

Growing into teen fatherhood: a grounded theory study

C. Uengwongsapat¹ RN, PhD, K. Kantaruksa² RN, PhD, A. Klunklin³ RN, PhD & N. Sansiriphun⁴ RN, PhD, APN

1 Faculty Member, Pediatric Nursing, Faculty of Nursing, Prince of Songkla University, Pattani, **2** Associate Professor/Faculty Member, **3** Professor/Faculty Member, **4** Assistant Professor/Nursing Division Chair, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

UENGWONGSAPAT C., KANTARUKSA K., KLUNKLIN A., SANSIRIPHUN N. (2018) Growing into teen fatherhood: a grounded theory study. *International Nursing Review* 65, 244–253

Background: Becoming an adolescent father is a significant and critical life event. Expectant fathers are faced with a concurrent dual developmental crisis: being an adolescent and becoming a father. This transition has a tremendous impact on these adolescents, their families and society. The impact on these individuals and society does not, at this point, seem to be clearly understood.

Purpose: To explore the process of Thai adolescents becoming first-time fathers with an unplanned pregnancy during their girlfriend's pregnancy.

Methods: A grounded theory approach was used, drawing upon semi-structured interviews with 16 expectant fathers in Chiang Mai, Thailand.

Findings: 'Growing into teen fatherhood' was the basic social process that emerged as the core category. These fathers used this process for developing themselves to fatherhood. This process was further divided into three phases: enduring the conflict of future role, accepting impending fatherhood and developing a sense of being teen expectant father. Throughout this process, the participants encountered many conflicts and challenges. They employed various strategies to manage the emotional, financial and interpersonal challenges they faced during the transition to fatherhood.

Conclusion: This study provides data as well as anecdotal evidence for healthcare professionals to better understand adolescent fathers and their unique challenges during their girlfriend's pregnancy. A better understanding of these rich findings will enable healthcare professionals to assist young men and boys in their struggle to transition to fatherhood.

Implications for nursing policy: Our data may guide policymakers in developing support groups, effective mentoring programs and national follow-up services as standard services in hospitals' care for first-time adolescent fathers in Thailand.

Keywords: Adolescent Father, Becoming a Father, Fatherhood, Grounded Theory, Thailand, Transition

Correspondence address: Chayanan Uengwongsapat, Faculty of Nursing, Prince of Songkla University, Pattani Campus, 181 Moo 6, Jaroenpradit Road, Tambon Ruesamilae, Mueang district, Pattani, 94000 Thailand; Tel: +66-882590914; Fax: 66-53-949095; E-mail: sasariga@yahoo.com

Funding

The first author disclosed receipt of a partial study scholarship from Prince of Songkla University, Songkhla, Thailand, and a research grant from the National Research Council of Thailand of the academic year 2015, Bangkok, Thailand.

Conflict of interest

The authors declare no conflict of interests with respect to the research, authorship and/or publication of this article.

Introduction

Becoming a father is one of life's greatest psychological transitions (Sipsma et al. 2016a). Becoming a father during adolescence contributes not only to developmental crisis, but also to role conflicts as well (Pillitteri 2014). Teen fathers suffer stress and conflict between the roles of father and adolescent (Davidson et al. 2012), resulting from an inability to combine the developmental tasks of adolescence with those of fatherhood (Lowdermilk et al. 2014).

The Thai Ministry of Social Development and Human Security (2014) reported that in 2013, Thai adolescent fathers, aged 10-19, totalled 42,696 cases. Male adolescents suffer serious psychological problems and socio-economic disadvantages, which are not clearly understood in Thailand (Sriyasak et al. 2015a). Furthermore, most academic studies of adolescent fathers have focused on Western participants, with Western perspectives. Societal context influences meaning and ideologies of fatherhood (Yeung 2013). Therefore, the knowledge and policies that have been developed based on Western data may not be applicable to Thai adolescent fathers. Our study explored the process of becoming a first-time father in Thai male adolescents, with the purpose of bridging this knowledge gap. Our hope is that our findings will inform and empower Thai healthcare professionals, enabling them to actively assist in adolescents' successful transition to fatherhood.

Purpose

This study explores the process of becoming a first-time father as experienced by these adolescents during their girlfriends' pregnancy.

Methods

Research design

This study was based on grounded theory because it is well suited to provide a theoretical perspective for studying how individuals interpret objects, other people into their lives, and how this process of interpretation leads to human behaviour of a particular experience (Glaser 1992).

Participants and setting

Sixteen first-time Thai male adolescent fathers were voluntarily recruited in northern Thailand, between October 2014 and August 2015. Participants were selected purposefully to provide rich information about their experiences of becoming a first-time father. They were invited to participate via a hand-delivered letter. If interested, participants contacted the researcher by telephone. The inclusion criteria were that the girlfriend was at least 37 weeks pregnant and the teen father

had lived with her for at least 6 months during her pregnancy. Per grounded theory guidelines, we did not know the characteristics of the participants beforehand, which are dependent on the data and based upon theoretical sampling. These hospitals provided a socio-economically diverse pool of participants, as required by theoretical sampling.

Data collection

The interviews began when the participants felt ready. The researcher used theoretical sampling for recruiting following participants: data were evaluated to decide next interviewee until data saturation (Glaser 1998). Each interview was recorded and conducted in complete privacy and in Thai. Following each interview, the researcher wrote theoretical memos and transcribed the entire recording. After several *pro-forma* general questions establishing identity, we opened with a broad research question: 'Can you tell me about your experience of being an expectant adolescent father?' While collecting data, the researcher encouraged the participants to clarify their experience using probing questions: 'Please tell me why you felt that ...? Can you tell me more about that?' Interviews lasted from 45 to 60-min. Prior to the second interview, the researcher provided summarized data of the first interview to the participant. Thus, the questions in the second interview were modified for sufficient data and coding. All participants were interviewed twice in the interests of thoroughness and academic accuracy.

Ethical considerations

We received ethical approval from the Research Ethics Committees, Faculty of Nursing (number FULL-030-2557) and Faculty of Medicine (number NONE-2557-02487), Chiang Mai University. Prior to the study, participants were informed of the purpose and process and were guaranteed anonymity and confidentiality orally and by writing. Written consent was obtained before interviews. Each participant was requested to sign a consent form indicating that he participated voluntarily. Those that were 18-years of age and older were given the consent form to sign, and those under age 18 were given forms for their parents or guardians to sign. The teen fathers were informed that they could terminate the interviews at any time. They were free to decline to answer any questions that might be uncomfortable. When requested and appropriate, the researcher offered psychological care when participants became emotionally distressed. The researcher was at all times prepared to change topics or suspend the interview altogether in the event the participant became overwhelmed emotionally. Moreover, all interview transcripts were kept confidentially, and reference numbers were used instead of real names.

Data analysis

Grounded theory was used to analyse the data. Data were collected and analysed concurrently using a constant comparative method during coding procedures for formulating the core category (Glaser 1998). Initially, the researcher read and reread transcripts line by line through several times to identify the participants' descriptions of their feelings, thoughts and actions related to the themes raised during the interviews. In vivo codes were established from the data by hand. The following are examples of codes: quit smoking, saving more money. Similar codes were sorted, grouped together and then labelled by the same name. The topic codes were grouped and created as categories (e.g. accepting impending fatherhood). Each category was linked and compared with the other categories to verify the findings and categories to ensure that these categories fit the data. Following further interviews, the codes and categories were strengthened and refined using constant comparative method, whereby there was circular movement forth and back in data collection, coding and analysis. Similar categories were conceptualized into a core category. Eventually, no new categories were found that were consistent with data saturation (Glaser 1992).

Trustworthiness of the study

Assurance of trustworthiness was necessary; therefore, member checking with participants and peer debriefing confirmed the credibility. Therefore, every effort was undertaken to ensure trustworthiness, credibility and confidentiality. To that end, the research team regularly checked in with the participants to ensure that they understood the research process and to address any concerns they may have had. We also established a peer review process through which five professors in qualitative research independently reviewed and confirmed our research findings. After exhaustive analysis, the research team regularly checked in with the participants to address any concerns they may have had. A summary of the emerging themes was given to participants to determine whether the codes and themes matched their perspectives. Furthermore, the findings were shared with the co-authors for verification. A clear audit trail showed all qualitative findings were derived directly from the raw data, validating the research process, findings and accountability (Lincoln & Guba 1985).

Findings

Descriptions of participants

The participants in this study were 16 Thai male adolescent first-time fathers, ranging from 15 to 19-years old. Their mean age was 18 years. All were Buddhists. Nine participants

were students while four were employees and three owned their own businesses. Twelve participants lived in extended families: four with their own families and the other eight with their girlfriends' families.

Data analysis reveals the experiences of first-time Thai male adolescents as a basic social process, which emerged as the core category 'Growing into teen fatherhood' This process is the transitional process from carefree and childless adolescent to responsible father. This social process witnesses the teens grow from adolescents to expectant fathers. Growing into teen fatherhood had three distinct phases: enduring the conflict of future role, accepting impending fatherhood and developing a sense of being teen expectant father. Throughout the process, the participants employed various coping strategies to manage their concerns, deal with their emotions and develop into responsible fathers (see Fig.1).

Phase I enduring the conflict of future role

Upon first learning of their girlfriends' pregnancy, all the expectant fathers in our study experienced unfavourable emotions: shock, chaos, stress, fear, regret, guilt and shame were the most commonly cited. Most reactions were characterized initially by shock (14 cases), because it was an unplanned event. The teens in our study were not ready for fatherhood. They did not want the responsibility and, in most cases, feared they could not afford it financially. They were forced to confront the conflict of future role: the conflict between adolescence and fatherhood. It is, in fact, an existential crisis: Do I sacrifice my freedom and feed my child? Or do I persuade my girlfriend to abort her pregnancy? Two participants shared their thoughts from that trying period:

I was hesitating about an abortion... I could have my freedom if my girlfriend got an abortion... What should I do? (P11).

I did not say anything after my girlfriend told me she was pregnant. I had a difficult time finding a solution. My mind was in conflict: should we have an abortion or not? I didn't know what to do. I chain-smoked about sixty cigarettes while thinking what should I do... I tried to make my decision about whether to abort or to raise my baby. (P15).

Eleven expectant fathers admitted that they thought their teenage lives were ending. Suddenly, the participants' lives were dramatically different from their friends'. Their friends could go anywhere they wanted, but the new fathers-to-be could not:

I thought that my teenage life was ending. I hadn't traveled anywhere yet. Was this real?... I was jealous of my friends because they could go anywhere at any time... I wanted to

Sixteen teen expectant fathers with an unplanned pregnancy

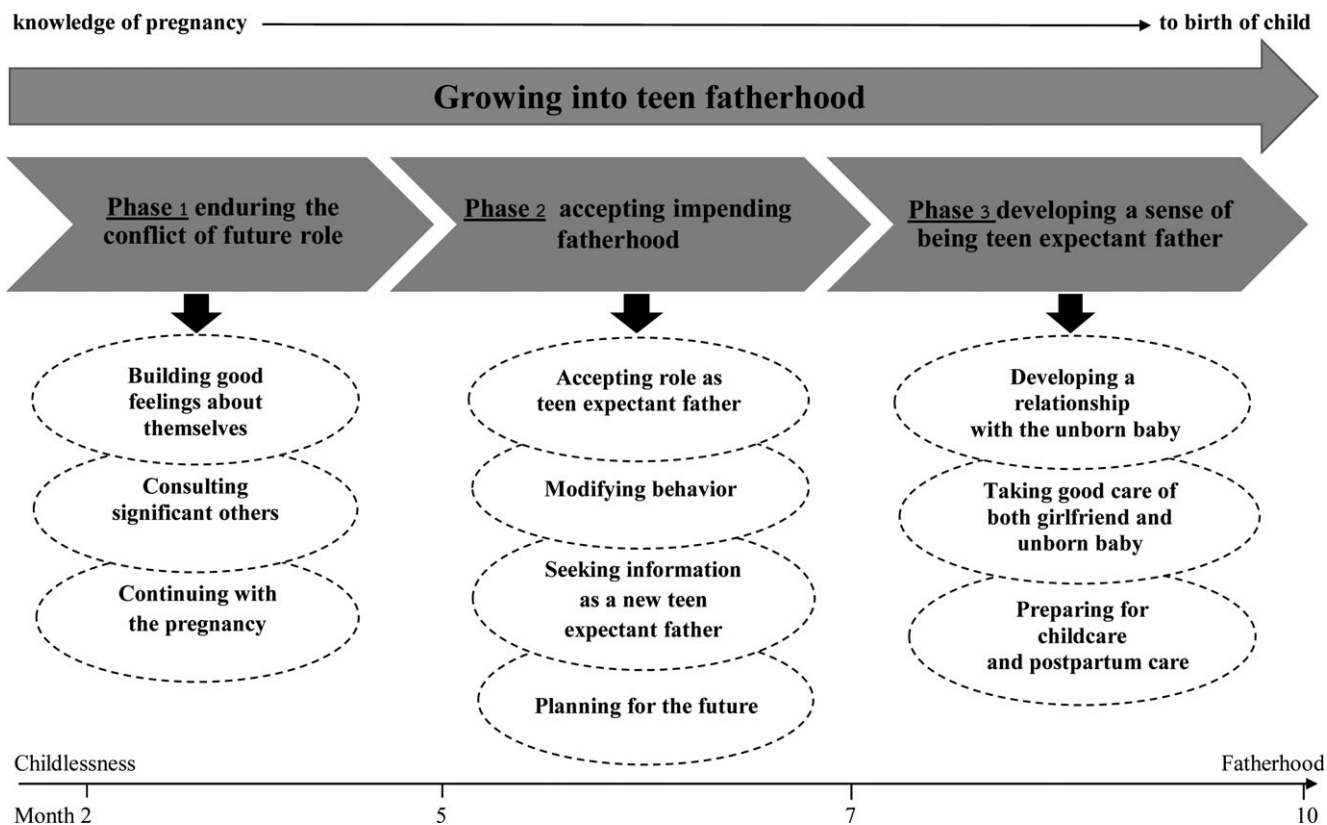


Fig. 1 The process of “growing into teen fatherhood”.

travel, socialize, and drink with friends but I could not. (P10).

Furthermore, most of the expectant fathers in our study thought that early fatherhood was an obstacle to completing their education. They had already planned future roles for themselves. Some had ambitions of being designers or engineers but decided to suspend their studies and dreams because of impending fatherhood:

I planned to study but I couldn't. I deleted my plan immediately because I had my baby ... I decided to work instead of study. ... I needed money. (P5).

In Thai society, having children in adolescence is not appropriate, so the participants in our study found themselves in conflict within their own extended families, and with Thai society at large:

My relative said, “Can you confirm that you will be able to take care of your child?... Your child is not a doll...” She looked at me as though I was not good at all. (P14).

All of the expectant fathers in our study ultimately chose to endure this difficult social process rather than abandon or

abort. They lived with conflict and had difficulties making decisions. They suffered, but they grew. They managed their conflict as follows.

Building good feelings about themselves

The expectant fathers built good feelings about themselves in order to help them adjust to impending fatherhood. Among the many ways, they did this include embracing the responsibility of their new role, developing love for their unborn babies and by adhering to Buddhist principles. Their experiences are presented below:

I try to think positively and consider different aspects. I compared myself with those who have children when they are at the working age. They couldn't take good care of their children. They don't have time... Moreover, I think I will understand my child better than others who are at the working age ... I will not be too old ... I can do many things for my child. I believe that having children while we are teenagers is better than having children when we are adult. (P3).

I think this is a challenge. I can make it better. . . I will try finishing my studies and getting a degree. I will then find a job and take good care of my child. (P2).

Some fathers found that they were able to develop a more positive attitude about becoming a father by thinking of their growing love for their as yet unborn children:

I thought about my parents; they love and took good care of us until now. How about our own child? I thought that this is our child . . . Therefore, I rethought this again and again . . . I told myself that they are my girlfriend and my baby. I love and do everything for my baby. I didn't know the reason why I love him? I persuaded my girlfriend to have antenatal care. (P15).

Finally, all expectant fathers built positive feelings from their grounding in Buddhist principles. Buddhism is pervasive throughout Thailand; the Buddha's hand and his teaching are never far from the day-to-day experience of Thais of all walks of life, regardless of situation or station. The Buddha taught people to accept that suffering is part of life and that it cannot be avoided. Thais therefore tend to be more accepting of suffering as a natural consequence of living. Recalling and embracing the principles of Buddhism enabled our expectant fathers to accept the fact that their girlfriends were pregnant. By accepting that truth, the participants were ready to face the many challenges that lay ahead:

I worked in a temple. The monks taught me to accept this situation. I believed them and I will accept my baby. I had to work and thought about my coming baby. (P6).

At first, I was thinking, "Why me? Why me? Everything is happening to me!" However, after considering this matter again, I can accept it all. . . If I refuse to take care of my own baby, whom can I ask to do this? Do we have to employ someone to do this task? It is impossible. (P13).

Consulting significant others

An unplanned pregnancy brings shame and humiliation to a Thai family. Each expectant father in our study sought the counsel of family members. This had the consequence of building the expectant father's confidence as well as repairing damage within the family:

I told my mother first. . . My mother understood me and said, "Don't abort." I was very happy. . . I thought that it was a good result that my parents accepted my girlfriend's pregnancy. (P7).

I consulted with a relative. He told me to find money to take care of my unborn baby, who will be born in the next few months. I got encouragement from him. He reminded me to think about the future. (P1).

Continuing with the pregnancy

Each expectant father in our study considered, at least briefly, the option of abortion. Their parents eventually had the greatest influence on this decision:

I obey my parents. My mother said, "Don't abort." I agreed with my mother . . . I am sure that my parents will support and help raise my baby. (P12).

My parents advised me to not accept having an abortion because it is a sin. . . My mother is scared about the baby's spirit and sin. . . The baby's spirit will follow us everywhere in the future. Our life will be a failure. (P10).

By the end of the first phase, the teens in our study had all come to accept their future role as fathers. Instead of arguing in favour of abortion or complaining about losing freedom, our participants had begun to embrace the prospect of becoming a father.

Phase 2 accepting impending fatherhood

In Phase 2, the teen fathers began to focus more on their girlfriends and unborn baby than on themselves. This shift in focus entailed accepting role, modifying behaviour, seeking information about pregnancy, delivery, and postpartum care and planning for the future. Some participants' experiences are presented below:

Accepting role as teen expectant father

Having resolved the conflict of future role that defines Phase 1, all the expectant fathers began to manifest an acceptance of their emerging roles as first-time fathers as they entered Phase 2. Gone was the typical teenager's preoccupation with socializing and video games, to be replaced by a commitment to put girlfriend and unborn child first. Two participants related how their thinking had changed;

I have to accept and change myself. . . I will not grow alone anymore. I will not only take care of myself and worry about my own survival. I have to take care of two more people, my baby and girlfriend. (P14).

Finally, I accept this and get ready to do everything for my baby and my girlfriend. (P9).

Modifying behaviour

The expectant fathers attempted to modify their behaviour for two purposes: to protect both mother and unborn baby and to promote the well-being of both. Two participants related their attempts to become more responsible:

When I had no kid, I was so bad. I always went out with friends, drank alcohol and talked with many girls. . . I liked to ride motorbikes and made a lot of noise until I was arrested by the police . . . Afterward, I found out I was

going to have a kid and I have tried to be a better man because I really worry about my kid and girlfriend and how they are going to live if I am arrested again. (P4).

I was a bad boy ... I used to drink and smoke. After I met my present girlfriend, I smoked sometimes. When I knew that I would have a baby I decided to quit everything. (P16).

Seeking information as a new teen expectant father

Another indication of the expectant father's new found commitment to fatherhood in Phase 2 is his desire to educate himself about pregnancy, labour and delivery and postpartum care. All the teen fathers in our study admitted to feeling determined to learn how to care for their girlfriends and unborn baby. As one related:

I searched information about how to take care of a baby. I have to learn how to be a father ... I asked advice from my mother. (P8).

In this class I learned how to take care of my newborn baby, how to bathe the newborn, how to change the baby's clothes ... (P3).

Planning for the future

In this study, nine of the 16 participants were students, and therefore totally dependent on their parents. Upon accepting their new responsibilities as teen fathers, these participants became more determined to complete their studies. They all wanted to graduate and work as soon as possible, to graduate and to forge careers. They tried to pay more attention to their studies and to provide for their new families:

When I found out that my girlfriend was pregnant, I tried to pay more attention to my studies because I didn't want other people to look down upon me as though I couldn't look after my own child. Therefore, now I want to complete my studies and get a job that can pay for my family's needs... I will pay more attention to my lessons, because I want to a good father with a good future. (P13).

Moreover, all expectant fathers resolved to do their best in raising their babies. Planning for their babies' higher education was a common refrain:

I will try my best to bring up my child as well as I can. I want my child to have a better education than I do... I will do many good things for my child. (P2).

Interestingly, two expectant fathers expressed their desire to protect their children from the hardship of being adolescent parents. They shared their thoughts on how they might prevent history from repeating itself:

I think all parents don't want their children to face the same problems as they did in their past. I am a young father and I wonder how a child will feel when he/she grows up to my age. I wish that my child will not do as I did... having a baby before beginning a career. (P11).

Phase 3 developing a sense of being teen expectant father

The participants became more concerned about the well-being of their girlfriends and babies as their delivery dates approached. They developed a relationship with the unborn baby, took good care of both and prepared for childcare and postpartum care. Their experiences are presented below:

Developing a relationship with the unborn baby

Most expectant fathers deepened their bonds with their unborn babies by 'touching' them through the mother's womb and by talking with them throughout the pregnancy:

I hug and kiss my girlfriend's belly and tell her that I love her every day to show her that I do love her. I am attentive to both the child and her. This makes my child know that I am his father who is kissing him ... and loves his mother as well. (P16).

Taking good care of both girlfriend and unborn baby

Each participant resolved to take good care of his girlfriend and unborn baby and tried to promote the well-being of both. A hallmark of Phase 2 is the commitment to put the needs of mother and child first:

My girlfriend was hungry many times... Sometime she was hungry after midnight... I had to go the shop. I bought some bread, some soup. (P9).

Moreover, the expectant fathers tried to support their girlfriends' emotions. They would often walk away, opting for a 'cooling off period,' when their girlfriends experienced mood swings:

I will walk away somewhere if the argument is not reasonable and I am not wrong... Sometimes I try to apologize to her because I don't want to affect the child's mind. (P7).

It is important to note that these first-time fathers were proactive in their efforts to protect mother in order to protect unborn baby. The teens now showed a greater awareness of the environmental hazards or dangerous situations their girlfriends faced. Again, this newfound maturity is characteristic of Phase 2:

I smoked far away from my beloved baby so she wouldn't breathe the smoke and get cancer. I smoke 3-4 cigarettes/day and tried to reduce them because my child is nearly born. (P8).

Preparing for childcare and postpartum care

All the participants in our study were eager to learn about holding and bathing the newborn, changing diapers and other postpartum basics:

I bought some new books. I read and read, learned about what to do during pregnancy, labor, delivery, and postpartum. I have learned a lot. (P5).

Many mothers in our cohort feared they would emerge from delivery scarred, misshapen or less beautiful than before. Five participants related their concerns:

She feared that she would not be a beautiful girl after childbirth. I must buy some skin repair cream for my girlfriend's belly. (P12).

Finally, all our expectant fathers expressed confidence in their ability to shoulder the responsibilities of fatherhood despite still being adolescents. Indeed, they expressed the confidence of those who have responded to a difficult challenge (conflict of future role). All of them reported being happy and proud that they could perform their father role in adolescence:

I was very happy and proud of being a father when I lived together with my girlfriend. . . I had my unborn baby. (P4).

Importantly, despite being very young and completely unprepared for fatherhood, all the teen fathers in the study said that their youth and inexperience were not impediments to being a good father. They resolved to raise their babies with a single-minded commitment:

I do everything for my baby. I would be willing to die for my baby. . . I tried to raise my baby the best I knew how. My age didn't influence my being a good father. (P6).

Discussion

Our findings highlight the process of 'growing into teen fatherhood.' In our study, all of the participants were able to resolve the identity conflict of their future roles, eventually maturing into proud and responsible first-time fathers.

At first, most expectant fathers in our study were shocked upon learning that they would soon be fathers. They thought that fatherhood would usher in an end to adolescent life. This finding is supported by Sampaio et al. (2014), who reported teen fathers mourned the loss of their adolescence. This finding – shock at the prospect of lost youth – is a finding consistent across academic studies. Bordignon et al. (2014) reported similar feelings of fear and stress over financial responsibilities among his subject pool of teen Brazilian fathers. Each of the expectant fathers in our study struggled to meet the new demands of impending fatherhood. Having a child in adolescence requires sacrifice, and many participants feared their 'normal' teenage lives were ending. This finding is consistent

with Futris et al. (2010), who reported that adolescent fathers may feel conflicted about finding a new job or finishing school. Additionally, Sriyasak et al. (2015a) also concluded that first-time teen fathers experienced worse conflicts and uncertainty in transition to fatherhood than did adult fathers in Thailand.

Thinking of religious beliefs was one of the strategies that the expectant fathers used to manage their emotional conflicts. When these fathers found themselves confronted with the difficulties of becoming a teen father, they fell back on the Buddha's teachings for solace. It is important to note that Buddhism is so pervasive and intertwined in Thai culture that nearly every Thai carries with him a wellspring of Buddhist teachings. Thais always remind themselves to try not to dwell on a bad situation or complain about circumstances, but instead to look at how things are and accept that these things do have an effect on themselves. This perhaps comes from the Buddha's teachings that the only way out of suffering is through mindfulness, an awareness of the true nature of our minds (Haspel 2017). Furthermore, Thais believe that killing is a sin. People who kill another living creature, particularly a fellow human being, are sure to incur bad karma and its consequence will be suffering (Chinthakanan et al. 2014). These fathers and their significant others believe that abortion is sinful. Their fear of bad karma proved to be a powerful motivation against abortion, a finding consistent with Sriyasak's finding (Sriyasak et al. 2016b).

Importantly, the teen fathers in our study recognized the importance of support and turned to their parents for help. They recalled being appreciative of their parents' support as they helped them to prepare for their responsibilities as a father. The family was of great importance as a source of all types of support, including emotional, physical, material, financial and informational. This finding is consistent with Chideya & Williams (2013) and Angley et al. (2015), both of which studies found that family support was essential for coping with the transition to fatherhood. Similarly, Ballard (2011) found that both the adolescent fathers and their children felt empowered when the fathers felt supported by their families. This support gave them an opportunity to gradually transition to fatherhood successfully and to support their girlfriends' pregnancies (Kirven 2014; Whitworth & Cockerill 2014). Similarly, Clinton & Kelber (1993) found that in cases of unplanned pregnancy, significant others – particularly parents – were able to persuade the expectant fathers to change their minds and to dissuade them from abortion.

Sansiriphun et al. (2010) studied 20 first-time Thai adult fathers with planned pregnancy. Our topic codes in Phase 2 and 3 findings (e.g. modifying behaviour, seeking

information) are again similar to Sansiriphun et al. (2010), perhaps because most participants in our study were in late adolescence. Our participants' development looks like early adulthood development. When the teen fathers with unplanned pregnancy accepted fatherhood, they were able to perform that role as well as their adult counterparts (Martorell et al. 2014).

Although none of the expectant fathers in our study had planned to have a child, they all grew to embrace the responsibilities of fatherhood. All of the participants modified their behaviour, committed to helping their girlfriends and resolved to build a better future for their children. These findings are consistent with Srion (2014), who found that teen fathers had left school early to find work to support their new families, had modified their personal behaviour for the good of mother and child and had taken on greater responsibilities. This is also consonant with Sampaio et al. (2014), who noted that teen fatherhood engendered many positive changes: accepting greater responsibility, working more, avoiding risky behaviour and reducing the consumption of alcoholic beverages. Moreover, all of the expectant fathers in our study expressed the desire to be good fathers. This finding is consistent with Jaime et al. (2015) and Paschal et al. (2011), who reported that their respective cohorts of Mexican and African American teen fathers consistently expressed the desire to become good fathers. The participants in both those studies vowed to reform their risky lifestyles, delinquent behaviours and substance abuse.

Most of the expectant fathers in our study expressed the desire that their children not become teen parents. There is evidence that this is a legitimate fear. Sipsma et al. (2010b) reported that sons of teen fathers were at significantly increased risk for becoming teen fathers themselves. By 19 years old, the sons of teen fathers were more than three times as likely to be fathers than were the sons of older, non-teen, fathers.

Finally, the expectant fathers in our study felt proud that they had overcome the unique challenges inherent in becoming a teen father. This finding concurs with Cronick (2007), who found that becoming a father imbued young fathers with pride, and taught them to value paternity.

Conclusion and policy implications

Our findings have affirmed that 'growing into teen fatherhood' is a tremendously difficult developmental process. First-time teen fathers lack the maturity, experience and financial wherewithal of their older counterparts. Worse yet, they almost uniformly face the scorn of their society. Nevertheless, these teens were gradually able to transition to teen

fatherhood with the aid of various coping strategies. The knowledge gained from this study may help in developing nursing practices that provide support for adolescent fathers. These youths face special challenges, and it is in the interest of Thai society to assist them and to plan for their long-term success. Healthcare professionals can play an important role in supporting these fathers, especially during Phase 1, the conflict of future role. Fathers have mixed, conflicting feelings and unique needs. Healthcare professionals can mobilize social support networks for adolescent fathers and encourage them to make better connections with their families and peers. Moreover, nursing interventions can help our teen expectant fathers manage the conflict between adolescence and fatherhood. Applicable nursing services could include advice, counselling and emotional support for expectant fathers and their families (United Nations International Children's Emergency Fund 2015).

It is our hope that this study will prove to be a useful contribution to the existing academic literature on adolescent fatherhood. We believe that our findings can be used as baseline data to raise awareness for policymakers and to guide them in enacting policy that meets the needs of these first-time adolescent fathers. Specifically, we hope that our findings will help Thai policymakers and healthcare professionals to understand the special challenges of becoming a first-time adolescent father in Thailand. Policymakers should include these young fathers-to-be in their plans when designing prenatal and postpartum programs. Group support, effective mentorship programs and national follow-up services for teen fathers could be offered as standard care in Thai hospitals. By learning from this study, we can reshape policy in a way that eases the transition to fatherhood. By doing so, our healthcare community would benefit not only the fathers themselves, but also mother, child and Thai society at large.

Limitations

The study was conducted at only two hospitals in Chiang Mai, Thailand. Findings from this study are representative of a small group of first-time adolescent fathers and cannot be generalized. However, further research is needed using different types of triangulation methods to validate findings with other groups, across different cultures and societies.

Acknowledgements

The authors thank Prince of Songkla University, the National Research Council of Thailand for funding of the academic year 2015 and all the expectant adolescent fathers who took part in this study.

Author contributions

Study design: CU, KK, AK, NS

Data collection: CU

Data analysis: CU

Manuscript preparation: CU

Study supervision: KK, AK, NS

References

- Anglely, M., Divney, A., Magriples, U. & Kershaw, T. (2015) Social support, family functioning and parenting competence in adolescent parents. *Maternal and Child Health Journal*, **19**, 67–73. <https://doi.org/10.1007/s10995-014-1496-x>.
- Ballard, A.M. (2011) The psychological effects of becoming an adolescent father. (Doctoral dissertation of Psychology, Alliant International University). Available at: <http://search.proquest.com/docview/924456198?pq-origsite=gscholar> (accessed 29 July 2016).
- Bordignon, S.S., et al. (2014) Fatherhood in adolescence in the context of the health services, school and community. *Text and Context Nursing, Florianopolis*, **23**, 979–986. <https://doi.org/10.1590/0104-07072014000330013>.
- Chideya, Y. & Williams, F. (2013) Adolescent fathers: exploring their perceptions of their role as parent. *Social Work Maatskaplike Werk*, **49**, 209–221. <https://doi.org/10.15270/49-2-65>.
- Chinthakanan, O., Rochat, R.W., Morakote, N. & Chaovitsere, S. (2014) The hidden problems of illegal abortions in Thailand. *Chiang Mai Medical Journal*, **53**, 187–191. Available at: http://www.medicine.cmu.ac.th/secret/edserv/journal/fulltext/CMJ_2014_Vol_53_Issue%204_05_P187-91.pdf (accessed 17 March 2016).
- Clinton, J.F. & Kelber, S.T. (1993) Stress and coping in fathers of newborns: comparisons of planned versus unplanned pregnancy. *International Journal of Nursing Studies*, **30**, 437–443. [https://doi.org/10.1016/0020-7489\(93\)90053-W](https://doi.org/10.1016/0020-7489(93)90053-W).
- Cronick, L.M. (2007) The Experiences of Adolescent Fathers. (Master's Thesis of Nursing Science, University of Alaska Anchorage). Available at: <http://search.proquest.com/pqdtglobal/docview/304742457/previewPDF/1025726E766141CBPQ/1?accountid=44722> (accessed 7 January 2015).
- Davidson, M.R., London, M.L. & Ladewig, P.A.W. (2012) *Olds' Maternal-Newborn Nursing & Women's Health across the Lifespan*, Pearson Education, New Jersey.
- Futris, T.G., Nielsen, R.B. & Olmstead, S.B. (2010) No degree, no job: adolescent mothers' perceptions of the impact that adolescent fathers' human capital has on paternal financial and social capital. *Child and Adolescent Social Work Journal*, **27**, 1–20. <https://doi.org/10.1007/s10560-009-0187-8>.
- Glaser, B.G. (1992) *Emerging & Forcing: basics of Grounded Theory Analysis*, The Sociology Press, Mill Valley.
- Glaser, B.G. (1998) *Doing Grounded Theory: Issues and Discussions*, The Sociology Press, Mill Valley.
- Haspel, J. (2017) *Becoming Buddha: Dependent Origination Emptiness and The Buddha's First Three Discourses*, Simple Enlightenment Press, Pennsylvania.
- Jaime, J.A., Robbins, L.K. & De Los Santos, L. (2015) The talk of unwed adolescent fathers of Mexican origin: a discourse analysis. *Fathering*, **13**, 271–288. <https://doi.org/10.3149/fth.1303.271>.
- Kirven, J. (2014) Helping teen dads obtain and sustain paternal success. *International Journal of Childbirth Education*, **29**, 85–88. Available at: <http://eds.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=2&sid=f2a7ba6d-ba0a-49f2-aa3b-2ef4b574eb3c%40sessionmgr120&hid=104> (accessed 30 June 2015).
- Lincoln, Y.S. & Guba, E.G. (1985) *Naturalistic Inquiry*, Sage Publications, Beverly Hills, CA.
- Lowdermilk, D.L., Perry, S.E. & Cashion, K. (2014) *Maternity Nursing*, Wiley-Blackwell Publishing, New Jersey.
- Martorell, G., Papalia, D.E. & Feldman, R.D. (2014) *A Child's World Infancy Through Adolescence*, McGraw-Hill, New York.
- Paschal, A.M., Lewis-Moss, R.K. & Hsiao, T. (2011) Perceived fatherhood roles and parenting behaviors among African-American teen fathers. *Journal of Adolescent Research*, **26**, 61–83. <https://doi.org/10.1177/0743558410384733>.
- Pillitteri, A. (2014) *Maternal & Child Health Nursing*. Lippincott Williams & Wilkins, Philadelphia.
- Sampaio, K.J.A.D.J., Villela, W.V. & Oliveira, E.M.D. (2014) Meanings attributed to fatherhood by adolescents. *Acta Paulista de Enfermagem*, **27**, 1–5. <https://doi.org/10.1590/1982-0194201400002>.
- Sansiriphun, N., et al. (2010) Thai men becoming a first-time father. *Nursing & Health Sciences*, **12**, 403–409. <https://doi.org/10.1111/j.1442-2018.2010.00549.x>.
- Sipsma, H., Biello, K.B., Cole-Lewis, H. & Kershaw, T. (2010b) Like father, like son: the intergenerational cycle of adolescent fatherhood. *American Journal of Public Health*, **100**, 517–524. <https://doi.org/10.2105/AJPH.2009.177600>.
- Sipsma, H., et al. (2016a) Exploring trajectories and predictors of depressive symptoms among young couples during their transition to parenthood. *Maternal and Child Health Journal*, **20**, 2372–2381. <https://doi.org/10.1007/s10995-016-2064-3>.
- Srion, N. (2014) Fathering experience of male teenagers. (Master's Thesis of Nursing Science, Chulalongkorn University). Available at: <http://cuir.car.chula.ac.th/handle/123456789/44506> (accessed 4 July 2016).
- Sriyasak, A., Almqvist, A.-L., Sridawruang, C. & Haggstrom-Nordin, E. (2015a) Father role: a comparison between teenage and adult first-time fathers in Thailand. *Nursing & Health Sciences*, **17**, 377–386. <https://doi.org/10.1111/nhs.12200>.
- Sriyasak, A., et al. (2016b) The new generation of Thai fathers: breadwinners involved in parenting. *American Journal of Men's Health*, **23**, 1–11. <https://doi.org/10.1177/1557988316651062>.
- The Thai Ministry of Social Development and Human Security (2014) *Conditions of Thai Adolescent Parents B.E. 2556*. Available at: <http://dcy>.

- go.th/webnew/uploadchild/cld/download/file_th_20152002002459_1.pdf (accessed 20 August 2016) (in Thai).
- United Nations International Children's Emergency Fund. (2015) *Situation analysis of adolescent pregnancy in Thailand: synthesis report 2015*. Available at: https://www.unicef.org/thailand/160614_SAAP_in_Thailand_report_EN.pdf (accessed 19 December 2016).
- Whitworth, M. & Cockerill, R. (2014) Antenatal management of teenage pregnancy. *Obstetrics, Gynaecology and Reproductive Medicine*, **24**, 23–28. <https://doi.org/10.1016/j.ogrm.2013.11.002>.
- Yeung, W.-J.J. (2013) Asian Fatherhood. *Journal of Family Issues*, **34**, 143–160. <https://doi.org/10.1177/0192513x12461133>.