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CHAPTER 1: RESEARCH METHODOLOGY

1.1 Research Purpose	5
1.2 Terms of Reference	5
1.3 Research Design	5
1.4 Research Method	6
1.5 Sampling	7
1.6 Research Instruments	8
1.7 Analysis	8
1.8 Key Issues Impacting on Research Methodology	8

CHAPTER 2: RESEARCH CONTEXT

2.1 Introduction	11
2.2 Historical Context	12
2.3 Contemporary Definitions of Masculinity	14
2.4 Contemporary Perspectives on Fatherhood	15
2.5 Fathers are not Important in Child Rearing?	16
2.6 Local Context	18
2.7 Conclusions	20

CHAPTER 3: FINDINGS

3.1 Introduction	23
3.2 Initial Reaction when Pregnancy is Confirmed	31
3.3 Expectations and Experiences during Pregnancy and Birth	33
3.4 Expectations and Experiences Birth and Post Birth	36
3.5 Information, Support and Advice	39
3.6 Barriers to Young Fathers Accessing Support	48
3.7 Benefits of Young Father Involvement with Children	54

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction	57
4.2 Context	58
4.3 Emergent Themes	59
4.4 Recommendations	62
4.5 Indicators for Further Research	63

BIBLIOGRAPY	65
Appendix 1: Baseline Research Instrument	69
Appendix 2: The Teenage Birth League	73
Appendix 3: BEM Sex Role Inventory	74



1.1 Research Purpose

The Western Health Action Zone, (HAZ) commissioned this research study to examine the expectations and experiences of young parents in the Western Board Area.

A stated intention of the study is to inform the planning of services for young parents with particular emphasis on Young Fathers. HAZ consultation within the Western Board Area identified specific issues preventing young men accessing support to facilitate continued positive contact with their children. A subsequent parental support programme was implemented and aimed at twelve fathers in an identified location.

This report represents the completed research and findings from the study.

1.2 Terms of Reference

The commissioning body and the consultant researcher agreed the study address the following Terms of Reference:

- Establish a Project Reference Group.
- Review relevant, available research and reports on Young Fathers in the Western Board, N.I. and U.K.
- Review service provision guidelines of key public, social and community service providers in the Western areas.
- Commission focus groups with Young Fathers and Young Mothers, from across the Western Board area from differing backgrounds.
- Commission focus groups with statutory, voluntary and community services providers.
- Draft a discussion paper on the expectations and experiences of young parents, particularly Young Fathers, in accessing support and barriers to access.
- Identify gaps in service provision and make indicative recommendations for action.

1.3 Research Design

Research design is informed by qualitative methodology specifically selected for the promotion of an inquiry characterised by “critical

The overall aim of the research is

To examine the differing expectations of both young men and young women of their, and each others, roles in becoming parents and build on the work with Young Fathers already undertaken by HAZ.



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realism" (Holloway and Jefferson: 2000, Watkins, 1994-5, and Bunge: 1993). A triangulation approach is adopted encompassing both methods and category. This method defined as,

"the practice of generating data from a wide range of sources and using several methods of data collection ... is necessary in critical approaches which do not rely exclusively upon the perspectives of either policymakers and managers or practitioners or users" (Everitt and Hardiker, 1996).

Narrative interview is used as a method for consultation due to both appropriateness and tested validity in medicine (Hyden, 1997; Hunter, 1991; Kleinman, 1988) nursing (Sandelowski, 1991) and social work (Riessman, 2001; Dean, 1995). Analysis of narrative data permits an examination of experience as opposed to a simple thematic analysis of content and hence is appropriate to a study of "the expectations and experiences of young parents particularly Young Fathers, in accessing support and barriers to access". Specific attention is paid to the social aspects of personal narratives to facilitate a combined discussion of community and practice issues in the arenas prescribed by the terms of reference.

1.4 Research Methods

A literature research and policy review informed the development of qualitative instruments. Both narrative interview and focus group instrument formats take cognisance of key concepts and debates in the fields of young parenthood, contemporary gender definitions and roles, comparative family units and the impact of cultural and historical context.

The triangulation approach includes:

- Three focus group consultations with Project Reference Group.
- Two focus groups with Young Fathers.
- Three focus groups with Young Mothers.
- Two focus groups with Grandparents.
- Five narrative semi-structured interviews with Young Fathers.
- Thirteen narrative semi-structured interviews, inclusive of a range of stakeholders, professionals and organisations, comprising:

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- Programme Manager, Family and Childcare, Foyle Health and Social Services Trust.
- Vice Principal, Secondary Boys School, Western Education and Library Board.
- Area Manager, Opportunity Youth, Derry.
- Sexual Health Project Nurse, Foyle Health and Social Services Trust.
- Education Welfare Officer, School Age Mothers Co-ordinator, Western Education and Library Board.
- Children Service Manager, Barnardos, Strabane Family Centre.
- Ante-Natal Midwife, Altnagelvin Hospital Trust.
- Development Manager, Shepherds View Young Parents Housing Project, Derry.
- HAZ Co-ordinator for Family and Poverty Theme, Western HAZ.
- Surestart Co-ordinator, Creevagh/Springtown Surestart family centre
- Health Visitor, Creevagh/Springtown Surestart Family Centre.
- Youth Work Co-ordinator, Western Education and Library Board.
- Social Worker, Leaving and After Care Team, Specific role with Young Parents, Foyle Health and Social Services Trust.

1.5 Sampling

All samples were determined within the framework of the terms of reference. The sample of stakeholder professionals and organisations was agreed with the Project Reference Group. Focus group participants were identified by location representatives in the Strabane, Derry and Dungiven/Limavady areas. Sampling took full cognisance of ethical issues. Group participants were deliberately identified by location stakeholders in order to maintain anonymity and remain sensitive to the complex and often emotional life contexts of respondents. The focus groups are coded and referenced as outlined overleaf:



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Focus groups with Young Fathers	FGYF1 FGYF2
Focus groups with Young Mothers	FGYM1 FGYM2 FGYM3
Focus group with maternal Grandparents	FGMG1 FGMG2

This mechanism has been employed to enhance collation of data and promote confidentiality of participant contribution.

1.6 Research Instruments

A baseline evaluation instrument, comprising twenty-five questions was developed and reviewed with the Project Reference Group. Modifications to the instrument following review are identified by an additional "a" code; eg, 1a, 5a, 6a (Appendix 1). A letter code attached to each question indicates respondent category from which data was elicited. (Appendix 1).

1.7 Analysis

Thematic analysis was employed across the focus groups and semi-structured narrative interviews. Narrative interview data further required interpretation, expansion and analysis using significant coda. Findings from the respondent category sets were comparatively analysed and examined within a framework of significant secondary data obtained from the documentary review.

1.8 Key Issues Impacting on Research Methodology

Obtaining access to the Young Father participant category was a complex and arduous process. This was in stark contrast to the experience of identifying and accessing young Mother participants, which was immediate and effective. Initial contact was made with forty five location stakeholders representative of a continuum of multi sector professional organisations including educational, community, youth, housing, social and leisure projects and sports and creative programmes. This initial trawl identified one group of Young Fathers attached to a housing project. Three further Young Fathers were separately identified by three of the location stakeholders. The remaining forty-one location stakeholders were unable to identify Young Fathers. It was evident this sample population was simultaneously invisible and elusive.

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A sample of interested location stakeholders offered to employ current contacts with young men as a gateway to identifying Young Fathers. This second stage method of access was agreed with the Project Reference Group and comprised nine location representatives who were requested to approach and identify Young Father participants in a position to take part in the research study. The second stage of method of access was effective in identifying Young Father participants in the Derry City area. No Young Father participants were identified in the Strabane or Limavady Borough Council areas. Both community and statutory location stakeholders in these areas employed various strategies to identify Young Fathers who met the criteria for this research study. The few Fathers identified refused to participate in the study.

A further change to the original research design relates to the initial intention to access stakeholder professional data via multi-discipline and multi-sector focus groups. Co-ordination of mutually compatible times and forums was logistically unviable. The decision was taken between the Research Consultant and the Project Reference Group, to adopt a more facilitative approach and access professional data by employing narrative semi-structured interview methods. Narrative semi-structured interviews were held with fourteen professional stakeholders representative of geographical location, multi-disciplinary and multi-sector provision.



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2.1 Introduction

The intention of Western Health Action Zone, (HAZ), the commissioning body for this research is coterminous with the Irish national strategy aim

“To understand current experiences and expectations of the roles of men and women in Ireland, along with consideration of relationships, stereotypes, self-esteem, risk-taking and crisis pregnancy”

(Strategy to Address the Issue of Crisis Pregnancy, 2004 -2006).

The Western HAZ aims to improve the health and well-being of older people in need and families living in poverty across the Western area, by developing new ways of working and facilitating partnership action among agencies and organisations committed to relieving poverty and to overcoming social exclusion. This broad aim is reflected in their specific intention for this research “to inform service planning for young parents, and Young Fathers in particular”.

Local Development Agencies have been variously defined as providing an interface between local community, local government and the local voluntary and community sector (Wolfenden Committee, 1978; Osborne and Tricker, 1994; Commission on the Future of the Voluntary Sector, 1996). HAZ clearly fits within this remit and includes as a principle of practice the aim to “engage in work which enhances the involvement of local communities rather than limiting it.” (Osborne and Rosa: 2001). This research forms part of that general remit and in terms of specific focus, pertains to work with a particularly excluded community population. Billis (2001) suggests “academic endeavour is likely to stay rooted within the traditional boundaries” and moreover “those who are personally disadvantaged ... do not loom large in the academic debate”. Commissioning research with a specific emphasis on Young Fathers evidences HAZ’s commitment to the erosion of ‘traditional boundaries’ and the promotion of hitherto rarely recognised ‘disadvantaged’ groups.

Le Grand (1998) outlining characteristics of the socially excluded, included the perception that “for reasons beyond his or her control he or she cannot participate in the normal activities of citizens in that society.” (Billis: 2001). Undoubtedly, Young Fathers fit within this category. The rate of teenage pregnancies and births has risen consistently since the 1960’s. By the 1990’s it was clear that teenage parents tended to be representative of the untrained and unskilled population and consequently had minimal potential to support themselves and their children. (Gelles, 1995; Blackwell, 1991;



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Voydanoff and Donnelly, 1990). The fact of being a Young Father as opposed to a Young Mother, further compounds exclusion. Fathers, as a class, have largely been ignored in terms of academic and public attention prompting one anthropologist to refer to them as a “biological necessity but a social accident.” (Parke: 1981).

2.2 Historical Context

Skolnick (1991) succinctly encapsulates the varying facts and facets of modern family life, with the contradictory and revealing description “embattled paradise”. According to this sociologist, research into the family has been problematic in a number of ways including a lack of historical context and the tendency to combine all changes and social problems within the category of comprehensive crisis. This section specifically examines the historical context of the role of the Father within the changing family environment.

Biological explanations proclaiming the superiority of Mothers as parents date as far back as Plato who posited “The womb is an animal which longs to generate children ... when it remains barren too long after puberty it is distressed and solely disturbed” (quoted in Tavis and Offir, 1984). Freud ([1953] 1974) similarly claimed that women could only recover esteem lost via the ‘penis envy’ concept by giving birth to a child. More recently the terms maternal instinct and maternal deprivation have entered universal ‘usage’. Schaffer’s (1977) famous publication ‘Mothering’, contained only one reference to the role of Fathers. Interestingly however, Schaffer explained,

“If we accept that there are no operative biological constraints that confine Motherhood to one sex and make women of necessity more capable caretakers, then we must agree that nothing but tradition sends men out to work and keep women at home ... from the child’s point of view it matters little what sex the Mother is.”

History evidences the truth of Schaffer’s (1991) perception. For most of human existence the extended family including both parents were responsible for child-care. This family environment ended with the industrial revolution and the separation of function between work and home. Women came to be seen as superior or natural parents, a perspective that was further compounded by the baby boom following World War II. The re-emergence of the women’s movement in the 1960’s reconfigured discourse on the family with numerous social scientists and psychiatrists exposing the falseness of the biological basis of Motherhood. Rollin (1971) referred to the ‘the Motherhood myth’ quoting Goode (1956) “there are no instincts. There are reflexes, like eye blinking, and drives like sex. There is no

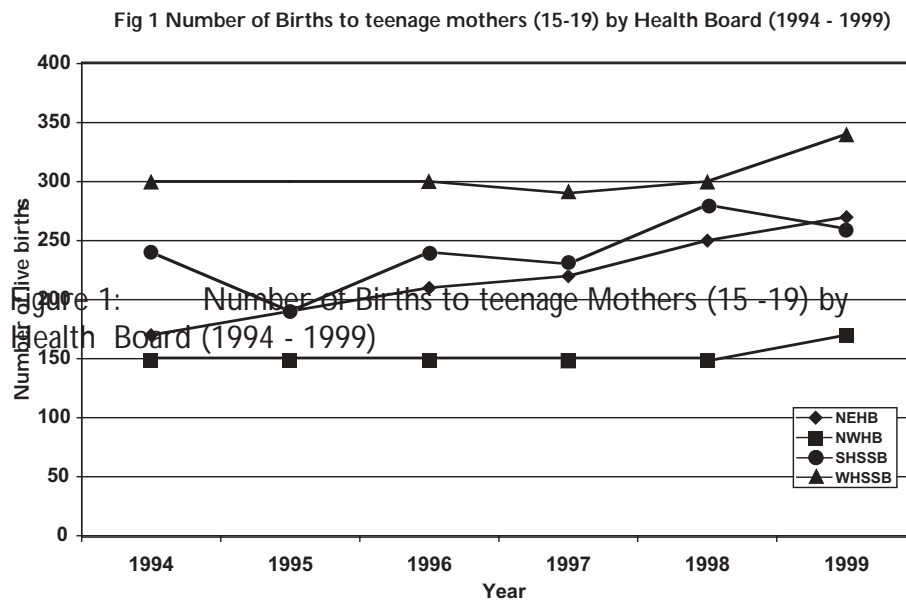
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innate drive for children". Academic debate however remained firmly within the sphere of the role of the female parent. Fathers received scant, if any, attention.

The 'embattled paradise' is currently to be found in an historical context marked by a teenage pregnancy crisis throughout the industrialised western world as presented in Appendix 2.

The United Kingdom has the highest teenage birth rate in Europe and the statistics for Ireland (Figure 1) similarly reflect an increasing trend in teenage pregnancies.



SOURCE: Life-long Sexual Health for All, WHSSB, 2003 -2008.

The Co-operation and Working Together (CAWT) Region records a 30% increase in births to teenage Mothers in the period between 1994 and 1999. This region, inclusive of the North Eastern and North Western Health Boards in the Republic of Ireland, and the Southern and Western Health and Social Services Boards in Northern Ireland, is currently recording Ireland's highest rate of teenage births, at 1000 plus births per year to teenage Mothers. The Investing for Health document 'Life-long Sexual Health For All: WHSSB, 2003 - 2008' further explains,

"The majority of teenage Mothers in the WHSSB are aged 16 -19 years but local variations in teenage pregnancy by District Council are apparent. For example, the Derry City Council and Limavady Borough Council areas have the highest rate of teenage pregnancies".



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Teenage Mothers cannot inherently exist in a vacuum devoid of teenage Fathers. Whilst it is agreed that the key change in the current 'embattled paradise' is the absence of Fathers, the significant factor impacting on the modern family is the consequence of this absence. As Gellis (1995) observes,

"If there is one significant problem that is undermining (the family) ... it is that more and more children are growing up without both parents and in economic conditions that place them at significant risk of disease, violence and other threats to their physical and mental health".

2.3 Contemporary Definitions of Masculinity

Fatherhood cannot be examined in isolation from the overarching context of contemporary perspectives on masculinity. An understanding of the key issues and debates in relation to masculinity is the facilitative key opening the door to current views of fatherhood. Paralleling earlier debates on motherhood. Christie (2001) claims there are,

"only limited ways of thinking about 'men' which are based on essentialist and quasi-biological models",

further explaining,

"as a result discussions about men ... often get polarised into debates about 'types' of men - 'safe' men and 'dangerous' men, 'criminal' and 'non-criminal' men, 'good' and 'bad' men. These debates tend to shut down the potential for developing less gender oppressive practices and often re-enforce the exclusion of already marginalised groups of men".

'Less gender-oppressive practice' would open the potential to identify the male capacity to care. In contrast, polarised debate results in the labels of 'good' father and 'bad' father with Young Fathers often inheriting the second category en masse and consequently, their place among the marginalised.

Summarising contemporary thinking, Bowl (1985) recognises,

"Dominant forms of masculinity ... have been in crisis" but warns "it would be wrong to underestimate their continuing impact on the psyche of men ... This 'virtual masculinity' guides film-makers, advertisers and social institutions, however, much or little it draws upon the experiences of real men".

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Despite a main intention of this research to ascertain 'the experiences of real men' it would appear to be an elusive objective. Cohen (1986) considered the modern masculine psyche to be so complex as to be represented by "multiple divided subjects in a multiple divided society". Rose (1983) suggested "there is no stability of sexual identity, no position for women (or for men) which is ever simply achieved". If the very basic notion of what it means to be a man in today's society is so ethereal, how can we ever begin to define the expectations and role of the modern father? Connell (1987) offers a more pragmatic and positive viewpoint by reminding us that "what is human is precisely the process of constructing oneself by choices that transcend given circumstances". This opposing viewpoint to the 'essentialist and quasi-biological models' explicitly denies that men are pre-ordained or programmed to behave in a given manner. They have the ability to make choices and determine their role in the most human of experiences, being a father. Making choices does not occur in a vacuum. For choices to be effective the man must be in possession of pertinent information, intellectual willingness and emotional awareness. Taking these variables into consideration, one recognises the breadth of choice available to men in defining their masculinity and by consequence the truth of Cohen's (1986) representation of men as "multiple divided subjects in a multiple divided society". The choice men make in terms of what type of man they are, and what type of father they are, will be inextricably influenced by the societal context in which they are placed.

2.4 Contemporary Perspectives of Fatherhood

Viewing fathers as "multiple divided subjects in a multiple divided society", Cohen (1986) provides a tool to examine contemporary fatherhood and thereby begin to untangle the varying and often opposing portrayal of fathers today. Jefferson (1994) wrote of the need to produce "accounts which are intellectually coherent and experientially recognisable" in order to "begin to take the question of 'men and crime' more seriously". An equally intellectual and experiential journey is necessary in order 'to take the question of 'men and fatherhood' more seriously. Multiple depictions of fathers include negative reference to them as the "missing persons of parenthood" (Gelles: 1995), denying paternity and shirking their financial obligations to their children. (Furstenberg: 1988). An alternative and contrasting perspective represents men as struggling to maintain contact with their children. A North Devon mother was recently given a three-month prison sentence for denying access to her son's father. (Daily Mail, 23.02.04). In an interview with the Sunday Telegraph (22.02.04) the father explained; "I love my son and want to spend quality time with him, but I have been prevented from seeing him for months on end". Support groups for fathers are



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beginning to emerge in the UK and include Families Need Fathers and Fathers 4 Justice. The latter group recently (February 2004) caused rush-hour chaos by attaching themselves to the bridges and traffic signal gantries in Bristol, Newcastle upon Tyne and London, in an attempt to highlight the rights of divorced fathers.

Between these two extreme expectations and experiences of fathers, there is undoubtedly a 'multi-divided' continuum representative of varying degrees of commitment to fatherhood. An informed classification of fathers has not been developed, which is hardly surprising, given that it is only since the late 1980's and early 1990's that an interest in fathers and fathering has emerged. It is important to recognise moreover, that discourse on fatherhood remains at a rudimentary level as opposed to the plethora of knowledge and publication on the subject of mothering and motherhood.

The limited nature of academic debate and legislative precedence for fathers has the effect of restricting guidance and direction for fathers generally, and for Young Fathers, in particular. Le Masters & De Frain (1987) suggest this situation has arisen due to the continued assumption that fathers are not important in child rearing. If these authors are correct, this assumption would have the simultaneous consequence of permitting fathers to neglect the role of parent, or alternatively be forced to struggle to assert their rights as parents. It certainly does not encourage the need that both men and women have "to make meaning, to understand their lives and their experiences and strive to see and to complete the patterns of their experience" (Burrows and Keenan: 2004).

2.5 Fathers are not Important in Child Rearing?

Whilst recognising the notion 'fathers are not important in child rearing' is an assumption, it is important to decide if this assumption tends towards myth or reality. Emerging literature in the field is challenging the essentialist biological notion that fathers have little impact on infant and child development, (Eyer, 1993; Parke, 1981). Other studies have gone further and are indicating the advantages of the father's involvement in child rearing. Radin (1978) suggests that in instances where the father is the primary caretaker, children show a greater belief in their own ability. Fahlberg, (1979) outlining the prerequisites for attachment, does not specify the mother, but instead suggests the need for;

- Care by specific adults to whom the child can become attached;
- Continuous contact with these adults on a day-to-day basis; and

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- Continuous but changing relationships with a small number of individuals over a lifetime.

Rossi (1984) is more circumspect, but whilst suggesting that caretaking is apparently more natural to women, she does not consider it to be the exclusive sphere of women, indicating that men can also care for infants and children, the difference being they have to learn the necessary tasks and skills. In an attempt to challenge the traditional categorised characteristics and roles associated with masculine and feminine, Bem (1974) developed the Bem Sex Role Inventory (BSRI) (Appendix 3). The BSRI has been employed as a research instrument in a number of studies, examining the hypothesis that characteristics traditionally associated with females are also attributes of a proportion of males. These studies include female dominated occupations (Chusmir: 1990), men in the role of househusband (Russell, 1983; Rosenwasser & Patterson, 1984-85), male and female nurses, (Fontin: 1998), and men in elementary education. (Galbraith: 1992). Summarising the findings from these studies, Cree, (1996) suggests,

“What we can be sure about is that the men in the studies see themselves as different from other men. They have embraced characteristics commonly held to be feminine, and are not afraid to call them their own”.

Cree's (1996) summary clarifies three issues: traditionally perceived feminine characteristics are not the sole domain of women, a proportion of men are in possession of these characteristics, and these men view themselves 'as different from other men'. This knowledge when transferred to a study of fatherhood, suggests males are capable of parenting, that not all males fulfil this potential and that those who do commit to 'hands on' child rearing are aware that they belong to a specific category that differentiates them from other fathers.

Christie (2001) advocates,

“Questions ... need to be asked about the contemporary anxiety around Fatherhood and how this status might be positively occupied in a variety of ways beyond that of 'abuser', 'breadwinner' or 'hero' ”.

Men are beginning to answer these questions themselves, as demonstrated by the increasing number of men who categorise themselves as fathers committed to parenting. Having established fathers are capable of parenting, the significance of their role in child rearing has only recently become the focus of theoretical discourse



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and research. Sterne (1998) explains the pivotal role of adults, as opposed to solely the mother, in confirming or altering the child's experience of the world through the process of "attunement" - tuning into the child's experiences. Burrows and Keenan, (2004) indicate how a significant loss, for example the loss/absence of a father "may be re-activated later during important life events, eg, at significant milestones marking the move to adulthood". Perhaps most poignantly of all, Akhavan, (1997) advocates, "our shared humanity dictates that those who were mere spectators ...are also part of the equation".

2.6 Local Context

Cohen's (1986) representation of men, and by definition fathers, as "multiple divided subjects in a multiple divided society" makes apparent the influence of local context and local concepts of fatherhood. Watson (2000) emphasised the significance of "paying attention to the specificity of local context and times and the locally different effects of policies on different groups of people". Recognising the significance of local context on perceptions of the role of father, Lewis (1992), in Christie (2001), described "Britain and Ireland as 'strong male breadwinner countries', France as a 'modified breadwinner country' and Sweden as a 'weak male breadwinner country'". Significantly the United Kingdom has the highest number of teenage pregnancies in Europe whilst Sweden has one of the lowest recorded rates.

The concept of 'male breadwinner' does not by itself explain this differential. To fully understand the impact of local context and local definitions of fatherhood, it is essential to examine associated notions and issues. Christie, (2001) further explains,

"The heroic myth of men as 'breadwinners' is becoming increasingly detached from the everyday experiences of men, women and children. Men's ability to act as 'breadwinner' is increasingly compromised by labour and housing policies and by changes in structures of families in the late 1990's".

This dichotomy between reality and myth has the most significant impact on men of a lower socio-economic status, and the most severe impact on younger men within this class. By inference, the impact is most apparent and traceable on young men in Ireland, where the myth of 'male breadwinner hero' remains most intact.

Young men of a lower socio-economic status in Ireland appear to be trapped in a glass walled vortex. The invisible but solid restrictions

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confining them, are created by maintained poverty, resulting from low educational and/or skills attainment. How do they become heroes in an increasingly materialistic society? How can they provide a home for a family in a society with a vastly diminished resource of state housing? If not the 'hero breadwinner', what role do they play in families which increasingly seem to cope independently of them? Where is their power and their sense of being a man located, if not in material success, the position of father in a family and the provider of a home?

Disempowered by an ability to attain the general indicators of success how do they react? Various studies indicate that trapped within a glass walled vortex, devoid of any identifiable definitions of masculinity, a significant percentage of young men in Northern Ireland are virtually imploding upon themselves. Research carried out by Mori for Life Magazine, The Sunday Independent (29/02/04) indicated twice as many Irish men as women claim to have had sex outside marriage or a loving relationship, without using a condom, and one in ten Irish men claim to have had twenty or more lovers, whilst only 1% of Irish women say they have had this many. Significantly, the parents of 16-24 year olds are happier with their sex lives than the 16-24 year olds. Male self-destructive behaviour in this epoch of AIDS and HIV reflects low self-esteem and general dissolution as opposed to self-actualising behaviour. Unprotected and random sex is only one indicator of young male implosion. Payne (1998) notes,

"Suicides, especially among young men aged 16-24, are now outstripping road deaths in this age group ... official figures in Northern Ireland indicate that thirty three young people committed suicide in Belfast during 1997... but more than twenty have done so in the first six months of this year".

Dr Paul Darragh, a consultant in public health medicine, quoted in Payne's (1998) article observes,

"The Troubles had, paradoxically protected society in Northern Ireland because people 'enmeshed' themselves in wider community concerns. Belfast, and particularly north and west Belfast, is now also seeing an increase in violence as well as alcohol and drugs misuse".

Young men within the WHSSB are similarly no longer 'enmeshed' in community concerns, the result being to cast them even further adrift from the core of society.

It is within this local context, further compounded by "embarrassment and prevailing moral and religious attitudes to



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discussing sex openly and honestly" (Life-Long Sexual Health For All: WHSSB, 2003-2008), that we are considering the expectations and experiences of young people in their role as parents. Young Fathers, particularly those with a low social-economic status, are experiencing dispossession of role, lack of positive reinforcement and ultimately loss of hope in the future. Recognising the comprehensive and acute nature of the difficulties being faced, the Crisis Pregnancy Agency (2004) demands that "strategic responses... must be holistic, integrated and work on multiple levels, including the general social environment of the target population".

2.7 Conclusions

European, regional and local social policies currently contain the humane potential to address social issues, particularly social exclusion and marginalisation. The marginalisation of men is recognised at a local level within the WHSSB strategy document, Life-Long Sexual Health for All: WHSSB, (2003-2008) which declares,

"Special attention needs to be given to the needs of men ... Men, particularly young men, think that existing services are irrelevant to them and do not seek help and support pro-actively".

This declaration is applicable to Young Fathers in that they 'do not pro-actively seek help and support'. An issue that remains contentious, is the lack of 'existing services' they might access if they were 'to seek help and support'. There is general family and childcare provision and support projects for Young Mothers. There are however no services specifically for Young Fathers.

A cynical eye cast on the current situation might suggest that such concern as there is for Young Fathers, arises more from concern relating to high teenage pregnancy rates, than from a realisation of a need to support these young men. There is no available data identifying the number of teenage pregnancies which result from a relationship with a young man. It is, however, safe to assume that young as opposed to older men are involved in a majority of conceptions. It is further safe to predict that young men, like older men, will react in a variety of ways to fatherhood, traversing the continuum from full commitment, through semi-commitment, to complete absence. Currently there are no mechanisms available to predict or alter reactions to fatherhood. Jefferson (1994) recognising this theoretical and practice vacuum notes,

"How do particular men, like Bell Hooks' (1992) father, or brother, come to adopt the particular masculine positionings they do, if only provisionally, as in her brother's



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case, and with much psychic cost? Without addressing this issue, the notion of practice is meaningless”.

The limitations of this study preclude any attempt to ‘address the issue’ of why men ‘adopt particular fatherhood positions’. The reality of contemporary social and health care practice, however, inherently demands that an argument for provision for Young Fathers must be made within a contextualised framework that outlines the advantages to be gained by such services.

With men as opposed to women, the primary debate to be considered relates to their skills in parenting. Modern as opposed to traditional literature testifies to male capability in this area. Discourse in this field is not without debate, but ultimately the majority of writers agree men can parent. Disagreement tends to focus on whether men are born with parenting skills or whether they have to be learnt. The second most contentious area in terms of fathers and fathering focuses on male responsibility and commitment. Christie (2001) reminds us,

“Not all men have found themselves cut off from the potential to offer nurture and care that is apparently to be denied them by mainstream masculinities. Within the predominant culture there have always been exceptional men who have taken on caring roles, though their history is largely invisible ... Indeed the resistance of individual men to the image cast for them holds out hope for those committed to changing masculinities”.

This epoch in history, more than any that have gone before, has the potential to back ‘hope for those committed’ to fathering with supportive resources. The provision of these resources would offer the capacity to move from a position of ‘exceptional men who have taken on caring roles’ to one of ordinary fathers carrying out the tasks of parenting on an equal basis with mothers. This generation’s Young Fathers, mothers and their children would benefit from the impetus, support and encouragement to break with traditional views of fathering, and create a new template for the father role in this new millennium.



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3.1 Introduction

The findings represent the data elicited across respondent category and across thematic areas of the research. Sample profiles and an overall response to the major Term of Reference;

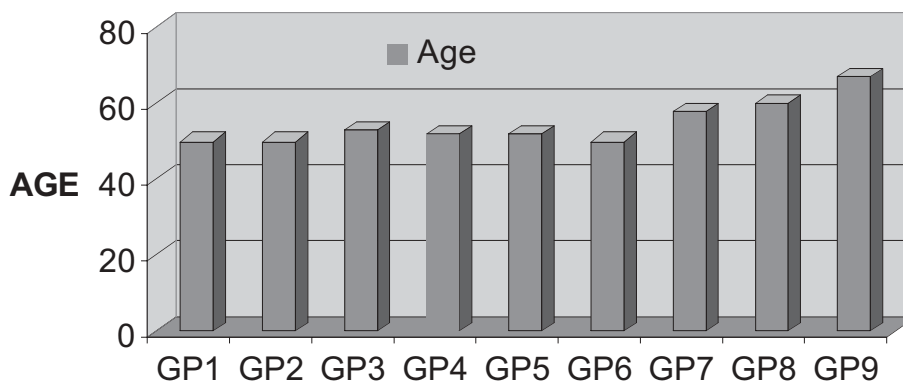
To draft a discussion paper on the expectations and experiences of young parents, particularly Young Fathers, in accessing support and barriers to access

are presented below.

In accordance with this Term of Reference the focus of the findings is on Young Fathers, with a comparison being made between the expectations and experiences of both gender young parents. Given the very limited study of Young Fathers to date and the difficulties in accessing this respondent category, additional detail is presented on this group to facilitate the development of a growing body of knowledge examining their perceptions, situation and needs.

A sample of Grandparents was specifically included in this study in recognition of their significance and influence in shaping the expectations and experiences of young parents. The Grandparent sample profile indicates the age range of participants varied from 50 years to 67 years. (Table 1).

TABLE 1: GRANDPARENT AGE RANGE



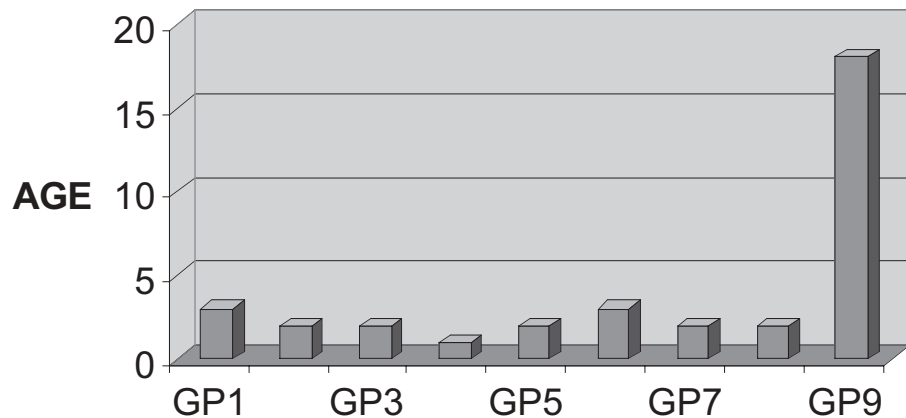
All Grandparent participants were female. Two of the Grandparents had 9 plus children and 1 had a child younger than her grandchild. The respondent catchment area is situated on the outskirts of the city and as a consequence 4 respondents considered they lived in a rural location whilst 4 respondents considered the setting to be urban. One respondent lived outside the catchment area in a rural village. Grandparent respondents had mainly under 5 grandchildren



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born to children in the age range 16-25 years. One respondent had 18 grandchildren within this category (Table 2). This respondent had 11 children.

TABLE 2: NUMBERS OF GRANDCHILDREN IN SELECTED CATEGORY



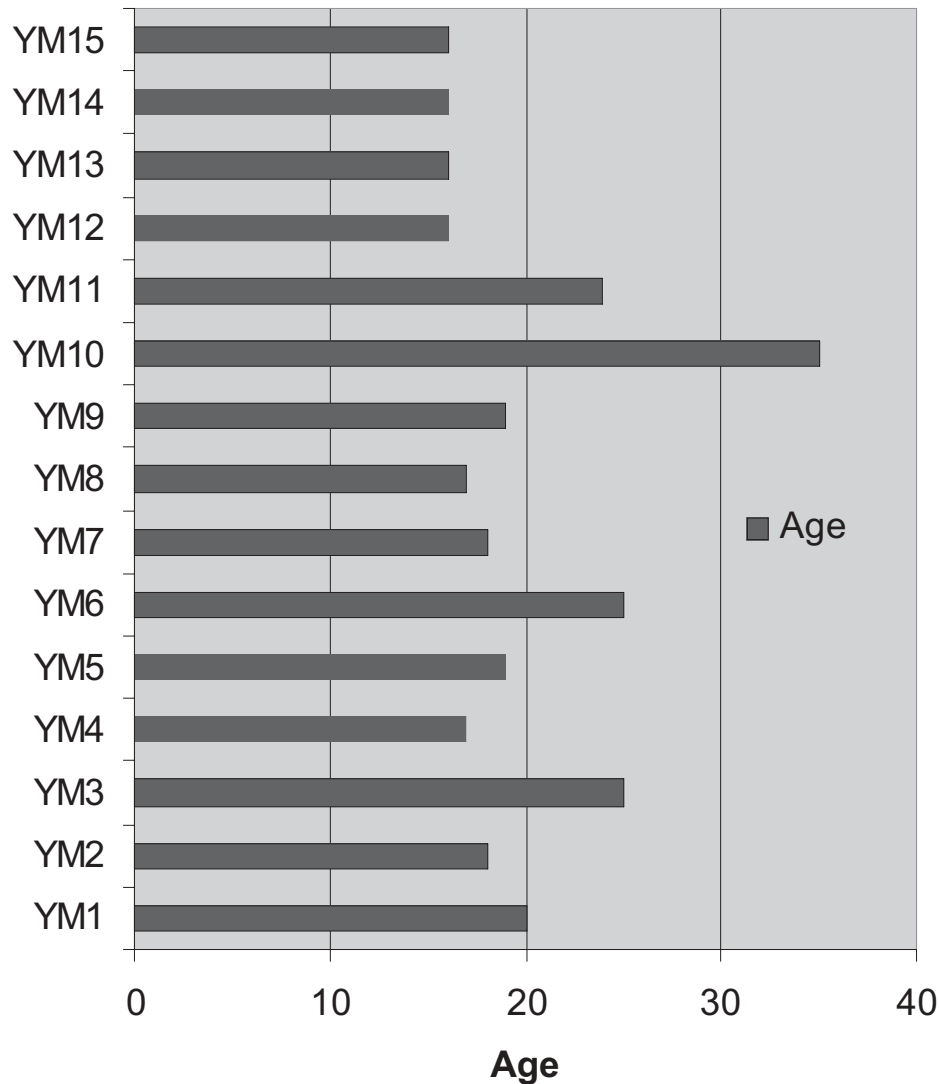
Four of the Grandparent participants had both sons and daughters who had children in the age range 16-25 years and were able to provide a balanced perspective on the expectations and experiences of both gender young parents. Grandparents with the exception of 1 respondent, reported their children were in contact with their grandchildren whether married, co-habiting or single. The one instance of non-contact was due to the Young Father being deceased. Response indicated 2 male parents who were not in regular contact with their children lived in separate countries. The profile of Grandmother respondents significantly reflects the major characteristics of Young Father participants in that all fathers were in contact with their children.

The age range of young mother respondents varied between 16 years and 35 years (Table 3). Those mothers included in the research who were 25 years or over had children when they were in the 16-25 years age range. Fifteen mothers in total were included in the research. In comparison to Young Fathers, there was no difficulty accessing Young Mothers with the first focus group exceeding the required limits and containing 11 mothers.

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TABLE 3: YOUNG MOTHER AGE RANGE



Eleven Young Mothers reported living in an urban area, 2 reported living in a rural area and 2 did not comment on location. The majority of mothers had 1 child. One respondent had 3 children, one respondent had 2 children and one respondent had 1 child and was currently pregnant. Two respondents were currently pregnant and had no previous children. Seven mothers reported daily contact between father and child; 2 reported irregular contact and 6 reported no contact. The higher percentage of mothers reporting contact between father and child is influenced by the fact that focus group one with Young Mothers, occurred in the only establishment within the area providing accommodation for young parents. These findings also indicate a clear pattern emerging whereby volunteer participants in the research are mainly representative of a situation characterised

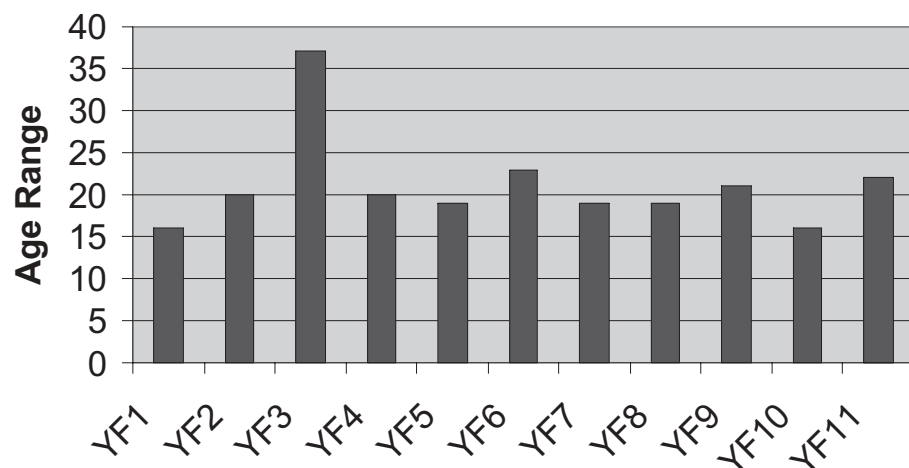


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by father being in contact with his child. One mother reported that the father was not in contact with his child because he lived in a separate country.

The Young Father sample falls into two distinct groups, the focus group sample and the semi-structured interview sample. A total of 11 Young Fathers participated in the study. Data was collected from 6 respondents in 2 focus groups of 4 and 2 participants. The remaining 5 Young Fathers provided data in a semi-structured interview format. The age range of Young Father participants varied between 16 years and 37 years. (Table 4). The 37-year-old father specifically requested to be included in the study because he was a first time father and the mother of his child was in her late teens.

TABLE 4: YOUNG FATHER AGE RANGE



Nine of the father participants had 1 child. 2 of the father's participants, one 16 year old and one 22 year old, were waiting for the birth of their first child. Ten of the fathers lived in an urban setting. All father participants were in contact with their children. This data follows the same pattern as Grandparent and young mother response in that volunteer participants in the research study are representative of a situation where the father is in contact with his child. Seven father participants co-habited with the mother of their children. Three respondents lived separately but saw both mother and child every day. Unfortunately for 1 respondent, the mother of his child is now deceased.

Data elicited from the 5 semi-structured interviews with Young Fathers provides a more detailed impression of current expectations and experience of parenthood for this gender, geographical area and age group. This response adds significant depth and breadth to current knowledge of Young Fathers in contemporary society and is presented in case study format.



CASE STUDY A

Young Father A is now 19 years of age, lives with his partner and has 1 child who is 10 months old. The couple's main concerns on discovering she was pregnant related to accommodation and the response of the Social Services Department. Young Father A's partner was 17 years of age and in care at the time of conception. Their concerns about accommodation proved to be realistic. The couple spent the pregnancy period moving from bedsit to bedsit and the baby was born 3 months premature. Anxiety in relation to the Social Services Department was unfounded with his partner's social worker being the only named professional providing support. Support included help in acquiring suitable accommodation and the provision of a grant to furnish their new home. The couple have been in their current accommodation for 5 months. Young Father A is involved in all aspects of childcare including changing nappies, feeding and dressing the child and comforting her when she is distressed. This participant reported as significant the fact that he did not know his own father when he was growing up. He had recently learnt from an outside source the identity of his father. The accompanying shock of this information caused him severe distress and resulted in his temporary admission to the local mental health facility.

CASE STUDY B

Young Father B is now 19 years of age and does not live with the mother of his child. The child is 10 weeks old and he sees her everyday. Conception occurred as a result of single sexual experience. This father discovered he was going to become a parent 2 months later. He chose not to become involved with the mother at this stage, as he was concerned she might go on to have sexual relations with another male. He considered this might result in the ending of the relationship and the possibility that he might not be permitted to have contact with his child in the future. The relationship was resumed on the night of the baby's christening and is ongoing. Young Father B's own father has always been part of his life.

CASE STUDY C

Young Father C is now 21 years of age and has one child who is 3 years and 6 months. The relationship with the mother has ended but he has contact with his child 3 days and 1 or 2 evenings per week. His greatest concern on discovering his partner was pregnant related to the reaction of his parents. This anxiety was initially justified when his mother stated the child would not be permitted entry to their home. Young Father C was also attacked by his partner's brother



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during this period. The couple maintained their relationship during the pregnancy with this Young Father attending all medical appointments with his partner. He was present in the hospital at the time of the birth but the maternal Grandfather refused him entry to the delivery ward. He did not see his baby being born but saw it twenty minutes later when the midwife brought the child to him and put him in his arms. The relationship with the mother terminated 3 weeks - 2 months after the birth when Young Father C commenced sexual relationships with other females. Young Father C's own father has always been part of his life.

CASE STUDY D

Young Father D is now 16 years of age and was 15 years of age when the child was born. He does not live with the mother of his child who has independent accommodation. The relationship has been maintained and he contributes towards the cost of his partner's accommodation. The child is 1 year old. This Young Father's major concern on discovering his partner was pregnant related to the reaction of his parents. Whilst his father was supportive, his mother was very distressed. His partner's parents ceased all communication with him. Young Father D supported his partner throughout the pregnancy. He found this task most difficult when she was heavily pregnant and met with disapproval from the general public. He reports providing comfort to his partner at this stage as very difficult. Although he was in the delivery area at the time of the birth he was physically removed from the ward, when the baby was being born, by the maternal Grandmother. Young Father D forced his way in 10 minutes later and requested to hold his child. The couple are currently positive in terms of maintaining their relationship and are planning a future together. Young Father D's own father has always been part of his life.

CASE STUDY E

Young Father E is now 22 years of age and his child is 7 years and 6 months. His partner is deceased and the child is being cared for by its maternal Grandparents. The father has regular access. This father was 13 years old and in secure accommodation when he discovered his partner was pregnant. He absconded in order to support his partner and be with her during the birth of their child. His major concern on discovering his partner was pregnant related to the child being taken in care. He had been in care himself and did not want his child to share the same experience. This fear persisted with the result that he maintained a silence about the birth of his child for 41/2 years. Explaining his rationale for this behaviour, Young Father E stated he did not want social worker involvement with his daughter.



This participant further explained he had no knowledge of Family Planning Services when he was 13 years of age, but even if he had known about the service, he would not have availed of it, because of a fear of being reported to the Police Service for involvement in underage sex. His partner was 15 years old at the time of conception. The most distressing experience reported by Young Father E referred to the disapproving attitude the couple encountered from both the general public and medical practitioners. This Young Father voluntarily returned to secure accommodation two months after the baby's birth. He maintained a relationship with his partner until her death five years ago. Currently he is in the process of accessing Third Level education and is ensuring his daughter has maximum knowledge of her mother.

The Key Stakeholder sample was representative of a breadth of statutory and community organisations as outlined in section 1.4 of this report.

An overall response to the experience of young pregnancy and parenthood was elicited via item 14 on the questionnaire. (Appendix 1)

If you would change one thing in your whole experience of parenthood what would it be?

A pattern of multiple number responses to this question emerged in the three volunteer participant groups of Grandparents, Young Fathers and Young Mothers. This pattern was most emphatic in the data elicited from Young Mothers who identified the following retrospective changes to be made before the birth of a child:

- Be more prepared (5 respondents).
- Make a better choice of father (7 respondents).
- Have established independent accommodation (8 respondents).
- Have identified and be in the process of developing a career (7 respondents).

One young mother stated she would have preferred not to be pregnant.

Response from Young Fathers was less emphatic with 2 respondents sharing the young mother preference to have established a home and settled employment before the birth of a child. Further retrospective changes Young Fathers would make to their experience of parenthood included:



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- See my baby being born (3 respondents).
- Preferred to have waited until older before becoming a father (3 respondents).
- Positive experience and would choose to change nothing (3 respondents).

Grandparent participants shared the Young Father perspective that it was preferable to experience parenthood at a later age (3 respondents). Allied with this response was the wish for relationship and parenthood education to be part of the school curriculum (3 respondents). One respondent compared statistical evidence of the increased percentage of teenage parenthood in this region with lower percentages in other European countries and suggested the adoption of models of sexual health education employed elsewhere.

Key Stakeholder response to the changes they would implement to improve the experience of young parenthood, whilst more varied, shared themes emerging from the three volunteer participant groups including:

- Prefer parenthood occurred at a more mature age (3 respondents).
- Change cultural context to make support for Young Fathers acceptable.
- Establish structured support for young parents and specifically fathers.
- Implement relationship and parenthood education with an emphasis on commitment, values and attitudes (2 respondents).
- Introduce a system of peer group coaching for Young Fathers.
- Change response young parents receive when they acknowledge they are to become parents (2 respondents).
- Avoid the tendency to generalise the experience of young parenthood remembering that for some young parents it is a very positive experience.
- Introduce a service inclusive of psychological preparation for young parents (2 respondents).
- Develop an outreach maternity service for young parents.



3.2 Initial Reaction when Pregnancy is Confirmed

Data was elicited from the 3 volunteer participant groups of Grandparents, Young Fathers and Young Mothers in relation to initial reactions when pregnancy was confirmed. The 3 sets of data confirm a high rate of similar reaction characterised by both positive and negative emotions. Six Young Mothers, 5 Young Fathers and 3 Grandparents reported a positive reaction to the confirmation of pregnancy. All 6 Young Mothers described their reaction as:

“Over the moon”,

with 1 Young Father employing the same term,

“I was over the moon, the time was right for me”.

Significantly all the Grandparents who reported a positive reaction were referring to the pregnancy of their daughter. In contrast reaction to discovering their unmarried sons were to become fathers was described as “shock” (3 respondents). Nine Young Mothers and 6 Young Fathers similarly reported feeling “scared and shocked”.

For 1 Young Father fear was embodied in,

**“The name father ... I didn’t know what it meant,
that very word scared me”,**

whilst for another fear was more general,

**“I was scared of what people would think of me and how
my life would change and the worst thing of all was
how I was going to tell my parents”**

Data elicited from Grandparents indicates this fear is justified.

One Young Mother remembering her negative reaction recalled,

“I just cried and cried and cried. I cried all the time”.

Young parents reported a range of reactions from others to the confirmed pregnancy. Reactions fall into the three main categories of positive, mixed and negative. Two Young Mothers and 4 Young Fathers reported a positive reaction.

**“People were very positive and excited, that is, my family
and friends” (1 Young Mother respondent).**



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“Happy enough” (2 Young Father respondents).

Two Young Mothers and 2 Young Fathers reported a mixed reaction, 4 Young Mothers and 5 Young Fathers reported a negative reaction, and 2 Young Mothers were rejected by their families, as this young Mother explains,

“I was told to get the !!!! out and go and have my child wherever I !!!!! liked”.

No Young Fathers were rejected by their families. Both Young Fathers and Young Mothers were told they had “ruined their life”, as 1 Young Father elucidates when explaining a relative’s reaction,

“She said ‘what are you going to do your life is ended and not only that, you’ve ruined your mother’s life as well. If I was her I’d turn you out of the house”.

Three Young Fathers reported a ‘shocked’ reaction to the confirmed pregnancy, for example:

“A lot of people were shocked ... they didn’t think I was having sex or had a girlfriend ... they thought I was more interested in causing trouble”.

Young Fathers rather than Young Mothers differentiated parental emotional response according to gender.

“My mother was confused”

(respondent does not describe father’s response).

“My daddy was supportive but my mother was upset”.

“My mother said the baby wasn’t coming in the house. My father didn’t say too much”.

Whilst Young Mothers did not report on varying emotional responses from parents, 3 respondents stated that their mother had refused to allow them to consider abortion as an option. Objections to abortion were all based on religious values.

Grandmother response, describing their own and others reaction to the confirmed pregnancy reflects the themes emerging from the data elicited from Young Mothers and Young Fathers. Negative response is reflected in the qualitative comment below:

“I remember standing looking at him when he said it to me and then I just went hysterical because he’d just started university at the time”.



"I made him (Young Father) go and tell the other members of the family and my sister just said to him straight 'How did your Mammy take it?'"

"It was just the absolute worry, mothers think they can sort and fix everything and they can't"

One Grandmother reported her husband's reaction,

"His father went all stupid and went really angry. He told him (Young Father) 'you've ruined your life' and he never spoke to him for a week"

Positive response identified in Grandmother data included,

"I didn't care so long as my family were all right, anyway no one (neighbours etc) said anything"

"My friend told me recently her son was going to be a father and I said 'Look if that is all the trouble the child is bringing you be thankful' but it is very hard at the time"

and

"You might hate what they have done but your wain is your wain and you love your wain unconditionally"

Three Grandmothers reported extreme shock and 2 stated having concerns about neighbours' reaction to the confirmed pregnancy.

3.3 Expectations and Experiences during Pregnancy and Birth

Data was elicited from the 3 volunteer participant groups of Grandparents, Young Fathers and Young Mothers, in relation to expectations and experiences during pregnancy and birth. Data was obtained from Key Stakeholders in terms of the perceived effect on young parent relationships of pregnancy and birth.

Young Mother response indicates a generally more positive experience during the pregnancy period in comparison to the data collected from Young Fathers. Two Young Mothers reported having a "great" pregnancy experience, 3 reported, "feeling very calm", 4 stated they experienced a mixture of "highs and lows", and 2 Young Mothers reported "not wanting the baby" throughout the pregnancy period. Data collected from Young Fathers indicates a lower level of



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positive experience during this period. One Young Father experienced depression, 3 Young Fathers were anxious, and 3 Young Fathers reported mixed experience due to their partner being “very sick and moody”. One Grandmother reported her son was not in contact with his partner during pregnancy.

Elicited data indicates an emergence of common themes of anxiety across respondent category as outlined below:

- 2 Young Mothers, 4 Young Fathers and 2 Grandmothers reported being concerned for the child and Mother’s health.
- 5 Young Mothers and 2 Grandmothers reported experiencing anxiety in relation to the labour and birth process.
- 8 Young Mothers and 6 Young Fathers reported financial concerns.

Additional anxieties were experienced separately by each respondent category. Seven Young Mothers were concerned they would satisfactorily fulfil the parenting role as explained by this young mother,

“I was worried would I have enough to offer, like would I fill the two roles of mother and father”.

Three Young Fathers were concerned about obtaining suitable accommodation for their new family:

“We waited for a house for a year and we had to go and live with parents for a month because there was no heating in our house”.

“We waited for a year and a half for a house ... in the end she had to go and explain she was homeless with a wain”.

“ What we were worried about most was where we were going to live”.

Three Grandmothers experienced persistent concerns in relation to their sons during the pregnancy period, 2 continued to feel disappointed with their sons, and 1 was concerned her son was too immature to be a father. Eight Young Mothers reported being with their partners during pregnancy, and 6 Young Mothers reported a poor or non-existent relationship with the fathers of their children during pregnancies, citing the following reasons;

- Father was unenthusiastic about the birth and would have been a poor role model.



- Relationship was abusive.
- Father had a jealous personality (2 respondents).
- Father was imprisoned during pregnancy.
- Father lacked maturity to accept his responsibility.

Ten of the 11 Young Father participants in the study remained in contact with their partners during pregnancy and perceived little change in their relationship. Two Young Fathers reported outside pressures impacting on the relationship. The financial concerns of 1 Young Father resulted in him seeking extra employment:

“Money was bad so I got a full-time job and a part-time job because we needed everything before the birth ... but working all the time wasn’t good for the relationship”.

A second Young Father perceived “pressure from others” as negatively impacting on their relationship.

Maternal Grandmothers, with the exception of 1 participant, reported a maintained relationship during pregnancy.

Key Stakeholders perceived the extent of impact of pregnancy on a relationship to be dependent on the previously established quality and duration of the relationship. The majority of respondents considered the relationship had a greater chance of survival if conception occurred within an established relationship rather than as of a result of single-occasion sexual experience. Negative pressures impacting on young parent relationships were considered to fall into two main categories external and intrinsic to the individual parents. Identified external pressures included, perceived loss of benefit if Fatherhood was acknowledged, concerns in relation to children entering the care system, the altered dynamic in terms of extended family members and the prejudice experienced by young parents in contemporary society. Intrinsic factors influencing the development of the parent relationship identified by Key Stakeholders included,

- Fear experienced by Young Fathers;
- Young Mother and Father having different expectations of each other’s role,

and

- Potentially greater maternal attachment based on the fact the mother is physically carrying the child.



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3.4 Expectations and Experiences Birth and Post Birth

Data was elicited from the 3 volunteer participant groups, Grandmothers, Young Fathers and Young Mothers, in relation to their expectations and experiences during the birth and post-birth period. Two Young Mothers were awaiting the birth of their children during the study and consequently data pertinent to this section was not collected.

Experience of the birth process was not a focus point of this research within the original Terms of Reference. Young Fathers however voluntarily chose to discuss their experience of the birth of the child. Young Mothers did not choose to discuss the birth. Grandmother response referred to the birth of the child. It is significant to report on Young Father experience of birth as data indicates either an extreme negative or extreme positive experience. As previously reported, 3 of the Young Fathers were involuntarily absent for the birth and have stated this to be their major regret throughout their experience of parenthood. Seven of the remaining 8 Young Fathers considered being present at the birth to be very a positive experience as evidenced by the example qualitative comment below.

“I was so proud and happy when the baby was born”,

“I felt like I was on top of the world ... I was so happy”,

and

“I couldn’t believe the baby was actually there and I helped to create it ... I actually did that”.

One Young Father reported a mixed experience,

“My girlfriend was in labour for eighteen hours and then she became an emergency case ... She died for twenty seconds and the wain died for fifteen seconds... it was really frightening but great as well when I knew they were both alright”.

Data from Grandmother respondents confirmed the birth process to be a positive experience for their sons,

“He was that excited and delighted to be a daddy”.

“He loved that the baby looked like him when it was born”.

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“My son came in and woke me up and talked about it (being at the birth) for hours ... he kept saying it was so many centimetres long and that his girlfriend was breastfeeding ... he was just so excited”.

Data collected from the three volunteer participant groups indicates the post-birth experience has a partial to extreme negative impact on young parental relationships. This is a significant finding. Both Young Mother and Grandmother data exhibits a trend towards relationship termination post-birth. Young Father data whilst not indicating a termination in relationships does indicate a decline in relationships during the first year after birth. The disparity in these two sets of findings is explained by the fact that all participating fathers were in contact with their children, and 10 of the 11 fathers were in contact with the mothers of their children. Grandmother and mother data refers to a wider representation of Young Fathers including those who are no longer in contact with the mother and, in some instances, the child.

Three of the 13 Young Mothers reported a maintained relationship with the father post-birth. This compares with 8 Young Mothers having a relationship with the father during pregnancy. Six of the mothers and their children had no relationship with the father after birth, and 2 of the mothers reported a maintained relationship with the father for 4-5 months post-birth, after which it ended. In these two instances the father maintained irregular contact with their children as these mothers explained,

“Even after she was born, he asked to see me, not the wain who was in intensive care ... he has not kept in contact since we finished and even before he only saw the child when I was there”.

and

“He’s meant to see her 3 days a week but he doesn’t turn up ... he turned up on my birthday night and Christmas day and maybe he would turn up about once a month”.

One mother had 2 children to 2 separate fathers. One father has custody of one child in a separate country whilst she maintains custody of the second child, with the second father having regular contact. One father has no contact with the mother or child as he lives in a separate country.

Grandmother data reflects the themes emerging in Young Mother data. Seven Grandmothers reported males had maintained a



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relationship with the Mother and children, 2 of these Grandmothers perceived the parental relationship as having “grown stronger” post-birth, whilst 2 Grandmothers considered the relationship to be weak and only maintained in order to facilitate child contact.

Grandmothers reporting the termination of the relationship between parents estimated this occurred during the first 2 to 8 months’ post-birth, with 1 Grandmother explaining,

“It’s more so the boys that are getting out rather than the girls ... some of them get married too young and get into relationships when they don’t know what marriage and relationships are about”.

For 1 Grandmother contact was not maintained because,

“My eldest boy died when the baby was seven months old ... now we have a precious reminder of him”.

Data elicited from the Young Fathers indicated 10 of the 11 participants remained in contact with mother and child. The partner of the remaining Young Father is deceased. Three of the Young Fathers reported the birth of the child had enhanced the relationship. The remaining 7 Young Fathers reported a negative impact on the relationship, and 4 Young Fathers perceived the first year post-birth as very difficult. One father explained,

“You’re both tired, so you’re more grumpy and it makes things more difficult... the baby will be a year next month and we’ve got through it, it’s getting better now”.

Two of these Young Fathers expressed regret for loss of social life,

“I felt I had lost out on part of my life, running around with my friends and that, I have more responsibility”,

and

“There’s a wild lot of things you loss out on ... going out with your mates, going out at night ... you’ve less freedom”.

Three Young Fathers identified unemployment and consequent financial difficulties as major problems in the first year post-birth. One of the these Fathers,

“Took days off work after the baby was born and I lost my job”.

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The remaining 2 fathers found the first year “stressful” because,

“My girlfriend was still depressed ... she worked in a fish-shop at the weekend and I had him (child) from Friday at 4.00pm to Monday at 6.00pm ... this went on from when he was 3 months to 9 months”.

and

“My girlfriend worked and I had the wain for six months myself in the first year, five days a week”.

The three sets of volunteer participant data clearly indicate that young parents experience the first year post-birth as specifically difficult. Relationships are more liable to terminate during this period and more liable to survive if they make it beyond this period.

3.5 Information, Support and Advice

Data was elicited from the Young Mother, Young Father and Key Stakeholder respondent groups in relation to available information, support and advice. These groups were also asked to assess current support provision and services required. The findings in terms of service provision for young parents presents a stark contrast between services available for Young Mothers and services available for Young Fathers. All Young Mothers were able to identify services they had received including:

- Leaving and After Care Provision (4 Young Mother respondents).
- Housing Project Facility (3 Young Mother respondents).
- Ante-natal Clinic (11 Young Mother respondents).
- Education Welfare and School Age Mothers Scheme. (6 Young Mother respondents).
- Ante-Natal Classes (5 Young Mother respondents).
- GP services (9 Young Mother respondents).
- Educational/Teacher Support (3 Young Mother respondents).
- Women's Centre (1 Young Mother respondents).
- Social Work Support (5 Young Mother respondents).



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- Mid-Wife Support (10 Young Mother respondents).
- Health Visitor Support (10 Young Mother respondents).
- Nucleus (3 Young Mother respondents).
- Youth Worker Support (2 Young Mother respondents).

Young Mothers provided qualitative detail in relation to specified areas of provision. Seven Young Mothers stated they “did not trust” medical staff, 4 participants specifically identified midwives as professional personnel they did “not trust”, 5 respondents stated they had experienced midwives as “rough after labour”. Nine of the Young Mothers recorded high satisfaction rating with the GP service with 2 participants explaining,

“He’s (GP) great ... he checked my records from eighteen years ago”,

and

“He (GP) was really nice even though he gave me and my ma a lecture for me having a wain”.

Six Young Mothers had a positive experience with midwife provision as this participant’s comment illustrates,

“She (midwife) was really nice, she was lovely”.

Those who had experienced provision from S.A.M.S. and the Nucleus were specific in their praise for these schemes,

“We need more S.A.M.S. “.

“More people need to know about S.A.M.S. and know about the Nucleus”.

“Girls should know they can get the morning after pill or contraception in the Nucleus”.

Nine Young Fathers reported having received very little or no service provision. Service provision identified by this group included:

- Young Fathers Group (2 Young Father respondents).
- Family Planning Groupwork (1 Young Father respondent).



- Midwife Support (1 Young Father respondent).
- Educational/Teacher Support (2 Young Father respondents).
- Leaflets accessed in Dove House (1 Young Father respondent).
- Youth Worker Support (3 Young Father respondents).
- Social Work Support (2 Young Father respondents).
- Parenting Class (1 Young Father respondent).
- Health Visitor Support (1 Young Father respondent).

Often when services and support were received, Young Fathers regarded them as inadequate and in the majority of cases, perceived service delivery as targeting Young Mothers rather than Young Fathers:

“I went to all the scans and the Doctors meetings but I got no information ... it’s very women orientated”.

“Like I phoned in January for an appointment with the Family Planning Clinic and my appointment is 28th April and I have to walk 3 miles to it in Shantallow”.

“The midwife needs to learn it is not just the mother who needs to learn everything, it’s the boy too”.

“The Health Visitor gave me some advice but it’s more geared to mothers”.

“They (professionals) should understand that they are there to give advice to Young Fathers too ... it’s important because if you’re a real man, you’re a good father”,

and

“Because my girl was in care we got help from the Social Worker ... she gave us money and more important she gave us enough money”.

The 1 Young Father who had attended parenting classes was specific in his praise of the provision.

“You need to know parenting isn’t girlie ... Just meeting other fathers to-be, even though they were total strangers made me feel all the better ... there should be a class for males only”.



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Data elicited from the Key Stakeholder group shares the major findings from the Young Father and Young Mother response in terms of a perception of little or no service provision for Young Fathers. Service provision identified by Key Stakeholders according to gender is presented in Table 5.

TABLE 5

SERVICE IDENTIFIED	NO OF RESPONDENTS	MALE /FEMALE PROVISION
S.A.M.S.	8	F
Health Visitor Provision	3	F & M
Midwife Provision	3	F
Social Worker Provision	4	F & M
Nucleus	6	F & M
Foyle Newpin	1	M
Gingerbread	1	F & M
CALMS	1	F & M
Educational/Teacher Support	3	F & M
Young Fathers Group	1	M
Ante-natal Clinics	4	F
National Children's Home Family Centre	1	F & M
Family Planning Service	2	F & M
Sexual Health Education In Male School	1	F & M
Lone Parent Advisors	1	F & M
Court Welfare Officer	1	F & M
Women's Centre	1	F & M
Extern & Youth Worker	1	F & M
GP Service	1	F & M
Warehouse	1	F & M

The majority of Key Stakeholders qualified their comments in terms of service provision, by adding that whilst services were in place and could be accessed by all, they were mainly accessed by Young Mothers. All Key Stakeholder response indicated in reality there was little



provision targeted specifically at Young Fathers and most were in consensus the Young Father was more liable to experience prejudicial attitudes:

“We need a lot of service-user consultation and need to examine our weaknesses in terms of Young Fathers”.

“Service provision depends on whether the fathers are with their partners”.

“There’s not structured support in anyway ... It depends on where they (Young Father) find themselves in the system ... If they’re prepared to ask they may get support”.

“It’s not advice Young Fathers want, it’s a listening ear without prejudice”

“There’s definitely a gap in provisions for young men”.

“We try with young men to inform them of their rights, for example when the baby is born and we try to encourage them to maintain contact with the young mother”.

“Young men just don’t know where to go and there’s very little out there to help”.

“We need to make people aware that we are taking young men on board as well and explain how we’re going to do it”.

“Support for Young Mothers has developed but there’s a lack of information or support for Young Fathers”.

“Fathers in general do not get a lot of support ... we’re not just looking at a specific age group though they have specific needs ...the whole thing needs to be addressed as it is the child’s best interest to know both their father and mother”.

“There needs to be specific groups for fathers and there needs to be some concentration on benefits advice”.

“We put leaflets for Young Fathers in clubs etc and into ante-natal packs for Young Mothers to give to Young Fathers ... Young Fathers don’t go to mainstream forums ...that’s a problem, there’s no need for Young Fathers to come into contact with services”.



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“There’s nothing for Young Fathers unless they attend the clinic with the girl ... then maybe, there is support, but they’re not asked about their feelings or talked to as an individual”.

“We undertook sexuality work with young men ... small numbers attended, about six in each group, there was positive feedback but it has not focused on young parenthood”.

Key Stakeholder response further indicated development of services for Young Fathers should not be at the expense of provision for Young Mothers with 1 participant noting there are limited services on the Waterside area of Derry City for both Young Mothers and Young Fathers. Two participants similarly indicated there was a service gap in rural provision for young parents generally.

The findings emerging from Key Stakeholder response to service provision for young parents are significant for their lack of comprehensive knowledge of service provision. The S.A.M.S. project, the Nucleus and ante-natal clinics are noticeably the only services identified by 4 or more respondents. The remaining services were identified by only a minority of respondents. This reflects the lack of knowledge of service provision expressed by Young Fathers and signifies a need for service providers to adopt an overreaching partnership approach to provision.

Requested to identify services they required to support their role as young parents, Young Mothers identified the following:

- Increased crèche facilities.
- Increased breastfeeding classes.
- Easily accessed contraception.
- Increase in advice from Health Visitors and Midwives.
- Increased facilities modelled on the Nucleus.
- Increased facilities modelled on S.A.M.S.
- Increased financial help.

Young Fathers shared the above list of identified services requests with the addition of the following:



- Information on pregnancy and childbirth.
- Information on supporting partners.
- Support in finding accommodation.
- Advice on becoming a parent.
- Support in finding employment and managing finances.

Key Stakeholder response to services required for young parents encompasses and enhances the provision requested by Young Mothers and Fathers. Service provision considered necessary by key stakeholders can be classified into five main categories:

- Knowledge
- Preparation for Parenting
- Support
- Specific Targeting of Services Provision for Young Fathers
- Building on Models of Practice.

The findings within each of these categories are presented separately.

KNOWLEDGE

Key Stakeholders response identified the need for young people to be given advice and information on contraception and sexual health. One participant noted there is “a normal sex education programme in place” but considered “this could be extended”. A second participant agreed, explaining “boys don’t get a lot of sex education generally”. This participant further explained,

“In 2003, a sexual education programme specifically targeted boys school for the first time ... this usually happens in the fourth or fifth year but we need to see there is uniform provision at an earlier stage”.

The second area of essential knowledge highlighted by Key Stakeholders referred to legal rights. 6 respondents specified that fathers required knowledge in this area. Similarly Key Stakeholder opinion suggested Young Fathers required knowledge in the area of DHSS benefits and the real rather than mythical cost of acknowledging fatherhood. This was considered necessary as a



in whose **best** interests?

fictional amount rather than a factual amount of benefit loss often prevents Young Fathers claiming paternity. As one participant explained,

“Young men always want to know how it will effect their financial situation and they don’t for example, put their names on the Birth Certificate in case it prevents the young mother claiming Lone Parent Benefit ... in fact young men only lose £4.00 - £5.00 and it would be to their advantage to acknowledge paternity”.

The final area of knowledge identified as requiring further consideration was the development of accessible information on services and support available.

PREPARATION FOR PARENTING

Key Stakeholder response referred to the general lack of male preparation for parenting irrespective of age. Five participants suggested ‘parenting skills’ should form part of an education programme within schools. One participant explained,

“Parenting skills education is thin on the ground ... it was traditionally done in the exam syllabus which had a unit of parenting skills in. This was discontinued by the Exam Office with changes in the Curriculum. It may be part of the new proposed Citizenship Programme ... I hope it is”

A second participant noted,

“They need to learn what parenting is about and then I think there would be a decrease in teenage parents ...I am talking from my own experience, I had a child at 18 years of age”.

SUPPORT

There was consensus among Key Stakeholder response for the need to develop structured support. Structured support was envisaged as a multi-partner programme of support providing emotional, practical and psychological assistance along side financial advice. Response was clear in terms of skills required of frontline staff in this area of provision. One participant describing them commented,

“You have to have the right person with a open, approachable personality and appropriate skills and knowledge. Skills must include communication and empathy in terms of creating nurturing but challenging practice”.



SPECIFIC TARGETING OF SERVICE PROVISION FOR YOUNG FATHERS

Key Stakeholders made various suggestions as to how services might be specifically targeted for Young Fathers. Response indicated initial development should include 'a simple referral system'. Referral should be characterised by an 'open door policy' and based on multiple access points including social workers, health staff, families, fathers, mothers and partners. Innovative concepts suggested for targeting Young Fathers included establishing a part-time telephone help line, developing a 'listening ear' service and creating a website. The majority of respondents noted that provision of services for Young Fathers needed to be accompanied by a public education programme. This programme must emphasise support for Young Fathers is acceptable in contemporary society.

BUILDING ON MODELS OF PRACTICE

The S.A.M.S. initiative and the Nucleus project were suggested by Key Stakeholder respondents as good models of practice that could be built on in future provision. The importance of effective promotion of services for Young Fathers was emphasised with specific reference made to the 'Ur Girl Up The Duff?' campaign. Whilst respondents recognised that models of practice for Young Fathers should reflect their views, participants were clear that they should do so without offending or oppressing others as explained by two respondents,

"The expression 'Ur Girl Up The Duff?' is awful and the young girls here think it is derogatory",

and

"Good PR and appropriate PR is needed, 'Ur Girl Up the Duff?' is not acceptable ... you need an alternative leaflet or poster that could be displayed in schools and you also need to treat the subject with respect and dignity because everyone deserves that".

Young Mother and Young Father participants identified support available to them external to professional services. For Young Mothers support was provided by:

- Mother (8 respondents).
- Family (7 respondents).



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For Young Fathers, informal support was provided by:

- Mother (7 respondents).
- Family (1 respondent).
- Father and Brothers (2 respondents).
- Girlfriend (3 respondents).

Three Young Fathers reported receiving no support from family and friends.

3.6 Barriers to Young Fathers Accessing Support

Data was elicited from the three volunteer participant groups and Key Stakeholders in relation to barriers to Young Fathers accessing support. Whilst the initial research remit referred to 'barriers to accessing support' this study addressed the broader remit of 'barriers to Young Father involvement' with their children. The broader remit facilitated a more inclusive examination of perspective on Young Fathers and their contact with their children, comprising fathers who are in contact with children and those who are not in contact. The findings indicate recurrent themes across respondent category explaining lack of parental involvement and further collaborate themes emerging in other areas of this study. Response indicates 9 major rationale categories influencing lack of Young Father involvement with children. The major rationale categories are:

- Age and Responsibility
- Drugs and Alcohol
- Multiple Sexual Partners
- Professionals and the Establishment
- Cultural Stereotypes
- Excluded by partners/maternal family/paternal family
- Lack of knowledge and skills
- Unplanned pregnancy
- Financial resources



AGE AND RESPONSIBILITY

Twelve Young Mothers, 8 Young Fathers, 4 Grandmothers and 9 Key Stakeholders indicated the young age of fathers, and consequent lack of a sense of responsibility and commitment, was responsible for a decreased percentage involvement of Young Fathers with their children. One Young Father participant summarised this perception in the qualitative comment,

“Some Young Fathers aren’t mature enough to handle it and so disappear and don’t take responsibility”.

One Key Stakeholder noted a further problem with age and acceptance of responsibility,

“Part of it is concern over reporting underage sex ... it’s sometimes still reported in the Care Unit and might lead to a Joint Protocol Investigation ... the social worker needs to check if the sexual relationship is consenting and if not the Care Unit would normally be involved ... it’s difficult because some parents might push prosecution”.

DRUGS / ALCOHOL

Nine Young Mothers, 4 Young Fathers and 2 Key Stakeholders suggested use of drugs and alcohol and a general “partying lifestyle” resulted in Young Fathers failing to be involved with their children. One Young Mother succinctly observed,

“They don’t want to be da’s ... they want to be out there playing football, drinking cider, going to clubs etc ... They’re not ready to settle down with a wain”

A Young Father similarly commented,

“They’re (Young Fathers) too used to going out with their mates partying and drinking ... to tell you the truth I’ve now lost contact with my friends ... I rarely see them, maybe on big occasions like Christmas or a big match, I see them”.

MULTIPLE SEXUAL PARTNERS

Response from 6 Young Mothers, 2 Grandmothers and 2 Key Stakeholders indicated a desire for multiple sexual partners rather than a committed single relationship resulted in Young Fathers non-involvement with their children.



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No Young Fathers gave this as a reason for lack of involvement. Lack of comment by Young Fathers in this area may have been a consequence of the researcher being female.

Grandmothers were very clear that this was a reason for fathers failing to keep in contact with their children,

“It’s peer pressure isn’t it ... they’re irresponsible, they have this ego thing that they can pull any girl”,

Key Stakeholder comment reflected this perspective,

“Young men today are just not being accountable”.

Young Mother comment was both poignant and balanced,

“I don’t want him to go ... but I know he will ... he’s also the father of a couple of sons older than my wain”,

and

“Not all men are bad ... some men out there are good fathers and lovers, there’s decent men ... It’s just finding them”.

PROFESSIONALS AND THE ESTABLISHMENT

Both Young Father and Key Stakeholder comment indicated Young Fathers experience difficulty in interactions with professionals and established agencies. This was considered a significant barrier to accessing support and consequently to involvement with their children. Two Young Fathers specifically identified interaction with midwives as very difficult, and 1 Key Stakeholder summarised Young Father perspective,

“It’s the establishment ... they find it so off-putting ... they feel I’m awful bad, I got my girlfriend into trouble ... they find midwives and doctors totally intimidating ... they think I’ll just sit here and not say anything like a bit of furniture ... they don’t want to be seen as being stupid”.

CULTURAL STEREOTYPES

Both Young Father and Grandmother response referred to cultural stereotyping of male and female roles as a barrier to the fathers involvement with his child. Grandmother response reported,

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“The father has a father role and that’s money support rather than care ... the mother plays a bigger role with the child, so child development and everything goes with them ... they (mothers) almost take offence at fathers getting involved”.

Minority Young Father response agreed with this perspective,

“The wain needs their Ma more than their father”.

In contrast a majority of Young Father response recognised the existence of cultural stereotyping and indicated a need for traditional views of the division of responsibility in childcare to be addressed, as illustrated by the following qualitative comments,

“Everything favours the mother and that’s not fair”.

“What can go against fathers is one minute they (professionals) say partner programme and the next minute the words women’s work come out ... you are pushed away ... it’s not deliberate, but you think what’s going to happen now”,

and

“People should start looking at fathers the same way they look at Mothers ... they shouldn’t stereotype them ... like on leaflets instead of ‘as a mother you should...’ it should be ‘as a parent you should...’”.

EXCLUDED BY PARTNER/MATERNAL FAMILY/ PATERNAL FAMILY

Young Father, Grandmother and Key Stakeholder response considered the female partner and/or her family to be a barrier to Young Fathers involvement with their children. Three Young Fathers and 3 Grandmothers cited arguments with the mother of the child as a barrier to access, with 1 Young Father commenting,

“Even now (child is 3 years and 6 months) if she is in bad form she won’t let me take the wain for a couple of weeks”.

Five Grandmother and 9 Key Stakeholder respondents suggested a poor relationship with the mother and/or her family prevented Young Fathers being involved with their children. One Grandmother summarised this view in her response,



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“A small percentage of Young Fathers are not involved because of the girl’s parents but sometimes it is the girl who is strong-willed... she should remember that the fella is the father of her child”.

Key Stakeholder participants further considered the paternal extended family to have an influence on Young Father involvement with their children. One Key Stakeholder offered the opinion,

“Young Father involvement with their child depends on the support they get from their own family”.

whilst another suggested,

“It can depend on their (Young Father) background ... if there is little stability in their own life there are less likely to be involved in their baby’s life”.

LACK OF KNOWLEDGE AND SKILLS

Grandmother and Key Stakeholder response indicated a lack of knowledge and skills as an influencing factor on father’s accessing support or involvement with their children. Comments from Key Stakeholders included,

“They’re afraid, they don’t know what they should be doing”.

“It’s ignorance, the Young Father doesn’t know what it is like to be a parent and doesn’t understand the impact on a child”.

“They lack the skills of being a parent”.

and

“They simply feel overwhelmed ... it’s the pain of Young Fathers that we (professionals) don’t acknowledge or haven’t yet explored”.

Grandmother response reflected this perspective,

“They (Young Fathers) just don’t know what to do, to do right”,

and

“They (Young Fathers) know nothing ... they have to start at the beginning, they’re afraid of even handling the children”.



UNPLANNED PREGNANCY

Four Key Stakeholders suggested an unplanned pregnancy was liable to result in little or no contact between father and child.

FINANCIAL RESOURCES

Young Father and Key Stakeholder response considered poor financial resources to be a barrier to Young Fathers accessing support or being involved with their children. This perspective is representative of a recurrent theme throughout the findings.

All response categories were requested to identify strategies with the potential to decrease barriers experienced by Young Fathers in accessing support or involvement with their children. A summative outline of suggested strategies is listed below and correlated according to response category:

- Development of specific services for Young Fathers. (Young Mother response, Young Father response, Key Stakeholder response).
- Development of specific accommodation for young parents. (Young Mother Response, Young Father response)
- Implementation of education programme for Young Fathers. (Young Mother response, Grandmother response, Key Stakeholder response).
- Implementation of public and professional education programme to challenge current gender stereotypes of parenting. (Young Mother response, Young Father response, Grandmother response, Key Stakeholder response).
- Review of the social and economic context of young parents. (Young Father response, Key Stakeholder response).
- Develop Formal and Informal groupwork facilities for Young Fathers. (Young Father response, Key Stakeholder response).
- Develop counselling services for Young Fathers exclusively and for young parents together. (Young Father response, Key Stakeholder response).



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3.7 Benefits of Young Father Involvement with Children

Cross respondent data agreed it is preferable for a child to develop within a two-parent relationship. Eight Young Mothers agreed they would “love the father to be involved” but they qualified this statement by adding,

“It depends on the person”.
(7 Young Mothers)

“If the father is a bad role model he should not be around”.
(7 Young Mothers)

and

“Yes, if they maintain the relationship beyond the first two months, then involvement should continue”.
(8 Young Mothers)

All Young Fathers considered a two-parent relationship to be beneficial to the child's development with 1 Young Father observing,

“The child not only benefits from having a mammy and daddy ... it benefits from the two extended families and being able to know its Grandparents, aunts and uncles”.

Grandmother and Key Stakeholder response similarly agreed a two-parent relationship was the ideal situation in which to raise a child. Key Stakeholder data shared the caution expressed by Young Mothers and qualified their response by adding, “provided it's positive contact”.

Nine Young Mothers, 5 Young Fathers and 4 Key Stakeholders considered it essential for the child's sense of identity that he/she is able to identify its father. One Key Stakeholder commented,

“It's crucial for the child's sense of belonging to know who their father is and consequently who they are instead of there being a gap which is quite traumatic for them both as a child and later in life”.

Young Father, Grandmother and Key Stakeholder data indicated interaction with both parents impacted positively on the child's psychological, emotional, educational and social development. One Key Stakeholder summarised this perspective,

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“Fathers’ involvement with children has tremendous benefits ... not only would the Young Father be in a position to support the young mother .. but the building up of a relationship between the father and baby has enormous potential for the child’s development educationally and socially”.

Young Father, Grandmother and Key Stakeholder data similarly agreed that involvement of the father positively benefited the development of a child’s personality as explained in the qualitative comments below,

“If the father’s involved, it makes the child’s personality grow better - the baby has the best of both worlds”.
(Young Father response)

“The child can benefit from things their father can teach them rather than their mother”.
(Grandmother response)

“The family is the core unit of society, if part of that is missing it takes a special person to compensate for the parent who is absent”.
(Key Stakeholder response)

and

“Having two parents can be beneficial, depending on the relationship between the mum and dad ... it’s important they are both around even if they are there separately for the child ... We need to look at the role of the father and its impact on child personality development”.
(Key Stakeholder response)

Grandmother and Key Stakeholder response suggested access to both parents provided additional stability to a child. Young Father, Grandmother and Key Stakeholder comment specifically noted the involvement of Young Fathers with their children was a support for mothers as well as children. These 3 categories of respondent further referred to the benefits to be gained by fathers from involvement with their children as evidenced by the qualitative comment below:

“It’s nice to be the one to give them some memories ... so he can remember things he has done with his father ... I can’t remember my own father”.
(Young Father response)



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“It’s great hearing their first words, changing a nappy for the first time, the sarcasm now she is almost 8 years old... and for me it’s great seeing she is like her mother”

(Young Father response)

“It’s great getting to see the wain growing up”.

(Young Father response)

“For the father it’s good for his own sense of being needed”.

(Grandmother response)

“The father needs to know he is always there for his children”.

(Grandmother response)

“If Young Fathers are actively involved ... they don’t necessarily have to be involved with the mother, but if they are involved with their child this is a form of active citizenship ...if they are aware of this responsibility they are more likely to be aware of other responsibilities, for example work etc in this sense money put into services for Young Fathers can have a positive impact on society”.

(Key Stakeholder response)

Young Father respondents exclusively referred to the significance of the public image of Young Father involvement with children.

“It’s good to let other people see it’s not just women doing it”.



4.1 Introduction

The overarching aim of this research was

To examine the differing expectations of both young men and young women of their, and each others, roles in becoming parents.

The findings from the study clearly indicate young men and young women appreciate the positive role each can potentially fulfil in parenting. Participants involved with their children did not consider age negatively impacted on the quality of parenting, but did indicate being a young parent resulted in a restricted life experience. Cross-respondent data indicated that for some young men, becoming a young parent was an experience for which they were not emotionally, psychologically or socially prepared resulting in an inability to accept the responsibilities of parenthood. The majority of Young Fathers in contact with their children expected to share the caring role. Young Mothers stated a desire for Young Fathers to participate in parenting, but experience with partners resulted in lowered expectation that the father would fulfil their parenting role. Young Mothers in a single parent relationship with their children expressed concern in relation to the prospect of fulfilling the role of both parents.

Cross-respondent data agreed a two-parent relationship represented the ideal situation in which to raise a child in contemporary society. Young father response indicated the involvement of both parents is significant, as it further permits the inclusion of both extended families in the child's life. Grandmother and Key Stakeholder respondents separately reported the involvement of both parents in a child's life remained a contemporary societal expectation. All categories of respondent considered it the basic right of a child to be able to identify their father and develop a relationship with him.

The research findings emphatically indicate Young Fathers have a positive role to play in their children's lives. Cross-respondent data is in consensus that children benefit across a range of variables from contact with both parents. The inclusion of the father in the parenting relationship is considered to increase stability in a child's life. Contact with his child is also considered beneficial to the father, emotionally and psychologically. Ultimately these findings evidence Rose's (1983) statement,

"There is not stability of sexual identity, no position for women (or for men) which is ever simply achieved".

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Contemporary society is characterised by constant and rapid change inclusive of the current phenomenon of an increase in teenage pregnancy rates. Young parents in this study are constantly readjusting their expectations of parenthood and reviewing their roles as parents. To achieve their potential as parents, young people require encouragement to possess the role of parent and supportive reinforcement in that role.

4.2 Context

Parenting is undoubtedly a unique experience for each young parent as is poignantly evidenced by the data collected in this study. Being a parent does not however occur in a vacuum devoid of external influence. The findings indicate a major factor determining the quality of the experience for young parents is the surrounding societal context. Ability to fulfil the role of parent is inextricably linked to the opportunities for doing so presented by local social factors and attitudes. Chapter 2 of this report acknowledged the significance of Watson's (2000) advice to "pay attention to the specificity of local context and times and the locally different effects of policies and different groups of people". Data collected in this study is testament to the authenticity of this advice.

Cross-respondent data indicated the dangers inherent in generalising the experience of young parenthood. There are no stereotypical young parents and nor is there a stereotypical experience of parenthood. The majority of young parents participating in this study reported a positive acceptance of parenthood, with only one young mother stating a preference to reverse her experience and the pregnancy. The participating young parents, particularly Young Fathers strongly indicated a need for cultural perceptions to catch up with this reality. This group reported experiencing generalised prejudices whereby all young parents were categorised as irresponsible, uncaring and unfit.

Young Fathers further reported a social context that continued to stereotype fathers as secondary carers and consequently did not support them in their joint caring role. They agreed with Jefferson's (1994) request for the need to produce "accounts which are intellectually coherent and experientially recognisable". The experience considered 'recognisable' by Young Fathers in this study includes their desire to be participative fathers and quality parents involved in all aspects of child care. Cross-respondent data indicated fathers are not perceived as equally involved parents despite growing evidence to the contrary and called for a public awareness campaign to address this situation. Response specifically signalled the need to

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challenge traditional perceptions of gender parent roles in this society as a strategy to encourage and support Young Father involvement with their children. One Young Father's statement "If you're a real man, you're a good father!" has the potential to be a universal slogan.

The findings provide some, though not extensive indication, that second-generation single male parents are more conscientious of their responsibility to their child. This awareness appears to be based on individual experience of being raised without knowledge of their father. Maintained contact with children is not dependent on marital status in contemporary society. The 11 fathers who maintained contact with their children in this study are not married, and a minority do not co-habit with their partner. Majority perception signifies the achievement of parenthood is desirable in the latter rather than the earlier years of the 16-25 year range.

Local levels of unemployment/poorly paid employment and attendant poverty are considered by all respondent groups to have a detrimental effect on the quality of parenting and childcare. A recurrent theme throughout the findings referred to lack of financial resources causing anxiety both pre and post birth of the child. Anxiety was specifically related to unsuitable accommodation with young parents reporting experiences approaching homelessness. Contextual findings suggest a local context, inclined to judge, whilst failing to provide the basic requirements of shelter and warmth for young parents and their children. The impact of this type of socio economic context is starkly described by Gellis (1995) when he refers to "economic conditions that place them (children) at significant risk of disease, violence and other threats to their physical and mental health". Young parents in this study reported an urgent requirement for suitable accommodation with specific requests made for an increase in schemes similar to Shepherd's View Young Parents Project.

4.3 Emergent Themes

Young parents, as opposed to mature parents, have needs specific to their age group. Cross-respondent data strongly indicated the acknowledgement of pregnancy is more traumatic for this age range and is accompanied by anxieties specific to age range. Ranking high in the anxiety profile is the fear of disclosing the pregnancy to parents, concerns relating to the child being taken into care and, for some Young Fathers, the fear of legal procedures relating to under-age sexual relations. Support and advice is essential for young parents at this stage. Family support is deemed, equally if not more important, than professional support. A significant minority of Young Mothers and Young Fathers reported receiving no family support and it is this group which is most vulnerable.

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The often traumatic experience of acknowledging pregnancy can be eased or compounded by the attitudes of involved professionals. GPs were experienced by this participant group as particularly sympathetic whilst mixed experience was reported in relation to midwifery support. A consistent approach to parenthood needs to be adopted across the professional range. This approach should be characterised by an awareness of issues specific to parents and a consistently empathetic response. Bowl (1985) advocated the need to “draw upon the experiences of real men” and young parents in this study are requesting involved professionals respond to their ‘real’ experiences. Counselling and therapeutic input is a specific requirement at this stage of parenthood.

A stark contrast in service provision for Young Mothers, as opposed to Young Fathers, is evident from the findings. The WHSSB strategy document, *Lifelong Sexual Health for All: WHSSB (2003 - 2008)* noted,

“Special attention needs to be given to the needs of men ... men, particularly young men, think that existing services are irrelevant to them and do not seek help and support proactively”.

The findings from this study support this statement. Whilst there are services specific to Young Mothers, there are no services specific to Young Fathers. Existing services can potentially be accessed by both gender parents but are rarely accessed by Young Fathers. Young father access to provision mainly occurs through the secondary route of partner access. Support for Young Fathers separated from their partners’ borders on non-existent. There is a clear requirement to target service provision specifically for and towards Young Fathers.

The first year post-birth is reported as the most difficult for young parents with termination of relationships increasing during this period. The findings evoke a sense of young parents struggling with their new role. Major difficulties reported during this period include lack of childcare support and a consequent absence of social and personal opportunities. Support for young parents requires a recognition that whilst parenting is a full-time role, quality parenting is not sustainable on a full-time unsupported basis. To achieve their full potential as parents, young parents require the opportunity to develop other areas of their lives. This can be achieved through a variety of mechanisms inclusive of peer support, informal and formal support. The need for structured support during the post-birth period was reported across respondent category. The Crisis Pregnancy Agency (2004) report suggests “Strategic responses must be holistic, integrated and work on multiple levels”. These findings similarly



indicate a requirement for comprehensive service provision with identified access points and identified key personnel. Key personnel with a commitment to supporting young parents are already in existence within the WHSSB area. One statutory key stakeholder, for instance, reported being the birth partner for two Young Mothers. Key personnel are not however currently contained within, or supported by, 'an integrated holistic' provision infrastructure.

A recurrent theme reported throughout the findings relates to the educational needs of young parents and specifically Young Fathers. Educational needs identified include sexual health and relationship education, parenting skills programmes and a specific knowledge input for young men on legal and benefit rights. Data indicates Sexual Health and Relationship Education is particularly necessary for young men. This finding supports the MORI Survey (2004), which indicated twice as many Irish men as women claim to have had sex outside marriage or an established relationship without using a condom. Multiple sexual partners were considered by cross-respondent categories to be a barrier to Young Father contact with children. The findings of this study further suggest Sexual Health and Relationship Education would benefit young people most effectively, if introduced at an earlier stage in the school curriculum, within a general framework of personal development focusing on building self-esteem and confidence. The Innocenti Report Card (Issue No 3, 2001) similarly states,

“The evidence from countries that have already achieved low rates of teenage birth suggests that it ought to be within the power of all governments in the developed world to ensure that sex education of this kind is available to all their young people within the relatively short term.”

Rossi (1984) declared men are capable of caring for children and infants, with the qualification that to be effective in this area, they required training in the inherent tasks and skills of the role. These findings support Rossi's position with respondents considering Parenting Skills Education to be an essential element of support provision for young parents.

Two models of practice supporting young parents in the WHSSB area are reported in the findings. These are The School Age Mothers Scheme (SAMS) and the Nucleus Project. These models of practice offer a potential template for future practice with young parents. Both Young Mothers and Young Fathers requested an increase in this type of service delivery, signalling a clear compatibility between stated need and service provision. Provision requires to be specifically targeted at Young Fathers. The SAMS project, for instance, is exclusively delivered to Young Mothers. There is no complementary service for Young Fathers.



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4.4 Recommendations

Recommendations are presented under the subsections promotional, strategic, operational, educational and resource. Promotional recommendations refer to challenging traditional values and attitudes in contemporary society whilst strategic recommendations pertain to future multi-partnership planning and development of provision for young parents. Operational recommendations refer to current provision. Educational and resource recommendations indicate additional required provision.

Promotional Recommendations:

- Implement public and professional education programme to challenge current gender stereotyping of parenting.
- Involve young parents in development of publicity materials.
- Promote parenting rather than mothering.

Strategic Recommendations:

- Implement service-user consultation with young parents.
- Develop consistent provision across local areas, both urban and rural, for young parents.
- Develop integrated multi-partnership provision.
- Develop age specific provision.
- Build on current models of good practice.

Operational Recommendations:

- Provide structured support for young parents at the point when pregnancy is acknowledged.
- Review the potential to introduce birth contracts stipulating birth partners.
- Implement a programme of joint and separate counselling for young parents.
- Provide structured support at critical post-birth period.
- Develop complimentary services for Young Fathers.



- Provide training for key personnel working with young parents.
- Enhance access to comprehensive family planning services.
- Develop alternative support for Young Fathers separated from partners.
- Develop innovative practice to target Young Fathers, e.g. telephone help-line, website, peer coaching, informal and formal group work facilities.

Educational Recommendations:

- Increase and extend sexual health education programmes for young parents.
- Provide opportunities for both gender young parents to fulfil education and career aspirations.
- Introduce a parenting skills programme for Young Fathers.
- Provide legal advice for Young Fathers.
- Provide benefits advice for Young Fathers.
- Provide advice on care-system admissions.
- Provide advice to Young Fathers on supporting partners.

Resource Recommendations:

- Review of the social and economic context of young parents.
- Increased development of specific accommodation for young parents.
- Development of child-care/crÈche facilities for young parents.

4.5 Indicators for Future Research

This investigation was inherently broad in terms of both participants and continuum of provision. The findings are correspondingly representative of the breadth of an investigation with the sole purpose of accessing perspective on young parent experiences and expectations. Specific enquiry into separate strands of provision would produce a more detailed analysis of specific services.



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The extensive qualitative nature of the study, unrestricted by a remit of organisational issues produced in its wake some significant and unexpected outcomes, indicative of areas requiring future study. Included in the outcomes was the indication of a trend for second-generation male single parents to be more conscientious of parenting responsibility. The results of this study remain inconclusive in this area which requires further investigation.

The research design employed varied methods of investigation. Semi-structured interviews with Young Fathers provided additional qualitative detail and the researcher would advise employment of this method in future studies. Future research might further benefit from being undertaken by both gender consultants as Young Fathers were notably reticent to discuss multiple sexual partners with the female researcher.



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Experiences and Expectations of Young Parents

1) What was your initial reaction when you learnt you were going to become a parent?

YF YM GP

1a) How did other people react to you?

YF YM GP

2) What were your greatest concerns, issues, anxieties?

YF YM GP

3) Did you have hopes, positive feelings?

YF YM GP

4) How do you feel now?

YF YM GP

5) What was your experience during pregnancy?

YF YM GP

5a) Was your relationship with the Mother/Father effected?

YP YM GP KS

6) What was your experience after the baby was born?

YF YM GP

6a) Was your relationship with the Mother/Father/child effected?

YF YM GP KS



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7) What is your current experience?

YF YM

8) Did you receive information at any stage? Discuss.

YF YM KS

9) Did you receive support at any stage? Discuss.

YF YM KS

10) Did you receive advice at any stage? Discuss.

YF YM KS

11) What would make a difference in terms of information available?

YF YM GP KS

12) What would make a difference in terms of support available?

YF YM GP KS

13) What would make a difference in terms of advice available?
(Who did you ask for advice?)

YF YM GP KS

14) If you could change one thing in your whole experience of parenthood, what would it be?

YF YM GP KS

15) Did you receive services from any organisation/s? (Eg; Family planning, Clinics, EWO, Childline, Teacher, Social Worker, GP, Nurse, Youth worker etc)

YF YM KS

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If so, please indicate which organisation/s?

YF YM KS

16) What services are not provided?

YF YM KS

17) What services do you think need to be provided?

YF YM GP KS

18) How involved are Young Fathers during pregnancy?

1 = little involvement 3 = reasonable involvement
5 = very involved

Please score; **1 2 3 4 5**

Discuss. **YF YM GP KS**

19) How involved are Young Fathers after birth?

1 = little involvement 3 = reasonable involvement
5 = very involved

Please score; **1 2 3 4 5**

Discuss. **YF YM GP KS**

20) What do you think stops Fathers being involved?

YF YM GP KS

21) What would help Fathers to become more involved?

YF YM GP

22) Was there any advice, support, information you found particularly useful?

YF YM



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23) Do you think there are benefits to Young Fathers being involved with the child?

YF YM GP KS

24) How do you see involvement of Young Fathers being achieved?

YF YM GP KS

25) Any further comment?

YF YM GP KS

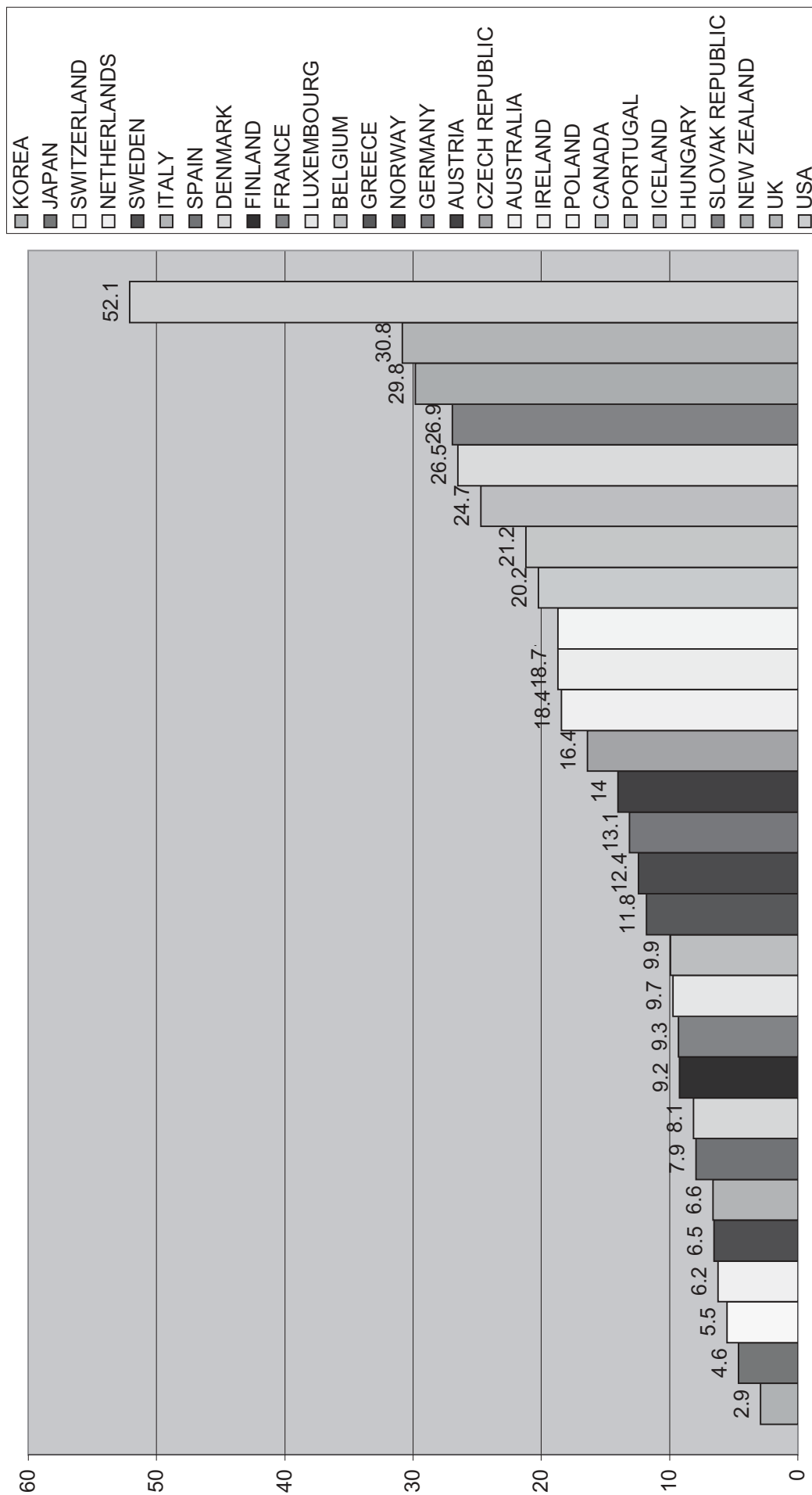
CODE

YF Young Father Participants
YM Young Mother Participants
GP Grandmother Participants
KS Key Stakeholder Participants

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Appendix 2: The Teenage Birth League in Rich Nations
(Source: Innocenti Report Card, Issue No 3, July 2001, UNICEF Innocenti Research Centre)



SOURCE: A League Table of Teenage Births in Rich Nations: Innocenti Report Card, Issue No 3, July 2001, UNICEF Innocenti Research Centre



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Bem Sex Role Inventory

Instructions: Indicate on a scale of 1 to 7 how well each of the following characteristics describes you. A 1 means the item is never or almost never true, and a 7 means that it is always or almost always true (Bem 1974).

- | | | |
|------------------------|-----------------------------------|------------------------------------|
| 1. self-reliant | 22. analytical | 40. masculine |
| 2. yielding | 23. sympathetic | 41. warm |
| 3. helpful | 24. jealous | 42. solemn |
| 4. defends own beliefs | 25. has leadership abilities | 43. willingness to take
a stand |
| 5. cheerful | 26. sensitive to needs | 44. tender |
| 6. moody | 27. truthful | 45. friendly |
| 7. independent | 28. willing to take risks | 46. aggressive |
| 8. shy | 29. understanding | 47. gullible |
| 9. conscientious | 30. secretive | 48. inefficient |
| 10. athletic | 31. make decisions easily | 49. acts as a leader |
| 11. affectionate | 32. compassionate | 50. childlike |
| 12. theatrical | 33. sincere | 51. adaptable |
| 13. assertive | 34. self-sufficient | 52. individualistic |
| 14. flatterable | 35. eager to soothe hurt feelings | 53. does not use
harsh language |
| 15. happy | 36. conceited | 54. competitive |
| 16. strong personality | 37. dominant | 55. loves children |
| 17. loyal | 38. soft spoken | 56. tactful |
| 18. unpredictable | 39. likeable | 57. ambitious |
| 19. forcible | | 58. gentle |
| 20. feminine | | |
| 21. reliable | | |

SOURCE: Bem, S.L., (1974); The Measurement of Psychological Androgyny.

O'Hara Consulting
On behalf of

