants that the tapes and transcripts will be kept for seven years in a locked cabinet and then destroyed according to the university's policy. In my initial conversations with participants I discussed publication of the information and understandings gained from this investigation; any publication of findings will include excerpts of their narratives and anonymity will be maintained through use of code names.

In three situations partners of the father had input into our conversations. I questioned this due to the anonymity and confidentiality issues. Two in particular influenced our conversation on both interviews. One was just present at the end of the first interview and minimal input was given. I did tell the partners initially prior to starting the conversation that the information I required needed to come from the young father and not from them. These two young moms were so intrigued by the research that I believe they found it difficult not to talk. They added to the richness of their partner's data so therefore I chose to include in my field notes what they had to say with their

consent. I found it very hard to not allow them to speak when I was invited into their homes and what they contributed was pertinent. I made the decision to adjust the research design as I felt there would be an increased richness to the data. These two adolescent mothers had their unique way of influencing their partners and as a result they endorsed the data in their own manner.

The first young mother who involved herself was very careful at first not to talk but when her partner was not responding very freely she interjected. I journalled about what happened and questioned the reliability of the data.

If she hadn't coaxed him I wouldn't have gotten much information. It was like pulling teeth to get him to speak. Even when I gave very open ended questions his answers were limited. I'm glad she did probe him along. Because of her the data are richer and there are other insights I wouldn't have had if she'd kept quiet. I will include this data. (Hettler, Field Notes, May , 1999)

With the second adolescent mother who was present for the interview, our group conversation became very free and I would consider it more of a conversation than an interview. This was a conversation where I spoke very little and despite me mentioning it was a conversation between the young father and I, this was soon forgotten by the young mother and even myself. It was not until I reflected on the interview that I realized what had transpired. Each conversation takes on its own unique life and as researcher, I came to adjust my interactions with the participants in a manner that was congruent with their ways. This adolescent mother was aware I was taping the dialogue. I received verbal consent from her to utilize what she said and captured that in my field notes.

No participant was financially rewarded for his participation. Participants often sense a feeling of satisfaction by sharing their stories for others to understand and for

others to learn. Their sharing of experience is often reward enough for the participant. I will share findings with participants to create an awareness of what they have contributed. This sharing serves two purposes: (1) some have expressed it will provide a sense of accomplishment because of their participation; and (2) it has allowed for feedback from participants to ensure that it is truly their voices that are being expressed in my writing.

Summary

This chapter discussed why and how qualitative methods were used to collect and analyze the data. I also detailed the methods used to ensure the data collected were trustworthy and addressed ethical issues that arose through this research. In the next chapter, I reveal the results of the young fathers' stories.

Chapter 3: The Young Fathers' Voices

In this chapter I will tell the stories of the young fathers. I will bring to light their lived experiences, and unfurl the process of becoming a father through their words, thoughts, and beliefs.

In the first part of the chapter I will introduce the reader to the participants. I will provide a brief summary of the fathers' characteristics in a demographic chart in which I have included a context that I think will assist the reader while reading the thesis. In the second segment of this chapter I will present their integrated stories by presenting findings in a chronological format. The non-chronological subthemes will be presented in the final segment.

Participants

Seven young fathers agreed to be involved in two interviews each to share their stories with me. I conducted a third interview by phone to do a member check of their combined stories and my interpretations. Six fathers participated in the member checking process; a seventh is now working in a position that takes him away from home for extended periods and was unavailable to complete the process.

The young fathers who participated in this research ranged in age from 16 to 25 years; their babies were 2 months to 18 months old at the time of the interviews. Five of the fathers were in a relationship with the mothers, and one was in process of breaking up. The youngest father I interviewed had not been in a relationship with the mother prior to the announcement of the pregnancy but was working on having a relationship

with his child. Their education levels varied from completion of grade 9 with no intention of finishing, to still in school, to finished high school and attending university. They all had either full time or part time employment depending on their school situation. They came from a variety of backgrounds and lived in all quadrants of a large urban center including the surrounding rural area.

The following chart is a summary of participants' demographic information; the names used were chosen by the participants to preserve their anonymity.

Participant Overview

Participant and age	Partner and age	Infant and age
Tommy Boy - 19 yrs.	Anne - 17 yrs.	Robert - 18 mos.
<ul style="list-style-type: none"> • breaking up at time of interview • involved during pregnancy, birth and presently • present during labor but not birth • planned pregnancy • an escape from previous lifestyle - had been involved in alcohol, drugs and close to going to jail. • has almost completed grade 12 • family support 		
Bill - 20 yrs.	Jill - 17 yrs	Phil - 2 mos.
<ul style="list-style-type: none"> • previously a father - no involvement with first • unplanned pregnancy • involved during pregnancy, birth and presently • just made it for the birth • previous lifestyle of alcohol, drugs and jail • has not completed high school • strong extended family support 		
Larry - 20 yrs.	Mo - 18 yrs	Curly - 2 mos.
<ul style="list-style-type: none"> • involved during pregnancy, birth and presently • felt left out at physician appointments and during the birth • pregnancy unplanned • purchased own home • has not completed high school 		

<ul style="list-style-type: none"> • limited family support • support from each other 		
Bob - 16 years	Ex - 16 yrs.	Daughter - 2 mos.
<ul style="list-style-type: none"> • not involved during pregnancy or birth but is at present/at time of research • relationship dissolved prior to announcement of pregnancy • unplanned pregnancy • gate keeping issues with ex-girlfriend's parents • working full time, high school through correspondence • support from his own family 		
James - 25 yrs.	Lynn - 18 yrs.	Allan - 10 mos.
<ul style="list-style-type: none"> • involved during pregnancy, birth and now • not in attendance for birth • cesarean section • main care giver of infant now • unplanned pregnancy • attending college • extended family support especially his family 		
Aaron - 19 yrs.	Lisa - 18 yrs.	Alysha Ann - 2 mos.
<ul style="list-style-type: none"> • involved during pregnancy, birth and now • planned pregnancy • overcame alcohol, drugs and jail • has not completed high school • family support but not without power struggles 		
John - 20 yrs.	Marie - 19 yrs.	Andrew - 2 mos.
<ul style="list-style-type: none"> • involved during pregnancy, birth and now • unplanned pregnancy • her 2nd pregnancy first adopted by aunt and uncle limited contact • completed high school • strong family support 		

The following part of this chapter is based on their stories.

Young Fathers' Stories - the Chronological Transition

Transition is the overarching theme, from 1) not being a father to 2) becoming a father, 3) being a father and for some 4) no longer being an involved father. For this

particular study the focus is on becoming a father and being a father leaving the other two dimensions for possible future research.

I have organized the results in a chronological order from initial news of pregnancy to how the young father is functioning now in his new role. Their stories did not necessarily follow this order but in previous work I have done, a young father did tell his story in this fashion and I have continued to report it in a chronological format. This format also assists with organizing seven different stories, each participant having his own unique way of telling it. There is a second segment of subthemes that are reported later in the chapter in a non-chronological format because they represent threads present throughout the stories and are not attached to any stage.

There is an adjustment period that gradually occurs through the process of becoming a father. The pregnancy allows for this adjustment even though a few of the participants mentioned being impatient at times for the baby to be born. The participants speak of this adjustment through changes in their life style, from a carefree life to a focus on their child. Aaron (age 19) speaks of how he adjusted and the increased responsibility he has now.

I have to be more – well, to start off we'll go basic – we'll go my rent. I have to make sure that my rent is paid. Because before it was just me and it didn't matter. I could get kicked out and I'd go somewhere else. Well now I've got a family to worry about. I have to make sure my bills are paid. I have to make sure there is food in the house. I have to make sure that there is clothes, and diapers for baby. I have to worry about how she is going to grow up, who she is going to grow up around, who is going to be around her now. I'm trying. (Aaron, age 19)

Tommy Boy explains how this process of becoming a father is natural and it just happens.

.... you could be really immature but as soon as you actually sit with it and you learn everything, -- you grow up a little -- you just have a very different look on things because it's just incredible how it changes so quickly from nothing to something in nine months, -- because you're already prepared. It's just natural. You just don't realize it -- your girlfriend would be pregnant she's mothering and she's already mothering to a sense and to a sense you're already fathering because you're keeping her tone, you're keeping her happy and stuff like that which is the same thing you've got to do once it comes except you get two people do it -- it's a lot different. (Tommy Boy, age 19)

This gradual progression of adjustment begins with the initial news of pregnancy.

Initial News of Pregnancy

Hearing the diagnosis of the pregnancy evokes a number of emotions from elation to denial. For Aaron the pregnancy was planned; therefore, he was elated with the initial news of pregnancy.

I was ecstatic. I was bouncing around the doctor's room, I was so happy. I had wanted a baby for a couple of years. (Aaron, age 19)

Bill (age 20) had a different reaction than Aaron; he was in a state of denial initially and did not want a second child after his first experience had gone so wrong for him.

I was getting use to (not having contact with his first child) after my ex left. (pause) I didn't want any more children. Because I didn't want to go through the pain she (ex partner) put me through... At first I didn't want it. So I wouldn't believe it. Taking care of her (partner now) and taking on new relations. (Bill, age 20)

Bill's first response was that he did not want the added responsibility. He also wanted to prevent himself from experiencing more pain if also denied contact with this second child.

In Bob's (age 16) case, he thought his ex-girlfriend was lying about the pregnancy. Initially; he denied that she was pregnant.

Oh I thought she was lying at first.... Cause it's nothing new to her to lie.

R: Okay. So then when did you realize it was the truth?

B: Oh (pause) Right about – well I always felt it was but we sat down and we talked – well just before she was born. (Bob, age 16)

John's reaction demonstrates another reaction to the initial news of pregnancy.

First thoughts. (pause) I – personally I thought I took it pretty well. Didn't really know how to tell the parents but other than that I was – it was confusing – whether your reaction should be happy or cause you don't want people to think oh they're young and they don't know what to do. We talked about when she first found out and we both chose we wanted to have it. Cause it was always should we have it or give it up for adoption, or abortion. Pretty much about it. (John, age 20)

John spoke about some of the decisions that couples have to make when a pregnancy is unplanned. As the pregnancy continues these initial emotions from elation to questioning carry over.

Pregnancy

Within this category I will detail how the participants saw their role as fathers as the pregnancy progressed. In some ways they were jealous of their partners because they were not experiencing the pregnancy as the woman was. Nonetheless they were able to find a role for themselves throughout the pregnancy. A few of them discussed that it was not real until the birth of their child and he/she was actually present.

...looking forward to the future. A lot of -- what is the word I'm looking for -- edgy ... being edgy, wanting the baby, wanting her here, and not wanting to go through the pregnancy. (Aaron, age 19)

Through the process of the pregnancy there were some aspects that assisted in making it more real.

Physician visits.

Some fathers felt their role was to attend all the physician appointments. Tommy Boy wanted to attend all appointments so his partner would not have any issues about him not being an involved parent.

... when we found out for sure that she was pregnant I took a semester off high school, just so I could be with her with everything. Because I tell all my guy friends that, I went to every single appointment she possibly had and spent as much time with her as I possibly could because it would benefit her, my child, and myself because if she gets into a mood swing and says that I'm not there or she tries to use something about the baby against me, she can't. She can't say, oh there's something wrong with him, blah, blah, blah, blah, you should spend more time with (your child) ... because some girls do. I'm not saying all do but some will try to twist you So I went to everything. I knew exactly how well he was doing -- how perfect everything was happening and I think that helped me out a lot. (Tommy Boy, age 19)

Aaron attended physician appointments for sheer desire to be involved. "I was right there. All her doctor appointments and stuff like that I was right there." (Aaron, age 19)

Others tried to get to as many appointments as work permitted. John explains the work issue:

I don't know how many I made it to. I made it to more than half of them and I wanted to be there for all of them. I was working and stuff. (pause) Cause I wanted to be a part of this as (much as) I could be. (John, age 20)

Some were disappointed that the physician was not as inclusive as they would

have liked. The following is an excerpt of my conversation with Larry. I was clarifying for myself that he meant the physician appointments as he claimed his hospital experience was also negative.

L: Actually I felt awkward.

R: At the doctor's office?

L: I felt (uncomfortable) and in the way. (Larry, age 20)

During physician visits fathers were given the opportunity to hear the heartbeat, thus making their experiences seem more real to them:

R: You heard the heart?

L: Yeah

R: What did you think when you heard her heart? (pause)

L: I thought it was pretty quick for a baby. (laugh) (Larry, age 20)

Larry took a more matter of fact approach to the pregnancy whereas Aaron showed more emotion to hearing the heartbeat:

And when we went to see (L)'s doctor, every time we were there he had to hold this little thing and put it on her stomach and there would be the heartbeat. And (I had a) big smile on my face every single time. (Aaron, age 19)

Physician appointments had a range of significance for the participants' process of becoming a father. Tommy Boy and Aaron placed themselves so that during physician visits they were included. The others spoke about at times being ignored during physician visits. Larry, for example, felt very much excluded. I discuss the impact of physicians further (under the theme of health care support) later in this chapter.

Ultrasound.

All the participants except Bob experienced ultrasound in some form. Five were present for the ultrasound and Larry saw a picture. They had varying interpretations of the experience. My conversation with Larry was most interesting.

- L: Yeah. But I wasn't there for them (ultrasound).
 R: So you didn't go to any of the ultrasounds so you didn't see the baby?
 L: We got little pictures.....
 L: I figured they shouldn't be allowed to take pictures when its not born yet.
 R: (laugh) And why is that?
 L: Well just cause. Not suppose to take pictures of something that is not here. Just doesn't make sense. Not suppose to been seen until they're out. That's why we never found out what she was. (Larry, age 20)

In my second interview with Larry, we discuss this concept again. His response is even more interesting. I came to understand that his beliefs and values may stem from growing up on the farm.

A horse doesn't see its baby before its born why should we? Dogs don't, cows don't, pigs don't, donkeys don't, giraffes don't, ostriches don't. (Larry, age 20)

Not all the participants took the same view as Larry regarding the ultrasound. Some were very amazed and others just acknowledged it as something that was difficult to interpret. Tommy Boy found the ultrasound to be an incredible experience to be able to see the baby for the first time.

...you saw arms, legs, his head, then they (probed) a little bit deeper you could see all his bones and you could see his heart beating, it was -- it was incredible because you could see him,.... (Tommy Boy, age 19)

James was not as impressed but considered the ultrasound somewhat differently than Larry.

What I was mostly thinking when I saw them (fetus) -- they say it's a baby in there but how can they make out anything in there (monitor). (laugh) (James, age 25)

I began to reflect in my journal when I had a number of unusual responses about the ultrasound procedure.

From some of the participants' responses to my question about the ultrasound, I began to wonder if we as a society have placed too much emphasis on the seeing our babies prior to birth. Is it possible that it can be a disappointment when it is not as glamorous as we anticipated? The lack of clarity of seeing the infant in a picture can be disappointing as well, when others have spoken that they were able to see their infant clearly. (Hettler, journal, November, 1999)

In a continuation of my conversation with Larry, he brought up the aspect of it not being natural to know the sex of the baby prior to birth. I was intrigued that a number of other fathers said the same thing.

James: We didn't want to see pictures of later ultrasounds cause we didn't want to know the sex of the baby.

R: Hmm. Why?

J: I wanted to know but Lynn wanted to be surprised.... she thought it was unnatural to know the sex of the baby before it came. (James, age 25)

In this case James went along with what his fiancée wanted. John provided another explanation to not knowing the sex prior to birth.

I don't know what it (sex of fetus) was -- I don't really know why we didn't. It was --almost like a fun thing to do. We were guessing the whole way. Every time we thought it would be a girl for sure, because it (pregnancy) was way different than the last one. Cause she had a boy her first time. (John, age 20)

I bracket my own thoughts about knowing the gender of the baby through my journal.

What I question here is possibly my own value and beliefs or is this a value now of a younger generation? As a mother I wanted to know the sex during both of my pregnancies and I know some people of my age group did not want to know.

However, there were many that did want this knowledge. The sample of 7 participants is too small to generalize but it does percolate a question. I also then question how significant it is. (Hettler, Journal, November, 1999).

Feeling movement.

The participants spoke of feeling movement as being captivating. Bill (age 20) discussed his thoughts of feeling movement: "He was always good at moving around. He's a hyper child."

Bill went on to tell me about how it became a game and how his baby came to know him through this game.

Just the way he moved when I put my hands on him he knew. That it was his Dad that was touching him. Cause he always would be around my hand where ever my hand would be, he would try and move there.... I find my boy, he's a Daddy's boy. (Bill, age 20)

Similarly, Larry commented about not fighting during pregnancy because the baby would hear. "Can't holler in front of the baby." Both Bill and Larry acquired this knowledge through their own different ways of learning about pregnancy; Bill through reading about an infant knowing his father through his touch during pregnancy, and Larry through prenatal classes. All of the participants used a number of different ways to learn about pregnancy, delivery and infant care; books, videos, prenatal classes, outreach programs etc. The fact that they demonstrated an interest in learning about their baby is an indication of responsibility and initiative.

Naming.

All the participants had a part in naming their child. Bob, who did not know his baby during the pregnancy also developed an attachment this way.

B: My ex came up with a couple of names and I just shot down the ones I didn't like until we agreed on one.

R: Oh so you did have a –

B: Yeah. But I couldn't make any suggestions so.....She just crossed – run 'em by me. See if I liked 'em. (Bob, age 16)

Bill had the most interesting way of naming his baby: he took a map, closed his eyes and pointed to a place and that became the child's name. Interestingly, this name means "change" in the native culture, and since the pregnancy Bill has made a concerted effort to change his lifestyle. He had been involved in drugs, and alcohol and had been in jail. His friendships are totally changed because of his friends being involved in risk taking behaviours. At the time of the interview he had become very involved in activities of his culture.

B: All my friends are all drug addicts. (laughs)

Jill (girlfriend): Friends. Where are they?

B: Don't have anymore friends. (laughs) (Bill, age 20)

When Bill and I had our third conversation there had been remarkable change in his life. He is engaged to be married to Jill, they are moving out of her parents' home into their own and he has steady employment.

For all the participants, naming their infant was very important. They spoke of those special people in their lives that were a part of their infant's name, whether it be a close friend or relative. Naming was a very important step in coming to know their child.

The Birth

The moment of birth was also filled with mixture of emotions for the participants. For these young fathers it was one of the greatest moments in their lives. Until that

moment happened, however, there were some tense times for these young fathers. Bill discussed the birth of his son with me.

When it was I realized (pause). Umm (uneasy laughter). It was like someone slapped me with a ton of bricks. That's your life that's what you get. (pause) I had to grow up – start a new life. -- It's a scary feeling. – We read all the books about it and thought it would help. Books is books, its fine to read all about it – you see it right there – its totally different. (Bill, age 20)

James' interpretation of the event was different as he did not want to be present for the birth.

Me and Lynn's mother were both at the birth. And uh (pause) um to be honest I really didn't really want to see the baby being born (laugh)..... (James, age 25)

I journal about how hesitant James became when speaking about his feeling of being present for the birth.

I noted James' hesitancy with this part of our conversation. I felt it stemmed from his feeling inadequate because he did not attend the birth. He seemed relieved later in the conversation when he realized I was not judging him for not being a part of the birth. The perceived notion that fathers should be a part of the birth now is expected, that when a father chooses not to attend he does feel pressure. James is an example of that societal pressure. (Hettler, Field notes, July, 1999)

James also speaks about a scary moment while Lynn was in labor and he was present. James is able to articulate the anxiety that is caused by the unknown during labor:

And every time she had a contraction the baby's heartbeat would go down. So, the doctor said it was becoming distressed or something like that. I was scared that the baby wasn't going to make it and was going to die. (James, age 25)

At this point James was very anxious, and he was receiving no information from

health care professionals. Lynn's mother was present and they were explaining the situation to her mother but not to James. What he heard them say to Lynn's mother he could not understand; however, her mother understood, as she is a nursing assistant.

J: I just thought that the (pause) delivery area was really cold....And I don't know like...

R: Did you feel included?

J: Not as much as I thought I was going to be. Hmmff Like during it. But that might have been also because Lynn's Mom was there and she was more experienced in in things like that. (James, age 25)

Larry discussed how he did not feel his role was vital at the time his baby was born and what he felt was his responsibility was ignored by health care providers. Larry and James had quite similar experiences at the time of labor and delivery.

Yeah they wouldn't let me hold – like the nurse said “I'll let you back in, in a minute I just got to take blood pressure.” Took her blood pressure and the nurse never ever moved again. She stayed right there beside her. So I couldn't go in and hold her hand or nothing I just stood back and watched. (Larry, age 20).

John talked about how quick Marie's labor was and the peacefulness he experienced after the birth of his son. John, like other the participants, expressed anxiety caused by the labor, yet found the moment of birth wonderful.

It was really – it was a real fast delivery. She didn't get any – all she had was laughing gas. At first it (laughing gas) didn't do anything. Just to watch her it was – (pause) going through so much pain but all of a sudden it (birth) was just done. He was there. (pause) It was – it was great. Really. (pause) (John, age 20)

They have waited for this moment for nine months. Now the young father begins a new journey in his becoming a father: taking care of an infant.

Coming Home

Coming home is an adjustment for both the mother and father. Often the young fathers spoke of sleep deprivation and the accommodations made to suit the baby's schedule. There is a role redefinition that occurs around household chores because the woman can no longer continue with what she did before because the needs of the baby take precedence. The participants spoke of the adjustment period once home.

"Umm we didn't get as much sleep that's for sure. (laugh)" (Larry, age 20)

Tommy Boy explained what happened as a result of the sleep deprivation once home with Robert (age 18 months).

The first few days were pretty hard with him because he was jaundiced and stuff - After that he was fine and he came home, it was really really different. It was hard because I had school first thing in the morning where my girlfriend didn't and she would -- I didn't want to be like the typical guy that just sleeps all night, let's her take care of the kids, you know, blah blah, I wanted to help out a lot but I needed sleep to go to school and the first week I didn't get any, ... But after I started getting my sleep because I just couldn't --do school and do (care for Robert) at the same time, it was really hard. (Tommy Boy, age 19).

Another aspect of adjustment is the varied emotions as well as the notion of reality and who is responsible for this baby now.

Scary. I was very, very scared. Because in the hospital we had baby, okay if something is wrong, 'Nurse, what's wrong with our baby?' Well, we can no longer go over and -- there is nobody around. It's us, we have to take care of this now. Uh-oh, what the hell are we going to do? But it was alright, it wasn't near as bad as I thought it was. (Aaron, age 19)

Others, like James, exhibited some disorganization around what they required for baby's well being.

Allan was only drinking 2 oz. at the hospital at a time. As soon as we got him home he started drinking 5 oz. and we ran out of formula the first night. Cause

we only had 1 can cause we thought he wasn't going to eat that much. So we ran out of food at 3 o'clock in the morning he was hungry. So I had to (pause), I don't drive, so I had to ride around looking for a convenience store on a bike to see if there was any store selling any type of formula. And I had to ride – I live on (street number) and I had to ride (37 blocks) to the Mac's, all the way down there and they had one can of formula (laugh). (James, age 25)

Bill, on the other hand was ecstatic to get his baby home from the hospital.

It was the best feeling I could have.....It's just I could hold him and snuggle him, love him. (Bill, age 20)

Bob was not seen by his ex-girlfriend's parents to be competent to care for the baby and gate keeping issues began to occur.

.... she's (ex-partner) really not very in charge of anything with her -- she gets swayed very easy. So pretty much when her family was telling her no don't let him see her -- she'd pretty much acts on anything her family says. (pause) And everyone was upset at me. (Bob, age 16)

Soon this adjustment period ends and care of the home and infant became a regular routine. A number of the young fathers spoke about how the scheduling that they did in combination with their partners assisted with the adjustment.

...yep. It took awhile. It was 2 months to get him on a day night schedule. And then he was just fine. So you see right now, this is his sleep time. He'll wake up at 10:00 then he goes to bed at 9:00. So he is good for 12 hours sleep. (Bill, age 20)

Now

How life is now for these young fathers varies, depending on the developmental stage of their babies. This is a factor in where they are in their own transition to fatherhood. For instance, Bob is uncertain in his role and wants to master how to care for his daughter physically.

Yeah. It's usually – well right now what we're doing is – so I get more comfortable with dealing with a newborn and infant... Either my ex or my mom will be present. So that in case I need help with anything. (pause) (Bob, age 16).

In comparison, James has mastered physical care and has moved on to being the main caregiver of his son and now Allan is a "daddy's boy".

He's a total daddy's boy (laugh). (laugh) Lynn sometimes feels left out cause I'm the first one he goes to and he likes Lynn but he'd prefer to be with me. (laugh) Being held by me and he wants me to play with him and every time I leave the room he cries but he doesn't do that for Lynn. I guess as a mother she feels a little left out. Just disappointed. (James, age 25)

Larry and Aaron are similar to Bob; they are adjusting to having a new baby in the home. Tommy Boy, Bill and John are similar to James; caring for their children has become a part of everyday life.

Young Fathers' Stories - Non- Chronological Subthemes

Along with this natural and chronological progression from learning about the pregnancy to the point where the young fathers are at the present time, there are a number of other subthemes found in the data that arise that affect becoming and being a father. These subthemes are: 1) Sense of Responsibility; 2) Adolescence to Adulthood; 3) Becoming to Being; 4) Support; and 5) Values and Beliefs.

Sense of Responsibility

All of the participants mentioned the word "responsibility"; some discussed it as changing their lives around such activities as decreasing or eliminating alcohol, drugs, smoking and staying out of jail.

It was a good self help at the same time as a good way to understand just everything that I needed to understand about life because I was going through a time where I was like drinking and doing -- I was getting really drunk and I was

doing that at a young age like most of my friends did and I was getting into a little slump saved me in a way because it kept me out of – getting in trouble a lot, probably kept me out of jail because there was a lot of things that happened afterwards -- with my friends that I probably would have been with. It's changed just the whole way I look at things. (Tommy Boy, age 19)

Others spoke of getting a job or adjusting school and work to support their child.

For the first 4 months of Allan's life when Lynn went to school he wasn't in daycare I took care of him during the day. Cause I worked at night and I was taking only – I was just finishing up my Arts and Sciences Diploma at (College) and I only needed one course – so I was taking care of him during the day. Then I'd go to work. Getting use to at first caring for somebody who needs everything done for them. The first 2 weeks after Lynn went back to school it was really frustrating cause there's no free time to do anything. (James, age 25)

The young fathers all saw their role as a practical responsibility. The participants spoke of financial pressure to meet the physical needs of their baby and new family.

They saw their role as fathers to be the main breadwinner for the family.

It just means that I'm responsible for a whole other person besides myself. (nervous laugh) And (pause) I don't know just (pause) with (Allan) every concern is focused on him. Like money. picking him up, just spending time with him and just looking after him, keeping him safe. (James, age 25)

All have changed their budgets so that their child is the primary focus. This sense of responsibility evolved as their lifestyles changed.

John exhibited responsibility in our discussion but when asked directly about responsibility he did not see his role as a father as being a responsibility. He saw responsibility as a negative word and he felt parents should view it as a given for their own children. Aaron also spoke of this during the member check, he did not feel he was forced into parenthood because as a couple they had planned the pregnancy. Unlike John, Aaron used the word responsibility but did not see it as negative.

It is a responsibility but it's, I guess I don't know how much responsibility. I mean you have to you're – I'm responsible for making sure that he's okay, she's okay but it's something I enjoy too and responsibility isn't always something you enjoy it's just – I don't know different. (John, age 20)

Inner sense.

The participants all alluded to an inner sense of being a father. I became keenly aware of some different phrases each of them used throughout our conversations. These were phrases such as "It's my life", "It's natural", "It changes you", "I do not know what life would be like without him now", and "It just happens". I think this is part of the process of transition to being a father.

Like it's not a word type of feeling, it's more of a -- just a feeling that you get and you just naturally do it. It's just something you know you have to do. (Tommy Boy, age 19)

Part of defining their role is influenced by their own fathers. For some, they do not want to parent as their fathers did. On the other hand, others showed admiration for their fathers. Bob does not want to fight as his mother and father did; this is why he is collaborating with his ex-girlfriend for the benefit of his daughter.

Yeah, just so it wouldn't make it hard on her cause we actually both grew up with families that fought a lot. Like my mom fought with my dad a lot and her parents fought a lot and then she got a step dad now and they fought a lot and – it's a lot of fighting and just – we decided we didn't want that for our daughter. (Bob, age 16)

Tommy Boy does not identify with his father; he wants it to be different for his own son. He wants his son to know him. Tommy Boy does not believe his father would recognize him on the street if they encountered one another.

I mean my dad left me when I was a kid -- well actually we left him just because of the way things were with him but like I've always -- ever since I've come to

(urban center), I used to be living in (names province) I've always told myself that no matter what happens, if I have a child and whether I'm with the girlfriend or not, I'm going to be a father. I'm going to be somebody who's there. I don't want to be some -- just distant -- I don't want to be just like somebody that he passes in the street and I won't know who he is. I mean I left my dad, it wasn't that long ago, but he probably wouldn't recognize me now if he passed me. I'd recognize him but he wouldn't recognize me. I've always said to myself I want him to have two parents, whether they're together or not. I'd rather us be separated than together and fighting constantly. (Tommy Boy, age 19)

Aaron has just come to know his father again after a number of years. It has only been since the pregnancy that he has renewed connections with his father.

So I never talked to him for years. And one day I called him up and I said, "Well, I've got to talk to you." I went over to Dairy Queen and I showed him the sonogram. And the first thing he said was, "Oh cool." And we didn't really talk much after that again until after she was born, and we ... tonight at 4:00 o'clock we're going to a barbecue with him. (Aaron, age 19)

Prior to this he spoke about how he always looked up to his father as a child and he wanted his child to be in awe of him.

I just always wanted somebody to call me "daddy". I wanted somebody to look at me in the way I used to look at my dad. (Aaron, age 19)

Bill viewed his adoptive father as a role model. He spoke very highly of his adoptive father who has had a impact on the First Nations community and is an elder.

Bill aspires to be like his adoptive father.

He sits on a lot of boards too. Board of directors foster care, he sits on the board of elders. He's pretty important guy. (laughs) Everybody knows him. His name is (...). He does a lot of talks and stuff. Like child welfare to the Welfare office. He provides us with a lot of support. (Bill, age, 20)

Larry admires his father and perceives him to be his role model, he wants to bring up his daughter similar to how he was raised. John and James spoke about their fathers as a form of strong support. It was very evident that John values his parent's advice.

I loved just the fact they showed how they were supporting us as well giving us advice. Like even if they were saying this isn't such a good idea it was still just the fact that they were thinking of us. (John, age 20)

John and Marie moved to a home closer to his parents' neighborhood during the pregnancy.

James has support from his father but he has found his own way to parent.

....my Dad's really interested. But the problem with my Dad is that he's an alcoholic. It's almost more work visiting with my Dad, than just looking after Allan. Because I can't leave Allan alone with my Dad. (James, age 25)

Adolescence to Adulthood

The fathers I interviewed recognized the adolescence to adulthood transition and the adjustments they have made to their lifestyles. Tommy Boy views it as a growth process.

.... The way I look at money, the way I look at work, the way I look at what people do my age now and just ah, it's unbelievable how much it just makes you grow up so fast you don't realize it. (Tommy Boy, age 19)

Aaron's thinking is very much like Tommy Boy's but he recognizes the baby was not born under the best circumstances.

It's not under the best circumstances. I knew this was going to be an end to the way my life is, as I know it, from that point. But it didn't bother me. I was happy because I was having a baby. (Aaron, age 19)

Aaron also stated "I think having kids makes us adults." This statement evolved as a result of a conversation we were having about his mother calling him a child. Further into the conversation, however, Lisa (his partner) recognized milestones of adolescence in which they were not able to participate in because of having a child.

Lisa spoke with me about not being able to go to the bar when she turned 18. In our society we have legalized drinking at the age of 18 years. For a number of adolescents this becomes their way of celebrating this birthday. During the member check Lisa clarified this further that she was glad to have a child and was not concerned about missing this celebration but what she brought to my attention was sometimes for adolescent parents they do miss out on activities that their peers are able to enjoy. (Hettler, Field Notes, March, 2000)

Bob, the youngest father among the participants, changed his schooling to correspondence so that he could work full time. Bob entered into the work world at a younger age than the rest of the participants.

So I just got a new job and switched to my new correspondence school and that was about it. (Bob, age 16)

Larry speaks of having his parenting career over early because of starting earlier than other fathers.

I have less spending money but (pause) I guess in the long run (pause) it just means I'll have spending money sooner in my life than most people because I'll be done paying for everything first. (laugh) (Larry, age 20)

They all recognize this early transition and how it has affected their lives. They have a very positive perspective, at the same time recognizing the pitfalls.

Becoming to Being

Four of the participants are at this point in their transition of being a father: Tommy Boy; James; Bill; and John. The other three participants are still adjusting to the routine of having a new baby.

Tommy Boy, who has an 18 month old child, exhibited confidence in his care for his son and is aware of the role he plays.

... when he wants me to get up he'll start screaming for dad. 'Dad.' Because usually I'm the one who gets up in the morning 'cause my girlfriend's usually

gone to school, first thing, early. So he usually starts screaming out 'Dad, dad, dad,' and you wake up to it and it's cute. Oh it's interesting, everything – everything about it. I just love it. Your whole schedule changes. Your whole social life changes, everything changes. (Tommy Boy, age 19)

James is the main caregiver of his 10 month old and it is very evident he has progressed in his role. He exhibited the most fear when his infant was born and now his son is a "daddy's boy".

Well in the hospital I barely – it took a lot of adjustment. Cause I knew that babies necks were fragile and I was really concerned about not giving his head enough support. So every time he'd move quick and his head would go somewhere. Oh my god, his head just snapped and Lynn's; "he's okay". It's (laugh) not that big of a deal, you just have to be gentle you just don't throw him around if he makes a sudden move just support him as much as you can he's not going to hurt himself just by swinging around once. So I learned pretty quick even though they are small but they are still pretty durable. (laugh) (James, age 25).

When I asked the initial question using the word becoming, "What does becoming a father mean to you?". In his response James uses the words be and being, "I don't have really any deep meaning about what it means to be a father". When questioned on this during the member check we dialogued about the significance of his words. He felt I was right but he had not really thought about it before. He did verify he felt he was being a father and no longer becoming a father at the time of the interview.

John's personality assists with an easy acceptance into his new role of father. At times I thought he was wondering why I was making an issue about fatherhood.

"It just happened. Boom you're a father. You have your duties or things you have to do. (pause) It's fun, I'm really enjoying it." (John, age 20)

Bill, who has a two month old, has strong family support but his cultural beliefs make a difference as well. I also feel having "been" a father before had an impact.

However, gate keeping exhibited by his ex-girlfriend and her family prevented him from becoming a father with his first child. Like James, Bill speaks of being a father. We were in a conversation about responsibility when he made this statement.

... my responsibility more is to be a father and a good husband that's basically the one, the main responsibility. (Bill, age 20)

The other three participants are in the process of becoming comfortable in their new roles. Their infants are still young (2 - 3 months old). Aaron and Bob talked about mastering diapers. Their focus is on physical care of their infants. Bob never mentioned his daughter's name in the interview; he speaks of her as his daughter. Larry, I believe, is trying to figure out his role. When I asked him what he saw as his role with his child, his partner gave him suggestions. For example, Larry puts Curly to bed every night.

"Yeah, that's my job cause she'll lay down and go to sleep for me but she won't for her mother." (Larry, age 20)

During the member check both Bob and Aaron agreed with me that they were at a stage of becoming fathers at the time of the interviews. Aaron felt he was being a father now. Bob was having access issues with his ex-girlfriend's parents so at this time his growth process with his child has been halted. Larry was working out of town so I was not able to discuss this further with him.

Support

Participants talked about support from partners, family members, friends, co-workers, and professionals such as health care professionals. Some young fathers that I interviewed said they had no support from family, while others had varying degrees of support.

Yeah her grandma's pretty good with her. She has her olden ways but she really helps us out a lot, like she'll suggest something that we could do or whatever and she'll suggest something that's good or she'll suggest something that she believes and if we decide to take it, we decide to take it. If we don't decide to take it she gets annoyed because she thinks she's right but now -- it's taken a lot of time but now she's starting to realize, okay it's their thing, but that's pretty much her backbone is her grandma. (Tommy Boy, age 19)

Larry does not feel he has any family support. "I won't anymore. I won't ask him for nothin' anymore." (Larry, age 20) Larry is referring to Mo's father. He also feels that his family is too far away to consider them a support. They feel their source of family support came from her mother. Mo's mom died during her pregnancy. Mo and Larry both discussed with me that her pregnancy was really exciting until her mother died. In their own relationship there is support for each other. "We just carry on with ourselves and our own lives" (Larry, age 20). The perceived lack of family support has had an impact on this particular couple; they felt they had her mother's support and because of her death they feel they have lost their family's support. They expected that support to come from her father but in their eyes it is not there.

John's perception differs from Larry's. He has an emotional support system and also a financial one from his family. Marie's family also provides them with support.

... reason why we moved out of the apartment, a bad neighborhood. We wanted to be a little closer to my parents and a bigger place as well. We've been happy here. (John, age 20)

The only thing – I guess their big thing was they wanted to make sure we would be financially okay. Cause we told them that we wanted to have the baby together we would probably move out eventually and they were just, you're really young and are you going to be able to have enough money, can you do this. Can you actually get it done and (pause) worked out the money situation mostly. They were concerned because they didn't want me going out there and (going) in debt.

Everything's been really good and they're really good, so are her parents. (John, age 20)

Aaron feels he has family support but he experiences tension with both his mother and Lisa's mother. "She (Aaron's mother) was very supportive but – she always made me feel this big." (demonstrates with fingers meaning small) (Aaron, age 19). There are power struggles happening with his mother over their cats, and with Lisa's mother because she does not like Aaron.

Her mom – she's weird. She's hearing impaired. I think she's got like a grade three education, so – and her life (Lisa's) has been really, really, sheltered. So she has set opinions on everything and she tried to bestow a lot of those on Lisa and she is still trying to do it. (Aaron, age 19).

Partners - Mutual support.

They all developed a support system within their own relationships. Even Bob eventually obtained support from his ex-girlfriend.

Every time we talked or resolved something – something would be said and we'd get in a big fight again and it would just be even worse. So it wasn't until we each got a mediator and went and sat down and met and just calmly talked things out (pause) for our daughter's best sake rather than just our own personal petty battles. (Bob, age 16).

Tommy Boy claimed his relationship with his girlfriend was tense at times.

He spoke about the trials of their relationship and how he was able to overcome these disagreements.

Me and my girlfriend got in a couple of spats about that -- just because you're moody after because of the postpartum, so you get really moody after. The thing that I guess kept us together and the thing that's kept us where we are has got to be because I have a lot of patience, because it's not the child that gives you the most trouble, it's each other. It's easy to raise a child the way I see it, ... but it's hard to please your other half because they expect things of you that you don't necessarily know they expect.... (Tommy Boy, age 19)

The participants generally talked about how they each found support from their partners. A frequent comment was how the pregnancy assisted the couples in growing closer to one another. John is an example of this comment.

... well me and Marie became closer. ... we'd moved in together but it hadn't seemed like we moved in because baby was on the way like we just kind a got together. (John, age 20)

Larry and Mo came to rely on one another due to perceived lack of family support: they were married in December, 1999. I think this is partially an indication of the support they provide one another.

Friendships.

Friends offer another form of support. The young fathers' friends have changed due to new interests and other friendships developing and they have moved on in their lives. Tommy Boy's, Bill's and Aaron's friends changed so they could disassociate themselves from drugs, alcohol and jail. James' and John's friends have changed because they completed high school. Larry moved from his home community.

Even after school we kind a separated a bit like don't hang out with them all the time. They'll come over and see him and that sort of thing. Don't really see too much of them. It doesn't really bother me, I'm usually too busy anyway with work. (John, age 20)

I probed the participants regarding the influences of co-workers, for these young fathers co-workers were not a major source of support. This form of support seemed to vary by the circumstances where they worked: Bob spoke about not really having the opportunity to talk to his co-workers; Larry felt his boss was a liar; Tommy Boy, on the other hand, felt a great support system from co-workers.

And the place that I work now, (place of work) my boss is really great. Like he's just a great guy. All my (fellow) workers are -- have been friends of mine for a long time and they all work there, -- so it's just unbelievable it's not a work place it's like a little family..... (Tommy Boy, age 19).

As they moved away from their former worlds of school and social activities, participants also expressed difficulty in making time for friends in their new worlds.

Educational support.

The education system has a role to play with these young fathers. It has been well documented in the literature that adolescent parents are prone to quit school, rely on welfare or their own families for financial support, and live in poverty (Jordan, 1997). In probing this aspect, two of the participants discussed the impact of the education system. Bob did not have much support from the education system when he chose to complete his schooling through correspondence. His mother's support keeps him committed to completing grade 12 through correspondence.

R: do you feel you have school support for doing this? ... You're taking correspondence is there support from the school?

B: Not really.

R: No?

B: They are not too involved.

Tommy Boy received support from his teachers after his child was born because he became focused on his school work.

And then when I went back to school it wasn't -- the same thing, I mean I went pretty much everyday. The days that I didn't go I was helping out at home but I'd call into school to see what I'm missing and -- my marks went up -- I'd have to say it went up a lot compared to what I was getting. And I made a lot of teacher friends... (Tommy Boy, age 19)

Resource support.

Some participants obtained support through print and audio visual resources. Bill, (age 20) speaks about how he turned to books when he first heard the news of pregnancy; "... I started to read books and stuff."

James had read books that confirmed for him the appearance of his child after delivery.

I had read a book and it talked about babies right after they were born. How they are not really cute cause they're scrawny and red. Well Allan looked like he'd been through the cleaners, he had marks on his eye and the cord had been wrapped around his neck so he had a red mark on his neck. (James, age 25)

I learned from Aaron that the Regional Health Authority's (RHA) book given to adolescents does not include anything for the young father. Aaron felt the general book given to all pregnant women was much more inclusive of the fathers.

Health care professional support.

The young fathers spoke both about their satisfaction and dissatisfaction with the health care system. A number of the young fathers provided suggestions about how their experience could have been more inclusive: physician visits, prenatal classes, adolescent pregnancy program, hospital delivery, hospital post partum experience, home visits and through other support agencies. Some did not perceive to be welcome in the physician examining room and they did not have the confidence to insist. Bill (age 20) "Oh no they would just be telling me – oh no it is just a routine check." Larry, (age 20) who thought his role in the delivery could be to hold his partner's hand, became discouraged when a nurse requested him to move to take Mo's blood pressure. The nurse did not step aside

once she had finished the task and Larry did not have the confidence to ask her to move. He also intended to cut the cord as part of his role but the physician forgot and did it herself. Larry does not see this experience as a positive one. Aaron, on the other hand, had the confidence to take in every opportunity he could and was involved in each of Lisa's appointments.

James felt he was excluded from the labour and delivery process because Lynn's mother was present.

Not left out but I – felt being the baby's father that I should have been told before her mother. (James, age 25)

The participants generally were very appreciative of the RHA's adolescent pregnancy program and outreach program which works in conjunction with the school for pregnant adolescents.

I feel we had a lot of help. Because through the (adolescent pregnancy program) we had the two nurses. The second nutritionist just never came by. But had a lot of help through that. (Aaron, age 19)

Aaron commented about at times how he felt the RHA nurse left him out of the conversation when his partner's mother was present but he still appreciated the program.

... their kitchen was really, really small so I had to go and get a little footstool and sit in the doorway of the kitchen and sit there and sit there and listen. And I wasn't really part of any of the conversation, and I felt like I was excluded. When they were asking my opinion her mother would answer them back. (Aaron, age 19)

Tommy Boy spoke of using two other urban city agencies for services which he felt did not meet his needs.

(Name of #1 Pro-Life agency) So we go up and the woman's looking at us -- the way she came off was like number one, you're too young, number two, you guys are too -- she immediately looked and she judged. It was a really quick judgement of us the typical, blah, blah, blah and right there me and my girlfriend said do you know where (Name of another #2 Pro-Life agency). She told us across the street and we're looking around and it just seemed it was more of a pro-abortion place rather than a neutral -- I don't know like it was just the feeling that we both got.and the pictures that were around, they had a poster that said 'Abortion' a question mark on it, this and that, and it just seemed so pro like you were bad, you sinned, it felt like the 50s, you know like go off to a home and have it somewhere else. (Tommy Boy, age 19)

The atmosphere affects how the young fathers perceived the assistance they received from the agency.

Values and Beliefs

Identity as father evolved through the role modeling participants observed either by their own fathers or a significant adult male. The participants' families have influenced their parenting styles. Tommy Boy has quite an in depth perception of parenting, discussing his intention to expose his child to everything in order to make informed decisions.

I think that most of the -- stuff that comes along with --parenting isn't really ... oh let's shun this away from him. It's more, well let's expose it so that he doesn't think that it's -- oh I -- because I remember when I was a kid everything that my parents kept from me, I did. Everything that was hidden, I did. ... I want my son to know all of the swear words. I'm not saying that I want him to use them but I want him to know them and know that they're not appropriate in some places.... I'm going to talk to him about it and that's when I'm going to -- 'cause I'd rather him know what everything's about rather than him learn from somebody else. Same thing with sex, I'd rather tell him -- I was told before I went to school so I wouldn't be told in school by other kids and get it wrong and then come home and my mom would be just ahhh, you know about that and my family was very weird. My family is really open into the sexual part of life. When my dad was being raised he was ... my dad was born in like '52 ... when he was growing up his mom used to put the brand new Playboy issue on the front table. And I mean back then, oh my god that's so taboo right? Playboy was like oh you've got to be

perverts to get this but I mean he looked through it ... friends used to come over hee hee hee hee giggle and look through and like oh my god and they felt guilty for looking at it where my dad was just like -- well it's just a book on nudity.... (Tommy Boy, age 19)

Larry talks about "teaching what he was taught". Although Larry did not expand on this statement, this comment came up several times in our conversation. He valued his upbringing and he believed his daughter should be raised in a way similar to how his father guided him as a child.

Aaron has a daughter and his concern is about future boyfriends; and he jokes with his response:

... when she gets old enough and she comes home one day and she says, "Daddy, I'm not a virgin no more." (Aaron, age 19)

However, his partner Lisa desires a care free childhood for their daughter unlike her own experiences growing up. Aaron adds to this by speaking about her being happy in life.

I just hope she's happy.... I want her to be happy. If she finishes school, she finishes school. If she doesn't, she doesn't. I'd prefer her to. I'd like her to go and make millions of dollars and support my ass and change my diapers. You know? (Aaron, age 19)

Bill spoke about the importance of raising his child within the native culture. His son comes with him to the sweat lodge every Sunday. The people that attend have become the couple's friends now and they just love having Phil there.

Because we bring the baby down there. All those people that go there and sweat they are really nice. (Bill, age 20)

I'm becoming a pipe carrier now in my house. And my sister M is becoming one too. (Bill, age 20)

I'm a Sundancer as well its a piercing Sundancer where I pierce my chest.
(Bill, age 20)

While every father experiences the chronology of pregnancy, labour, delivery and bringing his new family home, at the same time other changes are taking place that prepare him for fatherhood. A sense of responsibility that goes beyond duty, tasks or roles develops into a positive inner sense that guides decisions (such as school, movement from adolescence to adulthood). In this way, the young men move along the continuum of not being - to becoming- to being fathers. This growth process is fostered by support from others and their values and beliefs.

Summary

In this chapter I have attempted to bring the voices of the participants to the reader. I have tried to provide a sense of holism to their stories through the themes that have arisen from the data. In the next chapter, I will integrate these voices and provide a framework to understand the transition that a young father experiences as he progresses into fatherhood.

Chapter 4: Insight into the Transition Experience

Seven young fathers conveyed their experience of becoming a father to me; they gave me a view of their worlds and the transitions they have made in their journeys of becoming fathers. My journey of coming to know their experiences was also a transition and as I write this document it continues to be a process of discovery. I feel together we have co-created a different understanding of our worlds (Freire, 1993; Parse, 1992, 1993). I have sparked new insights for them about their experience of becoming a father; at the same time they have changed my ways of knowing.

In this chapter I discuss how each of the common themes, subthemes and categories have evolved out of our conversations. I have compared how the information gained in this study is supported by the existing literature on young fathers, older fathers and adolescent mothers. I discuss a transition model (Three Stage Transition Process) (Donaldson, 1998) to which I was introduced through my graduate course work. This model is relevant to what I have discovered about young fathers and I integrate it into the young fathers' "Becoming to Being" conceptual framework (Appendix A).

How the Data Interconnect

Throughout my discussion I address the complexity of the data using the main themes of transition - becoming to being, responsibility, adolescence to adulthood, values and beliefs and societal institutions. The key influences on the young father to remain involved with his child center on how he views his responsibility in the world and the role the various societal institutions exert on him as he becomes a father.

Becoming a Young Father - the Chronological Transition

I discuss the chronological transition then the non-chronological transition in order to organize and present the data analysis and support findings with the literature. In the literature on older fathers the process begins with the initial news of the pregnancy and progresses towards how it is presently experienced by the father (Shapiro, 1987; Jordan, 1990). This progression depends on how far the study is extended into the process: for instance, just the pregnancy, pregnancy to birth, or into child rearing (Barclay & Lupton, 1999; Barnhill, Rubenstein, & Rocklin, 1979; Jordan, 1990; Jordan, 1997; Levant, 1990; May, 1982; Shapiro, 1987).

Initial News of Pregnancy

In the literature on older fathers the process of becoming begins with the initial news of pregnancy. I noted from the participants that this news was similar for young fathers. Shapiro (1987) details experiences of older fathers during the first trimester; those findings were similar to how these seven young fathers responded. Shapiro (1987) found fathers had a variety of different responses to the initial news of pregnancy; emotions ranged from denial to obsession, joy to fear, and minor and major lifestyle and value changes. May (1982) stated the emotional response depended on whether the pregnancy was planned or unplanned. Tommy Boy and Aaron, who had planned pregnancies, responded with happiness. May (1982) suggested the length of time it takes for acceptance depends on how soon both partners suspect the pregnancy, what the impact is on the father, and how soon the pregnancy is confirmed and discussed with the father. Bob was not initially told and his acceptance took longer than others in this

research. James, who was initially excited, became concerned for his partner whom he feared would have some difficulty telling her parents. He became protective which is also a common response that Shapiro (1987) terms as “nurturing”. Larry also took on a nurturing role through the financial decisions he made (i.e., buying a home). For John and his partner the pregnancy was unexpected and initially they were faced with a decision on whether to continue the pregnancy or not. Shapiro (1987) stated a couple must decide whether they want the pregnancy to continue. Thus, in this research, the young fathers’ responses to the pregnancy were corroborated by the literature.

Contrary to what the literature states for older fathers on expressing the news of pregnancy, some of the participants had concern about telling their parents. Bill was scared to tell his adoptive parents, especially his mother, because as he put it his mother is “scary”. The response he received surprised him because his mother told him “to be a father to this child” and not to “lose him” as happened with his first child. John was nervous because he does not normally inform his parents about private information. When he told his mother, he received a hug and immediately felt her support; his father found out the next day. For James, the concern came when telling his partner’s family; he was shocked by their response. He expected her mother to react rather than her father.

... But Lynn’s Mom she’s always more strict with Lynn, keeping her grades up, doing housework, working and being responsible. Her Dad was more the easy going guy. But her Mom was really understanding about the pregnancy, she didn’t lecture Lynn or anything. She just told her that she’d support her in any way she could. Her Dad was really negative about it (pause) just thought Lynn had ruined her life but her Mom was more supportive. (James, age 25)

Family responses to adolescent pregnancy emerged from the data. These

participants were surprised by the support they received initially from their families and they spoke of expectations of anger from their parents. How family responds to adolescent pregnancy news is a different aspect to fathering than what older fathers experience and is not documented in the literature. This theme emerged also from my course projects:

Both (participants' names) were reluctant at first to discuss the pregnancies with their respective parents. When they did, they were surprised by the reactions of support that they received.... "They took it pretty fine, as I thought they would get mad." (excerpt from one father's transcript) (Hettler, unpublished manuscript, 1997)

Pregnancy

As the pregnancy progresses some of the activities in which the father involves himself and that contribute to his development of becoming a father include: attending the physician visits; ultrasounds; feeling movement; hearing the heart beat; naming the baby; and the ultimate moment of birth (Callister, 1995; Jordan, 1990; Jordan, 1997; May, 1982; and Shapiro, 1987). These are also considered markers of attachment (Ferketich and Mercer, 1995; and Stainton, 1990). The transition literature also views these milestones of pregnancy and birthing as an evolution in the mother's and father's lives as a part of their becoming. Mitchell (1993) suggests a "same-thing-yet-different-phenomenon" can be interpreted with attachment and transition; both are part of the transformation into parenthood.

Physician visits.

For the young fathers being included in physician visits was part of their coming to know their infants and developing an attachment to the infant. In some cases

participants (such as Larry and Bill) felt unwelcome by the physician and his/her staff. However, other participants (Aaron and Tommy Boy) had the confidence to insist on being a part of these visits. Aaron was accepted easily into these appointments but Tommy Boy had to persist until the health care professionals accepted him.

the doctors and the nurses it was weird – this is a young couple and the guy’s here, okay, this is his first time and he’s probably not going to be here next week but when I went to every single one and they started to get to know me and they started to – (say) “hi, how’s it going” and as they started to be comfortable with me (it became) a little bit easier (for them). (Tommy Boy, age 19)

Shapiro (1987) suggests there is a cultural double-bind for fathers. On one hand, society wants fathers to be involved in pregnancy and the birthing process and to “participate fully”, but at the same time they are to remain as outsiders. Fathers are not to express their feelings or concerns and they are not recognized for their role and participation (Shapiro, 1987). I learned from the participants that they were not made to feel comfortable by physicians and their staff and that some do not have the resources and self esteem to insist on being included. There is a cultural double-bind for these young men that elicited questions about how this tension affected their attachment to the fetus/infant and thus, their becoming fathers.

Ultrasound.

Jordan (1990) states one of the most powerful catalysts for developing the father’s reality is seeing the baby on ultrasound. Except for Bob, all the participants were involved in an ultrasound appointment or had pictures from the experience. There were numerous responses from the young fathers; for some I do not think it was a “catalyst for development of a reality of the infant”. Larry, for instance, did not believe parents should

see the baby before it is born. James was not impressed because the clarity was poor and he took the word of the technician that a fetus did exist. It was a reality for Aaron; he used the picture of the ultrasound to increase his connections with his father, with whom he had had no contact for a number of years.

Feeling movement.

Shapiro (1987) states that feeling the baby move provides a realism for the father. Jordan (1990) states the father can begin a relationship with the child when he begins to feel movement within his partner. When a father can feel a new life within her abdomen, he often interacts and “plays games” with the fetus (Jordan, 1990). The participants spoke about this interaction and connection to seeing and feeling movement. Bill and Tommy Boy truly connected with their infants/fetuses through feeling movement. They believed this connection is how their infants knew them at birth because they knew their fathers’ hands from playing while in the uterus. Both became attached to the fetus through feeling movement.

... the first little poke I felt that he gave me and I really got attached then because I was addicted to it. ... it’s not just a picture, it’s actually there. ... you actually get a physical touch it’s just ahhh. I really got attached. (Tommy Boy, age 19)

Hearing the heart beat.

Jordan (1990) states hearing the heartbeat provides validation of the pregnancy. This validation was very true for the participants. Often they would make comments similar to Larry (age 20) when they heard the heart: “It put a big smile on my face”

Naming.

Shapiro (1987) states it is often during the second trimester when the baby book of names appears and a couple goes through the process of naming their baby. The participants experienced a similar process. Naming was a very important process in their attachment and identification with their infants. The names they chose had significance to them and their partners; often family names were incorporated.

... his middle name is in my name and in my Dad's name – it is my Dad's first name and one of my middle names. And his first name we – both liked. And we actually chose it pretty fast. (John, age 20)

The Birth

The various stages of pregnancy contribute to the development of the paternal role and self-identity as a father (Jordon, 1990; May, 1982 & Shapiro, 1987). However, there is no moment as precious to the father as when the baby is finally born. The most powerful transition for the father is at the moment of birth (Jordan, 1990). The young fathers expressed these glowing yet anxious moments. In this way, both young and older fathers had a common experience.

Coming Home from Hospital and What is Life Like Now

Once home there is an adjustment period in order to make the transition into parenthood for both mothers and fathers (Jordan, 1997). It is common for both parents to have feelings of anxiety and of being overwhelmed. The participants spoke of these adjustments and the anxiety. Aaron was anxious because there was no nurse available now and was concerned about something going wrong with the baby. James had to go out in the middle of the night for formula. Larry on the other hand, was ecstatic because

his hospital experience was negative and now he was home and free to bond with his daughter. Bill also was happy because now he could “snuggle and love him”.

There is a period of establishing new roles within parenthood (Barclay and Lupton, 1999). Larry established his role by putting his daughter to bed at night. James and Tommy Boy became the caregivers due to their partners' school schedules. Tommy Boy and Bill both spoke about the scheduling that occurred early with their infants; participants used this adjustment period to become comfortable, initially in learning how to care for the infants physically and then, when comfortable, moving on to focus on their infants' other needs. Aaron and Bob spoke about mastering how to put on diapers and do cord care. James was initially worried about the fragility of the baby and his neck but soon learned how to support his infant's head. Some of the participants were still adjusting at the time of the interview; others had moved beyond and were comfortable in their new roles of caring for an infant and new routines the care brought.

Becoming a Young Father - Thematic Rhythms of Meaning

Parse (1992, 1993) uses an exchange of rhythms between client and nurse and a new meaning of health for the client is co-created out of these rhythms. In this next section, together with the participants, we have co-created new meanings through these themes about what influences the process of becoming a young father. Through these young fathers' stories which reveal their perceptions of adolescent pregnancy and the affect it has had on their lives, my professional knowledge, beliefs and assumptions about adolescent pregnancy have been altered. They have revealed some of the “mystery” and complexity of adolescent pregnancy. I have attempted to be true to their voices through

the next discussion. This discussion presents the “becoming to being” conceptual framework which aids in understanding the intricacy of how young fathers process their new roles and identity as father.

Sense of Responsibility - Concrete and Inner Sense

The concept of responsibility was a great impetus for the young men’s transition. I view this sense of responsibility as part of the “becoming” process towards “being” a father. Central to our conversations was how young fathers spoke in their own ways about this responsibility using words such as “duties”, “chore”, “job”, “tasks”, and “feeling”. I viewed these terms used as their images on how they interpreted some of their fathering roles. When reviewing the literature on fatherhood this sense of responsibility is frequently present, whether for older fathers (Jordan, 1990; Shapiro, 1987) or younger fathers (Jordan, 1997; Marsiglio, 1993). In my courses, and in my practicum where I conducted small projects, responsibility was mentioned; when speaking with other professionals who work with young fathers it is a common theme. It was during this research that I became fully aware regarding how significant this inner sense of responsibility is in becoming and being an involved father. My interpretations were confirmed and extended during member checks with the fathers.

As the young father progressed through pregnancy, the commitment he has to his child and partner strengthened. Even Tommy Boy and Bob, whose relationships with their ex-partners were tenuous, still spoke of a commitment to the women for the benefit of their children. Through the initial news of pregnancy, during pregnancy, birth, bringing baby home and now (at time of interview), they spoke of how their inner sense

of responsibility grew and changed. With the initial news there were decisions to make. Once the decision was made these fathers honored their commitment. John spoke of considering all the options of pregnancy (abortion, adoption and keeping); as a couple they chose to keep their infant and John remained committed. James, for example, was engaged to Lynn at the time of the interview and thus expressed to me his commitment to his partner. Initially when I spoke about Lynn as his girlfriend he corrected me and referred to her as his fiancée. Larry and Mo were married when I phoned for a member check. Bill also informed me on the member check that he was engaged and the couple was soon to move into their own home. Although for all participants it is early in their relationships with their partners, all demonstrated a level of commitment to becoming a father through the commitment they made with their partners. I sensed from statements with these participants that it was important for them to let me know what their level of commitment was to their partner, and ultimately their children, because these comments were made very early in each of the various conversations.

As the pregnancy progressed this responsibility advanced towards internalization, through attachment to the fetus during the various health care visits the couple encountered (i.e., hearing the heart beat and viewing their unborn fetus on ultrasound). This attachment also occurred through feeling movement (Stainton, 1990) and coming to know the baby through their hands, as Bill discussed. Naming the baby also had an impact (Shapiro, 1987). Stainton (1990) stated that an awareness of the fetus develops prenatally and is a part of parent to infant attachment; this occurs through a variety of

parental responses to the unborn infant. Tommy Boy explained this internalization of responsibility.

... you naturally change because you watch -- you do the month by month thing, your first month, it's just this little thing, and then as it goes on it develops and you see how it grows and the ultrasounds -- it changes you because -- it's so hard to explain. (Tommy Boy, age 19)

During the pregnancy not only is this inner sense of responsibility demonstrated through the growing commitment they show to their partner and infant but also the pregnancy allows for a connection to grow between father and infant. Coles (1997) describes how young men reveal their commitment and connection to their partners and soon to be infants:

"If you become someone's partner -- if it's a girl, and you've 'done it' -- then that means a lot. People say, the guy, he'll just get dressed and walk away. Not true! He'll be walking, and he remembers. I talk with guys, I hear (them) -- they won't tell their girls what they're thinking, but their heads, they're full of stuff. Now, it's street going in both directions, and a lot of time, the girl will turn away before the guy." (Coles, 1997, p. 14)

The feeling of connection with their infant becomes stronger at birth. Birth found the young fathers feeling mixed emotions as their new roles and responsibilities became a reality. Bob (age 16), who was not present at the birth, when told about it, reacted:

"Wow, I'm a Dad now!" Once home, the young father focused on and mastered the physical care of his infant, viewing joint care as part of his responsibility in order to assist his partner in caring for the infant. Together they mapped out roles as father and mother. As the young father began to see his child as a person he internalized who he is as a father (Jordan, 1990). Bill for example viewed his ultimate responsibility as "... to be a good father...." (Bill, age 20). As the baby developed, his identity as father advanced too, and

his responsibilities changed. Perhaps being a good father was very important to Bill because he had pressure from his family but he also placed pressure on himself because of the pain he experienced when being denied contact with his first child.

I had a very significant discussion with these fathers and a very concrete example of their demonstrated responsibility emerged. The participants emphasized their lifestyle changes regarding their finances; they saw themselves as financial providers. They all found full time or part time work and, if they were in school, adjusted their schedules. Young fathers who did not demonstrate responsible behavior prior to pregnancy began to do so during pregnancy; this attitude increased after delivery by making sure there was money for rent and learning the skills needed to meet their babies' needs. Aaron speaks about not paying rent before the pregnancy and that it was okay to be evicted from his home when he was on his own, but it was not okay now that he had a family. In a similar way Shapiro (1987) found that older fathers viewed themselves as the sole financial provider for the family.

A part of this responsibility is the role changes that transpire; the participants recognized they had to take on different roles in the home once the baby arrived and they adapted quite easily to these changes. Barclay and Lupton (1999) stated men who had equally participated in household work for some time before their children were born were advantaged in the early weeks of parenting. These men were less likely to see household chores as gender related, whereas men who had not participated in these tasks lacked skills and had more difficulty adjusting. I think that the participants in this study,

because of their ease of taking on new roles, were accustomed to household tasks and that these were not new roles for them.

The developing sense of responsibility progressed from a practical responsibility into an identity as a father and taking on, or adjusting to new roles developed into an inner sense of responsibility. Jordan (1997) stated that fathers go through a developmental stage of redefining their roles and values. Further, Barnhill, et. al., (1979) state that transition to fatherhood requires five developmental tasks before synergy occurs: 1) decision making; 2) mourning loss of freedom; 3) empathetic responding; 4) integrating baby and; 5) establishing family boundaries. Moving through these developmental stages is part of a father's struggle during his adjustment period of "becoming" to "being" a father. I think part of this developmental process results from the inner sense of responsibility. Participants used certain words that identified this inner sense of responsibility, such as: "It's natural"; "It's my life"; and "I'm a Dad". Jordan (1990) stated that a process occurs for fathers where the child is integrated as being part of the father and thus the parental role is incorporated into the men's multiple role identities (e.g., breadwinner, student, friend, partner, son etc.). He went on to posit that many men who reach this stage may not necessarily maintain the effort and may return to their other roles. I believe that as his child develops the young father of an infant will need to learn new tasks and part of this learning will be taking on new roles as father (e.g., father of toddler, school child, sports coach for child, etc.). The road to fatherhood and "becoming to being" a father is not a linear road but one that zigs and zags. In my view what Jordan (1990) is stating is that a father may not always feel he is being a

father. As the situation evolves and the child develops, it may be easier for him to concentrate on his other roles (e.g., work) and perhaps abdicate parenting to his partner. This may be particularly if gate-keeping becomes an issue and access to the child becomes difficult or troublesome. To take this further using “becoming to being” framework (Appendix A), perhaps as the young father begins to feel comfortable at one task of parenthood (e.g., physical care) he begins to feel as if he is “being” a father. As his child develops, new needs are introduced and the father moves from a comfortable position to one where he is less comfortable (less adept, less confident) and starts the “becoming” process again. For example, when his child begins to walk a whole new set of safety concerns are presented, requiring the father to consider child-proofing the home – a task that was not necessary for an infant who is not mobile. The process is a back and forth transition from comfort, to discomfort, and back again - a zig zag road. James lives this very situation: he has become very comfortable taking care of an infant because he became the main caregiver while Lynn went to school. Allan is now 10 months old and almost walking. James is very concerned for his safety and is adjusting for impending toddlerhood. In other words, he is being the father of an infant and at the time he is becoming a Dad of a toddler.

I think (pause) the biggest source of frustration is when they actually start moving around and Allan did it – I think it was early for a baby to start crawling at 5 months.....And from 5 months until now its – an on going daily marathon (laugh). To keep him from hurting himself and keeping him out of things and constantly tending to banged heads and banged knees and scratches from the cat or a nip from the dog. (James, age 25)

Adolescence to Adulthood

Other factors, however, play a role in how the young father is able to navigate this new role. He has his own issues to face in his transition from adolescence to adulthood. Along with the development of identity as a father these young men are still in the adolescent period and faced with the development of an identity as "me". Part of transition for the adolescent is moving from school to career, from adolescence into adulthood (independent living) or forming relationships/personal growth (Hiebert, Donaldson, Pyryt and Arthur, 1998). Jordan (1997) states that adolescent parents initiate their parental careers early and therefore deviate from the order in which these transitions are scheduled to occur.

Participants recognized that they were moving into adulthood earlier than others their own age. Tommy Boy spoke about not having the money for a car like his friends do. When asked if he feels he has missed out on this he states "no" because if he wants a ride in a fancy car he just asks one of his friends.

... a lot of my friends are driving brand new cars and either they live on their own now or they're thinking about buying a house. It's just different because I don't even drive. I can't afford to drive. I don't even own a car. It's hard for me to even afford some rent and a lot of it goes on him (baby). (Tommy Boy, age 19)

The commitments that young fathers make to their children and partners affect their cash flow; if their situations did not exist they would continue on with their carefree lives like their peers. However, these young fathers did not resent changing their lives because of their children; they recognized that they have made an early transition (Donaldson, 1998). However, they are very content with becoming a father.

Young fathers may embark on a career, or finish school, in a different order than their peers or, they never continue with their original goals. Somehow they manage to survive and thrive. At the time of the interviews, Bill was pursuing his interest in autobody mechanics; Tommy Boy was exploring journalism; Bob was trying to finish his grade 12; and James was finishing college. They all had set goals that they were trying to achieve after the birth of their children.

However they maneuver this commitment to adulthood, it requires juggling of roles and goals to develop their own identities of self and father. Violato and Travis (1995) suggest the adolescent period is a time of *lacunae*; that is, gaps or holes exist in an adolescent's life. Adolescents seek to fill these ruptures in their lives, to feel a sense of completeness and ultimately achieve the development of their identity as an individual. I view the young father as having two *lacunae* at the same time; both representing separate transitions which are occurring simultaneously: one to adulthood and the other to fatherhood.

Young fathers' sense of responsibility and the adolescent period are impacted by the societal institutions they encounter as they grow as individuals. Society performs a significant role in the development of beliefs and values (Bandura, 1986). Behavior is influenced by the environment or context of family, peers, school and the media. The societal institutions of family, health care, education, and justice can affect how the value of responsibility emerges in either a direct or indirect manner. Young fathers' values and beliefs about responsibility interconnect to inform the transition into fatherhood.

Society and its Institutions and Development of Values and Beliefs

Tudge and Winterhoff (1993) compared the works of Bandura, Piaget and Vygotsky and stated that children do not passively imitate models in their social worlds, but they internalize their models so that it becomes an active process. Bandura claimed that the mediating cognitive factors came from language, cultural tools and institutions (Tudge & Winterhoff, 1993). The institution to which infants are first introduced is the family; the family is the initial model for maneuvering the world in which infants live. Imitating carries through into adulthood; along the way the individual encounters people outside of the family who may be role models (e.g. teachers) (Bandura, 1986). It is important for these influences to be positive. However, at times negative role models (such as media and even family) can have a positive impact (Bandura, 1986).

Family.

The institution which has the greatest influence on young fathers' transitions exists within their own families, whether it be their family of origin or their new family, comprising their partner and child. Jordan (1990) states infants have a powerful ability to assist their fathers in feeling special, important and competent as a parent. In this study the young fathers exhibited tremendous pride in parenthood. Even with Bob, whom I did not observe interacting with his baby, pride was evident through photos he showed me:

I could see how truly proud Bob was of his infant daughter in the pictures he showed me. He spoke of pride in the interview but as an interviewer even though I had to take him at his word I still questioned "is he stringing me along". I don't think so by those pictures and his reaction. (Hettler, Field notes, June, 1999).

As I continued to interview the young men, pride directly affected their increasing sense of responsibility as fathers. Jordan (1990) states how powerful and yet so dependent the infant presents himself/herself to its father. The infant's power with their father assists the developing sense of commitment and connection. James explains this concept well.

... You're sitting there and holding him and you want him to go to sleep. Just give me 10 minutes, you're always living life waiting for him to go to bed. It's fun some parts like playing with him, feeding him and talking to them and they're cooing back at you and they start doing something and you get all excited. (James, age 25)

Another component of how well young fathers maneuver transition with their new families comes from their partners or (ex-partners). Either the mother wants assistance from the father in the care of their child and is agreeable to sharing her roles, or she does not believe the father is capable of caring for his child (Barclay & Lupton, 1999). Barclay and Lupton contend that men who do not enter into child care soon after their children are born tend to take longer to attach with their children. In this study, the participants were made to feel equal by their partners and consequently felt included in the care of their infants. They were too homogeneous to discern differences in the time it took to achieve attachment.

During the member check I was made aware of issues that Bob and Tommy Boy were experiencing. According to Lindsay (1993), adolescent relationships in which a baby is involved are very tenuous. Gate keeping by the mother or her family halts or interferes with the fathering process similar to what would happen with a father who is excluded by his partner. Because young men were initially allowed into their children's

lives, then subsequently denied access, their sense of responsibility reinforced the commitment they felt for their child. Bob is an example of this perspective; he took it upon himself to involve social services and provided child maintenance in order to ensure contact with his daughter. One of Coles (1997) young fathers speaks about what happened with his own father and the gate keeping that occurred by his mother and grandmother. He is fearful this is what will happen in his own relationship.

“All I heard when he left was my momma and big momma (his grandmother) calling him bad, bad, and you’d think he did the whole world in, and he should get ‘the chair’. But he didn’t like them shouting into his ears all the time, and he drank a six-pack a day, and they said he was a ‘no-good one,’ just for that. So, he walked out. Next thing, he was out West somewhere.But I say, I don’t want this to happen twice, don’t you know.” (Coles, 1997, p. 21-22)

Both maternal and paternal families of origin can and do influence the growth of the young father: families are instrumental in how young fathers experience their transition (Jordan, 1997). Families who are supportive and encouraging calm the process of transition for young parents. The participants presented very different forms of family support: a number of them experienced power struggles within extended families which placed stress on their own nuclear family. Aaron, James, Bob, Larry and Tommy Boy mentioned power struggles with family members. Bill and John spoke very highly of their families and from my interpretation they moved very smoothly into being fathers. Barclay and Lupton (1999) state that in families that provide support and establish “rules”, the men involved found it less difficult to move into their role as father.

Further, Barclay and Lupton (1999) state that men are now expected to fill the roles that previously neighbor women or close relatives would provide for the new

mother. With society being more mobile, family support is missing for new families, and competing pressures of work and home life are placed on the older father. The young fathers in this study were not lacking in family support; perhaps this is the reason for their continued involvement with their children. The participants had not embarked on careers at this point and therefore they have remained in the community where family lives and most have ultimately benefited from family support. The role of social support in involvement of young fathers with their infants may be examined in future research.

I have discussed the role parents play in the new father's life, however, I have not mentioned the role of the extended family. Grandparents, aunts, uncles, cousins and siblings may also have an influence with young parents. Even when parents do not take an active role in social support, other members of family may (Jordan, 1997). These family members could then be mentors to aid in young fathers' transition. The participants spoke of these other family members, but they mainly found support from their parents or partners. Some mentioned power struggles they had with family members such as siblings, and minor difficulties with grandparents that needed to be resolved. James felt upset by how his partner Lynn was being treated by her paternal grandparents.

Lynn's side of the family, it's different her grandparents on her father's side like barely have acknowledged the fact that Allan exists. So that makes me angry.
(James, age 25)

In the second interview James reported that Lynn and Allan were going to visit the grandparents during the summer hoping to alleviate the tensions that existed between them.

Another role the family provides is modeling and teaching throughout childhood and the adolescent years which is crucial for identity formation of the individual (Bandura, 1986). The participants spoke of what they learned from family that they would, or would not, incorporate into their lives. Further, they spoke about what they learned and did not learn from their fathers and how their identity as father developed from what they had been taught.

Family is a strong social support for young fathers. In some situations parents are not available for their adolescent parenting children; in this case another significant adult then can be a role model for young parents. Is this a role assumed by professionals such as teachers, social workers, ministers and public health nurses in assisting young fathers? For the participants this form of social support was not a much needed resource because their families acted as their advocate. Our conversations did allude to school systems and social programs with mixed responses of positive comments and areas for improvement.

Friends and co-workers.

May (1982) states that often men's circles of friends changed with parenthood. Those friends who do not fit into the man's future life fall away, and those with children or who liked children become closer. Tommy Boy discussed the support he received, or did not receive, from friends and co-workers. Bob continued seeing his high school friends because they supported him. Aaron and Bill's friends changed because they did not support the young father's new lifestyle. For others, friends had changed for a variety of reasons other than the fact they were becoming a father. In general, friends or co-workers were not a very strong or influential support for these young fathers.

Justice system.

High risk behaviour often results in criminal activity; a number of young fathers thus encounter the justice system. Elster, et. al., (1987) state there is a link between delinquency and fatherhood among partners of adolescent mothers. Three of the young fathers interviewed admitted they were on the verge of going to jail or had been in jail but, because of their infants, changed their lifestyles dramatically. Aaron and Tommy Boy, who both had planned pregnancies, chose their route prior to pregnancy believing that having a child would assist them in becoming responsible. These fathers deliberately adjusted their lives to avoid being involved with the justice system. Bill, on the other hand, had an unplanned pregnancy, and changed his lifestyle after learning about it. He did not want to be in jail and not present to parent his son. His partner was also a support to him because her lifestyle was different than his and she assisted him in staying out of trouble.

Resources.

The participants viewed resources as a positive medium to ease their transition. In Chapter 3, I reported that several of the young fathers found books and videos on pregnancy and birth helpful in increasing their knowledge about what was happening and what was about to happen. Bill (age 20) noted the shortcoming of resource material "...books is books...". These young fathers had insight and took available opportunities to learn about pregnancy.

Health care agencies.

The young fathers (except Bob) had connections with health care system during pregnancy, at birth, and once the baby came home. Some of the young fathers spoke of very positive experiences while others had negative encounters. The need to feel included by health care professionals was a common theme in the data. Feeling this inclusion supports the young father in developing his role as a father, endorses him in his transition, and fosters collaboration with him. Instances suggested where inclusion was important were directly communicating with the father at health care visits, cutting the cord in the delivery, and including him in conversation when his partner's mother is present. Two young fathers emphatically stated in our conversations: "I am the father" and resented conversations with the grandmother that occurred in the home with a public health nurse and with care givers at the delivery. By incorporating Parse's "Human Becoming Theory" (1992&1993) into the caregiver or nurses' way of practice then the practitioner would be "being with" the client and "feelings of being left out" would not occur. The client being all individuals who are involved in the birth or home visit; i.e., mother, infant, father and extended family members.

Health care professionals must change their attitudes regarding adolescent pregnancy and not view the father as a token participant. According to Jordan (1990) this tokenism also occurs with older fathers; he found that fathers in his study felt certain that health care professionals viewed only mothers and/or children as their clients. Jordan (1990) further stated fathers reported that their presence during prenatal or pediatric visits

were perceived as cute or novel; they were placed in a supportive role for their partners and rarely acknowledged as the parent.

The institutions of society influence young fathers in their transitions toward being a responsible parent and an integral part of their children's lives. I have described how the concept of responsibility develops, how values and beliefs, and society as a whole impact how young fathers make the transition from "becoming" to "being" a father. In the next section of this chapter I present how the conceptual framework assists in understanding the transition to fatherhood.

"Becoming to Being" Conceptual Framework

From young fathers' stories, I have developed a beginning framework to increase understanding of the themes, subthemes and categories that emerged from our conversations (Appendix A). I alluded to this framework at the beginning of the chapter so that the reader could follow the emergence of themes from the data. I now introduce a transition framework that assisted me in understanding the adolescent to adulthood transition and apply it to young men's transition to being a father.

Three Stage Transition Process

Donaldson's Three Stage Transition Process (1998) which discusses how students transition into employment was referred to in Chapter 1. This framework can be applied to the transition to fatherhood. The first stage begins with the announcement of pregnancy; interim phase is the young father adjusting during pregnancy and to the new infant; and the final stage is "being" a father. The interim phase, similar to school to work transition, is a decision making process, for young fathers. There are decisions to

be made about pregnancy options; how they want to be involved in their children's lives; finances; housing; employment; education; lifestyle; and life goals. Young men who took the route of *early withdrawal* were not a part of this study. Three of the participants exhibited *ongoing personal and social problems*. These individuals overcame their alcohol and drug habits through support received from their partners and family.

Bottlenecked, Bob had difficulty with family systems (maternal grandparents) who refused him contact with his child. He was unable to attain "being" a father without this contact. Larry also had difficulties with the health care system, in that he was made to feel insignificant during pregnancy and birth. None of the participants were drifting aimlessly or *floundering*; they all had set goals for themselves and their families. While they may have floundered at some point during the pregnancy it was not expressed at the time of the interview. Since the framework emerged during analysis, I was not able to probe for it and suggest it could be a topic for future research. The only participant who exhibited *re-entry* was Bob. He was not involved during the pregnancy or birth but was trying to establish a relationship once his daughter was born. I think James and John had an *easy passage*, perhaps because they had very strong family support. *Linkage programs* for these young fathers would be programs similar to the RHA adolescent pregnancy program or outreach Father's Group program. The Father's Group is specific to young fathers so would perhaps be a true linkage program. None of the fathers were involved in this group, however; one father had connections with professionals that facilitated the program so may have benefited from this contact. Through a father's group Freire's empowerment education process (1993) could be implemented to raise

fathering issues with young fathers (*enlightenment*). As a group the young fathers could come to understand these issues together and take action by becoming peer educators for other young fathers.

I do not want to give the impression that people assimilate as neatly as I have described because the interim phase is a time of struggle where difficult decisions are made. The struggle is characterized by mixed emotions and participants relayed this in our conversations. Bill's initial reaction in his struggle was denial.

"And then at first I didn't want it. So I wouldn't believe it." (Bill, age 20)

Many of the participants reported feelings of happiness. James had "romantic thoughts" about his infant initially and then when they began to purchase furniture and supplies for the baby "reality hit". Young fathers endure psychological and developmental challenges during their transition of "becoming" to "being".

A longitudinal study of adolescent mothers and their parents found themes similar to what emerged from these young fathers. SmithBattle's (2000) interpretive study commenced when the infants were 8 to 10 months old and then families were contacted again when the children were 4 and 8 years old (initial sample: 16 families, $n = 39$; subsequent sample: 11 families, $n = 23$) to understand how teenage mothers extend and develop family caregiving traditions. SmithBattle interviewed adolescent mothers and at least one parent to determine how they imitate positive parenting skills or, if their modeling was negative, how they found new role models to become "good" mothers. This study supports what I found in this research with young fathers: if the transition to mothering [fathering] was quite smooth they often shared the care of their infant with

parents who saw them as capable (SmithBattle, 2000). In contrast, those mothers [young men] who rejected their parents, coped by finding new caregiving traditions, often from another adult role model (SmithBattle, 2000). Their transition was not as smooth. A similar study contrasting young fathers and their partners' transition, with or without family support could be conducted to explicate their transitions more fully. Focusing on the whole family; father, mother and infant would assist with further understanding of the complexity of adolescent pregnancy.

Navigating the Transition

The young father does not navigate his passage alone but requires a number of different companions. His partner and child, her family, and his family are crucial to success in achieving his transition to fatherhood. Professionals from social agencies such as health, justice and education also have a role in helping young fathers succeed.

As previously mentioned the interim period is where the adjustment process occurs between "becoming" to "being" a young father. This phase includes the chronological process (announcement of pregnancy, activities of pregnancy, birth and hospital experience, coming home and what life is like now), as well as, the developmental process of moving from adolescence into adulthood and the lifestyle changes that are made. The developing sense of responsibility, both the practical and inner sense, is an outcome of this adjustment. Identification with others (i.e., their fathers) and their power struggles with family assist in the formation of young men's identity as father. As the young father assumes and establishes his roles, he moves into "being" a father. This process of transition is affected by society and its institutions.

Also during this process, the values and beliefs the young father has incorporated, often developed through his interactions with society, impact his transition.

“Being” a young father is when his connection and commitment to his child is comfortable with respect to his identity as father and in his new roles. When this point is reached it does not necessarily mean a complete transition. The young father may continue to have difficulties “being” a father and might move back and forth from the being phase back to the interim phase of becoming as new challenges are presented. The young father’s values and beliefs and his interactions with society (family and social agencies) can realistically affect his transition on an ongoing basis. As the child moves into a new developmental phase the young father may need to go back into the adjustment period to learn new tasks.

Initially two other theories [Parse’s Human Becoming Theory (1992, 1993), and Freire’s Educational Empowerment (1973, 1993)] guided my practice and informed this research. As the research progressed, the importance of social institutions emerged and Bandura’s Social Learning Theory (1986) informed the analysis. These theories assisted with interpretation of the stories shared. Both Parse (1992) and Freire (1973, 1993) use the term “co” to indicate mutual creation of life worlds, for instance the mutual influences of partners, families, child and society on the transition to “being” a father. Both incorporate consciousness-raising in their theories - Parse at the individual level and Freire at both the individual and aggregate levels. Although I only focused on young fathers at the individual level, Freire’s Educational Empowerment Theory could be applied more specifically in future research with a group of young fathers particularly if

participatory action research is used. Bandura's Theory of Social Learning (1986) allows us to conceptualize how society influences our experiences in life. During adolescence it is the peer group and selected "heroes" (e.g., selected sports figures and entertainers) who become role models and the adolescent moves away from parents, teachers and other adult mentors particularly if communication breaks down. Adult mentoring is significant in this research because the participants have experimented with what they have interpreted as adult behaviors and now need the influence of an adult role model for the benefit of their children and their own self development as an adult and parent. A role model (such as a family member) can teach young fathers through demonstration, behaviors on how to care for their children and possibly young fathers will internalize this behavior since they are "ready" (Bandura, 1986).

Moving Beyond the Framework

A question arose while doing this research when does fatherhood begin and when does it end? Even though in the "Becoming to Being" conceptual framework I alluded to this in the words (not been) and (has been) and did not directly ask the young fathers about this concept there was some data that revealed some insight. Coles (1997) also has some descriptive accounts of how some adolescent fathers view this concept.

I questioned my husband "when does a man become a father or begin to think about it". I journal to explain what I heard and some of my own thinking.

My husband felt fathering begins in childhood. As a child you think about what it would be like to be a dad, or a mother if you are a girl. One fantasizes about having children when older, what to name them and the gender they will be etc. My husband recalls enjoying looking after and playing with little children and stated this is when he felt his preparation for fatherhood began. We continue to

talk about our own children and how our oldest son takes care of our youngest son. They fight a lot but when the youngest is hurt and we are not there our oldest son does come to his rescue and is the caregiver. We have observed our oldest son on numerous occasions also playing with my younger nephews and how he guides them with his own developing wisdom. I view how he has become a role model for them through their phone calls and conversations i.e. telling him how they have cut their hair just like his. At this point with our youngest son we do not see these same traits. However, he is different and instead speaks about when he is older and becomes a father. Is this caring and nurturing then a characteristic of oldest sibling? I do not think so because my nephew who is the youngest in his family also enjoys interaction with the youngest cousin. My husband is also the youngest in his family. This does not answer when does fathering begin but it does provide some thought to when fathering is introduced. I question then, is fathering and mothering instinctual or does it emerge out of our values and beliefs? (Hettler, Journal, July, 2000)

I think a part of the developing process towards becoming a father was illustrated when James (age, 25) spoke about how he fantasized about his new baby (who he would look like, what his personality would be like). These thoughts are dreams and hopes about what it will be like to be a father. When he began purchasing baby supplies the financial burden brought reality closer. I think Aaron and Tommy Boy also fantasized about being fathers through planning their pregnancies. These pregnancies changed their lifestyle of drinking and using drugs but the pregnancy also gave them a baby, "someone to call them Dad". Bill on the other hand knew what it was like to be a father, it meant pain, and this pain was the reason for him denying at first that his girlfriend was pregnant. His experience of fatherhood meant a very strong emotional pain and he did not want to experience that same pain again. Once his protective guard was broken by a supportive partner and family and trust was established, he felt comfortable enough to allow himself to "become" a father this time.

The participants also spoke of how they would like to see themselves as fathers: "to be a good father" (Bill, age 20). They identified with their own fathers about how to be or not to be a father. For these participants decisions of how to parent occurred during the pregnancy while they are in the process of becoming a father. Their thinking about how to be a father developed as a result of how they have processed their beliefs and values about fathering from their own fathers, whether these have been a positive or negative. The development of their values and beliefs also evolved from what they have learned from their mothers, the media and society. Through these forces young fathers develop values and beliefs about how to be a "good" father.

The participants may have spoken about decisions they have made about fathering and fantasizing about fathering during pregnancy but internalizing this likely occurred prior to pregnancy and the research brought it to the surface. Even though they did not speak of role models other than their fathers and mothers there is the possibility of influence from other sectors of society such as teachers, employers or the media. According to Bandura (1986) these learned values and beliefs are internalized as individuals grow. Whether the participants' fathers intentionally mentored their sons how to be good fathers, it naturally occurs prior to entering fatherhood. Somehow they internalized a value about being committed initially to their partner and then to the baby.

Coles (1997) provides an excerpt from an adolescent father which demonstrated that fathering began for him in childhood as a consequence, when his girlfriend became pregnant he wanted to be committed to his partner and his baby. However, the partner did not want him involved which was devastating to him.

“That’s someone ‘pulling the trigger’ on me, before I’d even be going in that direction, myself. The truth, the truth be – this: I’ve thought of being a daddy since I was a kid, a little kid. That’s my big hope in life—and I mean to be a good daddy.” (Coles, 1997, p. 18)

I think the developing inner sense of responsibility about which participants spoke began well prior to pregnancy (probably in childhood or early adolescence) and is a value, a belief or a self-image that has become internalized. Fathering is not a title alone but a very important role for healthy child development. As young men make the transition to fatherhood, they move through a cyclical, back and forth process of “not being”, through “Becoming”, to “Being” a father (Appendix A). I think that “not being” may be an unconscious state in which the young man unknowingly prepares for “becoming” a father. This preparation evolves from his emerging identity of self as an adult, from family and societal influences, and from internalization of meaning this evokes in the young man to some day “be” a father. The onset of his partner’s pregnancy, whether planned or unplanned moves this awareness into his consciousness as the couple discusses options (e.g., abortion, adoption, keeping). Young fathers are then able to access resources to foster their self growth, commit to a relationship and to parenthood, and to envision a future as father, as Freire (1993) suggests in his discussions of empowerment and education. Challenges to this emerging identity come in the form of power struggles (e.g., with family, friends, health professionals), societal norms and beliefs about adolescent pregnancy, and lack of understanding on the part of professionals who work with teens. As well, his image of self as father is challenged, forcing to make decisions regarding involvement with and support of his partner and child, commitment

to school and work, and changes in lifestyle. One can speculate if, at the point of decision, the majority of young men in similar circumstances (i.e., the 9% who do not remain involved with their partners and children) undergo a different process of transition or are at a different place in their transitions. Future research may explore this phenomenon more fully.

Summary

In this chapter I suggested how the Three Stage Transition Process (Donaldson, 1998) can be adapted to the transitions young fathers face and have attempted to portray the analysis of the data in a way that respects other relevant models, Parse (1992;1993), Freire (1993) and Bandura (1986). In Chapter 5, I will reflect on my research journey and personal transition; review key findings; suggest the strengths, limitations and transferability of this study; discuss the implications for future research and nursing practice; and present the significance of the findings.

Chapter 5: Where Knowing the Transition Leads

In this chapter I will reflect on my journey through this research process; review key findings; identify the strengths and limitations I discovered through the analysis; consider the transferability of this study; contemplate implications of the research through possible future studies and present the significance of the findings. Also I will reflect on what this research means for young fathers and their families.

Reflections on the Research Experience

In this section I will reflect on my learning about who is the involved young father. Within this research not only have I contemplated what the transition is when becoming a young father but also I have experienced a transition in my own way of knowing. Just as Belenky, Clinchy, Goldberger and Tarule (1997) have learned from listening to women's voices, I have learned from listening to the voices of these young fathers. Through this listening an understanding of who they are has been gained and with that my own transition as a beginning researcher has taken place.

I find it ironic that I was focusing on young fathers becoming new parents at the same time I was becoming a new researcher. Besides the works of well established researchers such as van Manen (1992), Bergum (1997), Morse, et. al. (1998), Lincoln and Guba (1985), to list a few, I was attracted to the work of Glesne and Peshkin (1992) who provide a jargon free guide entitled *Becoming Qualitative Researchers: An Introduction*. This book assisted me in understanding the task of conducting research while, at the same

time, allowed me to comprehend more fully the works of others. This process was part of my transition of becoming a qualitative researcher.

Within this transition came the frustrations researchers face. In order to ensure enough participants meant working with busy professionals who were to be my first contact with participants; without them I would have no access to this population. At my initial meetings with nurses and social workers I sensed their support for the research.

They were very supportive of the project and willing to assist me. The next day I received a call from one of the nurses who had already spoken with two young fathers. I now have the young fathers' phone numbers in my possession. (Hettler, Journal, March, 1999)

Initially they came forward quickly because my meeting with them was fresh in their minds but as time progressed, I found myself reminding their supervisors and I began to feel as if I was imposing on them. However, they did not seem to mind my frequent reminders.

The professionals always seemed pleasant with me on the phone. I just hope they don't feel I was imposing. I have to get these interviews done though. Oh how I dislike putting pressure on people. (Hettler, Journal, June, 1999)

Even though I felt anxiety and a certain amount of frustration at times, I would not have done my recruiting of participants differently. I think I would have been less successful had I advertised through posters and newspapers (as I did for a earlier project). However, recruitment may have proceeded more efficiently had I initiated regular reports back to field workers. It might have kept the project "fresh" in their minds. These reports could have been in the form of e-mails, memos, or announcements at staff meetings.

I also felt anxious when I had difficulties arranging second appointments with some of participants. All the participants appeared to be eager for the first interview but with two participants I questioned if they still were willing to continue. This was a dilemma because they would say they wanted to continue but yet there would be forgotten appointments or canceled meetings.

I questioned Bill if he wanted to continue with the second interview. He explained to me that the reasons for forgetting was he had to go help his Dad. I can accept that because of the important role his father has in his life. I just couldn't help my feeling though that he is possibly trying to find excuses not to continue. I phoned to double check if he was available for our next appointment. He was not home. What was this telling me? I phoned back later that day and there was no explanation why he missed the appointment. But he wanted to continue. We arranged for a telephone interview. The phone interview was successful. (Hettler, Journal, May, 1999)

With this came ethical concerns of their continued participation and how far I could press. Were they just being polite and not wanting to tell me no? This was a learning experience of listening to their cues. I may never know if I was right or wrong, or if I persisted too far. Was canceling appointments a message of disinterest or were these genuine reasons being present? Whatever I did, their sharing and involvement enriched the study. I believe it was through the last member check that I was able to put to rest my apprehension. Because the young fathers were so willing to read the summary and provided their opinions of what was written I was able to obtain my answer. I do not feel these young fathers felt imposed upon; they wanted to be involved. They wanted their stories captured, but they also had other priorities with which to contend that took time and energy. By being patient, I earned their trust, respect, and insights.

As I came to learn about the young father I was becoming a new researcher at the same time. Sometimes I questioned if the many roles that I assumed have interfered with the research. I do not believe they did but I raise it as a concern just in case on the pretense that I may not be fully aware. I did attempt to "bracket" these roles. Coming into this research my roles as mother and nurse had been so ingrained in my thinking I wondered at times if I was truly able to "bracket" these roles. Then, of course, the new role to which I was just becoming accustomed was that of researcher. With this research role also came the insertion of myself as stranger, and as guest (Cartwright & Limandri, 1997). The roles the researcher acquires and the participant assumes will affect the data. Each participating individual in the research creates an impression on the other (Cartwright & Limandri, 1997). Cartwright and Limandri (1997) further state that personal involvement is an essential condition for researcher and participant to come to know one another and to admit others into their lives. In most of my interviews I felt that this occurred. Some participants were very eager to share their stories while others took some time before trust developed. Two participants were hesitant even during the second interview. I do not believe Larry really ever came to trust me.

At times I felt I was beating my head against the wall with him to get him to open up. Was it just a personality issue between us? His girlfriend was receptive and he agreed to participate when I spoke with him about the study. When we concluded our final interview he even stated "You can't get blood out of a stone." I think he was just not used to discussing who he was as a father. His experience with health care could have also influenced our meetings. However, every time I left the home he was very caring by saying several times have a safe drive home. I just feel I have to conclude he was not use to someone asking him personal questions. (Hettler, Field notes, May, 1999)

Yet when I analyzed the data, Larry provided a great deal of information about what it is like to become a father. He provided some humor to his story and yet his seriousness came through. For example, when we discussed ultrasound and seeing his infant prior to birth in relation to animals, it demonstrated both his facetiousness and also apparent earnestness. This discussion provided an awakening for me that ultrasound is not magical for every father even though the literature states differently. He was the first participant to reveal his opposing opinion about ultrasound. I learned from Larry that I needed to bracket knowledge I had gained from the literature.

I also realized through Larry how strong my value for education is and the difficulty I had with bracketing this value.

I felt tension between us when I brought up the topic of finishing school. He was good though he was very open and expressed his opinion that he had difficulty learning because of not being able to sit still. I dropped the discussion at this point as I could hear and feel my values coming out. I did need to ask the question, however, but my body language must have portrayed my values. Or was it his value of school and his experience with it that caused him to clam up. I do not know. This is the first time I realized how strong this value is within me. I always knew it was there. Here I was taking on a role of mothering that my mother use to do with my sisters and I. I have to make sure I save this for my own kids and not mother these participants. (Hettler, Field notes, May, 1999)

Cartwright and Limandri (1997) speak about researcher - friend role in order to build trust but acknowledge at the same time that it can be a challenge to balance this role. I saw myself not so much as friend but with a need to balance my mothering nature; these young fathers were not much older than my eldest son. After my interview with Larry I became much more attuned to the need to balance my roles.

John was the second participant who was reluctant to talk much and I believe his quiet manner and his confidence in fathering impeded our discussion. However, during the second interview I did develop a sense of trust with him through our discussion on responsibility.

John did not like the word responsibility. I was impressed when I talked about looking it up in the thesaurus. He very quickly stated he had one right in the desk and we looked it up together. At that moment I felt we finally connected. I think he realized I also did not want the word responsibility to be a negative word but a positive one. (Hettler, Field notes, August, 1999)

Even though I did not change the word in my analysis, through member checking with John, he understood responsibility was meant as a positive word for young fathers. Our discussion, however, compelled me to analyze the concept of responsibility more thoroughly, finding other words used by participants to convey a more complete meaning (e.g., job, duty, feeling, image, aspiration, chore, etc.).

I also found rewarding moments in my journey. I felt reinforced when I enlisted the support of nurses and social workers. When I received my first phone call from a nurse I was excited; at the same time I was very nervous. I was now embarking on the research. With the first interview with Tommy Boy, I was ecstatic about how smoothly it went. He talked and talked, we had a conversation.

The young father loved to talk. The data I believe that he revealed in his story is very rich. Of all the young fathers (from practicum and class projects) I have interviewed he has provided me with the most data. At times he went slightly off topic and I questioned myself whether to stop him and put him back on track but I didn't. I thought this is his story and who is to say what is on track. I have 90 minutes of tape and he continued even after the tape shut off. (Hettler, Field notes, March, 1999)

Not all the interviews flowed as easily as my conversation with Tommy Boy, but I was grateful for this first one because it gave me confidence. As I sifted through the data, it was gratifying and fascinating as themes and thoughts emerged from the data. These themes and thoughts evolved not only through me but by discussing ideas with my committee, my peers and my husband. I would wake up during nights with thoughts, this interrupted my sleep but some of my best insights happened during these moments. Glesne and Peshkin (1992) state qualitative researchers find their lives consumed by their work as they seek understanding and connections. Few anticipate the exacting demands on their mind, heart and soul.

Through this transition I could not help but reflect on what this research has taught me and who I am. This introspective teaching is not only for bracketing purposes but it also brings forth questions to understand myself. Initially when speaking about the research I would be confronted with how this topic on young fathers relates to health; is it not more relevant to social work or counselling? What kind of impact will it have in health care? At first I questioned "Why am I doing this; what is my point?" I learned very quickly that I had a passion for the research and I was able to convince colleagues of its utility in health research. I also could explain how this field explicates my own work experience in sexual and reproductive health. I recognized some individuals in the community and in health care sometimes have difficulty comprehending concepts of public health. I have learned the principles and values of public health are so ingrained into my ways of knowing that at times it has been difficult for me to define them for others. I have made assumptions that because I have this way of thinking, others must as

well. Unlike the guinea pig who hides his head and assumes he cannot be seen, this research has taught me not to hide my head and assume that people understand the roles of young fathers are important to society. I know now I can articulate to others what public health is and how important young fathers are in child rearing. However, the adventure continues as it will not end with this research. To understand the transition of young fathers is also to continue to comprehend my own transitions in the research field.

Key Findings

Emerging from the data is the main theme of transition that the young father experiences in his process of “becoming” to “being” a father. The participants were at various points in their transition of moving into fatherhood. From the pregnancy to where the young father is at presently in his experience provides the “natural” progression for the father. This “natural” progression is supported in the literature on older fathers.

What was key, were the themes that arose out of the data which assisted with this “natural” process. The participants developed a sense of responsibility during the pregnancy and it continued with their transition. There was not only a practical sense of responsibility but an internalized sense as well. Another key factor was how the participants formulated their identity and role as a father. This identity as father developed from their support system which was their new family (partners and children) and their family of origin. However, the development of identity and roles does not necessarily come without power struggles. As they assumed parenting roles and acquired an identity as fathers they were influenced by their lifestyle and their transition from adolescent to adulthood. I discovered that to develop health promotion programs for

these young fathers the health professional will need to become an integral part of their support system, as Parse (1992&1993) states "being with" the individual/family/group.

The "becoming" to "being" process is an adjustment process and each participant's experience while unique, had a number of similarities in how they adjusted. With each new challenge they will encounter as their children grow and develop, there will be a back and forth struggle of "becoming to "being" a father.

Strengths and Limitations of the Study

Despite the attempts to ensure a well designed research approach both strengths and limitations in the research still exist. I have reviewed them under the following areas: sample and biases.

Sample

The strength of the research sample is that participants were recruited from all quadrants of a large urban center and were all involved fathers. There was a diversity in their backgrounds such as education attainment and various socio-economic levels while growing up. There was minimal cultural or ethnic diversity. This rendered the data non-transferable to other than the predominant western culture because of this bias. All participants were Canadian, although one participant was First Nations and another French Canadian.

Bias

Bias may exist in the study because of the participants' ability to recall their stories; the element of time needs to be considered. Tommy Boy, who had the oldest child at the time of interview, had over two years to recall when taking into account the

initial news of the pregnancy. James had 18 months to recall, however, both were able to provide accounts of their experience. The other young fathers had close to a year to recall and may have benefited from being temporarily nearer to events.

Bias may also exist because of reluctance on the part of the participant to speak about their experience. This reluctance on the part of a few participants made it difficult for a conversation to emerge between the participant and researcher. I was not able to obtain an actual account of what their experience had been without using probing questions. With young fathers where a trusting conversation occurred, I feel more confident about the data being reliable and credible.

The sample is positively biased in that all were committed to and/or involved to some degree with the mother and infant. The participants were very willing to discuss their stories and have been possibly more successful than what other young fathers (non-participants) may have experienced. Young fathers who have less successful stories may not have been as willing to engage in conversation with me. However, I will never know how many did refuse to be involved and their possible reasons for not participating.

A strength of the research is that I was able to have "conversations" with all but one participant at some point in the research. With three participants I had instant rapport and with the other three participants by the follow up interview it became a conversation. With Larry, we never achieved the level of trust and rapport that would define a true dialogue.

Transferability of Findings

Polit and Hungler (1995) define transferability as a means to evaluate the quality of qualitative data and to what extent the data can be transferred to other settings or aggregates. Transferability is synonymous with the generalizability of quantitative research.

The information gained from these participants is applicable to the community where the young fathers live. I believe the information should be interpreted with caution to other urban or rural settings. Another factor is access to participants came from the two main programs for young fathers in this urban setting.

The conceptual framework of "Becoming to Being a Father" (Appendix A) evolved as a result of the research findings from seven young men's stories, therefore it is important to be aware of and careful not to transfer to other young fathers outside this community or to those who are not as involved with their children. This conceptual framework requires further research.

However, I do think as a result of this research, health practitioners can and should examine their practice with respect to how they are inclusive or not inclusive of young fathers.

Future research

As a result of this research I foresee a possibility for four different research projects. One research possibility is using participatory action research to develop an assessment guide for practitioners who work with young fathers. The second research would be to test using a longitudinal approach and further verify with involved young

fathers the conceptual framework that emerged in this study. Thirdly, it is important to investigate the reasons, barriers, or obstacles experienced by young fathers who are not involved with their partners and /or children by choice, adoption, or abortion. To further develop an understanding of young fathers through the use of gender analysis, is my fourth suggestion for future research.

Assessment Guide

I would suggest a participatory action research approach could be used to investigate a group of young fathers, bringing a public health and health promotion perspective to the research. Through utilizing participatory action research in a future research project an assessment guide could be developed to work with young fathers. A participatory action research strategy would be to work with an already existing young fathers' group. Through this already existing support program, a health promotion project with young fathers could be pursued. Initially the research would require a focus group to further develop the young father's story into a group story. If the participants agree the written story could be further developed into an empowerment tool such as photo novella. Photo novella means using photographs to tell stories (Wang & Burris, 1994). Freire (1993) recommends the use of photographs to focus on common themes. The group then shares photographs to develop the themes, this then transforms the participant into the facilitator to inform other young fathers, the nurse or other professionals about their lived experiences (co-creating the learning) and becoming the action component of the research. I think one focus could be on further elaboration on the theme of responsibility and the effect it has on young fathers' transition. However,

participants need to guide the direction and determine if this idea would facilitate other young fathers knowledge and behaviour. I think this is how photo novella can be used as a health promotion teaching tool and further the research. It does not necessarily mean just photographs but also drawings, literature writings such as short stories or poems, or videos that have been created through group collaboration. As a result of this participatory action research an assessment tool could be developed.

Morse, Hutchinson and Penrod (1998) suggest how qualitative research can be directly applied to practice and a means for patient assessment and intervention. They describe how to prepare a nursing assessment question from theory that has evolved from research. To answer the nursing assessment question behavioural signs are identifiable from the data. From here nursing strategies for intervention are extrapolated from theoretical deduction and expert nursing knowledge. The photo novella and peer support could be the strategy used with other young fathers as a result of participatory action research.

This above suggestion for research and programming would allow initial findings about young fathers to be effectively put into practice and further the understanding of the young men who stay involved with their families by using community partnership and a community development project. Social action may result as young fathers form aggregates with common experiences, goals and needs. Their voice would become stronger as a collective, and may result in changes to policy and practice. There by implementing working with young fathers through a empowerment education process (Freire, 1993).

Navigating the Transition to Young Fatherhood - a Longitudinal Study

In Chapter four, I spoke of a Three Stage Transition Process: Seven Emergent Patterns of Behaviour (Donaldson, 1998) which was a model developed to explain adolescent transition from education system into employment. I adapted this model to represent the adjustment period young fathers' experience during the process of becoming fathers. I suggest that a longitudinal study with young fathers be done to test this adapted transition model. A longitudinal study will give credence to how the young fathers transition into being fathers and provide further understanding to their lived experiences. The more that is known about young fathers who stay involved, builds a frame for understanding those who do not choose this path.

Many questions arise that could be answered through a longitudinal study. The young father goes back and forth in his adjustment to fatherhood. As his child develops he also experiences other transitions in his life. SmithBattle's (2000) research was a longitudinal study of adolescent mothers developing caregiving tradition. A similar research project could be initiated on how young fathers transition into new roles over a period of several years. A study such as this would provide increased understanding about the young father's role in adolescent pregnancy as well as implications for helping professionals regarding support. This study would further develop the "becoming" to "being" conceptual model.

Uninvolved Young Fathers

The third proposed research would be to explore the experiences of young fathers who chose not to be involved with their child's life. I anticipate if this study were

extended to uninvolved young fathers, new realizations and insights about young fathers would emerge. To conduct a study of uninvolved young fathers would provide a broader more complete profile about the phenomenon of young manhood. It would also provide further data to explicate the transition process and behaviour of the adjustment period.

Gender Analysis on Young Fatherhood

Even though it was recognized as a theme in the data a decision was made to focus on transition to decrease the complexity of understanding the results. It is important to continue the research by focusing on gender and young fatherhood for future research.

Significance of Findings

It is clear from the findings that there are significant implications for social support systems for young fathers to remain involved with their children. I will discuss these implications for family, the couple, health care professionals, and for the young father himself.

Family

The participants of this study had very strong family systems in place which aided them in their transitions to parenthood. Even Larry (who did not feel he had extended family support) found support within his newly formed family.

Implications for families of young parents is to realize the importance of the role they play as grandparents and how a supportive role can positively impact involvement and commitment of the father. Other extended family may play a part as well. Families struggle in this experience and may need professional intervention to develop their roles.

As a Couple

The findings suggest that partner support is integral to paternal involvement. It was important for couples, if not living together, to set their differences aside for the benefit of the child. Access issues and gate keeping hindered involvement by the participants. Young fathers who show a sense of responsibility and are willing to be involved, want the chance to be in their child's lives. Programs that help young couples with relationship building and effective communication may be helpful in providing a supportive family environment, however, family be defined.

Health Care

From the research several issues became apparent regarding practice. Health professionals need to be aware of what young fathers want their involvement to be during pregnancy, labor and delivery, post partum and at home. It became very apparent through my conversations with these young fathers that as professionals, we are not involving them sufficiently in care; we perceive young fathers' involvement as limited.

Physician offices.

Generally the doctor's office is the first contact with the health care system for young fathers; either they are with their partners at the physician office or they hear from their partner after the visit. Either way, if they make a commitment to be involved with their partner and child, they will likely attend all or some of the physician appointments. This is the time for the office nurse and physician to assist with making him feel included in the process. Simply making the young father feel welcome, inviting him into the exam

room, allowing him to hear the heart beat and asking him if he has any questions would assist the young father with feeling involved.

As health professionals we also need to put our biases aside regarding adolescent pregnancy. As stated previously, we may see adolescent pregnancy as a problem from a medical perspective, but the adolescent may feel otherwise. In order for health professionals to understand adolescent pregnancy we have to acknowledge adolescent's perspective in order to ensure that fetus and mother obtain appropriate prenatal care. It is well known in the literature that adolescent mothers are reluctant to get prenatal care (CRHA, 1999). Feeling a sense of comfort and trust is critical for continued adherence to prenatal appointments.

Hospital staff.

Often during labor and delivery there are some tense moments and the young father feels forgotten. Some participants had more difficulty than others in defining what their roles were at this time. Larry was an example of how a bad experience in hospital affected how he bonded with his child; bonding did not occur until his daughter was home. James was excluded from the conversation. These situations could have been avoided if a skilled practitioner took time upon hospital arrival to inquire how the young father perceived his role in labor and delivery. Essential information could be gained at this time to support the young father.

Community practice.

With all health care professionals it is necessary that the young father feel supported. During prenatal classes he needs to be given time for his questions. I heard

that participants felt endorsed by their prenatal instructors; all were very impressed with these classes. Perhaps the message the prenatal educator might take from the research is that young fathers could use support and confidence in approaching hospital staff during labour and delivery.

Adolescent parenting program nurses, public health nurses and outreach workers were seen as very supportive for the participants. Their approach and expertise in the area could be lessons to other health care professionals and community agencies who work with this population. Professionals need to remember he is the father, despite his age, and he wants to be respected in his role. If a grandparent is present he may feel usurped. Young fathers view themselves as adults now because they are parenting and want to be approached as such.

For the Young Father

The young fathers who participated perhaps can have a sense of accomplishment if this research changes any health care members' future practice when working with young fathers. The willingness with which they shared their stories suggests a viable possibility for the formation of a peer group which could be an important form of support and mutual aid.

Conclusion

This research began through discussions initially with my supervisor about the limited research available on adolescent fathers, and expanded to projects for class assignments and then into the thesis process. Through literature searches came a realization that the fathering role is important for a child's well being and healthy

development. Programs are available for adolescent mothers and their children but there are limited numbers of programs for young fathers. Young mothers have had their stories told through research but young fathers' stories were limited in the literature.

This research gave voice to the stories these young fathers told about the transitions they made as they became fathers. The strength of the value of responsibility to their child became apparent. They lived through the pregnancy, birth, coming home and caring for their partner and child; through this process they came to know their child and internalized roles for themselves. However, these young fathers did not live through this process on their own, they had support from many sources at home and in society. Through the adjustment to becoming a young father, their identity was molded and influenced. Their values and beliefs were incorporated into their being through family and other societal institutions they encountered.

Through these young fathers' stories a positive sense of responsibility was key to why they remained involved with their children. Support from family is important and seems to be a positive factor for the development of responsibility. Even the little infant, who is so dependent, can influence its father in a positive way.

The transition itself reveals a tremendous amount. Over time "becoming" and "being" could not be separated. Initially I was exploring "becoming" but out of the data emerged the concept of "being". Although both these words have different meanings, they are interconnected in the young fathers' stories. These words became the basis of the preliminary framework for the transition to fatherhood process. Future research can further investigate this phenomenon.

Implications for practice rest on professionals being aware that young fathers have a strong desire to be involved, and making it a positive experience for him may make a difference in how he supports his child and partner. This ultimately can have implications for the well-being of the entire family: child, mother and father; and both maternal and paternal extended families.

Coles (1997) states that:

"....pregnancy allowed to continue has to do, eventually, not only with a future person's life, but with a future mother's life a statement too commonly ignored by some of us who concentrate on the subject of 'teenage pregnancy,' while forgetting those who are living particular lives: individuals hard-pressed, caught in this or that undertow, even, but also trying mightily, on occasion, to find a 'second chance,' a new beginning of sorts for themselves, even as they watch a child also make a start of things, and so doing, bring possibility to what often seems like the impossible." (Coles, 1997, p. 131)

Not only is this 'second chance' to be given to the mother but we also owe it to the young father.

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Young Fathers' Experiences: Process of Becoming

APPENDIX B: ETHICAL APPROVAL - CRHA

1999-03-08

Dr. A.R. Vollman
Faculty of Nursing
University of Calgary
PF - A 2241
Calgary, Alberta.

Dear Dr. Vollman:

RE: The Young Fathers' Experience: The Process of Becoming
Student: Ms. Janet Hettler Degree: MSc

The above-noted thesis proposal has been submitted for Committee review and found to be ethically acceptable. Please note that this approval is subject to the following conditions:

- (1) a copy of the informed consent form must have been given to each research subject, if required for this study;
- (2) a Progress Report must be submitted by 2000-03-08, containing the following information:
 - (i) the number of subjects recruited;
 - (ii) a description of any protocol modification;
 - (iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
 - (iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
 - (v) a copy of the current informed consent form;
 - (vi) the expected date of termination of this project;
- (3) a Final Report must be submitted at the termination of the project.

Please note that you have been named as a principal collaborator on this study because students are not permitted to serve as principal investigators. Please accept the Board's best wishes for success in your research.

Yours sincerely,

Ian Mitchell, MB, FRCPC
Chair, Conjoint Health Research Ethics Board

cc. Child Health Research Committee
Dr. M. Reimer (information)
Ms. Janet Hettler

COPY FOR VOLLMAN, WFO

APPENDIX C: ETHICAL APPROVAL - CALGARY CATHOLIC FAMILY
SERVICES

**CATHOLIC FAMILY
SERVICE**

Memo

To: Janet Hettler
From: Greg Campbell, MSW
Executive Director
CC: Dianne Brunette
Date: 03/03/99
Re: Thesis Proposal

I have reviewed the proposal for Janet's research and support its intent providing all activities are complementary and within the spirit of any Catholic Family Service policy and procedures etc.

A handwritten signature in black ink, appearing to be 'G/C' or similar, written in a cursive style.

APPENDIX D:

CONSENT FORM

Research Project Title: Young Father's Experiences: The Process of Becoming

Investigator(s) : Dr. A. Robinson Vollman - supervisor, and Janet Hettler MN student, Faculty of Nursing

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

1. The purpose of this study is to understand young fathers' experiences of becoming a father. The findings of this study will increase professionals' understanding of why some fathers stay involved with their children and the transitions they make when they remain involved. Participants are young males between the ages of 15 to 25 years who have fathered children. They may or may not be involved with their child's mother who is an adolescent (13 to 19 years). The participant must speak English.
2. Involvement in this study will require participation in at least two interviews that will take approximately 1 to 2 hours. The interviewer will ask you to tell your story of becoming a father, about the things you learned and the challenges you faced. The interview will be audiotaped. You can request the tape recorder to be turned off at any time or you may stop the interview at any time without penalty to you. As well, participants will receive a second interview request for verification of the write-up. Subsequent interviews may be requested should the investigator need to clarify issues.
3. You will be responding to open-ended questions regarding your experience which you may find difficult or uncomfortable at times. Interviews will take place at a time and location convenient to you with consideration for your privacy. Any participant may be referred for counselling, if requested.

4. All identifying data will be kept locked in the researcher's file cabinet. Access to this information will be limited to the investigator, supervisory committee and the transcriber. The audio-taped interview will be typed for analysis. Confidentiality will be preserved by participants choosing a code name. The audio-tapes and transcripts will be kept in a locked cabinet for seven years and then destroyed. Any publication of the findings will include excerpts of the narrative information and anonymity will be maintained through the use of the code name.
5. Participants may receive a copy of the written results if they desire by notifying the investigator.
6. In the event that you suffer injury as a result of participating in this research no compensation or treatment will be provided to you by the University of Calgary, Calgary Regional Health Authority, Calgary Catholic Family Services, the researchers Janet Hettler or her supervisor Dr. Ardene Vollman. You still have all your legal rights. Nothing said here about treatment or compensation in any way alters your right to recover damages.
7. If you feel you require counselling after your participation in this research, a list of possible counsellors will be provided. No financial support can be offered to pay for any counselling.
8. The literature states that when men discuss their transition to fatherhood with a researcher it is often the first time they have had this opportunity. The setting to allow this freedom of expression can be gratifying for the participant.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigator or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. Your continued participation should be informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Janet Hettler - 948-3919

If you have any questions concerning your rights as a possible participant in this research, please contact the Office of Medical Bioethics, Faculty of Medicine, University of Calgary, at 220-7990 or the student's supervisor Dr. A. Vollman, at 220-8053.

Participant's Signature

Date

Investigator and/or Delegate's Signature

Date

Witness' Signature

Date

A copy of this consent form has been given to you to keep for your records and reference.

The investigator will, explain to your child the research and his or her involvement, and will seek his or her ongoing cooperation throughout the project.

APPENDIX E: Confidentiality Agreement for Peer Review

I agree to maintain complete confidentiality regarding all information contained in transcripts that review and discussions that I take part in as a peer reviewer for the research study:

Young Fathers' Experiences: The Process of Becoming

Confidentiality includes the identity of participants and all information that they share regarding their medical care or personal circumstances.

Peer Reviewer: _____

Signature: _____

Witness: _____

Date: _____

APPENDIX F: Confidentiality Agreement for Transcription

I agree to maintain complete confidentiality regarding all information contained in transcripts that I transcribe for the research study:

Young Fathers' Experiences: The Process of Becoming

Confidentiality includes identity of participants and all information that they share regarding their medical care and personal circumstances.

Transcriber: _____ Signature: _____

Witness: _____ Signature: _____