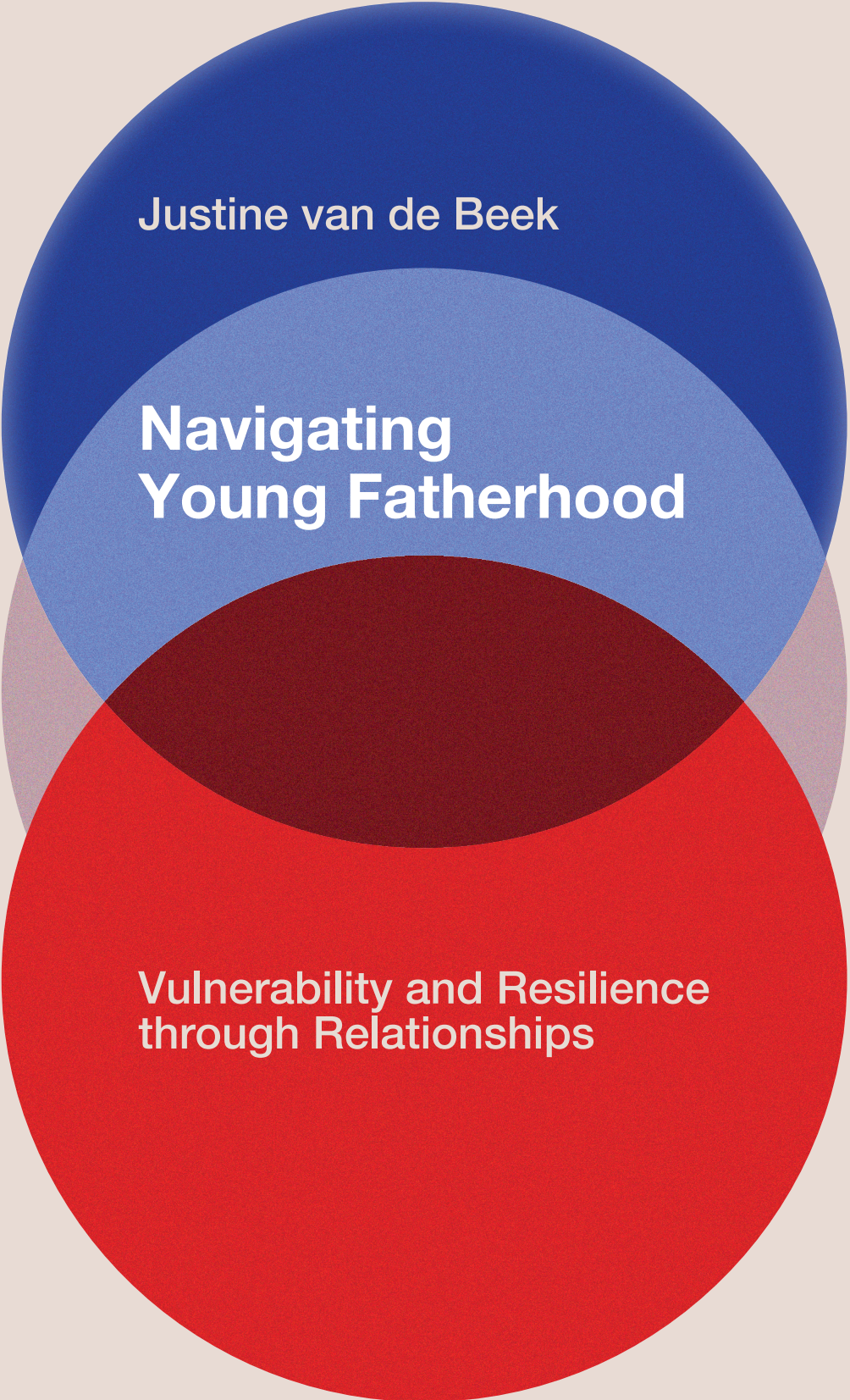




Justine van de Beek

**Navigating
Young Fatherhood**

**Vulnerability and Resilience
through Relationships**

Navigating Young Fatherhood Vulnerability and resilience through relationships

Justine Eva Madeleine van de Beek

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**Navigating Young Fatherhood
Vulnerability and resilience through relationships**

De weg vinden in het jonge vaderschap
Kwetsbaarheid en veerkracht door relaties

Thesis

to obtain the degree of Doctor from
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by command of the
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by

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FOREWORD

At the start of October 2023, about halfway through my PhD trajectory, a gruesome attack by Hamas on Israeli civilians caused a flare-up in a long-standing conflict. Since that attack, it is estimated that about 30 to 40 Israeli and a staggering 20.000 Palestinian children were killed.

The Dutch government has continued to support the Israeli government after October 2023, fuelling their genocide by purchasing about 2 billion euros worth of military weapons from them and continuing to supply weapon parts and technology to their military.

All of these children will never have the opportunities that I have been granted, born in a country characterized by peace, stability, and a proper educational system, which has enabled my academic interests to flourish and ultimately led to pursuing this PhD.

The children who survived these horrific events will continue to struggle with the mental aftereffects and their country's unstable circumstances, hampering their development and acting as an optimal breeding ground for further hatred and violence.

Many of the children who have survived are left to navigate life without their fathers, or even without both parents - the death toll for adult Palestinian civilians is approximately 50.000.

Lest we forget.

Opdat wij niet vergeten.

Chapter

General introduction

Justine van de Beek

“From that moment, nothing else mattered. I was instantly in love. Lying in my arms, she looked up at me with a piercing gaze. Sorry, sorry, sorry, I thought, because if I had gotten my way, you would never have been here. [...]

I had to inform my parents and called my mother first. [...] I told her how proud I was and tried to put into words everything I was feeling. She sensed flawlessly that my uncertainty of the past few months did not matter for the moment. Hannah’s birth was a celebratory event. [...]

The conversation with my father was less satisfying. Audibly uncomfortable, he said in a halting manner that he didn’t quite know how to respond - whether he should congratulate me or not. [...] The exchange was sobering. He certainly had not meant to upset me deliberately, but the elation I had felt earlier gave way to an intense feeling of sadness and loneliness.”

— Bert Bentsink, who became a father unintendedly at a young age, on the birth of his daughter. From his (Dutch) book ‘Plotseling papa’ (‘Suddenly dad’), p. 72-74.

The excerpt above exemplifies how young fathers - aged 25 and younger - experience ambivalent emotions when entering parenthood. Feelings of profound love and connection with their child regularly coexist with feelings of uncertainty and overwhelm. As the reactions of Bert Bentsink’s parents shows, these experiences are not formed in isolation but are shaped through relationships with significant others.

This dissertation examines how young men navigate early fatherhood through the perspectives of vulnerability and resilience, and how these dynamics are shaped by their relationships with others. In doing so, it contributes to a more nuanced understanding of young fatherhood than is found in previous depictions. This introductory chapter outlines the relevance of studying young fatherhood, reviews existing scholarship, and explains how the present dissertation extends this body of literature.

GROWING ACADEMIC INTEREST IN FATHERHOOD

Fathers’ perspectives on pregnancy, childbirth, and childcare have long been underrepresented in research (Davison et al., 2017; Lut et al., 2022; Mancinelli & Filippi, 2025). This underrepresentation reflects the female caregiver-male

breadwinner model that emerged during industrialization in Western countries, which positioned mothers as primary parents and, consequently, as the most reliable narrators of these experiences (Eerola & Mykkänen, 2015). However, the “gender revolution,” spurred by international women’s movements, profoundly transformed gender roles during the second half of the twentieth century (Yavorsky et al., 2015). Among other things, women’s participation in paid labor rose, which in turn prompted changes in fathers’ roles in family life as well. As women’s participation in paid labor increased, fathers’ roles in family life also began to change. Indeed, fathers’ involvement has increased over recent decades across many high-income countries (Altintas & Sullivan, 2017). These societal shifts have been accompanied by growing academic interest in fatherhood, including research highlighting fathers’ important role in supporting both parental and child wellbeing (Diniz et al., 2021; McClain & Brown, 2017; Rollè et al., 2019). Research consistently shows that involved fatherhood reduces parental stress and enhances relationship satisfaction, while for children it promotes emotional wellbeing, cognitive development, and academic achievement (Heejung, 2021).

YOUNG FATHERS AS AN OFTEN OVERLOOKED GROUP

In highlighting evolving ideals of fatherhood and the benefits of men’s caregiving, recent research has largely focused on white, older, middle-class men - leaving other fatherhood experiences underexplored (Diniz et al., 2021; Eerola & Mykkänen, 2015). Young fathers - typically defined as those under 25 - represent one such understudied group (Ladlow, 2024). Their limited presence in research is sometimes attributed to stereotypes portraying them as predatory or irresponsible and, therefore, unworthy of scholarly attention (Deslauriers & Kiselica, 2022). Moreover, young fathers are frequently perceived as a “hard-to-reach” population, reflecting the challenges researchers and service providers face in engaging them (Davies, 2016).

Yet, greater attention to this group is warranted, as young fathers often face unique or amplified barriers to paternal involvement compared to older fathers. Studies focusing on young fathers show, for example, that they are more likely to experience poverty - often rooted in disadvantaged family backgrounds - which limits their capacity to provide financial support for their children (Bamishigbin et al., 2019). At the same time, the need to combine paid work with education in order to meet financial expectations reduces the time they can devote to caregiving (Deslauriers & Kiselica, 2022). Young fathers are also more likely to have grown up in unstable family environments, limiting access to positive (co)parenting role

models (Bamishigbin et al., 2019). Their involvement is further constrained by lower rates of co-residence with their children, often due to absent or unstable relationships with the child's mother (Berrington et al., 2005; Lau Clayton, 2015). Finally, higher rates of unintended pregnancies among young fathers may reduce motivation for intensive involvement (Enthoven et al., 2022; Sriyasak et al., 2015).

EMPHASIS ON STRUCTURAL VULNERABILITY OF YOUNG FATHERS

1

These challenges to paternal involvement are an important reason to gain further academic insight into young fatherhood, which can help to align support to their needs and consequently strengthen their involvement in their families. In line with these challenges, a large proportion of the current scholarship emphasizes the (structural) vulnerability of young fathers, albeit often without conceptualizing it explicitly as such.

The concept of vulnerability focuses on the potential for poor outcomes or risks (Arora et al., 2015) – for instance identifying who is more susceptible to experiencing adversity and its negative effects, and how these struggles take shape (Prowse, 2003). One important area of attention within vulnerability theory is the reinforcing cycle that may develop: individuals who experience adversity may become more likely to encounter further adversity and its negative effects, thereby diminishing their capacity for adaptation (Prowse, 2003). This process is also referred to as cumulative risk, whereby risks tend to pose little harm in isolation but increasingly undermine well-being as they accumulate (Browne et al., 2015).

In the case of young fatherhood, the vulnerability approach views becoming a father at a young age as an adversity, and aims to identify which young men are more likely to become fathers early on in life and what vulnerable circumstances they may face (Assini-Meytin & Green, 2015; Bamishigbin et al., 2019; Berrington et al., 2005; Biello et al., 2010; Fletcher & Wolfe, 2012; Johansen et al., 2020). Particularly within medical scholarship, this orientation is shown and reflected in the use of epidemiological language to describe young parenthood - such as 'prevalence', 'incidence', and 'exposure' (Breheny & Stephens, 2010). This approach is usually operationalized through large-scale quantitative studies that explore links between young parenthood and socio-economic or health outcomes of parents and children (Neale & Tarrant, 2024). A systematic review of such studies shows that young fathers are disproportionately represented among socioeconomically disadvantaged and ethnic minority groups (Bamishigbin et al., 2019). In line with cumulative risk, in this context, the transition into fatherhood at a young age may cause further disruptions to mental health, education, employment, and income,

although empirical evidence on these outcomes remains mixed (Bamishigbin et al., 2019).

While these studies identify important structural risk factors among young fathers, they generally hold a static view toward these vulnerable circumstances. Consequently, this literature overlooks how young fathers experience and respond to these circumstances. As a result, young fathers may be portrayed as passive victims of their circumstances, reflecting a common critique of the vulnerability approach - that it downplays individuals' capacity to adapt to adversity (Miller et al., 2010).

GROWING EMPHASIS ON INDIVIDUAL RESILIENCE OF YOUNG FATHERS

In contrast to a vulnerability approach, the concept of resilience broadly denotes adaptation to adversity (Miller-Graff, 2022). More specifically, resilience can be conceptualized as a process through which individuals draw on external resources and internal resources to thrive (Miller-Graff, 2022). Within this framework, external resources are termed assets, while internal resources are referred to as resilient attitudes and resilient actions (Henley, 2010; Miller-Graff, 2022). For example, one might bounce back from an adverse life event by developing a hopeful future orientation (attitude) and by seeking support from family members (action as defined by Henley, 2010), and eventually acquiring such support (asset). Thereby, as opposed to the concept of vulnerability, personal agency plays an important role in the concept of resilience - highlighting individual strengths that may arise out of suboptimal circumstances.

In line with this resilience approach, yet not explicitly conceptualizing it as such, qualitative studies highlight young men's motivation and efforts to be actively involved in their children's lives (Neale & Tarrant, 2024). Despite or precisely due the potential hardships they encounter, these studies point to resilient attitudes - such as their aspirations to be better fathers than their own and the meaning and joy they derive from observing their child's development- and resilient actions - their efforts to secure suitable housing and employment in order to provide for their families (Dawson, 2023; Deslauriers & Kiselica, 2022; Gesell & Van Dijk, 2010; Makusha, 2024; Uengwongsapat, 2022; Van Lier, 2007).

Yet, a focus on resilience is also not without its pitfalls. A common critique of resilience-focused research is that when resilience is operationalized primarily as an individual effort, attention is shifted away from the wider conditions that enable or constrain adaptation (Bryant & Aggleton, 2025). This potentially (re)produces

the notion that individuals, in this case young fathers, are solely responsible for overcoming adversity (Bryant & Aggleton, 2025).

THE IMPORTANCE OF STUDYING BOTH VULNERABILITY AND RESILIENCE IN YOUNG FATHERHOOD

Given the strengths and limitations of both the vulnerability and resilience perspectives, along with empirical evidence that each plays a role in the lives of young fathers, integrating these perspectives is essential for a more accurate understanding of their experiences. Fragmentation of these perspectives may result in oversimplified portrayals of young fathers, depicting them either as structurally vulnerable or individually resilient.

Although these perspectives differ in focus, both share a tendency to overlook the role of relationships in shaping young fathers' experiences (Bamishigbin et al., 2019; Dawson, 2023; Lemay et al., 2010; Makusha, 2024; Reeves, 2006; Wilkes et al., 2012). Yet, vulnerability and resilience are not solely products of structural conditions or individual actions, but are negotiated within relational contexts. These relationships may constrain or enable young fathers' capacities to respond to adversity, rendering them central to understanding how vulnerability and resilience dynamics take shape.

ECOLOGICAL SYSTEMS THEORY

Taken together, the integration of vulnerability and resilience approaches with attention to relational processes, points to the need for a framework that can simultaneously account for young fathers' agency and the relational and structural contexts shaping their experiences. The ecological systems theory situates the individual at the center of a series of nested systems that together shape human development (Bronfenbrenner, 1979). An overview of these systems is depicted in figure 1. The first system, called the microsystem, encompasses immediate relationships and environments that directly affect the individual, such as their relations with partners, family members, and friends (Bronfenbrenner, 1979). In turn, the mesosystem refers to the interrelations between settings - for example, how relations with partners impact relations with family members and vice versa (Bronfenbrenner, 1979). The exosystem includes broader social structures, such as policies, that indirectly affect the individual. The macrosystem represents even wider societal and cultural influences, including social values and norms (Bronfenbrenner,

1979). Finally, the chronosystem captures the dimension of time, reflecting how life transitions and historical changes shape development over the life course (Urie Bronfenbrenner, 1994).

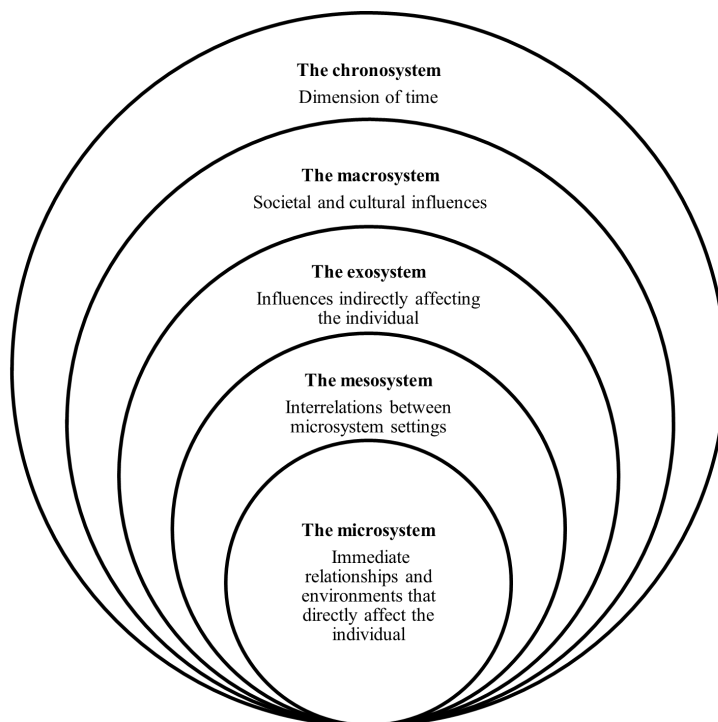


Figure 1. *Bronfenbrenner's socio-ecological model (Bronfenbrenner, 1994)*

In this thesis, the ecological model provides a structure for examining how vulnerability and resilience take shape within and between these systems. The primary focus lies on the different settings within the microsystem - young fathers' relations with their children's mothers, family members, and healthcare professionals. The findings also touch on the mesosystem - how these settings influence each other, for example how relationships with their children's mothers are influenced by relations with their family members. Though not the main focus, the dissertation also recognizes the exo, macro and chronosystem influences by paying attention to policies and norms surrounding young fatherhood and changes throughout their transition to fatherhood. These levels are mainly reflected on in the introductions and discussions of the sub studies, and in the general introduction and discussion. By adopting an ecological perspective, this dissertation moves beyond current limited accounts of young fathers and highlights how their experiences are shaped by - and in turn shape - the social environments they inhabit.

RESEARCH QUESTIONS

This brings us to the overarching research question central in this dissertation:

How do dynamics of vulnerability and resilience shape the experiences of young fathers and how are these dynamics shaped by their relations with their children's mothers, family members, and maternity care providers?

This question is answered by means of four sub-research questions that are discussed in the subsequent chapters, following the nested structure of ecological levels: progressing from the individual (the self), to different relations within the microsystem: with the child's mother, family members and maternity care providers. The sub research questions are as follows:

1. How do vulnerability and resilience interrelate in young men's unintended transition into fatherhood? (Chapter 2)
2. How do vulnerability and resilience interrelate in young parent's relationships? (chapter 3)
3. How do young fathers and their key support providers experience the receipt and provision of support? (chapter 4)
4. How do maternity care providers view young fathers and the support they provide toward them? (chapter 5)

FATHERHOOD IN THE NETHERLANDS

The research questions have been studied in the context of young fatherhood in the Netherlands. The Netherlands is historically characterized by a strong 'motherhood ideology' - referring to the idea that mothers should take primary responsibility for childcare, often at the cost of their participation in paid work (van den Berg & Duyvendak, 2012). Throughout the 19th and 20th centuries, this female caregiver-male breadwinner model was actively promoted across social groups and institutions in the Netherlands (van den Berg & Duyvendak, 2012). However, this division in tasks did not necessarily produce a sense of inequality, as autonomy within the household was central to Dutch motherhood ideology; housewives were often portrayed as assertive and entrepreneurial (van den Berg & Duyvendak, 2012). Yet, like other Western countries, the women's movement also gained ground in the Netherlands in the mid-20th century, contributing to shifting gender roles (Outshoorn, 2002). Since then, the so-called 'Dutch paradox' persists: progressive views on gender equality coexist with traditional practices (van den Berg & Duyvendak, 2012).

For instance, while about half of Dutch couples with children wish to share work and childcare equally, only 9% achieve this balance (CBS, 2024). Despite high female labor participation, most women work part-time (in contrast to most men working full-time), citing childcare as a key reason (Van den Brakel et al., 2020). Moreover, 36% of Dutch men still believe women are better suited to care for young children, compared to 16% of women (CBS, 2024).

Mirroring this traditional view of the mother as the primary parent, the maternity care system in the Netherlands – as indicated by its name - remains primarily designed for mothers (Petit-Steeghs, 2024). To date, only the biological mother of the child holds a formal position as a client within maternity care. This means that the financing of care provision is based on the care needs of the (expectant) mother and the child. A financial incentive to involve the father - and thereby to provide care and support to the entire (future) family - is therefore lacking (Petit-Steeghs, 2024).

YOUNG FATHERHOOD IN THE NETHERLANDS

Historical changes surrounding parenthood have not only influenced the gendered division of childcare, but have also shaped behaviors regarding when parenthood should occur. The Netherlands, like many Western societies, has experienced a ‘second demographic transition’ since the late 20th century, characterized by reduced and delayed marriage and parenthood and rising cohabitation (Lesthaeghe, 2014). Contributing factors include secularization, the sexual revolution, and greater gender equality (Lesthaeghe, 2014). As a result, mothers in the Netherlands last averaged under 25 years old at first childbirth in 1974 (CBS StatLine, 2024b). Comparable records for fathers’ ages during this period are not available. Today, first-time mothers average 30 years old, compared to 33 for fathers (CBS StatLine, 2024c). As a result, young parents have become a minority: only about 10% of mothers and 4% of fathers have their first child before the age of 25 (CBS StatLine, 2024a, 2024b). These figures correspond to roughly 8,000 new young fathers annually, though actual numbers are likely higher due to underreporting (Sniekers et al., 2023).

Like birth and childcare services in general, services for young parents mainly focus on mothers. Examples are specialized classes in vocational education and temporary housing projects (Timon, n.d.-b; Zadkine, n.d.). Equivalent programs for young fathers are almost nonexistent (Gesell & Van Dijk, 2010; Sniekers et al., 2023). Similarly, hardly any studies on young fathers have been conducted in the Netherlands. To the best of my knowledge, there exist only two other studies on young fathers in the Netherlands, each with a relatively narrow focus. Both studies

consisted of interviews with young fathers, with one study focusing on support needs during pregnancy and childcare (Van Lier, 2007), and the other on attitudes and behaviors regarding contraception and abortion (Gesell & Van Dijk, 2010).

PROBLEMATIZATION OF YOUNG PARENTHOOD IN DUTCH AND EUROPEAN POLICY

Policy attention for young parenthood in the Netherlands has increased in recent years, albeit always in a problematizing light. The Ministry of Health, Welfare and Sport introduced new policies in 2018, firstly the program ‘Unintended (teen) pregnancies: a seven-step plan’ focusing on prevention of unintended pregnancy, especially among ‘vulnerable groups’, and improving pregnancy decision-making support (Blokhuys, 2018). Secondly, the program ‘Promising Start’ – focusing on supporting children of ‘vulnerable parents’ during the first 1000 days of their lives (Ministry of Health, Welfare and Sport, 2022). In both programs, the role of fathers is limitedly mentioned, and young age of pregnancy (defined as in teens and twenties) is equated with vulnerability and associated with problems in terms of housing, income, education, day care and employment (Blokhuys, 2018; Ministerie van Volksgezondheid Welzijn en Sport, 2018). This matches the policy framing on the European level: in a recent European Parliament resolution, teenage pregnancy is described as a significant threat to the mother’s education and unemployment, ‘exacerbating the cycle of poverty’ (European Parliament, 2022).

In sum, in the Netherlands, gender norms rooted in a historical motherhood ideology continue to underpin a largely traditional division of childcare, institutionalized within the Dutch maternity care system. Demographic shifts have rendered young parents a minority group that Dutch and European policies predominantly frame in terms of socio-economic vulnerability, while young fathers remain largely invisible in both policy discourse and formal support provision.

METHODOLOGICAL APPROACH

Against this national backdrop, the dissertation adopts a methodological approach using both qualitative and quantitative methods to explore how vulnerability and resilience shape young fathers’ experiences and their relations with important others. The first part of the dissertation (Chapters 2–4) adopts a qualitative design, drawing on interviews and focus groups with young fathers, young mothers, and young fathers’ family members. Given the limited existing knowledge on these

topics, an exploratory qualitative approach was particularly appropriate. Qualitative methods enabled the study to develop an in-depth understanding of participants' lived experiences, guided by sensitizing concepts rather than predetermined theoretical models (Bryman, 2012).

The quantitative component, presented in Chapter 5, employs a more structured design to examine attitudes and practices among maternity care providers. This component is grounded in the well-established framework of social support and its different forms - informational, instrumental, emotional, and affirmative (Langford et al., 1997) - which provided a strong theoretical basis for the development of a cross-sectional online survey. In addition, the survey design enabled comparisons across different groups of healthcare providers and, due to its time-efficient format, minimized participant burden alongside their existing workloads. Together, these methods provide both the depth required to understand the lived realities of young fathers, young mothers and young fathers' family members, and the breadth needed to assess how maternity care providers perceive young fathers and seek to support them.

THESIS OUTLINE

The following chapter (2) focuses on the individual level dynamics of vulnerability of resilience in young fathers, with attention to how relations in their microsystem influence these dynamics. After chapter 2, the findings delve further into important others in young fathers' microsystem – their children's mothers (chapter 3), their family members (chapter 4) and maternity care providers (chapter 5). Finally, the last chapter of this dissertation (chapter 6) discusses the main findings in relation to current scholarship, as well as theoretical and practical implications, methodological reflections and avenues for future research.

Chapter

Unraveling The Threads Of Vulnerability And Resilience: Young Men's Journey Through Unintended Fatherhood

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Femke Hilverda & Anna Petra Nieboer**

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INTRODUCTION

Young parenthood is linked to various disadvantageous outcomes, such as mental health problems for parents and pre-term delivery and low birth weight for children (Chen et al., 2007; Paranjothy et al., 2009). These disadvantageous outcomes following from young parenthood are likely associated with young parents' often-vulnerable backgrounds; as more young than older parents have low socioeconomic status and incomes, are unemployed, and live in social housing (Moffit & E-Risk Study Team, 2002). They also have less family stability, more commonly have problematic relationships with their parents and more often mental health disorders (Moffit & E-Risk Study Team, 2002). Likely linked to these problems, young parents are more likely to exhibit delinquent behavior and substance abuse (Kiselica & Kiselica, 2014).

Several studies indicate that young parenthood further heightens pre-existing socio-economic vulnerabilities (Berrington et al., 2005; Fletcher & Wolfe, 2012). These vulnerabilities put pressure on young parents' relationships and, as a consequence, fathers' childcare involvement (Kiselica & Kiselica, 2014). Younger fathers more often than older fathers live apart from their children, further complicating their involvement (Berrington et al., 2005; Lemay et al., 2010). Moreover, young men often become fathers as a result of an unintended pregnancy (Kagesten et al., 2015). Unintended pregnancy is defined as a pregnancy that is unwanted or mistimed (Campbell & Mosher, 2001). (Long-term) preparation in the case of unintended pregnancy likely lacks, and the news may be especially unwelcome and stressful to fathers (Reich & Brindis, 2006) as they ultimately do not decide on pregnancy termination or continuation. As a result, prejudicial views strongly suggest that young fathers are absent and do not take responsibility (Cammett, 2014; Duncan, 2007).

A common focus in the scientific literature on young and unintended parenthood is (the prevention of) risks such as low paternal involvement (Brand et al., 2014; Breheny & Stephens, 2010). Findings suggest that paternal involvement in general contributes to overcoming the challenges that young families face. Shared parenting is associated with relationship happiness, parental competence, and closeness to children (Lamb, 2010), increasing parents' and children's well-being (Cabrera & Tamis-LeMonda, 2013; Keizer et al., 2020; Lamb, 2010; Marsiglio & Roy, 2012). As a result, paternal involvement positively influences a range of outcomes for children, such as birth weight (Alío et al., 2011) and the capacity for empathy, self-control, self-esteem, social maturity, life skills, and academic and occupational achievement later in life (Lamb, 2010).

To stimulate parental involvement, it is suggested that young fathers must be assisted in their new roles. Yet, various studies have shown that birth and young childcare professionals rarely involve fathers (Wells, 2016; Widarsson et al., 2015;

Xue et al., 2018). In addition, masculinity-related values and experiences of vulnerability-related stigma may prevent young fathers from seeking professional support (Mniszak et al., 2020). At the same time, young fathers show resilience by expressing their motivation to be involved and viewing their new role as a meaningful opportunity to improve their lives (Deslauriers & Kiselica, 2022; Gesell & Van Dijk, 2010; Lau Clayton, 2015; Lemay et al., 2010; Wilkes et al., 2012). Such expression of resilience in adapting to fatherhood can, however, also enhance their vulnerable circumstances, since it may mask their need for support. Existing literature studies often either focus on vulnerability or resilience in the case of young (unintended) fatherhood (e.g., Devault et al., 2008; Ricks, 2016).

Therefore, this qualitative study investigated the following research question: *“How do vulnerability and resilience interrelate in young men’s unintended transition into fatherhood?”* The exploration of the interrelatedness between young fathers’ vulnerability and resilience is essential, as important others may view young fathers as either vulnerable or resilient, omitting important parts of their realities. Such oversimplification likely leads to the offering of unsuitable support to young fathers, such as health professionals’ overprotectiveness or inattention due to the belief that these fathers can cope by themselves.

The interrelation between vulnerability and resilience will be studied among Dutch young men who unintentionally became fathers. In 2023, fathers under the age of 25 made up 4% of all Dutch men fathering newborn children, a steady yearly percentage in recent years (CBS StatLine, 2024). Yet, the actual percentage of young fathers is likely higher as they are often not officially registered (Sniekers et al., 2023). Professional services aimed at these fathers are almost non-existent, though the range of services aimed at (young) mothers is quite extensive (Sniekers et al., 2023). Even though gaining insight into young fathers’ needs and consequently adequately supporting them is highly likely to benefit both young parents and their offspring, little attention is given to this group in research and professional practice. To the best of our knowledge, there exists only one other study on young fathers in the Netherlands, which primarily focused on attitudes and behaviors regarding contraception and abortion (Gesell & Van Dijk, 2010).

THEORETICAL APPROACH

Vulnerability and resilience are distinct but related perspectives used to understand actors’ reactions to (often unforeseen) adversity (Miller et al., 2010). Adversity can be defined as an event or circumstance that threatens development or well-being (Gavidia-Payne et al., 2015). The (unintended) transition into fatherhood among

young men can be considered an adversity since young men often experience distress upon hearing the news of the pregnancy (Deslauriers & Kiselica, 2022). The concept of vulnerability tends to focus on problems and risks encountered due to adversity (Arora et al., 2015), whereas that of resilience focuses on strengths and opportunities in the context of adverse events (Ricks, 2016). Often referred to as a condition, vulnerability can imply a lack of agency, weakness, and inability to cope (Prowse, 2003). Resilience can be seen as a critical response to vulnerability, responding to the risk of vulnerability-based approaches to portray actors as passive victims (Miller et al., 2010). A focus on resilience defined narrowly as an individual trait can, on the other hand, lead to the overemphasis of actors' responsibility, known as "responsibilization" (Juhila & Raitakari, 2016), and the blaming of individuals in vulnerable circumstances for their lack of adaptation (Collins, 2010).

In this study, in which young fathers were the core unit of analysis, the concepts of vulnerability and resilience were addressed on an individual level. Vulnerability in individuals can be seen as an increased likelihood of experiencing adversity and its potential negative effects, and as an effect or symptom of adversity (Prowse, 2003). This conceptualization points to mutual reinforcement between adversity and vulnerability; individuals who experience adversity may become more vulnerable to negative effects when facing new adversities (Prowse, 2003). In the case of young fathers, vulnerability for example emerges from the poorer socio-economic backgrounds of men who have an increased likelihood of becoming a father at a young age. Furthermore, the event of becoming a father at a young age increases the odds of experiencing further socio-economic disadvantage, such as a higher likelihood of low educational qualifications, low earnings and unemployment (Berrington et al., 2005; Fletcher & Wolfe, 2012).

In contrast to the concept of vulnerability, the concept of individual resilience refers to long-term adaptation to adversity (Miller et al., 2010). Individual resilience can be interpreted as a process or an outcome (Miller-Graff, 2022). A resilient process is referred to as generative resilience, meaning recovery or the management of the resources needed to facilitate positive adaptation (Miller-Graff, 2022). Concrete examples of generative resilience are not illuminated in literature but could for instance entail the successful assemblage of different forms of support by young men to ease the (unintended) transition into fatherhood. Resilient outcomes are referred to as manifested resilience, meaning observable success in the long-term adaptation to adversity (Miller-Graff, 2022). Manifested resilience

in the case of young men who unintentionally become fathers could for example consist of academic achievement (Luthar et al., 2000). The focus in this study was on generative resilience, allowing for a more dynamic process interpretation of resilience and bypassing the issue of deciding what exactly successful outcomes are for young fathers. Individuals' generative resilience has two main components: assets and actions (Miller-Graff, 2022). Assets are resources that enable individuals to experience resilience in adversity, such as material resources and social support and cohesion (Collins, 2010; Miller-Graff, 2022). The theoretical inclusion of assets is a commonality between the perspectives of vulnerability and resilience, as both acknowledge the importance of resources when dealing with adversity. In the generative resilience model, actions refer to individual behaviors that redress the effects of adversity (Miller-Graff, 2022). This model includes both assets and actions, which grants individuals more agency while not disallowing their circumstances. However, interpretations of resilient actions differ among authors: Miller-Graff (2022) refers to coping, appraisal, meaning making, and active participation, whereas Henley (2010) refers to the ability to access external resources such as new knowledge and support from family, peers, and colleagues. Moreover, Henley (2010) distinguishes between resilient actions and attitudes, with the latter referring to an individual's internal skills, attitudes, values, and perceptions (e.g., a hopeful, positive, and future-based orientation; confidence; independence; motivation; and self-appraisal). He argues that resilient attitudes and actions together form a person's total resilience competency, "the total skills and resources that they have developed and learned to access, in order to effectively cope and/or adapt in response to severely adverse events" (Henley, 2010, p. 303). In the case of young fathers, some signs of resilient actions, like meaning making, or attitudes, such as motivation were found in previous studies (Deslauriers & Kiselica, 2022; Gesell & Van Dijk, 2010; Lau Clayton, 2015; Lemay et al., 2010; Wilkes et al., 2012). However, in the theoretical literature on individual resilience (Henley, 2010; Miller-Graff, 2022) the interrelation between resilient attitudes, actions, and assets in order for an individual to experience generative resilience remains unclear.

Viewing young fathers' experiences through the lens of vulnerability and resilience allows us to broadly explore fathers' adaptation to their transition into unintended fatherhood. This approach is additional to other fatherhood research that often employs a gender and specifically masculinities perspective (Beglaubter, 2021; Brandth & Kvande, 2018; Eerola & Mykkänen, 2015). Although gender attitudes are one of the factors that predict the extent and manner of paternal involvement in the care for their child(ren) (Keizer, 2015), this approach limits attention to other relevant attitudes, actions, and resources that shape the father role of young men.

METHODS

To obtain insights into how vulnerability and resilience interrelate in young fathers' experiences, qualitative research was used. A qualitative approach is valuable in capturing nuances in people's experiences and amplifying the voices of marginalized people (Collins, 2010).

Participants

Men were recruited who live in the Netherlands, were aged between 16–25 years and had experienced unintended fatherhood in the past 1.5 years to avoid recall bias (Hassan, 2005). Several recruitment strategies were used. Midwifery practices, soccer clubs, community centers, and youth work organizations in large Dutch cities and online influencers were contacted to help in disseminating our call for young fathers via (online) posters. Most participants were recruited through the Instagram page of a well-known young Dutch male television presenter, who posted our call twice. Other participants were recruited through snowball sampling via young mothers who were contacted about the broader research project via mother-and-child homes. We focused on recruiting young men with low educational levels, given the association of this characteristic with unintended pregnancies in women (Graaf et al., 2017) but also included highly educated young fathers to ensure diversity in the participants' backgrounds.

In total, 14 men aged between 17 and 26 years participated in this study. We aimed for participants with a maximum age of 25 but considering the challenging recruitment of this group, one father who had recently turned 26 before the interview was also included. The average age of participants at the time of the interview was 22 years. All fathers were first-time parents. The highest educational diploma that a majority (N=11) of the participants obtained was in (pre)vocational secondary education. Eleven participants were born in the Netherlands as were both their parents; the other 3 participants were of Surinamese descent. Furthermore, the majority of participants were in a romantic relationship with the mother of the child at the time of the interview (N=11), though for one of these participants his relationship status was ambiguous considering relational conflict and instability. Two of the other participants were never in a romantic relationship with the mother of their child, whereas one participant at the time of the interview had split up with the mother of his child.

Data collection

Insights into the experiences of young fathers were obtained through semi-structured interviews, as this approach provides a general structure of the interview

ensuring the ability to compare between participants by the use of a guiding topic list, but also allows for flexibility to diverge from the topic in case topics of particular interest to participants emerge (Bryman, 2012). An interview guide structured by three chronological phases (pregnancy, childbirth, and fatherhood) was developed. For each phase, the fathers were asked about their experiences with their role as father and how they shaped their roles in their relationships with the children's mothers, significant others, and healthcare professionals. The interviewer focused on the challenges the fathers may have experienced and how they dealt with those experiences.

The interviews lasted 80 minutes on average and were conducted in Dutch and took place at locations preferred by the interviewees: their homes or nearby cafés ($n = 11$), online via Zoom ($n = 2$), and by telephone ($n = 1$). We were consciously flexible with the way in which the interviews were conducted, as participants often had challenging timetables due to the juggling of school, work, hobbies, and family life. The interview conducted by telephone, for instance, took place late in the evening. Non-face-to-face interviewing has been noted as an opportunity to obtain data from hard-to-reach groups such as young fathers, who would otherwise be difficult to access in person (Sturges & Hanrahan, 2004). Alternative ways of interviewing like online or by phone offered participants easy and accessible ways to partake in the research. No noteworthy differences were observed, for example in interview duration or participant openness, on the basis of interviewing method. All of the interviews took place from November 2021 till January 2022. They were audio recorded with participants' permission.

The interviewer sought to create a warm and safe environment by starting with an informal conversation, asking broad questions about the participants' day-to-day life. The participants could digress from the interview topics and seemed pleased to be able to share their stories. They often open-heartedly shared sensitive information, e.g., about severe conflict with the mothers of their children, or their mental illness or substance abuse. After the interview, each participant received a 30-euro gift card from a shop of their choice. Data collection was stopped when saturation was reached (Hennink et al., 2017) and thus no new themes in relation to vulnerability and resilience arose in the stories of the young fathers.

Data analysis

The interviews were transcribed verbatim, and the transcripts were analyzed thematically. In line with Bryman's definition of thematic analysis (2012) relevant themes and subthemes in the form of repetition, metaphors, and analogies, similarities, and differences, were deduced from the coded segments. A combination of inductive and deductive coding was used to extract themes, as described

by Braun & Clarke (2006). For deductive coding, codes were derived from the different elements of the concepts of vulnerability and resilience, complemented by elements of vulnerability and resilience described in previous empirical research on young fathers' experiences, such as financial worries or motivation. Additionally, inductive coding was performed by looking for other experiences of vulnerability and resilience not covered by the deductive codes, such as a felt emotional/social distance to others. For the coding process, the software program Atlas.ti (version 22.0.6.0) was used. Subsequently, themes regarding the interrelatedness between vulnerability and resilience in young fathers' lives were derived from the coded segments by using Windows Excel (version 2405) as a supporting tool. Both the coding process and the process of developing the themes were discussed repeatedly amongst the authors, ensuring inter-coder reliability (Bryman, 2012, p. 390).

Ethical considerations

Ethical approval was obtained from our faculty's (Erasmus School of Health Policy and Management) internal ethics commission (ETH2021-0110). By being flexible on when, where and how long the interviews should take place, the researchers took the potential vulnerable circumstances of the participants into consideration. Before the interviews, the participants were given written information about the aim of the study, the recording of the interviews, data handling, and their ability to withdraw from the study at any time without providing a reason, as well as contact details for the researchers involved. The written information was presented in accessible language and by using symbols in text to accommodate different levels of language proficiency. The interviewer also verbally presented the main points of this information at the start of each interview. Written and verbal informed consent was then obtained. The consent forms, audio recordings and transcripts of the interviews were stored confidentially and were accessible only to the authors. Throughout the interviews, the researchers tried to communicate respectfully, refraining from showing normative standpoints, by posing open questions and summarizing respondents' answers in their own wordings. Appreciation for the time and effort of participants was shown by verbally thanking them, offering them refreshments during the interview at no expense and providing them with gift cards. We did not expect or encounter any potential risk or harm to participants. In contrast, we believe participants experienced the interviews as valuable, as they expressed appreciation for telling their stories. Multiple participants indicated their social and professional networks showed limited attention to their experiences.

RESULTS

The young fathers' stories about their unintended fatherhood showed various instances of vulnerability and resilience and how these are related. In relation to vulnerability, the interviewees described elements that demonstrated their vulnerable backgrounds. This vulnerability was aggravated due to the adversity of unintended pregnancy, causing distress in several forms. To manage this distress, the young fathers simultaneously cultivated a resilient attitude that facilitated coping. However, it also risked obstructing emotional processing and the uptake of the important asset of social support. These findings are discussed in detail below and supported by pseudonymized quotations.

The adversity of unintended fatherhood

The young fathers usually described their initial responses when hearing about the pregnancies using terms such as “panic,” “powerlessness,” and “shock”; several expressed an initial preference for abortion. Tom (24 years old) described his discovery of the pregnancy as following: “I called her up and asked her, ‘Are you pregnant?’ Silence. She said, ‘Yes.’ And then I...I had a severe panic attack. [...] Totally stressed, panicked. Not thinking straight.” This common response to the news of pregnancy shows that most of these young fathers, at least in the beginning, experienced their unintended fatherhood as an adverse event that threatened their sense of stability. This sense of stability was often already fragile before the news of pregnancy, as most of the interviewees talked about various pre-existing mental health issues. Several interviewees indicated that they had mental health disorders such as attention deficit hyperactivity disorder (ADHD), mood disorders, and coped with substance abuse before fatherhood. The adversity of unintended fatherhood often added even more pressure on young fathers' mental health by creating distress. Several types of distress as a consequence of unintended fatherhood emerged in conversations with young fathers, including insecurity, practical challenges, relational issues, and a lack of suitable support. This heightened vulnerability following the adversity of unintended fatherhood due to young men's often pre-existing vulnerable circumstances, points to the conceptualization of vulnerability in individuals as a mutual reinforcement between adversity and vulnerability.

Distress due to insecurity

Several of the young fathers interviewed described distress due to insecurity about their parenting skills. They often lacked role models because their fathers were either absent in their lives or they felt a limited connection to them. This was the

most explicit for Raimundo (21 years old), who described he was angry at his father for committing suicide. In Gregory's (24 years old) case, his father was hardly involved in his upbringing: "Fatherhood was really something I didn't want at all, I was so scared, oh my god. [...] I didn't grow up with my own father, I'm in contact with him but not really...for me it was just something scary. I've never been able to experience up close what it is like [to be a dad]." For Tom (24 years old), distress during and after pregnancy was largely caused by his problematic relationship with his mother. He had not been in contact with her since he was 12 years old, citing her abusive behavior towards him in his youth that even led to child youth services being involved. He said: "I certainly had a lot of fear beforehand, like, shit I might turn into my mother. [...] There is always a voice in the back of your head that is afraid you will make the same mistakes. Still, even. Actually, weekly, I think shit, I want to do things better than she did."

These remarks by Raimundo, Gregory and Tom exemplify the reinforcing nature of adversity and vulnerability in young fathers' lives. The often-occurring adversity of an absent or even abusive parental figure early in life created a sense of vulnerability after experiencing the adversity of unintended fatherhood.

Distress due to practical challenges

Several interviewees also experienced distress due to practical challenges. Concerns about finances and housing were often at the forefront of young fathers' minds, indicating the sense of responsibility they felt in this regard. Koen (21 years old) for instance said, about tasks such as preparing the nursery and purchasing children's clothes: "We pretty much lived the entire pregnancy in stress, about how are we going to get this fixed, how are we going to get that fixed..." Along the same line, Jordi (18 years old) said: "It's always been my biggest concern, the finances, and I've always been occupied with it." Jordy's solution was "giving up his holidays" by working, as his full-time internship as part of his vocational secondary training left little time for other paid work. He summarized: "You're busy a lot. You're still in the process of becoming an adult, and you have to take care of a child, there's school, and you have to consider finances..."

Several of the young fathers also struggled with living with their parents (in law) or sometimes apart from their children's mothers. For instance, Siebe (24 years old), who still lived with his parents while his girlfriend lived with their child in a very small space, said, "Her house is too small [...] You just have to grab a sweater, or a coat and it already feels cluttered." This couple was purposely living apart, as the mother's social welfare benefit would be reduced by the government if they would live together. Riccardo (22 years old), who lived at his mother's place with his sister, the mother of his child, and his child, indicated: "The three of us shared a room.

It was hard. Especially in the beginning, due to waking up every three hours. [...] You obviously want your own space, and you especially want that for the little one, her own room and a quiet place.” Distress in young fathers thus also often arose from dormant worries about finances and housing, and small housing caused distress as a consequence of fast cluttering and a lack of privacy. Additionally, living in small spaces together or apart can also put pressure on young parents’ relationships. If parents lived apart it usually meant the child resided with the mother, who would consequentially take up the lion’s share of childcare, possibly causing friction in the relationship.

Distress due to relational issues

Young fathers’ preoccupation with work and housing could also put pressure on the relationship between young parents, as Dave’s story exemplifies. His girlfriend felt he was not fully present during pregnancy, as he was mainly preoccupied with working and saving money. He, however, viewed this as important preparation, especially as he felt his father was not financially responsible enough throughout his life. He said: “I wanted to ensure that we could afford it all. I really focused on that in the beginning. [...] That caused some tensions in the beginning. [name girlfriend] wanted to get more stuff. I let her worry a bit more about the child itself. [...] Maybe that was sort of a mechanism for me to not have to think about that [the child itself] yet.”

Though in Dave’s case these different expectations of the father role were eventually openly discussed and, in that way, resolved, some interviewees experienced more severe conflict in their relationships due to the mothers’ disapproval of their behavior. This disapproval likely struck a nerve, as several of the young fathers were already struggling with insecurity. Anthony (22 years old), for example, described having a stressful romantic relationship with the mother of his child, characterized by conflict that already arose during pregnancy: “And then you get to the point where she thought I was doing a lot wrong, I had to do it differently. [...] I didn’t help her, I didn’t feel compassion for her, she said. [...] I’m really a sensitive guy, so I can’t stand it when you complain like that. Why not just talk about it calmly instead of complaining, instead of saying that I won’t be any use to my kids, I don’t have time for that, you know what I mean?” This judgment led the mother of his child to regularly limit Anthony’s involvement, something Gijs (24 years old) also experienced. The unintended pregnancy in his case arose from casual sexual encounters with the mother of his child and he was, to his great regret, hardly involved during the pregnancy. He described how this impacted his mental health: “I was just gaming and smoking weed. I did that every day. Just a bit of continuous numbing so I could get through the day. [...] [I felt] lifeless. No energy

for anything, grumpy, irritable. Being really frustrated with people in traffic over very small things, when I don't get priority, calling people names, things like that. It's just your own unhappiness." The remarks made by Anthony and Gijs show how young fathers' conflict with their children's mothers, and particularly the mother's disapproval and gatekeeping of childcare involvement, aggravated their vulnerability by causing further distress.

Distress due to a lack of (suitable) support

Several interviewees also mentioned distress due to either a lack of support or unsatisfactory support from others. Young fathers sometimes discussed feelings of isolation in relation to (male) friends and peers. Many of their male friends were immersed in student life, going to school, partying, and having casual sexual relationships, and did not relate to fatherhood. These circumstances appeared to alienate several of the interviewees from their friends. Levi (24 years old) said: "I can't really level with them [friends], that doesn't help. [...] I don't know if it's due to COVID or having a child. [...] We're the only young parents. [...] It's hard to do stuff with friends. I'd like to have friends with children, but the difficult thing is most parents nowadays are like 40 years old." Male friends' understanding and ability to relate to their situations and be supportive was also limited. Tom (24 years old) said: "I wanted to talk about it, but nobody could give me advice because they didn't experience it themselves. [...] I found that difficult sometimes. I couldn't just, even when the little one arrived...I couldn't just moan about it. These guys will just look at me like 'I have no idea what you're talking about.'"

Some of the young fathers also spoke about unsatisfactory support from family members, colleagues, and strangers with regard to childcare advice. This could best be described as unwanted interference. Lars, for instance, said: "And I, as a 22-year-old father, do not seem to be a capable father, so you get unsolicited opinions from everyone. 'You shouldn't do that, that is bad for your child'... I've heard so many things, if everything I've heard were bad, he [his son] would be long dead. [...] And that's really something that I notice: because I'm younger, I seem inexperienced to other people, so they give their opinions, solicited or unsolicited." Similarly, Stan (17 years old) said: "I was walking the pram around town and she [his daughter] was sleeping, she had a jacket on and a blanket over her, like, it was quite cold. [...] A lady comes toward me and says, 'That's not okay; she's sweating all over,' this and that. [...] She starts acting all mad at me, [saying] 'You don't take good care of your kid,' this and that. So, I actually don't say anything and just look at her. And I don't know, she felt so intimidated that she just left. In such situations I can really fly off the handle." When asked about situations in which they felt judged, the interviewees had difficulty providing concrete examples. Most cases involved

a sense of anticipated judgment. For example, Tom (24 years old) spoke about an appointment with the midwife: “It was a nice midwife, but I felt embarrassed or something, I felt like in her eyes she saw two young people who had no idea what they were doing. Not that she made me feel that way, but I felt that way strongly, like I’m sitting here as a rookie.”

Some interviewees also described a lack of support from professionals. They described situations in which they were neglected by professionals, feeling like “outsiders,” distanced from the mothers, children, and professionals. For example, when Tom (24 years old) was asked whether professionals inquired about how he was doing, he said, “No, it was more focused on the child. [...] If I’m being honest, I’d like it if someone asked me how I am doing. I think everyone thinks so. [...] The father is not thought of [laughter].” Stan (17 years old) made a similar remark: “Often times the father is forgotten a bit. It’s all about the mother and the child.” He also reflected on his experience with a healthcare center to which children in the Netherlands go for developmental check-ups: “I’ve only gone to the first two appointments. [...] I have work, school, they always plan shitty dates here. I don’t know what that is, you can never say I want to meet on a Monday or a Thursday or something.”

Other times, support by professionals was considered unsatisfactory by young fathers, described as impersonal and distant. For instance, Stan (17 years old) said about his visit to the healthcare center, “It doesn’t really matter to me because they don’t give great tips. I feel like she [pediatrician] looks into her computer and reads from it, to be honest.” Anthony (22 years old) spoke about how a professional had told him about a guideline for the ideal amount of time fathers should spend caring for their children, which he experienced as insulting. This often-occurring lack of (satisfactory) support from important others and professionals around them aggravated young fathers’ vulnerability, as it aroused feelings of loneliness and alienation.

A resilient attitude: motivation, pragmatism and confidence

Likely as a response to these challenging circumstances and the distress that followed, interviewees illustrated a resilient attitude characterized by motivation, pragmatism, and confidence. The lack of a parental role model among young fathers caused insecurity on the one hand, but on the other hand also motivated them to be better fathers. Raimundo (21 years old), who lost his father to suicide, said: “So that’s why, how do you say this, I don’t want to be like my father with my daughter. I really want to be a good dad.” Tom (24 years old), after discussing the fear of repeating his mother’s mistakes, said: “When you start talking about it, you realize it is within your own control. I have a strong character. So, I know, I will do this well and I want to do it differently.” Other sources of motivation mentioned were the love

they felt for their children and wanting to beat the stereotype of the absent young fathers, the latter being explained by Jordi (18 years old): "I want to prove people wrong. It's always been a motive for me. I always had a drive in me that when someone says you can't do it, then I prove that I can."

The interviewees further often indicated a certain sense of pragmatism in having to carry on. Some indicated going into "action mode" after overcoming their initial panicked reaction to the unintended pregnancy. Lars (22 years old), for instance, stated, "You just have to go on. I could really turn it [mental health issues] off at that moment. You have a goal." Other interviewees described this mode as a rush, a fighting mode. Tom indicated: "In any case, I have to be there for her [the mother of his child] and I have to [go on], even though I panicked a lot at that time." This sense of pragmatism extended towards learning about childcare, often described with the phrase "I'll just see how it goes." Besides resolving practical issues, interviewees indicated little other forms of preparation such as informational or emotional. Stan said, "Every month you have to learn something new and see how you solve a current problem. [...] So yeah, it's not like you can plan one month ahead." Dave (26 years old) indicated: "Preparation, yeah... I had heard a bit from my own parents and otherwise I was like, you know, every fool becomes a dad so to speak. Or can become a father. So, I thought, 'I have a pretty good head on my torso. It should be fine.'" Riccardo (22 years old) said, "I've always thought, 'We'll just do it. We'll just do it. Don't think, just do.'" In line with this attitude, the interviewees welcomed practical support from others; many spoke positively about receiving gifts, money, and babysitting, mainly from their parents and sometimes from professionals. Due to their own efforts, sometimes in combination with social and professional support, the interviewees were usually able to resolve practical challenges such as their finances, children's items and housing. Likely because their presence and these efforts contrasted with the limited involvement of their own fathers and the stereotype of the absent young father, the interviewees were quite confident about their fathering skills. The average self-rating of their fatherhood (range, 0–10) was 8.5. This motivation, pragmatism and confidence exemplified by young fathers likely provided the strength to carry on in circumstances often characterized by adversity and vulnerability. It matches the definition of a resilient attitude as attitudes, values and perceptions that help to cope with and adapt to adverse events.

Dark sides of a resilient attitude: little emotional processing and social disengagement

Yet, another side of this resilient attitude also became visible. It seemed young fathers had little space or time to emotionally process the unintended transition

into fatherhood and were reluctant to engage with (emotional) support from others. The pragmatic action mode that interviewees described risked taking a toll on their mental health, as there was little space for emotional processing. Negative emotions were often pushed aside in order to carry on in the moment and resolve practical issues. Some described these emotions resurfacing in full force after becoming fathers. For instance, Levi (24 years old) remarked: “I have the idea that during my vacation everything that has happened settled. Yeah, just the whole thing fell apart for me [...] You act on autopilot, and during the vacation it seems like all of a sudden you have the time to become aware of the situation you’re in. [...] A few weeks ago, I couldn’t do anything for school, I had the feeling I was completely stuck. Especially in the first period [after the birth of his child] I felt such immense powerlessness. When I was feeding him the bottle, I thought to myself, ‘shoot me,’ you know.” Lars (22 years old) similarly said: “The blow came later because you get used to him, and then yeah Jesus, [he realizes] so many things are eating away at me. [...] He went to daycare; my girlfriend went back to work. Suddenly I was home alone. [...] I had more time for myself and started ruminating. [...] I’d wake up covered in sweat, didn’t fall asleep well, had a slightly panicky feeling.” These statements reveal a dark side of young fathers’ resilient attitudes, namely their focus on resolving practical matters at hand, crowding out space for emotional processing.

Young fathers also regularly indicated that they were reluctant to ask for and to accept support from others, especially emotional support, likely given their experiences with the lack of suitable support from others and their strong sense of independence. For instance, when asked who he discussed fatherhood-related topics with, Stan (17 years old) said, “I’m not really close to people. I don’t trust people very quickly. [...] To be honest, the person I have talked to most about fatherhood is you. [...] I don’t talk much about my emotions with other people.” Similarly, Gijs (24 years old) remarked: “I don’t know, maybe it’s from home or the past or something. But when I have a problem, then I’d rather stand in a corner so to speak. I solve it myself, and then I come out and want to talk about what I went through. Instead of moving together with people toward a solution.” In the same line, Raimundo described how he coped with feelings of depression by isolating himself. When asked if he ever received help or talked about these struggles, he said no. “I don’t know if it would help. I don’t like being open.” These remarks show that even though young fathers experienced distress in several ways, their resilient attitude hindered them from engaging with (emotional) support by others.

DISCUSSION

In this study, 14 young fathers were interviewed to gain insight into the interrelation between vulnerability and resilience in relation to their unintended fatherhood. In previous studies, vulnerability and resilience have been discussed as separate concepts, describing the range of variability in each. This study shows that individuals can simultaneously exhibit some forms of vulnerability and resilience, and that these forms do not co-exist but interrelate. Specifically, our results show that young fathers' resilient attitude cultivated in response to existing vulnerabilities can ultimately hamper resilience by limiting resilient actions and thereby assets. Although resilient attitudes, actions, and assets are distinguished in current literature (Henley, 2010; Miller-Graff, 2022), their interrelationships with each other and with the concept of vulnerability have not been addressed explicitly.

In line with previous research, the young fathers of this study often dealt with vulnerabilities before unintended pregnancy, such as an absent or abusive parental figure and mental health issues. Our study demonstrates that the adversity of unintended pregnancy enhances this vulnerability by increasing their distress. In addition to the existence of socioeconomic issues, mainly addressed in previous research (Berrington et al., 2005; Fletcher & Wolfe, 2012; Paranjothy et al., 2009), our study also indicates the burden during young fatherhood caused by psychological, practical and relational issues. Specifically, the alienation from male friends due to diverging life circumstances, did, to the best of our knowledge not receive any attention in the context of young fatherhood.

The young fathers in our study managed these issues by cultivating a resilient attitude. In previous studies this resilient attitude of young fathers has only been described in terms of motivation (Deslauriers & Kiselica, 2022; Devault et al., 2008; Gesell & Van Dijk, 2010; Lau Clayton, 2015; Lemay et al., 2010; Wilkes et al., 2012) and that this motivation can be derived from the lack of a paternal role model (Gesell & Van Dijk, 2010; Paranjothy et al., 2009). Our study adds that in addition to a motivated attitude, young fathers also show confident and pragmatic attitudes. In addition, our study highlights that in contrast to Henley (2010) who defined confident and motivated attitudes as beneficial to resilience, these attitudes can enhance vulnerability. We showed that resilient attitudes in young fathers can block their resilient action, when defined as the ability to access external assets such as support (Henley, 2010). This reluctance to seek or accept support among young fathers was likely developed as a response to existing vulnerabilities in the form of a lack of suitable support from others. Another counterproductive effect of young fathers' resilient attitudes was specifically shown in relation to the pragmatic attitude of young fathers. Their pragmatic attitude, consisting of a preoccupation with

resolving practical challenges such as finances and housing, helped young fathers shift into action mode and largely resolve such issues. At the same time our findings show this preoccupation may also put pressure on young parents' relationships. Mothers of young fathers' children might expect or desire a different form of paternal involvement, which might cause frustration or disappointment and consequently conflict. Additionally, young fathers' short-term focus on practical challenges might limit their space for emotional processing, risking possible mental health issues in the long term. In line, Mullainathan and Shafir (2013) describe the maintenance of existing vulnerabilities due to limited mental space when experiencing resource scarcity such as time and financial resources. Although Miller-Graff (2022) mentions coping in relation to resilient actions in passing, the literature currently contains little information on the ways in which coping with emotions impacts resilience. Our findings indicate that avoidant coping in regard to emotions (Nes & Segerstrom, 2008) can be a consequence of a resilient attitude, which might have a detrimental impact on resilience.

Although our approach did not center concepts such as gender or masculinity, our findings do suggest two links with this field of research. Firstly, gender role socialization likely plays a role in young fathers' reluctance to engage with support. Mniszak et al. (2020) has previously reported that young fathers often avoid asking for help to adhere to traditional masculine values. Norms such as stoicism, self-reliance and restrictive emotionality arose from dominant models of male socialization in the Western world and have been found to be associated with less help-seeking behavior (Seidler et al., 2016). Secondly, young fathers' preoccupation with practical matters such as finances and housing resemble the still dominant conception of the father role in terms of breadwinning (Eerola & Mykkänen, 2015; Yarwood, 2011). We show that reluctance to seek help and a focus on breadwinning in young fathers are not merely products of gender socialization but also reflect responses to adversity. Reluctance to seek help is the flip side of a resilient attitude developed in response to the adversity of unintended fatherhood. A focus on breadwinning is also reflected in this resilient attitude, brought on by practical challenges in the form of financial and housing instability.

Our results suggest that health care professionals who provide support to young fathers should look beyond their vulnerable backgrounds. Young fathers appear to anticipate judgment from others, and thus are especially vulnerable to disengagement when they receive advice that they perceive as confirmation of such judgment, potentially reinforcing the stereotype of the absent young father (Cammatt, 2014; Duncan, 2007). Healthcare professionals should focus on assisting young fathers' resilient actions and assets while recognizing and showing appreciation for their resilient attitude. Consideration of how to communicate and interact with young

fathers is also important regarding this matter. We found that this group is likely to decline support when experiencing unwanted interference, such as the receipt of information in a manner perceived as paternalistic. The young fathers interviewed in our study also described positive experiences with professionals, who they characterized as kind, humorous, playful, and trusting. Furthermore, we suggest a tailored approach to meeting the specific needs of these young men, for example in scheduling appointments (Seidler et al., 2016); the young fathers interviewed in our study spoke about professionals' lack of flexibility in this matter. In line with Kiselica and Kiselica (2014), we suggest that professionals explore options to deviate from traditional practices, such as by meeting young fathers outside of regular work hours or in informal, familiar settings. Moreover, the young fathers interviewed in our study emphasized a practical hands-on attitude in preparing for fatherhood. Professionals working with this group could start by taking a practical approach and delve into more informational and/or emotional matters after trust has been established. Male peer support groups centered on a practical activity, rather than solely talking, could also aid young fathers' openness and social connectedness (Kiselica & Kiselica, 2014). Healthcare professionals should be aware of such initiatives and refer fathers to those.

In terms of strengths and limitations, an important strength of this study was the group of participants consisting of 14 young Dutch unintentional fathers, a group that has often been found to be "hard to reach" (Davies, 2016). Young fathers are "hidden participants" in the sense that forms of institutional support through which they could be located and contacted, are lacking (Ellard-Gray et al., 2015). For instance, whereas mothers have client relationships with healthcare professionals, fathers do not. Moreover, young fathers face challenging circumstances, likely placing research participation at the bottom of their priority list. We approached these issues by recruiting young fathers via the Instagram account of a popular young male influencer and through the mothers of their children, who we were able to contact through more traditional routes. We were also flexible with interview locations and times and kept in contact informally by using the popular chat application WhatsApp. Efforts to ensure diversity in our sample led to the inclusion of only three young fathers with migration backgrounds, all of Surinamese descent. Data indicate that a large proportion of young (aged 12–25 years) parents in the Netherlands are of Surinamese, Antillean, and Moroccan descents (Graaf et al., 2017). Whether our findings on vulnerability and resilience are generalizable, especially to young fathers with Moroccan backgrounds (as unexpected pregnancy outside of marriage is condemned strongly in Moroccan culture; Capelli, 2019), remains unknown. As this topic is taboo in Moroccan culture, the recruitment of these young men may be especially challenging.

Furthermore, the three researchers who conducted the interviews were women. The participants may have related to male interviewers more easily, but they may have conformed less to traditional masculine behavior, e.g., by exhibiting more emotional closedness, in the presence of women than with other men (Broom et al., 2009; Kosygina, 2015). The participants' statements and openness about very personal and painful subjects suggest that the latter occurred. One young father, for instance, said he had never opened up about his fatherhood-related struggles before the interview.

CONCLUSION

In conclusion, this study highlights the interplay between vulnerability and resilience among young men who experienced unintended fatherhood. Contrary to prior literature that treats these concepts separately, our findings show that vulnerability and resilience are interrelated, with resilient attitudes developed in response to vulnerability possibly counteracting resilient actions and thereby affecting assets. These insights underline the need for healthcare professionals to adopt a nuanced and flexible approach in supporting young fathers, focusing on fostering resilient actions while acknowledging and validating their resilient attitudes. Tailored, practical, and non-judgmental interventions, alongside peer support groups, could be key to enhancing the support and engagement of this group.

Chapter

“Focus On The Little One That Brings A Lot Of Love”: Dynamics Of Vulnerability And Resilience In Young Parents’ Relationships

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INTRODUCTION

Although parenthood presents challenges for couple and coparenting relationships across all age groups, becoming a parent at a young age (commonly defined as before 25; Ladlow, 2024) can invoke distinct and additional sources of stress that place particular pressure on young parents' relationships. Young parents are more likely than older parents to come from socioeconomically disadvantaged backgrounds (Bamishigbin et al., 2019), which can limit the resources available to them and increase financial strain within relationships. In addition, young parents experience the transitions into adulthood and parenthood simultaneously, balancing childcare responsibilities with identity development, education, and future career prospects (Conn et al., 2018). Finally, pregnancies are more often unintended among younger parents (Enthoven et al., 2022), which may limit preparation for the child's arrival and reduce fathers' motivation for involvement (Authors, 2025).

Due to these challenges, early parenthood can be experienced as an adversity - an event that threatens stability (Gavidia-Payne et al., 2015) - in this case of young parents' relationships. Accordingly, much of the literature on young parents' relationships emphasizes vulnerability, understood as susceptibility to poor outcomes (Arora et al., 2015). Conflict is frequently reported, particularly in relation to mothers' dissatisfaction with fathers' emotional and financial involvement in childcare, as well as financial strain, jealousy, disagreements about daily life, and reduced physical intimacy (Deslauriers & Kiselica, 2022; Devault et al., 2008; Kagawa et al., 2017; Ngum Chi Watts et al., 2015).

At the same time, there are indications that young parents can also adapt jointly to adversity - a process referred to as resilience (Miller-Graff, 2022). Some studies show that young parents may experience the birth of their child as strengthening their relationship and identifying the other parent as a key source of support (Deslauriers & Kiselica, 2022; Kagawa et al., 2017). Current work on couples' and coparents' resilience primarily emphasizes interpersonal strategies that foster resilience within the relationship (Jamison et al., 2014; Skerrett & Fergus, 2015). Examples include the framing of the dyad as a team, the maintenance of relational positivity through the expression of gratitude, engagement in mutual vulnerability and empathy, the regulation of emotional responses to the other, and the adjustment of communication to avoid conflict (Jamison et al., 2014; Skerrett & Fergus, 2015). Although this work provides valuable insight into how individuals shape their relational resilience, it treats resilience as a matter of personal efforts, overlooking the role of the social environment which are not completely in the couples sphere of influence.

These findings suggest that young parents' relationships are shaped by both vulnerability and resilience, yet previous research has not yet studied young parents' relationships from both conceptual approaches. This gap is consequential, as research

that foregrounds vulnerability without accounting for resilience risks reproducing narrow, deficit-based portrayals of young parents' relationships that fail to capture expressions of resilience that are also present in their lived experiences. On the other hand, a sole emphasis on resilience risks individualizing relational vulnerability, suggesting that difficulties within relationships primarily reflect personal shortcomings, rather than unequal access to external resources.

To address this gap, the present study examines how vulnerability and resilience co-exist in young parents' relationships by building on existing frameworks of couple and coparenting resilience. In studying the relational dynamics between young parents, we took into account their wider social contexts. For young parents in particular, support from friends and family - such as the provision of childcare-related products or financial assistance - can alleviate financial strain which commonly underlies their relationship conflict (Deslauriers & Kiselica, 2022; Devault et al., 2008; Schrag & Schmidt-Tieszen, 2014). In this sense, social support functions as an important asset for resilience (Miller-Graff, 2022). Therefore, the present study explicitly attends to the influence of the social environment, and social support in particular, in understanding relational dynamics of vulnerability and resilience among young parents.

Young Parenthood in the Netherlands

This study was set in the Netherlands, where a small minority of parents are under the age of 25. According to Statistics Netherlands, approximately 4% of children born each year in the Netherlands have a father under the age of 25, while about 10% have a mother under the age of 25 (CBS StatLine, 2024a, 2024b). However, the actual percentage of young fathers is likely higher as they are often not officially registered (Sniekers et al., 2023).

Mirroring a dearth of support in general for partners or fathers (Author, 2024), little support is available for young fathers in specific or for young parents in tandem, though some specific services exist for young mothers such as supportive housing projects and 'mommy classes' in vocational education (Timon, n.d.-b; Zadkine, n.d.). Such arrangements may intensify relational vulnerability by increasing the burden placed on mothers and limiting opportunities for fathers' involvement.

Although academic attention to young parents' relationships in the Dutch context remains very limited, existing studies reflect vulnerability patterns familiar from international research: young mothers often feel disappointed in fathers' involvement, subsequently taking the lead in defining and constraining fathers' roles (Keinemans, 2010; Sniekers, 2019). This dynamic has also been referred to as 'maternal gatekeeping' (Hauser, 2012) and may be especially salient in the Netherlands considering a historically strong 'motherhood ideology' - the notion that mothers are primarily responsible for children (van den Berg & Duyvendak, 2012)

METHODS

Design

This study was part of a broader research project studying young Dutch fathers' experiences, support needs, and receipt of support from family members and maternity care providers. A qualitative research approach was used to gain insight into young parents' experiences. First, interviews with young parents were conducted in November and December 2021 to explore initial themes. Second, focus groups with young parents were held in June 2023 to validate the themes identified from the interviews and potentially provide additional insights through peer interactions in the group setting (Bryman, 2012). An additional value of the focus groups was the empowering effect of participants' exchange of similar struggles among peers, which is especially relevant for groups in more vulnerable circumstances (Bryman, 2012). Participants expressed surprise about the similarities among their stories and consequently felt less alone in their experiences.

Recruitment and participants

The target group consisted of parents aged 16–25 years living in the Netherlands who recently had children resulting from unintended pregnancies with persons in the same age range. To reduce recall bias (Hassan, 2005), we included only parents whose children had been born within approximately the past 1.5 years.

Recruitment for interviews

For the interviews, a majority of the mothers were recruited through their places of residence, which were housing projects specifically for young mothers (and their children). Other mothers were recruited through their children's fathers who also participated in the study. A majority of fathers were recruited through the Instagram page of a well-known young Dutch male television presenter. Other fathers were recruited through their children's mothers who also participated in the study. In total, 26 young parents (12 young mothers and 14 young fathers) participated in the interviews.

Recruitment for focus groups

All young parents who responded to the initial interview call were contacted again to participate in focus groups with peers of the same gender. Additional recruitment for the focus groups took place via the researchers' personal networks and snowballing in the form of a "bring a friend" campaign with a gift card reward. In total, 14 young parents (7 young mothers and 7 young fathers) participated in the focus groups.

Characteristics

The total number of unique study participants was 35, as 5 parents participated in both the interviews and focus groups. Ten of the participants formed five dyads. 17 young mothers participated, and 18 young fathers. The characteristics of parents who participated in both the interviews and the focus groups are described for the interview timepoint. The average age of the participants was 22 years. Most ($n = 32$) participants were first-time parents; the remaining two participants each had two children. The majority ($n = 25$) of participants were (still) romantically involved with the other parent; the others were never or no longer romantically involved. Most ($n = 22$) participants had no migration background; the other participants or their parents had various countries of origin in regions such as North Africa and South America.

Data collection

Interviews

Twenty-six semi-structured interviews were conducted with young parents. The interview guide was structured by three chronological phases: pregnancy, childbirth, and parenthood. For each phase, several topics for discussion were defined, such as how the interviewee (had) experienced contact and parenting with the other parent and the support they (had) received from family members, friends, and professionals. Dyad members were interviewed separately to stimulate open and honest conversation about their relationships. The interviews were conducted at times and locations suggested by the participants, such as in their homes or at a café or public library. The researcher ensured that public spaces where interviews were held were relatively secluded, so that participants would feel comfortable disclosing their experiences and perspectives. The interviews lasted on average 1 hour and 20 minutes. After the interview, each participant received a 30-euro gift card from a shop of their choice.

Focus groups

Four focus groups were held with young parents. Several parents cancelled on short notice or were unexpectedly absent from the focus groups, resulting in lower attendance than desired. The focus groups were held in the evening to accommodate participants' work and educational schedules. The focus groups with young mothers were led by the first author, a woman of similar age as the participants. She was assisted alternately by the second and third authors, both mothers who occasionally briefly shared their parenting experiences to contribute to the creation of a safe and intimate atmosphere. Likewise, the focus groups with young fathers were led by the first author with a

“fatherhood coach”—a father with years of experience in hosting individual and group conversations with fathers.

In the focus groups, vignette questioning, which entails the presentation of concrete and realistic scenarios (Bryman, 2012) was used. Anonymized stories based on interviews with young fathers with various relationships with the mothers of their children were presented. Only stories about fathers were used, as the focus of the broader research project was young fathers' experiences. The stories served as conversation starters, allowing participants to reflect on their own relationship experiences. The focus groups lasted on average 1 hour and 45 minutes. Each participant received a 50-euro gift card from a shop of their choice and could have their travel expenses refunded.

Data analysis

Both interviews and focus groups were transcribed verbatim and analyzed thematically following Bryman (2012). Analysis focused on identifying patterns of relational vulnerability and resilience across participants. A combination of deductive and inductive strategies were applied. Deductive codes were informed by prior research and theory on young parents' relationships, while inductive coding captured emergent expressions of vulnerability and resilience not covered by existing frameworks, including forms of social support that alleviated or intensified relational strain.

Transcripts were coded using qualitative analysis software, and the coding scheme was iteratively refined through regular discussion among the authors. Comparisons were made across interview and focus group data to identify similarities and differences. Through this process, clusters of participants displaying similar patterns of vulnerability and resilience in their couple and coparenting relationships were identified. Based on these recurring patterns, four relationship personas (Pittens et al., 2022) were developed as a heuristic tool to capture variation across young parents' relational experiences. Participants sharing similar patterns were grouped together by systematically documenting relevant characteristics and assessing their presence across the dataset, and the personas were iteratively refined as additional participants were incorporated.

Data presentation

To present the findings, we used composite narratives to illustrate these four different personas. Composite narratives combine data from multiple participants into a single account, providing a rigorous yet accessible way to convey complex qualitative findings (Johnston et al., 2023). For each persona, a composite narrative was constructed using verbatim quotations from interviews and focus groups

of participants within that group. In this way, we integrated data from multiple participants, preserving the complexity of individual experience while revealing common approach. This approach allowed us to show how vulnerability, resilience, and social context interact in young parents' relationships. Pseudonyms are used to guarantee participants' anonymity.

Ethical considerations

Ethical approval was obtained from the faculty's internal ethics committee <approval number to be added after masked review>. Prior to data collection, participants received written and verbal information about the study aims, data handling, recording procedures, and their right to withdraw at any time without consequence. Written and verbal informed consent was obtained from all participants.

RESULTS

All young parents' stories simultaneously demonstrated signs of vulnerability and resilience in their relationships with the other parent; no relationship was purely vulnerable or resilient. The levels of vulnerability and resilience varied across the young parent dyads. These differences were found to be connected to both the interpersonal strategies that young parents employed as well as the social support they received. The four personas identified were couple and coparenting resilience, coparenting resilience, couple and coparenting vulnerability, and coparenting vulnerability.

The demarcations between personas were found to be fluid. Rather than rigid categorization, the personas reflect different positions on a continuum. This property emerged in the data in two ways. First, a few participants did not fit neatly into one persona, but showed elements of multiple personas. Second, some relationships changed over time. For example, some interview participants indicated in subsequent focus groups that their relationships had deteriorated. Several participants also indicated that their interactions with the other parent used to be unstable and conflictual, often during a period of several months prior to data collection, whereas their relationships were largely stable and harmonious at the time of data collection.

Couple and coparenting resilience

The first persona is characterized predominantly by couple and coparenting resilience, shaped by broad social support and a variety of interpersonal strategies. Participants categorized under this persona consisted of a mix of both mothers

and fathers. Some young parents that fell into this category had been together for several years, whereas others had started dating a few months before discovering the pregnancy. These young parents generally reported that their sharing of the news about the pregnancy with important others was met with positive responses and emotional, informational, and practical support. Due to this broad support, these young parents did not rely solely on each other for resources, which relieved pressure on their relationships. Most fathers in these dyads were actively present at healthcare appointments, leading professionals to involve them and strengthening the couples' experience of being a team.

Relationship vulnerability arose in several ways in this persona. First, the parents' romantic relationships were often under pressure because the parents had little time for themselves and each other while juggling school, work, and childcare, which sometimes led to conflict. Second, the coparenting relationships were under pressure because of the mothers' criticism of the fathers' involvement during pregnancy and in childcare. However, these vulnerabilities were mostly resolved by several interpersonal strategies that contributed to both couple and coparenting resilience. Examples include the framing of the dyad as a team (use of "we" language), open communication, the maintenance of relational positivity using humor and the expression of gratitude, and the creation of meaning for the relationship. The vignette of Siebe and Katrine illustrates this persona.

Siebe and his partner Katrine had been in a romantic relationship for several years when they discovered that Katrine was pregnant. Before the pregnancy, they had lived apart, both pursuing their education. During the pregnancy, they found a suitable place to live through their social network and moved in together. Siebe pursued a full-time job to financially prepare for parenthood. Katrine felt that Siebe's focus on securing a steady income and saving money during the pregnancy left little room for excitement about it. In turn, Siebe indicated that he used work as a coping strategy to process the news and wanted to ensure that the new family was financially stable, something he felt his own father had failed to do. Katrine ultimately showed gratitude for the effort he put into earning and saving money: "Actually it was good, because now we have a really nice savings account. [...] But at the time, it felt a bit like he didn't want to admit that we were having a child. [...] And we talked about that later and he said, 'Yes, I should've given in a bit more.'" Friends and family members generally received the news that the couple was expecting a child with enthusiasm, expressing confidence in the couple's relationship and parenting abilities and gifting several childcare-related products. Siebe joined Katrine at almost every midwife appointment and was present during labor. He listened attentively to healthcare professionals and asked

questions, and was consequently met with enthusiasm by these professionals. Tensions sometimes arise, as the couple has little to no free time left to pursue their own activities or spend quality time with one another. Siebe stated, “I feel it’s quite hard to do something together when our son’s home. You’re just dividing up the day in tasks.” The couple discussed this issue and recently introduced a regular date night, made possible by their parents’ babysitting. Another point of tension was Katrine’s criticism of Siebe’s childcare involvement. She indicated that he could take on more childcare responsibilities: “I mean, I’d like it if he’d say to me, ‘Hey, I’ll take him tonight, you take this evening for yourself,’ instead of him saying, ‘Oh, I’ve had such a long workday, I need a few hours for myself.’ That makes me think, ‘Hello? I need those few hours too.’” Yet, Katrine indicates that these are momentary frustrations that they can laugh about later. Overall, Katrine and Siebe both express that their unintended parenthood has brought them closer together.

Coparenting resilience

The second persona is characterized predominantly by coparenting resilience, shaped – as in the previous persona – by social support and a variety of interpersonal strategies. Participants categorized under this persona consisted of only fathers. It differs from the first persona in terms of the type of social support received and the nature of vulnerabilities and interpersonal strategies, as these fathers had never been romantically involved or had split up with their children’s mothers. Social support was reported to be provided separately to individual fathers through their own networks and thus contributed to their individual resilience. At the same time, the young fathers’ and the family member of his children’s mothers also collaborated to provide support to the dyad, contributing to coparenting resilience and relieving pressure on the relationship. The fathers in these dyads were less often present at healthcare appointments than were fathers with the first persona. However, like fathers within the first persona, they indicated that when they were present, they participated actively and in turn were engaged - to various degrees –by professionals.

Vulnerabilities also arose in this persona. Fathers described several ways in which prior relationship dynamics complicated coparenting, including cases where mothers excluded fathers from childcare when the pregnancy followed only casual sexual encounters. In one of these cases, the father took up legal counsel and established a contact arrangement with the mother of his child. At the same time, conflict between young parents with this persona diffused when their family members intervened. Additionally, relational vulnerabilities were largely resolved by interpersonal strategies, such as the maintenance of good relations with the other parent’s family members, open communication, clear agreement about the fathers’ involvement, and the

maintenance of relational positivity through the expression of respect and gratitude for the other. The story of Gregory and Laetitia illustrates this persona.

Gregory and Laetitia, the mother of his child, were in a brief romantic relationship years ago that did not work out. They split up and after a while rekindled, but purely on a casual sexual basis. During this time, Laetitia discovered that she was pregnant. The news hit hard for Gregory: "Fatherhood was something I didn't want at all, I was so afraid, my God. [...] I didn't grow up with my own dad. [...] I never got to experience, close up, what it looked like." Laetitia, however, was opposed to abortion, and although Gregory preferred it at the time, he did not pressure her into it. They regularly talked to each other about decision making surrounding the pregnancy. Gregory stated, "I did feel heard. Still, she makes the final choice. So that's very hard in that situation. And how you respond then as a person...either you walk away or you make the best of it." Gregory called his own mother, with whom he lived, his "companion," as she was supportive from the start even though she previously had not gotten along very well with Laetitia. Gregory described his mother's non-judgmental: "She said, 'You can't be perfect. Mistakes happen, but your choices, that's what you're responsible for.'" Laetitia also lived with her parents, who helped set up the nursery in their home. Gregory joined Laetitia at several midwife appointments, and he described his attendance as a positive turning point: "The first time we listened to the heartbeat, that was quite cool, it sounded like music. I immediately shared it with everyone and got all positive responses, and I left with quite a positive mindset as well." During the pregnancy, Gregory and Laetitia were in regular contact, which was ambivalent: sometimes harmonious, sometimes conflictual. Conflict arose as Gregory's older sister and mother had warned Laetitia that she should not prevent Gregory from seeing his child: "I know how they can be; they can be very passionate. I think they pressured her in some way, making her feel attacked." Although the relationship between Gregory's sister and Laetitia is still tense, Gregory's mother apologized to Laetitia and now maintains good contact with her, also visiting Laetitia and her granddaughter without Gregory present. Gregory described the current contact between him and Laetitia as largely amicable: "You get sick of the tension. She's a mother, I'm a father, you're parents, so you really focus on the little one that brings a lot of love to us. So that tension almost wasn't there anymore [after birth]." Currently, Laetitia and him have a clear visiting agreement: he visits twice a week and more, if possible, based on his school schedule. When Gregory visits his daughter, he also tries to maintain good relations with Laetitia's parents. He is now proud of how they handled the situation jointly.

Couple and coparenting vulnerability

The third persona is characterized predominantly by couple and coparenting vulnerability, shaped by a lack of social support and few interpersonal strategies.

Participants categorized under this persona consisted of a mix of both mothers and fathers. Most young parents in this persona had been in unstable romantic relationships for several years before discovering the pregnancy. Participants in this persona all had migration backgrounds, with implications for their support networks in the Netherlands. Most important family members, who could have relieved pressure on the relationship (e.g., by babysitting), often resided in their countries of origin. Resources for remote support, such as practical support in the form of money transfers, also seemed to be limited. In addition, some important others disapproved of the relationships due to their turbulent histories, resulting in limited support. For all mothers (and their co-residing children) in these dyads, temporary housing services obtained through their municipalities were a great source of stability. These “mother-child houses,” however, did not offer the possibility of living together as a family, complicating coparenting. Experiences with support from healthcare professionals varied among dyads, with some fathers indicating that appointments focused solely on mothers and that they took on passive roles, and others indicating that they greatly enjoyed such appointments and were consequently involved by professionals.

Vulnerabilities between these young parents arose in two areas. First, they arose in their romantic relationships, as many fathers had cheated in the past, and the mothers had developed distrust. Such past relationship turbulence was rare for parents with the first persona, who were simultaneously in romantic and coparenting relationships. Second, these parents’ coparenting relationships were under pressure because of the mothers’ strong criticism of the fathers’ involvement during pregnancy and in childcare. This criticism was much more severe than expressed by mothers with the first persona, as the mothers indicated that they felt that their partners had hardly contributed at all during pregnancy and childbirth and to childcare. Some participants with this persona described interpersonal strategies, such as small expressions of empathy and respect, but interactions seemed to be largely devoid of a team spirit, mutual vulnerability, and relational positivity. These couples often became entangled in mutual accusation and competition for contact with the child, resulting in a “you versus me” dynamic. Some participants reported violence following conflict; two mothers and one father spoke about experiencing physical harassment perpetuated by the other parent. The story of Anthony and Edsilia illustrates this persona.

Anthony and his partner Edsilia had been in an unstable romantic relationship for several years and had rekindled their relationship shortly before discovering the pregnancy, after several years apart. At this point, Edsilia’s friends and family explicitly disapproved of the relationship due to Anthony’s past infidelity, which Edsilia believed

contributed to a lack of support: "Because everybody was so negative, nobody helped me." Given the instability of their relationship, Anthony and Edsilia had doubts about continuing the current pregnancy. In the end, Edsilia did not want to have an abortion, and her having the last word regarding pregnancy continuation made Anthony feel quite powerless: "Throughout the pregnancy, I was in my head, it really didn't sink in." During the pregnancy, Edsilia felt largely unsupported, reporting that Anthony did not help her with her move to a mother-child housing project, did not contribute financially to childcare-related products, and rarely checked in on her well-being. Due to her migration from the Dutch Antilles to the Netherlands a few years previously, Edsilia's family was not around to provide support and did not seem to have the resources to support her financially. As his father had not been in his life since he was young and his mother struggled with mental illness, Anthony also received little support from family members. His grandmother, with whom he lived and who would regularly babysit, was the exception. When their son was born, Edsilia continued to criticize Anthony's involvement: "He wanted to be more involved, but he wasn't involved. Because he'd leave [her house] every day and then come back late in the evening, but then he [their son] would already be asleep." Anthony, in turn, indicated that he attempted to be involved but felt excluded by Edsilia, her family members and friends, and healthcare professionals. A pattern of competition over contact with their child developed over time, with conflict being the rule rather than the exception. Anthony said: "She fights for her child, and I fight for my child. That's what it feels like, because she doesn't want to acknowledge me as the father, to give me coparenting rights, all those things should be teamwork, you know?" Both parents were separately in contact with youth workers, who jointly, but unsuccessfully, attempted to resolve the conflict between the parents. Edsilia and Anthony's descriptions of each other were usually devoid of empathy and respect. Anthony did acknowledge, for example, that the pregnancy must have been hard for Edsilia and that he would like to feel more like a team: "We chose to have a child, We put it on this Earth so to speak, so we chose to have it. We need to find a way to deal with each other, one way or another." Edsilia remarked that she thinks Anthony took good care of their son when he was around, as he provides a clear structure for daily activities and conveys important norms and values. Such constructive comments about each other are, however, rare.

Coparenting vulnerability

The fourth persona is characterized predominantly by coparenting vulnerability, shaped by little social support and few interpersonal strategies, like the previous persona. Participants categorized under this persona consisted of mostly mothers. This persona also overlaps with the second persona, as these parents had either never been romantically involved or had split up with their child's other parent.

However, in contrast to parents with the second persona, these parents received little social support. Particularly support from their own parents was regularly lacking, at individual and coparenting levels, due to damaged parent-child relationships and/or the parents' disapproval of the pregnancy. Children's fathers with this persona were said to never or rarely be present at healthcare appointments; when they were, they were often described as passive. In two cases, the fathers were not involved throughout the pregnancy, and the mothers reported being annoyed by professionals' repeated inquiries about their involvement, which they experienced as intrusive. In another case, a mother described an interaction involving her midwife and her child's father. The father was passively present at an appointment when the midwife challenged him about whether he would take good care of his child. He responded in an irritated manner. This shows that this persona might pose challenges to healthcare professionals' involvement of the fathers.

For parents with this persona who had once been romantically involved with their children's fathers, vulnerabilities arose due to the resurfacing of previous frustrations, as for the second persona. For those who had never been romantically involved, vulnerabilities arose when the paternity of the child was not entirely certain. In contrast to the second persona, and like the previous persona, these vulnerabilities were not successfully resolved by interpersonal strategies. In one case, a mother even spoke about her experience of physical violence perpetuated by her child's father. In the absence of coparenting resilience, several mothers in this persona decided to prioritize their own and their children's wellbeing. They took pride in and felt relief about the choice to "do" parenthood alone after the accumulation of stressful conflict with their children's fathers. However, this decision was not made lightly, and it often followed unsuccessful attempts to take actions for coparenting resilience, such as repeated efforts to empathize with the fathers and facilitate their contact with their children. The story of Amina and Iyad reflects this persona.

Amina had casual sexual contact with lyad, the father of her child, before discovering that she was pregnant. She immediately felt that she wanted to continue the pregnancy, although she knew that this meant that she would be kicked out of her home: "I'm Muslim, and sex before marriage is just taboo." Her parents gave her an ultimatum: to end the pregnancy and tell no one or to move out. Consequently, during her pregnancy, Amina lived with a friend and her friend's mother before moving to a housing project for young mothers and their children. She notified lyad about the pregnancy, which did not go well: "He called me bad names and threatened me. He didn't believe that I was pregnant with his child. He said, 'You're going to get it removed, I want nothing to do with you.'" Consequently, Amina decided to cease all contact with him during her pregnancy. Shortly after giving birth, Amina re-established contact with her parents, who began caring for the newborn. During this time, Amina once again sent a message to lyad, updating him on their child's birth. Consequently, lyad's aunt contacted Amina, stating that lyad wanted to take on his responsibility if a DNA test confirmed his paternity. Although Amina had doubts about having a DNA test done, as it required a medical examination of her son, she and lyad spoke again and lyad expressed sorrow for treating her badly and requested to see her and their son. Amina felt panicked about this prospect: "I thought it was frightening. Because I had accepted the fact that I was going to be doing this alone, and suddenly, he wanted to take responsibility. I thought, 'How can I do this, do I want this, what is he going to do with my little one?' I trusted no one." At the same time, she felt sorry for him and wanted to facilitate his contact with her son, as she had had a difficult relationship with her own father and wanted a different experience for her son. Amina and lyad agreed to meet, and lyad and his family members started to give Amina childcare-related products such as diapers and transferred money from time to time. lyad continued to pressure Amina for a DNA test and stated that she was a bad mother for not agreeing to it. These accusations reminded her of his past behavior, sparking anxiety every time they spoke. After repeated conflict and lyad's occasional failure to show up as promised, Amina felt that the stress was negatively affecting both her own and their son's well-being and decided once more to cease all contact with him. This was not an easy decision for her: "When things went well between us, my son really enjoyed it when he came to visit. He could play with him in such a fun way. I then had moments where I thought, 'Why can't this just go well?' I feel sorry for him [lyad]." Currently, Amina and her son are doing well. She feels relieved: "I did what I had to do, I can't make more out of it. I'm happy that I did it, to have confirmation that I'm doing it alone and I can't blame myself, or my child can't blame me, for not putting in effort. [...] I'm definitively a single mother."

DISCUSSION

This study examined how vulnerability and resilience meet in young parents' relationships. Existing empirical research has largely emphasized young parents' relational vulnerability, while theoretical work on couple and coparenting resilience has largely neglected the role of the social environment in shaping relational dynamics. This narrow focus risks portraying young parents' relationships as inherently vulnerable due to individual shortcomings. In contrast, our findings show that different levels of vulnerability and resilience coexist both between and within dyads over time and that these levels are shaped by both interpersonal strategies and social support.

Consistent with research on individual resilience (Miller-Graff, 2022), our findings underscore the importance of resilient assets, particularly social support, for young parents' joint resilience. Support from family members can relieve pressure on young parents' relationships, strengthening relational resilience. In line with Mollborn and Jacobs (2015), we, however, found that young parents' family members may also withhold support due to disapproval of the relationship and/or the pregnancy, contributing to relational vulnerability. However, complicating the assumption that social support is inherently beneficial for resilience (Feeney & Collins, 2015; Juliano & Yunes, 2014), we found that it can also undermine relational resilience when it takes on the form of others actively interfering in the relationship.

In examining the interactions of the young parent dyads with their social environments, we observed that the Matthew effect (Perc, 2014) was at play. This effect is a social phenomenon in which individuals in more advantageous positions tend to accumulate more resources over time, whereas those with fewer advantages are more likely to fall further behind (Perc, 2014). In this study, young parents from largely harmonious and stable family backgrounds, who usually had access to diverse forms of social support, appeared to have developed a greater capacity for interpersonal strategies; resilient actions (Miller-Graff, 2022). These strategies, in turn, contributed to the strengthening of their relationships, even in the face of adversity. Conversely, the young parents in our cohort with more complicated family backgrounds and little social support seemed to be less capable of performing such strategies, which further enhanced their relationship vulnerability. From a developmental perspective, many of these dyads experienced cumulative risk (Browne et al., 2015) across multiple domains of their lives - such as adverse childhood experiences (conflict/instability in families of origin), economic strain, unstable housing, relational conflict and limited social support. Such risks may be manageable in isolation, but together create a context which likely overwhelms the dyad's capacity. Cumulative risks tend to 'get inside the family' by negatively

shaping relational patterns, consistent with research showing that it contributes to increasingly stressful family environments (Browne et al., 2015).

The role of gender in experiencing relational vulnerability and resilience recurred throughout the findings. In several personas, young mothers expressed varying degrees of criticism regarding the father's involvement - an issue widely noted in (inter)national research on young parenthood (Deslauriers & Kiselica, 2022; Kagawa et al., 2017; Mollborn & Jacobs, 2015; Ngum Chi Watts et al., 2015). Such relational tensions are unsurprising in a national context where mothers still bear most childcare responsibilities, even though expectations for fathers' involvement have increased (CBS, 2024). Keinemans (2010) shows that many young mothers in the Netherlands assume primary control in parenthood, seeking to determine as much as possible the role the father will play in their child's life. This primary control arises from the father's often-volatile involvement and the mother's conviction that she is a more capable parent (Keinemans, 2010) – aligning with 'motherhood ideology' (van den Berg & Duyvendak, 2012). Particularly when there is an absent or instable romantic relationship between parents, consistent with the third and fourth persona in this study, some young mothers deliberately choose to parent alone (Keinemans, 2010). These dynamics have also been described as 'maternal gatekeeping', highlighting that parenthood continues to be shaped strongly along gendered lines (Puhlman & Pasley, 2013).

Recommendations for practice

Some interventions have been developed to improve communication between young parents, thereby enhancing relational resilience (Florsheim et al., 2012; Lewin et al., 2015). Our findings suggest that addressing family of origin patterns in such interventions would be beneficial. Additionally, interventions that address only interpersonal strategies, and not also the resources underlying them, are likely insufficient. Interventions, especially those for young parents who receive limited social support, should also include the provision of support that relieves stressful circumstances. For example, supportive housing has been proposed as an effective way of reducing young parents' stress through the provision of affordable independent housing and flexible support (Tremblay et al., 2024). Currently, specialized housing projects are aimed at young mothers and their children (Timon, n.d.-a). As the number of nights that partners are permitted to stay are restricted, coparenting can become more complicated. Mollborn and Jacobs (2015) similarly note that teen parents in the United States struggle to acquire housing in which they can live together as families.

Like housing initiatives, we found that individual professionals are likely not fully enabled to support young parents in tandem. Especially for professionals in the

Netherlands who only have formal client relationships with biological mothers, such as those providing birth care (Author, 2024), the support of both parents' tackling of relational vulnerability is challenging. When relationships between parents are troubled, fathers may not be invited to join appointments or may be reluctant to show up, making them inaccessible to professionals. Our findings additionally show that professionals' repeated inquiries about absent fathers can feel intrusive to mothers, and that the critical questioning of present fathers may cause them to withdraw. These issues point to a loyalty conflict for professionals, who should receive more resources (in terms of skills and time) to also engage with (young) fathers (Author, 2024).

Strengths and limitations

The current study has several methodological strengths. First, it incorporates the perspectives of both young mothers and fathers, providing a more balanced understanding of their relational experiences of their young parenthood. Most existing research on young parenthood focuses exclusively on either young mothers or young fathers (e.g., Deslauriers & Kiselica, 2022; Kagawa et al., 2017; Lau Clayton, 2015; Moloney et al., 2011; Ngum Chi Watts et al., 2015; Schrag & Schmidt-Tieszen, 2014), with some notable exceptions (Mollborn & Jacobs, 2015; Perez-Brena et al., 2021).

Second, the diversity of the sample in terms of migration backgrounds further contributes to the more nuanced understanding of young parents' experiences. Unintended pregnancy is especially common among young people in the Netherlands with Surinamese, Antillean, and Moroccan migration backgrounds (Graaf et al., 2017), all of whom are represented in our sample. However, many more female than male participants had migration backgrounds, likely due to the differences in primary recruitment strategies (through housing projects and social media calls posted by a famous native Dutch male influencer, respectively). In future studies, researchers could engage more effectively with young fathers with diverse backgrounds by disseminating participation calls through a range of male social media influencers with different cultural backgrounds.

Third, we obtained data on the evolution of participants' relationships over time by asking them to reflect on three different relationship phases—during pregnancy, childbirth, and early parenthood. To achieve this goal, we relied on (recent) retrospective accounts; a qualitative longitudinal study might capture the changing nature of young parents' relationships over time even more effectively.

Lastly, the use of personas and vignettes provided in-depth insight into young parents' relationships, including information about their backgrounds, relationship dynamics, and the role of social support in their lives. It highlighted the diversity of

young parent dyads and reflected sample variability in terms of gender, migration background, and relationship status. While two personas consisted of a mix of female and male participants, the second persona (coparenting resilience) and the fourth persona (coparenting vulnerability) respectively consisted of only male and mostly female participants. This likely has to do with our recruitment strategy, as the mothers from the fourth persona were mainly recruited via mother-child homes, where they do not live with their children's fathers and therefore probably more often have unstable or absent relationships with them. The snowballing method – asking these mothers to provide contact details for their children's fathers - was therefore also not fruitful. Young fathers were recruited in a different manner: mainly through the posts of an influencer, with those agreeing to participate likely more often being engaged in a more harmonious relationship with their children's mother. Further research into young parents' relationships might illuminate if these personas are connected to gender or also occur among a mix of female and male participants.

CONCLUSION

This study shows that young parents' relationships cannot be understood as uniformly vulnerable; instead, vulnerability and resilience coexist and fluctuate in response to both interpersonal strategies and the wider social environment in which they are embedded. We identified four different relationship personas, in which resilient assets - social support and family-of-origin dynamics - shape parents' capacity for interpersonal strategies, reinforcing advantage for some while deepening vulnerability for others. These insights underscore that strengthening young parents' relationships requires attention to both vulnerable and resilient elements within the dyadic processes but also to the broader social environments that sustain or deplete these processes.

Chapter

Balancing Benefit And Burden: The Ambivalent Nature Of Family Support For Young Fathers

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(Tarrant et al., 2027)**

INTRODUCTION

This chapter examines the complex and often ambivalent nature of family support in the lives of young fathers, offering a relational perspective that moves beyond accounts which portray support as uniformly positive. Existing research has highlighted the importance of social support for young fathers and its benefits for sustaining paternal involvement. Despite some literature about how family support is experienced by young fathers (e.g. Neale & Tarrant, 2024), much less is known about how those who provide this support, most often (grand)parents and female relatives, experience the emotional, practical, and relational demands placed upon them. Drawing on interviews with young Dutch fathers and their family supporters, this chapter demonstrates that such support creates a series of tensions that evolve across pregnancy, birth, and early parenthood, that we conceptualise as *positivity and concern*, *autonomy and interference*, and *fulfilment and overload*.

By exploring both sides of these dynamics, the chapter provides new insight into how support can simultaneously empower and constrain young fathers, while also revealing the emotional labour and support provision adjustment undertaken by family members who seek to provide help without overstepping. In doing so, we contribute a more nuanced understanding of young fatherhood that accounts for the intergenerational relationships that underpin support, the competing needs and values of those involved, and the ways in which family support is negotiated, strained, and sustained over time.

Young fathers and social support

Existing research suggests that young fathers¹ are at risk of lower and less sustained involvement in their children's lives than older fathers. Research on father involvement, which refers to both the quantity and quality of men's participation in different domains of childcare, highlights wide-ranging benefits for both parents' well-being and children's development (Diniz et al., 2021; Rollè et al., 2019; Xue et al., 2018). Conversely, limited paternal involvement may hinder these benefits. This has been linked to pre-existing and ongoing socio-economic and relational barriers (Kiselica & Kiselica, 2014). Following their own often disadvantaged backgrounds, young fathers are more likely to experience lower educational attainment and poverty (Bamishigbin et al., 2019), which constrains their ability to financially support their children. At the same time, the demands associated with working (multiple jobs) and pursuing education to meet financial expectations diminishes the

1 Young fatherhood is often defined as becoming a father before the age of 25 (Deslauriers & Kiselica, 2022)

time they can dedicate to their children (Deslauriers & Kiselica, 2022). Sustained involvement is further complicated by young fathers' lower likelihood of co-residing with their children, often due to unstable or absent relationships with the mothers of their children (Berrington et al., 2005). In addition, many young fathers grew up in unstable families themselves (Bamishigbin et al., 2019; Deslauriers & Kiselica, 2022), limiting their exposure to positive models of (co)parenting to emulate (Van de Beek, Petit-Steeghs, Hilverda, & Van de Bovenkamp, 2025). Finally, because young fatherhood often follows unintended pregnancies, preparedness and motivation for intensive involvement may be diminished (Ladlow, 2024; Reich & Brindis, 2006; Van de Beek, Petit-Steeghs, Hilverda, & Nieboer, 2025).

This body of literature, mainly emphasising the potential risks of young fatherhood, aligns with the 'social problems framework' (Neale & Tarrant, 2024) that focuses on how social problems are constructed and defined. Although these studies raise legitimate attention for structural challenges, it simultaneously does little justice to the full experience of young fatherhood. Indeed, following a 'social engagement' framework which focuses more on agency, research suggests that despite obstacles, many young fathers are still keen to take an active part in their children's lives (Neale & Tarrant, 2024). To take an active part in their children's lives, particularly amid the challenges of young fatherhood, social support has been addressed as a crucial resource (Fagan & Lee, 2011; Kato-Wallace et al., 2014). Prior studies emphasise the valuable role of grandparents in providing a variety of support, including expressions of encouragement, help with babysitting, and parenting advice (Lau Clayton, 2015; Makusha, 2024; Mniszak et al., 2020; Reeves, 2006; Van de Beek et al., 2025). Young fathers especially value affirmation and tangible support such as gifts, money or help with childcare which matches their own resilient and pragmatic attitude (Van de Beek et al., 2025).

The current young fatherhood literature mainly emphasizes the benefits of social support for fathers (Lau Clayton, 2015; Makusha, 2024; Mniszak et al., 2020; Reeves, 2006; Van de Beek, Petit-Steeghs, Hilverda, & Nieboer, 2025). Similarly, the wider literature on social support suggests that it can be mutually beneficial; for instance, it strengthens the connection between the provider and the recipient (Feeney & Collins, 2015; Inagaki, 2018). Yet, it is increasingly recognized that social support can also be experienced negatively - for example, as intrusive and controlling by the recipient, or as burdensome by the provider (Adelman et al., 2014; Inagaki & Orehek, 2017; Taylor, 2011). Indeed, young fathers sometimes report adverse experiences with unsolicited childcare advice from family members, colleagues, and strangers (Van de Beek, Petit-Steeghs, Hilverda, & Nieboer, 2025). Further insight into why support is sometimes perceived positively and other times negatively, however, is lacking. Additionally, to the best of our knowledge, the perspectives

of support providers toward young fathers remain underexplored. Thus, without considering both perspectives and both sides of support, our understanding of how social support in the context of young fatherhood takes shape remains incomplete.

The Dutch Context

We studied the experiences of social support for young fatherhood in the Netherlands. In the Netherlands, around 4% of children born each year have a father under the age of 25, translating to about 8000 new young fathers yearly (CBS StatLine, 2024a). However, the actual percentage is likely higher since many young fathers are not formally registered (Sniekers et al., 2023). The last decade policy attention to young parents has increased as demonstrated by a Ministry of Health Welfare and Sport commitment to a new national programme called 'Kansrijke Start' (or 'Promising Start'). This program focuses on supporting children of parents in vulnerable circumstances during the first 1000 days of their lives (Ministry of Health, Welfare and Sport, 2022).

The attention for young fathers is, however limited. Currently there is little specialised support available for young fathers, though such services exist for young mothers (Sniekers, 2019). Like addressed previously, specific support for young fathers is crucial since early paternal involvement is strongly associated with positive outcomes for families. This limited attention for fathers can be explained by the societal context in the Netherlands. In the Netherlands, many couples with children express the desire to share childcare equally. However, mothers still take on the majority of childcare in practice (Statistics Netherlands, 2024), reflecting the persistence of traditional gender roles that have long been reinforced by Dutch policy. Until 2020, fathers were entitled to only two days of fully paid parental leave compared to 16 weeks of fully paid leave for mothers (Keizer, 2015). In recent years, however, societal expectations of fathers have shifted from a dominant focus on economic provision toward new ideals of involved fatherhood that emphasise greater participation in their children's daily lives (Harthoorn, 2019; Scheifele et al., 2025). Current legislation has expanded fathers' entitlements to parental leave, granting one week of fully paid leave and five additional weeks at 70% of salary (Ministry of Social Affairs and Employment, 2022).

As specific attention for fathers and partners is meagre within the Promising Start programme, several civil organisations have joined forces to raise attention to their roles (Centre of Expertise on Fathers, n.d.). One of the aims of the programme is to strengthen informal support within the social networks of (young) parents generally. This goal aligns with a broader shift in Dutch policy over the past decades, where the government has emphasised citizens' responsibility to provide care within their own networks, while simultaneously cutting back on public services

(Verhoeven & Tonkens, 2013). This means that reliance on the informal network has been intensified in recent decades with implications for young fathers and their wider family members, as we found in our study and discuss next.

EMPOWERING YOUNG FATHERS: THE STUDY

To obtain insights into the experiences in receiving and providing social support in relation to young fatherhood, a qualitative approach was used. Semi-structured interviews were conducted with 10 Dutch young fathers and 11 individuals who provided social support to young fathers, creating a unique multi-perspective sample. The study was carried out in the period of November 2021 and February 2022 and was part of a larger project called 'Empowering Young Fathers' which studied young Dutch fathers' experiences.

The study focused on young fathers aged between 16 and 25 residing in the Netherlands whose children were born from unintended pregnancies. Young fathers were recruited via the Instagram account of a well-known young Dutch male television presenter, or through the mothers who participated in the broader research project. Fathers interested to participate could contact the first author through WhatsApp. The average age of the young fathers at the time of the interview was 22 years. All fathers were first-time parents. The highest educational diploma that a majority of fathers obtained was in (pre)vocational secondary education. Eight young fathers were born in the Netherlands as were both their parents; the other two young fathers had their parental roots in Suriname, a country on the northeastern coast of South America, which was formerly colonised by the Netherlands.

At the end of the interviews, young fathers were asked to identify their most important source of social support in the context of young fatherhood (apart from the child's mother). Although the child's mother is also important for paternal involvement, her role is embedded in a mutually interdependent co-parenting and/or romantic relationship involving shared childcare responsibilities (Van de Beek et al., 2025) extending beyond the definition of social support used in this study. With the fathers' consent, those important others were invited to participate in the study. Of nine young fathers one, and of one young father two, important others participated. Confirming the importance of parental support in previous literature (Davies et al., 2004; Lau Clayton, 2015; Makusha, 2024; Neale and Tarrant, 2024; Reeves, 2006), the young fathers referred most commonly to their own mothers (n =6), fathers (n=1), both parents (n=1), a grandmother (n=1) and a sister (n=1). In total, 21 individuals participated in this study.

The semi-structured interviews with each participant group lasted approximately 70 minutes on average, were conducted in Dutch, and took place at locations chosen by the interviewees, either in their homes, nearby cafés, or by telephone. Each was built around exploring three chronological phases in relation to young fatherhood: pregnancy, childbirth, and fatherhood. For each phase, the fathers and their family members were asked about their experiences about the receipt and provision of family support during these phases. Specifically, they were asked about three forms of support in line with Taylor (2011). This includes support on an emotional (e.g. talking about struggles), informational (e.g. receiving/providing advice) and practical level (e.g. childcare related gifts, housing). Participants were also free to diverge from the interview topics and appeared to appreciate the opportunity to share their stories.

The interviews were audio-recorded, transcribed verbatim and analysed thematically, following Bryman (2012). Key themes and subthemes related to social support, such as valued examples of family support or caregiver strain, were identified. The data was manually coded with segments categorised into (sub) themes using Microsoft Excel. To distinguish between the perspectives of young fathers and family members, separate tabs were used.

Ethical approval for the study was granted by our faculty's internal ethics committee (ETH2021-0110). Both written and verbal informed consent was obtained from participants. In the following results section, pseudonyms are used.

THE ROLE OF FAMILY SUPPORT IN YOUNG FATHERHOOD

Young fathers indicated that their family members, and especially their own mothers, played an important role in supporting them to take an active part in their children's lives. Yet, as our findings will show, the road to providing and receiving this support is fraught with tensions and needs to be adapted over time. We specifically distinguish three tensions: 'positivity versus concern', 'distance versus interference', and 'fulfilment versus overload'. The data also revealed several tactics that family members used to manage these tensions.

Positivity versus concern

Young fathers appreciated family member's largely positive stances in response to the pregnancy itself and toward how the young man was taking up his role as a father. In response to the pregnancy itself, several family members exuded acceptance and problem-solving behaviour instead of judgment, even if the news took them by surprise. Lars (22) and Ricardo discuss:

"My dad, you can discuss anything with him. [...] He was shocked when I told him, but said, 'I'm a little shocked, but I'll always support you. However you proceed, I'll back you.'"

"My mother was immediately like, 'we'll find a solution.' She is just a very caring woman, always ready to help anyone and everyone. So she said, 'we'll just do it, we'll figure it out, we'll see how it goes.'"

Several family members also took on an optimistic stance toward the pregnancy, framing it as a meaningful and transformative experience. Tom's sister observed:

"He kind of had a pretty aimless life, let's put it that way. Not much really came out of it, you know. So at a certain point I also said to him: it really couldn't have gone any other way than this, because otherwise in six years you might still have had that same pointless, booze-filled life - you'd be 28, 30, still coming home at five or six in the morning every night with a different girl [...] At some point it just has to stop. [...] This was simply his way of growing up and taking responsibility."

Lastly, many family members highlighted traits such as patience, responsibility, and care in the young father that they believed would make him a good father. These traits were often observed before fatherhood but became even more visible during fatherhood, evoking feelings of pride in family members. Koen's mother, for instance, said:

"He's really very caring. He does have a bit of that wild side - the kind of act first, think later attitude - he definitely has that, but he's very caring. Classmates or friends who pour their hearts out to him - that caring side really shows. And he has a strong sense of responsibility, and because of that I could really see him taking on the role of a father just fine."

While support emphasising positivity was valued by young fathers, it was not always straightforward for family members to provide. Many family members indicated ambivalent feelings towards the pregnancy, looking forward to spending time with the new child, while expressing concern and sometimes disappointment. Negative emotions often revolved around practical circumstances such as the young father's lack of education, stable employment, or housing and more broadly wishing the young father a more carefree phase of his life associated with normative expectations of youth. For example, Siebe's mother felt the couple were parenting

well but remained disappointed by the pregnancy, even though Siebe himself described her as proud. The discrepancy between her outward behaviour (exuding support) and her inner emotions (concern, disappointment) was difficult for her to navigate:

“He [son] was already unhappy in his study programme - he wanted to quit. We told him, ‘Just finish it, whatever you do afterward, at least you’ll have this in your pocket.’ But in short, he dropped everything. My husband couldn’t handle that. And then to become a father so young, with no job, no home - nothing. Yeah, we found that really intense. [...] And to be honest, I still find it hard. [...] It’s also a kind of disappointment, I think - in what you wish for your children. A different start. And I still wish that for them [the young couple]. A completely different start.”

In some cases, the young fathers’ parents were not aligned in their responses, with one parent feeling distinctly more negative toward the pregnancy than the other. In these cases, the task of managing the other’s emotions and behaviours fell on to the parent that had a more neutral or positive stance. While neither Siebe’s mother and her husband were particularly happy about the pregnancy, her husband struggled to show any support toward their son. This created tension in their relationship, negatively affecting the mothers’ wellbeing, and tasking her with mending the relationship between her husband and her son. Siebe’s mother described the moment her son told them about the pregnancy:

“My husband was furious. He completely lost it. He went upstairs. He said all kinds of [hurtful] things - and that really broke me too. [...] And honestly, I couldn’t really talk about it with my husband. I felt completely alone. We just weren’t on the same page at all. I don’t remember exactly, but I think we didn’t speak to each other for a few days. [...] I often told my husband: you have to welcome them back with love, even if you don’t agree with it. He still needs to feel our love - otherwise, they won’t come around anymore.”

Overall, while support emphasising positivity was valued by young fathers, its provision was rarely straightforward. Family members grappled with ambivalent emotions, balancing concern or even disappointment about the timing and circumstances of the pregnancy with outward expressions of support. Notably, these less positive emotions were not shared openly with young fathers, suggesting there might be limited space for family members to discuss their worries beyond their own relational and familial contexts.

Autonomy versus interference

Although family support was typically discussed as helpful by the young fathers, familial involvement was also considered problematic where it impacted the young men's sense of autonomy. Young fathers' desire for autonomy was evident in their reluctance to seek help, noted both by the fathers and their family members. For instance, Gijs said:

"My friends and my parents, they're always willing [to talk about emotional struggles]. But I don't reach out for it. I don't know, maybe it's from home or the past or something. But when I have a problem, then I'd rather stand in a corner so to speak. I solve it myself, and then I come out and want to talk about what I went through."

Family members, meanwhile, often struggled to keep an appropriate distance and withhold involvement, coloured by their own (often emotionally charged) investments, values and stakes. Some family members indicated that they struggled with the young fathers' emotional distance, as the lack of understanding made them feel powerless. Ricardo's mother was asked if she noticed her son having a difficult time during the pregnancy. The mother of his child was largely sick throughout the pregnancy, and the young couple also received bad news about the child's health, putting further pressure on her son:

"No, in that respect, he's quite closed off. He doesn't express himself easily - he really keeps everything inside. That's difficult sometimes. Precisely because he's like that, you don't really hear what's going on with him. Sometimes, if it got to be too much, he would open up a little. But he's not someone who will burden others with his problems. And I actually found that hard, because you can tell something's going on, but since he doesn't want to share it, you feel kind of powerless as a mother. You want to help. You want to be there for your child."

From the young fathers' point of view, the issue was not too much distance but, at times, an overwhelming level of involvement from family members. Koen (21), who lived with his parents, his girlfriend and child, described how his parents often infringed on his parenting because of differing parenting values:

"Well, everyone has their own perspective, you know? So they try to bring in a bit of their own parenting style, and sometimes it's tricky when my dad or my mom does something. Since she [my daughter] is always here, it's harder to avoid those things overlapping, you know? [...] Like, if she does something that's technically safe but not ideal - like throwing her spoon for fun or licking something gross - then they're like, 'Oh no, that's not allowed!' And I'm thinking, chill, just let her do her thing and I'll clean it up later."

While Koen emphasised parental autonomy, and a parenting style characterised by freedom and flexibility, his parents prioritised cleanliness and discipline. His mother described a similar pattern, but pertaining to housework:

"They [the young couple] might actually have an even harder time [than us], because they're not living in a place that's truly their own. There are definitely advantages, but also real downsides to living at home - it's not their own house. I'll say things like, 'Come on, get that laundry done,' because I think it's a mess. They're not just dealing with their own values and standards, but also those of their parents and brother."

This illustrates how co-residence often amplifies perceptions of interference, since boundaries are harder to maintain in one household and there are additional relational dynamics to navigate and manage. Thus, while the young fathers often rely on their parents for practical support through housing, they find involvement in parenting styles much more intrusive.

Another example, showing emotional investment on the part of the family member, concerned Levi's (24) exploration of the adoption of his child with his girlfriend, which was met with strong resistance from his mother. The couple discovered the pregnancy too late for termination, which they would have preferred. Levi said:

"My mother - she was too emotional. She really made us feel that if we went through with it [adoption], she would cut off contact. I don't think she actually would have, but she had a very strong opinion and felt the need to express it. [...] I also told her afterward that, in a way, I do hold it against her - that she just wasn't able to set her own feelings aside, even for a moment."

Levi's mother explained that she saw the young couple as being in shock, and she wanted to emphasise that alternatives existed. For her, adoption felt acceptable only in cases like rape or addiction. Disturbed by her son's practical framing of the pregnancy, she struggled to withhold her own perspective:

"It was hard because... from my heart, I truly meant it when I said: I want to be there for you both with love, I want to stand by you, and I'll support you in every way I can. But at the same time, I also felt like: come on, take responsibility. And adoption - I just couldn't see that as an option, even though at one point I said, 'I'll keep supporting you, whatever choice you make.' But it really didn't feel right to me. [...] In the beginning I thought [my son] said some really ridiculous things. I just couldn't handle it. I found it very difficult. I kept thinking about how I brought him into the world with so much love, how deliberately I chose that. And now this... it just really hurt. [...] I get that - it was the shock - but they talked about it like, get rid of it, it has to be out of our lives, like it wasn't allowed to exist. But it was already there, growing, already a child in the womb. I just couldn't cope with that."

While Levi's mother emphasises responsibility, family and the emotional meaning of pregnancy, Levi prioritised his own autonomy and agency and was more focused on practical concerns. Another example illustrating how involvement was driven by family members' own perspectives, was explained by the mother of Gregory. She feared losing access to her grandchild due to the unstable relationship Gregory had with the mother of his child:

"When I got home [after hearing about the pregnancy], I took a shower and laid down on the bed, and I started crying. For several days in a row, I really cried about it. [...] Because I felt - and still feel - like: I can't hold it [granddaughter] every day, I can't see it every day. [...] I also made it clear to her [the child's mother] at the time: if you ever end up with someone else, I hope you won't say that [son] isn't allowed to come over. She said, 'No, of course not, ma'am.' But yeah... we'll see. I really hope not."

Motivated by this fear, she and Gregory's sister confronted the child's mother, causing tensions between families:

"So then my mother and sister had a conversation - I wasn't there myself - and my sister told me afterward that they spoke calmly, but they made it clear that this [not being together anymore] shouldn't be a reason to make things harder for me, like keeping the baby away from me. And I know how they can be - they can really come across as intense, and I think they did pressure her in a way that made her [mother of his children] feel attacked."

Together, these quotes emphasise the balancing act for family members between being supportive without becoming overbearing, revealing the entanglement of support with their own needs, values and stakes.

Fulfilment versus overload

While the previous tensions illustrate differing perspectives and experiences between young fathers and their family members, the last tension addresses a tension visible only among family members. Many family members felt fulfilled as a consequence of their support provision, feeling strongly connected to the young father, the young mother and the child. Siebe's mother and Tom's sister explain:

"I've always had a really good relationship with her [the young mother], I even told her, I really missed it when you got your own place. Because she actually used to come over quite a lot, sometimes for a whole weekend, or half a weekend. And then she would sleep here, and in the evenings we could just have nice chats together." Siebe's mother

"Yes, from the very first moment, he [new relative] really has been my great love. It's truly bizarre. [...] I've looked after him quite a few times. I really enjoy that. So if I have the time, I do it with all my love." Tom's sister

While many family members experienced support provision as emotionally rewarding, it also came at a personal cost, risking overload from involvement in support tasks. For example, Jordi's mother described her exhaustion as a consequence of the new family staying over at her house. Jordi, his girlfriend, and their baby increasingly relied on Jordi's mother, without any clear agreements in place about how much she would help the new family:

"A single day turned into a sleepover, and then it became the whole weekend. It kind of crept in until it was almost four or five days [a week]. And that really took a toll on me. They [the young parents] get along very well, but they also bicker a lot. 'You change the diaper.' 'No, you do it, I already did the dishes.' That kind of thing. And I'd be thinking, just do it already. And I'm the type who tries to keep the peace the whole time, making sure everyone's okay. You know? Constantly juggling all those balls. Yeah... until at one point, I was here on a weekend [...] the house was never quiet when they were around. There were always stimuli, upstairs, downstairs, and my other son can't really handle that. And my husband was like, 'oh no, help'. And then one Sunday, the two of us were standing in the kitchen, crying. Something had to change."

Koen's mother was in a similar situation, living together with the young parents and their new child full-time. Conversely, she was very positive about the living arrangement because they explicitly engaged in ongoing communication about support:

"He [son] never takes anything for granted, like babysitting or things like that. It's more like, 'Well mom, for this coming Saturday they asked me to work an extra day, but [girlfriend] wants to study - could you look after [grandchild]?' So first he asks, instead of just assuming I'll do it. [...] But it works the other way around too. For example, if I have an appointment with you, I'll say: Monday or Tuesday won't work, but I can do Thursday, is that okay? And then we figure it out. So that's it - you're just attentive to each other. [...] In my eyes it's really normal that you live together in that way, make arrangements, keep each other informed about things, rather than just doing everything thoughtlessly."

As these insights demonstrate, while the provision of support was often emotionally rewarding, it could also lead to exhaustion when boundaries and expectations were unclear. Open communication and mutual attentiveness were essential in ensuring support remained sustainable and effectively negotiated.

Dealing with tensions in family support

The tensions described in the previous section, did not go unnoticed by family members and they sought ways to deal with these tensions by adjusting support to both their needs.

For instance, family members would avoid sensitive topics, such as Siebe's mother who stopped discussing matters such as education and employment with her son and encouraged her husband to do the same focusing instead fully on their new grandson:

"I told [husband] at the time: 'You're not going to bring up work or school anymore - nothing.' It's just about seeing each other now - everything revolves around [grandson]. We're not going to ask what they see for the future anymore. We're not doing that - it's far too confronting, for both him [son] and me. Because he's not stupid - he knows full well there's a huge mountain waiting for him."

Sometimes, avoiding sensitive topics was combined with switching to a different form of support, as in the case of Levi's mother who stopped talking about her

son's exploration of adoption and sought to prioritise more tangible, practical forms of support:

"We actually just got to work in a very practical way. Preparing the house - and especially after [grandson] was born, everything moved really fast. I focused on being supportive and practical, as much as I could. For example, I picked them up from the hospital after [grandson] was born. [...] Yes, getting baby items. At a certain point, the situation was such that we decided: let's stop talking about it and just focus on the birth first. And of course, on taking care of [daughter-in-law], because she suddenly had to give birth. So yes, very practical things - like giving them books about pregnancy and childbirth, and making adjustments around the house."

Raimundo's grandmother described making similar adjustments. Her grandson would often get into fights with his child's mother, and though she used to be emotionally involved, she now supports the couple by babysitting without the parents present:

"It was going well, really nice. But those two... when they're on the phone with each other, I leave the room. At first, things go great, and then at some point it blows up. [...] He doesn't listen to her, she doesn't listen to him - and then grandma's stuck in the middle again. [...] I don't get involved anymore - it's madness. One moment they're together, then they're broken up, then together again - I'm done with that. I stay friendly with everyone, and I told them: I don't understand it anymore. I don't want to understand it anymore. [...] [grandson] hot-headed, she's hot-headed, and the little one's hot-headed too - so eventually I'd had enough. I insisted the kids come to me twice a month. They have to drop them off and leave."

Interestingly, Jordi's mother was the only family member who indicated that she had discussed her struggles in support provision with an involved professional; the mentor of the children's mother at a mother and child housing project. In dialogue with this professional, they decided that the young couple's reliance on Jordi's mother should be phased out. Jordi's mother was then better able to set clear boundaries around how often the couple could stay at her home:

“They [now] have to ask for everything, nothing is taken for granted. So if they say, ‘We’re coming by on Sunday or Saturday afternoon,’ it’s not a given that they’ll stay for dinner or sleep over. They have to ask. And I usually already know the questions are coming; I can tell in advance. They kind of beat around the bush, and then I say, ‘What’s the question?’ And then it’s like, ‘Well, can we stay for dinner?’ Yeah, that’s fine - but then you have to go home afterward.”

These examples illustrate the support provision adjustment that family members navigate - the avoidance of sensitive topics, switching to a different form of support and/or articulating clearer boundaries. Notably, the young fathers did not explicitly discuss adjusting contact with their family members to accommodate their concerns or (risk of) overload. This may be because they were less aware of these aspects of support provision and their impacts; family members indicated that they usually did not discuss these matters. The implication then, is that the responsibilities for dealing with (intergenerational) familial tensions fell largely on the shoulders of family members, who had limited decision making power over a new set of unanticipated family responsibilities.

DISCUSSION

This study explored how Dutch young fathers and their family members experience both the provision and receipt of family support. The literature on young fatherhood was limited, as it mainly emphasized family support as positive, offering little understanding of why sometimes young fathers also perceived it as interference. At the same time, the perspectives of supportive family members were lacking. Filling this gap, the findings of this study showed that the provision and receipt of support are accompanied by tensions experienced by both young fathers and their family members.

The first identified tension, positivity versus concern, entailed young fathers’ appreciation of positive support from family members, while family members often internally struggled with ambivalent feelings towards the pregnancy. The young fathers in this study described supportive family members as those who responded positively toward the pregnancy, confirming the value of encouragement for young fathers (Makusha, 2024). Family member’s emphasis on the positive aspects of the situation, at least outwardly, reflected dispositional optimism (Nes & Segerstrom, 2008), associated with an approach coping style that focuses on addressing

challenges and their emotional effects, as opposed to avoidance coping, which involves withdrawing from them (Nes & Segerstrom, 2008). Coping strategies by family members reflecting acceptance and positive reinterpretation (Nes & Segerstrom, 2008), were perceived as especially helpful by young fathers but were not always easy for family members to express. Some family members navigated inward concern while maintaining outward support, creating a sense of strain and a need for emotional labour. This was expressed specifically as surface management, whereby individuals, often women, manage their own emotions during interactions with others to meet the other's emotional needs (Dean et al., 2022). Although many continued to experience ambivalence about young fatherhood, the balance between positive and negative emotions shifted over time. After birth, positive emotions generally became more prominent, especially as grandparents formed attachments to the new grandchild. Similar trajectories have been documented in the UK, where grandparents, initially disappointed or concerned about the pregnancy became more positive after the baby's arrival and developed strong emotional bonds (Neale & Tarrant, 2024).

The second identified tension - autonomy versus interference - revealed that young fathers sometimes felt their independence was threatened by family members' perceived overinvolvement, which was driven by the family members' own investments, values, and concerns. Although some previous studies have noted young fathers' experiences of unwanted grandparental interference (Davies et al., 2004; Lau Clayton, 2015; Van de Beek et al., 2025), this study offers deeper insight into what constitutes such interference and the motivations behind family members' actions. Although some prior work suggests that young fathers appreciate informational support, such as parenting advice (Mnizak et al., 2020), our findings complicate this picture. Fathers often experienced advice as autonomy-threatening and shaped by family members' personal perspectives, while family members struggled to hold back emotionally charged views. This dynamic may be especially fraught because unsolicited childcare advice can easily feel like judgment - something young fathers already anticipate due to their age (Van de Beek et al., 2025). Another explanation, as Taylor (2011) suggests, is that individuals generally prefer receiving informational support from experts rather than from relatives or friends.

The mismatch between young fathers and their family members' perspectives can be understood from a developmental perspective. Adolescence and early adulthood are recognised as key periods for establishing autonomy, a fundamental task that marks the transition from childhood to adulthood (Beyers et al., 2025). Importantly, autonomy during this stage is not just about independence (e.g., distancing from parents), but also about volition, or the capacity to act in accordance

with one's own values (Beyers et al., 2025). This distinction is especially relevant here: young fathers' frustrations can be viewed as a reaction not simply to a lack of independence, but to infringements on their volitional autonomy, with implications for their well-being (Beyers et al., 2025). Support for volitional functioning is typical of parents who encourage their children to explore and act in alignment with their own values and interests and is connected to better adolescent wellbeing (Beyers et al., 2025). Yet, as seen in this study and elsewhere (Joussemet et al., 2008; Neale & Tarrant, 2024), parents have to balance their involvement with supporting autonomy. This is especially difficult in a context where young parents themselves are still dependent on their own parents (Neale & Tarrant, 2024).

The third identified tension - fulfilment versus overload - showed that, while support was emotionally rewarding for family members, it also placed them at risk of becoming overloaded. Supportive activities such as babysitting fostered a strong bond with the new child, yet family members could feel overburdened, especially when expectations were unclear. Our findings align with evidence that caregiver burnout is more likely when support feels obligatory and when caregivers share a household with the care recipient (Adelman et al., 2014). Prior research also shows that offering housing is one of the most substantial forms of assistance to young fathers, though it can lead to overcrowding and financial strain (Neale & Tarrant, 2024).

To manage the tensions, the family members, usually the young fathers' mothers, took the responsibility of adapting their support to align with the young fathers' needs while protecting their own needs. Navigating tensions in the provision of support calls for responsiveness; flexibly responding to needs and adjusting behaviour in response to the circumstances of the situation (Feeney & Collins, 2015). Such responsiveness was observed in this study, where family members adjusted support provision after noticing tensions. Such strategies have been absent from the literature on young fatherhood, yet are crucial for understanding how support is sustained over time without becoming intrusive or burdensome.

It also underlines the valuable work that such family members, especially grandmothers, take on in the context of young fatherhood. Our findings highlight that the provision of support is highly gendered. Most young fathers identified their own mothers as key support providers, confirming prior findings on how paternal grandmothers invest heavily in supporting their sons and grandchildren, whereas young fathers' relationships with paternal grandfathers are often more variable (Neale & Tarrant, 2024). Nevertheless, paternal grandmothers often themselves in precarious relationships with their grandchildren, especially where there are relationship issues between young parents.

Implications for interventions and policy

Our findings suggest that interventions designed to strengthen the position of young fathers must go beyond encouraging familial support. These interventions should recognise that familial support can be accompanied with tensions for both parties involved; tensions that female family members tend to shoulder most of the responsibility for. Programs that support families to improve their mutual communication on each persons' needs, values, and expectations could be valuable. One promising example, mentioned by a family member included in this study, was the guidance from a professional in reducing the family members' support load. However, the engagement of family members by professionals seemed to be currently missing from Dutch policy initiatives such as Promising Start, where family support is scantily mentioned, and portrayed solely as a positive resource (Ministry of Health, Welfare and Sport, 2022).

Caution should also be taken in implementing policy frameworks that emphasise family support as a substitute for state or institutional support, such as in the Netherlands. While family members often provide important support, this comes at a significant cost, including possibly, caregiver burnout. Our findings highlight the substantial emotional labour and support provision adjustment of family members, particularly of grandmothers. Professionals and policymakers should acknowledge the risk of caregiver burnout and facilitate, when necessary, psychosocial support for wider family members. Policies that expand accessible housing and financial support for young families could also reduce reliance on family networks, enabling support to remain positive and voluntary rather than obligatory or overwhelming.

Chapter

Dutch Maternity Care Providers' Attitudes Toward And Support Of Young Fathers: A Cross-Sectional Survey-Based Study

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INTRODUCTION

Paternal involvement in childcare is associated with better parental relationships and wellbeing (Cabrera & Tamis-LeMonda, 2013; Kainz et al., 2010), and the improved cognitive, emotional, social, and physical development of children (Alio et al., 2011; Keizer et al., 2020; Lamb, 2010; Marsiglio & Roy, 2012; Teubert & Pinquart, 2010). However, the involvement of fathers under the age of 25 years, many of whom have unintentionally assumed this role (Kagesten et al., 2015), is precarious. More young than older fathers have strained relationships with the mothers of their children and do not regularly live with their children (Berrington et al., 2005; Kiselica & Kiselica, 2014; Mniszak et al., 2020). Especially in the case of unintended pregnancy, which is common in young adulthood, young fathers may struggle with parental involvement, as the transition to fatherhood is unexpected and perhaps even unwelcome (Reich & Brindis, 2006).

Given these circumstances, young men who have unintentionally become fathers may especially benefit from professional support. Professionals can help them feel prepared to support their partners and contribute to their children's development throughout pregnancy and after birth (Wells, 2016). Despite the value of fathers' involvement in pre- and post-natal care services, fathers often feel neglected or excluded by maternity care providers, who as the term implies focus primarily on mothers (Author, 2019; Poh et al., 2014; Wells, 2016; Widarsson et al., 2015). Currently, not all interactions with these providers sufficiently meet young fathers' needs (Kiselica & Kiselica, 2014; Mniszak et al., 2020). Studies of the experiences of young fathers indicate the need for an initial focus on instrumental support (Dallas, 2009; Kiselica and Kiselica, 2014; Authors, 2024), which entails concrete assistance through the provision of tangible goods and services (Langford et al., 1997). Young fathers have also expressed the need to be praised for their resilience (Kiselica and Kiselica, 2014; Authors, 2024). Affirmative support entails the affirmation of the appropriateness of an individual's acts or statements (Langford et al., 1997), and could meet this need. Instead, maternity care providers commonly provide emotional support, possibly emphasising young fathers' often-vulnerable circumstances (Authors, 2024). Emotional support, which involves the conveyance of care and empathy, may be ineffective or even counterproductive for (young) men, given the prevalence of masculine norms such as stoicism, self-reliance, and restrictive emotionality (Seidler et al., 2016). Moreover, some young fathers perceive a focus on informational support, the provision of information (Langford et al., 1997), as paternalistic. Perceived information overload can feed into young fathers' perception that other people view them as incapable (Authors, 2024). Informational and emotional support may, however, be welcomed by young fathers once trust is established (Authors, 2024).

Studies of the support that maternity care providers offer to (young) fathers have focused on the fathers' perspectives. To better align support to the needs of (young) fathers, insights into the providers' perspectives are also needed. The support that maternity care providers deliver is likely related to their attitudes toward young fathers and may be inadequate when those attitudes are negative (Van Boekel et al., 2013). As indicated by Schwarzer (2016), people's attitudes influence their behaviours, such as support provision, by shaping their intention and thus motivation to behave in a certain way. Previous studies of healthcare providers' attitudes toward young parents have centred primarily on adolescent mothers. These studies indicate that healthcare providers often view adolescent pregnancy as inherently problematic and adolescent mothers as difficult and even immature (Govender et al., 2020; Jittitaworn et al., 2020; Kumar et al., 2018; Sriyasak et al., 2019). Providers have also identified negative attitudes as barriers to support, as they might translate to judgmental behaviour and stand in the way of gaining trust (Govender et al., 2020; Jittitaworn et al., 2020; Quosdorf et al., 2020). Studies of maternity care providers' perceptions of the support they provide to adolescent mothers show the importance that they attribute to (referral for) psycho-social support and the prevention of future pregnancy (Govender et al., 2020; Kumar et al., 2018; Sriyasak et al., 2019).

It is essential to recognise that providers likely view and support young fathers differently than young mothers. For instance, the masculine ideal of independence, likely especially salient among young men during the process of maturing (Mniszak et al., 2020), may contribute to young fathers' reluctance to engage with support providers (Davies, 2016). This lack of engagement may, in turn, influence providers' attitudes and subsequently their support. Furthermore, unique stereotypes, such as being predatory, absent, or uncaring, may be associated with young fathers (Kiselica & Kiselica, 2014; Weber, 2012). Davies (2016) found that healthcare providers often view young fathers through a risk-based lens, associating them, for example, with domestic violence. Given young fathers' self-reliant attitudes (Authors, 2024) and providers' possible stereotypes, providers may not feel the need to explicitly support young fathers.

To obtain insights into maternity care providers' attitudes toward and support of young fathers, this cross-sectional study was conducted in the Dutch maternity care context. A strong motherhood-centred ideology, which entails the cultural notion that the mother is the most important parent, is prevalent in the Netherlands (van den Berg & Duyvendak, 2012) and reflected in many maternity care providers' sole focus on mothers. In the current study, the perceptions and attitudes of midwives and maternity nurses were studied. These maternity care-providing roles are distinct, with task ranges focusing on the provision of informational and instrumental support, respectively. The study had three aims: to examine maternity care providers' attitudes toward and perceptions of (different forms of) support provided to young

fathers, to determine whether providers' attitudes are related to the support provided, and to examine differences within and between the provider groups in the extent of (different forms of) support provided. The insights obtained with this study could be valuable aids for the development of effective strategies to align support provision to young fathers' needs, and thereby to enhance young fathers' involvement and contribute to the development of more inclusive maternity care.

METHOD

For this cross-sectional study, an online survey of 183 Dutch maternity care providers was conducted. Qualtrics (Qualtrics, Provo, UT), a web-based survey software, was used to administer the survey to participants. The study design was approved by our faculty's internal ethics committee (ETH2122-0446).

Study participants and recruitment

In the Netherlands, two groups of maternity care providers are most involved in the provision of care during pregnancy and (shortly after) birth: midwives and maternity nurses. Midwives pursue their studies at universities of applied sciences (KNOV, n.d.-a). They are mainly trained to provide prenatal care in clinics or hospitals in up to 10–14 appointments (KNOV, n.d.-b). During this time, they provide information about pregnancy, birth and parenthood and monitor the maternal and foetal medical statuses and the psychosocial wellbeing of mothers (KNOV, 2021). In the Netherlands, two types of midwives exist: first-line midwives, who work in neighbourhood practices and guide pregnant women with no medical abnormality (KNOV, n.d.-c); and second line (clinical or medical) midwives, who work in hospitals and support pregnant women with medical complications. During home births, which are common in the Netherlands (Perined, n.d.), midwives deliver babies (KNOV, n.d.-d); during hospital births, and especially in the case of medical complications, they may work together with other maternity care providers such as gynaecologists (Bo Geboortezorg et al., n.d.)

Maternity nurses obtain their diplomas in vocational secondary education (NBVK, n.d.). Maternity nurses are mainly responsible for the provision of postnatal care at new families' homes (Bo Geboortezorg et al., n.d.). In some cases, they also assist midwives during birth. In comparison to midwives whose support is mostly informational, maternity nurses mainly provide instrumental support. They make extended home visits (up to 8 hours per day) for a maximum of 10 days (Zorginstituut Nederland, n.d.). Maternity nurses ensure hygiene, care for housemates and perform household chores (CC Zorgadviseurs, 2008). They also

perform basic medical check-ups for mothers and babies and provide information on and instruction in childcare to new families (CC Zorgadviseurs, 2008). In the task descriptions of both professions as described by their professional associations, the mother's partner is only mentioned in passing, with no specific support tasks formulated towards partners (e.g. KNOV, 2021; NBVK, n.d.)

For participant recruitment, the Dutch Association for Midwives (Koninklijke Nederlandse Organisatie van Verloskundigen) and the Knowledge Centre for Maternity Care (Kenniscentrum Kraamzorg) disseminated the survey via their social media and/or websites. Additionally, 54 midwifery practices across the country were contacted by email and asked to distribute the survey among their employees. Of 274 individuals who started the survey, 248 completed it. Participants who had not been in contact with (prospective) young fathers in the past year ($n = 10$) and those who did not work in maternity care settings ($n = 1$) were excluded. Participants who filled in the survey multiple times ($n = 16$) and those who provided invalid answers to open questions ($n = 38$) were also excluded to ensure the validity of the findings. Thus, the final sample comprised 183 participants.

Procedure

At the start of the survey, participants were given information about the purpose of the study. They were also informed that their participation was voluntary, that they could stop taking the survey at any time, that their data would be handled confidentially and that their answers would be anonymised and used only for scientific purposes. After completing the survey, participants received a 10-euro gift voucher for their participation. Data collection took place from May to August of 2022.

Measures

An online survey was disseminated covering topics such as attitudes towards young fathers, fatherhood and childcare, the societal position of fathers, and maternity care providers' support towards young men who unintentionally become fathers. For this study, we selected 25 items (6 measuring attitudes and 19 measuring support towards young men who unintentionally become fathers), as well as questions about respondents' demographic characteristics. For consistency, all items were measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A sixth response option of 'not applicable' was provided for the support items, which were not all necessarily relevant for the different providers. 'Not applicable' responses were treated as missing data in the analyses. For data collection, all originally English items were translated to Dutch with the help of a professional translator.

Attitudes towards young fathers

Respondents' attitudes toward young fathers were measured with items adapted from the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) (Anderson & Clement, 1987). The AAPPQ items used relate to care providers' attitudes toward their clients and were selected from the motivation ($n = 2$), task specific self-esteem ($n = 1$) and work satisfaction ($n = 3$) subscales. The original items were adapted to fit the purpose of the current study; for example, "In general, I feel I can understand young fathers". Participants were asked to indicate to what extent they agreed or disagreed with statements about their interaction with young fathers. Higher scores on this scale indicate more positive attitudes. An exploratory factor analysis performed with the principal axis factoring method and varimax rotation confirmed the unidimensional structure of the scale. Cronbach's α value for the scale was 0.80, indicating good reliability, and the scale was computed as the mean of the items.

Support

Four forms of support (informational, instrumental, emotional and affirmative) were measured using items based on those of the Hughes Breastfeeding Support Scale (Hughes, 1984); the 2-Way Social Support Scale (Shakespeare-Finch and Obst, 2011); and an expert's meeting with a midwife, a youth worker, a representative of a fatherhood organisation, a programme manager at a non-governmental organisation focusing on sexual health and rights, a professor of applied sciences and a director of a midwifery academy. Items were made specific to fathers and rephrased to fit the perspectives of maternity care providers, rather than parents. Participants were asked to indicate to what extent they agreed or disagreed with statements about their contact with young fathers. An exploratory factor analysis was performed with the principal axis factoring method and varimax rotation for each scale and confirmed that all scales had a unidimensional structure. Cronbach's α values for the measures reflected satisfactory reliability, and the scales were computed as the means of corresponding items.

Informational support was measured with six items (Cronbach's $\alpha = 0.79$), such as "I offer advice to young fathers on childcare". Mean scores were computed for participants who provided responses (non-missing values) to at least four items. Instrumental support was measured with three items (Cronbach's $\alpha = 0.69$), such as "I teach young fathers certain skills (such as changing a diaper, bathing, and feeding the baby)". Mean scores were computed for participants who responded to at least two items. *Emotional support* was measured with seven items (Cronbach's $\alpha = 0.82$), such as "I cheer young fathers up when I notice they are feeling down". Mean scores were computed for participants who responded to at least four items. *Affirmative*

support was measured with three items (Cronbach's $\alpha = 0.79$), such as "I praise young fathers for their dedication to their (expectant) children". Mean scores were computed for participants who responded to at least two items.

Statistical analysis

The statistical analysis was performed with IBM SPSS Statistics (version 27; IBM Corporation, Armonk, NY, USA). First, descriptive statistics (means, standard deviations, and frequencies) were employed to summarise participants' characteristics. To provide insight into levels of agreement within the study sample, the number and percentage of participants who (fully) agreed with each attitude- and support-related item statement were computed. Bivariate correlation analysis was conducted to examine relationships between different forms of support and attitude. Repeated-measures analysis of variance was used to assess the significance of differences across different forms of support. Pairwise comparisons with Bonferroni adjustment were made. Additionally, independent-sample *t* tests were employed to compare support and attitude scores between provider groups. In this study statistical significance was set at $p < 0.05$.

RESULTS

Participant characteristics

The participants ($n = 183$) were aged 37.9 ± 13.3 years on average. Ninety-eight participants were midwives (including 10 midwives in training) and 85 participants were maternity nurses. Almost all (98%) participants were women (98%). Slightly more providers (54.6%) reported that they were in contact with young fathers on a more-than-monthly basis than on a less-than-monthly basis. Most (77.6%) midwives reported that they were in contact with young fathers monthly or more frequently, whereas most (71.8%) maternity nurses reported that they were in contact with young fathers less than monthly.

Attitudes toward and support of young fathers

Mean scores and percentages of participants agreeing with the scale items are provided in Table 1. The providers reported quite positive attitudes toward young fathers, but variation among items was apparent. The largest percentages of participants agreed with two items describing general attitudes toward young fathers, namely that they generally liked young fathers (89.6%) and were interested in (helping to solve) the problems that young fathers experience (81.4%). Smaller percentages of participants agreed with items that described attitudes toward working with young fathers, i.e. feeling proud of (64.0%) and wanting to (58.5%) do so.

Providers also reported high levels of support (mainly affirmative, followed by emotional, informational, and instrumental) for young fathers. All of these forms of support differed significantly (Wilks' $\lambda = 0.49$, $F_{(3, 167)} = 58.31$, $p < 0.001$).

The largest percentages of participants agreed with informational and emotional support items concerning support delivered in response to young fathers' direct communication, such as answering young fathers' questions (92.4%) and listening intently when young fathers talk about their children (96.2%). Somewhat smaller percentages of participants agreed with items concerning forms of support that emphasise care providers' proactive approaches and support provision in response to young fathers' indirect communication, such as prompting young fathers to read information (74.3%) or expressing concern when a young father seems sad (77.6%). The emotional support item with which the smallest percentage of participants agreed concerned cheering a young father up when noticing that he feels down (61.2%). Among instrumental support items, the largest percentage of participants agreed with that about helping fathers to cope with their responsibilities (71.6%). The informational and instrumental support items with which the smallest percentages of participants agreed were similar in their focus on other organisations and providers, i.e. advising young fathers about organisations to which they could reach out (54.1%) and initiating contact with other organisations or providers (47%). Large percentages (>87.9%) of participants agreed with all items measuring affirmational support.

Table 1. *Maternity Providers' Support of and Attitudes Toward Young Fathers in The Netherlands, Per Item (n = 183).*

Item	M	SD	% agreeing and fully agreeing
Positive attitudes	3.78	0.51	
In general, I like young fathers.			89.6%
I am interested in identifying problems young fathers may face and ways to overcome those problems.			81.4%
I derive satisfaction from working with young fathers.			68.8%
In general, I feel I can understand young fathers.			67.2%
I take pride in working with young fathers.			64.0%
I want to work with young fathers.			58.5%
Affirmative support	4.36	0.53	
I reassure young fathers that they are doing a good job.			95.1%
I foster young fathers' confidence, even in the face of mistakes.			88.0%
I praise young fathers for their dedication to their (expectant) children.			87.9%
Emotional support	4.12	0.51	
I always listen attentively when young fathers talk about their children.			96.2%
I listen to any problems young fathers may experience.			92.3%
I offer comfort to young fathers whenever necessary.			83.6%
I encourage young fathers to foster self-care.			79.3%
I show concern when I feel that young fathers are feeling blue.			77.6%
I assist young fathers in fostering their relationships with their children's mothers.			70.5%
I cheer young fathers up when I notice they are feeling down.			61.2%

Item	M	SD	% agreeing and fully agreeing
Informational support	3.97	0.63	
I answer any questions young fathers may have.			92.4%
I offer advice to young fathers on where to obtain necessary items.			82.6%
I offer advice to young fathers on childcare.			78.7%
I encourage young fathers to read online information, leaflets, books or articles.			74.3%
I offer advice to young fathers regarding available courses and support meetings.			63.4%
I offer advice to young fathers about other organisations they can reach out to for support.			54.1%
Instrumental support	3.72	0.86	
I help young fathers in managing their responsibilities.			71.6%
I teach young fathers certain skills (such as changing a diaper, bathing, and feeding the baby).			62.3%
I collaborate with other organisations and professionals to assist young fathers.			47.0%

Correlations between attitudes and perceived support

Participants' attitudes toward young fathers correlated significantly with all forms of support; in other words, higher attitude scores correlated with higher support scores (Table 2). All forms of support also correlated strongly with each other.

Table 2. *Correlations Between Maternity Providers' Support of and Attitudes Toward Young Fathers (n = 183).*

Variable	1	2	3	4	5
1. Positive attitudes	1				
2. Informational support	0.44**	1			
3. Instrumental support	0.47**	0.65**	1		
4. Emotional support	0.52**	0.63**	0.67**	1	
5. Affirmative support	0.47**	0.54**	0.62**	0.73**	1

** p < 0.01

Differences in attitudes and support between and within provider groups

Table 3 shows differences in support and attitude scale scores between provider groups. All forms of support differed significantly between midwives and maternity nurses. Maternity nurses reported more positive attitudes toward young fathers and provided more support of all forms of support than did midwives. The greatest difference between midwives and maternity nurses was in the provision of instrumental support.

Respondents in both groups reported providing the most affirmative support, followed by emotional support (Table 3). The form of support that they indicated providing the least differed between midwives (instrumental support) and maternity nurses (informational support). Pairwise comparisons showed that maternity nurses' provision of instrumental support did not differ significantly from their provision of informational and emotional support. Thus, all support scores were relatively high for maternity nurses, with less distinction between them. Pairwise comparisons revealed significant differences among all forms of support for midwives; they provided the most affirmative support, followed by emotional, informational, and instrumental support.

Table 3. *Differences in Support and Attitudes by Occupation (n = 183).*

Scale	Midwives			Maternity nurses			t
	n	M	SD	n	M	SD	
Affirmative support	96	4.13	0.47	83	4.62	0.49	6.66***
Emotional support	96	3.88	0.44	83	4.40	0.46	7.71***
Informational support	97	3.76	0.58	81	4.22	0.59	5.28***
Instrumental support	91	3.19	0.76	83	4.29	0.52	11.28***
Positive attitudes	98	3.61	0.48	84	3.97	0.48	5.05***

*** p < 0.001.

DISCUSSION

The findings of this study show that Dutch midwives and maternity nurses have quite positive attitudes toward young fathers and provide high levels of support to them. Their positive attitudes correlated significantly with all forms of support, indicating that maternity care providers with more positive attitudes provide more support. Despite the providers' general positive attitudes, however, their attitudes toward working with young fathers were less positive; they agreed less with survey items describing feeling proud of or wanting to work with young fathers. Overall, the maternity care providers reported providing the most affirmative support, followed by emotional, informational, and instrumental support. Variation among items, however, was evident. Fewer study participants agreed with items describing a proactive approach to supporting young fathers who do not explicitly express support needs. Furthermore, attitudes and all forms of support differed significantly between provider groups, with scores higher among maternity nurses than among midwives and the greatest difference observed for instrumental support.

The findings of this study, which reflect the perspectives of maternity care providers, paint a somewhat different picture than do previous findings reflecting the perspectives of young fathers. Whereas young fathers have reported receiving no or suboptimal support in maternity care (Dallas, 2009; Kiselica and Kiselica, 2014; Mniszak et al., 2020; Authors, 2024), maternity care providers reported high levels of support provision in this study. This discrepancy might be explained by different views on what forms of support should be provided, and in what ways. Our findings show that maternity care providers, and specifically midwives, focus less on providing instrumental support. However, young fathers would greatly prefer to receive this type of support (Dallas, 2009; Kiselica and Kiselica, 2014; Authors, 2024). Additionally, providers' and young fathers' ideas regarding the preferability of emotional support may differ; whereas providers reported delivering high levels of emotional support, an emphasis on this type of support may run counter to the masculine norms of restricted emotionality and self-reliance (Authors, 2024). A focus on emotions may also be suboptimal because young fathers may interpret providers' emphasis of comfort and empathy as the perception that they are experiencing distress. Such emphasis on vulnerability can conflict with young fathers' desire to have their resilience affirmed (Authors, 2024).

Discrepancies in maternity care providers' and young fathers' perspectives may also be explained by the misalignment of proactive and reactive support delivery. Maternity care providers reported offering mainly reactive support, in response to young fathers' expression of their needs. Proactive support, however, may better fit the needs of young fathers, who may struggle to acknowledge or voice

their needs. This issue is especially relevant for fathers with low health literacy (Sansom-Daly et al., 2016), who cope with limitations of ‘head space’ and/or skills for the understanding and use of health information. Lower educational levels and non-white ethnicities have been found to be associated with lower health literacy (Paasche-Orlow et al., 2005), as well as young fatherhood (Bamishigbin et al., 2019).

Another potential explanation for the contrast between the findings of this study and the previously reported perspectives of young fathers is a discrepancy between care providers’ attitudes and intentions to support young fathers and the actual delivery of that support. In this study, scores for items measuring attitudes toward working with young fathers were lower than those for items measuring more general attitudes, potentially reflecting interpersonal challenges encountered by providers when working with young fathers that negatively influence the latter’s experiences of the support that they receive. Qualitative studies of providers’ experiences in supporting young fathers are lacking, but providers have indicated that they perceive young mothers as ‘difficult’ in their interactions with them (Govender et al., 2020; Jittitaworn et al., 2020; Kumar et al., 2018; Sriyasak et al., 2019). Additionally, maternity care providers who feel motivated to involve fathers may experience systemic barriers to doing so. Fathers are not formally defined as clients in maternity care; thus, providers are only (financially) motivated to support mothers (Author, 2024). The provision of informational and instrumental support might be especially challenging, as (information on) father-specific initiatives, such as those that facilitate peer exchange, (is) are lacking. This situation may also explain midwives’ and maternity nurses’ least amount of agreement with items referring to reaching out or referring young fathers to other organisations and providers in this study.

Recommendations for practice

The comparison of our results with the literature suggests that having positive attitudes and delivering high levels of support do not sufficiently align with the support needs of young fathers. Paying attention to the form of support offered, and the way in which it is offered, would likely help to better align providers’ support behaviours to young fathers’ support needs. This sensitivity to others’ support needs and flexibility to adjust support accordingly is referred to as responsive support and associated with positive adaptation after experiencing adversity (Feeney & Collins, 2015). Young fathers have reported that they would prefer to receive instrumental and affirmative support, with the affirmation of their resilience instead of emphasis of their vulnerabilities (Authors, 2024). Healthcare providers’ focus on emotional or informational support, as found in this study, may feed into young fathers’ insecurities about being perceived as distressed and incapable, possibly leading to disengagement (Authors, 2024). Active support of young fathers, which

the participants in this study indicated that they did less than reactive support, might be beneficial for young fathers due to their possible lower health literacy and the maternity care system's predominant or even sole focus on mothers (Harthoorn, 2019).

Strengths, limitations, and recommendations for future research

The current study is novel, as it was the first to assess healthcare providers' attitudes toward and perspectives on support for young fathers. A limitation of this study, however, is that only positive attitudes toward young fathers were measured. The participants' generally high levels of positive attitudes do not necessarily indicate that they lack negative attitudes toward young fathers. Positive and negative attitudes are not merely different ends of the same continuum, and respective items measuring them may evoke different responses (Pittinsky et al., 2011). Considering specific prejudices surrounding young fathers, such as the labels of 'absent' and 'irresponsible' (Kiselica & Kiselica, 2014; Weber, 2012), the design and validation of a scale measuring negative attitudes toward young fathers might shed more light on the variety in healthcare providers' perspectives. Furthermore, we focused on providers' perceived provision of support, which may not always match their actual behaviours. To gain more insight into the support provided to young fathers, an ethnographic study of the interaction between these groups is recommended. Moreover, a qualitative study exploring maternity care providers' challenges in interacting with young fathers could also provide valuable insights on providers' less-positive attitudes toward working with young fathers than toward them in general.

CONCLUSION

This study shows that Dutch midwives and maternity nurses have positive attitudes toward young fathers and high levels of perceived support provision to them. These findings diverge somewhat from previously reported experiences of young fathers, suggesting that maternity care providers' attitudes and perceptions about support are not sufficiently aligned with young fathers' support needs or the support they are offered. Attention should be paid to the forms and manners of support offered.

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Chapter

General discussion

Justine van de Beek

06

The first chapter of this dissertation showed how the literature on young fatherhood often emphasizes structural vulnerability (e.g. Bamishigbin et al., 2019; Johansen et al., 2020) or signs of individual resilience (e.g. Dawson, 2023; Uengwongsapat, 2022). The focus on solely one of these perspectives risks resulting in oversimplified portrayals of young fathers - either as passive victims of their circumstances or as individually resilient. Moreover, these strands of literature largely view them as disconnected from their social relations. Therefore, in this dissertation, I adopted a more nuanced approach by studying the relational dynamics of both vulnerability and resilience within young fathers' lives. In doing so, I focused on both the individual level experience of young fathers and on their different relations with important others. In addition, my thesis provides insight into the influences of more distal ecological systems. To recapitulate, the central research question of this thesis is:

How do dynamics of vulnerability and resilience shape the experiences of young fathers and how are these dynamics shaped by their relations with their children's mothers, family members, and maternity care providers?

In this final chapter, I answer this question based on the main findings depicted in Chapter 2-5 and reflect on these findings in relation to current scholarship on young fatherhood. I conclude with practical implications, methodological reflections and avenues for future research.

MAIN FINDINGS

Two main findings are expanded on below. First, the dissertation shows how vulnerability and resilience in young fatherhood coexist, interact, and shift over time. Second, it illustrates how these dynamics arise in constant interaction with the social environment.

Vulnerability and resilience coexist, interact and change throughout time

Individual level dynamics of young fathers

The stories of young fathers and their important others illustrate examples of both resilience and vulnerability. First, almost all young fathers described the news of pregnancy as an adversity, characterized by feelings of unpreparedness, feeling overwhelmed, and powerlessness (chapter 2). This aligns with previous literature describing young fathers' initial responses as ambivalent or largely negative (Deslauriers & Kiselica, 2022; Gesell & Van Dijk, 2010; Makusha, 2024; Van Lier, 2007).

Distress was further intensified by vulnerable circumstances surrounding the pregnancy, including insecurity, practical and relational challenges, and unsuitable support. These vulnerable aspects largely confirm previous findings on distress surrounding housing and employment, conflict with the child's mother, and insufficient or lacking support from family members and healthcare providers (Dawson, 2023; Deslauriers & Kiselica, 2022; Makusha, 2024; Uengwongsapat, 2022). Reflecting these vulnerabilities, young fathers' family members often feared that early parenthood would complicate young fathers' education and employment, or that housing options were insufficient, though these concerns were often not shared openly (Chapter 4).

Yet, within these vulnerable circumstances, young fathers developed a resilient attitude marked by strong motivation to be a good father, a pragmatic, action-oriented approach, and confidence in their fathering abilities (Chapter 2). Although the motivation to 'be there' for their children and to do so more effectively than their own fathers has been consistently documented (Dawson, 2023; Lau Clayton, 2015; Makusha, 2024; Uengwongsapat, 2022), the process of adaptation to the news of the pregnancy has received limited scholarly attention. Family members often responded with admiration to this attitude, framing the pregnancy as a meaningful and transformative experience that prompted young fathers to 'grow up and take responsibility' (Chapter 4).

However, the findings of this dissertation also indicate a previously unexplored dark side of this attitude: it regularly hindered space for emotional processing and engagement with (emotional) support, contributing to vulnerability. Negative emotions were often pushed aside to carry on in the moment and resolve practical issues, and support was often not sought due to a strong sense of independence. This dark side was also noted by both children's mothers and family members: mothers sometimes perceived young fathers as emotionally absent due to their practical focus (Chapter 3), while family members sometimes struggled with being unable to provide necessary emotional support (Chapter 4).

The findings further show that the degree in which vulnerability and resilience are present within young fathers' lives is not static but shifts over time, which is to the best of my knowledge not yet explored in previous literature. Initially, young fathers' resilient attitudes contributed to pragmatically tackling issues such as securing housing and an income, thereby reducing vulnerable circumstances. Yet, over time, the unintended consequences of this attitude - neglect of emotional processing and support-seeking - became more pronounced or visible. Specifically, some young fathers described a mental health "backlash" in the period following childbirth, in which the energy sustaining their pragmatic, action-oriented approach diminished and previously suppressed negative emotions resurfaced.

The dyadic level dynamics of young parents

The relationships between young parents are often portrayed in the literature as predominantly conflict-ridden and thus vulnerable, driven by mothers' dissatisfaction with fathers' involvement during pregnancy and childcare (Deslauriers & Kiselica, 2022; Devault et al., 2008; Lau Clayton, 2015). Yet, the findings of this dissertation show similar patterns of vulnerability and resilience co-existing and shifting over time at the dyadic level of young parents' relationships as at the individual level. Chapter 3 illustrates that across all dyads elements of both relational vulnerability and resilience were present, with their balances varying across dyads and shifting over time. All young parents described some degree of relational vulnerability; couple and/or coparenting relationships were often under pressure because of young parenthood. This pressure arose, for example, from limited time for oneself and each other while juggling school, work, and childcare, as well as from maternal criticism of paternal involvement. In contexts of limited social support, such vulnerabilities could be compounded, in some cases escalating into interpersonal dynamics characterized by mutual accusation, competition for contact with the child, and sometimes even violence.

Yet, similarly to young fathers' individual experiences, this vulnerable dimension does not capture the full picture of young parents' relationships. While joint resilience strategies have been identified among older couples and coparents (Jamison et al., 2014; Skerrett & Fergus, 2015), relational resilience in young parental relationships remains underexplored. Some studies note that the relationship strengthens following childbirth (Deslauriers & Kiselica, 2022) or that fathers play a key role as a source of maternal support (Kagawa et al., 2017). The underlying relational dynamics are, however, not yet studied. Moreover, these studies largely overlook the role of the social environment in shaping relational dynamics. Chapter 3 addresses this gap by demonstrating that young parent dyads also exhibit relational resilience, to varying degrees, and that this resilience is socially embedded. Young couples and coparents employed strategies such as framing the dyad as a team, open communication, maintaining positive relationships with extended family, establishing clear agreements around father involvement, and sustaining relational positivity. Dyads with access to diverse forms of social support were particularly able to enact these strategies, highlighting the importance of situating relational dynamics within their social contexts.

Lastly, the changing nature of young parents' relationship has been very limitedly noted in current scholarship - except for in Mollborn and Jacobs' work (2015) - implying that these relationships are statically vulnerable. The findings in chapter 3 show that just like individual dynamics, dynamics in young parents' relationships shifted throughout time. For example, some interview participants

indicated in subsequent focus groups that their relationships had deteriorated. Several participants also indicated that their interactions with the other parent used to be unstable and conflictual, often during a period of several months prior to data collection, whereas their relationships were largely stable and harmonious at the time of data collection. These findings point to the chronosystem, the temporal element of human development, of the socio-ecological model of Bronfenbrenner (1994).

DYNAMICS OF VULNERABILITY AND RESILIENCE ARISE IN INTERACTION WITH THE SOCIAL ENVIRONMENT

The co-existing, interacting and shifting dynamics of vulnerability and resilience in young fathers' lives, described previously, are shaped within a broader social context. The impact of this social context on young fathers will be illustrated based on the different levels of the socio-ecological model of Bronfenbrenner (1979): the microsystem, the mesosystem, the exosystem, and finally the macrosystem.

The ambivalent role of the microsystem

In relation to young fathers' microsystems, consisting of the immediate relationships that directly influence them (Bronfenbrenner, 1979), I looked at the relations with the mothers of their children, close family members and professional caregivers. Current scholarship largely implies these relations have either a largely positive or negative influence on young fathers' resilience (e.g. Devault et al., 2008; Mniszak et al., 2020; Uengwongsapat, 2022). The findings below dissect these relationships and show they exert a more ambivalent influence than suggested in previous research.

Relations with children's mothers

Following the scholarly emphasis on conflict between young parents, current research suggests that such relationships largely have a negative influence on young fathers' resilience (Deslauriers & Kiselica, 2022; Devault et al., 2008; Lau Clayton, 2015). These findings are partially confirmed here, as one source of distress for young fathers are conflicts with the mother of their children, often stemming from maternal frustration regarding paternal involvement (Chapter 2). Similarly, young mothers' individual resilience was undermined in dyads where persistent conflict caused sufficient distress for mothers to ultimately cease contact with the father (Chapter 3). However, many dyads were able - through social support and interpersonal strategies - to strengthen their relational resilience (Chapter 3). In such cases, the parental relationship functioned as an important resource contributing to the individual resilience for both parents.

Relations with family members

Several studies on young fatherhood underscore the importance and often positive influence of grandparental support (Deslauriers & Kiselica, 2022; Lau Clayton, 2015; Makusha, 2024; Mniszak et al., 2020), while some highlight the “dark side” of such support, including unwanted involvement such as lectures on responsibility (Deslauriers & Kiselica, 2022; Lau Clayton, 2015; Van Lier, 2007). This dissertation extends existing scholarship by showing when and why familial support is perceived as (dis)advantageous by young fathers, and how this shapes vulnerability and resilience within young fathers’ lives.

In chapter 2, I illustrate that practical support that aligned with their pragmatic, action-oriented attitudes met the expectations of young fathers. Unsolicited childcare advice was, however, experienced as unwanted interference, likely because it conflicted with their emphasis on independence. Building on these findings, Chapter 4 examines informal support in greater depth by incorporating the perspectives of both young fathers and those identified by them as their most important informal support providers: family members. This chapter shows that support characterized by positivity - such as acceptance, optimism, and expressions of pride - was perceived by young fathers as an important resource for resilience. Conversely, support that infringed on their autonomy, often reflecting family members’ own values, concerns, or investments, could undermine resilience.

While providing support was often emotionally rewarding for family members, it also came at a cost: female family members in particular frequently shouldered substantial emotional labour and sometimes reported caregiver strain. By incorporating family members’ perspectives, this dissertation also offers insight into their wellbeing and highlights the gendered dynamics of informal support.

Similar to the individual and dyadic processes of vulnerability and resilience, the role of informal support shifted over time. Temporal dimensions of familial support have received limited attention in existing scholarship on young fatherhood (Lau Clayton, 2015; Makusha, 2024; Mniszak et al., 2020), which - like research on young parental relationships - implies that familial support is statically advantageous or disadvantageous. Regarding this temporal dimension, Chapters 3 and 4 demonstrate that family members’ initial responses to the pregnancy were frequently shaped by worry about practical circumstances and disappointment regarding the timing of the pregnancy. Although family members regularly tried to not openly express these feelings, it was more difficult for family members to provide support that young fathers experienced as a resilience-enhancing resource, such as emphasizing positivity. As the pregnancy progressed and especially following childbirth, feelings of pride and confidence in the young parents’ caregiving capacities became more prominent among family members, better aligning with young fathers’ support needs.

Family members also increasingly adapted their support strategies, for example by avoiding sensitive topics or shifting toward more practical forms of support.

Relations with maternity care providers

Previous research indicates that young fathers are reluctant to engage with formal support because of anticipated judgment and the desire to be self-reliant (Deslauriers & Kiselica, 2022; Gesell & Van Dijk, 2010; Mniszak et al., 2020). Additionally, their interactions with healthcare providers are often unsatisfactory due to exclusion, interference, and judgment (Mniszak et al., 2020; Uengwongsapat, 2022; Van Lier, 2007). In line with this research, chapter 2 demonstrated that limited or unsuitable support - particularly when interactions were perceived as impersonal or distant - undermined young fathers' resilience by reducing their willingness to engage with available support.

However, little scholarly attention has been paid to how relationships with healthcare providers may enhance young fathers' resilience. This dissertation illustrates various examples of resilience-enhancing support by professionals. In chapter 2 of this dissertation, young fathers indicated to value interactions with maternity care providers who they perceived as kind, humorous, playful, and trusting as facilitating their resilience. Like familial support, this illustrates how young fathers prefer support that emphasizes positivity toward the early fatherhood, alongside a general preference for support that is practical in nature.

Maternity care providers' own perspectives have been largely absent from existing scholarship, despite their importance for facilitating alignment between support needs and support provision. Accordingly, Chapter 5 examines maternity care providers' attitudes toward supporting young fathers. Although providers generally reported positive attitudes and high levels of support, this contrasts with young fathers' experiences described previously. As with familial support, this discrepancy suggests a misalignment between young fathers' needs and the support provided. Notably, providers reported that they prioritized emotional support instead of offering practical support. This emphasis may conflict with masculine norms and young fathers' preference for having their resilience affirmed rather than their vulnerability foregrounded, as shown in Chapter 2. At the same time, Chapter 2 also underscores that limited engagement with emotional support can heighten young fathers' vulnerability.

The mesosystem: dynamics of vulnerability and resilience across relations

Though not the central focus of this dissertation, the findings also shed light on how vulnerability and resilience are shaped through interactions between microsystem relations, conceptualized as the mesosystem by Bronfenbrenner (1979). Two interactions emerge as particularly relevant: the interaction between young fathers' relations with their family members and their children's mothers, and the interaction between young fathers' relations with their children's mothers and with maternity care providers.

Previous research has highlighted the influential role of grandparents in young parents' relationships - either undermining them through disapproval and a lack of support, or strengthening them through encouragement and support (Lau Clayton, 2015; Mollborn & Jacobs, 2015). Chapter 3 aligns with these findings by showing that dyads characterised by relational vulnerability often lacked social support, due to for instance familial issues or absence of family members in the country of residence, thereby increasing relational pressure. Resilience-dominated dyads, on the other hand, typically benefited from diverse forms of familial support that eased such pressure. Yet, extending the current literature, chapter 4 also demonstrates the ambivalent role of family support in young parental relationships, similar to the findings on the individual and microlevel, as it can undermine joint resilience when it is experienced as interference. For instance, a paternal grandmother confronting the child's mother in a way she perceived as hostile generated tension between the young parents.

Regarding the interaction between young fathers' relations with their children's mothers and maternity care providers, prior studies have primarily emphasized the positive effects of fathers' involvement by healthcare providers on the parental relationship (Aytaç-DiCarlo et al., 2025; Wells et al., 2023). This dissertation complicates this view by demonstrating that healthcare providers' influence is contingent on the pre-existing parental relationship: it can strengthen resilience in some dyads while exacerbating vulnerability in others. Chapter 3 shows that in resilience-dominated young parent dyads, fathers were typically actively present at maternity care appointments, which encouraged providers to involve them more. This mutual engagement fostered a sense of teamwork within the dyad, contributing to joint resilience. In contrast, fathers in vulnerability-dominated dyads were often absent from appointments with formal caregivers. When mothers in these dyads remained in contact with the father, his absence frequently intensified relational vulnerability by reinforcing disappointment regarding his involvement. Where contact was limited or unstable, fathers' absence sometimes reflected mothers' preferences, further constraining providers' ability to support either the

father or the dyad. Importantly, Chapter 3 shows that when fathers in vulnerability-dominated dyads did attend healthcare appointments, they often felt excluded or judged by maternity care providers - mirroring dynamics in their relationships with the children's mothers. Together, these findings highlight the challenges maternity care providers face in supporting fathers and parental dyads when interparental relationships are strained.

The exosystem: dynamics of vulnerability and resilience are shaped by institutional systems

Dynamics of vulnerability and resilience were further found to be shaped by institutional systems – whose influence is depicted by the exosystem of the socio-ecological model of Bronfenbrenner (1979). Mainly the maternity care system and housing system arose as consequential institutions.

Maternity care system not designed with (young) fathers in mind

Previous research points to systemic barriers to father involvement within the maternity care system, including limited provider training on father engagement, the absence of a formal client status for fathers (and thus a lack of financial incentive to support them), and a lack of father-specific initiatives (Aarntzen et al., 2025; Hilverda et al., 2025; Petit-Steeghs, 2024). In line with this, the findings presented in Chapter 5 suggest that although maternity care providers were willing to support young fathers, they experienced barriers to involving them in practice. Specifically, providers reported lower confidence in offering information about other services, referring fathers to external organizations, or collaborating across organizations to support young fathers. Rather than reflecting a lack of awareness among providers, these findings suggest that services or organizations specifically supporting young fathers are limited or absent, thereby constraining maternity care providers' capacity to contribute to young fathers' resilience.

Lack of suitable housing

While the issue of housing is seldomly explored in scholarship on young parenthood, data from the UK shows that opportunities for young parents to set up an independent home have eroded (Neale & Tarrant, 2024). In line, the findings of this dissertation show the current lack of suitable housing for Dutch young fathers and their families, hindering their resilience.

In Chapter 2, young fathers describe distress caused by, amongst other things, the issue of acquiring suitable housing. Some couples deliberately lived apart to maximize government benefits - because in the Netherlands, general assistance ('bijstand') is reduced when recipients live together with others (Rijksoverheid, n.d.).

This intentional separation negatively affected father involvement, as children typically lived with their mothers. Considering that a common source of relational conflict is mother's disappointment in the father's involvement, separate housing arrangements and consequent reduced father involvement may further amplify relational vulnerability. Yet, this consideration does not apply to dyads characterized by severe and persistent conflict, for whom separate living arrangements may instead be conducive to the well-being of both parents and their children.

Other young parents were forced to live with their own parents, often alongside siblings, resulting in crowded conditions. Although family nearby can offer valuable support - such as helping with childcare - chapter 4 showed that co-residence may contribute to undermining resilience in young fathers as support often becomes too interfering. For family members, co-residence may facilitate building a strong connection with the new child but also increases the odds of caregiver burden.

In other cases, as discussed in Chapter 3, young mothers temporarily lived in "mother-child" housing provided by Dutch Christian-affiliated organizations (Siriz, n.d.; Timon, n.d.-c). While these facilities can support the individual resilience of young mothers, they restrict the potential for fathers or partners to be involved. The rationale behind this seems to be that mother-child homes serve young mothers with complex problems, including instability and conflict in the relationships with their children's fathers, making independent living a preferable arrangement (Timon, n.d.-b). Yet not all mothers in such housing projects might have irredeemably damaged relationships with their children's fathers, and limiting their presence might make it harder to share childcare responsibility and jointly work on strengthening the relationship.

The macrosystem: the role of gender norms

Lastly, at the macrosystem level of Bronfenbrenner (1979), the dissertation examines how wider societal values and norms shape dynamics of vulnerability and resilience. It shows that, despite shifting cultural ideals, traditional notions of gender continue to structure these dynamics.

Influence of masculine norms on young fathers' behaviours

On the individual level, young fathers' behaviours mirrored traditional masculine norms in two ways. First, their reluctance to engage in emotional processing and seek support reflects a behavioural pattern widely documented in research on masculinity and mental health (Staiger et al., 2020). This behaviour has been linked to masculine norms emphasizing strength, self-reliance, control, and emotional constraint (Staiger et al., 2020).

Second, the way in which young men enacted their fathering role reflects traditional constructions of fatherhood (Ishizuka, 2025). Young fathers' emphasis on the provider role has been consistently demonstrated in previous studies of young fathers (Dawson, 2023; Makusha, 2024; Uengwongsapat, 2022). In line, young fathers in the present study often focused on solving practical problems such as securing housing and a stable income. Although this focus does not necessarily exclude engagement in non-traditional performances of fatherhood, other elements of parenting, such as emotional care, were emphasized less by young fathers.

This enactment of the father role had repercussions for young parents' relationships: young mothers often reported dissatisfaction with paternal involvement, indicating that they expected broader engagement than solely the breadwinner role. These tensions reflect a broader cultural context in which modern ideals of involved fatherhood coexist with largely traditional divisions of childcare in everyday practice (CBS, 2024).

Influence of gender roles on the provision of support

Beyond individual and dyadic dynamics, gender roles also shaped who provided support toward young fathers. As shown in Chapter 5, maternity care providers are overwhelmingly women. A predominantly female workforce does not have to negatively impact support toward fathers, but in tandem with the current maternity care system design, might inadvertently reduce father's inclusion - for example by reinforcing the notion toward fathers that services are women-focused (Page et al., 2008).

Informal support was also predominantly provided by young fathers' female family members, specifically their mothers. Chapter 4 shows how mainly young fathers' mothers managed internal concern while providing outward support emphasizing positivity, managed their partners' responses to the young fatherhood, worried about their son's emotional closedness, and adapted their support strategies to their son's needs. Consequently, the important work facilitating young fathers' resilience seems to largely fall on the shoulders of these women, and while that may be emotionally fulfilling for them, it can also be burdensome. These findings confirm prior scholarship pointing to how primarily women take up the 'mental load' (a combination of cognitive and emotional labour) and 'kin work' (the maintenance of cross-household family ties) in families, with possibly negative repercussions for their wellbeing (Dean et al., 2022; Eklund, 2023).

THEORETICAL IMPLICATIONS

The main findings have two important theoretical implications. First, the findings of this dissertation support conceptual work that challenges understandings of vulnerability and resilience as oppositional or purely linear (Lotz, 2016; Miller et al., 2010). As demonstrated by the empirical findings, vulnerability did not preclude resilience at the individual level, nor did resilience necessarily protect against vulnerability. Rather, resilient responses often emerged within vulnerable circumstances, while at the same time producing unintended costs that could intensify vulnerability. This dynamic reflects Miller's (2010, p. 4) observation that: "Attempting to make a system more resilient in a particular way [...] may inadvertently result in it becoming less resilient in other ways."

Second, the findings challenge existing conceptual scholarship which depicts (in)formal support as an inherently beneficial asset (Henley, 2010; Miller-Graff, 2022) or a protective factor (Masten, 2019) for individual resilience. Rather, this dissertation demonstrates that (in)formal support can both strengthen and undermine resilience at individual and dyadic levels, complicating assumptions that such support is uniformly advantageous or protective.

PRACTICAL IMPLICATIONS

Based on the findings of this dissertation, I propose several recommendations for practice.

Adjust policy discourse on young parenthood to match lived experiences

My first recommendation is to adjust the current policy discourse on young parenthood. As discussed in Chapter 1, contemporary Dutch and European policy discourse constructs young parenthood in general as synonymous with (socio-economic) vulnerability (Blokhuis, 2018; European Parliament, 2022; Ministerie van Volksgezondheid Welzijn en Sport, 2018). Similarly, Neale and Tarrant (2024) describe how young parents' vulnerability is continuously emphasized in policies in the United Kingdom. While this framing likely aims to identify and address risk, it risks obscuring the resilient capacities and resources that many young parents actively mobilize in their everyday lives. Such resilience has been depicted in this dissertation on Dutch young fathers and has previously been shown for young mothers (e.g. Sniekers, 2019). When such resilience remains unrecognized, policy interventions are more likely to adopt a deficit-oriented approach that fails to resonate with young parents' lived experiences, thereby possibly limiting both their effectiveness and their uptake.

Moreover, the prevailing policy discourse in the Netherlands insufficiently acknowledges the role of fathers within young families (Blokhuis, 2018; Ministerie van Volksgezondheid Welzijn en Sport, 2018). Again, Neale and Tarrent (2024) similarly note that in UK policy discourse, ‘young parents’ really means ‘young mothers’, given scant attention is given to the roles of young fathers. This omission is particularly problematic given that paternal involvement has been shown to contribute positively to parental wellbeing, child development, and family stability (Diniz et al., 2021; McClain & Brown, 2017; Rollè et al., 2019). By neglecting young fathers in policy discourse, opportunities are missed to strengthen family dynamics. I therefore recommend that policy discourse explicitly attends to young fathers by explicitly mentioning their role, and adopting a more nuanced policy framework that recognizes both vulnerability and resilience in their experiences. Such a reframing provides a necessary foundation for policies that more accurately reflect young fathers’ lived realities and therefore better support young families.

Improve young fathers’ emotional processing and support seeking

Second, I recommend to implement (young) father specific initiatives which stimulate emotional processing and support seeking. A review on mental health promotion among men indicates that especially peer group therapy is helpful in training the expression of emotions, thereby breaking with traditional masculine norms, and providing new sources of social support (Kim & Yu, 2023). In line, young fathers stated to value prenatal group meetings with peers in prior research, citing empowerment due feelings of shared experiences (Deslauriers & Kiselica, 2022). A similar effect was observed in one of the sub studies of this dissertation, in which young fathers in focus groups opened about their struggles and rejoiced in getting to know peers. Thus, investment in peer group initiatives seems to be a promising means to improve young fathers’ emotional processing and support seeking. One example in the Netherlands was the project ‘Daddy’s Place’, organized by the applied university of Rotterdam, where young fathers in Rotterdam could meet peers in casual encounters surrounding an activity such as boxing or graffiti (Kennisswerkpplaats Sociale Verloskunde, n.d.) Yet, sustainable funding for such initiatives seems to be complicated, as its recent termination indicates (OPEN Rotterdam, 2025).

Support (in)formal support providers

A third recommendation is to provide more resources for both family members and maternity care providers to better support young fathers. In terms of resources for maternity care providers, we recommend integrating father involvement in maternity care providers’ educational trajectories and/or professional associations to provide

further training on this topic. Furthermore, the acknowledgment of fathers as clients in maternity care services likely will allow providers to allocate more time and resources toward them (Petit-Steeghs, 2024).

In terms of resources for family members, family members in this dissertation were generally not in contact with providers involved with young fathers, although when they were, providers could help manage caregiver burden (chapter 4). Therefore, health care and social care providers are recommended to work in tandem with young fathers and family members, opening space to discuss support needs, tensions and support provision capacity. However, just like involving young fathers in maternity care, involving family members broadly is time-intensive work that should be properly recognized in reimbursement structures (Glajchen et al., 2022).

Build toward suitable housing

A fourth, and last, recommendation is to improve suitable housing options for young parents. The findings of this dissertation showed that currently, suitable housing that facilitates young families living together, independently from their parents, is often lacking. More broadly, the share of social housing in the Netherlands has declined rapidly in the past decades, making the sector more difficult to access for those not already in it, such as young adults (Howard et al., 2024). Young parents that are not eligible for this shrinking supply of social-rental housing are relegated to the private-rental sector, which notoriously offers very little housing for people with lower or middle incomes (OECD, 2025).

Given how young parent's housing situations often hinders resilience, we firstly urge the Dutch government to rethink government assistance policies that disincentivize cohabitation of (young) families. Secondly, organizations that provide valuable mother-child housing might want to reconsider policies that exclude fathers from residence, considering the positive role fathers can play, particularly in the context of relatively stable relationships. Thirdly, the expansion of accessible and affordable housing options for those with lower to middle incomes would likely highly benefit young parents and their children.

METHODOLOGICAL REFLECTIONS AND FUTURE RESEARCH

As outlined in Chapter 1, the study is grounded in socio-ecological systems theory of Bronfenbrenner (1979) and focuses primarily on the microsystem of young fathers: their immediate relationships. This focus enabled in-depth insight into young fathers' experiences and their relations with children's mothers, family members, and maternity care providers. Including the perspectives of important others was

a methodological strength, as it enabled the study to move beyond individualized accounts of young fatherhood and to examine their vulnerability and resilience as a relational process. However, not all relevant important others were included. Though young fathers' friends, siblings and fathers have received attention in the conversations with young fathers, mothers and female family members, these important others were not included as participants. Additionally, one relevant group of formal support providers - social workers - was not included. Their perspectives could further illuminate opportunities and barriers to supporting young fathers, as they are more likely than maternity care providers to engage with fathers in unstable or conflictual relationships with their children's mothers. They are also more likely, following the more socio-ecological outset of their profession, to be in contact with others around young fathers, granting them a more holistic view (Beroepsvereniging van Professionals in Sociaal Werk (BPSW), 2021).

CONCLUDING REMARKS

This dissertation has shown that young fatherhood is shaped by dynamics of vulnerability and resilience that coexist, interact, and shift over time. Using an ecological perspective, the findings demonstrate that these dynamics of vulnerability and resilience are shaped through relations with children's mothers, family members, and maternity care providers, as well as within broader institutional and gendered contexts. Together, these insights challenge narrow framings of young fatherhood and call for more nuanced approaches in policy and practice that acknowledge and build on young fathers' resilience while addressing vulnerability.

Appendices

References

Summary

Samenvatting

Acknowledgements

PhD portfolio

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SUMMARY

This dissertation set out to answer the following research question: How do dynamics of vulnerability and resilience shape the experiences of young fathers, and how are these dynamics shaped by their relations with their children's mothers, family members, and maternity care providers?

Chapter 1 highlights the importance of studying young fatherhood and reviews the current state of knowledge on the topic. Young fathers often face unique and heightened barriers to paternal involvement compared to older fathers, despite the well-documented positive effects of father involvement on child and parental outcomes. Yet, services and policies related to pregnancy, childbirth, and parenting predominantly target mothers. Reflecting this pattern, public and policy discourses on young parenthood rarely portray young fathers as important actors. Moreover, these discourses tend to unequivocally equate young parenthood with vulnerability.

Existing studies on young fathers either mirror this focus by portraying them as structurally vulnerable (characterized by socio-economic disadvantage) or, more commonly in recent years, as resilient individuals who adapt to adversity. However, both perspectives offer a limited understanding of the transition to young fatherhood. By integrating the perspectives of vulnerability and resilience and examining how young fathers' experiences are shaped through their relations with their children's mothers, family members, and maternity care providers, this dissertation advances a more nuanced understanding of young fatherhood.

Chapter 1 further describes how the main research question is addressed through four sub-questions, which are examined in the subsequent empirical chapters (Chapters 2–5). These chapters follow the nested structure of ecological levels, progressing from the individual level (the self) to key relationships within the microsystem.

Chapter 2 begins at the individual level. It explores how vulnerability and resilience interrelate during young men's unintended transition to fatherhood. Drawing on qualitative interviews with 14 young Dutch men who unexpectedly became fathers, the chapter is guided by a theoretical framework that conceptualizes vulnerability as an increased likelihood of experiencing adversity and its negative consequences, and resilience as the process through which individuals mobilize internal resources (attitudes and actions) and external resources (such as social support) to adapt to adversity.

The findings show that news of the pregnancy was commonly experienced as an adverse event, triggering feelings of panic, powerlessness, and shock. This

adversity risked exacerbating pre-existing mental health issues and caused distress across several domains, including insecurity, practical challenges, relationship difficulties, and a lack of (appropriate) support. However, in response to these challenges, young fathers developed resilient attitudes characterized by motivation, pragmatism, and confidence. At the same time, these attitudes also had a dark side. A strong focus on (independently) solving practical problems limited emotional processing and reduced their willingness to seek and accept support from others, paradoxically intensifying vulnerability.

Contrary to prior literature that treats these concepts separately, the chapter concludes that vulnerability and resilience interrelate in complex ways among young fathers. These findings underline the need for healthcare providers to initially prioritize practical support while encouraging young fathers to access social support, as this may be an area of vulnerability, whilst acknowledging and validating their resilient attitudes. The development and promotion of peer support groups may be especially valuable in this regard.

Chapter 3 moves to the first layer of young fathers' microsystems, focusing on their relations with their children's mothers. Prior scholarship on young parents' relationships has mainly emphasized their vulnerability, overlooking the possibility of joint adaptation following a young (and unintended) pregnancy. At the same time, other research on how couples and coparents navigate adversity together has primarily focused on interpersonal strategies, neglecting the influence of external factors such as social support on relationship dynamics. Yet, social support is particularly important for young parents' relationships as they are often more reliant on it due to their age. Therefore, this chapter draws on interviews and focus groups with 35 Dutch young parents (17 young mothers and 18 young fathers) who experienced an unintended pregnancy to examine how their relationship dynamics are shaped by both interpersonal strategies and the social support they receive.

The findings demonstrate that vulnerability and resilience coexist in all young parents' relationships, albeit to varying degrees. Four relationship personas were identified: couple and coparenting resilience, coparenting resilience, couple and coparenting vulnerability, and coparenting vulnerability. Dyads in which resilience predominated generally benefited from diverse forms of social support alongside interpersonal strategies such as open communication, maintaining relational positivity through expressions of respect and gratitude, and fostering good relationships with each other's family members. In contrast, relationships in which vulnerability predominated were more often characterized by limited social support, frequently resulting in severe conflict and competition over the child. The findings therefore indicate that social support

functions as an important resource for young parents' joint resilience by reducing pressure on the relationship. At the same time, support was not always beneficial, as interference from family members could also hamper resilience (as further explored in Chapter 4).

The chapter concludes that young parents' relationships should not be understood as either vulnerable or resilient. Rather, vulnerability and resilience coexist, shift over time, and are shaped by the interplay between interpersonal strategies and the broader social environments in which these relationships are embedded. The chapter encourages policy makers and professionals to target both parents and implement relationship interventions that address not only interpersonal strategies but also the resources that underpin them. For example, affordable, independent, and supportive housing for young parents can reduce pressure on their relationships. Yet, in the Netherlands, such housing initiatives are primarily targeted at young mothers and their children.

Chapter 4 continues the focus on young fathers' microsystems, specifically their relations with important family members. Previous (scarce) scholarship on familial support during young fatherhood has generally portrayed it as a positive resource. Yet, much less attention has been paid to the possible dark sides of this support, such as it being experienced as intrusive (by the young father) or burdensome (by the family member). In particular, the perspectives of family members themselves have been lacking in the literature, despite them being heavily relied upon in the context of young fatherhood. Therefore, the chapter explores how both young fathers and key family members experience the receipt and provision of support. It draws on qualitative interviews with 10 young Dutch fathers and 11 of their family members (mostly their own mothers).

The findings show that familial support in this context is defined by three main tensions. These tensions are named positivity versus concern, autonomy versus interference, and fulfilment versus overload. While young fathers value outward expressions of acceptance and pragmatic problem-solving from relatives, family members internally grapple with often hidden disappointment and worries regarding the fathers' housing, education, or financial stability. Furthermore, family interference - frequently amplified by co-residence - is often experienced by young fathers as hampering their autonomy and, thereby, their resilience. Such interference is often driven by family members' own investments, values, and concerns regarding the young father's situation. Lastly, while relatives often find caregiving emotionally rewarding, they face the risk of caregiver burnout when boundaries are left unnegotiated. Moreover, the chapter shows that it is mostly paternal grandmothers who shoulder the responsibility of managing these tensions,

frequently adapting by avoiding sensitive topics, shifting to practical support, or setting boundaries in caregiving.

Ultimately, the chapter demonstrates that family support in young fatherhood is not straightforwardly a resilience-enhancing resource. Thus, interventions designed to support young fathers must go beyond encouraging familial support. These interventions should recognize that such support is accompanied by tensions for both parties involved - tensions that female family members tend to shoulder most of the responsibility for. Interventions that support whole families in improving mutual communication could be valuable, as well as psychosocial support for wider family members if necessary. Further, policies that expand access to housing and financial support for young families could also reduce reliance on family networks, enabling support to remain positive and voluntary rather than obligatory or overwhelming.

Chapter 5 concludes the empirical chapters by focusing on a final group of important actors surrounding young fathers: maternity care providers. Due to unique or amplified barriers to paternal involvement, young fathers may especially benefit from professionals who help them feel prepared to support the mother of their child and contribute to their children's development. Yet, current scholarship (and the study presented in chapter 2) indicates that young fathers' needs are insufficiently met in interactions with these providers. The other side of the coin, namely providers' perspectives toward young fathers, has been missing - though it could provide important insight into the reasons behind this mismatch.

Therefore, the study in Chapter 5 examines 183 Dutch midwives' and maternity nurses' attitudes toward young fathers and the support they provide, using an online cross-sectional survey design. The findings show that these maternity care providers generally report positive attitudes toward young fathers and high levels of support, particularly affirmative support, followed by emotional, informational, and instrumental support. More positive attitudes were associated with greater provision of all forms of support. However, providers expressed less enthusiasm about working with young fathers, and the support they reported providing was more reactive than proactive. Maternity nurses reported more positive attitudes and higher levels of support than midwives, particularly regarding instrumental support.

Despite these generally positive attitudes and high levels of support, the findings reveal a possible mismatch between providers' perceptions and young fathers' previously reported experiences. Providers, for instance, emphasized emotional and informational support over instrumental support, whereas Chapter 2 showed that young fathers primarily value instrumental support. The chapter therefore suggests that effective support depends not only on providers' willingness to help but also on the type and delivery of support. It concludes that maternity care could become more

responsive to young fathers by adopting a more proactive approach and by placing greater emphasis on practical support and recognition of fathers' resilient attitudes, while still acknowledging their vulnerabilities. However, these maternity care providers are currently not fully enabled to do so. Fathers are not formally defined as clients in maternity care, consequently providing no financial incentive to involve them. Knowledge on how to involve fathers (in training programmes) and father-specific initiatives to refer to may also be lacking.

Finally, **Chapter 6** synthesizes the findings of the dissertation and shows that young fatherhood is shaped by dynamics of vulnerability and resilience that coexist, interact, and shift over time. Using an ecological perspective, the findings demonstrate that these dynamics are shaped through relations with children's mothers, family members, and maternity care providers, as well as within broader institutional and gendered contexts. The dissertation shows that these relations exert a more ambivalent influence than suggested in previous research. Beyond immediate relationships, limited father-inclusive maternity care and inadequate housing opportunities constrain young fathers' resilience. Finally, the findings show that traditional gender norms continue to shape both young fathers' behaviours and the support they receive, reinforcing self-reliance and traditional role conceptions among fathers while placing much of the responsibility for providing support on women.

Together, these insights challenge narrow framings of young fatherhood and call for more nuanced approaches in policy and practice that acknowledge and build on young fathers' resilience while still addressing areas of vulnerability. It is recommended to adjust policy discourse on young parenthood to better reflect lived experiences, improve young fathers' emotional processing and help-seeking, better support (in)formal support providers, and develop more suitable housing for young parents.

SAMENVATTING

Dit proefschrift beantwoordt de volgende vraag: Hoe beïnvloedt de dynamiek tussen kwetsbaarheid en veerkracht de ervaringen van jonge vaders, en welke rol spelen hun relaties met de moeders van hun kinderen, hun familieleden en geboortezorgverleners hierin?

Hoofdstuk 1 onderbouwt het belang van onderzoek naar jong vaderschap en vat de huidige stand van kennis samen. Jonge vaders lopen tegen unieke en grotere barrières aan rondom vaderlijke betrokkenheid dan oudere vaders, terwijl de positieve effecten van de betrokkenheid van een vader op zowel het kind als de ouders wetenschappelijk goed gedocumenteerd zijn. Toch richten beleid en zorg rondom zwangerschap, bevalling en opvoeding zich overwegend op moeders. Dit patroon herhaalt zich in de manier waarop in het maatschappelijke debat en in het beleid over jong ouderschap wordt gesproken: jonge vaders worden daarin zelden als belangrijke actoren geschetst. Bovendien wordt in deze vertogen jong ouderschap vrijwel automatisch als synoniem voor kwetsbaarheid afgeschilderd.

Bestaande onderzoeken naar jonge vaders weerspiegelen deze benadering door hen ofwel weer te geven als structureel kwetsbaar (gekenmerkt door sociaaleconomische achterstand), óf - zoals de laatste tijd gebruikelijker is - als veerkrachtige individuen die zich aanpassen na tegenslag. Beide perspectieven zijn beperkt in hun weergave van de overgang naar jong vaderschap. Dit proefschrift integreert daarom de concepten kwetsbaarheid en veerkracht. Door daarnaast te onderzoeken hoe de relaties met de moeders van hun kinderen, familie en zorgverleners de ervaringen van jonge vaders vormgeven, ontstaat er een genuanceerder beeld van jong vaderschap.

Het eerste hoofdstuk legt uit hoe vier deelvragen de hoofdvraag beantwoorden. De daaropvolgende empirische hoofdstukken (Hoofdstuk 2 tot en met 5) behandelen deze vragen. Ze volgen de opbouw van het ecologische model: van het individuele niveau (het zelf) naar de belangrijke relaties in het microsysteem.

Hoofdstuk 2 start op het individuele niveau. Het verkent hoe kwetsbaarheid en veerkracht op elkaar inwerken wanneer jonge mannen onbedoeld vader worden. De basis hiervoor zijn kwalitatieve interviews met 14 jonge Nederlandse mannen die recent onverwacht vader werden. Kwetsbaarheid werd gedefinieerd als een verhoogde kans op tegenslag en de negatieve gevolgen daarvan, en veerkracht als het proces waarin individuen interne hulpbronnen (houdingen en acties) en externe middelen (zoals sociale steun) mobiliseren om met die tegenslag om te gaan.

Uit de resultaten blijkt dat het nieuws van de zwangerschap veelal door jonge vaders werd ervaren als een tegenslag die gevoelens van paniek, machteloosheid en shock opriep. Deze situatie dreigde bestaande psychische problemen te verergeren en zorgde voor belasting op verschillende domeinen, waaronder onzekerheid, praktische uitdagingen, relationele problemen en een gebrek aan passende steun. Toch ontwikkelden de jonge vaders ook een veerkrachtige houding, gekenmerkt door motivatie, pragmatisme en zelfvertrouwen. Deze houding kende echter ook een schaduwzijde. Door hun sterke focus op het (vaak succesvol) oplossen van praktische problemen kwamen jonge vaders nauwelijks toe aan emotionele verwerking. Ook verminderde deze houding hun bereidheid om steun van anderen te zoeken en te accepteren, wat paradoxaal genoeg juist hun kwetsbaarheid vergrootte.

Waar eerdere literatuur kwetsbaarheid en veerkracht als gescheiden concepten behandelt, concludeert dit hoofdstuk dat ze bij jonge vaders op complexe manieren met elkaar verweven zijn. Zorgverleners wordt daarom aangeraden in eerste instantie prioriteit te geven aan praktische ondersteuning en jonge vaders te stimuleren om steun te zoeken en te accepteren, maar ook hun veerkrachtige houding te erkennen en waarderen. Het opzetten en bevorderen van contact met lotgenoten, bijvoorbeeld in de vorm van praatgroepen, lijkt hierbij bijzonder waardevol.

Hoofdstuk 3 zoomt in op de eerste laag van het microsysteem van jonge vaders: de relatie met de moeder van het kind. Bestaand onderzoek naar de relatie tussen jonge ouders richt zich voornamelijk op kwetsbaarheid en laat daarbij buiten beschouwing dat jonge ouders na een onbedoelde zwangerschap ook gezamenlijk kunnen herstellen. Tegelijkertijd kijkt breder onderzoek naar veerkracht onder co-ouders en koppels vaak alleen naar interpersoonlijke strategieën, zonder externe factoren zoals sociale steun mee te wegen. Sociale steun is juist van belangrijke invloed op de relatie tussen jonge ouders, aangezien zij door hun leeftijd voor steun vaak afhankelijker zijn van anderen, zoals hun eigen ouders. Dit hoofdstuk is daarom gebaseerd op interviews en focusgroepen met 35 jonge Nederlandse ouders (17 moeders en 18 vaders) die een onbedoelde zwangerschap meemaakten, en onderzoekt hoe hun relatiedynamiek wordt bepaald door zowel eigen strategieën als de sociale steun die ze ontvangen.

De resultaten laten zien dat kwetsbaarheid en veerkracht in elke relatie naast elkaar bestaan, zij het in verschillende mate. Er werden vier relatietypen (persona's) geïdentificeerd: het veerkrachtige koppel met co-ouderschap, veerkrachtig co-ouderschap, het kwetsbare koppel met co-ouderschap, en kwetsbaar co-ouderschap. Jonge ouders bij wie veerkracht overheerste, profiteerden over

het algemeen van verschillende vormen van sociale steun in combinatie met interpersoonlijke strategieën, zoals open communicatie, het onderhouden van relationele positiviteit (door respect en dankbaarheid te tonen) en het werken aan een goede band met elkaars familie. Relaties waarin kwetsbaarheid de overhand had, werden daarentegen vaak gekenmerkt door beperkte sociale steun. Dit leidde regelmatig tot ernstige conflicten en strijd over het contact met het kind. Het hoofdstuk laat dus zien dat steun functioneert als een belangrijke hulpbron voor de gezamenlijke veerkracht van jonge ouders door de druk op de relatie te verlichten. Toch was steun niet altijd positief; inmenging van familieleden kon de gezamenlijke veerkracht van jonge ouders juist ook belemmeren (dit thema wordt verder verkend in hoofdstuk 4).

Het hoofdstuk concludeert dat de relatie tussen jonge ouders niet simpelweg als 'kwetsbaar' of 'veerkrachtig' moet worden beschouwd. Beide aspecten bestaan naast elkaar, veranderen door de tijd heen en worden beïnvloed door de wisselwerking tussen interpersoonlijke strategieën en de bredere sociale omgeving. Beleidsmakers en professionals zouden zich daarom op beide ouders moeten richten. Interventies zouden bovendien niet alleen in moeten gaan op interpersoonlijke strategieën, maar ook op de hulpbronnen die daaraan ten grondslag liggen. Betaalbare, zelfstandige huisvesting met beschikbare begeleiding kan bijvoorbeeld de druk op hun relaties aanzienlijk verminderen. In Nederland zijn dergelijke wooninitiatieven momenteel echter primair gericht op jonge moeders en hun kinderen.

Hoofdstuk 4 vervolgt de focus op het microsysteem van de jonge vader, specifiek op de relatie met belangrijke familieleden. Het (schaarse) bestaande onderzoek naar familiale steun schetst dit als een voornamelijk positieve hulpbron. Er is echter minder oog voor de mogelijke schaduwzijde: een jonge vader kan de hulp als opdringerig ervaren, of een familielid kan de zorg als belastend ervaren. Vooral het perspectief van familieleden zelf ontbrak tot nu toe in de literatuur, terwijl er juist op hen in de context van jong vaderschap een groot beroep wordt gedaan. Dit hoofdstuk onderzoekt daarom hoe jonge vaders én hun belangrijkste familieleden het ontvangen en bieden van steun ervaren, op basis van kwalitatieve interviews met 10 jonge Nederlandse vaders en 11 familieleden (voornamelijk hun eigen moeders).

De resultaten laten zien dat familiale steun in deze context wordt gekenmerkt door drie grote spanningen: 1) Positiviteit versus bezorgdheid: jonge vaders waarderen uitingen van acceptatie en praktische probleemoplossing van hun familie, maar familieleden worstelen intern vaak met verborgen teleurstelling en zorgen over de huisvesting, opleiding of financiële stabiliteit van de vader. 2) Autonomie versus inmenging: familie-inmenging - vaak versterkt door het delen

van een woning - wordt door jonge vaders vaak ervaren als een belemmering voor hun autonomie en dus voor hun veerkracht. Familieleden handelen hierbij vaak vanuit hun eigen belangen, waarden en zorgen. 3) Voldoening versus overbelasting: familieleden vinden de zorgtaken vaak emotioneel belonend, maar lopen ook het risico op een mantelzorgburn-out wanneer grenzen niet onderhandeld worden. Het onderzoek laat verder zien dat vooral de grootmoeders aan vaderszijde de verantwoordelijkheid dragen voor het oplossen van deze spanningen. Zij passen zich aan door gevoelige onderwerpen te vermijden, over te stappen op praktische steun of duidelijke grenzen te stellen aan de zorg.

Het hoofdstuk concludeert dat familiale steun niet vanzelfsprekend een hulpbron is die veerkracht versterkt. Interventies zouden daarom verder moeten gaan dan het aanmoedigen van steun uit de familie. Het is belangrijk te erkennen dat deze steun voor beide partijen spanningen oplevert - spanningen waarvoor vrouwelijke familieleden vaak de meeste verantwoordelijkheid dragen. Het is zinvol om hele gezinnen te ondersteunen bij hun onderlinge communicatie en eventueel psychosociale hulp te bieden aan familieleden. Daarnaast kan beleid dat de toegang tot huisvesting en financiële steun voor jonge gezinnen verruimt, de afhankelijkheid van familienetwerken verminderen. Hierdoor kan familiale steun positief en vrijwillig blijven, in plaats van een verplichte last te worden.

Hoofdstuk 5 sluit de empirische hoofdstukken af met de laatste belangrijke groep rondom de jonge vader: geboortezorgverleners. Vanwege unieke en grotere barrières op het gebied van vaderlijke betrokkenheid zijn professionals die jonge vaders helpen om de moeder te ondersteunen en bij te dragen aan de ontwikkeling van hun kind extra belangrijk. Bestaand onderzoek laat echter zien dat deze zorg nu onvoldoende aansluit bij de behoeften van jonge vaders. Het perspectief van de zorgverleners zelf ontbrak echter nog in dit verhaal, terwijl dit juist inzicht kan bieden in de achterliggende redenen voor deze mismatch.

Via een online cross-sectionele vragenlijst zijn daarom de denkbeelden en gepercipieerde steun van 183 Nederlandse verloskundigen en kraamverzorgenden ten opzichte van jonge vaders onderzocht. Over het algemeen rapporteren zij een positieve houding tegenover jonge vaders en een hoge mate van steun. Zij bieden vooral waarderende steun, gevolgd door emotionele, informationele en praktische (ook wel instrumentele) steun. Hoe positiever de houding van de zorgverlener, hoe groter het aanbod van alle vormen van steun. Tegelijkertijd toonden zorgverleners zich minder enthousiast over het daadwerkelijk samenwerken met jonge vaders, en was de geboden steun vaker reactief dan proactief van aard. Kraamverzorgenden rapporteerden een positievere houding en een hogere mate van steun dan verloskundigen, vooral op praktisch vlak.

Ondanks deze over het algemeen positieve attitudes legt dit hoofdstuk een mogelijke mismatch bloot tussen de perceptie van zorgverleners en de ervaringen van de jonge vaders. Zorgverleners leggen meer nadruk op emotionele en informatieve hulp, terwijl uit eerdere studies blijkt dat jonge vaders juist primair behoefte hebben aan praktische steun. Effectieve zorg hangt dus niet alleen af van de bereidheid om te helpen, maar ook van het type en de manier van het leveren van steun. De geboortezorg zou beter kunnen aansluiten door vaders proactiever te benaderen, praktische hulp in eerste instantie te prioriteren en hun veerkrachtige houding te erkennen, zonder kwetsbaarheid uit het oog te verloren. Momenteel worden zorgverleners hierin echter niet volledig gefaciliteerd: vaders zijn in de geboortezorg formeel geen cliënt, waardoor er geen financiële prikkel is om hen te betrekken. Ook ontbreekt het in opleidingen vaak aan kennis over hoe vaders te betrekken, en zijn er vermoedelijk weinig specifieke vaderinitiatieven om naar door te verwijzen.

Hoofdstuk 6 synthetiseert de bevindingen. Het proefschrift toont aan dat jong vaderschap continu wordt gevormd door een dynamiek van kwetsbaarheid en veerkracht die naast elkaar bestaan, op elkaar inwerken en door de tijd heen verschuiven. Vanuit een ecologisch perspectief blijkt dat deze dynamiek vorm krijgt door relaties met de moeder, familie en zorgverleners, evenals binnen bredere institutionele en gender gerelateerde contexten. Directe relaties oefenen een veel ambivalentere en complexere invloed uit dan in eerder onderzoek werd gesuggereerd. Buiten deze directe relaties om beperken ook institutionele factoren, zoals het gebrek aan vaderinclusieve geboortezorg en ontoereikende huisvestingsmogelijkheden, de veerkracht van jonge vaders. Tot slot laten de bevindingen zien dat traditionele gendernormen het gedrag van jonge vaders en de steun die zij ontvangen blijven vormen. Dit versterkt de zelfredzaamheid en traditionele rolopvattingen onder vaders, terwijl een groot deel van de verantwoordelijkheid voor het bieden van steun bij vrouwen wordt neergelegd.

Samen dagen deze inzichten de beperkte kaders rondom jong vaderschap uit en pleiten ze voor een meer genuanceerde aanpak in beleid en praktijk. Instanties zouden moeten voortbouwen op de veerkracht van jonge vaders, terwijl ze tegelijkertijd aandacht besteden aan gebieden van kwetsbaarheid. Er wordt verder aanbevolen om het beleidsvertoog over jong ouderschap aan te passen zodat dit geleefde ervaringen beter weerspiegelt, de emotionele verwerking en het hulpzoekend gedrag van jonge vaders te verbeteren, (in)formele steunverleners beter te ondersteunen en geschiktere huisvesting voor jonge ouders te ontwikkelen.

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PHD PORTFOLIO

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- **Van de Beek, J.**, Petit-Steeghs, V., Hilverda, F., & Van de Bovenkamp, H. (2026). "Focus On The Little One That Brings A Lot Of Love": Dynamics Of Vulnerability And Resilience In Young Parent's Relationships [Manuscript submitted for publication]. Erasmus School of Health Policy and Management.

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- **Van de Beek, J.**, Petit-Steeghs, V., Hilverda, F., & Van de Bovenkamp, H. Balancing Benefit and Burden: The Ambivalent Nature of Family Support for Young Fathers. In A. Tarrant, L. Ladlow, L. Way, & M. Kiselica (Eds.), *Understanding Young Fatherhood: global perspectives, parenting experiences and challenges* (1st ed., Vol. 1). Bristol University Press.

PROFESSIONAL PUBLICATIONS

- Petit-Steeghs, V., Hussein, H., Bachriouri, S., Sedik, G., van de Beek, J., & Hilverda, F. (2023). 'Je begrijpt mij wel, toch?'. Gezondheidsonderzoek binnen de Marokkaanse gemeenschap in Nederland. KWALON, 28(2), 119–130. <https://doi.org/10.5117/kwa2023.2.007.peti>

MEDIA

- Justine van de Beek bij NPO Radio 1 Vroeg! over jonge vader bij onbedoelde zwangerschappen (9-8-22)
- Miquel kreeg een kind op zijn 17de: 'Oh, is er ook een vader, vroeg de verloskundige. Dat was naar' AD Rotterdam (2-11-22)
- DOCS NPO Radio 1 Podcast Plotse Papa's 2 (14-12-2022)
- Quote in book 'Plotseling Papa' van Bert Bentsink (2025)

RESEARCH PROJECTS

- Empowering young men in their role as a father in the case of an unintended pregnancy, funded by ZonMw (2021-2023, grant number 554002010)

PRIZES

- EUR Open & Responsible Science Award category 'Societal Relevance' together with dr. V. Petit-Steeghs, dr. F. Hilverda and prof. dr. A. P. Nieboer for ZonMw research project (2025)

CONFERENCE PRESENTATIONS

Conference	Presentation	Year
International Sociology Association World Congress of Sociology, Melbourne	Oral	2023
Men and Masculinities in Transition, Stockholm	Oral	2025

TEACHING ACTIVITIES

Course	Role	Years
Bachelor course Zorg en Welzijn	Tutor	2021 – 2022 2022 - 2023
Bachelor course Ziekte en Gezondheid	Tutor	2022 – 2023 2023 - 2024
Bachelor course Keuzes en Dilemma's	Tutor	2021 – 2022 2022 – 2023 2024 - 2025
Master Thesis Health Care Management	Supervisor	2022 - 2023

COURSES

Course	Institute	Year
Responsible Research Data Management	Erasmus Graduate School of Social Science and the Humanities (EGSH)	2021
Mixed method research		2021
How to finish your PhD in time		2021
Brush up your SPSS skills		2022
Professionalism and integrity in research		2022
English academic writing		2022
Stand Up and Reach Out	Erasmus Centre for Women and Organisations (ECWO)	2022

Course	Institute	Year
Didactics of Delivery in Education (partial UTQ certificate)	Risbo	2023
Begrijpelijk schrijven B1	Taalcentrum VU	2023
Women in Academia	Rotterdam School of Management (RSM)	2024

About the book

This book represents the culmination of almost 5 years of PhD research on the topic of young men (16-25 years) who unintendedly became fathers, conducted at the Erasmus School of Health Policy and Management.

Young fathers remain largely overlooked. Policy, healthcare, and public debate tend to focus primarily on (young) mothers. Moreover, young parenthood is often automatically associated with vulnerability. This dissertation shows that this one-sided perspective falls short. By examining vulnerability and resilience together, and exploring how social relationships shape young fathers' experiences, the research provides a more nuanced understanding of young fatherhood.

About the author

Justine van de Beek (1996, Maastricht) is a sociologist by training. Before pursuing her PhD, she was writing about, advocating for and speaking on issues of gender equality, youth participation and sexual and reproductive health and rights.

During her PhD, she was a member of the Y(oung) ESHPM board, providing input on PhD policy, meeting with faculty leadership and organizing PhD

events. She was also a member of the faculty wide social safety working group. Reflecting this passion for a socially safe academia, she currently works as a post-doctoral researcher on this topic at Utrecht University, at the department of Organisational Behaviour within the Faculty of Social Sciences.

