

Transition to Fatherhood Among Muslim Adolescents in Thailand: A Grounded Theory

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Abstract

To explore the process of becoming a first-time father in Thai-Muslim adolescents. The transition to fatherhood among Thai-Muslim adolescents is a critical life event. The process of the transition is often not clearly understood. In-depth interviews with 14 Thai-Muslim adolescent fathers. Data were analyzed using constant comparative method. “Breaking free of worry and embracing fatherhood with joy” is the central, integrating theme. Male adolescents experience the following three phase process to prepare themselves for fatherhood. In phase one, the adolescents are worried about the impact of becoming a father. Their response is a mixed feeling of fright, stress, fear about a burden on their parents, and indignation at being told they are too young to be fathers. In phase two, male adolescents accept the onset of pending fatherhood and try to confront it. The adolescent fathers apply three strategies through the first two phases: facing the reality, accepting the role of an adolescent father, and modifying their behavior. In phase three, the adolescents actively undertake the transition to shoulder the burdens, responsibilities, and joys of fatherhood. The findings provide additional knowledge and contribute significantly to health care professionals promoting continuity care for first-time adolescent fathers.

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Introduction

Adolescent pregnancy continues to be a global concern. About 12 million adolescent mothers aged 15 to 19 years give birth every year in developing countries including Thailand (Darroch et al., 2016). The Ministry of Public Health (2020) reported that the Thai adolescent fertility rate has increased, particularly in 2019 when the rate was approximately 44 births per 1,000 women aged 15 to 19. Prior studies have found that adolescent pregnancy outcomes could improve when both the young mother and young father are well supported (United Nations Fund for Population Activities, 2013). However, adolescent fathers may experience several difficulties in adjusting to fatherhood in the absence of such vital support (Uengwongsapat, 2022).

The transition to fatherhood is normally difficult for adolescent fathers as they are concurrently faced with the twin roles of being an adolescent and of being a father. These conditions can lead to stress and conflict between the dual roles (Davidson et al., 2020). As adolescents, these fathers-to-be think of their identity, their freedom, their friendship with peers, and their ambitions. They need time to form relationships with peers, facilitating self-growth and development as an adolescent (Santrock, 2016). Adolescent fathers reported experiencing a significant lack of interest or support from professionals and that they were prone to solitude and loneliness (Sheldrake, 2010). They experience greater psychological and emotional difficulties than their non-parenting peers, including heightened distress and decreased self-esteem (Bunting & McAuley, 2004). Adolescent fathers are also more likely to experience parenting stress because they are less prepared for the responsibilities associated with being a parent than are fathers who have already passed through adolescence (Fagan et al., 2007). "Role stress" and lack of confidence may lead to the rejection of their child, unsuitable childrearing practices and abandonment of their child (Hollman & Alderman, 2008).

A Father's Role in Thai-Muslim Culture in Pattani Province

Thailand is a predominantly Buddhist country. Besides Buddhism, Islam is the second major religion in Thailand. However, in Pattani Province Muslims are the majority population, representing 86.3% of the population and

Buddhists 13.7%. Most Thai adolescents aged 10 to 19 are typically studying in school while some adolescents who have left school early and are employed often have unskilled jobs or jobs with low wages, such as fisherman, mason, or factory worker (Pattani Province office, 2018). In Thai-Muslim culture, religious factors can be influential on Muslims' behavior (Yeung, 2013). Islam is regarded as a complete code of life for Muslims that informs, guides, and regulates their lifestyle, day-to-day activities, social norms and behaviors, relationships, family life, roles, and responsibilities (Alimohammadi & Taleghani, 2015). Thai-Muslim families are patriarchal so younger persons must pay respect to the elderly or authorities by listening, being obedient, and following suggestions. In the Islamic perspective, Allah (Islamic representation of God) created male and female as company for one another and to take the responsibility as parents to spend their lives peacefully according to the demands of Allah (Bouhdiba, 2005).

In Pattani, Thai-Muslim brides and grooms must attend an 8-to 10-hr classes, which is provided by religious leaders in a mosque. In these classes they are taught about their new duties as husband and wife, the roles, and responsibilities of being a couple and as a parent (Pattani Province office, 2018). Moreover, some public hospitals offer 2-to 3-hr childbirth classes for first-time parents. Thai-Muslim fathers see financial preparation, praying, moral teachings, and reciting the Qur'an, as their religious duties. Islam is therefore a strong advocate of marriage (Bornstein, 2016). In addition, Muslims view pregnancy as a gift from Allah and they welcome it by thanking Allah. Having children gives fathers a sense of completion, achievement, and satisfaction (Tehrani et al., 2015).

However, an adolescent pregnancy of an unmarried couple having engaged in premarital sex is considered as culturally unacceptable and is stigmatized, so pregnant adolescent girls are usually forced to marry even though they might be unready (Learttamnongtham, 2003). The rejection of unmarried pregnant girls and their boyfriends remains high in Thai society. Being a pregnant girl without wedlock is considered immoral as it is related to social norms. In addition, the perception amongst Muslims about using contraception is that it is sinful and this has an influence on Muslims accessing contraception (United Nations International Children's Emergency Fund, 2015). Furthermore, an induced abortion is illegal in Thailand but legal medical abortion is possible under the strict control of the Ministry of Public Health (2015). However, terminating a pregnancy is viewed as a serious sin according to Islamic beliefs. Therefore, Thai adolescent parenthood is problematic, stigmatized, and poses a serious social problem.

The above literature review indicates that adolescent fathers are conflicted about their new role of adolescence and fatherhood, and that they encounter

many socioeconomic problems during their transition period. For these reasons, the researchers are interested in studying the process of transition by Thai-Muslim adolescent first-time fathers, and how Thai-Muslim culture influences this transition. Moreover, this study proposes to fill a knowledge gap regarding the current situation of first-time adolescent fathers in Thai-Muslim society. The results of our study may be used as a guide for Thai health care professionals to promote continuity care for first-time adolescent fathers so that they may make a better, healthier transition to fatherhood, leading to better pregnancy outcomes.

Methods

Grounded theory was used as methodology. The key concepts of grounded theory include a systematic approach that seeks to construct theories about issues of importance from participants' experience (Glaser, 1998). The emphasis is on participants or an emic perspective which provides guidance to explore the basic social process of Thai-Muslim fathers who manage their roles in this transition period. Applying a constructivist approach allows the researchers to address the core of a social process that may happen in a certain background (Birks & Mills, 2011).

Participants and Procedures

Participants were recruited and interviewed between March 2019 and October 2020 in Pattani Province, Thailand. The inclusion criteria for potential participants were: Muslim male adolescent between 15 and 19 years old; speaks Thai; is a first-time father; has lived with his partner for at least 6 months; is able to talk about experiences during the transition to fatherhood; has a healthy infant, born >37 weeks gestation; and is willing to participate in the study. Those male adolescents whose partners had complications during pregnancy, such as premature contractions, hypertension or vaginal bleeding, were excluded. Several adolescent fathers were recruited at postpartum pediatric outpatient clinics and primary care units where vaccinations were given to babies in Pattani Province. These fathers were informed about the study and invited to participate. Interested participants were screened for eligibility status. If only the mother-to-be was present, she was provided with a letter to give to her adolescent partner explaining the study and requesting further contact with the study team regarding his participation. The participants in our study were 14 Thai-Muslim first-time fathers, aged between 16 and 19 (mean age of 18). Of the participants, three had planned pregnancies. Three participants were students, while 11 were working (see Table 1).

Table 1. Demographics for Thai-Muslim Adolescent Fathers and Age of their Partner.^a

Participant no.	Age (years)	Partner's ^a age (years)	Highest education level	Occupation	Income (baht/day)	Intention to have a baby	Family size (Extended family or nuclear family)	Marital status (Married before or during pregnancy)
001	18	19	Grade 11 secondary school	Furniture worker	250	Planned	Extended	Before pregnancy
002	18	18	Advanced diploma	Student	100	Unplanned	Extended	During pregnancy
003	16	15	Grade 6 primary school	Electrician	300	Unplanned	Extended	During pregnancy
004	19	19	Diploma	Student	100	Unplanned	Extended	During pregnancy
005	19	18	Grade 9 secondary school	Security guard	480	Planned	Extended	Before pregnancy
006	18	16	Grade 12 secondary school	Mason	250	Unplanned	Extended	During pregnancy
007	18	18	Grade 6 primary school	Merchant	300	Unplanned	Extended	During pregnancy
008	16	17	Grade 8 secondary school	Porter	50–500	Planned	Extended	Before pregnancy
009	19	18	Grade 3 primary school	Waiter in Malaysia	450	Unplanned	Nuclear	During pregnancy
010	19	18	Grade 8 secondary school	Fisherman	300	Unplanned	Extended	During pregnancy
011	19	23	Grade 8 secondary school	Waiter in Malaysia	300	Unplanned	Nuclear	During pregnancy
012	17	17	Grade 10 secondary school	Workman	300	Unplanned	Extended	During pregnancy
013	19	19	Advanced diploma	Student	270	Unplanned	Extended	During pregnancy
014	18	13	Grade 8 secondary school	Online selling	300	Unplanned	Extended	During pregnancy

Note. The average income of service workers and manual laborers in Pattani Province in 2019 was 513 baht/day (National Statistical Office, 2021).

^aPartner refers to a woman or girl who was married to an adolescent father (participant) before or during pregnancy.

The interviews were conducted at a mutually agreed time. Upon receiving informed consent, the interviews were audio-recorded. The recorded interviews and field notes of behavioral observations were then transcribed verbatim for analysis. The initial interview question was: "Please tell me about your experience of being an adolescent father." The adolescent was encouraged to describe his experience in his own words. During data collection, the researcher helped the participants to clarify their experience by using probing questions such as, "Tell me more about your response" or "Please tell me why you felt that way." Each interview lasted 40 to 60 min. Each participant was interviewed two or three times. In this study, later interviews with each adolescent father were conducted where there was an opportunity to clarify, verify, and elaborate on what each adolescent father had said in the first interview. Therefore, many questions in later interviews were modified throughout this study according to the emerging concepts for further theory development. At the beginning of such follow-up interviews, each participant had the opportunity to verify or add additional stories to what he had previously said. Data collection continued until no new data emerged or the data were saturated.

Integral to data collection was the constant comparison of the data, searching for similarities and differences. In grounded theory, this process guides the researcher in seeking additional sources of data. As the researcher dialogs with existing data, it becomes evident where there are gaps and suggests potential interviewees. Theoretical sampling is then used as it is more focused and narrows the interview options to those who could best provide the missing information. Both purposive and theoretical data were collected until nothing new appeared, which is known as data saturation (Glaser, 1998).

Ethical Consideration

Ethical approval was obtained from the review board of the Research Ethics Committee at Prince of Songkla University, Pattani Campus (psu.pn.1-008/61) and Pattani Hospital (011/2562) before the commencement of participant recruitment. Participants were informed of the purpose of the research and were guaranteed anonymity and confidentiality, both orally and in writing. Participants over 18 years of age signed consent forms to participate, while those below 18 years were given forms for their parents or guardians to sign. The adolescent fathers were informed that they could terminate the interview at any time or decline to answer any questions. Participants were guaranteed that all data would be kept confidential and would be used strictly for research purposes only. All interview transcripts were kept confidential and reference numbers were used instead of participants' names. References

to participants' quotations were bracketed and denoted by a participant's interview number. For example, a quotation from Participant 1 was recorded as "(P1)."

Data Analysis

The constant comparative method was used during the coding process to formulate codes which were then conceptualized into categories (Glaser, 1998). Initially, the researcher read and reread transcripts line by line several times to identify similarities and differences in the participants' descriptions of their thoughts, feelings, and actions. In-vivo codes were established from the interview data. Next, in-vivo codes were compared, grouped together according to their properties, and then relabeled. Key features of the relabeled in-vivo codes were conceptualized and grouped into broad categories. Each category was then compared with the other categories to ensure consistency in the data fit. Constant comparison between and within codes, concepts, and categories allowed theory to emerge throughout the analysis. Finally, when no new categories were found anymore, it was concluded that the data were saturated (Glaser, 1992).

The Trustworthiness of the Study

To ensure trustworthiness of this study, techniques following the criteria of credibility, fit, workability, and relevance (Guba, 1981) were used. For credibility, the researchers selected participants who were adolescent fathers to discuss their experience. All participants were Thai-Muslim fathers with various personal histories such as age, education, occupation, and income. The researcher established rapport and trust through prolonged engagement with each participant prior to interviewing. Before the data collection, the researcher built a relationship with the participants and continued conversations in a non-directive manner, so that the participants were able to tell their stories. Data collection was accompanied by data analysis which spanned 19 months. Throughout this time the researcher wrote memos and maintained a theoretical sensitivity for the emergence of relationships between and among concepts. Memos helped the researcher record and reflect on the analysis, to discern recurrent themes, to guide the direction of subsequent data collection and to develop theoretical codes.

In addition, peer debriefing with the research team and other experts in qualitative research was set up. A meeting was arranged to discuss data analysis, emerging categories, and subcategories. This process aided the researcher to discuss and validate the emerged coding to ensure that this coding reflected

the experiences of the participants. Member checking was also done for the verification of the accuracy in theory development during the fourth meeting of the research team. The developing theory was shared with six participants for feedback relative to the accuracy and completeness of the information. Those six participants discussed the inclusion of content, compared properties of concepts and preliminary formation of categories. The participants ensured that the emerging theory was relevant to the adolescents' main concerns by explaining the underlying experiences that demonstrated the workability of the theory. In order to achieve confirmability and dependability, the research team maintained an audit trail and clearly described their methodology. The data were also systematically recorded with the field notes of the researcher's reflections. The co-authors verified all the steps of data collection and analysis offering a clear description of the results.

Findings

In the process of Thai-Muslim adolescents becoming a father, learning about and accepting a partner's pregnancy was known as "Breaking free of worry and embracing fatherhood with joy." This process was the central, integrating theme that Thai-Muslim adolescents used to adjust to fatherhood and it consisted of three phases. The first phase, worrying about the impact, began when the expectant fathers first learned that their partner was pregnant. Their response was a mixed feeling of fright and stress, fear about a burden on their parents, and indignation at being told they are too young to be fathers. Islamic beliefs (Support 1) and acceptance and understanding from family members (Support 2) can facilitate the transition process from the first to the second phase. In the second phase, the participants accepted the onset of pending fatherhood and tried to confront it. This phase had three strategies: facing the reality, accepting the role of an adolescent father, and modifying their behavior. The third and final phase, shouldering the burdens, responsibilities, and joys of fatherhood, generally occurred around 6 months after birth. During phase three, the adolescent fathers became increasingly concerned about the well-being of their baby and partner. They used four strategies to manage this transition: educating themselves in the roles of a father, concentrating on learning about child growth and development, doing everything for the child, and carrying on the cultural traditions (see Table 2 and Figure 1).

Phase 1: Worrying About the Impact

Feeling of Fright and Stress. All expectant fathers of the unplanned pregnancies were more likely to be emotionally troubled upon learning of their

Table 2. Examples of Citations, Coding, Subcategories or Variations within Categories that Emerged from the Interviews.

Citations	Coding	Subcategories or variations within categories	Category
<i>I searched information about how to take care of a baby. I have to learn how to be a father. I have to know how to bathe my child. I asked advice from my father. My father was pleased to teach me. . .Thanks to my father.</i>	Learn how to take care of a baby and how to be a father.	Educating themselves in the roles of a father	Shouldering the burdens, responsibilities, and joys of fatherhood
<i>I was impressed whenever I saw my child grow, smile, play, try to turn around, or try to talk with me. I also watched him every time. I was delighted, impressed, and pleased . . .</i>	Concentrated on child growth	Concentrating on learning about child growth and development	
<i>I try to do everything for my child. When he grows, and he wants something, I can do for him.</i>	Do everything for my child	Doing everything for the child	
<i>I did not want my partner to eat pineapple because it was bitter. Parents said that if my partner eats pineapple, it can lead to miscarriage. As for longan, it cannot be eaten because it is cold. If my partner eats longan, she will become ill.</i>	Did not want partner to eat certain foods due to cultural traditions	Carrying on cultural traditions	

impending fatherhood, however the three fathers involved in planned pregnancies were less emotionally troubled. Common emotions included feelings of fright and stress. The expectant fathers shared their feelings:

I did not intend to have a child. At first, I was shocked and frightened when I heard the news. I did not believe my partner was pregnant until she said it many times. I was stressed about money. (P7)

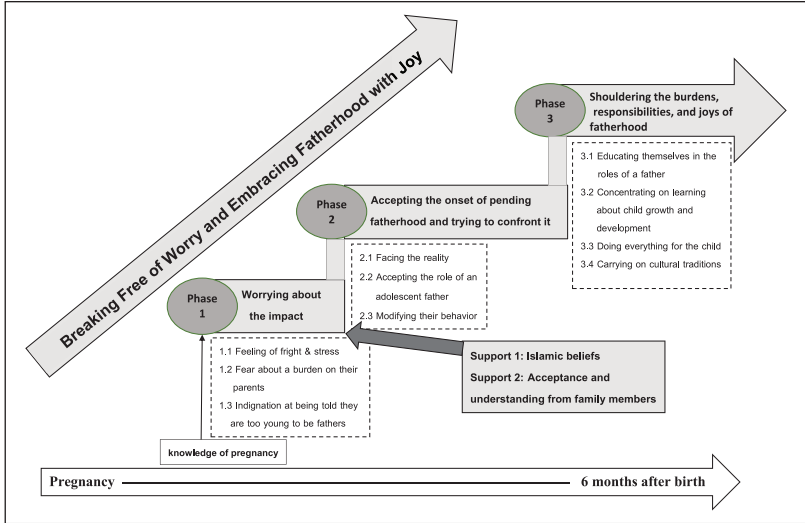


Figure 1. The process of becoming a Thai-Muslim adolescent father.

When my partner said that she was pregnant, at first, I was happy, but I didn't have a job, had no money to take care of her and the child. I thought about this and was stressed. (P4)

Fear About a Burden on Their Parents. Being a father when the pregnancy is unplanned is a new experience for adolescents. Many perceived it as a turning point that they did not want. Many also expressed the desire to turn their life back to the original state as a student or as an adolescent with fewer responsibilities. Eleven participants in our study felt a large amount of stress about caring for their child in the future, primarily because of financial concerns. They all came from an impoverished area. Therefore, they felt heavily dependent upon their parents for financial support, and consequently felt guilt and shame for saddling their families with such a burden. The expectant fathers expressed:

I thought that I was only 18 years old. I was too young and afraid I'm going to become a burden to my own mother. I am not sure I can work and raise my child. I must ask my mother for money every day. My mother has raised me and still has to raise a grandchild. (P2)

Now I am asking my mom for money every morning. My mother must take care of my sister and brother in school too. I feel that my mom suffered to take care of my child and me. (P13)

Indignation at Being Told They Are Too Young to be Fathers. By Thai-Muslim society standards, the expectant fathers with unplanned pregnancies had violated the social norms and the Thai-Muslim culture. As a result, the expectant fathers found themselves in conflict with parents, in-laws, relatives, friends, teachers, and neighbors. The responses of others to the unplanned pregnancy were mostly negative. The participants were subjected to criticism by the people around them. The overwhelmingly negative response from their communities only made the transition to responsible fatherhood more difficult for the adolescents in our study. Some fathers noted:

My neighbor insulted me by saying that I cannot raise my child because I was young and unemployed. I said age was just a number. I told him ‘just you watch! I’ll show you.’ (P1)

My friend criticized me: ‘You are a young father and still cannot do anything. You have no money, but you have a child.’ (P4)

One of my senior friends asked me ‘can you raise your child by yourself? Your child is not a small dog but a baby!’ I answered that ‘I could raise my child. You can see me now. I remember what you said on that day.’ (P6)

In this phase, the participants used a variety of coping strategies throughout the process to address their concerns, deal with their emotions, and progress as responsible fathers (Figure 1). Islamic beliefs (Support 1) and acceptance and understanding from family members (Support 2) are factors supporting a faster transition from the first phase to the second phase. Two Islamic beliefs (Support 1) are that a child is a gift from God and that abortion is a sin. Muslim fathers believe that moral teaching, praying, fasting, and reciting the Qur’an with their children are religious duties that God has entrusted to them in order for them to fulfill the father role. The findings of each strategy and their experiences are presented below.

Support 1: Islamic Beliefs

Regarding Islamic beliefs, two beliefs are taught to Muslim fathers: that a child is a gift from God and that abortion is a sin.

Child is a Gift From God. Religious beliefs influence the practices of Thai-Muslim particularly in the crisis of an unplanned pregnancy. All expectant adolescent fathers relied on Muslim principles and then viewed pregnancy as a gift from Allah. Some expectant fathers said:

My baby is a special gift which God gave me. This is very nice for my family.
(P1)

I believe my baby is a gift from God. I try to do best for my child. (P5)

Abortion is Sin. All expectant fathers who had an unplanned pregnancy went through a similar process in terms of abortion. When they found out their partner was pregnant, they initially tried to conceal the pregnancy and find a solution. They appeared to be only concerned with themselves and their situation. They were particularly eager to resume their normal way of life as soon as possible and attempted to maintain their daily lives as regularly as possible. They did not want anyone to know about their partner's pregnancy, especially their parents and their partner's parents.

In the Islamic view, abortion is considered sinful. Sin is a moral concept which is reinforced by it being illegal to have an abortion. As a result, anyone attempting an abortion is considered immoral, or as a murderer. A comprehensive Islamic perspective on human life and beliefs about birth and abortion influences whether or not a person accepts a pregnancy and subsequent fatherhood. According to the fathers in the study, a fetus is a human being and abortion is murder. As one expectant father said about abortion:

I am afraid of committing sins. A baby is going to be born and become our child. If we kill this baby, it will be a sin. Our parents also informed us that if we kill a baby by having an abortion, we will not be happy. (P13)

I would like to continue being involved with my partner's pregnancy. Killing a baby is sinful. I must be responsible. (P10)

I would have liked her to terminate the pregnancy but feared that would have been a sin. (P4)

All of the adolescent fathers with unplanned pregnancies decided to continue being involved with their partner's pregnancy because they were afraid of committing the sin of abortion. In addition, all expectant fathers sought guidance from Muslim principles and religious beliefs during the emotional turmoil of these unwanted pregnancies. They were taught that suffering is a

natural part of life and that it cannot be avoided. The only way to end suffering is to first accept that it is a fact of life. Based on these Islamic principles, they accepted the fact that their partner was pregnant and felt better prepared to face the challenges of fatherhood during their partner's pregnancy.

Support 2: Acceptance and Understanding From Family Members

Fatherhood was a new experience and it was perceived as a turning point in the lives of the adolescent fathers. Although the fathers with unplanned pregnancies had not wanted this to happen, positive feelings were reported by all fathers as a result of encouragement from family members. Their parents provided a variety of assistance such as financial assistance, accommodation, knowledge and advice in child rearing, encouragement in the role of being a father, as well as helping to raise the level of self-confidence and pride of fatherhood. The findings showed that each of the adolescent fathers had a strong support system built into his own family. In the event of a serious problem, parents continued to assist the adolescent as needed. One expectant father said:

I still have my parents and they always support me. My parents are so kind. . . I think that if I have a serious problem, I must consult my parents. I need the help from my parents. (P7)

Acceptance and understanding from the participants' mothers would be the greatest support and help them raise their baby. One expectant father reported:

I told my mother first because I am close to her and she understands me. She was sad when she found out about my partner's pregnancy. . . My mother understood me. I was very happy because my mother understood the situation. I was very glad. . . I will try to raise my baby the best I can. (P2)

In addition, financial support by their parents assisted the adolescent fathers in pursuing their education by providing both an allowance and other expenses. Most of the expectant fathers felt it difficult to manage without support. One of the expectant fathers described:

My parents are in a difficult situation. They have to take care of me and my younger siblings, and soon they will have to take care of my baby as well. They

have to keep earning money to take care of our baby. . . So, I am in a difficult situation. What can I do? (P4)

Moreover, mental support from family members played an important role as a positive influence in their lives, and assisted in discouraging the participants from considering abortion. The majority of the adolescent fathers in this study reported that their parents supported them throughout their partner's pregnancy. This assistance enabled them to gradually transition to fatherhood.

Phase 2: Accepting the Onset of Pending Fatherhood and Trying to Confront it

In phase two, all adolescent fathers began to focus more on their partner and the unborn baby than on themselves. This shift in focus entailed facing the reality, accepting the role of an adolescent father, and modifying their behavior. Some participants' experiences are presented below:

Facing the Reality. With time, the expectant fathers perceived that fatherhood was unavoidable. As they became resigned to the situation, they shifted their mental state, enabling them to adapt to the new situation. Since they could not deny their partner's pregnancy, they were faced with the reality, whether they liked it or not, that they would soon be fathers. They stated:

I heard from my friend that people gossiped about me being a student and unemployed, so I could not raise my child. I did nothing. I just kept looking. (P8)

I didn't know how to manage this problem. Both my partner and I were very young. . . . At first, I was thinking, 'Why me? Everything is happening to me!' However, after I reconsidered this matter again, I can face it all. I told myself that they are my partner and my baby. If I deny taking care of my own baby, whom can I ask to do this? (P3)

Accepting the Role of an Adolescent Father. All adolescent fathers accepted their unborn baby and decided to continue being involved with their partner's pregnancy after acceptance of family members. They recognized that this was a new situation, and their former role had ended. They had concerns about their new role and the increased responsibilities and challenges as a new father. All eventually accepted this new role and had positive thoughts

about fatherhood. They discussed the importance of devoting themselves to care for the mother and prepare to become a good father. Some fathers explained:

When I was an adolescent, I was just fine. Once I had a child, I had to raise my child and support my partner. I was tired but must be patient because of my responsibility. (P12)

Finally, I accepted my partner's pregnancy. That means I accepted my new role of fatherhood. (P3)

Modifying Their Behavior. Upon accepting their new role as expectant fathers, all participants experienced stronger feelings of love, care, and commitment for their unborn babies. They attempted to modify their behavior and give up any bad habits. They were committed to protecting their partner and unborn baby and promoting their well-being. Some expectant fathers shared their experience:

I have had a father's sense since I found out my partner was pregnant. I improve my behavior. I try to do well. I do not want to be like before. I was a playboy, smoking and going out late at night. (P6)

I have reduced my smoking now because I know what I love more. I have a kid to take care of now, so I have to love my kid more than cigarettes. (P11)

Phase 3: Shouldering the Burdens, Responsibilities, and Joys of Fatherhood

In the third phase, approximately 6 months after childbirth, all participants became more concerned about the well-being of their partner and baby. They completed their transition to the father's role by intensively studying the father's role, learning about child growth and development, committing to do everything for the child, and carrying on cultural traditions. Their experiences are presented below:

Educating Themselves in the Roles of a Father. All participants were not sure whether they could take care of their babies due to a lack of knowledge. They sought knowledge from various sources: childbirth classes for first-time parents, the internet, health care professionals, and their own parents. Although, all the participants had attended a class in the mosque prepared by religious leaders for becoming a parent, all the participants had inadequate knowledge

to take care of their baby. Many of the fathers continued to seek care for both their baby and partner from health care professionals. They realized that nurses in the postpartum unit could help them. To ease their fears of incompetence and inadequacy, two of the participants also sought information by attending childbirth classes for first-time parents in hospitals (the rest claimed to be too shy or too busy to participate). These expectant fathers were willing to participate in this class and were eager to learn how to take care of their infant. Learning more about the childbirth process and becoming familiar with the postpartum unit at the hospital eased the participants' fears. Some fathers explained their experience:

When I looked after my partner in hospital, my newborn slept next to her. I did not have any knowledge to take care of my newborn. I gained knowledge from nurses in the postpartum unit every day. The nurses taught me until I was confident and could take care of the newborn myself. (P10)

A nurse described the pregnancy during the first-time parents' class. It was good for first-time parents. In this class, I learned how to bathe, take care, and change the baby's clothes. (P1)

I searched for information about how to take care of a baby. I have to learn how to be a father. I have to know how to bathe my child. I asked advice from my father. My father was pleased to teach me. . . Thanks to my father. (P7)

Concentrating on Learning About Child Growth and Development. Each participant concentrated on learning about child growth and development for the well-being of the child. All participants learned about fetal development and the expected physical and emotional growth of a newborn. Two participants shared their experiences about their child's development:

I am delighted when I see my child's development every day. He has learned to crawl. He tries to turn over. I am pleased when I see his face and talk to him. (P12)

I am impressed whenever I see my child grow, smile, play, try to turn around, or try to talk with me. I also watch him every time. I am delighted, impressed, and pleased . . . (laughs). (P3)

Doing Everything for the Child. All participants were eager to do everything for their child: holding their child, changing diapers, bathing the newborn, and other postpartum basics. Some participants said:

I try to do everything for my child. When he grows, and he wants something, I can do for him. (P9)

My life is changed now. I do everything for money and my child. I sell something online. I pay alimony, motorcycle, food etc., every month. (P14)

Carrying on Cultural Traditions. In the transition from being an adolescent to becoming a Thai-Muslim adolescent father, all of the participants embraced their culture and traditions throughout the pregnancy and postpartum period extending to childrearing activities.

During Pregnancy. All participants became convinced of the importance of a proper diet for their pregnant partner and concentrated on encouraging their partner to eat according to their culture and traditions for the mother's own health and that of the fetus. All participants bought prepared food and fruits for their partner and discouraged her from eating forbidden fruits such as pineapple or longan. One expectant father said:

I did not want my partner to eat pineapple because it was bitter. My parents said that if my partner eats pineapple, it can lead to miscarriage. As for longan, it cannot be eaten because it is cold. If my partner eats longan, she will become ill. (P14)

The participants spent time learning about the development of the fetus, and came to understand that it would begin to recognize external stimuli such as touch and sound. Wanting to build a close link with their unborn baby, the adolescent males spent time reciting the Qur'an book and music. All Muslim fathers expressed the hope that their children would become familiar with the Qur'an. One expectant father described:

When my partner was pregnant between 6-7 months, I started to read the Qur'an book and sang songs to my fetus in shifts every night. (P13)

During Labor. Adolescent fathers commented that their partner's labor pain lasted a very long time, making them feel pity and concern for the suffering their partner was experiencing. Some participants wanted their partner to have a cesarean section to end the pain so they could be happy. Other participants walked around and prayed in front of the delivery room. They thought praying would help keep their partner and child safe. One father explained his experience:

I am worried. I told the doctor to carry out a safe cesarean section on my partner because she had chest pain and difficulty breathing now. I could not do anything. I walked around in front of the delivery room and could only pray. I thought praying would make them both safe. (P9)

During Postpartum. Beginning with the postpartum period, all adolescent fathers took care of their baby and partner according to the Muslim culture and traditions, such as not taking the child outside the home for the first 100 days. One father said:

Every evening, I stayed at home and took care of my child. My family believes in ghosts and we were afraid they posed a danger to my newborn child if we took him outside. So I kept him at home for the first 100 days, and didn't take him out once. (P7)

The participants developed a commitment to being a good father based on knowledge gained from intensive studying of the role, learning important facts about the child's development, and taking greater responsibility for the well-being of their partner and child. The fathers were conscious of taking good care of their partner and child by supporting them with food, carrying on their Muslim culture and traditions, and communicating using both verbal and nonverbal methods.

Discussion

"Breaking free of worry and embracing fatherhood with joy" is the central, integrating theme in this study. This theme emerged from the data and describes the transition process which Thai-Muslim adolescents went through, starting with the discovery that their partner had become pregnant and concluding 6 months after their child was born. The adolescent fathers entered into a transition phase at the critical point when they knew that they would soon be fathers. This transition can be broken down into three phases as follows: "worrying about the impact," "accepting the onset of pending fatherhood and trying to confront it," and "shouldering the burdens, responsibilities and joys of fatherhood." Generally, this translated into accepting greater responsibility and caring more for the mother and child as time passed. The participants became more mature in their ways of thinking and reasoning. Moreover, these findings are similar to Srion and Jirapaet (2017), who studied 14 Thai adolescent fathers aged 15 to 19 using a phenomenological approach in the Thai context. The participants in that study were similarly unprepared for fatherhood, yet ultimately came to embrace the

responsibilities inherent in starting a family as an adolescent. In the Western context, our finding was congruent with the developmental task of a first-time father. Silbert-Flagg and Pillitteri (2018) found that the developmental task of becoming first-time fathers comprised of three phases: accepting the pregnancy, accepting the baby, and preparing for fatherhood. Our finding showed participants prepared for fatherhood only after accepting their partner's pregnancy and then accepting their baby.

This study focused on a specific group of adolescent fathers, allowing researchers to gain a better understanding of the transition to fatherhood among Thai-Muslim adolescents. One of the strategies used by the Thai-Muslim fathers was to think about religious beliefs and sins. When the participants faced difficulties during their partner's pregnancy, they used Islamic beliefs as one of their coping strategies. Thai-Muslims constantly remind themselves to try not to think too much about a bad situation, but rather to look at how things are and accept that these things do have an impact on them. Thai-Muslims believe that killing is a sin in Islam (Waehayee & Hama, 2018). This belief brought about the moral decision to continue being involved with their partner's pregnancy. The first conflict-resolution strategy was therefore religious guidance. Our findings about Muslim fathers differed from previous research on bringing Islamic beliefs to cope in adolescent fathers. However, one Thai study by Uengwongsapat et al. (2018) has presented findings that the Buddha's teachings can serve as a useful adjunct to help adolescent fathers make this difficult transition in life roles. When confronted with difficulties during their partner's pregnancy and their own transition to fatherhood, these expectant fathers incorporated the Buddha's teachings into their coping strategies.

Social support is one of the most important factors for adolescent fathers, and parents are the most important source of social support for adolescent fathers. Emotional and instrumental support are the types of social support that adolescent fathers value the most. They typically receive assistance with finances, childcare, childrearing, and stress management. The teen fathers in this study recognized the value of parental support and relied on their parents for assistance in all aspects of their lives. The family was extremely important as a source of emotional, physical, material, financial, and informational support. This finding was in line with the findings of Sampaio et al. (2014) who discovered that family support is critical for coping with and continuing in the experience of fatherhood. The teen fathers in this study expressed gratitude for their parents' assistance in preparing them for their responsibilities as fathers.

In the Islamic perspective, Allah is the main nurturer of the children. Parents are the childrearing pavers who can achieve the best outcomes by

fulfilling their duties (Alimohammadi et al., 2017). The participants in this study were concerned about their childrearing ability because they perceived themselves as young, inexperienced, and poor, particularly for the three participants who were students. They faced of the dual stresses associated with the transition to fatherhood and with normal adolescent development. This finding is supported by Uengwongsapat (2019) who reported that nurses should be able to help the expectant fathers learn to manage, adjust themselves, and have a plan to assume a paternal role for the sake of their partner and their child's health. Moreover, Fagan et al. (2007) reported that all 50 adolescent fathers in their study experienced stress associated with caregiving for their child and lack of competence. Furthermore, Bordignon et al. (2014) reported similar feelings of stress over financial responsibilities and fear among his subject pool of adolescent Brazilian fathers.

It is important to note that religion influences Thais on an individual level, throughout Thai society. All the fathers in the study were Thai-Muslims. During the crisis of an unplanned pregnancy, the Thai-Muslim fathers turned to Islamic principles for guidance. Islamic teachings reminded them to be a good father (Khwaja, 2020). The father plays a key role in supporting the mother and the child. In taking care of the infant, it is the parents' duty to provide care and support to each other, as well as cooperate and consult with one another. The study participants were attempting to cope with their new fatherly role while they were not yet fully developed adults. The adolescent fathers were still in need of parenting and nurturing themselves, and were not yet prepared to handle these challenges due to their lack of life experience and maturity. All the fathers modified their behavior, specifically by trying to stop smoking, and socializing with their friends as they had in the past. Moreover, they recognized that they had more responsibility to work hard and to formulate a plan for their future. This finding is consistent with Maiden (2013) who studied the lived experiences of adolescent fathers in Northern Virginia by phenomenological methods. Impending fatherhood was the catalyst for these fathers to curtail their bad behaviors. Besides, the main goal of all the adolescent fathers was to obtain a good job so that they could provide the basic necessities for their children. In the Thai-Buddhist context, the study by Srion and Jirapaet (2017) found that 14 adolescent fathers changed their habits and became responsible adults who had to work to earn an income. Furthermore, this finding agreed with Sampaio et al. (2014) who noted that fatherhood produced positive changes: responsibility, work, the joy of being a father, avoidance of risky behavior, and reduced consumption of alcoholic beverages.

Despite being young and unprepared for fatherhood, the Muslim adolescents in this study transitioned to the father's role without exception. Although

most pregnancies were unplanned, the adolescent fathers resolved to raise their baby as well as possible. They were willing to do anything for their baby. This finding is consistent with Parra-Cardona et al. (2008) who interviewed six Mexican adolescent expectant fathers aged between ages 15 and 17, using a descriptive phenomenological study. These adolescent fathers' expressed desire to "be a good father" was the phenomenon that appeared consistently in the Parra-Cardona study. Being a good father was an end to the past risky lifestyle, petty crime and substance abuse of these participants. These findings are also similar to Paschal et al. (2011) who studied 30 African-American adolescent fathers between 14 and 19 years of age. Sixteen adolescents out of Paschal's 30 participants defined fatherhood primarily in provider and economic terms. They desired to provide financially for their children and were willing to become a good father. Moreover, Bamishigbin et al. (2019) found that adolescent fathers had a strong desire to be involved in their child's life and to be good parents.

Limitations

This study was conducted in a small group of Thai-Muslims, which has its own unique sociocultural context. Therefore, the findings from this study cannot be generalized. Despite this limitation, this research has highlighted a specific segment of adolescent fatherhood, thereby providing new insights and creating a greater understanding of Thai-Muslim adolescent fathers in Pattani Province. However, further study should explore experiences of adolescent fathers who have no family support or have a premature infant or an unhealthy infant. Additionally, more research on transition experiences of adolescent fathers needs to be conducted with diverse groups of adolescents in order to compare their respective concerns, needs, and interaction strategies.

Conclusions and Implications

The life journey of Thai-Muslim adolescents from adolescence to fatherhood began when they learned that their partner was pregnant, and they then appraised the pregnancy as unavoidable. During the transitional process of becoming an adolescent father, their experience of "breaking free of worry and embracing fatherhood with joy" can be divided into three distinct phases: worrying about the impact, accepting the onset of pending fatherhood and trying to confront it, and shouldering the burdens, responsibilities, and joys of fatherhood. Throughout the process, the participants used various coping

strategies to address their concerns, deal with their emotions, and develop into responsible fathers.

The knowledge gained from these findings adds to our basic understanding of the challenges that and can guide nursing practice going forward. Also, it can be used to provide support for adolescent fathers in order for them to attain a balance in their lives. Armed with a better understanding of the transition from adolescent to fatherhood, Thai health care professionals can now be more prepared to help this cohort by enrolling adolescent fathers in: classes in fetal and infant growth and development; support programs for adolescents transitioning to fatherhood; and postpartum support services. The researchers believe that these study results can be used as baseline data to raise awareness for policymakers and to guide them in enacting policy that meets the needs of this group of adolescent fathers. Moreover, Islamic religious leaders are an important source of potential support who should be further engaged in helping adolescent fathers navigate this transition. Additionally, these findings can be used to advocate health policymakers to strengthen the role of adolescent fathers in the transition period.

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Author Contributions

Study design: CU. Data collection: CU. Data analysis: CU, PS. Manuscript preparation: CU. Study supervision: PS.

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