Adolescent fathers’ experiences in Indonesia: a qualitative study

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ABSTRACT
Adolescent fatherhood is often unplanned and such situations increase adolescents’ vulnerability over their life course. The aim of this study was to gain an in-depth understanding of the world as seen through the eyes of Indonesian adolescent fathers who experienced an unplanned pre-marital pregnancy. Sixteen, in person one-to-one interviews were conducted with eight Indonesian adolescent male participants (age 18–19). Interviews were audio recorded, transcribed, translated and thematically analysed. Adolescent’s uncharted journeys prevailed as the overarching theme, as they narrated how their life course had impacted on them. They experienced emotional distress, they were controlled by strong social and cultural expectations and nurtured by older family members. Resourcefulness emerged as ways of coping through renewed faith and hope for a better future. The enduring impact of their distress on economic opportunities, marital harmony, social integration, faith and happiness is worthy of further enquiry.

Introduction
A recognition of adolescence as part of life’s journey and an understanding of adolescents’ needs regarding reproductive and sexual health continues to attract attention globally (Bamishigbin et al., 2019; UN, 2013; WHO, 2017). A deeper understanding of this life-journey is particularly needed as the use of social media has shifted the social context in which adolescents are developing. In addition, adolescents develop within a range of different family structures and some, mainly unintentionally, become adolescent-parents (Pearce et al., 2018). In some contexts, the time between the onset of sexual relationships, planned marriage and pregnancy among adolescents has been shown to be widening (Liang et al., 2019), suggesting a shift in some cultural attitudes and acceptance of an adolescent transitional path. Social attitudes are also changing towards accepting reproductive health as a priority and pregnancy and childbirth as a shared responsibility between couples (Devault et al., 2010; Ozgun et al., 2011; Redshaw & Henderson, 2013).

More generally, father’s involvement in pregnancy and childbirth is encouraged, as it has been shown to contribute towards positive physical and psychological health outcomes for mothers and children (Shorey & Chan, 2020; Xue et al., 2018). However, fathers’ experiences of maternity services vary as some report extreme distress as a result of childbirth, exacerbated by aspects of local maternity care systems (Darwin et al., 2017; Etheridge & Slade, 2017) or high satisfaction as they feel involved and included in the health system (Howarth et al., 2019). Whilst fathers in general may be seen as role models in shifting social attitudes, a systematic review about adolescent fatherhood shows that little is known about the relationship between adolescent fatherhood, the impact of cultural influences, knowledge regarding sex and becoming an adolescent father (Bamishigbin et al., 2019). This review reported that babies of
adolescent fathers were more likely to have adverse birth outcomes, that is, preterm birth and low birth weight, which suggest the impact of wider social deprivation. In addition, the review found that being from a single-parent household or lower-income increased risk of psychological disorders, poor mental health, lower educational attainment, lower income overall (Bamishigbin et al., 2019). The review needs to be considered with caution given its methodological weaknesses yet provides a foundation to work from and explore other settings. For instance, of the 39 studies, less than 80% (a) provided information to determine whether the measures were appropriate, (b) provided sufficient baseline characteristics about the participants, (d) discussed potential bias in the sample, and (d) described information on participant flow (Bamishigbin et al., 2019). In more socially advantageous settings, Swedish adolescent fathers reported positive experiences of fatherhood and framed their life within a discourse of being a caring father in their blogs, such as spending a great deal of time with their children, present and engaged fatherhood, and a father who prioritizes the child (Johansson & Hammarén, 2014).

Within an Indonesian context, increased attention towards fathers’ involvement in pregnancy and childbirth includes their engagement in national maternal health campaigns and preconception health behaviour (Santi et al., 2019); the presence of fathers during antenatal care, preparation for birth and their views on place of birth (Kurniati et al., 2017; Oktaviana & Helda, 2019) and attitudes towards fathers’ involvement in child rearing (Sary & Turnip, 2015). Little is known about the experiences of Indonesian adolescent fathers whilst their partner was pregnant or as a first-time parent. Gathering data in this context is challenging, as social expectations regarding marriage, sexual relations and pregnancy are governed by Indonesian cultural and religious expectations, that is, no sex before marriage and no marriage before 20 years of age (Astuti et al., 2019). Hence, Indonesian adolescent fathers are likely to be a consequence of an unplanned pre-marital pregnancy and shrouded in shame. Others, from an international context, have reported various experiences of being an adolescent father. For example, Thai adolescent fathers (as a consequence of an unplanned pregnancy) were struggling to cope with life changes and their parental role (Sriyasak et al., 2016), and Canadian adolescent fathers reported that being fathers helped them to appreciate and connect with their parents on a deeper and more meaningful level (Deslauriers, 2011).

This paper reports qualitative findings from a small sample of adolescent fathers and these findings are drawn from a larger study that explored adolescent mothers’ and fathers’ experiences during pregnancy up to early parenthood and is reported elsewhere (Astuti et al., 2019). This paper adds to foundational literature that may be beneficial to underpin studies in other settings.

**Methods**

**Design and sampling**

An exploratory qualitative design guided both purposive and snowball sampling techniques to recruit Indonesian adolescent fathers. A value of this design is that it can draw on the strengths of established qualitative methodologies and methods, enabling a flexible adoption of techniques (Percy et al., 2015). Hence, it is an appropriate approach to explore behaviour, perspectives, feelings and experiences. It simply seeks to understand a phenomenon, a process, or the perspectives and worldviews of the people involved (Creswell & Poth, 2017). As the overarching study aim was to gain an in-depth understanding of the world seen through the eyes of adolescent fathers who experienced a premarital pregnancy, an exploratory qualitative study was deemed appropriate.

**Participant recruitment**

Adolescent fathers were recruited from a Public Health Centre (PHC) and a Midwife Private Clinic (MPC) in Java as they provided services for adolescents. Eight adolescent fathers participated in this study. Of these, four were recruited during the pregnancy of their partners and each agreed to three
separate interviews during the pregnancy; four participants were recruited during the early postnatal period [one interview each].

A formal ethical process did not exist in Indonesia when the study was conducted. Therefore, a local University authorized the study and ethical processes were followed as approved by a university in the United Kingdom where author and co-authors were affiliated. Permission was also gained from the Indonesian local authorities. In Indonesia, it was a normal practice for an approved researcher to access patients medical and maternity records. Adolescent fathers were recruited from their partners antenatal and postnatal records. Participants provided informed consent for each separate interview and could withdraw at any time without detriment.

**Data collection**

The first author (AWA) collected and analysed the data. Overall, 16 interviews were generated. Twelve during the pregnancy (that is, shortly after recruitment, mid-point between the first interview and excepted date of the birth, and towards the end of pregnancy) and four fathers from the postnatal period (2–7 months) who were interviewed once. The one-to-one, in-person, interviews were conducted using a topic guideline. During the pregnancy, the interviews explored the following broad topics: what was it like having a pregnant girlfriend, how did they feel towards the pregnancy and the changes they had made in their life, an exploration of their plans after the birth and where they would find help. The topics when interviewing new fathers were about their current life, changes they had made to their life, where they sought help and their future plans.

All interviews were conducted in a private room of a Public Health Centre (PHC) and a Midwife Private Clinic (MPC) during daytime working hours. The data were collected between February and August 2015 and each interview lasted approximately an hour. All interviews were audio-recorded and transcribed verbatim (identifying features removed) in Bahasa Indonesia by the lead author. The accuracy between audio-recording and transcription was confirmed by an independent assessor (a confidentiality agreement was in place). All 16 transcripts were translated into English for data analysis. To ensure accuracy of translation, i.e. the meaning of narratives, four transcripts were assessed by a bilingual assessor, independently, to confirm the accuracy of translation to English and back-translation to Bahasa Indonesia. The independent assessor also confirmed the interpretation of statements and phrases that could not be directly translated between languages.

**Data analysis**

Data were analysed using six stages of thematic analysis, i.e. familiarization of the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the reports (Braun & Clarke, 2006). NVivo 10 (Hoover & Koerber, 2011) facilitated data management and emergent iterative themes that were arranged according to the semantic content of the codes. Throughout the execution of the study and analytical process, a reflexive approach enabled AWA think about and discuss potential personal influence from her own biases (Galdas, 2017).

**Results**

**Participants’ characteristics**

All participants were married, or were about to marry, as a consequence of an unplanned premarital pregnancy; they were aged 18–19 at the time of interview, Table 1 shows their profile.
Table 1. Participants’ profile at the first time of interview.

| No | Pseudonym/ Age | Gestation of pregnancy/age of infant | Profile | Number of interviews |
|----|-----------------|---------------------------------------|---------|----------------------|
| 1  | Ahmad (19)      | 32 weeks                              | Left school early. Married. Worked part-time earning a minimum wage. | 3 |
| 2  | Arif (18)       | 24 weeks                              | Completed school. Married. Worked full-time earning a minimum wage. | 3 |
| 3  | Junianto (19)   | 16 weeks                              | Completed school. Married. Worked full-time earning a minimum wage. | 3 |
| 4  | Rahmad (19)     | 24 weeks                              | Left school early. Marriage planned. Unemployed, looking for work. | 3 |
| 5  | Edi (19)        | 7 months old infant                   | Left school early. Married. Worked part-time earning a minimum wage | 1 |
| 6  | Andri (18)      | 2 months old infant                   | Completed school. Married. Working to assist his parents. Looking for a job in a nearby city. | 1 |
| 7  | Tri (19)        | 2 months old infant                   | Completed school. Married. Working full-time earning a minimum wage | 1 |
| 8  | Febri (18)      | 3 months old infant                   | Left school early. Married. Working full-time earning a minimum wage. | 1 |

Findings: adolescent men’s uncharted journeys

Adolescent pregnancies are often unplanned and socially risky where they are set against cultural expectations and lead to, or exacerbate, poverty (Sychareun et al., 2018). Participants from this study described their unplanned premarital pregnancy as a ‘major life event’. They narrated the way in which it had impacted on them and their journeys through pregnancy to parenthood. They experienced a complex life culminating in an unplanned marriage they were unprepared for, negative social judgement, financial difficulties, lack of peer and community support and an end to their general education. Whilst some of these findings are reported elsewhere (Cameron, 2017; Gyesaw & Ankomah, 2013; Hipwell et al., 2016; Kumar et al., 2018) these participants adopted an apparent compliant lifestyle within a nurturing family with their faith to provide hope, yet they showed signs of psychological distress.

Indonesian culture prohibits premarital sexual relationship and a premarital pregnancy is considered to contravene cultural and religious expectations. Inevitably, there were consequences for participants’ actions. One of which was marriage that was exerted by the parents of both adolescents in order to curb community criticism.

The male participants felt that they had no choice and were ‘pressured’ to marry their pregnant girl-friend. As Tri testified ‘I was not ready for married life but ….. there was no choice except entering that [marriage] …..’. All participants accepted responsibility for their behaviour and exhibited a strong commitment to ‘do the right thing’ and stay with their partner, accepting their unexpected destiny. However, almost all were anxious and worried about the enormity of marital responsibilities. They attested that the lack of preparation for the ‘provider’ role and the cultural obligation to marry, caused them concern, such findings are similarly reported by others (Sriyasak et al., 2016). For example, in this study Ahmad stated:

I just feel so worried; what if I couldn’t manage the married life ….. I read lots of news that marriage at a younger age would have a risk of divorce (pause) ….. I feel so stressed (pause), I am really nervous of becoming a husband and a father (pause) really I am not ready yet. (Ahmad)

Marriage came across as a stressful life event. For Arif, it was like ‘rain and a storm without any clouds’. According to Chi et al. (2011) this state of instability calls for some personal creativity to be able to cope with the situation, which was difficult to achieve given the social context. The marriage was initiated by participants’ parents and reflective of an underpinning social expectation that ‘children’ were passive and obedient towards their parents, that is, even though participants were adolescent
they were to defer to their parents. The Islamic prescriptions, which was the religion of all the participants, require every Muslim person to respect their parents. As stated in the Qur'an that 'your Lord had decreed, that you worship none save Him, and (that you show) kindness to parents. If one of them or both of them attain old age with you, say not “Fie” unto them nor repulse them, but speak unto them a gracious word. And lower unto them the wing of submission through mercy, and say: My Lord! Have mercy on them both, as they did care for me when I was young [Surah Al-Isra’ (17:23–24)] in (Ali, 2001).

It is likely that this was the key reason why participants complied with their parents’ wishes and a reason for parents to exert their demands, that is, participants were under the surveillance of their parents and their parents were under the surveillance of the community. In addition, alternative decisions were difficult as there was no social infrastructure to support [house or financial assistance] unmarried couples or single women with children (Utomo et al., 2010) and it is uncommon for an Indonesian couple to live together without being married (Wijaya et al., 2018).

Some participants reported ‘lack of support’ from their peers, family and the health authorities and were unable to discuss their ‘distress’ with anyone. Consequently, these stressful situations resulted in some turning to alcohol to seek comfort:

> When I get stuck I drink alcohol (pause) I know it is forbidden (pause) but I have nobody to talk to (pause) people might be laughing at me if I talk about my problems . . . (Junianto)

The manifestation of emotional distress among new adolescent fathers, such as increased use of alcohol, cigarettes, drug misuse is a global issue (Baldwin et al., 2018; Bamshigbin et al., 2019). This type of socially challenging among participants was another source of stress not a solution.

For participants, their unplanned marriage also led to disappointment and ‘power struggles’ as a couple. In some circumstances, power struggles could help couples figure-out the boundaries within the relationship and serving to enhance mutual respect (Randles, 2016), enabling a couple to compare their expectations with ‘reality’ (Igbo et al., 2015). Yet for some participants, their struggling relationships and psychological tension culminated into abuse. Junianto shared, ‘I slapped her once . . . . She was just like evil . . . . swearing like crazy (pause)’. Similarly, some participants experienced physical and verbal abuse from their female partner. Tri said ‘when she gets angry . . . . . . . . (she is) pushing me and swearing something bad’.

Others have resonated similar findings, where emotional distress is one of the determinants of aggressive behaviour (Hsieh & Chen, 2017). Although some participants described some form of conflict in their marital relationships, not all resulted in abusive behaviour. There were some who managed such tensions ‘gently’. For example, Edi explained that ‘. . . . we fight so many times and then we try to talk to each other to know her feelings as well as my feelings (pause), it is hard but we have to learn’. Overall, a minority of participants who recounted being abusive towards their wife; the remainder exhibited sensible and gentle strategies in managing marital conflict, that is, ‘[I] stayed away from my wife’, asserting that ‘well sometimes I visit my parent’s house (pause) just want to release my stress for a bit of time . . . . . ’ (Ahmad)

Despite variation in the amount of marital tensions and different ways participants managed these, only a few were contemplating divorce. Tri commented ‘sometimes I am thinking to leave her alone and take the child with me when I get really mad with her (pause) since . . . . . . . . . . . . [she] never shows respect for me . . . . I will give her 1 or 2 months to think about this marriage then after that I will decide whether to divorce or not’. Most participants were committed to their role and wanted to ‘work at their marriage’ and amicably resolve the tensions.

Participants showed both emotional stress and resourcefulness. They described living with their, or their wife’s, parents as ‘two sides of the same coin’ (Edi). They asserted that whilst they received support with accommodation, nutrition, finance and childcare from their parents during ‘a difficult time’, they struggled to transition as a couple and as new parents. They perceived that they were obliged to respectfully obey their own parents by ‘always being silent and following what they (parents) want’ (Edi). This passive behaviour was also set in a patriarchal context where men are
expected to work and earn money to support the family, whilst women are responsible for domestic tasks (Rumaseuw et al., 2018). Within extended family living arrangements, tensions emerged as participants’ parents interfered and such interference often related to childcare. Febri was not sufficiently brave to tackle this conflict ‘...I know that a baby should only have breastmilk until 6 months old as the midwife said so but then her (wife’s) parents started to give my baby a bottle of milk last week (pause) so you know that I was not brave enough to tell my mother in law’. Ahmed just felt ‘ignored’ and left such childcare matters to his wife and her mother. Participants spoke about ‘feeling trapped’ and the ‘enduring distress’ resulting from an abrupt end to their adolescent life, their lack of freedom and the pressure of marital responsibilities. An overwhelming sense of anxiety was evident as the requirement to transition from adolescent to adulthood became a reality. It was no longer ‘appropriate to continue to behave’ as an adolescent as they did not have ‘a free life anymore’ (Arif). They reported feeling ‘trapped between different periods of life’; they acknowledged that whilst they were ‘still adolescent’, they were ‘forced to engage as a mature man’s life’ (Rahmad) and endure financial and economic responsibilities. Participants expressed remorse and humility as their situation was ‘really shameful’ (Andri) and they ‘regretted’ (Arif) it as failure to succeed in their new role as a family leader was likely to attract additional social stigma (Platt, 2017).

Participants’ emotional burden was compounded as their education was either interrupted or ceased, resulting in limited immediate and longer-term employment opportunities where social support and like-minded friendships could develop. Others have reported similar employment challenges among adolescent parents (Gselamu et al., 2019; Rokhmah & Astuti, 2020), although for these participants their distress was exemplified as they lived in a ‘lonely world’ with little emotional support. There was no one to talk through their points of view or even talk about alternative ways of living or employment opportunities. Febri thought that the decision to marry was a ‘disaster’. He had little confidence in his ability because he did not feel like a ‘real husband, like other men or even a real father’; he was feeling ‘rubbish’.

A form of social isolation developed from the loss of friendships, as their peers distanced themselves. The rapid change of status from single to married and adolescent to adulthood coupled with social isolation has been described as ‘psychologically toxic’ (Hawkle & Cacioppo, 2010) and potentially, likely to precipitate loneliness, hostility and vulnerability (Menec et al., 2020). By nature, humans are social creatures; therefore, acceptance and inclusion from peers and community influences health and well-being (Awang et al., 2020; Cahyaningtyas et al., 2020), especially for adolescents (Kornienko & Santos, 2014). As adolescents develop they would, ordinarily, become less reliant on their parents for support and turn to their self-selected peers instead (Williams & Anthony, 2015). Therefore, ‘being left’ by their peers has the potential to negatively influence their mental health (Roach, 2018). Participants observed their peers living a youthful life and they sensed being left behind, Junianto lamented ‘people aged like me are having fun with their life’.

Demands from their partner and community heightened participants’ feelings of guilt, shame and self-blame for their behaviour. Rahmad struggled living with his wife’s extended family as ‘her parents wanted her to continue her education until university but then I kind of damaged their plan (pause)’. Guilt and shame can act as important social regulators by encouraging a balance between the individual’s urges, the rights and needs of other people and the development and maintenance of relationships (Ghorbani et al., 2013; Slepian et al., 2019). However, given these participants’ experiences, echoed among adolescent parents elsewhere (Gselamu et al., 2019; Gyesaw & Ankomah, 2013), it was difficult for participants to express how they could progress in their life and step away from these emotional pressures as their humility and remorse was overpowering.

For most participants, optimism and hope for a brighter future came from their faith. They accepted that ‘Allah may be getting angry’ with them and their circumstances were ‘kind of punishment’, ensuring that they ‘could learn from [their] mistakes’ (Junianto). All participants made attempts to rebuild their relationship with ‘Allah’ by praying, confessing and developing a social connection with Allah. Their belief was that ‘Allah would not leave (them) alone’ and ‘Allah would help (them)’ and
they needed to remain ‘patient’, (Febri). Participants got to a point in their journeys where they wanted ‘to seek help and guidance from Allah’. They claimed that they did not ‘need to panic anymore’ and that ‘Allah will come’ and it was ‘just a matter of time’ (Tri). Participants were sustained by their faith system and their belief in ‘Allah’ as it assisted them to accept, adjust and step into a religious path to structure their journey.

It is evident that participants in this study struggled through their journey into parenthood. They experienced a tapestry of emotional, financial and social difficulties culminating in complex and tense marital relationship, co-habiting with an extended family yet feeling isolated and alone. Their key resource for the future is their faith.

Summary and recommendation

Many of the participants’ experiences in this study have been echoed by others. In particular, attracting negative social stigmatization, isolation from peers, lack of social support in their life journey, difficulty in accessing health information, cessation of their education and subsequently lower paid employment leading to financial tensions and an unstable marriage (Cameron, 2017; Gyesaw & Ankomah, 2013; Hipwell et al., 2016; Kumar et al., 2018).

However, in this study, participants’ experiences were compounded by a loss of autonomy in their decision making about their change in life. They became both nurtured by older family members (provision of a home and nutrition), controlled by strong social and cultural expectations and watched through a social gaze. There was not an accessible support network for them to be able to talk or consider an alternative life. They ended their education, married early and adopted a tradition adult male role, as a new husband and father, for which they were not prepared, under the scrutiny of older family members. Lack of autonomy was coupled with enduring aspects of psychological distress as anxiety and worry began to play out in marital tension and risky health behaviour.

Adolescent pregnancies are often unplanned and in such situations increase adolescents’ vulnerability over their life course, i.e. health inequalities, difficulty in social integration and lower economic opportunities (Claire & D’Onofrio, 2012; Liang et al., 2019). Likewise, younger fatherhood (under 21) is associated with poorer physical health and before 23 years linked with higher depressive symptoms (Mirowsky & Ross, 2002). It is unclear if adolescent fathers are at greater risk of developing mental health problems during pregnancy and after birth (Laurenzi et al., 2020).

Whilst it is reported that adolescence is the period when many risky behaviours start having a major impact on health as adults (Liang et al., 2019), we have also shown that their risky behaviour has a negative impact on their social relationships and life opportunities even where family support is in place. What this study was unable to do was follow adolescent men’s lives to see if risky behaviour developed on a continuum towards other broader social disruption and deprivation or if couples navigated towards marital harmony and social inclusion and economic stability.

This study provides a foundation from which deeper insight into the longer term after effects of adolescent parenting on men’s social standing, health, education, economic contribution and relationships could follow in Indonesia. In addition, there is a positive benefit in terms of the family nurturing adolescents in their difficult life journey that could be adopted more widely. In a social media driven world where adolescents are developing it is plausible that online Apps or Blogs could provide the social support and friendship support adolescents are seeking or be a medium to access acceptable health services.

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